

## 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.

**DSRIP Semi-Annual Reporting Form**

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:	Ventura County Medical Center
* REPORTING YEAR:	DY 7
* DATE OF SUBMISSION:	9/30/2012

**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	
Implement/Expand Care Transitions Programs	
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
<b>TOTAL CATEGORY 2 INCENTIVE PAYMENT:</b>	<b>\$ -</b>
<b>Category 3 Domains</b>	
Patient/Care Giver Experience (required)	\$ -
Care Coordination (required)	\$ -
Preventive Health (required)	\$ -
At-Risk Populations (required)	\$ -
<b>TOTAL CATEGORY 3 INCENTIVE PAYMENT:</b>	<b>\$ -</b>
<b>Category 4 Interventions</b>	
Severe Sepsis Detection and Management (required)	\$ -
Central Line Associated Blood Stream Infection Prevention (required)	\$ -
Surgical Site Infection Prevention	\$ -
Hospital-Acquired Pressure Ulcer Prevention	\$ -
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
<b>TOTAL CATEGORY 4 INCENTIVE PAYMENT:</b>	<b>\$ -</b>
<b>TOTAL INCENTIVE PAYMENT</b>	<b>\$ -</b>

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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:	#2. Implement the first phase of the residency expansion by increasing the size of the PGY-1 class from 14 to 16 (12.5%)	Yes
<i>Achievement Value</i>		1.00
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:		\$ 4,863,333.00
Total Sum of Achievement Values:		1.00
Total Number of Milestones:		1.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,863,333.00
Incentive Funding Already Received in DY:		\$ 4,863,333.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**DSRIP Semi-Annual Reporting Form**

**Category 1 Summary Page**

**Implement and Utilize Disease Management Registry Functionality**

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>		
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:	#8. Establish a baseline for utilization data to use to measure expansion of the availability of technology for health care interpretation service to Santa Paula Hospital	Yes
Achievement Value		1.00
Process Milestone:	#9. Improve language access at Ventura County Medical Center.	1.16
Achievement Value		
Process Milestone:	#10. Designate an additional trilingual (English, Spanish, Mixteco) translator and train/certify as a health care interpreter, to provide direct interpretation services to patients in Ventura County Medical Center and through the HCIN network.	Yes
Achievement Value		1.00
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:		\$ 4,863,333.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,863,333.00
Incentive Funding Already Received in DY:		\$ 4,863,333.00
<b>Incentive Payment Amount:</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>		



**DSRIP Semi-Annual Reporting Form**

**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**

**Introduce Telemedicine**

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:	-	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 Performance Improvement and Reporting Capacity

Process Milestone:	#19. Perform four Lean Kaizen rapid PI events, with at least one Kaizen focusing on	Yes
Achievement Value		
Process Milestone:	#19. Kaizen focusing on Core Measure: Develop a quality dashboard that allows for	Yes
Achievement Value		1.00
Process Milestone:	#20. Designate a physician, who is dedicated to the PI department, to engage the	Yes
Achievement Value		1.00
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:		\$ 4,863,333.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,863,333.00
Incentive Funding Already Received in DY:		\$ 4,863,333.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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:	-	<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 2 Summary Page**

**Expand Chronic Care Management Models**

Process Milestone:	#25. Formalize multidisciplinary teams. Team will consist of Physician, Mid-level Provider, Certified Diabetic Educator, Dietician, Licensed Clinical Social Worker and others as needed.	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
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		
DY Total Computable Incentive Amount:		\$ 4,859,000.00
Total Sum of Achievement Values:		1.00
Total Number of Milestones:		1.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,859,000.00
Incentive Funding Already Received in DY:		\$ 4,859,000.00
<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>		
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:	#32. Develop a plan to co-locate another Primary Care clinic to include adult and	Yes
Achievement Value		1.00
Process Milestone:	#33. Adopt an evidence based treatment practice utilizing the IMPACT	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:		\$ 4,859,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,859,000.00
Incentive Funding Already Received in DY:		\$ 4,859,000.00
<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>		
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>		
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:	#40. Implement a palliative care program and develop consult service so that	Yes
Achievement Value		1.00
Process Milestone:	#41. Develop a plan to identify patients who will have the option of being enrolled in	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		
DY Total Computable Incentive Amount:		\$ 4,859,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 4,859,000.00
Incentive Funding Already Received in DY:		\$ 4,859,000.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**DSRIP Semi-Annual Reporting Form**

**Category 2 Summary Page**

**Conduct Medication Management**

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

Implement/Expand Care Transitions 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**

**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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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.

