

UC San Diego

HEALTH SYSTEM

SUPPLEMENTAL DATA REPORT DY7

TABLE OF CONTENTS

Category 1: Infrastructure Development

#4 Enhance Interpretation Services and Culturally Competent Care

Milestone #3 Establish a baseline of qualified health care interpreter encounters per month. ___ Page 3

Category 2: Innovation and Redesign

#3 Redesign Primary Care

Milestone #2 Establish the baseline primary care patient enrollment in MyUCSDChart. _____ Page 4

#10 Improve Patient Flow in the Emergency Department

Milestone #4 Decrease Hillcrest ED LWBS by 5% over baseline. _____ Page 5

Milestone #6 Reduce overall ED wait time for admitted patients by 5% over baseline. _____ Page 6

11 Use of Palliative Care Programs

Milestone #3 Increase the number of palliative care consults by 25% over baseline. _____ Page 7

Milestone #4 Establish the baseline of patients who died in the hospital and received a palliative care consult. _____ Page 8

#12 Conduct Medication Management

Milestone #2 Establish a baseline of patients in the targeted populations that consistently receive medication management counseling. _____ Page 9

#13 Implement/Expand Care Transitions Programs

Milestone #7 80% of Hospital Medicine discharge summary complete within 48 hours of discharge _____ Page 10

Milestone #8 Establish a baseline percent of medical/surgical inpatients discharged to home assigned to medical homes. _____ Page 11

Category 3: Patient Focused Improvement

Care Coordination

Milestone #1 Report DY7 results of diabetes, short-term complications measure to the state. _ Page 12

Milestone #2 Report DY7 results of the uncontrolled diabetes measure to the state. _____ Page 13

Preventive Health

Milestone #1 Report DY7 results of the mammography screening for breast cancer to the state. _____ Page 14

Milestone #2 Report DY7 results of the influenza immunization measure to the state. _____ Page 15

At-Risk Populations

Milestone #1 Report DY7 results of the diabetes mellitus LDL control (<100mg/dl) measure to the state. _____ Page 16

Milestone #2 Report DY7 results of the diabetes mellitus hemoglobin A1c control (<8%) measure to the state. _____ Page 17

Category 4: Common Interventions

Common Intervention #1 Improving Sepsis Detection & Management

- Milestone #3 Sepsis Resuscitation Bundle data for establishing the baseline and setting benchmarks. _____ Page 18
- Milestone #4 Report Sepsis Resuscitation Bundle DY7 data to the state. _____ Page 19

Common Intervention #2 Central Line-Associated Bloodstream Infection (CLABSI) Prevention

- Milestone #2 CLIP data for establishing the baseline and setting benchmarks. _____ Page 20
- Milestone #3 CLABSI data for establishing the baseline and setting benchmarks. _____ Page 21
- Milestone #4 Report CLIP DY7 data to the state. _____ Page 22

Additional Intervention #1 Surgical Site Infection (SSI) Prevention

- Milestone #2 SSI data for establishing the baseline and setting benchmarks. _____ Page 23
- Milestone #3 Report SSI DY7 data to the state. _____ Page 24
- Milestone #4 Achieve 92% combined compliance in SCIP Core Measures for post-operative glycemic control in CT surgery and urinary catheter removal by post op day 2 _____ Page 25
- Milestone #5 Achieve 85% compliance with combined SCIP Core Measures for ambulatory antibiotic administration. _____ Page 26

Additional Intervention #2 Hospital-Acquired Pressure Ulcer Prevention

- Milestone #3 Report HAPU DY7 data to the state. _____ Page 27

UC San Diego

HEALTH SYSTEM

Category 1 #4 Enhance Interpretation Services and Culturally Competent Care

Milestone #3 Establish a baseline of qualified health care interpreter encounters per month.

	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Total	Monthly Average
Language Line	588	502	571	629	745	860	3895	649
Interpreter Data	388	362	388	414	478	393	2423	404
Total Monthly Encounters	976	864	959	1043	1223	1253	6318	1053

UC San Diego

HEALTH SYSTEM

Category 2 #3 Redesign Primary Care

Milestone #2 Establish the baseline primary care patient enrollment in MyUCSDChart

(Baseline Period: 7/1/10-6/30/11)

Row Labels	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Year Total
Activated	16	40	71	84	109	161	188	170	150	165	113	129	1396

Row Labels	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Year Total
Activated	237	277	301	261	226	373	293	277	240	308	248	210	3251

Row Labels	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Year Total
Activated	253	268	286	286	255	250	312	359	337	388	321	233	3548

Row Labels	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11							Year Total
Activated	388	374	406	394	338	348							2188

Baseline Total	Primary Care Pts	%
10383	27916	37.2%

UC San Diego

HEALTH SYSTEM

Category 2 #10 Improve Patient Flow in the Emergency Department
 Milestone #4 Decrease Hillcrest ED LWBS by 5% over baseline.

