



## Quality Improvement Program-New Jersey (QIP-NJ) Social Determinants of Health Learning Collaborative

### Request for Participation Interest Forms

The New Jersey Department of Health (DOH), in partnership with Public Consulting Group (PCG), requests that all New Jersey acute care hospital teams who wish to participate in the upcoming **Social Determinants of Health Learning Collaborative** (hereto forward referred to as the “**SDOHL**C”) submit this Participation Interest Form. Please note that participation in the SDOHL C is voluntary and not required for hospitals to earn funding in the QIP-NJ. More information about QIP-NJ funding can be found on the [QIP-NJ website](#).

Participation Interest Forms are to be completed and submitted by each project team, with a **Letter of Support** (*see final page of this survey*) and signature provided by a hospital leader overseeing quality improvement initiatives for the behavioral health or maternal populations.

All interested teams are welcome to participate in the SDOHL C. Teams should review the **preliminary Key Driver Diagram and list of proposed Collaborative measures** prior to submitting their Participation Interest Form. Additionally, an information session in May will help teams decide whether to participate. Additional program documentation that will outline the program design, improvement strategy and expectations such as the Charter, Draft Change Package and Measurement Strategy will be posted on the [Learning Collaborative page of the QIP-NJ website](#) in the coming weeks. Following submission, the QIP-NJ Collaborative team will contact designated project leads to begin offering support as teams perform readiness assessments for participation.

Completed Participation Interest Forms must be accompanied by a Letter of Support signed by an Executive Leader who oversees quality improvement, such as the Medical Director, Department Chair, Chief Quality Officer, or an approved designee. DOH has drafted a sample Letter of Support that teams may use to fulfill this requirement (Attachment B).

#### How to submit:

Completed participation forms are to be submitted via email at [gip-nj@pcgus.com](mailto:gip-nj@pcgus.com).

#### Submission Deadline:

The deadline to submit the Participation Interest Form is June 3, 2024 by 5:00 PM, though DOH recommends that teams submit their form as soon as possible to begin working with SDOHL C improvement coaches in preparation for participation. Requests to join the SDOHL C after the deadline will be reviewed by DOH on a case-by-case basis. The education and training provided in the SDOHL C is intended to build upon itself and accelerate improvements in practice. Teams will have the most successful and satisfying experience by participating in the SDOHL C from the outset.

#### Questions:

Any questions regarding participation should be directed to [gip-nj@pcgus.com](mailto:gip-nj@pcgus.com).

**ATTACHMENT A**

**QUALITY IMPROVEMENT PROGRAM- NEW JERSEY (QIP-NJ) SDOH LEARNING COLLABORATIVE PARTICIPATION INTEREST FORM**

*For questions with a text box, please fill in your answer in the designated area. For questions with a check box, please click the appropriate box to record your answer.*

**Hospital Information**

1. Hospital Name: Choose an item.
2. Health System (If applicable): Choose an item.
3. Location:
  - a. Street Address: Click or tap here to enter text.
  - b. City: Click or tap here to enter text.
  - c. Zip Code: Click or tap here to enter text.

**Project Team**

4. Will you be able to form an improvement project team that represents the interprofessional nature of the care team serving the SDOH needs of your hospital’s behavioral health and maternal patients?  
 Yes   
 No
5. Will members of your improvement project team have protected time to fulfill SDOHLC responsibilities?  
 Yes   
 No
6. SDOH Learning Collaborative Team Leader:
  - Name: Click or tap here to enter text.
  - Title: Click or tap here to enter text.
  - Email Address: Click or tap here to enter text.
  - Phone Number: Click or tap here to enter text.

Please list the names and email addresses of all other currently identified SDOHLC team members that you wish to receive Collaborative specific communications and have access to the SDOHLC Participant Portal, which will contain documents and resources for SDOHLC team members. You will be able to add more team members and adjust this list as you build out your team.

Team Member Name	Team Member Title	Team Member Email	Team Member Department
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.
Enter name here.	Enter title here.	Enter email address here.	Enter department here.

7. Departmental or Executive Leader who will sign Letter of Support:

- Name: Click or tap here to enter text.
- Title: Click or tap here to enter text.
- Email Address: Click or tap here to enter text.
- Phone Number: Click or tap here to enter text.

In signing this letter, New Jersey Hospital intends to participate in the QIP-NJ SDOH Learning Collaborative, starting in October 2022, and attests this letter has been completed fully and accurately by an authorized hospital representative or their approved designee.

Enter Name of Hospital

Name of Hospital

Click or tap to enter a date.

Date

Enter Name of Signatory

Printed Name of Signatory

Enter Title of Signatory

Title of Signatory

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Signature

**ATTACHMENT B – LETTER OF SUPPORT FROM HOSPITAL LEADER**

Hospital Address

Click or tap to enter a date.

New Jersey Department of Health  
Office of Healthcare Financing  
P. O. Box 360  
Trenton, NJ 08625-0360

To the NJ Department of Health,

I have reviewed the QIP-NJ SDOHLC information and support the formation of a SDOHLC project team to participate. I understand that the SDOHLC team should be an interprofessional group representing care team members involved in serving the behavioral health and/or maternal health populations. I also understand that members of my hospital's SDOHLC team will need to meet the following responsibilities:

- Participate in the project for approximately 8-9 months.
- Attend a pre-work conference and two learning sessions.
- Attend monthly virtual coaching sessions starting in September 2024.
- Meet internally, at least monthly, to support the testing of changes in practice.
- Collect data every month on a small core set of required metrics that support continuous quality improvement.

I also understand the many benefits that my team will gain from participation, including:

- Support to succeed in select QIP-NJ pay-for-performance metrics.
- Training for frontline and leadership staff by quality improvement and SDOH experts in the field.
- Personalized coaching from seasoned improvement advisors.
- Increased quality improvement skill capacity.
- Continuing professional education credits for physicians, nurses, social workers, and professional counselors.

I will support my team by endorsing their participation in this program and helping them overcome administrative or other institutional barriers that may arise as the team seeks to make changes to the care delivery system. I understand that my hospital's decision to form a team to join the SDOHLC is not required to participate in the QIP-NJ funding opportunity (described in more detail at <https://qip-nj.nj.gov/>) and is instead a voluntary resource provided by the State to support that program.

In signing this letter, this organization intends to participate in the QIP-NJ SDOH Learning Collaborative, starting in June 2024 with a pre-work conference, and attests this letter has been completed fully and accurately by an authorized hospital representative or their approved designee. Sincerely,

Signature here

Print Name: Click or tap here to enter text.

Insert Title: Click or tap here to enter text.