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DEPARTMENT OF HEALTH

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

Webinar 12: Progress Report Documentation Overview

New Jersey Department of Health (NJDOH)





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WELCOME

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



Prepared by Myers and Stauffer LC



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Objectives

- Review Progress Report Minimum Submission Documentation Requirements
- Review Progress Report Quarterly Questions Documentation Requirements
- Open Question and Answer





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Minimum Submission Documentation Requirements

Starting in DY4, hospitals are only required to report on a maximum of six quarterly Stage 1 and Stage 2 activities. This number is based on the activities a hospital selected at the time of application. These activities are:

Stage 1- Infrastructure Development

- Activity 13 – Conduct patient satisfaction survey (Hospital Elective)
- Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures. (Hospital Elective)
- Activity 15 – Project Staff Evaluation/Assessment (Required)

The first reporting period for these activities was DY3 Q1 (time period April – June 2014, reported in July 2014). These activities will continue to be reported on a quarterly basis for the remainder of the demonstration.





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Minimum Submission Documentation Requirements

Stage 2-Chronic Medical Condition Redesign and Management

- Activity 4 – Ongoing monitoring of program outcomes. (Required)
- Activity 5 – Provide feedback to hospital administrators and participating providers. (Required)
- Activity 6 – Provide feedback to the learning collaborative. (Required)

The first reporting period for these activities was DY3 Q2 (time period July – September 2014, reported in October 2014). These activities will continue to be reported on a quarterly basis for the remainder of the demonstration.





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Minimum Submission Documentation Requirements

Key Concepts

- Starting in DY4, only quarterly activities are reported. The requirements for the reporting for these activities have not changed.
- Quarterly progress reporting is based on the experience period noted in the Funding and Mechanics Protocol.

Demonstration Year/Quarter	Time Period	Reporting Time Period
DY4 Q3	October 1- December 31, 2015	Due January 29, 2016
DY4 Q4	January 1- March 31, 2016	Due April 29, 2016

- Protected Health Information (PHI) must not be included in submitted documentation. If PHI is received, the hospital will be notified and responsible to redact the documentation and resubmit to the NJ DSRIP team.
- Instances where the supporting documentation references to the previous quarter (states DY4 Q2 instead of DY4 Q3) will be sent back to the hospital for correction. Documentation provided must reference the correct time period.

There is NOT an opportunity to make up a quarterly activity at a future date. Therefore, INCOMPLETE= NO FUNDING for that quarter.





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Minimum Submission Documentation Requirements

Key Concepts

- Each minimum submission requirement must be addressed in your supporting documentation.
 - Failure to provide a minimum submission requirement will result in a write-back. A write-back is a query sent from the NJ DSRIP team to the DSRIP hospital contacts requesting additional documentation. Write-backs are sent for the following identified issues:
 - Missing minimum submission requirements not located in documentation
 - Failure of the hospital to identify the time period for which an activity occurred. For example: Hospital provides documentation that feedback was provided to their hospital administration and participating providers, but does not provide a date and time.
 - Submission of the same documentation received the previous quarter.
 - Documentation is conflicting. Example: Hospital states for Activity 15 that no new staff were hired for the quarter, but indicates on their budget that a new social worker was hired.
 - **Note:** Write-backs are limited to 2 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.
 - For hospital systems with more than one hospital participating in DSRIP, documentation provided must be for the individual hospital rather than for the hospital system. As each DSRIP participating hospital is receiving individual funding, it is required reporting is also at the individual hospital level.





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Minimum Submission Documentation Requirements

Key Concepts- *Continued*

- 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





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Minimum Submission Documentation Requirements

Stage 1 Activity 13 – Conduct patient satisfaction survey.

Action/Milestone 1 -- Conduct patient satisfaction survey to track the patient satisfaction of DSRIP patients.

Patient satisfaction surveys conducted. Provide documentation of the patient satisfaction survey results. Documentation 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 incentives were not offered, hospital must state no incentives were provided in their documentation
- The number of surveys returned
- The satisfaction scale (satisfied/not satisfied; good/fair/bad) used
- Summary of survey results, by question

State Finding: Several hospitals have documented the issue of a poor response rate in having surveys returned. Hospitals experiencing a poor survey response rate should consider reaching out to their Learning Collaborative for ideas to resolve or reduce this issue.





