

**DSRIP Semi-Annual Reporting Form**

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
[Reporting Form Instructions](#)

**Dates Reports are Due**

DPH systems submit this report to the State three times a year:

DY 6 (6-month)	March 2, 2011
DY 6 (year-end)	May 15, 2011
DY 7 (6-month)	March 31, 2012
DY 7 (12-month)	September 30, 2012
DY 7 (year-end)	October 31, 2012
DY 8 (6-month)	March 31, 2013
DY 8 (12-month)	September 30, 2013
DY 8 (year-end)	October 31, 2013
DY 9 (6-month)	March 31, 2014
DY 9 (12-month)	September 30, 2014
DY 9 (year-end)	October 31, 2014
DY 10 (6-month)	March 31, 2015
DY 10 (12-month)	September 30, 2015
DY 10 (year-end)	October 31, 2015

**Use of This Reporting Form**

All DPH systems must use this Reporting Form template for reports starting May 15, 2011. For the annual report, DPH systems will include the annual report narrative, the annual report, and reattach the previously submitted 6-month report. The State reserves its right to modify the Reporting Form as experience is gained with its use. The State is looking for DPHs to include as much detail as possible in their narrative responses throughout the Reporting Form. Given the timeframe the State has to review and make payment, the State will exercise its right to further review the submitted Reporting Forms even after payment is made and, if necessary, recoup payment if it is determined on further review that a milestone was not met.

DPH systems should follow the instructions at the top of each tab for completing the form. DPH systems must complete information for items marked "\*\*\*" for every project and every milestone included in the DPH's plan for that DY. Regardless of whether there is any progress made on a particular milestone, DPH systems must include ALL of the milestones included in their plans for that DY in the Reporting Form and report progress or no progress so that the form appropriately calculates the total denominator of the achievement values for purposes of accurate payment. DPH systems should not include any milestones from any other DYs other than the DY for which the report is due.

For milestones that can receive partial payment (e.g. the milestone is "achieve 90% compliance with the bundle"), please complete the numerator and denominator information for that milestone, and include the targeted achievement under "DY Target" for calculation of a 0, 0.25, 0.5, 0.75, or 1 achievement value. For an "all-or-nothing" milestones (e.g., the milestone is "join a sepsis collaborative"), please use the "yes/no" drop-down menu and under "DY Target" enter "yes". For some milestones that are "yes/no," but are also the reporting of data (e.g., the milestone is "report baseline data"), it may make sense to use the "yes/no" drop-down menu, under "DY Target" enter "yes", and include the actual data in the numerator and denominator for reporting purposes only (the payment will be based on selecting "yes" or "no").

In the narrative summary box for each milestone, DPHs must include an assessment of overall project implementation, including brief but detailed narrative descriptions of:

- a. the results of any milestones achieved or milestone progress, as applicable
- b. barriers to meeting any milestones and how those barriers have been addressed
- c. the approaches taken to test, refine and improve upon specific interventions, including examples of "Plan Do Study Act" learning cycles
- d. how staff have used data to test implementation methods
- e. lessons learned and key changes implemented, as applicable
- f. how projects have informed the modification and scaling up of other projects, as applicable
- g. training programs, including outlines of curricula, the frequency of trainings, and a summary of the results of training evaluations as applicable
- h. the process to involve stakeholders in the project, as applicable
- i. system-level changes that have been made, if any, as a result of the project
- j. engagement by physicians, front line clinicians and patients in the projects and the degree to which this engagement is contributing to the success of the project
- k. plans for sustainability of the project, given staff turnover, and plans for ongoing staff training

In addition to providing an in-depth description of how the milestone was achieved, please also provide an in-depth description of why a milestone was not achieved or only partially achieved, for the purposes of understanding systemic issues/patterns. If DPH systems are reporting at the 6-month mark and a milestone is partially met or not achieved because it will be more fully achieved by the year-end of the DY, the DPH system may note that it is on track to meet the milestone within the DY. As stated above, the State is looking for DPHs to provide detailed descriptions of milestone progress in their narrative responses throughout the Reporting Form.

Payment amounts are in Total Computable (i.e., federal incentive and non-federal share provided by DPHs). Indicate all payment amounts as a whole number (i.e., do not round, do not show in millions with decimals). For the 6-month report (first semi-annual report of the DY), DPHs would not have received any prior funding for the DY and therefore should enter "0" for all of the DPH's projects under: "Incentive Funding Already Received in DY."

For the **Annual Report**, DPHs must report any updates, corrections or changes to the data for a given milestone, and must highlight the change in yellow. Additionally, DPHs must provide an explanation for the correction or change in the narrative summary box for that milestone. The narrative explanation should be additive, meaning that it should be added to the original narrative provided for that milestone.

This reporting form is counting all of those milestones that are **required** for all DPHs in Categories 3-4 in DY7 currently. The reporting form will need to be revised accordingly for future DYs to also automatically count required milestones for those DYs.

**DSRIP Semi-Annual Reporting Form**

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

* DPH SYSTEM:	UCLA Health System
* REPORTING YEAR:	DY 7
* DATE OF SUBMISSION:	9/25/2012

**Total Payment Amount**

This table sums the eligible incentive funding amounts. Please see the following pages for the specifics.  
 \* Instructions for DPH systems: Please input the DPH System Name, Reporting DY & Date. Everything else on this tab will automatically populate.

<b>Category 1 Projects - Incentive Funding Amounts</b>	
Expand Primary Care Capacity	
Increase Training of Primary Care Workforce	\$ -
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Specialty Care Capacity	\$ -
Enhance Performance Improvement and Reporting Capacity	
<b>TOTAL CATEGORY 1 INCENTIVE PAYMENT:</b>	<b>\$ -</b>
<b>Category 2 Projects</b>	
Expand Medical Homes	\$ -
Expand Chronic Care Management Models	
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	\$ 1,439,900.00
Implement/Expand Care Transitions Programs	\$ -
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
<b>TOTAL CATEGORY 2 INCENTIVE PAYMENT:</b>	<b>\$ 1,439,900.00</b>
<b>Category 3 Domains</b>	
Patient/Care Giver Experience (required)	\$ -
Care Coordination (required)	\$ 1,555,125.00
Preventive Health (required)	\$ 1,555,125.00
At-Risk Populations (required)	\$ 1,555,125.00
<b>TOTAL CATEGORY 3 INCENTIVE PAYMENT:</b>	<b>\$ 4,665,375.00</b>
<b>Category 4 Interventions</b>	
Severe Sepsis Detection and Management (required)	\$ 789,525.00
Central Line Associated Blood Stream Infection Prevention (required)	\$ 263,175.00
Surgical Site Infection Prevention	\$ 394,762.50
Hospital-Acquired Pressure Ulcer Prevention	\$ 789,525.00
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
<b>TOTAL CATEGORY 4 INCENTIVE PAYMENT:</b>	<b>\$ 2,236,987.50</b>
<b>TOTAL INCENTIVE PAYMENT</b>	<b>\$ 8,342,262.50</b>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Annual Report Narrative

This narrative summarizes the DSRIP activities performed in the reporting demonstration year.

\* Instructions for DPH systems: Please complete the narrative for annual reports. The narrative must include a description of the degree to which each project contributed to the advancement of the broad delivery system reform relevant to the patient population that was included in the DPHs DSRIP Plan. The narrative must also include a detailed description of participation in shared learning.

### **Summary of Demonstration Year Activities**

DSRIP Semi-Annual Reporting Form

***Summary of DPH System's Participation in Shared Learning***

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 1 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

\* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*

- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- The red boxes indicate Total Sums.

<b>Category 1 Projects</b>		
<b>Expand Primary Care Capacity</b>		
Process Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Process Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Process Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Process Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Process Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Improvement Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Improvement Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Improvement Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
Improvement Milestone: _____	-	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>		<input style="width: 100px;" type="text"/>
DY Total Computable Incentive Amount:		<input style="width: 100px;" type="text" value="\$ -"/>
Total Sum of Achievement Values:		<input style="width: 100px;" type="text" value="-"/>
Total Number of Milestones:		<input style="width: 100px;" type="text" value="-"/>
Achievement Value Percentage:		<input style="width: 100px;" type="text"/>
Eligible Incentive Funding Amount:		<input style="width: 100px;" type="text"/>
Incentive Funding Already Received in DY:		<input style="width: 100px;" type="text" value="\$ -"/>
<b><u>Incentive Payment Amount:</u></b>		<input style="width: 100px;" type="text"/>

## DSRIP Semi-Annual Reporting Form

### Category 1 Summary Page

#### Increase Training of Primary Care Workforce

Process Milestone:	Enroll initial class of 12-14 IMGs	Yes
Achievement Value		1.00
Process Milestone:	Develop mentoring program with primary care faculty and new trainees	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		\$ 6,351,400.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 6,351,400.00
Incentive Funding Already Received in DY:		\$ 6,351,400.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

<b>Implement and Utilize Disease Management Registry Functionality</b>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Enhance Interpretation Services and Culturally Competent Care**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		



**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

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**Category 1 Summary Page**

**Enhance Urgent Medical Advice**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

<b>Introduce Telemedicine</b>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Enhance Coding and Documentation for Quality Data**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Develop Risk Stratification Capabilities/Functionalities**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

## DSRIP Semi-Annual Reporting Form

### Category 1 Summary Page

#### Expand Specialty Care Capacity

Process Milestone:	Train primary care providers, specialists and staff on process guidelines, and technology for referrals and consultations into selected specialties	0.89
Achievement Value		1.00
Process Milestone:	Increase the number of specialist providers and clinic hours available	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		\$ 6,351,400.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 6,351,400.00
Incentive Funding Already Received in DY:		\$ 6,351,400.00
<b><u>Incentive Payment Amount:</u></b>		<b>\$ -</b>

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Enhance Performance Improvement and Reporting Capacity**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 2 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

\* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*

- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- The red boxes indicate Total Sums.

