








<b>Meeting Title:</b>	<b>NYP/Q DSRIP SNF Project Sub-Committee</b> Projects: 2.b.v & 2.b.vii	<b>Meeting Date:</b>	February 12 <sup>th</sup> 2018
<b>Facilitator(s):</b>	Caroline Keane	<b>Meeting Time:</b>	3:30 PM – 4:15 PM
<b>Conference Room:</b>	MRI Conference Room Call-in : 866-692-4538		Passcode: 26098085#

**Meeting Purpose:**

1. DSRIP Project Implementation – Milestones & Tasks
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#	Topic	Document	Responsible Person
1.	Welcome & Purpose	-	C. Keane
2.	Approve Meeting Minutes –11/20/17	 NYPQ PPS SNF Minutes 11.20.17.doc	C. Keane
3.	MY3 Performance Measures –Month 11 of 12	 LTC - MY3 Month 11 of 12 Performance R	K. Fung
4.	<b>Hospital Rate Benchmark Report</b> New Form to standardize data collection : Please submit your readmission to hospitals rate for the quarter (September- December 2017 ) <ul style="list-style-type: none"> <li>If there are any SNFs who would like to discuss their readmission rate with Caroline please reach out to us.</li> </ul>	 Warm Handoff SNF -Hospital-ED Transfer   warm handoff_March 2017 FINAL.pdf	C. Keane
5.	<b>Warm Hand Off:</b> <ul style="list-style-type: none"> <li>The Warm Handoffs have increased from 40.90 % to 50% compliance.</li> <li>Are there any issues when NYPQ calls?</li> <li>Are there any issues on NH side</li> <li>If patients are admitted when unnecessary then</li> </ul> 2. SNF feedback on Warm Handoff (both in and out ) <ul style="list-style-type: none"> <li>Are you tracking your patients?</li> <li>Are you submitting monthly to the PMO?</li> </ul>	 NYPQ SNF Readmission rates.pd   NH-Hospital Tracker.xlsx	C. Keane/ C. Dunkley

	<ul style="list-style-type: none"> <li>• Are you calling when you do not receive the hand off?</li> </ul> <p>3. Tracking template</p> <p><b><u>Department Contacts:</u></b></p> <ol style="list-style-type: none"> <li>1. Transfusion Unit : 718-670-1589 M-F 9pm-5pm</li> <li>2. Radiology : 718-670-1050</li> <li>3. IR: 718-670-1496</li> <li>4. Endoscopy : 718-670-2904</li> <li>5. Swallow Evaluation : 718-670-2716</li> </ol> <p><b><u>Case Manager/Social Worker</u></b></p> <ol style="list-style-type: none"> <li>6. ED Case Manager 917-732-6373 Hours 11am-11p,</li> <li>7. ED Social Worker 347-533-1149 12 pm-8pm             <ol style="list-style-type: none"> <li>a. As of 11/15 M-F 8am-12pm</li> </ol> </li> </ol>	 SNF Floor Directory.xlsx	
6.	Questions & Open Discussion		
7.	Adjourn	-	-

# New York-Presbyterian Queens PPS

Project 2.b.v & 2.b.vii –SNF

*Project Committee Meeting*

*February 13<sup>TH</sup> 2018 3:30pm –4:15pm EST*

**Attendees:** K. Fung (NYPQ), M. Salomon (QBECF), H. Abdelaziz (NYPQ), E. Linchansky (Dry Harbor), J. Pavia (Dry Harbor), M. Gallardo (Rego Park), C. Keane (NYPQ), A. Pelman (Union Plaza), S. Freedman (Cliffside ), M. Deutch (Forest View), P. Stein (The Grand ), J. Singh (Margaret Tietz )

Topic	Discussion	Actions
<b>1. Agenda:</b>	<ul style="list-style-type: none"> <li>• Welcome &amp; Purpose</li> <li>• Approve Meeting Minutes</li> <li>• Hospital Rate Benchmark Report</li> <li>• Warm Hand Offs</li> <li>• Questions &amp; Open Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>2. Approve Meeting Minutes :</b> C. Keane	<ul style="list-style-type: none"> <li>• The committee reviewed the meeting minutes from 11.20.17</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee unanimously approved the meeting minutes.</li> </ul>
<b>3. MY3 Performance Measures:</b> K. Fung	<ul style="list-style-type: none"> <li>• K. Fung reviewed six quality measures that are associated with the long-term care projects. The six quality measures that were discussed are preventable ED visits, PQI 90, potential avoidable readmissions, Adult Access preventive (20-44),(45-64) and (65 and older).</li> <li>• Out of the six quality measures presented, potentially preventable ED visits were the only quality metric met.</li> <li>• The PPS did not meet the quality metrics for PQ90 and potentially avoidable readmissions, adult access, and potentially avoidable readmissions.</li> </ul>	<ul style="list-style-type: none"> <li>• The PMO will use quality data to start action planning to improve clinical outcomes.</li> </ul>

Topic	Discussion	Actions
<p><b>4. Hospital Rate Benchmark Report:</b> C. Keane</p>	<p><b>Hospital Rate Report</b></p> <ul style="list-style-type: none"> <li>• The facilities have implemented INTERACT as an intervention to reduce readmission. The PMO will be working with the SNF's to track readmissions with the goal of decreasing hospital readmissions.</li> <li>• The PMO introduced a new form to maintain consistency and ease of reporting readmission rates to the state.</li> <li>• Please implement the hospital rate tracker in your facility to compile the requested data.</li> </ul>	<ul style="list-style-type: none"> <li>• Please continue to submit hospital readmission rates for the quarter timeframe September-December 2017</li> <li>• The PMO will send out an email reminder for hospital rate</li> </ul>
<p><b>5. Warm Hand Off:</b> C. Keane</p>	<p><b>Warm Hand Off:</b></p> <ul style="list-style-type: none"> <li>• The PMO is requesting all SNF's to keep a log of warm hand offs to the hospital and submit it to the PMO monthly.</li> <li>• Nurses are not picking up the phones at night at the SNFs.</li> <li>• The Compliance Rate has raised to about 60%.</li> </ul>	<ul style="list-style-type: none"> <li>• PPS partners please track and submit patients that have had a warm hand off through a log/registry.</li> </ul>
<p><b>6. Questions &amp; Open Discussion</b></p>		-
<p><b>7. Adjourn</b></p>		-