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Minimum Submission Documentation Requirements

Stage 1 Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures.

Action/Milestone 1 -- Training/education sessions on applicable project tools, checklists, processes, protocols and intervention procedures are conducted.

Project staff education/training conducted. Documentation to include:

- Name and overview of the training topic, including the overall goal of the training
 - Hospital must provide all three elements to meet this minimum submission requirement
- Staff level required to attend
- Training dates and times
 - Failure to provide the **time** of training has been a common issue; in the instances where no time is provided, a write-back to the hospital will be sent
- Place of training (Physical Location)
- List of attendees (e.g. sign in sheets)
- Plan for training project staff members who were absent during training
 - If no staff were absent from training, hospital must state this in their documentation





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Minimum Submission Documentation Requirements

Stage 1 Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures.

Action/Milestone 1 -- Training/education sessions on applicable project tools, checklists, processes, protocols and intervention procedures are conducted.

Key Concept:

Hospital need to provide documentation on the education/training performed for **new and/or existing staff** for the quarter.

Education/Training Examples:

- The project leadership determines that a new patient enrollment form should be utilized for the project. The intake coordinators enrolling the patients to your DSRIP program are trained on how to complete the new patient enrollment form.
- Education of new residents to the DSRIP project including training on all applicable project tools, checklists, processes, protocols and intervention procedures.
- At a staff meeting, DSRIP team members are provided education on a new partnership formed with a local health department to further the goals and objectives of their DSRIP program.





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Minimum Submission Documentation Requirements

Stage 1 Activity 15 – Project Staff Evaluation/Assessment.

Action/Milestone 1 -- Perform an evaluation of project staff member's performance on the project.

Evaluation completed for each project staff member

- List of all project staff members
 - You can provide the name of your team member, but the important data point is the position itself (e.g. Care Navigator, Social Worker).
- Identify whether staff member should be retained for project and the rationale for the decision to retain
 - Example: We will continue to utilize social worker services 30 hours per week to assist our DSRIP patients with accessing various community resources.
- Identify whether staff member's project hours should be increased, reduced or eliminated and the rationale
 - Example: The Nurse Practitioner hours will be increased from 30 hours per week to 38 hours per week to provide necessary direct patient care.





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Minimum Submission Documentation Requirements

Stage 1 Activity 15 – Project Staff Evaluation/Assessment.

Action/Milestone 1 -- Perform an evaluation of project staff member's performance on the project.

Evaluation completed for each project staff member- Continued

- 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

*If no staff have been hired in the quarter you are reporting on, please indicate this.

Key Concepts:

- This activity is not a staff annual evaluation. Please do not send staff evaluations performed.
- Documentation for Activity 15 should show that you are assessing the staffing needs of your DSRIP project to ensure you have the right staff engaged in your project to meet the goals and objectives of your DSRIP project.





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Minimum Submission Documentation Requirements

Stage 1 Activity 15 – Project Staff Evaluation/Assessment.

Action/Milestone 1 -- Perform an evaluation of project staff member’s performance on the project.

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Staff Position	Staff – Existing or NEW	Evaluation Completed Y/N	Employment Status	Staff Position Retained for Project	Rationale	Staffing Hours (if a change provide rationale)	DSRIP Start Date
Advanced Nurse Practitioner	Existing	Y	Full-Time	Y	Staff position needed to continue to manage patient care.	No change/40.00 hours per week	9/19/2015
Advanced Nurse Practitioner	Existing	Y	Full-Time	Y	Staff position needed to manage patient care.	Increase/ 30.00 up from 28.00 hours on DSRIP per week to staff clinic	3/17/2014
Registered Dietician	New	Y	Part-Time	Y	Staff position needed to provide dietary education to patients.	8.00 hours per week. Adding 2 additional dietary education classes	11/22/2015
Social Worker – Vacant	New	NA	Part-time	NA	Staff position needed to assist patients with social service needs	20 hours per week	NA





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Minimum Submission Documentation Requirements

Stage 2 Activity 4 – Ongoing monitoring of program outcomes.