<b>Category 2 Projects</b>		
<b>Expand Medical Homes</b>		
Process Milestone:	Implement the adult medical home model in primary care clinics as pilot	0.10
Achievement Value		1.00
Process Milestone:	Plan the portal system that will enhance access to the adult medical home	Yes
Achievement Value		1.00
Process Milestone:	Based upon criteria, develop and submit a plan to assign eligible patients to the adult medical home	Yes
Achievement Value		1.00
Process Milestone:	Implement the pediatric medical home model in primary care clinics as pilot	Yes
Achievement Value		1.00
Process Milestone:	Plan the portal system that will enhance access to the pediatric medical home	Yes
Achievement Value		1.00
Improvement Milestone:	Based upon criteria, develop and submit a plan to assign eligible patients to the pediatric medical home	Yes
Achievement Value		1.00
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		\$ 8,470,000.00
Total Sum of Achievement Values:		6.00
Total Number of Milestones:		6.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 8,470,000.00
Incentive Funding Already Received in DY:		\$ 8,470,000.00
<b><u>Incentive Payment Amount:</u></b>		\$ -



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**Category 2 Summary Page**

**Expand Chronic Care Management Models**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Redesign Primary Care**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

## DSRIP Semi-Annual Reporting Form

### Category 2 Summary Page

#### Redesign to Improve Patient Experience

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Redesign for Cost Containment**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Integrate Physical and Behavioral Health Care**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Increase Specialty Care Access/Redesign Referral Process**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Establish/Expand a Patient Care Navigation Program**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Apply Process Improvement Methodology to Improve Quality/Efficiency**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		



**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Use Palliative Care Programs**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Conduct Medication Management**

Process Milestone:	Develop evidence-based decision rules that will be the clinical underpinning of each point of care decision support message	Yes
Achievement Value		1.00
Process Milestone:	Pilot the medication management program	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		\$ 2,879,800.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 2,879,800.00
Incentive Funding Already Received in DY:		\$ 1,439,900.00
<b><u>Incentive Payment Amount:</u></b>		<b>\$ 1,439,900.00</b>

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Implement/Expand Care Transitions Programs**

Process Milestone:	Develop a staffing and implementation plan to accomplish the goals/objectives of the care transitions program	Yes
Achievement Value		1.00
Process Milestone:	Demonstrate the integration of information systems by stratifying patient demographic data by process, clinical, and/or quality data	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		\$ 5,590,200.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 5,590,200.00
Incentive Funding Already Received in DY:		\$ 5,590,200.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Implement Real-Time Hospital-Acquired Infections (HAIs) System**

Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Process Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
Improvement Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 3 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

\* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*

- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- The red boxes indicate Total Sums.

<b>Category 3 Domains</b>	
<b>Patient/Care Giver Experience (required)</b>	
Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	<input style="width: 100px;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text" value="1.00"/>
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
DY Total Computable Incentive Amount:	<input style="width: 100px;" type="text" value="\$ 3,110,250.00"/>
Total Sum of Achievement Values:	<input style="width: 100px;" type="text" value="1.00"/>
Total Number of Milestones:	<input style="width: 100px;" type="text" value="1.00"/>
Achievement Value Percentage:	<input style="width: 100px;" type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input style="width: 100px;" type="text" value="\$ 3,110,250.00"/>
Incentive Funding Already Received in DY:	<input style="width: 100px;" type="text" value="\$ 3,110,250.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input style="width: 100px;" type="text" value="\$ -"/>

**DSRIP Semi-Annual Reporting Form**

**Category 3 Summary Page**

**Care Coordination (required)**

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Report results of the Congestive Heart Failure measure to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 3,110,250.00"/>
Total Sum of Achievement Values:	<input type="text" value="2.00"/>
Total Number of Milestones:	<input type="text" value="2.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 3,110,250.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 1,555,125.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input type="text" value="\$ 1,555,125.00"/>

**Preventive Health (required)**

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Reports results of the Influenza Immunization measure to the State (DY7-10)	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Report results of the Child Weight Screening measure to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of the Tobacco Cessation measure to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 3,110,250.00"/>
Total Sum of Achievement Values:	<input type="text" value="2.00"/>
Total Number of Milestones:	<input type="text" value="2.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 3,110,250.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 1,555,125.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input type="text" value="\$ 1,555,125.00"/>

**DSRIP Semi-Annual Reporting Form**

**Category 3 Summary Page**

**At-Risk Populations (required)**

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	Yes
<i>Achievement Value</i>	1.00
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<8%) measure to the State (DY7-10)	Yes
<i>Achievement Value</i>	1.00
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	
Report results of the Diabetes Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 3,110,250.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 3,110,250.00
Incentive Funding Already Received in DY:	\$ 1,555,125.00
<b><u>Incentive Payment Amount:</u></b>	<b>\$ 1,555,125.00</b>



**DSRIP Semi-Annual Reporting Form**

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

**Category 4 Summary Page**

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

\* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*

- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- The red boxes indicate Total Sums.

<b>Category 4 Interventions</b>	
<b>Severe Sepsis Detection and Management (required)</b>	
Compliance with Sepsis Resuscitation bundle (%)	0.14
<i>Achievement Value</i>	1.00
Optional Milestone: Implement the Sepsis Resuscitation Bundle: to be completed within 6 hours for patients with severe sepsis, septic shock, and/or lactate > 4 mmol/L (36 mg/dl) Source of data to be the RRUCLA patient chart.	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI to foster shared learning and benchmarking across the California public hospitals	0.04
<i>Achievement Value</i>	1.00
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
Optional Milestone: -	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 1,579,050.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 1,579,050.00
Incentive Funding Already Received in DY:	\$ 789,525.00
<b>Incentive Payment Amount:</b>	<b>\$ 789,525.00</b>

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Central Line Associated Blood Stream Infection Prevention (required)**

Compliance with Central Line Insertion Practices (CLIP) (%)		0.98
<i>Achievement Value</i>		1.00
Optional Milestone:	Implement the Central Line Insertion Practices (CLIP), as evidenced by: policies and procedures and CLIP tracking tool to be included with central line insertion kits and completed by individuals placing lines	Yes
<i>Achievement Value</i>		1.00
Optional Milestone:	Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks	0.94
<i>Achievement Value</i>		1.00
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ 1,579,050.00
Total Sum of Achievement Values:		3.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,579,050.00
Incentive Funding Already Received in DY:		\$ 1,315,875.00
<b><u>Incentive Payment Amount:</u></b>		\$ 263,175.00

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Surgical Site Infection Prevention**

Rate of surgical site infection for Class 1 and 2 wounds (%)		0.06
<i>Achievement Value</i>		1.00
Optional Milestone:	Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks	0.07
<i>Achievement Value</i>		1.00
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ 1,579,050.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,579,050.00
Incentive Funding Already Received in DY:		\$ 1,184,287.50
<b><u>Incentive Payment Amount:</u></b>		\$ 394,762.50

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Hospital-Acquired Pressure Ulcer Prevention**

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)		0.02
<i>Achievement Value</i>		1.00
Optional Milestone:	Achieve hospital-acquired pressure ulcer prevalence of less than 2.5%	Yes
<i>Achievement Value</i>		1.00
Optional Milestone:	Share data, promising practices and findings with SNI to foster shared learning and benchmarking across the California public hospitals	Yes
<i>Achievement Value</i>		1.00
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ 1,579,050.00
Total Sum of Achievement Values:		3.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,579,050.00
Incentive Funding Already Received in DY:		\$ 789,525.00
<b><u>Incentive Payment Amount:</u></b>		\$ 789,525.00

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

<b>Stroke Management</b>		
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
Optional Milestone:	-	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text"/>
DY Total Computable Incentive Amount:		<input type="text" value="\$ -"/>
Total Sum of Achievement Values:		<input type="text" value="-"/>
Total Number of Milestones:		<input type="text" value="-"/>
Achievement Value Percentage:		<input type="text"/>
Eligible Incentive Funding Amount:		<input type="text"/>
Incentive Funding Already Received in DY:		<input type="text" value="\$ -"/>
<b><u>Incentive Payment Amount:</u></b>		<input type="text"/>

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Venous Thromboembolism (VTE) Prevention and Treatment**

Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Falls with Injury Prevention**

Prevalence of patient falls with injuries (Rate per 1,000 patient days)	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
Optional Milestone:	-	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		\$ -
<b><u>Incentive Payment Amount:</u></b>		

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

REPORTING ON THIS PROJECT: \*

### Category 1: Increase Training of Primary Care Workforce

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Increase Training of Primary Care Workforce

DY Total Computable Incentive Amount: \*

Incentive Funding Already Received in DY: \*

**Process Milestone:** Enroll initial class of 12-14 IMGs  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

We have enrolled a class of 18 UCLA International Medical Graduates (IMGs) to the program. Evidence of their enrollment includes completed and signed agreement forms (see binder tab 3) as well as participation in the program. The curriculum is comprised of three programs and is sequential. However, advanced placement direct entry into either Programs B or C is possible and is contingent on passage of Step 1 or Steps 1 and 2 of the United States Medical Licensing Examinations (USMLE) prior to application to the program as well as the applicant's English diagnostic examination score. Curriculum includes:

Program A: rigorous, full-time study commitment at Kaplan, studying for Basic Science Boards, and participating in live lectures

Program B: rigorous, full-time self-study while simultaneously obtaining life support certifications (i.e., Advanced Life Support in Obstetrics (ALSO), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS)), participation in a required Ambulatory Internal/Family Medicine eight (8) week didactic clerkship with medical students and faculty, participation in the Observed Simulated Clinical Examination (OSCE) in preparation for the USMLE CS, and attendance at UCLA Family Medicine Residency Program Grand Rounds

Program C: participation in a 12-week clinical observership that may include some overnight calls, attendance at weekly UCLA Family Medicine Grand Rounds and other didactic sessions, concurrent enrollment in English for Health Professionals, and completion of the Electronic Residency Application Service (ERAS) in order to enter into the national match competition

The success of the program will be measured by the successful passing of their respective USMLEs and advancing from Program A to B to C as well as graduating from the overall program and being placed into a United State Family Medicine residency program via the match process.

During the second half of the demonstration year we added curricula to the three programs mentioned above. The additional curricula includes further sessions of English writing and language skills and completion of the IHI Open School Certificate Course for the Patient Centered Medical Home for Program C. In addition, we learned that the Medical Board of California (MBC) is in the process of reviewing all foreign medical schools listed as "recognized" and distinguishing between for-profit vs. non-for-profit foreign medical schools. Further, we learned that each campus must be separately "recognized", including satellite campuses. At a practical level, this means we are checking with the MBC to ensure that we accept scholars whose school is "recognized."

One challenge that has surfaced in relation to enrolling IMGs is Cuban Law as it relates to the USMLEs. In order for an IMG to take any of these exams, the Educational Commission for Foreign Medical Graduates (ECFMG) must review and approve medical school transcripts and diplomas before scheduling the USMLEs. Given the uncertainty of accepting Cuban medical school graduates, we must determine if a Cuban applicant has obtained authorization from the ECFMG to schedule the USMLE Step 1 examination prior to making a final recruitment decision. Otherwise, the risk of no return on investment will be high when a Cuban applicant is admitted, but is unable to advance due to said Cuban law

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

Achievement Value

**Process Milestone:** Develop mentoring program with primary care faculty and new trainees  
*(insert milestone)*



## DSRIP Semi-Annual Reporting Form

### Category 1: Increase Training of Primary Care Workforce

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

\*

Denominator (if absolute number, enter "1")

\*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#)

\*

The mentoring program for UCLA IMG scholars is provided by program faculty. This program includes several components including: clinical practice teaching, English for health professionals, HIV, Hepatitis C, and TB training, interviewing skills, job skills training, personal statement and Common Application Form (CAF) for NRMP Competition mentoring, mock interviews, and NBME diagnostic test result review. We also track English class attendance as well as diagnostic test results of National Medical Board Exams (NBME), which are the basis for 1:1 mentoring sessions on academic performance. In addition, we have developed flyers for the HIV, Hepatitis, and TB training sessions and symposium. Supporting documentation for the mentoring program can be found in binder tab 3.

