Webinar:
DSRIP Application Process

August 7, 2013

New Jersey Department of Health (NJDOH)

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Objectives

- ✓ To understand how to complete the Hospital DSRIP Plan Application

- ✓ Review of the Minimum Submission Requirements

- ✓ Review Frequently Asked Questions (FAQs)

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Hospital DSRIP Plan Application

Application Purpose:

- Serves as a universal format (framework) for the content required for the hospitals to complete their hospital-specific DSRIP plan submission

- Allows for assuring all projects incorporate required activities

- Directs the hospital to select pre-defined information (displayed as gray highlight), as well as, provides free-form text boxes (displayed as blue font) accomplishing the activities, actions and milestones required and/or elective activities

Hospital DSRIP Plan Application

Application Format:

- Microsoft Excel 2007 format

- Application instructions and the Toolkit are available as a resource document to the application

- Macros **must** be allowed and enabled for the application functions to perform as intended

- Most text-entry areas on this form have a character limit. Additional documentation may be included as an attachment to the application. Each attachment document name should be clearly indicated
  (*i.e. Row ID _ "Brief description")*
  (*e.g. Row 18_Community Needs Assessment.doc)*

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Data Input - **Tab 1 —** Data Input (Tab 1) is the **ONLY** worksheet the hospital will utilize to enter and describe their specific hospital project.

Data will be populated into Tabs 2-7:

              Executive Summary -**Tab 2** (Read only)

              Application DY 2 - **Tab 3** (Read only)

              Application Stage I - **Tab 4** (Read only)

              Application Stage II - **Tab 5** (Read only)

              Application Stage III - Tab 6 (Read only)

              Application Stage IV- Tab 7 (Read only)

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➢ **Provide basic hospital information**

  o Hospital name, Identification Numbers, Contact Person information

➢ **Identify key project components**

  o Project selection, objective, methodology, goals/outcomes, etc.

➢ **Select project activities and related actions/milestone**

  o Project detail that fulfills the scope of the selected project

➢ **Supply documentation/ evidence that supports the project plan**

  o Minimum submission requirements

➢ **Supply the anticipated completion dates for each activity**

  o Month/Year

A hospital must detail the manner and means by which the hospital will fulfill the project requirements

  ✓ **Who, what, how and when**

Executive Summary – Enter in all Hospital Specific Information

Objective: (Project Specific)	Auto-Populated Field
Objective: (Hospital Specific)	Free Text

Methodology: (Project Specific)	Auto-Populated Field
Methodology: (Hospital Specific)	Free Text

Goal/ Outcome: (Project Specific)	Auto-Populated Field
Goal/ Outcome: (Hospital Specific)	Free Text

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- **Objective –**
  - ➤ Identify other high-level hospital-specific objectives related to the project
- **Methodology –**
  - ➤ Identify hospital-specific details as to how the hospital will achieve the objectives and outcomes
- **Goals/ Outcomes –**
  - ➤ Identify any detail-level, hospital-specific goals with target dates
- **Significance –**
  - ➤ How the project is consistent with the hospital's mission or quality goals
  - ➤ Community needs assessment results
  - ➤ How the project/ selected activities will measurably improve health outcomes for the hospital's patient population
  - ➤ Provide supporting evidence/ data that there is an opportunity for improvement in the selected focus area

Hospital DSRIP Plan Application

- **Challenges –**
  - ➤ What are the key obstacles that will need to be considered/ resolved to ensure successful project implementation

- **Starting point –**
  - ➤ Identify whether the project is new or a significantly enhanced initiative
  - ➤ Identify current/ potential funding streams

- **Public input –**
  - ➤ How was the public/ stakeholders engaged and how will community involvement continue

- **Project Monitoring –**
  - ➤ Describe how the hospital will review outcomes, make rapid-cycle changes, identify lessons learned, contribute to learning collaborative

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Application Content:

- On the Data Input tab, for <u>Stage I-IV</u> sections, required and/or elective activities and the associated actions/milestones for each activity are listed

