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 |
| 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. |
| 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](mailto:kif9020@nyp.org)). * The PMO will provide feedback on more clarification of the definition for reporting actively engaged patients. |
| 1. **Updates:**   C. Guglielmo  C. 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. |
| 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. |
| 1. **Questions/Discussion :** | * There were two additional pediatricians added to the PPS network. * The Next meeting will be November 8th 2016. | . |