NewYork-Presbyterian/Queens PPS

Project 3.d.ii - Pediatric Asthma Project

*Project Committee Meeting*

*October 3rd, 2016 1:00pam – 2:00 pm EST*

**Attendees**: C. Guglielmo (ACQ), H. Jabbar (NYP/Q), C. Duffy (St. Mary’s), C. Dunkley (NYPQ) , E. Roveto (St. Marys), S. Choudhury (NYPQ), N. Siddij (NYPQ) , M. Cartmell (NYPQ), K. Fung (NYPQ)

| **Topic** | **Discussion** | **Actions** |
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| 1. **Agenda:**
 | * Welcome & Purpose
* Review & Approve Minutes
* Patient Engagement
* Updates
* Milestone #1 Task 5 & 6
* Questions/Discussions
 | * N/A
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| 1. **Review Minutes:**

H. Jabbar  | * Review and Approved Minutes from 8.9.16 Meeting
* Claudia noted the event was not named “Grand Rounds”
 | * Meeting minutes were unanimously approved with exception of Claudia’s Note.
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| 1. **Patient Engagement:** S. Choudhury

 | * The Asthma Committee should reach their target of 173 engaged patients by DY2, Q2 September 30th.
* The Committee will need to meet 138 engaged patients to reach the 80 & goal.
* The Committee is currently at 101 patients whom are actively engaged.
* If St. Mary’s completes their Home Assessment before 9/30 then they will count towards the patient engagement count.
 | * Partners should send engaged patients to Kimberly Fung (kif9020@nyp.org).
* The PMO will provide feedback on more clarification of the definition for reporting actively engaged patients.
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| 1. **Updates:**

C. GuglielmoC. Duffy  | * C. Gugliemo has not heard any updates from J. Lavin on the school health Clinic education program.
	+ M. D’urso will help with the outreach to J. Lavin at MHPWQ.
	+ Dr. Jabbar has an education resource that can be a possible help to Claudia if needed.
* Linda and Claudia have started educating the ER doctors and are waiting on Dr. Jabbar’s instructions for the Next Steps.
 | * Maria D’Urso will aid in outreach to MHPWQ.
* Dr. Jabbar will follow up with Claudia on Next Steps.
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| 1. **Milestone #1 Step 5&6:**

Team | **Milestone# 1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up**Task Step 5...Define partners involved by care outlined in **clinical flow diagram** & review operational needs for workforce, IT, and operational processes. Task Step 6...Utilizing the partner listing, **clinical flow diagram, and best practice standards**, define a timeline to align with the requirement deliverable date of DY3, Q4 as well as the expectations of scale & speed.***(Due: Sep 30, 2016)***. * The PMO and Parnters have created an Asthma Workflow to outline the clinical diagram.
* The Committee suggested a Gate Keeper will need to be added to the workflow in the ED. The Gate Keeper can bill for reviewing the 485 sheet.
* The Committee suggested a case worker be placed in the ED to assist with referrals to the Asthma Center.
* Adina is a case worker who works with Caroline and is currently referring patients.
* After Adina referrers patients to Dr. Jabbar he can then refer to St. Mary’s.
* Some Risks are the physicans would need to understand how the process will work.
	+ There will need to be a mechanism set up when the case manager is absent.
* The Committee suggested the Mt. Sanai red card process where the patient leaves with a 1-800 # if there are any problems. Their problems can then be triaged via phone.
 | * Maria will speak with Caroline regarding leveraging Adina for the Asthma project.
* The PMO and committee will discuss further changes and update the Asthma Workflow.
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| 1. **Questions/Discussion :**
 | * There were two additional pediatricians added to the PPS network.
* The Next meeting will be November 8th 2016.
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