**NewYork-Presbyterian/Queens PPS**

Project –SNF Project Sub-Committee

*Project Committee Meeting*

*August 4thh, 2016 3:30pm – 4:15pm EST*

**Attendees**: C. Keane (NYP/Q) C. Dunkley(NYP/Q), Tamara(Meadow Park), C. McConnell (NYP/Q), S. Choudhury(NYP/Q), C. Duffy (St. Mary’s) D. Friedman (Margaret Tietz/Centerlight ),E. Greenfield (Meadow Park ), A. Pelman (Union Plaza), D. Murray (New Franklin), J. Berelowski (QBEC)

| **Topic** | **Discussion** | **Actions** |
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| 1. **Agenda:** | * Welcome & Introductions * Approve Meeting minutes * INTERACT Training Plan * Project INTERACT Milestone #6 * DY2.Q2-Q4 Deliverables * Project INTERACT Milestone #3 * MOLST & eMOLST Implementation * Updates on RHIO * Question &Discussion |  |
| 1. **Approve Meeting minutes**   C. Keane | * Committee reviewed meeting minutes from 05/19/16 meeting. | * Committee voted to unanimously approve the meeting minutes |
| 1. **INTERACT Training Plan:**   C. Keane | * The INTERACT Training contract is currently going through legal and awaiting approval which should be completed by late October. * We are requested 2 members per facility which can be a nurse educator, champion, aid or house keeper. * The training will be an 8 hour session. | * The PMO will update partners with further information. |
| 1. **Project INTERACT Milestone #6:**   C. Keane | **Project 2.b.vii- INTERACT**  Milestone # 6- Create a coaching program to facilitate and support implementation   * **Due by: 03/31/2017** * The PPS Partners should complete 27 coaching & education around INTERACT with sign-in sheets and materials. | * Partner send PMO training materials and sign in if you were previously trained. |
| 1. **DY2,Q2-Q4 Deliverables :**   S. Choudhury | * The Committee reviewed the **DY2,Q2-Q4 Deliverables** to ensure the deliverables and metrics are met | * Deliverables will be attached to the agenda every meeting |
| 1. **Project INTERACT Milestone #3:**   C. Keane | **Project 2.b.vii- INTERACT**  Milestone # 3- Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.  **Due by: 03/31/2017**   * Best practice from: NYSNA * Meadow Park has pick line best practice to share with the partners. * The Committee must create care pathways with best pathways. * The committee must develop care plans to avoid readmissions. | * Partner should send any feedback or existing best practices in use. |
| 1. **MOLST & eMOLST:**   Team | * MOLST & eMOLST implementation status update:   + Sunharbor is currently doing paper MOLST   + Derek Murray started piloting eMOLST however is having issues with inconsistency with documenting and interfacing with EHR. “The question on the forms have raised conversation in the facility and questions they would have thought to ask “   + This is a requirement for all SNFs   + The PMO is currently working on education for the eMOLST. | * Please reach out to the PMO if you need additional resources or training . |
| 1. **RHIO Updates:**   C. McConnell | * Cory has completed two pilots and will be started two other pilots shortly. * Cory suggested for partners to resolve consent issues:   + Pick a Golive day the next time patient has a visit and do the consent at that time. Then the consent for all patients will be completed within a couple of months. | * If there are any questions or concerns regarding the RHIO please reach out to Cory. |