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The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP

Learning Collaborative

New Jersey Department of Health (NJDOH)

February 12, 2015





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Learning Collaborative Session Objectives

- ✓ DSRIP Updates
- ✓ Summary of Last Meeting Topics/ Discussions
- ✓ Survey Response Review
- ✓ Hospital-Led Presentations
- ✓ Q&A





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Summary of Prior Meeting Topic/ Discussion

January 8, 2015 Meeting:

- DY3 Q2 Progress Report Updates
- DY3 Q3 Reminders
- Review of December Learning Collaborative Response Statistics
- Industry presentations





NJ DSRIP Program Updates

- ✓ DY4 DSRIP Re-Application is due April 30, 2015
 - Will include CMS requested updated information from the application approvals.
- ✓ DY3 Q4 Progress Report is due by April 30, 2015
- ✓ Preliminary Attributed Patient Roster to the Industry: January 2015
 - Final Attributed Patient Roster
- ✓ Data Reporting due: April 30, 2015
 - All Stage III outpatient measures remain due by April 2015 and were not deferred. DSRIP# 31, Controlling High Blood Pressure, is applicable for Stage IV reporting.
 - Databook update reminder: Semi-Annual reporting for DSRIP #6, 13 & 66 start in April 2015, not October 2014.



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NJ DSRIP Program Updates

- ✓ Webinar 8: Performance Measurement and Attribution was presented on February 11, 2015
 - The Webinar and audio will be loaded to the NJ DSRIP website, on the “Training Material” tab, by the end of next week for your reference.
- ✓ FTP access by your reporting partners required submission of the completed worksheet to Myers and Stauffer by February 9.
 - Once the Terms of Use Agreement has been accepted, a user name is emailed to the new user and Myers and Stauffer will call them with their password.
 - Reminder, documents are auto-deleted from the FTP site after 14 calendar days.





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DY3 Q1 Progress Reports – Findings

- ✓ Waiting on CMS review of remaining outstanding issues

DY3 Q2 Progress Reports – Overview & Findings

- ✓ All Progress Reports and Data Review Plans have been reviewed by the Department and outreach completed to the Industry.
- ✓ All 50 reports have been submitted to CMS for review. You will be updated as soon as the Department receives feedback.





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DY3 Q3 Progress Report Updates

- ✓ The Progress Reports due date was extended to ***Friday, February 6*** due to extreme winter weather in NJ. Timelines for review completion will be revised as necessary.
- ✓ The Department is currently reviewing the submissions and will send request for information emails to your DSRIP contacts if there are any activities/milestones that need additional information provided.
- ✓ Regarding the quarterly return on investment (ROI) question- when hospitals have indicated it is too soon to develop a ROI calculation and documented such, the reviewers from the state and CMS have accepted this response.
 - Each quarter reviewed, those hospitals that have not submitted enough information to satisfy this request have been individually reached out to.





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DY3 Q4 Progress Report

S2A4 Ongoing monitoring of program outcomes

For this activity the hospital needs to indicate the data points you are monitoring for your DSRIP plan *in addition* to the Stage III and Stage IV metrics.

Remember to ensure you have answered **each** minimum submission requirements for this activity.

Examples of program outcomes you may be monitoring: patient attendance for scheduled visits, patient enrollment, improvement in medication management, improved care processes, improved patient compliance, reduction in missed school days.

Example of how to document this activity:

- ❖ Each month we run a query to determine the number of patients in our program we contacted within 3 days following discharge as part of our enhanced discharge planning services for our DSRIP patients. We compare this report to the previous month's to determine how we are performing on this key performance indicator. Last month, we met this goal 99% of the time which is up 1% from the previous month.





Monthly Survey Review: Aggregate

➤ Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
Question 1 – “What percentage of your Quality Improvement Plan is documented?”	0	6	43	49
		12%	88%	*NR-1