### Category 3 Domains

#### Patient/Care Giver Experience (required)

Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input 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 type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Report results of CG CAHPS questions for "Shared Decisionmaking" theme 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="\$ 2,466,750.00"/>
Total Sum of Achievement Values:	<input type="text" value="1.00"/>
Total Number of Milestones:	<input type="text" value="1.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 2,466,750.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 2,466,750.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input 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="\$ 2,466,750.00"/>
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="\$ 2,466,750.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 2,466,750.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input type="text" value="\$ -"/>

**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="\$ 2,466,750.00"/>
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="\$ 2,466,750.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 2,466,750.00"/>
<b><u>Incentive Payment Amount:</u></b>	<input type="text" value="\$ -"/>

**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:	\$ 2,466,750.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 2,466,750.00
Incentive Funding Already Received in DY:	\$ 2,466,750.00
<b><u>Incentive Payment Amount:</u></b>	\$ -

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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.

### Category 4 Interventions

#### Severe Sepsis Detection and Management (required)

Compliance with Sepsis Resuscitation bundle (%)	0.49
Achievement Value	1.00
Optional Milestone: #46. Design and implement a protocol to detect and manage Sepsis	Yes
Achievement Value	1.00
Optional Milestone: #46. Develop a data collection methodology	Yes
Achievement Value	1.00
Optional Milestone: #47. Report at least 6 months of data collection on Sepsis Bundle Resuscitation to	Yes
Achievement Value	1.00
Optional Milestone: #48. Report Sepsis Resuscitation Bundle Results to the State	Yes
Achievement Value	1.00
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 1,391,500.00
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 1,391,500.00
Incentive Funding Already Received in DY:	\$ 1,391,500.00
<b>Incentive Payment Amount:</b>	<b>\$ -</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) (%)		0.89
<i>Achievement Value</i>		1.00
Optional Milestone: #60. Report at least 6 months of data collection on CLIP to SNI for purposes of		Yes
<i>Achievement Value</i>		1.00
Optional Milestone: #61. Report at least 6 months of data collection on CLABSI to SNI for purposes of		Yes
<i>Achievement Value</i>		1.00
Optional Milestone: #62 Report CLIP results to State.		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>		
DY Total Computable Incentive Amount:		\$ 1,391,500.00
Total Sum of Achievement Values:		4.00
Total Number of Milestones:		4.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,391,500.00
Incentive Funding Already Received in DY:		\$ 1,391,500.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**DSRIP Semi-Annual Reporting Form**

**Category 4 Summary Page**

**Surgical Site Infection Prevention**

Rate of surgical site infection for Class 1 and 2 wounds (%)		0.11
<i>Achievement Value</i>		1.00
Optional Milestone:	#74. Report at least 6 months of data collection on SSI to SNI for purposes of establishing baseline and setting benchmarks	Yes
<i>Achievement Value</i>		1.00
Optional Milestone:	#75 Report results to the State.	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>		
DY Total Computable Incentive Amount:		\$ 1,391,500.00
Total Sum of Achievement Values:		3.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,391,500.00
Incentive Funding Already Received in DY:		\$ 1,391,500.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

**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:	#86. 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:	#87 Report Hospital Acquired Pressure Ulcer prevalence results to the State.	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:		\$ 1,391,500.00
Total Sum of Achievement Values:		3.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,391,500.00
Incentive Funding Already Received in DY:		\$ 1,391,500.00
<b><u>Incentive Payment Amount:</u></b>		\$ -

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

**Stroke Management**

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

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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

