








<b>Meeting Title:</b>	<b>NYP/Q DSRIP SNF Project Sub-Committee</b> Projects: 2.b.v & 2.b.vii	<b>Meeting Date:</b>	November 20 <sup>th</sup> , 2017
<b>Facilitator(s):</b>	Caroline Keane	<b>Meeting Time:</b>	3:30 PM – 4:15 PM
<b>Conference Room:</b>	Radiation Oncology Room Call-in : 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 –10/23/17	 NYPQ PPS SNF Minutes 10.23.17.doc	C. Keane
3.	<b>Hospital Rate Benchmark Report</b> New Form to standardize data collection : Please submit your readmission to hospitals rate for the quarter (June 2017- August 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
4.	<b>Warm Hand Off:</b> <ul style="list-style-type: none"> <li>• The Warm Handoffs have increased from 36.36 % to 40.91% 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> <li>• Are you calling when you do not receive the hand off?</li> </ul> 3. Tracking template	 NYPQ SNF Readmission rates.pdf   NH-Hospital Tracker.xlsx	C. Keane/ C. Dunkley

	<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	
5.	MY3 Performance Measures	 LTC - MY3 Month 9 of 12 Performance Re	
6.	Questions & Open Discussion		
7.	Adjourn	-	-

# New York-Presbyterian/Queens PPS

Project 2.b.v & 2.b.vii –SNF

*Project Committee Meeting*

*November 20<sup>th</sup> 2017 3:30pm –4:15pm EST*

**Attendees:** K. Fung (NYPQ), M. ‘Urso (NYPQ), C. Duffy (St. Mary’s), M. Solamen (QBEC), M. Gallardo (Regopark), E. Shalanski (Dry harbor)  
J. Faison(NYPQ), C. Keane (NYPQ)

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. Hospital Rate Benchmark Report:</b> C. Keane	<p><b>Hospital Rate Benchmark 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.</li> <li>• The PMO will send out an email reminder for hospital rate benchmarks.</li> </ul>
<b>4. Warm Hand Off:</b> C. Keane	<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>• PPS partners suggested that transfers and warm handoff should be facilitated earlier in the day where there is maximum staffing to receive them.</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>

Topic	Discussion	Actions
	<ul style="list-style-type: none"> <li>When a patient requires imaging/bloodwork partners should use the department contact list and transfer the patient directly to the respective department to decrease emergency department utilization.</li> </ul>	
<b>5. MY3 Performance Measures:</b> K. Fung	<ul style="list-style-type: none"> <li>K. Fung reviewed 3 quality measures that are associated with the long term care projects. The three quality measures that were discussed are preventable ED visits, PQ90, and potential avoidable readmissions.</li> <li>Out of the three quality measures presented, 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.</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>
<b>6. Questions &amp; Open Discussion</b>		-
<b>7. Adjourn</b>		-