One issue that has surfaced is cost of living for our IMGs. The UCLA IMG Program has reached out to Wells Fargo and has explored financing options to help our UCLA scholars focus 100% of their time to complete their studies and successfully pass the USMLE examinations. We will continue to look for opportunities to work with donors and future employers to provide our IMGs with additional funds and at the same time create a financially viable and sustainable program to grow the primary care workforce.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\*

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

### Category 1: Increase Training of Primary Care Workforce

<p><b>Process Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>
<p><b>Process Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>
<p><b>Process Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>

## DSRIP Semi-Annual Reporting Form

### Category 1: Increase Training of Primary Care Workforce

<b>Improvement Milestone:</b> _____ <span style="text-align: right; font-size: small;">(insert milestone)</span>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 80%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 80%;" type="text"/>
Achievement	<input style="width: 80%;" type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input style="width: 80%;" type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="width: 80%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 80%;" type="text"/>
<b>Improvement Milestone:</b> _____ <span style="text-align: right; font-size: small;">(insert milestone)</span>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 80%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 80%;" type="text"/>
Achievement	<input style="width: 80%;" type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input style="width: 80%;" type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="width: 80%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 80%;" type="text"/>
<b>Improvement Milestone:</b> _____ <span style="text-align: right; font-size: small;">(insert milestone)</span>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 80%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 80%;" type="text"/>
Achievement	<input style="width: 80%;" type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input style="width: 80%;" type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="width: 80%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 80%;" type="text"/>

# DSRIP Semi-Annual Reporting Form

## Category 1: Increase Training of Primary Care Workforce

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

REPORTING ON THIS PROJECT: \*

### Category 1: Expand Specialty Care Capacity

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

<b>Expand Specialty Care Capacity</b>	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 6,351,400.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 6,351,400.00"/>
<b>Process Milestone:</b> <u>Train primary care providers, specialists and staff on process guidelines, and technology for referrals and consultations into selected specialties</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text" value="217.00"/>
Denominator (if absolute number, enter "1")	* <input type="text" value="245.00"/>
Achievement	<input type="text" value="0.89"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px;"> <p>UCLA physician referral services staff conducted Venice Family Clinic Mar Vista subspecialty referral process training sessions for its staff, and each of the medicine/surgical subspecialty areas. A thirteen-page training packet showing how to schedule appointments for the eligible Venice Family Clinic Mar Vista patients was developed from appropriate "screen shots" of the UCLA appointment scheduling and encounter system (see binder tab 3). Subsequently, this training packet was shared with the appropriate staff at the participating subspecialty clinics and physician referral services group. While podiatry staff were not trained, subsequent podiatry patient referrals were made without incident. In addition, all one hundred and eighty UCLA clinic managers were informed about the specialty referral process via a presentation at a standing meeting and/or through email.</p> <p>To assess training effectiveness, we contacted the Venice Family Clinic Medical Director and the primary care practitioner leadership at the Mar Vista Colen Health Center, where the patients are assigned. The qualitative feedback that we obtained from these physicians corroborated our assumptions that the referral and scheduling process is working smoothly and effectively. It was noted by the Mar Vista primary care physician that they have not received any complaints from her peer physicians at the site or from any of the patients.</p> </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
<hr/>	
<b>Process Milestone:</b> <u>Increase the number of specialist providers and clinic hours available</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text" value=""/>
Denominator (if absolute number, enter "1")	* <input type="text" value=""/>
Achievement	<input type="text" value="Yes"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text" value="Yes"/>

## DSRIP Semi-Annual Reporting Form

### Category 1: Expand Specialty Care Capacity

We have increased the number of specialist providers at the Venice Family Clinic/Mar Vista Care (VFC/MV). Currently, we have participating doctors from the following four specialties: Gastroenterology (6), Neurology (3), Orthopedics (8), and Rheumatology (4). In addition, we have increased the number of clinic hours available as evidenced by the ability for patients to make appointments by calling the Venice Family Clinic call center to schedule a clinic visit Monday through Friday between 8am-5pm. We have increased the number of specialist providers from zero to twenty-one (21) and increase available clinic hours from zero to forty (40).

As a result of opening selected specialty access for the VFC/MV patients, we went from zero patients to 111 unique VFC/MV patients, who in total, accounted for 193 specialty appointment referrals during DY7. Less than five percent of these referrals resulted in cancellation by the patient or by the Venice Family Clinic.

One of the major challenges associated with increasing specialty access to this uninsured population was the administrative process that needed to be put in place to coordinate billing, authorizations, and payments for physician and technical fees. This required coordination across the finance staff of the various specialty divisions and departments with the hospital finance staff responsible for accounting for the payments. Existing staff has to add this task to their already busy schedules, sometimes causing delays in the payment. Final review and approval of the billings had to be coordinated with the Venice Family Clinic Medical Director.

One lesson learned from this project is the importance of having a common vision. The Venice Family Clinic and UCLA Health System teams have such a common vision, to provide these needed resources to our uninsured patients, which has contributed to the success of the project. Another important lesson is to make sure that there is ongoing, effective communication. The communication between the two organizations has been excellent, and it has always been critical that there is buy-in at the highest levels of both organizations.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\*

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

### Category 1: Expand Specialty Care Capacity

<p><b>Process Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>
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## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Expand Medical Homes

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Expand Medical Homes

DY Total Computable Incentive Amount: \* \$ 8,470,000.00

Incentive Funding Already Received in DY: \* \$ 8,470,000.00

**Process Milestone:** Implement the adult medical home model in primary care clinics as pilot  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

We have implemented the adult medical home model at two primary care clinics out of our 20 primary care practice sites on the West side of Los Angeles. These two sites are the Family Health Center (UFHC) and Santa Monica 16th Street. The implementation of the medical home model is evidenced by components that are in place for advanced access including: telephone triage, same day appointments, telephone calls returned on the same day, documentation of telephone interactions in the chart, and the use of current Urgent Care Centers. In addition, we have registries in place for diabetes and immunizations whereby we are able to search for patient information (i.e., name, date of birth, etc.).

Through these piloted clinics the Patient Centered Medical Home (PCMH) model is delivering practice-based care coordination within the medical home as a direct patient/caregiver-centered, team-oriented, outcomes-focused process. Through primary care innovation and redesign we have tackled barriers to care by facilitating the provision of comprehensive health promotion and chronic condition care management. Through implementation in each practice, we have tested, refined and improved implementation through strategic operationalization by meeting as a collective pioneer group twice monthly. During these redesign team meetings, we address lessons learned by ensuring a locus of ongoing, proactive, planned care activities to include care management through comprehensive care coordinators embedded in each primary care clinic. Comprehensive care coordinators are trained and managed by the Director of Population Health Management and managed care services to include clinical advisors (RN Case Managers). The medical home implementation has increased physician engagement through daily huddles with the care team, bimonthly redesign team meetings, and monthly practice improvement meetings aimed at addressing practice redesign and innovation. Primary care physicians have played an intricate part in the success of the project by leveraging evidence based practice and facilitating shared decision making through patient centered care planning.

All participants in the medical home model participate in monthly redesign meetings where components of the medical home are refined through training and team based decision making methods. These functions are further evaluated in quarterly retreats focused on primary care innovation and redesign where we have built and used effective communication strategies among patient/caregiver, the medical home, specialists, and community professionals and community connections. Through the medical home efforts, we have helped improve, measure, monitor, and sustain quality outcomes (clinical, functional, satisfaction and cost) through the enhancement and expansion of primary care access and continuity of care. Plans for sustainability and ongoing training is achieved by placing central management of the medical home model on the primary care redesign team which is charged with refining and providing evidence based decisions for system replicability.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

Achievement Value

**Process Milestone:** Plan the portal system that will enhance access to the adult medical home  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Medical Homes

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#)

Operational readiness and training has begun with our contracted enterprise electronic health record (EHR). Training and user group readiness to encompass the full enterprise includes a patient portal system, which will enhance access to the medical homes. Patients will be able to access their health record and be able to participate in bi-directional communication. In addition, we have developed and populated a care manager portal system for the medical home project called Patient Care Coordination System (PCCS).

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*Achievement Value*

\* Yes

\* Yes

1.00

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Medical Homes

**Process Milestone:** Based upon criteria, develop and submit a plan to assign eligible patients to the adult medical home  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

Eligible patients are assigned to the medical home through targeted care coordination for high risk patient populations. Through this method we identify high risk patients through the utilization of risk stratification software, Verisk. The Verisk software is a sophisticated clinical registry tool which identifies the patients at the highest risk for hospitalization and utilization as well as chronic disease patients that require a higher level of health management. The software places patients into risk levels determined by the presence of multiple co-morbidities, high cost of care, and high utilization of inpatient or emergency facilities. This risk level will range from L1-L5, with L5 being the most chronic or in need of immediate clinical intervention. Patients identified through the Verisk Program are given enhanced care coordination from the assigned medical home with available support from Comprehensive Care Coordinators (CCC) and Clinical Advisors (RN CCMs). Complex cases can also be referred in by Primary Care Physicians (PCPs).

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

*Achievement Value*

**Process Milestone:** Implement the pediatric medical home model in primary care clinics as pilot  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

The UCLA Children's Health Center houses three primary care clinics: PCC (the Pediatric resident Continuity Clinic), the UCLA Faculty Clinic, and the Adolescent Clinic. Until this year, the Pediatric Medical Home Program enrolled patients at one clinic, PCC. In November, 2011, the Medical Home program expanded to the Adolescent Clinic. This expansion included the hiring of a dedicated family liaison (health navigator) for the adolescent clinic. The newly added family liaison is responsible for coordinating the care of all "Tier III" patients seen in adolescent clinic, those with complex and/or multiple chronic medical conditions.

As of June 2012, we have enrolled 36 highly complex patients into our Adolescent Tier III program. Initial qualitative evaluation of the expansion to adolescent clinic highlights successes in addressing insurance barriers, linguistic barriers, and improving follow up with primary and specialty care.

In the PCC clinic, 133 have been enrolled in the Tier III program for medically complex children. Our Tier III program has been enhanced by the development and initial implementation of care plan templates, patient intake templates, and clinical pathways (such as process maps for scheduled and urgent visits). We have developed a Medical Home Dashboard to monitor quarterly our enrollment and demographics (see binder tab 3).

We have also further developed chronic disease management programs for our Tier II patients, those with a single chronic condition. These programs are diagnosis-specific, and involve the development of patient registries, development of clinical guidelines, and implementation of co-management arrangements with specialists. We have begun design and implementation of programs for diabetes, asthma, sickle cell disease, inflammatory bowel disease, and long-term cancer survivors. For example, with the pediatric endocrinologists, we are setting up a detailed registry of diabetic patients, and developing co-management arrangements for those diabetic patients that receive primary care at the Children's Health Center. For sickle cell disease, we used an existing registry maintained by the pediatric hematologists to identify those patients receiving primary care at the Children's Health Center (or who have been receiving no primary care), and have been developing a co-management strategy that includes development of clinical pathways, establishing a "division of labor" between primary care physicians and hematologists, and developing communication strategies (see binder tab 3).