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	2	16	15	16



Monthly Survey Review: Aggregate

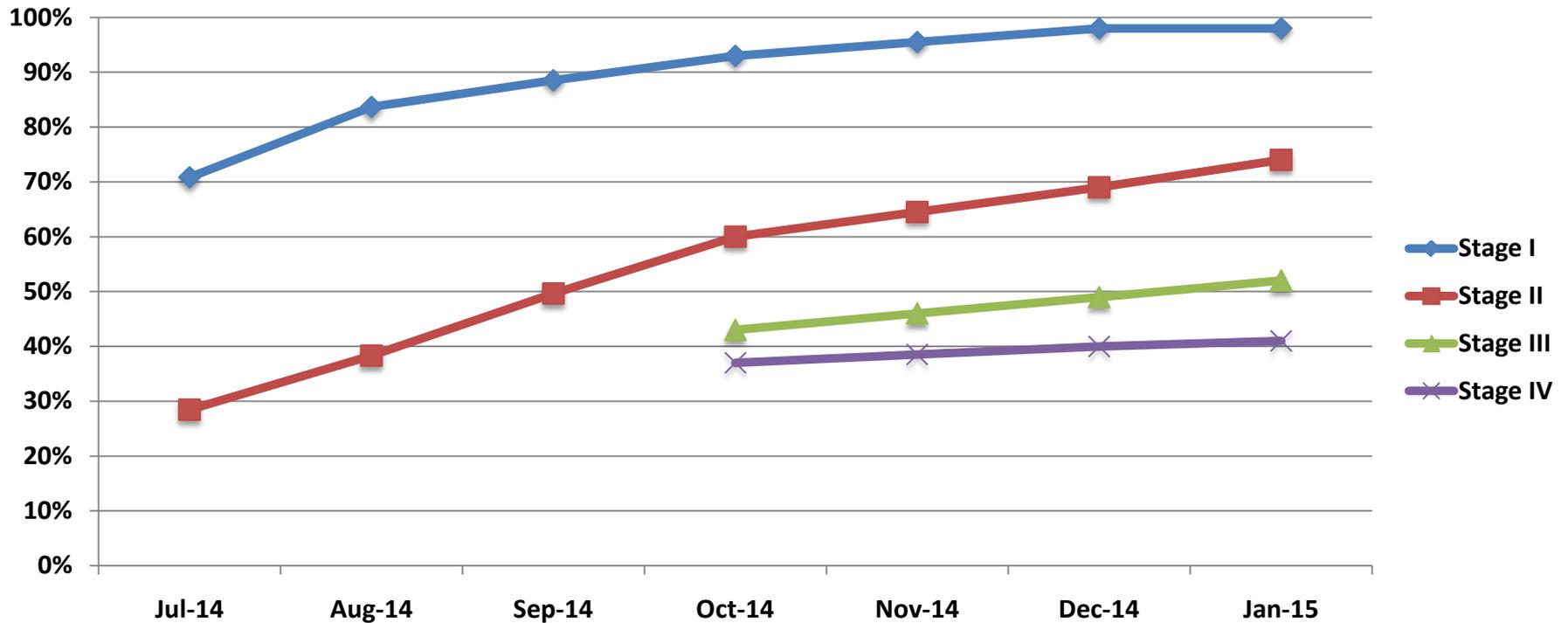
➤ Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
Question 5 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	1	48	49
		2%	98%	*NR-1
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	8	9	32	49
	16%	19%	65%	*NR-1
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	19	14	16	49
	39%	29%	32%	*NR-1
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	26	14	9	49
	53%	29%	18%	*NR-1



