0:0:0.0 --> 0:0:6.520
Liebhardt, Beth
From everybody to our emergency department, boarding and crowding subcommittee, the discharge and solutions team.

0:0:11.250 --> 0:0:11.670
Liebhardt, Beth
Umm.

0:0:13.990 --> 0:0:17.680
Liebhardt, Beth
We don't have any minutes to approve because we haven't met yet, so I'm going to skip that one.

0:0:17.690 --> 0:0:21.880
Liebhardt, Beth
So we have a solutions on the agenda today, solutions discussion, discharge, discussion.

0:0:22.650 --> 0:0:27.310
Liebhardt, Beth
Umm, we'll talk about a report and then we'll do our wrap up for next steps so.

0:0:29.160 --> 0:0:34.620
Liebhardt, Beth
Solutions discussion we were just gonna kind of start there with each of the subgroups and see.

0:0:38.360 --> 0:0:39.780
Liebhardt, Beth
What everybody has on their plates.

0:0:43.970 --> 0:0:46.210
Bankoff
Uh, so morning you guys hear me OK.

0:0:46.730 --> 0:0:46.870
Liebhardt, Beth
Yes.

0:0:47.850 --> 0:0:48.380
Bankoff
Umm.

0:0:49.350 --> 0:1:2.170
Bankoff
Dock and I haven't haven't talked offline, but we met, I guess, a group of this group subset of this group met and Chris was on before our last overall work group met.

0:1:2.180 --> 0:1:2.850
Bankoff
I forget the date.

0:1:3.540 --> 0:1:4.100
Bankoff
Umm.

0:1:4.470 --> 0:1:11.270
Bankoff
And we kind of discussed and distributed a little bit of bullet tized action items.

0:1:12.80 --> 0:1:18.770
Bankoff
Since then, I've shared some health system data from our health system.

0:1:18.780 --> 0:1:20.780
Bankoff
Here my health system with Chris.

0:1:23.290 --> 0:1:25.700
Bankoff
That kind of falls more under the quality still group.

0:1:25.710 --> 0:1:34.250
Bankoff
I guess it was the length of stay and the different boarding kind of specific data that he and Rebecca and others were were looking to compile.

0:1:36.770 --> 0:1:38.860
Bankoff
We've also had some separate conversation.

0:1:39.780 --> 0:1:52.390
Bankoff
Umm, with folks both in and not in our working group about mobile integrated health and where that program sits currently at the state level.

0:1:52.400 --> 0:1:53.950
Bankoff
And I, and I know Barbara just jumped off.

0:1:53.960 --> 0:1:57.750
Bankoff
So maybe when she comes back, she'll be able to speak to it.

0:1:57.940 --> 0:2:15.970
Bankoff
Last I heard, OEMs was bringing it back for further discussion and approval and hoping to get it moving forward again as it had been kind of tabled due to an end of legislative session questions and concerns.

0:2:15.980 --> 0:2:16.800
Bankoff
And there's Barbara.

0:2:17.750 --> 0:2:20.490
Bankoff
I don't know if Barbara, if you heard a little bit of that intro.

0:2:22.510 --> 0:2:32.740
Bankoff
With regard to questions about mobile integrated health that had come up at a previous meeting and I know OMS, I spoke with Greg Allard who's in our working group.

0:2:32.750 --> 0:2:36.590
Bankoff
I also spoke to a few folks at the OMS stateside.

0:2:38.430 --> 0:2:46.220
Bankoff
Who seemed to give a little bit of a positive indication that it was, you know, being resuscitated, if you will.

0:2:46.690 --> 0:2:49.300
Bankoff
I don't know if you have any additional information there.

0:2:50.690 --> 0:2:59.640
Cass, Barbara
So I I don't have anything additional to share doctor Bankoff other than I do not have any awareness that it's killed.

0:3:0.50 --> 0:3:1.600
Cass, Barbara
So I think it's still alive.

0:3:0.490 --> 0:3:0.790
Bankoff
OK.

0:3:1.610 --> 0:3:2.640
Cass, Barbara
We're still doing CPR.

0:3:5.380 --> 0:3:7.50
Cass, Barbara
But we can get an update for you.

0:3:7.720 --> 0:3:11.810
Bankoff
Yeah, I mean, again, it's just one of the levers, right that we've talked about as a work group.

