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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



*NR- Not Received by response date



Monthly Survey Review: Aggregate

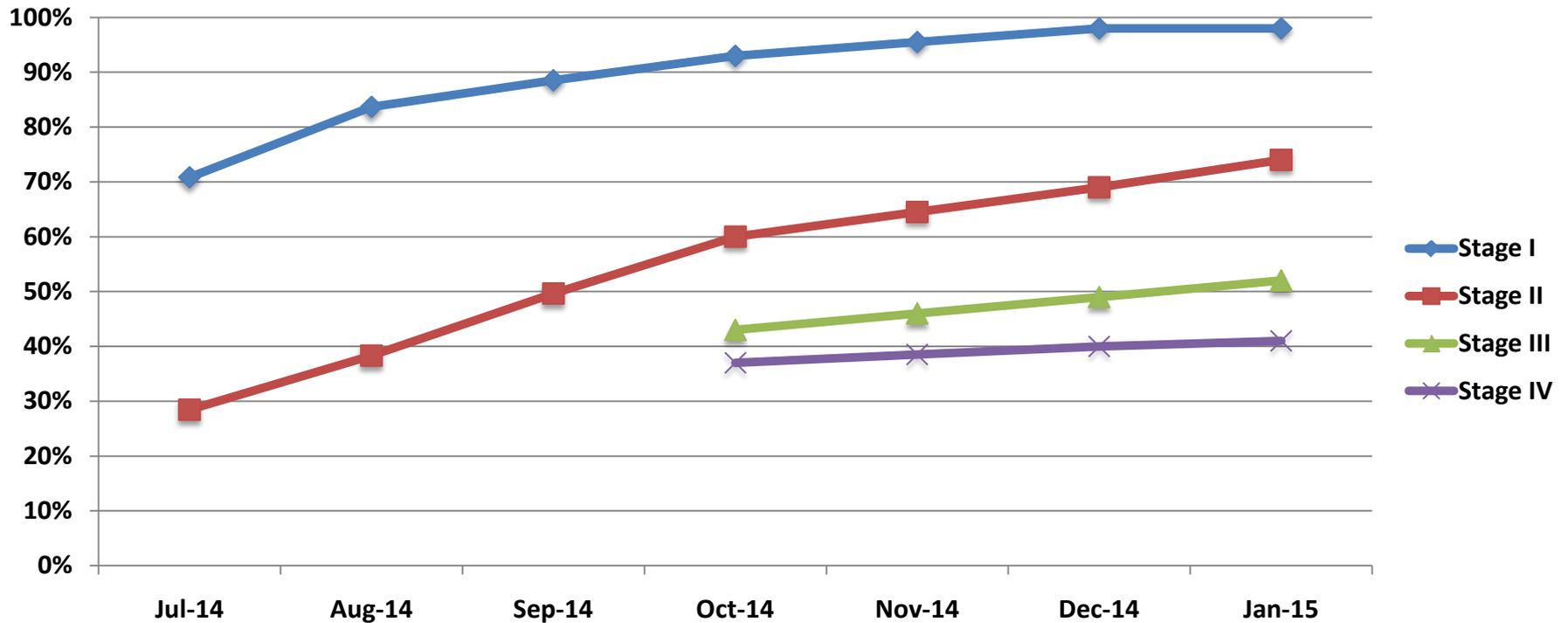
➤ Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
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*

