



New Jersey DSRIP Demonstration Year Progress Report Reporting Guide

DY4Q4 – DY5Q4 REPORTING REQUIREMENTS

Please review this entire reporting guide prior to completion of a Progress Report. This document includes vital information for completing your report successfully.

Documentation Requirements

- You need to indicate the progress your hospital made on each hospital elected and required activity. Failure to complete an activity will result in a forfeiture of funds allocated to that activity. Forfeited funds will go to the Universal Performance Pool (UPP).
- For all activities listed as completed, you must submit detailed supporting documentation including addressing **each** minimum submission requirement. If a minimum submission requirement is not applicable, you still must document this.
- Protected Health Information (PHI) must **not** be included in submitted documentation. If PHI is received, the hospital will be notified via email of the location where PHI was found within the documentation. Hospital will be responsible to redact the documentation and resubmit to the Department which potentially could result in a delay in approval of your progress report.

Key concept: Failure to answer all minimum submission requirements for an activity will result in a write-back your hospital requesting the missing information. This documentation must be present before we can send your plan to CMS. Due to reporting timelines, the DSRIP team will be limiting write-backs to **two** per hospital. If the documentation is received after the second write-back, funding associated with the activity where insufficient documentation was provided may be forfeited.

- Hospitals are required to submit all supporting documentation to show the work completed for activities within the reporting period (example: Q4 time period is Jan 1- March 31) under review in order to receive payment. These entries must be dated to show this work was performed during the reporting period under review.

Progress Report Questions

Hospitals will be required to provide a response to Questions 1-7.

1. Please provide a comparison of your year-to-date (Q1 - current quarter) budget including actual totals to your current quarterly budget including actual totals. Additionally, please provide a comparison of your year-to-date (Q1 - current quarter) return on investment (economic value) analysis to your current quarterly return on investment (economic value).

*Please note the Department has put together a **mandatory** template to document your quarterly budget. Template is available on the DSRIP website. The DSRIP Budget Guidance dated March 2016(also available on the NJ DSRIP website) contains the definitions and reporting requirements as provided by the Department to assist in completion of the template.*

Key concept: Hospitals not submitting the annual renewal application budget or quarterly budget performance reporting in the format prescribed by the NJ Department of Health and meeting the budget performance goal of 80% of the annual DY initial funding target will not be eligible for advance payments until the hospital has complied with these requirements.

Budgeting analysis should include the dollar investment for direct, indirect and capital costs. Economic value includes but not limited to current cost savings, future cost savings, cost avoidance and directional care cost savings.

2. Are you on track to meet your hospital's prescribed goals and objectives for your DSRIP project? Please state in the Comments section or as an attachment if your project is or is not on track and rationale.
3. How many patients (whole number) did you enroll in your project in this quarter? Of the patients enrolled, how many (whole number) were attributed to your hospital? If zero/ no attributed patients have been enrolled this quarter, please provide a detailed explanation.
4. Please provide a summary of hospital stakeholder engagement and activities.
5. Please state the work Accomplished with External Partners. These are partners that help your hospital and your patients achieve the aims of the DSRIP program.
6. Please provide a summary of Rapid-Cycle Evaluations that were used for improvement.
7. Please state any changes or modifications that are required to be made to your DSRIP Plan.

Example of plan modification:

- Hospital has decided to remove the telemedicine activity from their project.

IMPORTANT: Modifications require re-approval by the Department/ CMS if the hospital's recommended changes or modifications from the approved DY2 Hospital DSRIP Plan (Application) would alter the DSRIP project goals, or departures from the approved DY2 Plan (Application) would affect payment and/ or change the valuation of any measure. Please see the Funding and Mechanics Protocol (Version 1.3) page 39 for further detail.

For the following activities please provide all minimum submission requirements:

8. Stage 1, Activity 13 (A1A13) – Patient satisfaction surveys conducted. (Hospital Elective Activity)

Provide documentation of the patient satisfaction survey results. Minimum submission requirements to include:

- The number of surveys sent to patients.
- The method of survey delivery.(email, text, mail, etc.)
- Incentives provided to patients/family members to complete the survey.
 - If you are not providing incentives, please state this in your documentation each time.
- The number of surveys returned.
- The satisfaction scale (satisfied/not satisfied; good/fair/bad) used.
- Summary of survey results, by question.