In addition to the activities detailed above, we are developing a multi-pronged methodology to evaluate the Medical Home program. We perceive this as one of our main challenges—demonstrating effectiveness of this care model to assist in ensuring its long term sustainability, and demonstrating the generalizability of our approach. Our evaluation and research strategy seeks to address these challenges. The outcomes of interest that we would like to evaluate are effects of:

- Enrollment in the Medical Home on health care utilization (e.g. hospitalization, ER visits, ambulatory visits) and costs,
- The program on quality of care indicators (e.g. immunization rates, dental visits, developmental screening, nutritional status), and
- The effects of the Medical Home on patient and family experience/satisfaction

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Medical Homes

The effects of the medical home on patient and family experience/satisfaction.

We have developed a systematic strategy to evaluate these outcomes and additional outcomes as the program expands.

Our initial evaluation of the Medical Home program for the initial cohort of patients found that the number of ED visits per patient decreased by over 50 percent after enrollment in the program while achieving high parental satisfaction, particularly among Spanish-speaking families. These findings have been published in prominent peer-reviewed publications and the program itself has received national recognition, including being prominently featured in a front-page

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

Achievement Value

**Process Milestone:** Plan the portal system that will enhance access to the pediatric medical home  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

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UCLA Health System is in the process of implementing a comprehensive electronic health record (EHR). This system will include the deployment of a web-based patient portal, which will enhance access to the medical home by allowing patients the ability to access their health record and participate in bi-directional communication. Leaders of the Pediatric Medical Home have been active participants in the design and planning of this patient portal, including participation in the subcommittee responsible for generating recommendations for the implementation of the portal.

A Nurse Practitioner has been hired to serve as Director of Care Coordination. One of her responsibilities is to review all queries from families via the patient portal (medical questions, customer service questions, medication refill requests, etc.), and to address or triage such questions. Until our EHR is operational, the nurse practitioner performs these functions via telephone, in person (she is co-located with the clinicians at the Children's Health Center), or, if appropriate, via e-mail.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

Achievement Value

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Medical Homes

<p><b>Improvement Milestone:</b> Based upon criteria, develop and submit a plan to assign eligible patients to the pediatric medical home  <div style="text-align: center;"><i>(insert milestone)</i></div></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Achievement <input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="Yes"/></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> * <input style="width: 100px; height: 20px;" type="text" value="Yes"/></p> <div style="border: 1px solid black; padding: 5px;"> <p>A plan for assignment of pediatric patients has been developed and implemented. According to this plan, all patients receiving primary care (defined as well child care plus any additional general pediatric care) at the Witherbee Children's Health Center and its associated practices are being assigned to one of 3 tiers, based on patient complexity:</p> <ul style="list-style-type: none"> <li>Tier I: Children without chronic medical conditions,</li> <li>Tier II: Children with a single serious or chronic condition,</li> <li>Tier III: Children with complex and/or multiple chronic medical conditions (additional details can be found in binder tab 3).</li> </ul> <p>Patients are assigned to Tier III via two mechanisms. The first mechanism is referral by primary care physicians, specialists, social workers, or (increasingly) community agencies such as regional centers or California Children's Services case managers. These referrals are received via phone, e-mail or fax. An enrollment form found in the Medical Home website facilitates referral. The second mechanism is analysis of a risk-categorization report using administrative data that categorizes patients receiving primary care at our facility. The records of patients in the high-risk categories are periodically reviewed by program staff to determine eligibility for Tier III services.</p> <p>Patients eligible for diagnosis-specific Tier II programs are identified for each program depending on the availability of diagnosis specific data. For example, for sickle cell disease and cancer survivor programs, we have analyzed existing specialty registries to determine which patients currently receive (or are eligible to receive) primary care at the UCLA Children's Health Center. For the diabetes program, we are in the process of completing a new web-based, HIPPA-compliant registry.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * <input style="width: 100px; height: 20px;" type="text" value="Yes"/></p> <p>Achievement Value <input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="1.00"/></p>
<p><b>Improvement Milestone:</b> _____  <div style="text-align: center;"><i>(insert milestone)</i></div></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Achievement <input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> * <input style="width: 100px; height: 20px;" type="text"/></p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Achievement Value <input style="width: 100px; height: 20px; background-color: #cccccc;" type="text"/></p>
<p><b>Improvement Milestone:</b> _____  <div style="text-align: center;"><i>(insert milestone)</i></div></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") * <input style="width: 100px; height: 20px;" type="text"/></p> <p>Achievement <input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> * <input style="width: 100px; height: 20px;" type="text"/></p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>

# DSRIP Semi-Annual Reporting Form

## Category 2: Expand Medical Homes

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

# DSRIP Semi-Annual Reporting Form

## Category 2: Expand Medical Homes

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>



## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Conduct Medication Management

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Conduct Medication Management

DY Total Computable Incentive Amount: \* \$ 2,879,800.00

Incentive Funding Already Received in DY: \* \$ 1,439,900.00

**Process Milestone:** Develop evidence-based decision rules that will be the clinical underpinning of each point of care decision support message  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

We carefully developed detailed evidence-based tables that are the underpinning for all electronic clinical decision support (CDS) for diabetes care, including hypertension and cholesterol management. A basic set of decision support rules were drafted after careful review of randomized clinical trials (RCT) and systematic reviews or meta-analyses for glycemic control, hypertension management, and lipid management. Also, a secondary set of CDS messages will focus on recommended processes of care and suggests obtaining overdue laboratory tests through the electronic health record while another will suggest monthly visits for follow-up for those patients not at goal.

Unexpected challenges that we faced primarily included the delay in the implementation of our electronic health record (EHR) including the ambulatory care practices where we plan on deploying the system. Another challenge continues to be the heterogeneity in strength of the evidence-based for different clinical decision support diabetes domains (e.g. lipid management) and patient populations (e.g. older persons with diabetes). New randomized controlled trials have important implications for clinicians that provide care to older persons.

The clinical information being gathered from the PharmD medication management pilot is informing our tailoring of the CDS content to our local population. We plan to overcome the challenges by conducting small tests of change (e.g. PDSA cycles) for the CDS system by beginning with non-real-time clinical cases with volunteer clinicians, and by obtaining continuous feedback from our local UCLA multidisciplinary primary care redesign team. Once live with our EHR, we will test the cases and the CDS system. We will also explore the feasibility of tailoring some electronic CDS messages based on certain population characteristics. Currently, the PharmD medication management program is also being piloted in the UCLA Geriatrics practice and our experiences there will inform the feasibility of tailoring messages to specific populations. Lessons learned include: 1) the importance of continuous buy-in from clinicians, 2) development of written clinical vignettes or cases to continuously engage clinicians given delay in EHR implementation, and 3) testing of small tests of change with volunteer clinicians and practices. Finally, while we await EHR implementation, one of our physicians continues to work with our EHR team to ensure that that the CDS fits within the overall institutional plan.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

*Achievement Value*

**Process Milestone:** Pilot the medication management program  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

## DSRIP Semi-Annual Reporting Form

### Category 2: Conduct Medication Management

By June of 2012 the medication management PharmD program was piloted in more than 5% of eligible patients, therefore exceeding our metric for this milestone. Ninety eligible patients received PharmD consults (7.5% of eligible patients), exceeding our milestone goal by 30 patients. Additionally we completed 75 follow-up consultations.

Attaining this milestone required collaborative and interdisciplinary work, which included the following:

#### Approaches taken to test, refine, and improve.

The UCLA Population Management Access Reports allowed us to identify diabetic patients that met our criteria. These population and performance reports were based upon multiple internal and external clinical databases and were the basis of where we recruit patients. We worked collaboratively with the UCLA Department of Decision Support team to improve the data contents in this registry database. Once a patient is identified in this registry, he/she is then researched more thoroughly in UCLA Health System's c-View to make sure that only those patients that meet our criteria are recruited.

Patients meeting our criteria were then called to schedule a PharmD consult. Sometimes a "stand-alone" was scheduled whereby the patient would only see the pharmacist, while other times the patient preferred that a "co-visit" be scheduled. A "co-visit" is an appointment where the patient would consult with the pharmacist either before or after an appointment with their Primary Care Physician (PCP). Setting up these types of "co-visits" can be tricky as the clinical pharmacist is only at a given clinic one day per week.

It was important to establish a good workflow for our pharmacist and create an efficient system within our team. We created a shared calendar system where the pharmacist could view upcoming appointments at any time. The pharmacist could also easily communicate to our staff on the outcome status of a consult and if a follow-up visit needed to be scheduled.

An example of a "Plan Do Study Act" cycle is our approach to standardize the medication list given to patients. The issue is that each clinic had a different format outlining the medications that the patient was currently prescribed and how and when to take them. We acted on this and decided to create our own standardized medication booklet that was user friendly, comprehensive, and easily stored by making it wallet-sized. Patients were encouraged to fill-out the medication booklet with the help of the pharmacist and keep it with them at all times. Feedback from the booklet will be obtained from patients and providers and the booklet will be revised accordingly.

#### System level changes. Fine tuning workflows to standardize communication with clinical teams.

Efficacy in communication between the pharmacist and the primary care provider was pivotal for the success of the program. PCP's were notified in advance on which of their patients would be having a PharmD consult. This provided an opportunity for the PharmD and MD to "huddle", which provided the PharmD with more insight into a patient's history and any special instructions regarding the patient.

A standardized PharmD Clinic Note was created to document the clinical encounter that becomes part of the patient's medical record. It provides a systematic and standardized approach to the documentation of these consults and to communicate with other care team members. Additionally, pending EHR implementation, an email summarizing the visit and recommendations are sent to the primary care provider, allowing the provider to either approve or disapprove said recommendations.

#### Rapid cycling and small test of change in the first UCLA practice.

We rolled out the PharmD pilot to our first practice, UCLA Family Health Clinic (UFHC), in January 2012. We used a list of eligible patients from the registry and provider referrals to recruit patients. We diligently called from our list, methodically targeting those patients with A1c's of 9% and above, LDL's greater than 130 mg/dL, and blood pressure values of 140/90 mmHg and above. The challenge here was the missing data in the registry, especially blood pressure values.

UFHC proved to be a good pilot location because a significant number of diabetics that meet our criteria are seen at this site and the practice lead was instrumental in guiding our clinical pharmacist into the practice workflow. The challenges and lessons learned here will help us expand our program to other practices and begin to standardize our approach.

As much as we felt we were ready to move on to other clinics it became apparent that each clinic had their own set of

## DSRIP Semi-Annual Reporting Form

### Category 2: Conduct Medication Management

issues to deal with. Some clinics preferred "paper" charting while others were electronic. One was on a completely different EHR system from the others. Office space for the clinical pharmacist and internet access was at times problematic, but has since been resolved with the arrangement of clinic days that ebb and flow with the clinical pharmacist and the MD's.

#### Engagement by physicians, front line clinicians and patients.

Buy in and support from physician practice leads is crucial to the success of the program. The bi-monthly Primary Care Innovation Model Design Team meetings gave us the much needed forum to connect and work together with the practice leads. Not only do these meetings allow us time to outline, discuss, and report preliminary results of the project, but it also allows the clinicians a chance to voice their needs and feedback on ways to improve our program. Additionally, we work closely with the office managers and staff at the clinics to ensure that the pharmacist's needs are met and quality of care maintained.