0:3:11.820 --> 0:3:18.180
Bankoff
And I know it's available in larger circle discussion at the state with a lot of the EMS partners.

0:3:20.120 --> 0:3:24.490
Bankoff
So that was a piece of information we talked about briefly last time we met.

0:3:26.760 --> 0:3:29.350
Bankoff
I mentioned the data from here and I feel like there was one other thing.

0:3:29.980 --> 0:3:33.220
Bankoff
That Solutions that talked about document.

0:3:34.120 --> 0:3:36.200
Bankoff
Am I forgetting something else?

0:3:38.170 --> 0:3:42.620
Fox, Dock
You know, it's been such a long time, I think it was the end of June that we we met and I've had a vacation in between.

0:3:42.630 --> 0:3:44.920
Fox, Dock
So I really haven't been able to touch base, to be honest.

0:3:44.930 --> 0:3:48.630
Fox, Dock
I got back yesterday, so yeah, thank you.

0:3:47.160 --> 0:3:47.420
Bankoff
Nice.

0:3:48.870 --> 0:3:54.860
Fox, Dock
Just trying to just trying to get myself kind of back on, on track, but it sounds like you've hit the main points that I remember.

0:3:55.670 --> 0:3:56.800
Fox, Dock
So thank you for the recap.

0:3:56.620 --> 0:3:56.990
Bankoff
Yeah.

0:3:57.0 --> 0:4:5.970
Bankoff
And and just talking to you just there, just job my memory, so it was a Chris had asked for one page like summaries I think I knew what's gonna do one.

0:4:5.980 --> 0:4:10.230
Bankoff
And Beth was gonna try to do one, like behavioral health and conservatorship.

0:4:10.240 --> 0:4:14.120
Bankoff
Maybe your prior off and mine was MIH, so I did submit.

0:4:15.10 --> 0:4:20.30
Bankoff
It was more than one page, but it was more still kind of just draft form and I shared that with Chris.

0:4:20.560 --> 0:4:23.210
Bankoff
Umm, I'd be happy to share it with all of you.

0:4:23.400 --> 0:4:27.620
Bankoff
A lot of it was just the thoughts on paper, right?

0:4:27.630 --> 0:4:44.500
Bankoff
And a little bit of literature based justification as well as what other states have done and put in place, whether under MIH or community paramedicine or some sort of alternative destination transport legislation down to.

0:4:46.600 --> 0:4:51.860
Bankoff
You know very, very small details, so that all falls under the same umbrella of MH.

0:4:53.650 --> 0:5:6.850
Bankoff
So if if Chris doesn't jump on with this meeting today, I'm like I said, I'm happy to share that document with this group and you guys can or through it and add to it or comment on it.

0:5:6.860 --> 0:5:9.640
Bankoff
It was like I said, just a very informal draft.

0:5:11.720 --> 0:5:15.460
Bankoff
But I think, Beth, that was really it from from the solution side.

0:5:18.330 --> 0:5:18.560
Liebhardt, Beth
Yeah.

0:5:18.500 --> 0:5:22.740
Bankoff
Anybody have other comments or questions? Yeah.

0:5:19.100 --> 0:5:19.660
Anumeha Singh
Yeah.

0:5:20.750 --> 0:5:21.900
Anumeha Singh
Thanks, John for that.

0:5:22.250 --> 0:5:26.140
Anumeha Singh
It will be really good for us to go through your write up as well.

0:5:26.150 --> 0:5:28.0
Anumeha Singh
I have been struggling with my write up.

0:5:28.10 --> 0:5:30.760
Anumeha Singh
I took the conservatorship issue.

0:5:31.330 --> 0:5:41.380
Anumeha Singh
The only progress in my direction has been that I was able to meet up with Melissa Riley, who is the director of Office of Government Affairs for Hartford Healthcare.

0:5:41.690 --> 0:5:52.900
Anumeha Singh
She has some experience with conservator issues in the past and she is trying to actively advocate for some changes which will be beneficial for us right now too.

0:5:52.480 --> 0:5:52.740
Daniel Freess
Yeah.

0:5:52.910 --> 0:5:58.300
Anumeha Singh
So I have a follow up meeting with her to see what changes she suggests.