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

<b>Increase Training of Primary Care Workforce</b>	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 4,863,333.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 4,863,333.00"/>
<b>Process Milestone:</b>	<b>#2. Implement the first phase of the residency expansion by increasing the size of the PGY-1 class from 14 to 16 (12.5%)</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="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"/>
<div style="border: 1px solid black; padding: 5px;"> <p>Metric #2 – “Provide documentation of increased residency PGY-1 class from 14 to 16, by providing the PGY-1 roster.” The milestone and metric under “Infrastructure Development” and specifically the “Increased Training of the Primary Workforce” was completed in the first half of DY7 with the commencement of the academic year beginning on July 1, 2011. With the expansion of the residency program from 14 to 16 Family Medicine residents in this training year immediate benefits have been to provide expanded in-patient and out-patient care to the Safety-Net population of Ventura County. As Family Medicine physicians are the foundation to primary and preventive care this expansion of a critical shortage of providers is key to the continued provision of care in the decades to come. Class roster is attached. During DY7 the First-Year residents focused upon acute care rotations within the Health Care Agency’s Ventura County Medical Center (VCMC). Under the supervision of attending faculty and senior residents the Interns provided care for patients during three-months of in-patient Medicine and Pediatric care, one-month of surgery care both within the operating room and on the post-surgical units, one-month of Obstetrics and Gynecological care for medical and surgical admissions, for gynecological operating room care and in Labor and Delivery and post-partum care; additionally one-month of Intensive Care Unit services are provided.</p> <p>The Intern class worked within their “Continuity of Care” clinic at the Academic Family Medicine Center in Ventura, providing supervised out-patient care to patients two half-days per week. The average First-Year resident saw 332 patients during DY7. With the expansion of the Residency training program from 14 to 16 residents, this added approximately 664 primary care encounters during the year. This volume of care will rise dramatically over the following two-years of training and post-graduation. Additional out-patient visits were a part of each of the Intern’s experience in DY7 including specialty clinic training in a women’s high-risk pregnancy clinic, out-patient surgery clinic, specialty pediatric clinic and orthopedic clinic. Many weeks of training were centered in the Level II Trauma Center’s Emergency Department of VCMC. These specialty rotations will enhance the future medical practices of the Family Medicine physicians.</p> <p style="text-align: right;">The increased number of residents have created changes throughout the system to accommodate the increased residency volume and the increased volume of patients. Clinic schedules and those of the support staff have been adapted to accommodate the increases.</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"/>
<b>Process Milestone:</b>	<b></b>
	<i>(insert milestone)</i>
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>

# DSRIP Semi-Annual Reporting Form

## Category 1: Increase Training of Primary Care Workforce

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:](#)

\*

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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>

## DSRIP Semi-Annual Reporting Form

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

<p><b>Improvement Milestone:</b> _____ <span style="display: block; text-align: right; font-size: small;"><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 style="font-size: x-small; color: blue;"><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 style="font-size: x-small;"><i>Achievement Value</i></p>	<p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #cccccc;">N/A</div> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
<p><b>Improvement Milestone:</b> _____ <span style="display: block; text-align: right; font-size: small;"><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 style="font-size: x-small; color: blue;"><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 style="font-size: x-small;"><i>Achievement Value</i></p>	<p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #cccccc;">N/A</div> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
<p><b>Improvement Milestone:</b> _____ <span style="display: block; text-align: right; font-size: small;"><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 style="font-size: x-small; color: blue;"><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 style="font-size: x-small;"><i>Achievement Value</i></p>	<p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #cccccc;">N/A</div> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center;">*</p> <input style="width: 100%; height: 20px; border: 1px solid black;" 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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: \*

### Category 1: Enhance Interpretation Services and Culturally Competent Care

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>Enhance Interpretation Services and Culturally Competent Care</b>	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 4,863,333.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 4,863,333.00"/>
<b>Process Milestone:</b>	<b>#8. Establish a baseline for utilization data to use to measure expansion of the availability of technology for health care interpretation service to Santa Paula Hospital</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="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"/>
<div style="border: 1px solid black; padding: 5px;"> <p>The Santa Paula Hospital invested \$10,729.00 to replace 13 of 15 Cisco Wireless access Points which are necessary for the Health Care Interpreter Network (HCIN) wireless devices. The Network is currently up and running at Santa Paula Hospital. Because the language line is now in use at Santa Paula Hospital, we are able to track use of services through invoices that include the total charges per month, minutes used, as well as a breakdown of languages accessed.</p> <p>After the wireless access points were replaced/updated at Santa Paula Hospital, the Ventura County Auxiliary purchased and gifted 2 video units and one speakerphone unit to be installed at the Santa Paula Hospital. Installation date planned for 9-27-12. Training is scheduled Oct. 2nd and 3rd for front line staff and physicians. Also a unit was purchased for the Inpatient Psych Unit after their wireless access point was updated. This will also be installed on 9-27-12 and training will be held on October 1st .</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"/>
<b>Process Milestone:</b>	<b>#9. Improve language access at Ventura County Medical Center.</b>
	<i>(insert milestone)</i>
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text" value="368.90"/>
Denominator (if absolute number, enter "1")	* <input type="text" value="317.90"/>
Achievement	<input type="text" value="1.16"/>
<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: Enhance Interpretation Services and Culturally Competent Care

