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# NJ DSRIP

## Learning Collaborative

New Jersey Department of Health (NJDOH)

January 8, 2015





## 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

December 11, 2014 Meeting:

- DY3 Q2 Progress Report Updates
- Review of October Learning Collaborative Response Statistics
- Industry presentations





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## NJ DSRIP Program Updates

- ✓ Data Review Plans: All initial reviews have been sent to the hospitals, those requiring secondary review are in the process of re-review.
- ✓ Attributed Patient Roster: January 2015
  - A webinar to review the layout and performance measures is planned, notification of date/times will be made shortly
    - By email notification and on the Announcements section of the NJ DSRIP site (<http://dsrip.nj.gov/>)
- ✓ Data Reporting due: April 2015
- ✓ DY3 Q2 Progress Reports: The Department will finish their review of the reports requiring additional supplemental information this month and be forwarding to CMS for their review.





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## NJ DSRIP “Reducing the Gap” questions

### ✓ Reference Session 1 Webinar from July 17, 2013 slides 16- 18

For any measure that the Department (with CMS concurrence) determines that the “Reducing the Gap” methodology cannot be calculated, a simple ten percent (10%) rate of improvement over the hospital’s baseline performance per year will apply.

### ✓ Reference Webinar 3: Financial and Budget Review August 21, 2013

Stage III Pay for Performance (P4P) and “Reducing the Gap” Methodology starting on slide 17

- Gap = Difference between the hospital’s baseline performance, and the metric’s established improvement target goal
  - 10% gap reduction required to receive payment
- Baseline = this is the initial starting point from which the hospital’s future performance will be compared
- Improvement Target Goal = the benchmark that serves as the standard level of performance that NJ hospitals should strive to obtain
- Expected Improvement Target = the required target of improvement; baseline plus the calculated gap to receive the required performance improvement





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## DY3 Q3 Progress Report Reminders

**If you HAVE NOT already started or DO NOT PLAN to start your pilot program this month, contact the DSRIP team as soon as possible at [njdsrip.mslc.com](http://njdsrip.mslc.com)**

- ✓ DY3 Q3 Progress Reports should be sent to the Industry no later than early next week- be sure to complete BOTH tabs on the Progress Report excel.
- ✓ Please enter the date (Cell B4) first when you are completing the Progress Report. Several error messages can be avoided by entering this date as there is time line logic (excel formulas) tied to this date.
- ✓ Remember to **submit detailed documentation** to cover each bullet point listed for the minimum submissions requirements for the Activity/action/milestone completed.
- ✓ Quarterly submissions: Include dates to ensure the reviewer can confirm activities occurred within the quarter-specific performance period.
- ✓ Updated DY BUDGET submission and reference to ROI is **mandatory**. Referencing the application budget or not submitting a budget because there are no changes from the last submission is not sufficient.





# 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     | 5      | 41      | 46    |
|  |       | 11%    | 89%     | *NR-4 |

| Survey Question   | Plan | Do | Study | Act |
|---|------|----|-------|-----|
| Question 4 – “What stage of the PDSA cycle would you consider your project to be in?” | 1    | 18 | 20    | 7   |