0:5:58.430 --> 0:6:11.280
Anumeha Singh
We just met briefly about where I just outlined to her how it impacts Ed, and she briefly went through some proposals of what she think might be appropriate suggestions.

0:6:11.290 --> 0:6:18.540
Anumeha Singh
So I'm going to have a follow up meeting with her and then I can bring back the entire summary to the group of at our end.

0:6:16.840 --> 0:6:17.350
Miller, Miriam
Something well.

0:6:18.550 --> 0:6:31.80
Anumeha Singh
The other thing which we have done is that for the last six months we have been kind of tracking the number of hours of bed occupancy for patients just pending conservatorship for the hospital.

0:6:31.310 --> 0:6:40.410
Anumeha Singh
So as to show the burden of it, the extent to which it affects the healthcare system, or at least our hospital.

0:6:40.720 --> 0:6:42.360
Anumeha Singh
So we have been able to do that.

0:6:42.420 --> 0:6:51.830
Anumeha Singh
I have not heard of any other place tracking that number, but if you are aware, if you're institute does that, then that will be very helpful too.

0:6:52.240 --> 0:6:53.690
Anumeha Singh
If I can have some support.

0:6:54.580 --> 0:6:56.670
Anumeha Singh
Uh discuss.

0:6:56.680 --> 0:6:57.960
Anumeha Singh
I see your hand.

0:7:1.0 --> 0:7:2.160
Cass, Barbara
Thank you, Doctor Singh.

0:7:2.240 --> 0:7:9.90
Cass, Barbara
I am on a special project right now and I just wanted to put a question out to the group and hearing.

0:7:9.200 --> 0:7:34.120
Cass, Barbara
I'm making connections and hearing anecdotal stories about challenges that hospitals are having with patients who have an MRO who may need a sniff level of care that that seems to be a bottleneck in some systems and that's unverified. Unvalidated.

0:7:34.130 --> 0:7:40.750
Cass, Barbara
But wanted to just check in with this group to see is that a contributory factor to.

0:7:42.350 --> 0:7:43.990
Cass, Barbara
Challenges that we're seeing.

0:7:46.520 --> 0:7:52.350
Daniel Freess
I think it certainly would be a contributor, but admittedly an extremely small one.

0:7:53.70 --> 0:7:55.120
Daniel Freess
Umm, I think I mean the.

0:7:55.170 --> 0:7:55.520
Daniel Freess
Yeah.

0:7:55.530 --> 0:8:8.850
Daniel Freess
Yeah, certainly those are issues, but those are almost one off issues I you can probably have a couple of those a year as opposed to something that's gonna happen on a daily basis, but not certainly not something that we should ignore if if there's a beneficial solution to it.

0:8:10.210 --> 0:8:10.610
Cass, Barbara
Thank you.

0:8:11.760 --> 0:8:18.410
Anumeha Singh
I can also reach out to our case management people to see how much of a burden that is.

0:8:18.420 --> 0:8:28.250
Anumeha Singh
I agree with Doctor Freeze that I don't see it as a frequent issue, but I can definitely reach out to our case management group to see if there's something that we are missing out on.

0:8:28.260 --> 0:8:32.110
Anumeha Singh
If they are experiencing very long delays on these placement on.

0:8:35.860 --> 0:8:37.800
Anumeha Singh
And this painter here.

0:8:39.520 --> 0:8:39.750
Anumeha Singh
And.

0:8:40.530 --> 0:8:41.310
Painter, Mairead
Thank you.

0:8:41.550 --> 0:8:45.320
Painter, Mairead
Also, and I I know I missed one of the last meetings, but just wanna make sure.

0:8:45.330 --> 0:8:55.160
Painter, Mairead
So with the Conservatorships understanding, one of the things that we're finding is there's not always an understanding that with the conservatorships, they're limited in scope and Connecticut.

0:8:55.210 --> 0:9:19.530
Painter, Mairead
So even if someone has a conservator understanding that sometimes they can't make the decision, the decisions related to placement and so understanding what those conservatorships equal because we find that with individuals making discharge planning decisions at the hospital and then we've run into some concerns related to agreements where the hospitals making agreements with nursing homes.

0:9:19.720 --> 0:9:22.900
Painter, Mairead
If you take this person and it doesn't go well, we will take them back.

0:9:23.100 --> 0:9:24.170
Painter, Mairead
That cannot happen.