Hillcrest ED

CENSUS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FY11.12	Total seen
Left w/out Seen	246	280	190	182	101	93	127	150	138	99	69	52	1727.00	40758
Left w/out Seen %	7.37%	8.12%	5.59%	5.38%	3.26%	2.86%	3.65%	4.43%	3.90%	2.85%	2.00%	1.49%	4.24%	
Monthly Census	3339	3449	3398	3382	3102	3251	3484	3387	3542	3470	3455	3499	40758	
Average daily census	112.29	115.52	117.93	112.48	107.17	107.81	115.03	120.48	118.16	119.60	114.35	129.59		

Goal 4.85%

UC San Diego

HEALTH SYSTEM

Category 2 #10 Improve Patient Flow in the Emergency Department
 Milestone #6 Reduce overall ED wait time for admitted patients by 5% over baseline.

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FY11.12	
Hilcrest ED	LOS - Admits	10:07	9:19	8:38	8:40	8:21	8:21	8:58	9:54	9:53	8:27	7:49	6:07	8.73
	Average (Hr)	607	559	518	520	501	501	538	594	593	507	469	367	6274
	Converted to minutes	616	674	587	635	620	649	739	704	707	676	708	634	7949
	Admits	373912	376766	304066	330200	310620	325149	397582	418176	419251	342732	332052	232678	4163184
La Jolla ED	LOS - Admits	8:51	6:49	6:45	6:15	6:14	6:31	7:28	8:37	7:47	6:41	6:10	4:27	6.90
	Average (Hr)	531	409	405	375	374	391	448	517	467	401	370	267	4955
	Converted to minutes	335	350	339	350	386	397	458	399	388	409	377	358	4546
	Admits	177885	143150	137295	131250	144364	155227	205184	206283	181196	164009	139490	95586	1880919
Total Minutes	551797	519916	441361	461450	454984	480376	602766	624459	600447	506741	471542	328264	6044103	
Total Admits	951	1024	926	985	1006	1046	1197	1103	1095	1085	1085	992	12495	

8.06

Goal
8:00 HR

UC San Diego

HEALTH SYSTEM

Category 2 # 11 Use of Palliative Care Programs

Milestone #3 Increase the number of palliative care consults by 25% over baseline.

Palliative Care Consults	Hillcrest	Thornton/SCVC	Moores	Monthly Total
Jul-11	25	29	3	58
Aug-11	30	34	3	67
Sep-11	23	31	9	55
Oct-11	17	35	4	59
Nov-11	18	38	3	59
Dec-11	18	31	3	52
Jan-12	34	45	3	82
Feb-12	27	42	3	72
Mar-12	27	34	8	69
Apr-12	31	38	4	73
May-12	27	39	5	71
Jun-12	27	33	2	62
Total	304	429	50	779

Category 2 # 11 Use of Palliative Care Programs

Milestone #4 Establish the baseline of patients who died in the hospital and received a palliative care consult.

Time Period	Total Deaths	Palliative Consults	%
1/1/10 to 12/31/10	406	99	24.4%

UC San Diego

HEALTH SYSTEM

Category 2 #12 Conduct Medication Management

Milestone #2 Establish a baseline of patients in the targeted populations that consistently receive medication management counseling.
(baseline period July 2011-December 2011)

July 2011- December 2011	Patients receiving intervention (baseline numerator)	Total patient discharges excluding deaths (baseline denominator)
Heart Failure (ADHF, Chronic HF)	34	850
HIV Infection/AIDS	0	216
Chronic Kidney Disease (CKD)	0	707
Acute Kidney Injury (AKI)	0	1098
Diabetes Mellitus (DM)	0	1293
COPD/Asthma	0	204
Solid Organ Transplant (including LVAD, Heart Mate II)	88	297
Pneumonia (PNA)	0	507
Bone Marrow Transplant (BMT)	0	67
Acute Thrombosis/DVT/PE	0	241
YR 1 TOTALS	122	5480
UNIQUE DISCHARGES	122	3964

UC San Diego

HEALTH SYSTEM

Category 2 #13 Implement/Expand Care Transitions Programs

Milestone #7 80% of Hospital Medicine discharge summary complete within 48 hours of discharge.