There was an upward linear trend in the use of the language line from July 1st 2011 through December 31st 2011. The average utilization per month was 317.3 minutes in December 2011 ( 23% above the initial minutes used in July 2011)

DY7 total minutes used: When comparing the two DY7 reporting periods, Ventura County Medical Center used an average of 317 minutes from 7/1/2011-12/31/2011 compared to an average of 368.9 minutes per month from 1/1/2012-6/30/2012, an increase of 51.9 minutes (16% increase). Looking at the year in review, an average of 368.9 minutes was used per month over the 12 month DY7 period, which is a 51% increase over the initial month of use in July 2011.

Month	Minutes used	Avg per month
July '11	243.3	243.3
August '11	398.1	320.7
September '11	263	301.5
October '11	275	294.9
November '11	319	299.7
December '11	405.4	317.3
January '12	938.4	406.0
February '12	553.5	424.5
March '12	250.5	405.1
April '12	206.7	385.3
May '12	318	379.2
June '12	255.7	368.9

In order to sustain the Health Care Interpreter Network (HCIN) services, ongoing training of staff and physicians is done on an individual basis. Each time this service is requested, staff takes the time to explain how to operate the machines and to answer any questions that they might have, and a list of encounters is kept. Also, all incoming Interns attended a meet and greet where ALL interpreting services were demonstrated, and Information packets were distributed. The machines are maintained and checked a minimum of 2 times each week and during this process staff will ask questions and request a demonstration, and at that time a short instruction on how to use the machine is given.

Our involvement with deaf and hard of hearing patients has lead us to expand our services by providing wireless access so that they may use our patients own devices while hospitalized in order to communicate with family and friends. The Auxiliary has also purchased 2 wireless accesses "Hot Boxes" to be used at Ventura County Medical Center and Santa Paula Hospital, and are committed to the purchase of 2 iPads for use by patients who may not have this technology during their hospital stay. This purchase was initiated after collaborating with Tri County Greater Los Angeles Agency on Deafness to determine the most popular and accessible means of communication for the Deaf and Hard of Hearing. Once this service is tested (test date Oct 8th, 12) Tri Counties has offered to make their clients aware that Ventura County Medical Center and Santa Paula Hospital offer this service.

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: Enhance Interpretation Services and Culturally Competent Care

**Process Milestone:**

**#10. Designate an additional trilingual (English, Spanish, Mixteco) translator and train/certify as a health care interpreter, to provide direct interpretation services to patients in Ventura County Medical Center and through the HCIN network.**

*(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:](#)

\*

A job description for an additional trilingual Mixteco employee was approved, and the position was posted, and filled to provide trilingual (English, Spanish, Mixteco) translation services to our patients.  
 A second trilingual interpreter was tentatively hired in February 2012 and started in May 2012. This translator has completed her 40 hour interpreter training and continues to take classes to improve her skill set. Both of our interpreters are currently being utilized throughout the hospital, while their main emphasis remains in our Obstetrics Department, these interpreters assist additional departments such as Dietary Services, Diabetes Education, and Social Services. They also provide services to our Academic Family Medicine Center when available, at an average of 2 encounters per month.

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

\*

*Achievement Value*

**Process Milestone:**

*(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:](#)

\*

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

\*

*Achievement Value*

**Process Milestone:**

*(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:](#)

\*

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

\*

DSRIP Semi-Annual Reporting Form

**Category 1: Enhance Interpretation Services and Culturally Competent Care**

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

### Category 1: Enhance Interpretation Services and Culturally Competent Care

<p><b>Improvement Milestone:</b> _____ <span style="float: right;"><i>(insert milestone)</i></span></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: 80px; width: 100%; margin-top: 5px;"></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>Improvement Milestone:</b> _____ <span style="float: right;"><i>(insert milestone)</i></span></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: 80px; width: 100%; margin-top: 5px;"></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>Improvement Milestone:</b> _____ <span style="float: right;"><i>(insert milestone)</i></span></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: 80px; width: 100%; margin-top: 5px;"></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>