Monthly Survey Review: LC aggregate over time

➤ Section II: Project Implementation- *Percentage of Stage Completion*

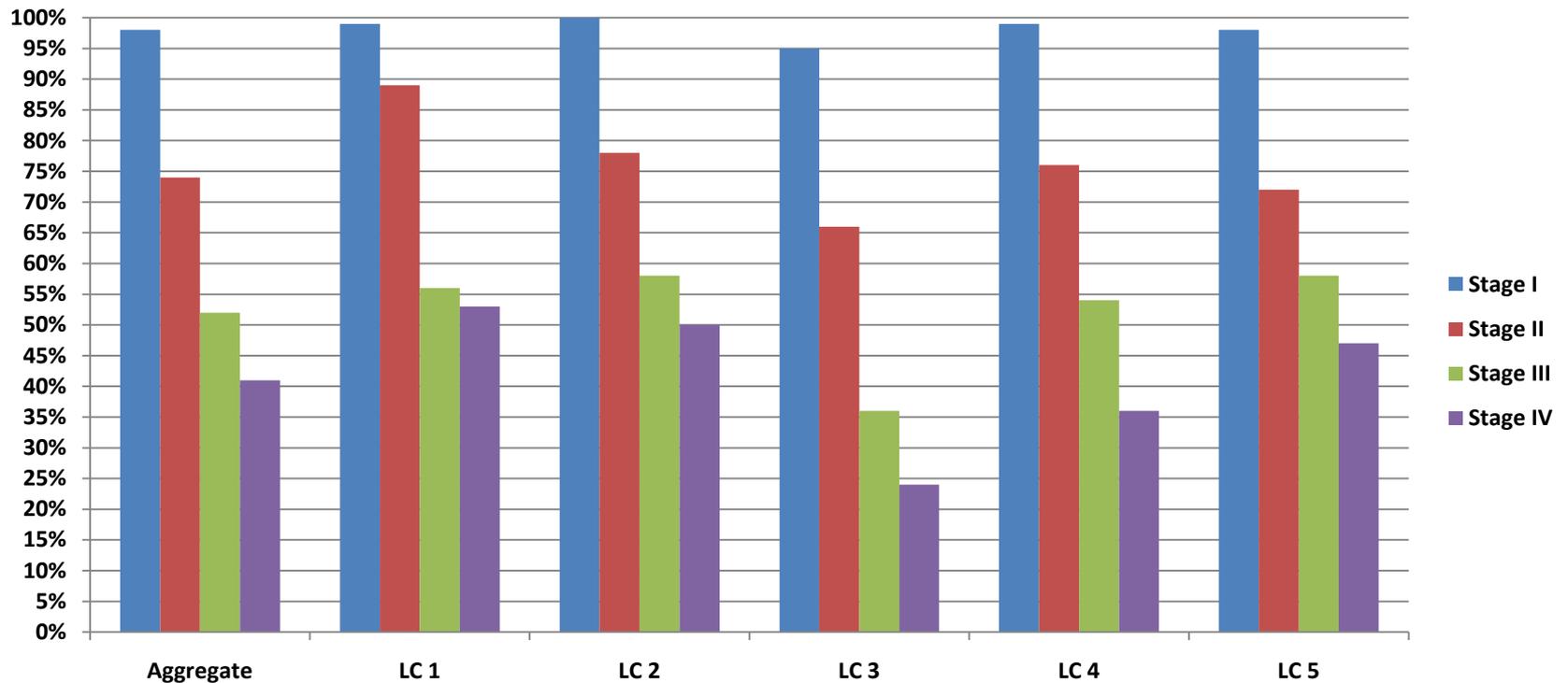


1 Not Received by response date



Monthly Survey Review: January 2015 comparison

➤ Section II: Project Implementation- *Percentage of Stage Completion*





LC 1 Monthly Survey Review: Asthma/ Pneumonia

➤ Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
Question 1 – “What percentage of your Quality Improvement Plan is documented?”	0	1	4	5
		20%	80%	

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	0	2	0	3



LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
Question 5 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	5	5
			100%	
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	0	1	4	5
		20%	80%	
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	2	1	2	5
	40%	20%	40%	
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	3	0	2	5
	60%		40%	



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LC 1 Monthly Survey Review: Asthma/ Pneumonia

➤ Section IV: Observations

Implementation Challenge(s)

- “Our challenges are receiving notification when our asthma patients arrive in the ED and more reports are necessary to monitor the program.” *St. Joseph’s Hospital Medical Center*
- “Difficulties with scheduling home evaluation and missed appointments for patient education... Ensuring process changes in our partner project sites that impact on their current processes.” *Jersey City Medical Center*

Suggestions to overcome barrier(s)

- “Offering community practices a chance to participate in a MOC quality improvement project focused on asthma as increased interest in partnering.” *Jersey Shore Medical Center*
- “Promoting Monthly Patient & Family Asthma Support Group in the community and facilitating similar successful groups in project partner sites. Communicating positive outcomes from partnership with public school nurses to private schools.” *Jersey City Medical Center*





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LC 1 Monthly Survey Review: Asthma/ Pneumonia

➤ Section IV: Observations

Notable Success

- “Increased use of order sets by providers, increased awareness of CAP.” *RWJ University Medical Center at Hamilton*
- “110 members enrolled. Fourth Patient & Family Asthma Support group completed with great turnout each month.” *Jersey City Medical Center*
- “Team collaboration, Asthma Educator certification.” *St. Barnabas Medical Center*

Lesson(s) Learned/Best practice(s)

- “Interfaces between clinical systems may not be as easy as one would suspect. Make sure that an alternate plan is developed for implementation.” *RWJ University Medical Center at Hamilton*
- “We learned that having asthma educator meetings helped improve enthusiasm in our educators by allowing them to brainstorm their ideas to improve our program.” *St. Joseph’s Hospital Medical Center*





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TODAY'S LC 1 PRESENTERS ARE:

St. Joseph's Hospital Medical Center

Jersey Shore Medical Center





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March 12, 2015 is ON-SITE AT THE NJHA 1:30 p.m. to 4:00 p.m.

- ❖ Presenters will be shared with the Industry once they have been confirmed
- ❖ Remember to have your **two** hospital representatives attend and sign the attendance sheets. The post survey will be available on-line only.
 1. One hospital representative that is either the DSRIP Champion or DSRIP Project Manager
 2. Another hospital representative or a DSRIP stakeholder (such as project partner)
 - ✓ A single representative from a hospital system (i.e. multiple hospitals) is allowed to attend in addition to the two required LC representatives **OR**
 - ✓ A system representative may represent each DSRIP hospital in their system along with another hospital representative, as long as one of these individuals is a DSRIP Champion or DSRIP Project Manager





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Q & A