0:9:24.880 --> 0:9:28.290
Painter, Mairead
That's not allowed under residence rights, so we've had to put a stop to that.

0:9:28.300 --> 0:9:47.110
Painter, Mairead
We've met with the hospitals that we've heard that happening at, but I want to make sure that we understand that that is not allowed under residence rights under federal law and under readmissions if someone is has left a nursing home and they're in the Ed, that there's certain protections and timelines that need to be met.

0:9:47.180 --> 0:9:56.170
Painter, Mairead
And there are portals on our website that we're finding aren't necessarily being used regularly, that the nursing homes are supposed to be filing under.

0:9:56.180 --> 0:10:16.340
Painter, Mairead
If they're not taking the resident back so that the hospitals need an awareness and the doctors need an awareness and the case managers, if the nursing home says they're not accepting the resident back, there should be something filed in to my office in that portal saying why and what the next steps are and that the resident has an appeal. Right.

0:10:16.400 --> 0:10:26.720
Painter, Mairead
And so that we should be working with them on there and we're finding that lately we're seeing more and more of those that that's not happening on in the hospital's not aware of that where we would have been able to assist an intervene.

0:10:27.610 --> 0:10:47.910
Bankoff
So can I ask that's a great comment and I have a question in real time, but if we see this a lot, right, we see nursing homes send patients and then say we can't take them back with some sort of contingency until this or perhaps they're not appropriate for us anymore.

0:10:31.680 --> 0:10:31.860
Painter, Mairead
Sure.

0:10:48.220 --> 0:10:50.330
Bankoff
They need Jerry psych.

0:10:50.390 --> 0:10:51.850
Bankoff
We're just a skilled nursing facility.

0:10:53.300 --> 0:11:23.580
Bankoff
The expectation that I understood at least was that the last comment you made in reference to what's supposed to have been completed and filled out by the skilled nursing facility it's supposed to have been done at the same time or pre transfer, right, you know contemporaneously it's not something that they can file a day or two later because in the moment when we call them back and say alright, we're ready to send the patient back and they say well, we're not accepting the patient, we don't really have much leverage there.

0:11:23.590 --> 0:11:27.480
Bankoff
We don't have much we can do to to argue with them.

0:11:28.440 --> 0:11:29.440
Painter, Mairead
No, actually.

0:11:29.490 --> 0:11:33.260
Painter, Mairead
So what happens is when they go to you right, they're saying supposed to be an emergency.

0:11:33.270 --> 0:11:34.600
Painter, Mairead
There's going for that reason.

0:11:34.730 --> 0:11:50.280
Painter, Mairead
There were new rules in 2023, I believe, November of 2023 that say that the reason a person is sent to the hospital if the hospital clears that reason, it cannot be this reason that the nursing home continues to deny them.

0:11:50.650 --> 0:11:58.550
Painter, Mairead
So the original reason that a nursing home sends them out if the hospital clears that reason that that can't be the same reason that they continue to deny them.

0:11:55.640 --> 0:11:55.880
Bankoff
Right.

0:11:58.800 --> 0:12:2.590
Bankoff
So for example, they send them here because they're agitated, right?

0:12:2.430 --> 0:12:2.580
Painter, Mairead
Yes.

0:12:2.600 --> 0:12:5.850
Bankoff
A dementia patient with agitation, we evaluate them.

0:12:6.140 --> 0:12:8.110
Bankoff
We do a work up if needed.

0:12:8.600 --> 0:12:9.610
Bankoff
Medicate, etcetera.

0:12:9.620 --> 0:12:10.660
Bankoff
They're no longer agitated.

0:12:11.380 --> 0:12:12.790
Bankoff
We're ready to send them back, they say.

0:12:12.800 --> 0:12:13.770
Bankoff
Well, we're not.

0:12:13.860 --> 0:12:15.210
Bankoff
We're not able to take them back.

0:12:15.300 --> 0:12:18.430
Bankoff
We we don't accept them back, so I know you're shaking your head.

0:12:18.500 --> 0:12:24.160
Bankoff
It happens every day and I'm curious what is our action option there?

0:12:19.720 --> 0:12:19.930
Painter, Mairead
Yep.

0:12:24.170 --> 0:12:28.940
Bankoff
What can we do in the moment to not to educate our team and to kind of reconcile that?