DSRIP Semi-Annual Reporting Form

Category 1: Enhance Interpretation Services and Culturally Competent Care

Improvement Milestone: \_\_\_\_\_  
*(insert milestone)*

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

\*

Denominator (if absolute number, enter "1")

\*

Achievement

N/A

[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:](#)

\*

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

\*

*Achievement Value*

Improvement Milestone: \_\_\_\_\_  
*(insert milestone)*

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

\*

Denominator (if absolute number, enter "1")

\*

Achievement

N/A

[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:](#)

\*

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

\*

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: \*

### Category 1: Enhance Performance Improvement and Reporting 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>Enhance Performance Improvement and Reporting Capacity</b>	
DY Total Computable Incentive Amount:	* \$ 4,863,333.00
Incentive Funding Already Received in DY:	* \$ 4,863,333.00
<b>Process Milestone:</b>	<b>#19. Perform four Lean Kaizen rapid PI events, with at least one Kaizen focusing on a Core Measure related to care in the hospital.</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="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"/>
<p>A total of six rapid improvement events have been completed. The projects are as follows:</p> <ol style="list-style-type: none"> <li>1. Driving Improvement: The New Forms Process : The organization identified a system wide weakness with pre-printed physician order forms printed with incomplete orders, unapproved abbreviations, range orders, and prn medications without indications. The organization recognized a need to improve the process by which forms are revised and new forms are approved at Ventura County Medical Center and Santa Paula Hospital. Our current Policy on pre-printed order forms states that they are reviewed and revised yearly. Many forms had not been reviewed per policy placing the organization at risk in the upcoming CMS survey.</li> <li>2. CMS Validation: Ventura County Medical Center Proactive Response Group (A team lead by the Manager of Performance Improvement gathered to address how the organization would proactively address potential deficiencies identified in the CMS Validation Survey. The group decided that the best course of action would be to have an immediate group exercise to identify what the areas of Focus would be at the hospitals and clinics. To accomplish this task, using the principles of lean/six sigma, the Manager of Quality Improvement and the Medication Safety Officer lead a brainstorming exercise to narrow the focus down to key risk areas: 1. Medication Related 2. Quality Assurance 3. Environment of Care 4. Documentation 5. Operating Room 6. Dietary 7. Human Resources 8. Policies and Procedures 9. Organizational Communication)</li> <li>3. CHF Congestive Heart Failure): Weighing in on Lean (Per the recommendation of the Performance Improvement Coordinating Council the following rapid improvement event was concluded on November 2011 and addressed the following: 1) Develop method to identify high risk patients in the Emergency Department ( ED) before triage 2) Admit ED high risk with RN/NP/MD team 3) Establish standard work for nursing staff for CHF admissions 4) Revise nursing admission assessment specific to chronic disease discharge planning needs 5) Identify education process including teach-back 6) Discharge planning process includes bilingual "ticket-home," care-giver identified, and starting the discharge planning process at admission 7) Follow-up appointments made at discharge - within 48 hours for high-risk and for moderate/low risk call within 48 hours with appointment in 5 days 8) Discharge patient from hospital with medications in hands 9) Evaluate CHF Clinic with Nurse Practitioner, Group Appointments, remote monitoring and/or home visits 10) Establish end-of-life palliative care standards 11) Establish CHF PI Team for monitoring of core measures 13) Expand Clinic Visit Redesign project related to CHF patients to include huddle, labs in clinics, chart checks (external set-up prior to visit), educational materials in exam and waiting room.)</li> <li>4. QAPI Process: We have identified 27 key areas that will be integrated into our Quality Assessment and Performance Improvement (QAPI) Program. By November 10th, our goal was to have all 27 departments establish key indicators through the work of multiple department specific workgroups. The following was accomplished: In the development of the QAPI program, the organization has successfully met their goal in developing a better framework for the QAPI program.</li> </ol>	

## DSRIP Semi-Annual Reporting Form

### Category 1: Enhance Performance Improvement and Reporting Capacity

QAPI program, the organization has successfully met their goal in developing a better framework for the QAPI program. In the process of completing this plan it was evident that there was a need for organization-wide changes to the Performance Improvement Plan. After communication with department managers, executive leadership, and various work groups, we conclude that the new QAPI program will help us develop a fully integrated QAPI program. Though we feel that this new program will be successful, we did however discover that this new process will involve a great deal of employee time, commitment, and extensive data collection that will require additional resources to support the QAPI program. As such, executive leadership has committed to the addition of staff in support of our QAPI efforts. The new quality program is designed to create sustainability by providing a more comprehensive QAPI plan, creating a reporting schedule that creates better departmental accountability, an indicator list that insures continual monitoring, and an organizational structure that increases communication between committees up through executive leadership.