9. Stage I, Activity 14 (S1A14) – Conduct staff education/training sessions on all applicable project tools. Project staff education/training conducted.(Hospital Elective Activity)

Documentation for this submission requirements to include:

- Name and overview of the training topic, including the overall goal of the training.
- Staff level required to attend. *Example:* Training was required for all clinical staff (MD,RN, RT) seeing DSRIP patients.
- Training dates and times.
- Place of training. *Example:* Training on candidates for DSRIP was conducted in the Educational Center at the hospital.
- List of attendees. (i.e. sign in sheets)
- Plan for training project staff members who were absent during training. If no staff were absent during training, please document this.

10. Stage I, Activity 15 (S1A15) – Project Staff Evaluation/Assessment. Evaluation completed for each project staff member. Documentation for the activity should show that you are assessing the staffing needs of your DSRIP project. Do you have the right staff engaged in your project to meet the goals and objectives of your DSRIP project?

Minimum submission requirements to include:

- List of all project staff members. *Note:* While the hospital can provide the name of your team member, the important data point is the position title itself (e.g., Care Navigator, Social Worker).
- Identify whether staff member should be retained for project and the rationale for the decision to retain. *Note:* When documenting if a staff member should be retained for project and the rationale for the decision to retain, please document the need for the position.
- Identify whether staff member's project hours should be increased, reduced or eliminated and the rationale.
- Identify the number (if any) additional staff members required for the project, noting the type of staff required (i.e. health care professional, administrative/support) and the rationale for the addition.
 - Identify additional project staff hired since last submission and for each, indicate.
 - ✓ Employment status (full-time, part-time, contracted).
 - ✓ The approximate expected project hours worked per week.

Note: Documentation for this activity should NOT include employee evaluations conducted for Human Resources. Please do not send individual evaluations performed.

- 11. Stage 2, Activity 4 (S2A4) – Ongoing monitoring of program outcomes. Trend report developed and implemented.** Minimum submission requirements to include:
- Number of data points being monitored.
 - Trending monitored.
 - Frequency of monitoring.

The hospital must include a listing of all the data elements being monitored as part of their DSRIP program. A statement that you are monitoring Stage 3 and Stage 4 DSRIP metrics is not sufficient. Examples of other data types your hospital may be monitoring could be one of the following:

- patient enrollment.
- patient demographics.
- percentage of patients called post-discharge within set time frame.
- number of patients program was able to see within "X" days of discharge.

- 12. Stage 2, Activity 5 (S2A5) – Provide feedback to hospital administrators and participating providers. Communication on project achievement to hospital administrators and participating providers completed.**

Minimum Submission Requirements:

- Documentation, such as meeting minutes, attendees, and supporting correspondence providing feedback with hospital administrators and participating providers.

13. **Stage 2, Activity 6 (S2A6)** – *Provide feedback to the learning collaborative. Number of monthly phone calls attended. Number of attended quarterly webinars.* Participating providers engage in the learning collaborative for the DSRIP program to promote sharing of best practices and resolutions to problems encountered. Minimum Submission Requirements:
- Documentation supporting participation with the New Jersey Learning Collaborative such as copies of correspondence and meeting attendance/attendees.
 - Summary of Learning Collaborative engagement and results.

Key Concept: For a quarterly activity there is NOT an opportunity to complete this activity at a future date. Therefore, **INCOMPLETE= FORFEITURE** for that quarter.

Attachment(s)

- As stated earlier, Protected Health Information (PHI) must not be included in submitted documentation.
- Please do not attach files larger than 50 MB to the progress report page.
- **Attachment Document Naming Limitations**
 - Document names are now limited to 70 characters.
 - Document names cannot include the following special characters: Tilde (~), Number sign (#), Percent (%), Ampersand (&), Asterisk (*), Braces ({ }), Backslash (\), Colon (:), Angle brackets (< >), Question mark (?), Slash (/), Plus sign (+), Pipe (|), Quotation mark (")
 - Document names cannot contain multiple periods (...)
 - Document names can use underscore (_), dash (-), and period (.)
- Document naming recommendation
 - Abbreviated Hospital Name_Activity Number
 - ✓ Example: RBH_Activity13
 - Naming convention when all activities are in one attached document
 - ✓ Example: RBH_Activities_All

Your progress report must be clear of all errors **prior** to submission to the New Jersey DSRIP team. If the progress report has given you an error that you do not understand and/or cannot clear, send email to the NJDSRIP@mslc.com email address stating the issue and a team member will respond back to you to provide assistance.