0:12:26.200 --> 0:12:26.400
Painter, Mairead
Yep.

0:12:29.800 --> 0:12:37.210
Painter, Mairead
So with it, if they're saying at that point they can't take them back within 24 hours, they either have to ask for a consultative process.

0:12:37.310 --> 0:12:39.510
Painter, Mairead
It's this is written down in law.

0:12:39.520 --> 0:12:56.360
Painter, Mairead
They have to either ask for a consultative process, or they must file in the portal to my office and file a denial to that person, at which point that person has the right to an appeal, and then the state has to work with that person on an appeal.

0:12:51.670 --> 0:12:51.970
Bankoff
OK.

0:12:56.610 --> 0:13:7.180
Painter, Mairead
Now, during an appeal, the resident CMS has said the resident has the right to return to the nursing home during the appeal process pending an appeal.

0:13:5.40 --> 0:13:7.580
Bankoff
Ending with people right pending appeal, OK.

0:13:7.470 --> 0:13:14.260
Painter, Mairead
If they don't allow them to return to the nursing home during pending an appeal, we would alert the Department of Public Health.

0:13:14.650 --> 0:13:16.550
Painter, Mairead
You guys can alert the Department of Public Health.

0:13:16.560 --> 0:13:30.840
Painter, Mairead
We would alert the Department of Social Services and say they're violating the residents right and holding them outside of their home during their pending of appeal process because it's very clearly written in the CMS, UMM, Appendix, PP.

0:13:30.850 --> 0:13:51.30
Painter, Mairead
That during the during that process, as long as they are not a danger to themselves and others, especially if they have not asked for the consultative process where it's positioned to physician opportunity to discuss and say why they feel that they're in danger to self and others that they have the opportunity to return to their home pending the appeal.

0:13:52.40 --> 0:13:53.730
Bankoff
And I'm sorry for more questions.

0:13:53.740 --> 0:13:54.140
Bankoff
You're you're.

0:13:53.910 --> 0:13:54.370
Painter, Mairead
That's OK.

0:13:54.150 --> 0:13:56.680
Bankoff
This is like this is really helpful for me to hear some of this.

0:13:57.380 --> 0:13:59.380
Bankoff
So let's say they ask for the consultative process.

0:14:0.370 --> 0:14:0.490
Painter, Mairead
Yes.

0:14:0.580 --> 0:14:4.0
Bankoff
Is there a expected time frame?

0:14:4.10 --> 0:14:4.750
Bankoff
It's a Saturday.

0:14:4.820 --> 0:14:5.870
Bankoff
Call it a Saturday, right?

0:14:5.920 --> 0:14:9.330
Bankoff
You have an Ed physician who's willing to talk to the sniffs.

0:14:9.500 --> 0:14:15.290
Bankoff
Medical director, is there an expected time frame that that conversation is supposed to happen in?

0:14:16.120 --> 0:14:19.790
Painter, Mairead
Yes, I believe I'm doing this off my head Barber Shaker and I believe is 3 business days.

0:14:20.630 --> 0:14:21.610
Bankoff
Ohh here it is.

0:14:20.650 --> 0:14:22.440
Painter, Mairead
Umm that it's supposed to be.

0:14:22.740 --> 0:14:23.960
Bankoff
That's what I was waiting for this.

0:14:22.750 --> 0:14:23.270
Painter, Mairead
It's three.

0:14:24.260 --> 0:14:24.730
Painter, Mairead
I am.

0:14:24.780 --> 0:14:31.90
Painter, Mairead
I believe they've 3 business days and then after that time they have another 24 hours to make their final decision.

0:14:31.140 --> 0:14:33.860
Painter, Mairead
At that point, that ends the time period.

0:14:34.340 --> 0:14:58.0
Bankoff
OK, so by law, if a patient is sent in and they want them evaluated for whatever reason, and we do so and they say we're not comfortable taking them back from that moment, they essentially have four days to complete a consultative process or, you know paperwork filing MD to MD conversation before they have to even agree to take the patient back.

0:15:0.150 --> 0:15:1.70
Bankoff
Am I understanding that correctly?

0:15:2.150 --> 0:15:4.180
Painter, Mairead
That would be my assessment, Barbara.

0:15:6.900 --> 0:15:9.160
Bankoff
That's a long time for a patient to sit in the Ed, right?