- <u>Activities</u> are integral to the success of the project selected by the hospital, and are the basis for hospital payment
  - ➢ *Note:* Not all Stage I activities are required, while ALL Stage 2, 3 and 4 activities are required

- <u>Actions/Milestones</u> are the specific procedures that will be performed to achieve the selected activity
  - ➢ *Note:* For each Activity there may be one or more actions/milestone available for selection

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Application Content:

- <u>Minimum Documentation Requirement</u> - Each activity has a minimum documentation requirement which can be found in the Application and Toolkit

Focus Area: [Pre-populates based on initial selection]

Project Title: [Pre-populates based on initial selection]

Application DY 2: The following are required to be completed as part of the DSRIP Plan

Row ID	Column 1 Activity	Column 2 Actions/ Milestones	Completion Month/Year	Column 3 Metric(s) (Minimum Documentation Requirements)
1.	Identify key program components and goals.	Conduct a gap analysis in preparation for the inception of the project.	September 20, 2013	*Gap analysis conducted and results reported* • State hospital's current competencies and performance levels • Identify the hospital's current and expected clinical performance • Description of how the project selected will reduce the gap between current and expected clinical performance

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Activity 1: Identify key program components and goals	
Actions/milestone 1 – Conduct a gap analysis in preparation for the inception of the project	✓Attach gap analysis - include the hospital's current competencies/ performance levels; include a description of how the project selected will reduce the gap between current and expected clinical performance
Actions/milestone 2 – Complete budget analysis to be performed for project.	✓Attach budget estimation - includes line item expenditures that includes an estimate of health-care dollars savings
Actions/milestone 3 – Identify partners who would be beneficial to the project development and maintenance.	✓Attach a document with comprehensive documentation of project partner(s) ✓Attach a document describing how the partner will participate in the plan
Actions/milestone 4 – Identify target population to include in the project.	✓Attach a document that includes the target population inclusion/exclusion criteria and size with rationale

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Application Content: See Application Instructions
- Provide additional information within the application or as an attachment
- Important reminders will be noted in red font

	Application DY2		Included?	Documentation Attachment Reference #	Page	Completion Month/Year	Funding Year	
68	**Application DY2**							
69	When an attachment is used to describe the Hospital's Plan for executing any activity and associated action/milestone, please include the Documentation Attachment Reference # and page number next to each Action/Milestone.							
70	**Application Activity 1:**	Identify key program components and goals.				Sept. 20, 2013	DY2	
71	Actions/Milestone 1	-- Conduct a gap analysis in preparation for the inception of the project.	Yes			Sept. 20, 2013	DY2	DOCUMENTATION REQUIRED
72	Actions/Milestone 2	-- Complete budget analysis to be performed for project.	Yes			Sept. 20, 2013	DY2	DOCUMENTATION REQUIRED
73	Actions/Milestone 3	-- Identify partners who would be beneficial to the project development and maintenance.	Yes	Row 74_Identify		Sept. 20, 2013	DY2	
74	Actions/Milestone 4	-- Identify target population to include in the project.	Yes			Sept. 20, 2013	DY2	DOCUMENTATION REQUIRED
75	Actions/Milestone 5 - Other							
76	Actions/Milestone 6 - Other							
77	Actions/Milestone 7 - Other							
78	Actions/Milestone 8 - Other							
79								
80	Additional Notes Regarding Application Activity 1, Actions/Milestones:							
81								

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Application Content: See Application Instructions

- Hospitals must enter in the Target Completion Month/ Year

Figure 6. Example – Targeted Completion Month/ Year Drop-Down List

Hospital DSRIP Plan Application Reminders

Questions regarding the NJ DSRIP Plan Application or any other questions relating to the DSRIP program may be forwarded to NJDSRIP@mslc.com

The preferred method of submission is via the Myers and Stauffer Secure File Transfer Protocol (FTP) site

➢ Use of the FTP requires user to provide Myers and Stauffer basic information and sign an user agreement form
➢ Upon receipt of these documents, each individual user will receive a private username and password in order to upload documents to the site; limited to two users per hospital
➢ User Agreement Forms must be received by **September 2, 2013** in order to ensure access to the FTP site

Q&A

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