



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

Welcome to the New Jersey DSRIP Learning Collaborative

December 11, 2014
2:00 p.m. – 3:30 p.m.

New Jersey Department of Health (NJDOH)





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WELCOME

**Please hold all questions
until the end of the presentations.
Thank you.**





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Objectives

- ❖ Review DSRIP Program Reminders and Updates
- ❖ Survey Summary of Stage Completion and Pilot Models
- ❖ Presentations:

Lorriane Nelson, PhD DSRIP Project Manager, St. Peters University Hospital

Aline Holmes Senior Vice President, Clinical Affairs Director, NJHA Institute for Quality and Patient Safety

- ❖ January 8, 2015 Learning Collaborative Presenters





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DSRIP Program Updates

- ✓ The NJ DSRIP website now has an Announcements section on the home page. Please routinely check the site for important updates and resource documents.
- ✓ Measure Retirement: The request for determination was sent to CMS in October on measure retention for DSRIP. We have not received follow-up as of yet. We will keep the Industry updated as we get further direction.
- ✓ Patient Roster and Databook: Dates for their release will be shared as early as approvals are received. The patient roster layout has not been finalized, but this will also be shared upon approval.
- ✓ DY3 Q1 Progress Reports: A small number of reports are still under review by CMS due to discussing methods for documentation of achievement. Your hospital may receive a request for information. It is very important that these are responded to promptly and completely as there is a potential for forfeiture of payments.





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DY3 Q2 Progress Reports

- ✓ DY3 Q2 Progress Report review was delayed.
 - Requests for information (RFI) are starting to be sent out this week if any issues are identified with your submission.
 - If issues were noted with your Data Reporting Plan, requests for correction are also being sent out. Noted issues include:
 - Not all Stage 3 measures marked as “Applicable” as expected.
 - Not all Stage 4 measures marked as “Applicable” as expected.
 - UPP Substitution measures are not selected as expected when a hospital has marked a measure “Not applicable because the service is not provided.”
 - Turn-around time for responses to RFI requests are expected within three business days.
 - Please note the Department will not make more than two contacts to a hospital to correct identified issue(s). If the Department is not able to obtain the requested documentation after the 2nd contact, the Department will submit the progress report to CMS for review as is. **Lack of supporting documentation can result in a forfeiture of funds.**





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DY3 Q3 Progress Report Reminders

- ✓ DY3 Q3 Progress Reports will be sent to hospitals January 2015
- ✓ ALL Stage I Activities/ infrastructure must be completed by December 31, 2014. Hospitals that do not meet deadlines will be subject to payment forfeiture to the UPP.
- ✓ Remember to submit **detailed documentation** to cover **each bullet point listed for the minimum submissions requirements for the Activity/action/milestone completed.**

Examples:

- S1A13 (quarterly submission): Include a statement each quarter stating if you do or don't use incentives
 - S1A14 (quarterly submission): Include where (the exact location) each training took place along with the overall goal stated
 - 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 is not acceptable. Not submitting a budget because there are no changes from the last submission is not sufficient.





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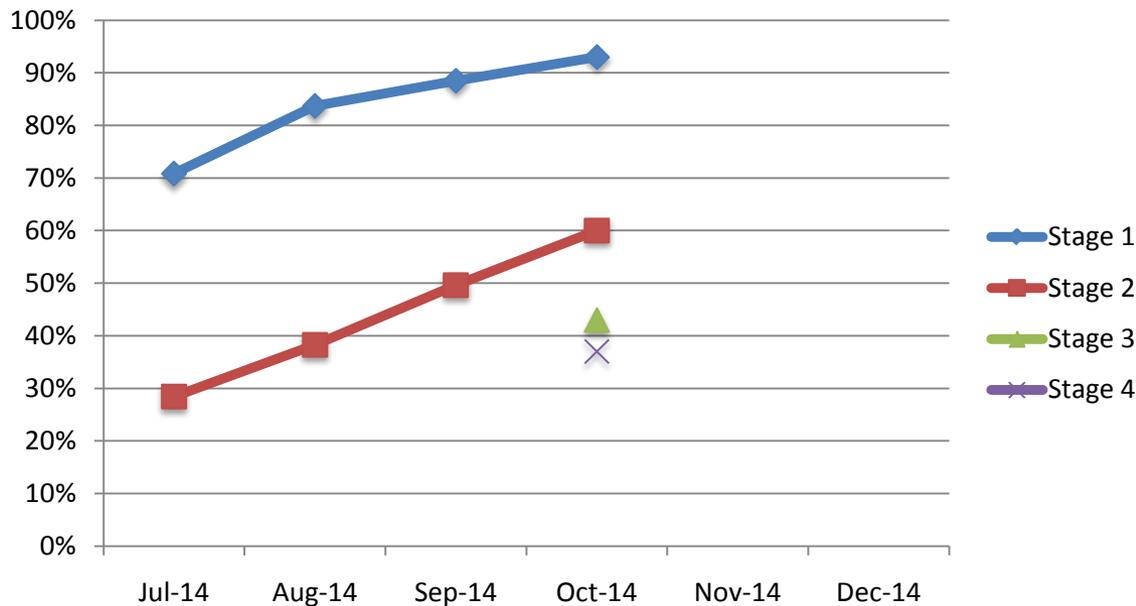
DY3 Q3 Progress Report Reminders - Pilot Period

- ✓ Clarification on Pilot (Stage II, Activity I) – To receive payment for this activity the hospital needs to show that their DSRIP project pilot has been implemented.
 - The pilot period tests a limited scope of either the population (a subset of patients) or the activities that will roll out to the entire population upon full implementation.
 - The purpose of the pilot period is to prepare, analyze outcomes and re-design the initiative. This minimizes the impact when un-expected results occur and allows your hospital to test change to more fully meet outcomes as expected.
 - If an activity is rolled out, it is expected that a subset of patients will be monitored and evaluated. This documented evaluation supports achievement of your pilot activity.
- **NOTE:** Stage II, Activity 1 – Pilot program started – the targeted completion date for this activity should be the month the pilot **started**..
- **NOTE:** Stage I, Activity 13 – Achievement of satisfaction surveys cannot be identified as met until the hospital’s pilot is started because the survey is an assessment of the DSRIP program.





Summary of Stage Completion: I, II, III, and IV



- As of October 2014, there were only 2 hospital's that self-reported they were at least 90% complete on being prepared to report on Stage III measures





Summary of Pilot Models

To date, all of the hospitals have implemented some form of the Plan-Do-Study-Act (PDSA) model methodology to identify and modify their pilots.

- The baseline self-assessment in July indicated 62% of the hospitals were in the “planning” phase with 26% in the “do” phase.
- By October 2014, the following positive shift through the PDSA model was noted:

Plan- 18%	Study- 16%
Do- 48%	Act- 12%





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JANUARY 2015 PRESENTERS

JERSEY CITY MEDICAL CENTER- Vineland

ST. BARNABAS MEDICAL CENTER

KIMBALL MEDICAL CENTER

UNDERWOOD MEMORIAL HOSPITAL

CLARA MAASS MEDICAL CENTER

EAST ORANGE GENERAL HOSPITAL

JFK MEDICAL CENTER {EDISON}

ST. MICHEL'S MEDICAL CENTER

CENTRASTATE MEDICAL CENTER

ST. LUKE'S HOSPITAL (formerly Warren Hospital)

❖ 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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Presentations





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Q & A