0:15:9.900 --> 0:15:12.850
Painter, Mairead
I would expect them to have good reason to deny some to.

0:15:10.300 --> 0:15:10.710
Cass, Barbara
So it.

0:15:12.900 --> 0:15:27.840
Painter, Mairead
I would expect them to have a good reason to put someone through that process, otherwise we would be we normally would get that call that they're just not taking someone and we don't see that happening once we get involved.

0:15:27.850 --> 0:15:38.510
Painter, Mairead
Usually it's someone there's a reason why, but umm, it also says that it can't just be for someone started to have a cognitive decline because we did start to see that at some points.

0:15:38.520 --> 0:15:41.860
Painter, Mairead
But there should be a significant reason why they're doing it.

0:15:43.380 --> 0:15:46.170
Cass, Barbara
I'm gonna put the statute in the chat.

0:15:46.180 --> 0:15:48.10
Cass, Barbara
So you can have that for your reference.

0:15:46.970 --> 0:15:47.330
Painter, Mairead
Thank you.

0:15:48.510 --> 0:15:48.890
Bankoff
Thank you.

0:15:50.100 --> 0:15:58.390
Painter, Mairead
And I can put our portal in as well because we've started to have, we've done some one off education with different hospital discharge planning groups.

0:15:59.0 --> 0:16:0.40
Painter, Mairead
We can do more of that.

0:16:0.50 --> 0:16:1.760
Painter, Mairead
We can do it with the association.

0:16:2.490 --> 0:16:8.820
Painter, Mairead
Umm, but if you'd find it helpful but you guys can also go on to the portal just to have that education as well.

0:16:10.450 --> 0:16:10.860
Bankoff
Thank you.

0:16:10.870 --> 0:16:12.920
Bankoff
Yeah, I think a lot of it is education, right?

0:16:10.890 --> 0:16:11.130
Matt Barrett (Guest)
Yeah.

0:16:12.930 --> 0:16:21.290
Bankoff
Or lack of, you know, for the Ed side folks knowing what their options are and knowing what the patients rights side of this is.

0:16:22.0 --> 0:16:28.830
Bankoff
So it you know, you guys sharing some of that information, I can hopefully speak to some of our folks in educate about it.

0:16:28.840 --> 0:16:33.140
Bankoff
It does happen a lot and I'm assuming it happens at all the Ed across the state.

0:16:34.520 --> 0:16:54.310
Matt Barrett (Guest)
Yeah, I'm happy to work with the with you on that issue, but married when you make reference to the portal are you are you making reference to the the the notice to the long Term Care Ombudsman that is required when the facility moves for a formal discharge either voluntary or involuntary?

0:16:34.930 --> 0:16:35.120
Cass, Barbara
So.

0:16:54.760 --> 0:16:56.370
Matt Barrett (Guest)
Is that what you mean when you say the portal?

0:16:57.110 --> 0:16:59.80
Matt Barrett (Guest)
Because that's all electronically available now.

0:17:0.130 --> 0:17:0.560
Painter, Mairead
Practice.

0:17:0.570 --> 0:17:17.470
Painter, Mairead
We are even supposed to receive notice anytime a resident is sent to the hospital, so even when they go to the Ed because it is actually considered by the federal government and involuntary discharge when their doctor sends them to the hospital for an emergency, because the doctor is saying you need to go to the hospital.

0:17:17.610 --> 0:17:36.270
Painter, Mairead
So what we check on a monthly basis is resident A as much as we can resident a one out did resident a return if the nursing home says resident a, we can't care for them anymore, they should go to a different building and said that's an involuntary transfer that resident must receive notice.

0:17:22.370 --> 0:17:22.670
Matt Barrett (Guest)
Right.

0:17:34.30 --> 0:17:34.370
Matt Barrett (Guest)
Correct.

0:17:36.340 --> 0:17:38.230
Painter, Mairead
My office must receive notice of that.

0:17:38.400 --> 0:17:39.890
Painter, Mairead
We're not always receiving that.

0:17:40.140 --> 0:17:46.510
Painter, Mairead
If the nursing home says to the hospital, we don't think we can care for them, they should go to such and such place.

0:17:46.520 --> 0:17:52.950
Painter, Mairead
Jerry Sych another building someplace else that's not allowed, because that's their home.