It is important to highlight that patients are also actively engaged via satisfaction surveys and phone calls. These surveys are done anonymously and voluntarily.

#### Involving stakeholders in the project

The support of UCLA decision makers compliments patient and provider engagement. Our on-going and consistent participation in quarterly half-day retreats with practice leads and UCLA Health Systems leadership allows us the opportunity to obtain feedback and to update the group on the status of the project.

#### Sustainability

Although challenging, we are getting key program components in place to ensure duplicity and sustainability. We will continue to standardize the process as we expand to other clinics. The implementation of our EHR will help to bridge the gap and allow for more uniformity in our approach and methods to a successful medication therapy management program.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\*

*Achievement Value*



## DSRIP Semi-Annual Reporting Form

### Category 2: Conduct Medication Management

<p><b>Improvement Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Improvement Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>
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# DSRIP Semi-Annual Reporting Form

## Category 2: Conduct Medication Management

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Implement/Expand Care Transitions Programs

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Implement/Expand Care Transitions Programs

DY Total Computable Incentive Amount: \* \$ 5,590,200.00

Incentive Funding Already Received in DY: \* \$ 5,590,200.00

**Process Milestone:** Develop a staffing and implementation plan to accomplish the goals/objectives of the care transitions program  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*

We have staffed a telephone-based care transition center with four RN level nurses and are in the process of hiring a fifth nurse. One nurse works with hospitalized heart failure patients prior to discharge by providing more in-depth patient education regarding heart failure care, health coaching on self-management, and remote monitoring of key health parameters (e.g., daily weights, blood pressure, heart rate, symptoms). The other nurses continue telephone-based health coaching and monitoring activities for six months with discharged hospitalized heart failure patients starting within three days of discharge; patients receive scheduled weekly calls for the first month, scheduled monthly calls through the other months, and as needed calls based on monitoring of health parameters. Nurses contact health providers as needed to implement changes needed for the patients' management. Operations manuals for the nurses detailing these protocols are available for review (see binder tab 3). The program has enrolled and managed 25 heart failure patients who were discharged from UCLA hospitals.

A major barrier to meeting this year's milestone was the lack of staff, notably nurses, within our health system who had previously performed the roles needed for our care transition program. As a result we spent several months training nurses on the information systems used for tracking and monitoring patients, on refreshers on heart failure management for those nurses with less recent or dedicated heart failure experience, and on educational materials and approaches like "teach-back" for patients. We have worked on making the program sustainable so that it is not dependent on initial staff by training new staff to take on similar duties, and refining our operations manuals and training schedules based on our study experiences.

We also use data in an ongoing effort to evaluate our implementation, in the spirit of PDSA "Plan Do Study Act" learning cycles. Our study approach involves working with heart failure patients prior to discharge; however, we found early on that we were missing a substantial number of coded heart failure patients by requiring that we work with only those with a principal diagnosis of heart failure determined clinically on admission. Many patients have multiple comorbidities that have been exacerbated, and may have multiple competing possibilities besides heart failure that could be labeled as the principal diagnosis for admission. To avoid this problem, we now work with all patients who are being actively treated for heart failure. This increases our sensitivity to identify patients who are ultimately identified as having a principal diagnosis of heart failure, but provides an expansion of our care transition program to patients whose principal diagnosis is not heart failure. Similarly, we have been using our experiences to develop approaches for other chronic diseases whose exacerbations require hospitalization, such as chronic obstructive pulmonary disease.

To maintain interest in the program, we have worked on an ongoing basis with inpatient and outpatient provider groups (e.g., hospitalists, cardiologists, geriatricians) and institutional staff (nurses, operational leaders) to provide forums for discussions and updates.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone \*

*Achievement Value*

**Process Milestone:** Demonstrate the integration of information systems by stratifying patient demographic data by process, clinical, and/or quality data  
*(insert milestone)*

DSRIP Semi-Annual Reporting Form

Category 2: Implement/Expand Care Transitions Programs

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

\*

Denominator (if absolute number, enter "1")

\*

Achievement

Yes

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:

\* Yes

We have integrated information systems and are able to stratify patient demographic data by process, clinical, and/or quality data. For example, we are able to stratify patient age and gender data by ACE or ARB, or beta- blocker at discharge for quality. In addition, we can stratify ejection fraction for clinical purposes (see binder tab 3) as well as stratify data by appointments scheduled within seven days of discharge for process metrics.

We encountered an issue relating to our real-time tracking of biometric information for heart failure patients, such as weight, heart rate, and blood pressure. We experienced issues with patients after discharge having difficulty transmitting information through remote monitoring devices despite being taught to use the devices prior to discharge. We conducted home visits to determine issues with usability of these devices, and determined that a major factor impeding transmission was related to changes in technology. Remote monitoring devices transmitting through telephone landlines had issues as patients switched away from traditional service to bundled service with cable providers. We have implemented a new technology to address this issue that uses cellular bandwidths to transmit information. We have experienced improved transmission ability by patients after implementing this change.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\* Yes

Achievement Value

1.00





## DSRIP Semi-Annual Reporting Form

### Category 2: Implement/Expand Care Transitions Programs

<p><b>Improvement Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Improvement Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Improvement Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div>

# DSRIP Semi-Annual Reporting Form

## Category 2: Implement/Expand Care Transitions Programs

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Improvement Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

### Category 3: Patient/Care Giver Experience (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*). Note: for DY8, data from the last 2 quarters shall suffice.

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

<b>Patient/Care Giver Experience (required)</b>	
DY Total Computable Incentive Amount:	* <span style="border: 1px solid yellow; padding: 2px;">\$ 3,110,250.00</span>
Incentive Funding Already Received in DY:	* <span style="border: 1px solid yellow; padding: 2px;">\$ 3,110,250.00</span>
<b>Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)</b>	
<a href="#">Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):</a>	* <span style="border: 1px solid yellow; padding: 2px;">Yes</span>
<div style="border: 1px solid black; padding: 5px;">                     The UCLA Faculty Practice Group (FPG) has undertaken the necessary planning, redesign, translation, training, and contract negotiations in order to implement CG-CAHPS. This is evidenced by our contract with Quality Data Management (QDM) to administer the specified CG-CAHPS survey with the additional supplemental questions. Appointment data of primary care patient visits will be sent to QDM continuously. QDM will then randomly select patients and contact patients by telephone 10-14 days after the date of service. The survey is administered via an automated system using verbal commands. A minimum of 300 completed surveys will be achieved per the DSRIP system-level sampling requirements. Survey results will be available for the FPG to analyze and to create reports for dissemination. Staff and doctors have been trained on how to interpret results of the survey.                 </div>	
Achievement	<span style="border: 1px solid black; padding: 2px;">Yes</span>
Achievement Value	<span style="border: 1px solid blue; padding: 2px;">1.00</span>
<b>Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)</b>	
Top-box score composite of all questions within this theme from all returned surveys: Enter the percentage of responses that fell in the most positive response category	* <span style="border: 1px solid yellow; display: inline-block; width: 100px; height: 20px;"></span>
<a href="#">Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):</a>	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
Achievement	<span style="border: 1px solid black; padding: 2px;">N/A</span>
Achievement Value	<span style="border: 1px solid blue; display: inline-block; width: 100px; height: 20px;"></span>

DSRIP Semi-Annual Reporting Form

Category 3: Patient/Care Giver Experience (required)

Report results of CG CAHPS questions for “How Well Doctors Communicate With Patients” theme to the State (DY8-10)

Top-box score composite of all questions within this theme from all returned surveys:  
Enter the percentage of responses that fell in the most positive response category

\*

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\);](#)

Achievement

N/A

Achievement Value

Report results of CG CAHPS questions for “Helpful, Courteous, and Respectful Office Staff” theme to the State (DY8-10)

Top-box score composite of all questions within this theme from all returned surveys:  
Enter the percentage of responses that fell in the most positive response category

\*

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\);](#)

Achievement

N/A

Achievement Value

Report results of CG CAHPS questions for “Patients’ Rating of the Doctor” theme to the State (DY8-10)

Top-box score composite of all questions within this theme from all returned surveys:  
Enter the percentage of responses that fell in the response categories 9 and 10

\*

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\);](#)

Achievement

N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

Category 3: Patient/Care Giver Experience (required)

Report results of CG CAHPS questions for “Shared Decisionmaking” theme to the State (DY8-10)

Top-box score composite of all questions within this theme from all returned surveys:  
Enter the percentage of responses that fell in the most positive response category

\*

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\);](#)

Achievement

Achievement Value

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 3: Care Coordination (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).

\*    The yellow boxes indicate where the DPH system should input data

   The black boxes indicate Milestones and will automatically populate and flow to summary sheets

   The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Care Coordination (required)

DY Total Computable Incentive Amount: \* \$ 3,110,250.00

Incentive Funding Already Received in DY: \* \$ 1,555,125.00

#### Report results of the Diabetes, short-term complications measure to the State (DY7-10)

Data Collection Source \* Data warehouse

Numerator \* 11.0

Denominator \* 4,545.0

Rate 0.2

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Analysis was performed using our Faculty Practice Group billing data warehouse and Hospital Decision Support. The denominator is the number of diabetic patients, ages 18-75, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 4,545. The numerator is the number of discharges with ICD-9 principal diagnosis code for short-term complications within the current reporting period (July 2011 – June 2012): 11.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists as well as a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. Once identified, these patients are then placed into our case management program. In addition, through the expansion of the medical home model, these patients are managed and provided enhanced care coordination services by program pharmacists and comprehensive care coordinators and provide care team linkage to primary care. Pilot subgroup placed in the program receives assistance with barriers to care. The program manages this population by supplementing telephone calls to patients with frequent in-person meetings within the medical home, delivers evidence-based education to patients, provides strong medication management

## DSRIP Semi-Annual Reporting Form

### Category 3: Care Coordination (required)

Achievement	Yes
Achievement Value	1.00

#### Report results of the Uncontrolled Diabetes measure to the State (DY7-10)

Data Collection Source	* Data warehouse
Numerator	* 4.0
Denominator	* 4,545.0
Rate	0.1

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Analysis was performed using our Faculty Practice Group billing data warehouse and Hospital Decision Support. The denominator is the number of diabetic patients, ages 18-75, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 4,545. The numerator is the number of discharges with ICD-9 principal diagnosis code for uncontrolled diabetes within the current reporting period (July 2011 – June 2012): 4.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists as well as a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. Once identified, these patients are then placed into our case management program. In addition, through the expansion of the medical home model, these patients are managed and provided enhanced care coordination services by program pharmacists and comprehensive care coordinators and provide care team linkage to primary care. Pilot subgroup placed in the program receives assistance with barriers to care. The program manages this population by supplementing telephone calls to patients with frequent in-person meetings within the medical home, delivers evidence-based education to patients, provides strong medication management

Achievement	Yes
Achievement Value	1.00



DSRIP Semi-Annual Reporting Form

Category 3: Care Coordination (required)

Report results of the Congestive Heart Failure measure to the State (DY8-10)

Data Collection Source	*	<input type="text"/>
Numerator	*	<input type="text"/>
Denominator	*	<input type="text"/>
Rate		<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>

Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)

Data Collection Source	*	<input type="text"/>
Numerator	*	<input type="text"/>
Denominator	*	<input type="text"/>
Rate		<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

### Category 3: Preventive Health (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

<b>Preventive Health (required)</b>	
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DY Total Computable Incentive Amount:	*	\$	3,110,250.00
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Incentive Funding Already Received in DY:	*	\$	1,555,125.00
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**Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)**

Data Collection Source	*	Data warehouse
Numerator	*	5,216.0
Denominator	*	9,289.0
Rate		56.2

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Analysis was performed using our Faculty Practice Group's billing data warehouse. The denominator is the number of female patients, ages 50-74, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 9,289. The numerator is the number of female patients who had a mammogram screen for breast cancer within 24 months (defined as July 2010 – June 2012): 5,216.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We maintain a mammography registry that is accessed via our UCLA Population Management intranet site. All of the data related to mammography screening is collated here. In addition, within the medical home clinics, these targeted patients receive additional care coordination through comprehensive care coordinators. Through this assignment, care coordinators ensure appropriate and timely screenings are evaluated and executed by primary care physician.