UC San Diego Hospital	Medicine Service Lines	July '11	August '11	September '11	October '11	November '11	December '11	January '12	February '12	March '12	April '12	May '12	June '12	TOTAL
	Total DC Summaries	428	475	448	474	486	522	557	538	566	500	567	491	6052
Hospital Medicine	Dc Summaries win 48 hrs	338	377	375	396	404	468	444	440	496	449	526	468	5181
	Percent	79.0%	79.4%	83.7%	83.5%	83.1%	89.7%	79.7%	81.8%	87.6%	89.8%	92.8%	95.3%	85.6%

Category 2 #13 Implement/Expand Care Transitions Programs

Milestone #8 Establish a baseline percent of medical/surgical inpatients discharged to home assigned to medical homes.

*Includes only inpatient Hospital Encounters with Discharges to Home with an Age > 14

*Excludes Psychiatry, Adolescent Psychiatry, and OBGYN service lines

Time Period	PCP Assignment	NO PCP	Total DCs	Discharged to Medical Home/PCP
3/1/2011-8/31/2011	4764	3209	7973	59.8%

*Based off PAT_PCP and PCP at time of Discharge

Category 3 Care Coordination

Milestone #1 Report DY7 results of diabetes, short-term complications measure to the state.

	Numerator	Denominator	Rate
Short-term Complications	5	2448	0.2%

Category 3 Care Coordination

Milestone #2 Report DY7 results of the uncontrolled diabetes measure to the state.

	Numerator	Denominator	Rate
Uncontrolled Diabetes Measure	29	2448	1.2%

Category 3 Preventative Health

Milestone #1 Report DY7 results of the mammography screening for breast cancer to the state.

	Numerator	Denominator	Rate
Mammography screening	5556	6365	87.29%

Category 3 Preventive Health

Milestone #2 Report DY7 results of the influenza immunization measure to the state

	Numerator	Denominator	Rate
Influenza Immunization	7316	14826	49.35%

Category 3 At-Risk Populations

Milestone #1 Report DY7 results of the diabetes mellitus LDL control (<100mg/dl) measure to the state.

	Numerator	Denominator	Rate
LDL-C Control	1260	2448	51.5%

Category 3 At-Risk Populations

Milestone #2 Report DY7 results of the diabetes mellitus hemoglobin A1c control (<8%) measure to the state.

	Numerator	Denominator	Rate
A1c Control	1674	2448	68.4%

Category 4 Common Intervention #1 Improving Sepsis Detection & Management
#3 Sepsis Resuscitation Bundle data for establishing the baseline and setting benchmarks.

Re-Casted Baseline DSRIP June 1, 2011-November 30, 2011

Sepsis Bundle Compliance (4 elements)	No	Yes	Grand Total	Compliance Rate
June 2011	11	4	15	27%
July 2011	9	9	18	50%
August 2011	7	9	16	56%
September 2011	3	5	8	63%
October 2011	4	4	8	50%
November 2011	5	13	18	72%
Grand Total	39	44	83	53%

Re-Casted July 1, 2011 - December 31, 2011

Sepsis Bundle Compliance (4 elements)	No	Yes	Grand Total	Compliance Rate
July 2011	9	9	18	50%
August 2011	7	9	16	56%
September 2011	3	5	8	63%
October 2011	4	4	8	50%
November 2011	5	13	18	72%
December 2011	7	13	20	65%
Grand Total	35	53	88	60%

January 1, 2012 - June 30, 2012

Sepsis Bundle Compliance (4 elements)	No	Yes	Grand Total	Compliance Rate
January 2012	8	19	27	70%
February 2012	8	21	29	72%
March 2012	10	20	30	67%
April 2012	4	21	25	84%
May 2012	5	13	18	72%
June 2012	4	13	17	76%
Grand Total	39	107	146	73%

DY 7: July 2011 - June 2012	Cases Compliant with Sepsis Bundle	Total Patients	Compliance Rate
	160	234	68%

Category 4 Common Intervention #1 Improving Sepsis Detection & Management
Milestone #4 Report Sepsis Resuscitation Bundle DY7 data to the state.