\*NR- Not Received by response date



## Monthly Survey Review: Aggregate

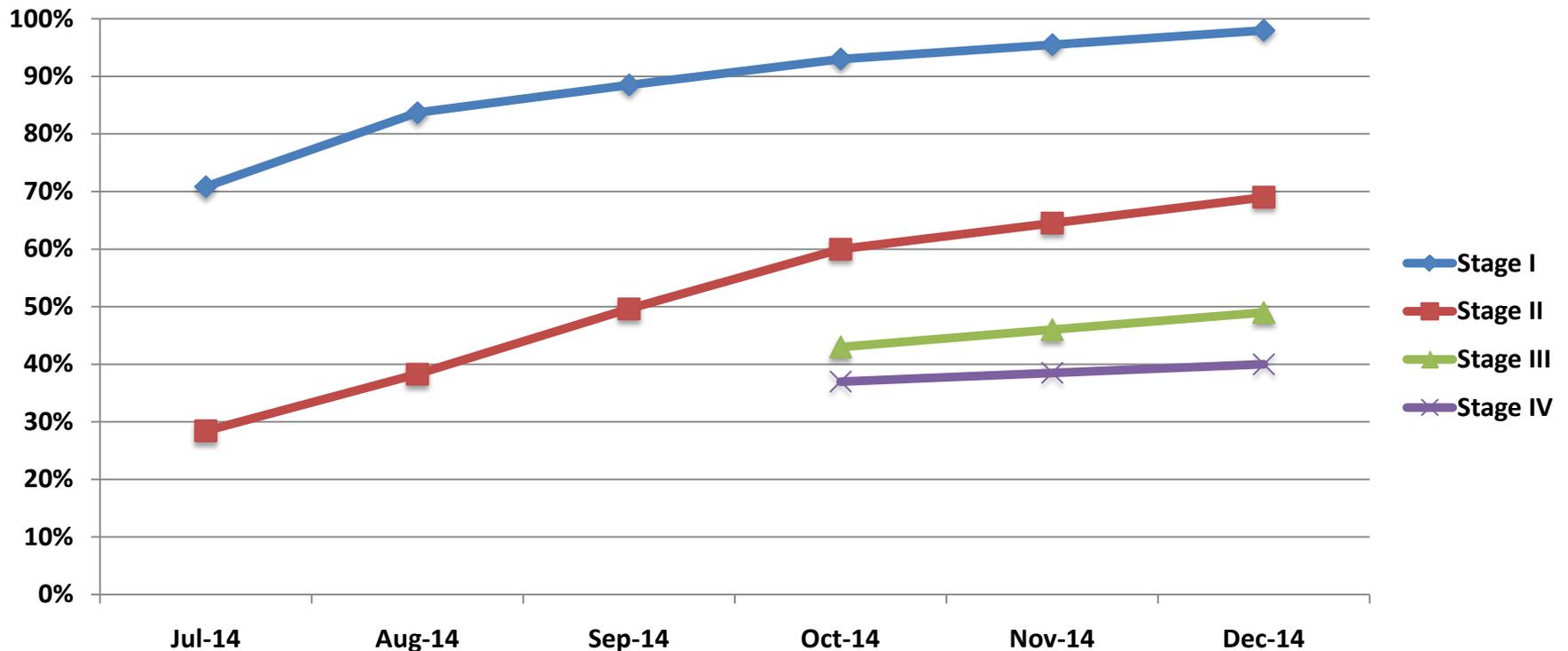
### ➤ Section II: Project Implementation- Support *continued*

| Survey Question  | 0-49%      | 50-74%     | 75-100%     | Total |
|--|------------|------------|-------------|-------|
| <b>Question 5</b> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?” | 0          | 0          | 46          | 46    |
|  |            |            | <b>100%</b> | *NR-4 |
| <b>Question 6</b> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?” | 7          | 14         | 25          | 46    |
|  | <b>15%</b> | <b>31%</b> | <b>54%</b>  | *NR-4 |
| <b>Question 8</b> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?” | 22         | 8          | 16          | 46    |
|  | <b>48%</b> | <b>17%</b> | <b>35%</b>  | *NR-4 |
| <b>Question 9</b> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?” | 25         | 13         | 8           | 46    |
|  | <b>55%</b> | <b>28%</b> | <b>17%</b>  | *NR-4 |



## Monthly Survey Review: LC aggregate over time

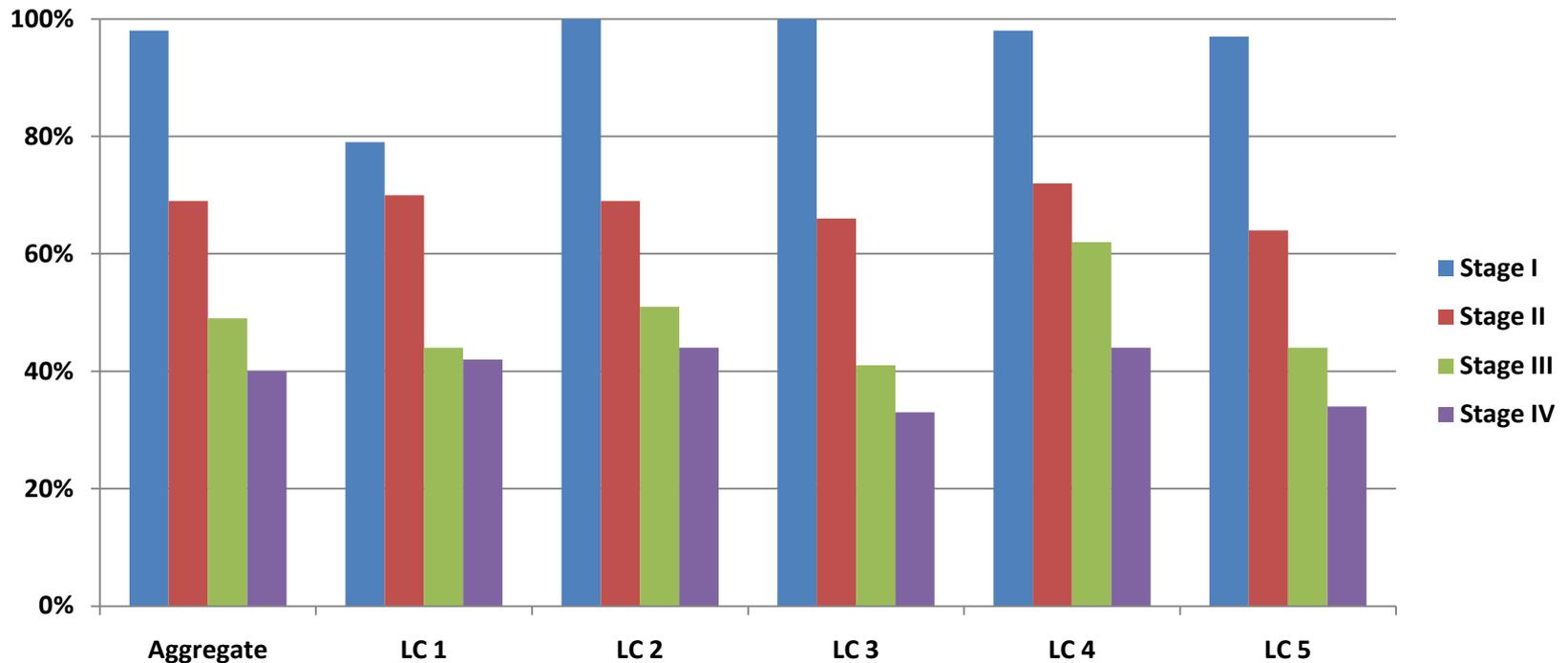
### ➤ Section II: Project Implementation- *Percentage of Stage Completion*





