New Jersey DSRIP DY6 Semi-Annual 2 Progress Report Reporting Guide

DY6 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 completed activities, please submit detailed supporting documentation addressing **each** minimum submission requirement. If a minimum submission requirement is not applicable, please indicate this in your response.
- Protected Health Information (PHI) must **not** be included in submitted documentation. If PHI is received, the hospital will be notified via email and the hospital will be responsible for redacting the documentation and resubmitting to the NJDOH. This could potentially 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 to 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 not 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 applicable documentation to support the completion of all required activities within the reporting period under review in order to receive payment. (example: Semiannual Period 2 is October 1, 2017-March 31, 2018). The supporting documentation 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 from your initial budget to your current budget and your return on investment (economic value) analysis.

   *Please note the Department has put together a **mandatory** template to document your semiannual budget. The template is available on the NJ DSRIP website.*

   Budgeting analysis should include the dollar investment for direct, indirect and capital costs. Economic value includes but is 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 provide a response, including rationale, in the comments section or as an attachment addressing whether or not you're on track to meet your goals and objectives.

3. How many patients (whole number) did you enroll in your project in this semi-annual period? Of the patients enrolled, how many (whole number) were attributed to your hospital? If zero/ no attributed patients have been enrolled this semi-annual period, please provide a detailed explanation.

4. Please provide a summary of hospital stakeholder engagement and activities.

5. Please describe 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:

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

> **IMPORTANT:** Modifications require re-approval by the NJDOH/ 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 1.0; Feb 13, 2018)](#) Program Management and Modification, page 32 for further detail.

For the following activities please provide all minimum submission requirements:

8. **Stage 1, Activity 13** (A1A13) – Conduct *patient satisfaction survey. (Hospital Elective Activity)*
    Provide documentation of the patient satisfaction survey results. Minimum submission requirements to include:
    o   The number of surveys sent to patients.
    o   The method of survey delivery. (Email, text, mail, etc.)
    o   Incentives provided to patients/family members to complete the survey.
        ▪   If you are not providing incentives, please state this in your documentation.
    o   The number of surveys returned.
    o   The satisfaction scale (satisfied/not satisfied; good/fair/bad) used.
    o   Summary of survey results, by question.

9. **Stage I, Activity 14** (S1A14) – *Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures. Hospital Elective Activity)*
    Provide documentation of project staff education/training conducted. Minimum submission requirements to include:
    o   Name and overview of the training topic, including the overall goal of the training.
    o   Staff level required to attend. *Example*: Training was required for all clinical staff (MD, RN, RT) seeing DSRIP patients.
    o   Training dates and times.
    o   Place of training. *Example*: Training on candidates for DSRIP was conducted in the Educational Center at the hospital.
    o   List of attendees. (i.e. sign in sheets)
    o   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.*
    Provide documentation that shows 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.*
Provide documentation of a 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 include:
- 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.*
Provide documentation that shows communication on project achievement to hospital administrators and participating providers. Minimum Submission Requirements to include:
- 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.*
Provide documentation for the Learning Collaborative attended on October 26, 2017. 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 to include:
   - 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 semiannual activity there is NOT an opportunity to complete this activity at a future date. Therefore, **INCOMPLETE= FORFEITURE** for that performance period.

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 an email to the NJDSRIP@mslc.com email address stating the issue and a team member will respond back to you to provide assistance.