Month	Sepsis Bundle Compliance			Sepsis Mortality		
	Num	Den	% Compliance	Num	Den	Rate
Jan-11				18	148	12%
Feb-11				20	146	14%
Mar-11				22	155	14%
Apr-11				12	149	8%
May-11				19	147	13%
Jun-11	4	15	27%	21	132	16%
Jul-11	9	18	50%	21	157	13%
Aug-11	9	16	56%	18	131	14%
Sep-11	5	8	63%	18	181	10%
Oct-11	4	8	50%	22	168	13%
Nov-11	13	18	72%	20	166	12%
Dec-11	13	20	65%	20	147	14%
Jan-12	19	27	70%	24	168	14%
Feb-12	21	29	72%	22	190	12%
Mar-12	20	30	67%	24	191	13%
Apr-12	21	25	84%	25	186	13%
May-12	13	18	72%	22	160	14%
Jun-12	13	17	76%	19	160	12%
Jul-12						
Aug-12						
Sep-12						
Oct-12						
Nov-12						
Dec-12						
Jan-13						
Feb-13						
Mar-13						
Apr-13						

Cat Common Intervention # 2: Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention Milestone #2 CLIP data for establishing the baseline and setting benchmarks (as submitted to NHSN).

ICU - Only

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Baseline
Numerator	32	39	55	41	64	40	271
Denominator	32	39	55	41	64	40	271

100.0%

Hospital-Wide

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Baseline
Numerator	165	173	194	171	237	195	1135
Denominator	165	173	194	171	237	195	1135

100.0%

Cat 2 Common Intervention # 2: Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention
Milestone #3 CLABSI Data Collection (baseline data period 4/1/11- 9/30/11)

Units	Line Days	CLABSI	CLABSI Rate per 1000 Line Days
Adult ICU	5712	8	1.40
Neonatal ICU	1382	0	0.00
Non-ICU	14154	33	2.33
All In-Patients	21248	41	1.93

Category 4 Common Intervention # 2: Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention
Milestone #4 CLIP Bundle Compliance- based on 12 months of data expanded to include all inpatients (as reported to NHSN).

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Composite
Numerator	171	237	195	169	190	190	217	238	186	193	174	202	2362
Denominator	171	237	195	169	190	190	217	238	186	193	174	202	2362

100.0%

Cat 4 Additional Intervention #1: Surgical Site Infection (SSI) Prevention
Milestones #2 SSI Rates (JAN-JUN 2010)

	CBGB/CBGC	HPRO	LAM	FUSN	KTP	LTP	Baseline
Numerator	4	2	4	6	6	2	24
Denominator	51	103	126	176	46	23	525
	7.8%	1.9%	3.2%	3.4%	13.0%	8.7%	4.6%

Category 4 Additional Intervention #1: Surgical Site Infection (SSI) Prevention
Milestones #3 SSI Rates (JUL 2011-JUN 2012)

	CBGB/CBGC	HPRO	LAM	FUSN	KTP	LTP	Composite
Numerator	3	2	18	5	2	1	31
Denominator	136	407	317	325	69	34	1288
Rate	2.2%	0.5%	5.7%	1.5%	2.9%	2.9%	2.4%

UC San Diego

HEALTH SYSTEM

Category 4 Additional Intervention #1: Surgical Site Infection (SSI) Prevention
 Milestone #4 SCIP Compliance: Post-op glycemic Control & Urinary Catheter Removal

Finalized Data	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Composite
Numerator	45	35	42	37	40	36	37	41	38	351
Denominator	48	36	45	37	42	39	40	44	41	372
									Rate	94%

Preliminary Data	Apr-12	May-12	Jun-12	Composite
Numerator	41	37	39	117
Denominator	44	41	40	125
			Rate	94%

Combined Data	Finalized									Preliminary			Composite
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	
Numerator	45	35	42	37	40	36	37	41	38	41	37	39	468
Denominator	48	36	45	37	42	39	40	44	41	44	41	40	497
												Rate	94%

UC San Diego

HEALTH SYSTEM

Category 4 Additional Intervention #1: Surgical Site Infection (SSI) Prevention
 Milestone #5 SCIP Compliance: Ambulatory Antibiotics (Timing & Selection)

Finalized Data	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Composite
Numerator	38	38	40	42	42	38	51	39	47	375
Denominator	41	41	42	43	42	39	51	40	48	387
									Rate	97%

Preliminary Data	Apr-12	May-12	Jun-12	Composite
Numerator	56	51	41	148
Denominator	58	52	41	151
			Rate	98%

Combined Data	Finalized									Preliminary			Composite
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	
Numerator	38	38	40	42	42	38	51	39	47	56	51	41	523
Denominator	41	41	42	43	42	39	51	40	48	58	52	41	538
												Rate	97%

Category 4 Additional Intervention # 2: Hospital-Acquired Pressure Ulcer Prevention
Milestone #2 HAPU Prevalence
as reported to CalNOC

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Composite
Numerator	5	0	3	0	8
Denominator	311	265	363	340	1279
Rate	1.61%	0.00%	0.83%	0.00%	0.63%