

Geriatric Subcommittee Recommendations:

1. Develop the capacity for HSC to provide psychiatric review/consultation to nursing facilities to assist them with challenging behaviors/behavioral health issues (to reduce inappropriate admissions);
2. Modify the intake process at HSC and develop the capacity to allow senior individuals to be admitted directly to a geriatric unit, possibly having a designated geriatric admission unit;
3. Develop a referral process/application for long-term placements at HSC (similar to the state placement review that takes place for adolescent referrals) and ensure the purpose of HSC is acute/emergency care. Ensure consistency between HSC, Avera, and Rapid City Regional;
4. Coordinate with DOH and others to provide education/training for nursing facilities. Training should be comprehensive and include appropriate responses to challenging behaviors/behavioral health issues and provide re-education on basic nursing facility requirements, along with information on the CMS initiative regarding decreasing the use of psychotropic medication for dementia and changes regarding the moratorium on nursing home beds;
5. Recommend the Services Subcommittee include the development of the capacity to better serve individuals with dementia and challenging behaviors in community nursing homes, similar to how the Canistota program was developed to better serve individuals with mental illness;
6. Recommendation the Services Subcommittee include assessment as an essential service; and
7. Recommendation the Commitment Laws Subcommittee review possible statute changes that would allow HSC to establish capacity limits so geriatric admissions would not overflow into the general adult acute admission units (change so that HSC would not be financially responsible if the bed capacity was not available at HSC).