0:17:52.960 --> 0:17:59.830
Painter, Mairead
The resident has an appeal right to that that has to come through our office and they have to have their rights given to them.

0:18:0.40 --> 0:18:2.500
Painter, Mairead
We would meet them at the hospital and provide them with that.

0:18:0.250 --> 0:18:0.500
Matt Barrett (Guest)
Yeah.

0:18:3.130 --> 0:18:14.900
Matt Barrett (Guest)
No, I agree with you on the on the law and the requirements, the extent to which the facilities are in compliance with that or out of compliance with that, I I don't have a good sense of that.

0:18:15.150 --> 0:18:16.720
Matt Barrett (Guest)
I I certainly hear what you're saying.

0:18:16.730 --> 0:18:29.400
Matt Barrett (Guest)
You're you're suggesting that the facilities are, you're seeing an uptick recently and non compliance with those notice requirements even as we've strengthen those notice requirements recently.

0:18:26.540 --> 0:18:26.750
Painter, Mairead
It.

0:18:29.410 --> 0:18:34.280
Matt Barrett (Guest)
But anyway, I definitely glad to to to, to work with you on that.

0:18:34.670 --> 0:18:47.260
Matt Barrett (Guest)
But for this group, it's important to know that there is a very clear body of law that requires a these notices and does have a associated group of resident rights and appeal rights.

0:18:47.670 --> 0:18:51.260
Matt Barrett (Guest)
And there are requirements that what must happen in the meantime.

0:18:51.270 --> 0:19:10.870
Matt Barrett (Guest)
It would always say that these things are sometimes have to be a reviewed facts specifically and and staffing issues, staffing shortages in particular may come into play in terms of the readmission decision, notwithstanding the rights and notices that Raiders are talking about.

0:19:11.480 --> 0:19:25.550
Matt Barrett (Guest)
But he readmission decision can sometimes include an evaluation that the the the facility can't meet the care needs of the residents and in those circumstances they shouldn't be taking that resident back.

0:19:25.560 --> 0:19:31.790
Matt Barrett (Guest)
But these are all facts, specific situations that I'm glad to to work with you on because I agree with the law.

0:19:35.460 --> 0:19:35.610
Matt Barrett (Guest)
Yeah.

0:19:42.300 --> 0:19:48.380
Painter, Mairead
And I did put our portal in the OR the information related to our portal in the chat and you guys can look at that and there's a.

0:19:50.730 --> 0:19:55.550
Painter, Mairead
Description In there related to how to use it in the manual.

0:19:57.740 --> 0:20:0.100
Liebhardt, Beth
Thank you so much, Charles.

0:20:0.110 --> 0:20:0.690
Liebhardt, Beth
You had a question?

0:20:1.50 --> 0:20:1.420
Dike, Charles
Yes.

0:20:1.430 --> 0:20:2.110
Dike, Charles
No, I can.

0:20:2.120 --> 0:20:2.570
Dike, Charles
You hear me?

0:20:3.160 --> 0:20:3.300
Liebhardt, Beth
Yes.

0:20:3.690 --> 0:20:5.810
Dike, Charles
Alright, so uh, Doctor Singh?

0:20:5.820 --> 0:20:12.80
Dike, Charles
I just wanna talk about your your comment about conservators and I like to work with you on that.

0:20:12.90 --> 0:20:28.350
Dike, Charles
In my role as the Chief Medical officer in the Department of Mental Health and Addiction Services, I am constantly involved in discussions around conservators of person have staged the contours of the authority with regards to Discharge placements and so on.

0:20:28.410 --> 0:20:37.590
Dike, Charles
So I'm really, you know, uh, I would say, you know, I very versed in how these things work as it relates to mental health.

0:20:37.600 --> 0:20:50.670
Dike, Charles
Of course I'm not in the Ed, so I don't know how it works in the Ed, but I do know the authority, the scope of even placement decisions for birthday is really conservative person and a state.

0:20:50.680 --> 0:20:58.290
Dike, Charles
And how our approval judges give them authority and what I should be very narrow.

0:20:58.300 --> 0:21:4.120
Dike, Charles
They just give them very open authority and we can talk about what that means for the specific patient.