Achievement			Yes
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Achievement Value			1.00
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**DSRIP Semi-Annual Reporting Form**

**Category 3: Preventive Health (required)**

**Reports results of the Influenza Immunization measure to the State (DY7-10)**

Data Collection Source

\* Data warehouse

Numerator

\* 6,229.0

Denominator

\* 25,921.0

Rate

24.0

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Analysis was performed using our Faculty Practice Group's billing data warehouse. The denominator is the number of patients, age 50 and older, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 25,921. The numerator is the number of patients who received an influenza immunization among our denominator population during the flu season (defined as September 2011 – February 2012): 6,229.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We maintain an influenza registry that is accessed via our UCLA Population Management intranet site. All of the data related to influenza is collated here. In addition, patients within the medical homes are targeted for interventions aimed at ensuring those who are at greatest risks receive the proper vaccinations timely and barriers to receiving the vaccination are championed. The Population Manager provides patient recommendations for influenza immunization for high risk populations.

Achievement

Yes

Achievement Value

1.00

DSRIP Semi-Annual Reporting Form

Category 3: Preventive Health (required)

Report results of the Child Weight Screening measure to the State (DY8-10)

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>

Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>

Report results of the Tobacco Cessation measure to the State (DY8-10)

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 3: At-Risk Populations (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*). For the last two measures, which are both diabetes composite measures, please follow the instructions on specifically how to calculate the composite measures (available based on NQF endorsement).

  The yellow boxes indicate where the DPH system should input data

  The black boxes indicate Milestones and will automatically populate and flow to summary sheets

  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### At-Risk Populations (required)

DY Total Computable Incentive Amount: \* \$ 3,110,250.00

Incentive Funding Already Received in DY: \* \$ 1,555,125.00

#### Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)

Data Collection Source \* Data warehouse

Numerator \* 1,301.0

Denominator \* 4,545.0

Rate 28.6

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Analysis was performed using our Faculty Practice Group's billing data warehouse. The denominator is the number of diabetic patients, ages 18-75, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 4,545. The numerator is the number of patients who had most recent LDL-C level in control (less than 100 mg/dl) within the current reporting period (July 2011 – June 2012): 1,301.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists. In addition, we have a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. Once identified, these patients are then placed into our case management program. In addition, through the expansion of the medical home model, these patients are managed and provided enhanced care coordination services by program pharmacists and comprehensive care coordinators and provide care team linkage to primary care. Pilot subgroup placed in the program receives assistance with barriers to care. The program

**DSRIP Semi-Annual Reporting Form**

**Category 3: At-Risk Populations (required)**

manages this population by supplementing telephone calls to patients with frequent in-person meetings within the medical home, delivers evidence-based education to patients, provides strong medication

Achievement

Yes

Achievement Value

1.00

**Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<8%) measure to the State (DY7-10)**

Data Collection Source

\* Data warehouse

Numerator

\* 1,714.0

Denominator

\* 4,545.0

Rate

37.7

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Analysis was performed using our Faculty Practice Group's billing data warehouse. The denominator is the number of diabetic patients, ages 18-75, who had two or more primary care visits in the prior demonstration year (July 2010 – June 2011): 4,545. The numerator is the number of patients whose most recent hemoglobin A1c level is in control (<8%) within the current reporting period (July 2011 – June 2012): 1,714.

The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists. In addition, we have a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. Once identified, these patients are then placed into our case management program. In addition, through the expansion of the medical home model, these patients are managed and provided enhanced care coordination services by program pharmacists and comprehensive care coordinators and provide care team linkage to primary care. Pilot subgroup placed in the program receives assistance with barriers to care. The program manages this population by supplementing telephone calls to patients with frequent in-person meetings within the medical home, delivers evidence-based education to patients, provides strong medication

Achievement

Yes

Achievement Value

1.00

**DSRIP Semi-Annual Reporting Form**

**Category 3: At-Risk Populations (required)**

**Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)**

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>

**Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)**

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>

**Report results of the Pediatrics Asthma Care measure to the State (DY8-10)**

Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

### Category 3: At-Risk Populations *(required)*

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# DSRIP Semi-Annual Reporting Form

## Category 3: At-Risk Populations (required)

### Report results of the Optimal Diabetes Care Composite to the State (DY8-10)

Data Collection Source

\*

Numerator

\*

Denominator

\*

Rate

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement

N/A

Achievement Value

### Report results of the Diabetes Composite to the State (DY8-10)

Data Collection Source

\*

Numerator

\*

Denominator

\*

Rate

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Achievement

N/A

Achievement Value

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR:

DATE OF SUBMISSION:

### Category 4: Severe Sepsis Detection and Management (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).

\*   The yellow boxes indicate where the DPH system should input data

  The black boxes indicate Milestones and will automatically populate and flow to summary sheets

  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

<b>Severe Sepsis Detection and Management</b>	
DY Total Computable Incentive Amount:	* <span style="border: 1px solid yellow; padding: 2px;">\$ 1,579,050.00</span>
Incentive Funding Already Received in DY:	* <span style="border: 1px solid yellow; padding: 2px;">\$ 789,525.00</span>
<b>Compliance with Sepsis Resuscitation bundle (%)</b>	
Numerator	* <span style="border: 1px solid yellow; padding: 2px;">271</span>
Denominator	* <span style="border: 1px solid yellow; padding: 2px;">1,983</span>
% Compliance	<span style="border: 1px solid black; padding: 2px;">13.67%</span>
<a href="#">Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):</a>	
<div style="border: 1px solid black; padding: 5px;"> <p>Compliance with the Sepsis Resuscitation bundle from July 2011 to June 2012 was 13.67%. The numerator (271) is the number of cases where the bundle was fully met and the denominator (1,983) is the number of sepsis cases reviewed. For sepsis data collection we ran reports to identify patient populations based on ICD-9 codes, Table 1 and Tables 2 and 3 excluding those patients less than 18 years of age. Next, we deleted duplicate patient encounters between Table 1 and Tabled 2 and 3 cases and then reviewed medical charts via our online/scanned medical record. We reviewed cases that were not excluded, per the definition of sepsis, for compliance with the screening tool and bundle components. Lastly, we entered the data into a Sepsis Database and then ran queries and calculated data, as necessary. Due to an extremely high volume of cases and an abstraction process that was directing limited resources from process improvement to retrospective abstraction a request to implement random sampling was submitted to SNI. Upon SNI approval, we implemented a random sampling process in April 2012 consistent with The Joint Commission Evidence of Standard Compliance sampling size guidelines.</p> <p>The data has been shared with the multidisciplinary sepsis team and has been used to determine where to focus implementation and education. The data is also included in the sepsis screening tool and order set implementation education to assist in identifying the need for implementation. Through data analysis we found the greatest noncompliance to be fluid resuscitation. There are currently no established exclusions for this measure; however, fluid resuscitation is not appropriate for a large majority of our patients.</p> </div>	
DY Target (from the DPH system plan, if appropriate)	* <span style="border: 1px solid yellow; padding: 2px;">Yes</span>
% Achievement of Target	<span style="border: 1px solid yellow; padding: 2px;">N/A</span>
<i>Achievement Value</i>	<span style="border: 1px solid blue; padding: 2px;">1.00</span>
<p><b>Optional Milestone:</b> Implement the Sepsis Resuscitation Bundle: to be completed within 6 hours for patients with severe sepsis, septic shock, and/or lactate &gt; 4 mmol/L (36 mg/dl) Source of data to be the RRUCLA patient chart.</p> <p style="text-align: center;"><small>(insert milestone)</small></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <span style="border: 1px solid yellow; padding: 2px;"> </span>
Denominator (if absolute number, enter "1")	* <span style="border: 1px solid yellow; padding: 2px;"> </span>
Achievement	<span style="border: 1px solid black; padding: 2px;">Yes</span>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	
	* <span style="border: 1px solid yellow; padding: 2px;">Yes</span>

## DSRIP Semi-Annual Reporting Form

### Category 4: Severe Sepsis Detection and Management (required)

We have implemented the Sepsis Resuscitation Bundle as evidenced by the development of a multidisciplinary team to lead the implementation of the Sepsis screening tool and six-hour Sepsis Bundle. This team, which meets bimonthly, is led by one of our Infectious Disease physicians and our Sepsis Coordinator and includes representatives from Nursing (including Nursing education and administration), Medicine, Pharmacy, Coding, and our IT department. As part of this project we developed an Adult Sepsis Screening Tool, Adult Sepsis Order Set, Sepsis Nursing Guidelines and an educational PowerPoint (see binder tab 3).

The screening tool consists of four questions related to the screening components of the different levels of sepsis (i.e., SIRS, infection suspected or confirmed, organ dysfunction or failure, and low blood pressure or elevated lactate levels). The order set includes elements of the Sepsis bundle, with antibiotics being "systems-specific", and it also accounts for various patient allergies. The screening tool and order set were employed at the Santa Monica Emergency Department (ED) in March 2012, followed by the Ronald Reagan ED in early April, and finally system wide in late April. The nursing guidelines are based on nursing competencies and have some unit-specific proficiencies. These guidelines are in the process of being approved, but are available for reference. Lastly, the education component includes instruction on the screening and identification of sepsis, the distinction between sepsis, severe sepsis, and septic shock, and the steps to take once a patient is identified as septic. The education was provided to all nursing staff at both hospitals during March and April 2012 by our Sepsis Coordinator. This education is ongoing and is provided at nursing orientation bimonthly, in addition to being available online for reference at any time.

Some of the barriers we faced included physician buy-in, information technology limitations, and education. Some physicians refused to use a sepsis specific order set, stating that certain aspects are repetitive to their service line specific orders. In addition, they felt the lactate was not pertinent or applicable to determining the state of sepsis and believe the IV fluid bolus is excessive. On the technology side, we were restricted to an "all or nothing" rollout and were only able to perform a pilot in our EDs because they use a separate technology system. We then implemented the screening tool system wide, but were allowed to post the tool on admission only. Lastly, education became a barrier due to the lack of a standardized process for dissemination of information to physicians. This caused a delay in the education because of the numerous committee meetings to attend in order to distribute information.

