1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.
Q & A

Ask questions in two ways:

1. Submit questions through the chat.
   
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2. ‘Raise your hand’ to ask a question through your audio connection.

   Once we see your hand raised, we will call on you and unmute your line.

   Please introduce yourself and let us know what organization you are from.

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Email njdsrip@pcgus.com with any additional questions.
Warm Up Poll

MLB’s 2019 Regular Season begins on March 28, who will you be rooting for?

a. Boston Red Sox  
b. New York Mets  
c. New York Yankees  
d. Philadelphia Phillies  
e. Other
Objectives

• **By the end of this webinar, participants will be able to:**

1. Interpret the specifications for CLABSI measures
2. State the pending deadlines and required materials for SRW, MVT and annual renewal application submissions.
3. Understand the expectations for the DY7 SA1 progress report submissions.
4. State which measurement periods are currently reflected on the DSRIP performance dashboard.
Agenda

1. CLABSI Specification Review
2. SRW/MVT Reminders
3. DY7 SA2 Progress Report Update
4. DY8 Renewal Application Reminder
5. Dashboard Update
6. Live Meeting Reminders
CLABSI
DSRIP 21 and DSRIP 63
CLABSI Measures

• DSRIP 21: Central Line-Associated Bloodstream Infection (CLABSI) Event
  o Slight edit to Databook 5.0 entry, clarifying language to “result” section

• DSRIP 63: Pediatric Central-Line Associated Bloodstream Infections (CLABSI)- Neonatal Intensive-Care Unit and Pediatric Intensive Care Unit
  o No updates in Databook 5.0
  o Results are expressed as a rate per 1,000
CLABSI – Some Background

• Central Line (Central Venous Catheter) is a tube that doctors place in a large vein in neck, chest, groin or arm to administer fluids, blood, meds or to perform tests.

• Central lines (CL) or CVCs are longer than the typical IV catheter and are designed to remain in place for long periods of time. They empty out near or in the heart.

• CLABSI is considered a Hospital Acquired Infection and are preventable.
CLABSI – State Performance

• 2015 National Comparison
  ○ New Jersey had a higher (worse) Standardized Infection Ratio (1.126) compared to the national ratio (.994).
  • CDC’s Hospital Acquired Infection 2015 Report for New Jersey CLABSI represents 64 reporting Acute Care Hospitals:
CLABSI – DSRIP Performance

• 2017 (DY7) DSRIP 21 Performance
  o 31 of 46 hospitals reported rate of 0 CLABSI per 1,000 central line device days

• 2017 (DY7) DSRIP 63 Performance
  o 21 hospitals reported data from pediatric settings
  o 18 of 21 hospitals reported a rate of 0 CLABSI per 1,000 central line device days for pediatric setting
DSRIP 21: CLABSI Event

• Denominator Logic
  1. Begin with **New Jersey Low Income attributed population**
  2. Calculate the total number of central line device days for all locations under surveillance for CLABSI, including but not limited to ICUs, NICUs, and other acute care hospital locations where patients reside overnight.

• What is a device day?
  o A daily count of the number of patients with at least one central line (including umbilical catheters) in place in a patient care location.
• Numerator Logic
  o CLABSI event must be a laboratory confirmed blood stream infection (LCBI) which was first determined to be a hospital acquired infection (HAI).
  o The central line (CL) must:
    1. Be in place for greater than 2 consecutive calendar days on the date of the CLABSI event where the date of device placement is Day 1 AND;
    2. Be in place on the day of or the day before the event.
  • If CL was in place for more than 2 consecutive calendar days and then removed, the LCBI criteria must be fully met on the day of discontinuation or the next day to

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>CLABSI Event?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL inserted</td>
<td>CL in place</td>
<td>CL in place; LCBI event</td>
<td>CL removed</td>
<td>No CL in place</td>
<td>LCBI event</td>
<td>CLABSI</td>
</tr>
<tr>
<td>CL inserted</td>
<td>CL in place</td>
<td>CL in place</td>
<td>CL removed</td>
<td>No CL in place</td>
<td>LCBI event</td>
<td>Not CLABSI</td>
</tr>
</tbody>
</table>
DSRIP 63: Pediatric CLABSI-Neonatal Intensive-Care Unit and Pediatric Intensive Care Unit

- The only difference in the specifications from DSRIP 21 to DSRIP 63 is that the denominator is limited to the Neonatal Intensive-Care Unit and Pediatric Intensive Care Unit settings.
CLABSI – Resources