Action/Milestone 1 -- Trending and tracking of data reporting.

Trend report developed and implemented

- Number of data points being monitored
 - Identify data points being measured
- Frequency of monitoring
 - Provide frequency of monitoring for each data point

Trending monitored

- Provide supporting documentation to show trends are being monitored

Key Concepts:

- Monitoring and trending of information needs to be directly related to your project and interventions to the population.
- These are data elements you are trending and tracking in addition to the Stage 3 and Stage 4 performance measure reporting. Examples of data points a hospital may be tracking: number of no shows for follow-up clinic visit, patient medication compliance, percentage of patients contacted within 3 days post-discharge.





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Minimum Submission Documentation Requirements

Stage 2 Activity 5 – Provide feedback to hospital administrators and participating providers.

Action/Milestone 1 -- Provide review of project to hospital administration and participating providers.

Communication on project achievement to hospital administrators and participating providers completed

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

Key Concepts:

- Hospitals must ensure supporting documentation demonstrating communication to hospital administrators and participating providers is dated and occurred within the progress report time period under review.
- Hospital administrators titles should be clearly documented. Example: Meeting Minutes document an update on the DSRIP program was provided to Joe Smith, Chief of Medicine (rather than to just “Joe Smith”).
- Participating providers are any providers your DSRIP team is working with to further your DSRIP goals and objectives.





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Minimum Submission Documentation Requirements

Stage 2 Activity 6 – Provide feedback to the Learning Collaborative.

Action/Milestone 1 -- Participating providers engage in Learning Collaborative for the DSRIP program to promote sharing of best practices and resolutions to problems encountered.

- Number of monthly phone calls attended
 - Hospital should include any State-led as well as peer-led calls if applicable
- Number of attended quarterly webinars (on-site)
 - Hospital should include any State-led as well as peer-led calls if applicable
- Documentation supporting participation with the New Jersey Learning Collaborative such as copies of correspondence and meeting attendance/attendees
 - Hospitals can provide a copy of their completed Learning Collaborative (LC) Survey, meeting notes, copy of any presentation hospital gave to the LC
- Summary of Learning Collaborative engagement and results
 - Hospital documentation should describe lessons learned and/or other information obtained during the LC meeting. Additionally, hospital should include plan to sharing this information with DSRIP team members. Hospitals may use Section V – Summary of the LC survey to document this minimum submission requirement.

Key Concept:

- The monthly LC survey hospitals complete can be submitted as supporting documentation to support achievement of Stage 2, Activity 6.





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Quarterly Progress Report Questions

In addition to the Stage 1 and Stage 2 activities, additional features of the NJ DSRIP program are required to be reported by the hospitals quarterly. Although the following questions are not tied to specific minimum submission requirements, they provide a more comprehensive picture of the hospital's progress with their DSRIP plan during the reporting period. There are a total of seven narrative questions.

Question #1: Please provide a comparison from your initial budget to your current budget and your return on investment (economic value) analysis.

In compliance with the Funding and Mechanics Protocol, hospitals must submit a budget and economic value analysis with each quarterly progress report. Additionally, an annual budget is required with submission of the annual reapplication.

Resource Documents

The NJ DSRIP website under the "Resources" Tab (<https://dsrip.nj.gov/Home/Resources>) contains the following resource documents:

- NJ DSRIP DY4 Budget Reporting Template
- NJ DSRIP DY4 Budget Guidance Document
- Annual Budget Template Document





Quarterly Progress Report Questions

Question #1 Budget and Economic Value

What is the importance in reporting a budget and economic value?