Going forward, we will continue to monitor compliance with the Sepsis bundle. In terms of sustainability, we will be going live with Epic in March 2013 and are having discussions with their team related to real-time sepsis identification and screening. In addition, we would like to have concurrent rounds led by our Sepsis Coordinator. Further, we will continue to have ongoing training for nurses during their orientation and monthly rounds with units during their staff meetings to present this project and eventually plan to present a dashboard of compliance rates. Finally, Sepsis has been made a top priority by our Care Transformation Council, which is a forum for transparent, shared accountability for performance across all of the components of the Health System. This Council helps review our system-wide goals for improvement and strategies to accomplish these quality goals.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\* Yes

Achievement Value

1.00

## DSRIP Semi-Annual Reporting Form

### Category 4: Severe Sepsis Detection and Management (required)

<b>Optional Milestone:</b>	Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI to foster shared learning and benchmarking across the California public hospitals	
	<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 80px;" type="text" value="43.00"/>
Denominator (if absolute number, enter "1")		* <input style="width: 80px;" type="text" value="1,058.00"/>
Achievement		<input style="width: 80px;" type="text" value="4.06%"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>		
<div style="border: 1px solid black; padding: 5px;">                 UCLA submitted baseline data on the Sepsis Resuscitation Bundle to SNI. The baseline data findings for the time period June 2011 to November 2011 were 43 cases where the bundle was met (numerator) over 1,058 sepsis cases (denominator). This resulted in a Sepsis Resuscitation Bundle compliance rate of 4.06%             </div>		* <input style="width: 80px;" type="text" value="Yes"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 80px;" type="text" value="Yes"/>
Achievement Value		<input style="width: 80px;" type="text" value="1.00"/>
<b>Optional Milestone:</b>		
	<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 80px;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 80px;" type="text"/>
Achievement		<input style="width: 80px;" type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>		
<div style="border: 1px solid black; height: 60px;"></div>		* <input style="width: 80px;" type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 80px;" type="text"/>
Achievement Value		<input style="width: 80px;" type="text"/>
<b>Optional Milestone:</b>		
	<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 80px;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 80px;" type="text"/>
Achievement		<input style="width: 80px;" type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>		
<div style="border: 1px solid black; height: 60px;"></div>		* <input style="width: 80px;" type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 80px;" type="text"/>
Achievement Value		<input style="width: 80px;" type="text"/>

## DSRIP Semi-Annual Reporting Form

### Category 4: Severe Sepsis Detection and Management (required)

<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px; background-color: #cccccc;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px; background-color: #cccccc;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px; background-color: #cccccc;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>

## DSRIP Semi-Annual Reporting Form

### Category 4: Severe Sepsis Detection and Management *(required)*

<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid blue; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px; margin-bottom: 5px;"></div>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

### Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required)

Below is the data reported for the DPH system.

\* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

<b>Central Line Associated Blood Stream Infection</b>	
DY Total Computable Incentive Amount:	* <span style="border: 1px solid black; padding: 2px;">\$ 1,579,050.00</span>
Incentive Funding Already Received in DY:	* <span style="border: 1px solid black; padding: 2px;">\$ 1,315,875.00</span>
<b>Compliance with Central Line Insertion Practices (CLIP) (%)</b>	
Numerator	* <span style="border: 1px solid black; padding: 2px;">1,632.00</span>
Denominator	* <span style="border: 1px solid black; padding: 2px;">1,671.00</span>
% Compliance	<span style="border: 1px solid black; padding: 2px;">97.67%</span>
<a href="#">Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):</a>	
<div style="border: 1px solid black; padding: 5px;"> <p>Compliance with the Central Line Insertion Practices (CLIP) from July 2011 to June 2012 was 97.67%. The numerator (1,632) is documented central line insertions that are compliant with the bundle and the denominator (1,671) is the number of CLIP forms submitted.</p> <p>CLIP data is collected using a surveillance form that is completed by nurses on the unit. Once completed, it is then turned into UCLA Clinical Epidemiology and Infection Prevention (UCLA-CEIP) for input into our internal database and NHSN. Once collected, this data is used to calculate the numerator for our compliance with CLIP. For the denominator, we extract this data from coding and finance. However, some conversion is necessary by coding because we code using CPT while NHSN asks for ICD-9 codes.</p> <p>For purposes of quality improvement, the CLIP data is given to leadership in a monthly report. In addition, unit specific reports are created and shared with Unit Directors, Physician leadership, and Charge Nurses. They are then encouraged, if they have an issue, to pull together a unit based team to initiate a quality improvement process. To assure a standardized approach to process improvement and the reduction of CLABSI, the Infection Prevention Medical Director facilitated a multidisciplinary system-wide review of current policies and latest evidence based practice. Necessary policy revisions were identified and implemented.</p> </div>	
DY Target (from the DPH system plan)	* <span style="border: 1px solid black; padding: 2px;">Yes</span>
% Achievement of Target	<span style="border: 1px solid black; padding: 2px;">N/A</span>
<i>Achievement Value</i>	<span style="border: 1px solid blue; padding: 2px;">1.00</span>
<p><b>Optional Milestone:</b> Implement the Central Line Insertion Practices (CLIP), as evidenced by: policies and procedures and CLIP tracking tool to be included with central line insertion kits and completed by individuals placing lines</p> <p style="text-align: center;"><small>(insert milestone)</small></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <span style="border: 1px solid black; padding: 2px;"></span>
Denominator (if absolute number, enter "1")	* <span style="border: 1px solid black; padding: 2px;"></span>
Achievement	<span style="border: 1px solid black; padding: 2px;">Yes</span>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	
	* <span style="border: 1px solid black; padding: 2px;">Yes</span>

## DSRIP Semi-Annual Reporting Form

### Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required)

Blood stream infections caused by central venous catheters is the focus of numerous quality outcome projects. The reason for this focus is the high-risk, high-cost impact of these Healthcare Associated Infections and the multiple opportunities for decreasing infection rates. RRUCLA has been tracking MDROs (MRSA, VRE, and C diff), Blood Stream Infections, and Ventilator Associated Pneumonias since the early 1980s. With the California Department of Public Health's mandate regarding regulatory reporting requirements on tracking and reporting of catheter associated blood stream infections (CA BSI), we have implemented policies, training, and surveillance techniques. These have been presented to nursing leadership for staff dissemination. With regards to training and education, we have implemented a training program for both physicians as well as nursing and patient safety champions. In addition, while we only report ICU CA BSIs to the National Healthcare Safety Network (NHSN), we perform surveillance house wide, including ICUs and non-ICUs.

With the mandate requiring healthcare facilities using central venous catheters (CVCs) to monitor and report compliance with process measures, we have implemented the Central Line Insertion Practices (CLIP), as evidenced by policies/procedures. In addition, we designed a Central Venous Catheter Insertion Checklist that has been placed on our Forms Portal for easy access for inserters (see binder tab 3). In addition, though challenging, arrangements were made by the Strategic Sourcing Coordinator and Distribution to affix this insertion checklist to the front of each central line tray for completion by individuals placing lines. This has allowed for us to track compliance data for all 5 CVC Insertion Bundle Elements, which is then submitted to NHSN.

A system-wide CLABSI Task Force was formed in May 2012 and identified 11 different CLABSI reduction projects that span the entire life of the central venous catheter: insertion, maintenance, and removal. Because compliance with the IHI catheter insertion bundle is crucial to decreasing CLABSIs, ensuring that CLIP is completed on all CVCs that are placed at UCLA is a major emphasis of the Task Force. In order to increase the awareness and use of the CLIP process with all CVC insertions, we have begun implementing an entirely new CLIP process at UCLA: eCLIP Program.

The eCLIP program will encompass 3 main process improvement items:

- 1) Development of electronic CLIP form (eCLIP) on the UCLA Forms Portal. UCLA Clinical Epidemiology and Infection Prevention (CEIP) has developed an online version of the standard CDC CLIP form that we are calling eCLIP. The electronic form will not only allow UCLA-CEIP to more rapidly compile CLIP data and intervene on outliers in near real-time, it will also allow nurses and other staff to complete the form easily using their bedside computers as they assist with the procedure itself. The eCLIP has gone through extensive pilot testing over the summer of 2012 and should be deployed in October, 2012.
- 2) Standardization of completion of eCLIP form by an observer in high-risk clinical areas. The UCLA Ronald Reagan Departments of Nursing, Interventional Radiology and Peri-operative Services have committed to having nurse observers complete the eCLIP form in high-risk clinical areas like ICU, Interventional Radiology and the Operating Room. Acute care units will have the option of either using a nurse observer or the CVC operator complete the eCLIP form. This process change will better reinforce the importance of completing CLIP and adhering to the IHI CVC Insertion Bundle and will also improve the accuracy of the data collected. The ultimate hope is that using an observer routinely in the high-risk areas that place most of the CVCs will be more impactful than merely completing a form since an observer will have the opportunity to stop a CVC insertion if the CLIP bundle is not performed successfully.
- 3) Standardization of CVC insertion training for house officers. As in many academic medical centers, house staff are responsible for placing many CVCs. While each residency and fellowship program at UCLA have a current CVC insertion education process, the stress on aseptic technique and completion of the IHI CVC Insertion Bundle vary depending upon the instructor. UCLA-CEIP has brought together all of the residency and fellowship program directors at UCLA who teach CVC insertion as part of their curriculum and have begun to standardize their teaching process. Starting in September 2012, a CVC insertion training slide set was developed by UCLA-CEIP that will be used prior to all CVC insertion training sessions. Ultimately, the plan is to develop a curriculum which uses the UCLA Simulation Lab for all CVC insertion training starting in July 2013. This Simulation Lab program will include placement of all CLIP elements as part of the CVC

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\* Yes

*Achievement Value*



## DSRIP Semi-Annual Reporting Form

### Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required)

<p><b>Optional Milestone:</b> <u>Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Per the State's request, UCLA submitted additional baseline data in June 2012 in order to establish a stable and accurate period for comparison. Therefore, there has been a change from the March 2012 report. The baseline period for CLIP was extended to include the time period July 2009 to June 2010, which resulted in a compliance rate of 94.42% (1744/1847). For CLABSI, the baseline period was extended to include May 2011 to April 2012. This resulted in a baseline CLABSI rate of 1.59 (128/80511).</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 80%;" type="text" value="1,744.00"/></p> <p><input style="width: 80%;" type="text" value="1,847.00"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text" value="94.42%"/></p> <p><input style="width: 80%;" type="text" value="Yes"/></p> <p><input style="width: 80%;" type="text" value="Yes"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text" value="1.00"/></p>
<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text" value="N/A"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text"/></p>
<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text" value="N/A"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%;" type="text"/></p> <p><input style="width: 80%; background-color: #cccccc;" type="text"/></p>

## DSRIP Semi-Annual Reporting Form

### Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required)

<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid black; padding: 2px;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <span style="float: right; border: 1px solid black; background-color: #e0e0e0; padding: 2px;"></span></p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>

# DSRIP Semi-Annual Reporting Form

## Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required)

<b>Optional Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Optional Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 9/25/2012

### Category 4: Surgical Site Infection Prevention

REPORTING ON THIS PROJECT: \*

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

\*  The yellow boxes indicate where the DPH system should input data

The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Surgical Site Infection Prevention

DY Total Computable Incentive Amount: \*

Incentive Funding Already Received in DY: \*

#### Rate of surgical site infection for Class 1 and 2 wounds (%)

Numerator \*

Denominator \*

% Infection Rate

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

The rate of surgical site infections from July 2011 to June 2012 was 5.68%. The numerator (48) is documented surgical site infections and the denominator (845) is the number of targeted surgeries performed. The targeted surgeries chosen by UCLA are spinal fusion, colon, and small bowel.