• Review the following sources for more information on evidence based guidelines for preventing CLABSI:
  • Institute for Healthcare Improvement. IHI Central Line Bundle: http://www.ihi.org/Topics/CentralLineInfection/Pages/default.aspx
DSRIP PROGRAM UPDATES

Standard Reporting Workbook (SRW)
Standard Reporting Workbooks

The Basics:

- Attribution rosters and SRWs distributed on 2/8/19 via SFTP.
- SRW is an excel template used to collect chart/EHR data.
- Accessible via SFTP: https://sftphealth.pcgus.com/ThinClient/WTM/public/index.html#/login
- Completed SRWs due by April 30th via SFTP.
Standard Reporting Workbooks

Data Collection Sheets

• Primary data collection fields include:
  • Initial Patient Total: # of pts meeting denominator criteria
  • Denominator: # of pts meeting denominator criteria after sampling
  • Numerator: # of patients meeting numerator criteria
  * Some measures may include a few extra data collection fields

• Hospital & reporting partner data entered into separate columns
• Remaining fields auto-populated with formulas
The Basics

- New Chart/EHR reporting requirement for DY7-8
- Distributed February 8, 2019 via SFTP
- Completed MVTs due by April 30th via SFTP
- Improves State & CMS ability to review SRW data accuracy
- **MVT should contain patient level information for reporting partners as applicable.**
- MVT requires reporting of patient level information and therefore contains protected health information (PHI)
Measure Verification Template (MVT)

The Basics

- New Chart/EHR reporting requirement for DY7-8
- Distributed February 8, 2019 via SFTP
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- Improves State & CMS ability to review SRW data accuracy
- MVT should contain patient level information for reporting partners as applicable

- MVT requires reporting of patient level information and therefore contains protected health information (PHI)
DSRIP PROGRAM UPDATES

DY7 SA2 Progress Report
DY7 SA2 Progress Report

• DY7 SA2 Progress Reports are due **April 30, 2019**
• Hospitals should submit all materials to the NJ DSRIP SFTP in the hospital’s Outbound folder
DY7 SA2 Progress Report

• Guidance and templates were made available on the NJ DSRIP Resources webpage on 03/11/19:
  • DY7 SA2 Progress Report Guidance
    • Includes submission instructions and details hospitals must review before submitting progress reports
  • DY7 SA2 Progress Report Template
    • Similar to DY7 SA1 Progress Report, but includes more specificity and two new questions
  • D7 SA2 Progress Report Budget Template
    • Hospital may submit previously approved DY7 annual budgets
    • MUST be in Excel format.
DY7 SA2 Progress Report

- Guidance and templates will be available on the NJ DSRIP Resources webpage on or before 03/15/19:
  - DY7 SA2 Progress Report Guidance
    - Includes submission instructions and details hospitals must review before submitting progress reports
  - DY7 SA2 Progress Report Template
    - Similar to DY7 SA1 Progress Report, but includes more specificity and two new questions
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    - MUST be in Excel format
DSRIP PROGRAM UPDATES

DY8 Renewal Applications
DY8 Renewal Applications

- DY8 Renewal Applications are due April 30, 2019
- Hospitals should submit all materials to the NJ DSRIP SFTP in the hospital’s Outbound folder
- Guidance and templates are available now on the NJ DSRIP Resources webpage:
  - DY8 Renewal Application Guidance
    - Includes submission instructions and details hospitals must review before submitting progress reports
  - DY8 Renewal Application Template
    - Includes six questions for completion (the same questions as the DY7 Renewal Application) and CFO budget attestation
  - DY8 Renewal Application Budget Template
    - Mandatory template; submissions not using this template will not be accepted
    - Budgets should be reflect work for April 1, 2019 – March 31, 2020
DY8 Renewal Application Budget Template

• Submit budget using Excel template provided by DOH.
  • Submissions not using this template will not be accepted.

• Hospitals cannot resubmit previously approved budgets.
  • Hospitals may submit DY8 Annual budget for future DY8 Progress Reports.

• DY8 annual project budget must be equal to or greater than 80% of DY8 Adjusted Funding Target.
  • DY8 Budget Template provides this threshold value on the second tab.
  • DOH will not accept budgets that do not meet this threshold.
### DY8 Renewal Application Budget Template

**NJ Department of Health**

**DSRIP Program**

**DY8 RENEWAL APPLICATION - ANNUAL PROJECT BUDGET SUBMISSION TEMPLATE**

- **Hospital Name**
- **Medicaid Number**
- **Estimated Operational Expenses and Revenue and Capital Costs**

Hospitals are required to use this budget template. Highlighted cells within the budget template represent required information and must be completed by the hospital. Cells without highlight are locked to ensure the integrity of the budget formulas and will calculate automatically. Please note that if you are inserting additional rows into Sections A and/or B, please be sure to add the appropriate formula to Column D.