0:21:4.940 --> 0:21:23.160
Dike, Charles
And I think how it might apply in the Ed in terms of nursing home, my experience as well is that they would often say that the individual is a danger to others and they can't manage the individual because they are a danger to others and it just becomes very difficult because we don't sometimes agree with them.

0:21:23.590 --> 0:21:31.360
Dike, Charles
But the individual is a danger to others, but they are saying that in their system, this is how it is and so suddenly the individual comes back to us.

0:21:31.930 --> 0:21:33.660
Dike, Charles
So it's really interesting.

0:21:33.670 --> 0:21:36.20
Dike, Charles
I have to look at the documents that we put out there.

0:21:36.690 --> 0:21:39.820
Dike, Charles
I'm not sure how much fight we can do even with that.

0:21:40.90 --> 0:21:46.770
Dike, Charles
Sometimes we use the Connecticut legal Rights project, which I group of attorneys who are watching out for patients rights.

0:21:47.460 --> 0:21:54.690
Dike, Charles
They might be able to fight them and change their decision making, but it becomes very difficult when they say the person is a danger to others.

0:21:56.330 --> 0:21:56.710
Dike, Charles
Thank you.

0:21:59.740 --> 0:22:0.190
Anumeha Singh
Thank you.

0:22:0.200 --> 0:22:3.890
Anumeha Singh
I'll definitely connect with you offline so that we can talk some more about this.

0:22:3.900 --> 0:22:4.240
Anumeha Singh
Thank you.

0:22:7.140 --> 0:22:7.760
Liebhardt, Beth
That's great.

0:22:8.990 --> 0:22:14.480
Liebhardt, Beth
I don't think we had any more updates from the discharge subcommittee other than the conservatorship.

0:22:12.580 --> 0:22:13.90
Cass, Barbara
Umm.

0:22:14.490 --> 0:22:24.660
Liebhardt, Beth
I think that one of the things Chris wanted us to begin to talk about was this report that we are he wants us to contribute to from each of our areas.

0:22:24.670 --> 0:22:27.20
Liebhardt, Beth
So I can get in touch with him offline as well.

0:22:29.100 --> 0:22:38.740
Liebhardt, Beth
And see, you know, if he wants to come to another meeting with us so we can discuss kind of his thoughts on how we can contribute to that report that he'd like to create.

0:22:41.80 --> 0:22:49.880
Liebhardt, Beth
And was there anything else that anybody had in terms of just open agenda items of discussion for these two topic solutions and or discharge that we didn't discuss?

0:22:56.190 --> 0:22:56.650
Liebhardt, Beth
OK.

0:22:57.670 --> 0:23:8.220
Liebhardt, Beth
Well, I think next steps for sure is our two sort of we merge to one committee but the the leads I'll get the leads back on a meeting on the calendar with Chris.

0:23:8.230 --> 0:23:16.670
Liebhardt, Beth
So we can kind of debrief, debrief this meeting and then I think would the group be interested in meeting and another month should we have a regularly scheduled meeting?

0:23:18.690 --> 0:23:19.320
Liebhardt, Beth
Like this?

0:23:19.390 --> 0:23:20.860
Liebhardt, Beth
Would that be the best next step?

0:23:22.670 --> 0:23:22.910
Liebhardt, Beth
OK.

0:23:22.800 --> 0:23:23.420
Bankoff
Yeah, I think so.

0:23:24.290 --> 0:23:25.620
Liebhardt, Beth
All right, I can work on that.

0:23:25.630 --> 0:23:32.760
Liebhardt, Beth
And then, umm, the four of us, I'll get us together with Chris Moore so we can discuss that.

0:23:32.770 --> 0:23:39.20
Liebhardt, Beth
You brief of this meeting and then the report and then our next steps and I don't know if anybody else has anything else to contribute.

0:23:44.140 --> 0:23:44.900
Liebhardt, Beth
Sounds good.

0:23:45.890 --> 0:23:48.140
Liebhardt, Beth
Like it's bearing that I guess we'll end a few minutes early.

0:23:49.810 --> 0:23:51.110
Liebhardt, Beth
Thanks everybody for your time.

0:23:51.950 --> 0:23:52.370
Bankoff
Thank you.

0:23:52.150 --> 0:23:52.570
Cass, Barbara
Thank you.

0:23:53.620 --> 0:23:53.980
Fox, Dock
Thank you.