## Monthly Survey Review: December 2014 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     | 0      | 5           | 5     |
|  |       |        | <b>100%</b> |       |

| Survey Question   | Plan | Do | Study | Act |
|---|------|----|-------|-----|
| Question 4 – “What stage of the PDSA cycle would you consider your project to be in?” | 0    | 3  | 1     | 1   |



## LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section II: Project Implementation- Support *continued*

| Survey Question  | 0-49%      | 50-74%     | 75-100%     | Total |
|--|------------|------------|-------------|-------|
| <b>Question 5</b> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?” | 0          | 0          | 5           | 5     |
|  |            |            | <b>100%</b> |       |
| <b>Question 6</b> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?” | 0          | 1          | 4           | 5     |
|  |            | <b>10%</b> | <b>90%</b>  |       |
| <b>Question 8</b> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?” | 3          | 0          | 2           | 5     |
|  | <b>60%</b> |            | <b>40%</b>  |       |
| <b>Question 9</b> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?” | 3          | 0          | 2           | 5     |
|  | <b>60%</b> |            | <b>40%</b>  |       |



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## LC 1 Monthly Survey Review: Asthma/ Pneumonia

### ➤ Section IV: Observations

#### Implementation Challenge(s)

- “Securing an electronic data sharing agreement with potential project partners.” *St. Barnabas Medical Center*
- “Our current implementation challenges are being notified or knowing when our asthma patients are admitted to the ED and some challenges with asthma educator staffing.” *St. Joseph Medical Center*

#### Suggestions to overcome barrier(s)

- “Nursing leadership has become actively involved in our process. Through meetings with physicians in groups, and individually, we address the issues of collaboration.” *Jersey Shore Medical Center*
- “We hope to overcome one challenge by purchasing a tablet computer so that the asthma educators can easily view and keep track of our ED asthma patients via the ED EMR and having a transition of care alert sent to us.” *St. Joseph Medical Center*





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## LC 1 Monthly Survey Review: Asthma/ Pneumonia

### ➤ Section IV: Observations

#### Notable Success

- “87 members enrolled. Third Patient & Family Asthma Support group completed with great turnout each month.” *Jersey City Medical Center*
- “There has been only 2 re-admits to the inpatient service among the 60 or so patients who have received education by the COACH program staff. In-service for the school nurses has lead to increased involvement in the schools.” *Jersey Shore Medical Center*

#### Lesson(s) Learned/Best practice(s)

- “Schools are great for program enrollment opportunities vs. just the hospital discharge process. Engagement of school nurses and principals is critical.” *Jersey City Medical Center*
- Consistency of messaging is vital to patient understanding. Multiple barriers to hearing and understanding medical information exists for our patients/families. Without a consistent message it makes it even more difficult to follow through with therapies. Inconsistency only serves to confuse them further and decrease compliance.” *Jersey Shore Medical Center*





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## FEBRUARY 12, 2015 PRESENTERS

**St. Joseph's Hospital Medical Center**

**Jersey Shore Medical Center**

- ❖ Please have a 10 minute presentation to speak on the following items, when called upon:
  1. Describe at a high-level what project intervention(s) your hospital is implementing
  2. Discuss your hospital's responses to the Monthly Survey
  3. Discuss your hospital's project achievement to date
  4. Offer any project observations, challenges and noted successes to date
- ❖ If a presentation is provided, please have it in a PowerPoint format, since that is optimal for our conference provider and continuity for posting to the NJ DSRIP website.





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# Q & A