<table>
<thead>
<tr>
<th>EXPENSE CATEGORY</th>
<th>DY8 Budget - Time period of July 1, 2019 - June 30, 2020 [Note #1]</th>
</tr>
</thead>
</table>

#### A. Salaries and Wages

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Salary</th>
<th>FTE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>aggregate positions for description</td>
<td>$</td>
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<tr>
<td>Salaries, and FTEs</td>
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<td>e.g. RNs, $300,000, 5.5 FTEs</td>
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Highlighted cells are to be completed by hospitals. All other cells are locked to ensure the integrity of budget formulas in the worksheet.

#### B. Fringe Benefits

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Fringe Benefit Totals</th>
<th>FTE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter your fringe benefits by position title</td>
<td>$</td>
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</tbody>
</table>

Prepared by Public Consulting Group
## A. Salaries and Wages

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</table>

If submitter is inserting additional rows to sections A (Salaries and Wages) and/or B (Fringe Benefits), please be sure to add the appropriate formula to Column D (Totals). Subtotal rows will update automatically.

## B. Fringe Benefits

<table>
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DSRIP PROGRAM UPDATES
Dashboard Update
Dashboard Poll

Since its launch in January, have you used the DSRIP Performance Dashboard on the NJ DSRIP Website?

a. Yes (46% 23/50)
b. No (54% 27/50)
DY7 Semi-Annual Data has been added to the Dashboard.

- Measures included in this update include DSRIP: 1-3, 5-7, 13, 14, 20, 27, 28, 32, 34, 42, 66, 67, 81, and 88.

- We will continue to update the dashboard with new DY7 SA1 data until all measures are reflected, estimated by 4/5.

- Attribution for DY7 SA1 data matches that from your recent attribution rosters.

- DY7 SA1 performance results only reflect claims from January 1, 2018 – June 30, 2018.
DSRIP PROGRAM UPDATES

Upcoming Events
In-Person Learning Collaborative

Next Week on March 20th 2019

Submit Storyboards by tomorrow, March 15th

Key Objectives:
• Utilize PDSA strategies to test and adopt changes for improvement in practice;
• Learn from PDSA best practices implemented by peers;
• Create an action plan to advance new PDSAs or adopt existing practice changes when you go back to your DSRIP team.

Agenda:
10:00 – 10:30 a.m. Registration/Check-in
10:30 – 11:00 a.m. Welcome and Introduction
11:00 – 12:15 p.m. PDSA Testing and Adoption
12:15 – 01:00 p.m. Networking Lunch
01:00 – 02:00 p.m. Facilitated Storyboard Presentations
02:10 – 03:10 p.m. PDSA Action Plan Building
03:15 – 03:30 p.m. Closing Remarks

Prepared by Public Consulting Group
April 2019 Webinar

- April 9th @ 3pm
- Agenda to include:
  - DSRIP 3 Specification Review: 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization
  - Deadline Reminders
  - Dashboard Updates
  - Update from March In-person Learning Collaborative
  - Upcoming Event Reminders
Upcoming Events/Deadline Summary

- March 20, 2019: In-Person Learning Collaborative at NJHA
- April 09, 2019: April DSRIP Webinar
- April 30, 2019: Deadline to Submit:
  - SRW
  - MVT
  - DY7 SA2 Progress Report
  - DY8 Annual Renewal due
Q & A
Ask questions in two ways:

1. Submit questions through the chat.
   If the chat box does not automatically appear on the screen’s right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. ‘Raise your hand’ to ask a question through your audio connection.
   Once we see your hand raised, we will call on you and unmute your line.

   Please introduce yourself and let us know what organization you are from.

Email njdsrip@pcgus.com with any additional questions.
Evaluation

• Please answer the following evaluation questions

1. How would you rate this activity?
   5 = Excellent; 1 = Very Poor

2. Did you feel that this webinar’s objectives were met?
   • Interpret the specifications for CLABSI measures
   • State the pending deadlines and required materials for SRW, MVT and annual renewal application submissions.
   • Understand the expectations for the DY7 SA1 progress report submissions.
   • State which measurement periods are currently reflected on the DSRIP performance dashboard.

3. Please provide suggestions on how to improve this educational session.