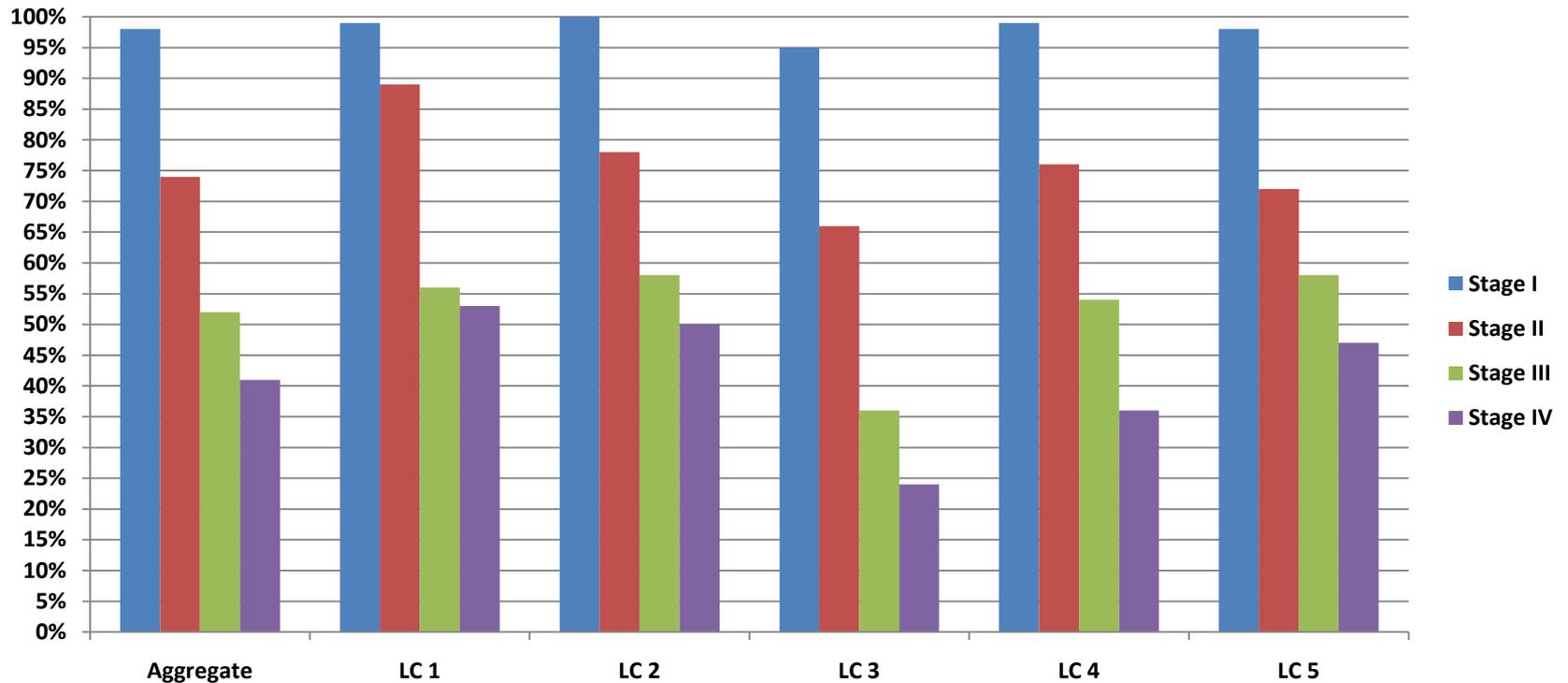


1 Not Received by response date



Monthly Survey Review: January 2015 comparison

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





LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- 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	10	11
		9%	91%	

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	1	1	3	6



LC 3 Monthly Survey Review: *Care Transitions*

Intervention Model

- 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	10	11
		9%	91%	
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	3	3	5	11
	27%	27%	46%	
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	6	4	1	11
	55%	36%	9%	
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	9	1	1	11
	82%	9%	9%	



LC 3 Monthly Survey Review: *Care Transitions Intervention*

Model

- Section IV: Observations

Implementation Challenge(s)

- “Challenges include identifying patients that meet criteria for the DSRIP program, covering the cost of medications for charity care patients, providing transportation to doctors' visits for charity care patients, patients refusing to participate in the DSRIP program and approve home visits, and patients with substance abuse problems.” We would like suggestions from the Learning Collaborative. *East Orange General Hospital, Lourdes Medical Center of Burlington County & Our Lady of Lourdes Medical Center*
- “Low Volume, establishing LOS on Admission. In December 2014, ALL Patients declined home visits.” *Englewood Hospital Association*

Suggestions to overcome barrier(s)

- “Pharmacy developed and maintain a list of \$4 meds. DSRIP budget available to pay for emergency meds in Pharmacy. Appointments scheduled with FQHC for charity patients, and Cardiac f/u paid for by DSRIP for charity patients. Working on arrangements with local taxi companies for charity transportation.” *Lourdes Medical Center of Burlington County & Our Lady of Lourdes Medical Center*



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LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- Section IV: Observations

Notable Success

- “Doctors are asking for more detailed information and wanting to work with the Steering committee to take actual readmitted cases to the meeting and review as a group to understand better the breaks in the process.” *Clara Maass Medical Center*
- “Completion of several patients through the program without a readmission to the facility within the 30-day program.” *Community Medical Center*

Lesson(s) Learned/Best practice(s)

- “Able to get a better picture of patient's overall status and needs if patient is seen by DSRIP APN one or two days post admission as opposed to day of admission.” *R. W. Johnson University Hospital*
- “The personalized visit from the DSRIP coordinator during inpatient admission got positive feedback from enrolled patients and family members.” *Palisades General Hospital*





LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- 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	10	11
		9%	91%	

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	0	5	4	2



LC 4 Monthly Survey Review: *Congestive Heart Failure* *Projects*

- 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	11	11
			100%	
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	1	2	8	11
	9%	18%	73%	
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	3	3	5	11
	27%	27%	46%	
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	5	6	0	11
	46%	54%		



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LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

Implementation Challenge(s)

- “Encountered process barriers in referring patients to the Outpatient Cardiac Rehabilitation program.” *Newark Beth Israel Medical Center*
- Return of patient satisfaction surveys and getting patients to be at home when they agree to the home visit appointment date.” *Christ Hospital*

Suggestions to overcome barrier(s)

- “A new referral process is in place and patients have been successfully enrolled in the Cardiac Rehabilitation program.” *Newark Beth Israel Medical Center*
- “The APN's have flexed their to time to accommodate patients. Have changed survey to phone call.” *Christ Hospital*





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LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

Notable Success

- “Getting positive feedback on the satisfaction surveys.” *Hoboken Hospital Center*
- “We had our first group patient encounter which was well received by patients and staff.”
University Hospital

Lesson(s) Learned/Best practice(s)

- “Have identified the need for extensive education regarding return visits prior to patients leaving the hospital.” *Hoboken Hospital Center*
- “We need incentives to motivate CHF patients to come to the Transitional Care Center (TCC). Offering a free scale to people who attend a TCC appointment has been an effective motivator.” *Newark Beth Israel Medical Center*
- “The DSRIP project requires multidisciplinary participation and education of project success to participating team members.” *Overlook Hospital, Newton Memorial Hospital, Morristown Memorial Hospital, & Chilton Memorial Hospital*





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TODAY'S LC 3 & 4 PRESENTERS ARE:

JFK Medical Center {Edison}

R.W. Johnson University Hospital

**Lourdes Medical Center of
Burlington County**

Morristown Memorial Hospital





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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

