Meeting Title:	NYP/Q DSRIP Hospital-Home Care Project Sub-Committee	Meeting Date:	October 23rd,, 2017
Facilitator(s):	Caroline Keane	Meeting Time:	2:00 PM – 2:45 PM
Dial in #:	NYPQ Radiation Oncology Room Call in #1-866-692-4538		Passcode: 26098085#

Meeting Purpose:

1. DSRIP Project Implementation – Milestones & Tasks

#	Topic	Document	Responsible Person
1.	Welcome & Purpose	-	C. Keane
2.	Approve Meeting Minutes – 09/25/17	NYPQ PPS Home Care Minutes 9.25.17	C. Keane
3.	**DY3 Tasks Tracker:** ***Milestone# 8:*** Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. ***Metric/Deliverable:*** All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model. ***Minimum Documentation:*** **Care Coordination methodology, list of all participating services, medication management methodology** - How do you do Medication Management ? - Is there education on Medication Management ? -- ***Milestone# 9:*** Utilize telehealth/telemedicine to enhance hospital-home care collaborations. • Telemedicine Reimbursements issues • Status of Telemedicine ***Metric/Deliverable:*** Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.	HHC Task Tracker_DY3.xlsx HHC DY3 Project Plan.pdf	C. Keane/ C. Dunkley

	Minimum Documentation: **Implementation plan; evidence of use of telemedicine services** - We are aiming to have all our CHHAs to complete this deliverable by December 2017 in order to roll out trainings and implement by March 2018. - Please provide a copy of contract, policy, education , patient registry of telehealth services. - Marianne Kennedy from VNSNY will present on her experience working with telehealth - Caroline Keane will speak on telehealth in the hospital. **Milestone #10:** Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. • Are you connected to the RHIO? • Laquan McConnell can assist with EHR and RHIO connectivity.		M. Kennedy C. McConnell
4.	**MOLST and eMOLST Training and Implementation** • Working on rolling out trainings in the upcoming months		C. Keane

5.	**Root Cause Analysis**
	• PPS will have monthly RCA meetings with onsite home cares. We will send out the patient information a week ahead of the RCA date to prepare for the RCA and conclude with action plans.
	  o **The Home care will then submit their template as proof**
	• For the home cares off site we will expect each facility to complete their own RCA and complete the templates given by the PMO with action plans**.**
	  o **The Home care will then submit their template as proof**
	• Next RCA will be with Revival Home Care and Caroline will disperse the cases to the contact person.
			C. Keane/
			C. Dunkley

7.	Adjourn	-	-

NewYork-Presbyterian/Queens PPS

Project 2.b.viii –HHC

Project Committee Meeting

October 23rd, 2017 2:00pm –2:45pm EST

Attendees: F. Emmanuel (Center light CHHA), Jennifer Lo (VNSNY), C. Duffy (St. Mary's), C. Keane (NYPQ), F. Rosado (Americare), B. Ader (VNSNY), Therese (MJHS), S. Schuman (Parker), P, Mezei (Americare), C. Dunkley (NYPQ), C. Durham (SelfHelp), M. Kennedy (VNSNY), S. Scauham (NYPQ), L. McConnell (NYPQ), Daniel N (NYPQ), M. Hay (NYPQ) , G. Allon (Revival), D. Forbes (Alpine), M. D'urso(NYPQ), l. McConnell (NYPQ), G. Allon (Revival)

Topic	Discussion	Actions
1. **Agenda:**	• Welcome & Purpose • Approve Meeting Minutes • DY3 Deliverables • MOLST & eMOLST training and Implementation • Root Cause Analysis • Performance Measures	• N/A
2. **Approve Meeting Minutes :** C. Keane	• The Committee reviewed the meeting minutes from 9/25/17.	• The Committee unanimously approved the meeting minutes.

3. **DY3 Deliverables:**
 	
C. Keane/ C. Dunkley
	DY3 Deliverables:
	Milestone# 8: Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.
	
	Metric/Deliverable: All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.
	
	Minimum Documentation: Care Coordination methodology, list of all participating services, medication management methodology
	• The documents submitted should state:
	  o How do you use Medication management?
	  o List all services and who perform these services.
	  o What is your methodology?
	-- 	
	Milestone# 9: Utilize telehealth/telemedicine to enhance hospital-home care collaborations.
		• PMO has created a tracker for the Partners with the due deliverables
		• Please send in a list of all primary care, behavioral health, and pharmacy services.
		
		• Please send PMO proof of telemedicine in the

Topic	Discussion	Actions
	Metric/Deliverable: Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff. ***Minimum Documentation:*** Implementation plan; evidence of use of telemedicine services • We are aiming to complete this deliverable by December 2017 so we can ensure implementation and use by March 2018. • Marianne Kennedy presented on telehealth at VNS and the rollout and implementation plan. • Marianne will follow up next meeting with status updates on telehealth. . **Milestone # 10: Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.** Metric/Deliverable: Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators. Minimum Documentation: HIE Systems report, if applicable; Process work flows: documentation of process and workflow including responsible resources at each stage of the workflow; other sources demonstrating implementation of the system.	HHC . • Please submit your medication reconciliation workflow, policies and procedures or education tool. • PMO will reach out to CHHAs who are not connected to the RHIO. • Submit your due deliverables through Performance Logic Webforms.
4. MOLST and eMOLST Training and Implementation: C. Keane	**MOLST & eMOLST Trainings** The PMO will send out palliative education modules to the homecare for physicians, medical assistants, and social workers.	• The PMO will update the committee with information once released.
5. Root Cause Analysis C. Keane	• PPS has completed both VNS and Americare with no findings and will continue to work with onsite HHC to prevent avoidable admissions. • The hospital will send out a patient roster monthly and do a RCA on 4 chosen patients. • For homecare offsite we will give you the templates to complete at your facility. • The PMO will be using the Pennsylvania RCA template	• PMO will send out RCA templates to partners.