The data collection process for SSIs consists of two separate arms: derivation of the numerator and denominator. The procedure case counts used to calculate the denominator component is derived from administrative data from the operating room information system. This information system yields ICD-9/CPT codes, which are then mapped to CDC procedure categories (NHSN legacy codes) using CDC guidelines (1). Our case-finding methods for SSIs, which comprises the numerator component, includes review of multiple sources of information to compile a list of potential SSIs:

1. Infection Preventionists (IP) manually review all microbiology lab culture reports for cultures with labels that may be related to a potential SSI such as "wound," "abscess", or "surgical site."
2. Electronic review of multiple ICD-9 triggers that have been shown to be sensitive for detection of SSIs (2) and other post-operative complications.
3. IPs review daily OR case schedule to identify patients returning to the OR.
4. IPs review daily facility admission report to determine readmissions for surgical complications.

Every potential SSI is then reviewed by an IP and confirmed either with a physician epidemiologist or another IP. IPs apply CDC surveillance definitions to determine presence and type of SSI. Data is entered into NHSN weekly. Infection rates are calculated by NHSN.

There are some limitations to this surveillance methodology. UCLA Clinical Epidemiology and Infection Prevention (CEIP) have expended extensive resources to ensure that our electronic SSI surveillance is as accurate as possible. We have performed extensive manual validation of the electronic data by IP staff to ensure good quality data. However, because we rely on electronic administrative data for the denominator, it is subject to small systematic error and misclassification. To improve the sensitivity of detection of SSIs (numerator), we developed a methodology based on multiple overlapping methodologies: 1 electronic and 3 manual. This redundant approach relying on independent data sources is less skewed by the inaccuracies of relying on electronic data collection alone.

UCLA CEIP uses SSI surveillance data in many capacities to prevent SSIs:

1. SSI data is used as a tool for SSI prevention education
2. Rates are fed back to each attending physician, which in itself has been shown to be an effective intervention to prevent SSIs
3. SSI rates are regularly presented at Surgical Services Committee as a quality measure
4. UCLA CEIP is now working with each clinical surgical service to develop service specific infection rates for large volume and high risk procedures that will be included on monthly department quality dashboards
5. SSI rates are being used to develop targeted interventions for specific patient groups (partial list): a. Development of Staphylococcus aureus nasal and topical skin decolonization protocol (3). b. Use of chlorhexidine pre-operative skin antiseptics instead of povidone iodine.

The dissemination of data in a large, academic medical center is challenging due to the number of physicians and staff; however, we have made great progress in collaborating directly with surgical departments in order to provide regular, timely, and accurate data. We believe the regular dissemination of data is important to ensure stakeholder involvement as the data helps drive the interest and compliance with necessary interventions. In addition, we feel strongly that the engagement of front line staff is crucial to buy-in and ultimately the success of our SSI projects. Further, discussing specific SSI cases with surgeons and other front line staff provides the opportunity to gather their feedback

## DSRIP Semi-Annual Reporting Form

### Category 4: Surgical Site Infection Prevention

and engage them in the development of necessary interventions.

In the past, the CEIP team has worked more independently from the Quality Improvement Department and the Surgical Quality Team, which led to confusion regarding the SSI data. The CEIP team has since extensively collaborated with the aforementioned teams as well as Surgical Departments directly to ensure that all data pertaining to SSIs is consistent and accurate. This has allowed for a better understanding and value to the data and will help ensure sustainability. Finally, in February 2012, with the aid of a private donation and UCLA institutional funding, UCLA CEIP hired a Surgical Site Infection Prevention coordinator to help systematize and coordinate the UCLA Health System's approach to the prevention of SSIs.

1. NHSN Manual, January 2012. (<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>).
2. Huang, et al. Use of Medicare Claims to Rank Hospitals by SSI Risk following surgery. Clin Infect Dis. 2011;32(8):775-83.

DY Target (from the DPH system plan)

\* Yes

% Achievement of Target

N/A

*Achievement Value*

1.00

#### Optional Milestone:

Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks

*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

\* 70.00

Denominator (if absolute number, enter "1")

\* 1,012.00

Achievement

6.92%

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#)

\* Yes

Per the State's request, UCLA submitted additional baseline data in June 2012 in order to establish a stable and accurate period for comparison. Therefore, there has been a change from the March 2012 report. The spinal fusion baseline period remained the same (January 2010 to December 2010), but the baseline period was lengthened for colon and small bowel to include data from June 2011 – April 2012. The aggregate rate was 70 infections for 1012 procedures for a rate of 6.92%.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\* Yes

*Achievement Value*

1.00



# DSRIP Semi-Annual Reporting Form

## Category 4: Surgical Site Infection Prevention

<b>Optional Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

  

<b>Optional Milestone:</b> _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
<a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a>	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: UCLA Health System  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/25/2012

### Category 4: Hospital-Acquired Pressure Ulcer Prevention

REPORTING ON THIS PROJECT: \*

Below is the data reported for the DPH system.

\* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (\*).*

- \*  The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

#### Hospital-Acquired Pressure Ulcer Prevention

DY Total Computable Incentive Amount: \*

Incentive Funding Already Received in DY: \*

#### Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)

Numerator \*

Denominator \*

Prevalence (%)

[Provide an in-depth description of milestone progress as stated in the instructions. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

Hospital-acquired pressure ulcer prevalence from July 2011 to June 2012 was 2.37%. The numerator (46) is patients with stage II, III, IV, or unstageable pressure ulcers. The denominator (1,945) is all patients 16 years or older who are assessed on the day of the prevalence study.

HAPU data is collected at UCLA as part of Prevalence Day, a reoccurring monthly practice where nurses audit their own units. Using the NDNQI HAPU audit form, nurses enter information about the patient, risk factors, number and type of pressure ulcers, and all prevention efforts used. The HAPU data is collected and given to our Subject Matter Expert, who reviews and verifies the data. We are currently working with Santa Monica UCLA Medical Center to update our NDNQI reporting form to create a more standardized form for data collection and reporting based on the most current NDNQI Guidelines for Data Collection.

Some of the challenges we faced with collecting this data included a transition period as a new clinician assumed the role of content expert for NDNQI pressure ulcer reporting, increased incidence of perioperative pressure ulcers during the month of April 2012, and an increase in the number of critically ill patients on the census during the reporting time period. A review and clarification of the NDNQI specifications and data validations are currently in progress.

Once the data is validated, a report for each unit is created and distributed to the Unit Directors. This data covers an entire calendar year and allows the UDs to review their progress over the year and in comparison to the NDNQI 50th percentile ranking. It is then posted (by the Unit Directors) on the unit to inform their staff. The data is also used by the UPCs to drive performance improvement initiatives. Outside the units the data is also used by the Wound Ostomy & Continence Care department to drive their work.

DY Target (from the DPH system plan) \*

% Achievement of Target

*Achievement Value*

**Optional Milestone:** Achieve hospital-acquired pressure ulcer prevalence of less than 2.5%  
*(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) \*

Denominator (if absolute number, enter "1") \*

Achievement

[If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:](#) \*



## DSRIP Semi-Annual Reporting Form

### Category 4: Hospital-Acquired Pressure Ulcer Prevention

We have achieved a hospital-acquired pressure ulcer prevalence of less than 2.5%. This has been achieved as a result of a program that established evidence based Standards of Care to include risk assessment, outcomes, general care measures, prevention strategies, and treatment guidelines. House wide educational programs were provided to introduce the program and teach the nursing staff the specific aspects of the program and its implementation. The program is updated to include technological advancements in products and address new trends in the care environment.

The current program reflects the on-going need for aggressive skin preservation efforts to prevent pressure ulcer formation. WOCN-led teaching rounds are conducted in high-risk areas to model behaviors, educate regarding prevention and treatment, and articulate the standards and guidelines to nurses and physicians. Some severely compromised or critically ill patients with multiple co-morbidities, multi-system organ failure, pre-terminal conditions, etc. may develop a pressure ulcer despite all efforts aimed at prevention. The standards provide best practice suggestions to improve comfort and reduce the likelihood that the ulcer will deteriorate. Standards and Guidelines for the neonatal and pediatric populations are being developed to address the needs of these fragile patients.

We have recently added additional products to sustain improvements in preventing pressure ulcers. We have added a heel suspension boot to offload pressure to heels and prevent heel pressure ulcers. We have also added a line of silicone bordered foam dressings to our product formulary to protect patients with fragile skin from skin injury resulting from dressing removal. In addition, we have updated our skin and wound care guidelines to reflect the changes in practice. We are looking at trials using silicone bordered foam dressings as a component of a pressure ulcer prevention program in the OR. The trial is awaiting approval by the Value Analysis Committee. We are also planning a hospital wide in-service of the updated Pressure Ulcer and Wound Care Guidelines for fall of 2012.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\* Yes

*Achievement Value*

1.00

## DSRIP Semi-Annual Reporting Form

### Category 4: Hospital-Acquired Pressure Ulcer Prevention

<p><b>Optional Milestone:</b> <u>Share data, promising practices and findings with SNI to foster shared learning and benchmarking across the California public hospitals</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Achievement <span style="float: right;">Yes</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <p>HAPU promising practices and findings were sent to SNI in Quarter 1 2012 to foster shared learning and benchmarking. This included information on our comprehensive pressure ulcer prevention program and its established evidence based Standards of Care to include risk assessment, outcomes, general care measures, prevention strategies, and treatment guidelines. In addition, we outlined our Skin Health Resource Nurse program that was developed to attract and educate volunteer RN's to serve as practice models and resources on their units.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p><i>Achievement Value</i> <span style="float: right;">1.00</span></p>
<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Achievement <span style="float: right;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p><i>Achievement Value</i> <span style="float: right;"><input style="width: 80px;" type="text"/></span></p>
<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p>Achievement <span style="float: right;">N/A</span></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <span style="float: right;">*</span> <input style="width: 80px;" type="text"/></p> <p><i>Achievement Value</i> <span style="float: right;"><input style="width: 80px;" type="text"/></span></p>

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<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text"/></p>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text"/></p>
<p><b>Optional Milestone:</b> _____ <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text"/></p>

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<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/>
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<p><b>Optional Milestone:</b> _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p><a href="#">If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions:</a> *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/>

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