- Represents a commitment to the project funding necessary to achieve the stated project objectives and outcomes
- Documents two components of hospital’s financial plan: financial investment in DSRIP and economic impact or (return on investment)
 - 1) Hospital Financial Investment
 - Inclusive of operating expenses (including allocated overhead) and capital expenditures commitments

Hospital DSRIP Investment Examples		
Operational Expenditures		Capital Expenditures
Direct expenses	Indirect expenses	
Staffing (salaries and fringe expenses)	Administrative expenses	Building Acquisition or Improvement/Renovation
Project Supplies	Finance expenses	Leasing space
Contractor services	Depreciation expense	Equipment purchase
Information technology	Malpractice insurance	Advances to underwrite the startup of the DSRIP project





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Quarterly Progress Report Questions

Question #1 Budget and Economic Value

What is the importance in reporting a budget and economic value?- *Continued*

2) Economic Value (also referred to as Return on Investment)

In reporting the Economic Value, a hospital may consider the following approaches:

- Expected reduction in utilization from achievement of Stage 3 measures
- Reduction of average length of stay
- Extrapolation of the impact of population improvement on their targeted DSRIP population
- Trending of improvement in Stage 4 measurement results

Of note:

The DY4 budget requirement is an annual budget equal to or greater than 80% of the hospital DY4 adjusted funding target.





Quarterly Progress Report Questions

Question #1 Budget and Economic Value

What is required to be documented?

- Hospitals are required each quarter to report the budget and actual expenditures for current quarter as well as the “Year to date” budget and actual expenditures

Example

NJ Department of Health DSRIP Program DY4 Progress Report Budget Reporting: Quarterly Budget Performance Worksheet Hospital Name DSRIP Hospital A Hospital 7 digit Medicaid Provider Number :1234567															
	Current Quarter (DY4 Q3)							Year-to-Date (DY4 Q1-Q3)							
[Whole numbers in thousands of dollars]	Budget		Actual			Budget	Budget		Actual			Budget			
	Amount	FTEs	Total	Amount	FTEs	Total	Over/(Under)	Amount	FTEs	Total	Amount	FTEs	Total	Over/(Under)	
A. Salaries and Wages															
<u>Position Title</u>															
Program Director	54,000	1.00	54,000	54,000	1.00	54,000	0	162,000	1.00	162,000	202,500	1.25	202,500	40,500	
Registered Nurse	22,000	1.00	22,000	13,200	0.60	13,200	-8,800	66,000	1.00	66,000	54,780	0.83	54,780	-11,220	





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Budget and Economic Value

What is required to be documented?

- Hospitals are required each quarter to also report the economic value for the quarter as well as year-to-date (Demonstration Year)

Documentation Example

Reduction in Length of Stay

For example, if the average length of stay is reduced by .5 days on a patient population of 675 patients there would be a reduction of 337.5 patient days. If the average Medicaid payment per patient day is \$1,400, then the imputed economic value associated with the reduced average length of stay is \$472,500. [337.5 x \$1,400].

For additional economic value calculations, please see pages 4-6 of the NJ DSRIP DY4 Budget Guidance Document on the NJ DSRIP website.





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Quarterly Progress Report Questions

Question #2: Are you on track to meet your hospital's prescribed goals and objectives for your DSRIP project?

- State if your project is or is not on track and rationale.

Question #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.

- This question is asking hospitals to provide two separate patient counts – total number of enrolled patients in your DSRIP project AND of those patients the number who were attributed to your hospital.

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

- Hospitals need to state how they worked with any of their various stakeholders for the quarter. Stakeholders are those individuals participating in some capacity in your DSRIP project. They include, but may not be limited to: patients, hospital administration, community partners identified in your community needs assessment (submitted with your DSRIP application)





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Quarterly Progress Report Questions

Question #5: Please describe work accomplished with external partners.

- These are partners that help your hospital and your patients achieve the aims of the DSRIP program. Every quarter, the hospital is required to provide a summary of work accomplished with partners that help your hospital and your patients achieve the aims of the DSRIP Reporting on work with external partners is a requirement of the Funding and Mechanics Protocol (see page 17)

Question #6: Please provide a summary of rapid-cycle evaluation that were used for improvement.

- Hospitals are required to document the quality rapid-cycle evaluation they performed for the quarter. Documentation to consider including:
 1. Plan- What were your improvement goals?
 2. Do- What improvement plan did you implement?
 3. Study- What were your results?
 4. Act – How did you act on the results?





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Quarterly Progress Report Questions

Question # 7. Please state any changes or modifications that are required to be made to your DSRIP Plan.

Examples of plan modifications:

- Hospital indicated in application they will be hiring NEW staff, but have since determined that they will only utilize existing staff.
- 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.





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Q & A