5. Emergency Department (ED) Core Measures: A small interdisciplinary focus group was formed to analyze the current data collection process of ED wait times. Through this focus group, multiple inefficiencies were noted in both data collection, and the way that our STAR system was being optimized.

The following was accomplished:  
Staff from the ED, Admitting, Medical Records, and IT identified the need to revise the current fields on our Star System to have the same fields as the paper record, reducing the confusion when staff completed their data entry. The past system of data collection was done on a monthly basis, and involved uploading a query out of our star system, and then manually calculating the wait times. Through analyzing this process, the IT department informed admitting that there was the capability of generating a report that automatically captures and calculates wait times in "real time". This has allowed us to collect times on a 24 hour basis instead of 30 days as was previously the case. Errors were identified when analyzing the data. The majority of these errors were determined to be correctable, and staff will be trained regarding proper data entry, and standard definitions for each portion of the wait time will be established. Staff was educated on how to edit fields that are errant to improve data quality.

In March, the ER nurse manager pulled 300 charts over a 6 day period to determine which staff members were not reliably entering times on the paper chart. The resulting data from these audits allowed the Nurse Manager to discuss deficiencies with staff members and doctors, resulting in better time capture.

Update: In September of 2012, the Chief Nurse executive suggested that there also be a separate dashboard for Door to doc times as well. The current Dashboard includes "door to Doc" times, "arrival To discharge times" Our Meditech electronic medical record software has also been updated as well to produce a daily query for faster population of these dashboards.

6. Diabetic Management Team: To assess the issues presented through their monitoring activities, a multi-disciplinary Diabetes Management Team was formed consisting of members from Nursing, Education, Medicine, Performance Improvement, and Dietary. Through a series of rapid cycle improvements, this dedicated team was able to standardize the ordering and monitoring of infusions, increase documentation compliance, and raise the awareness and knowledge of diabetes and insulin, all while decreasing the time to blood glucose goals and keeping the incidence of hypoglycemia to below national rates. Their efforts have greatly increased patient safety, reduced insulin-associated medication errors, and created a standardized process to manage our patients with diabetes.

The following rapid cycle improvements were initially undertaken under this project:

1. Increase correct dosing and documentation compliance to 90%/Increase carb counting dosing to 90%
2. Standardize treatment of hypoglycemia with written protocol
3. Review, revise, and update Insulin infusion orders and have appropriate oversight approval
4. Proposed update to Meditech Screens to allow "one Stop" view of all insulin doses and blood glucose for pediatric patients.
5. Evaluate for costs, benefits to determine best computerized insulin protocol.
6. Develop and implement a nursing flowsheet to document insulin infusions.
7. Institute Code Insulin Team to act as a resource for ordering and indications.
8. Administer Infusions are administered safely and correctly 95% as evidenced by audits.

After an initial series of rapid cycle improvements, the Ventura County Medical Center now has a well developed Diabetes Management Program going into the third quarter of 2012. Nursing and physician staff, including resident physicians, received extensive education regarding inpatient diabetes management, focusing on the consistent use of standardized insulin order sets and the rationale behind their use. Real-time audits of the use of insulin in the two hospitals are carried out daily and feedback was given to the practitioners. Monitoring activities are evaluated by the committee regularly, with ongoing efforts to make continued improvements

The committee has addressed the sustainability of this work by making several changes. The Director of Diabetes Management has more dedicated hospital time to support the efforts of the Diabetes Management Team. "High-risk" pharmacists have been selected and trained to oversee the use of intravenous insulin, facilitating the "Code Insulin" process. The committee has conducted a critical analysis of computer software that can integrate the current insulin policies and processes, ensuring continued success with insulin management while increasing ease of use. We also continue to monitor the processes and outcomes related to insulin infusions, spread effective changes throughout the institution, and look for additional opportunities to improve Diabetes care.

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: Enhance Performance Improvement and Reporting Capacity

Process Milestone:

#19. Kaizen focusing on Core Measure: Develop a quality dashboard that allows for real time improvement reporting of the core measure selected process improvement  
(insert milestone)

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

Dashboard created to track ED Arrival to discharge times at Santa Paula Hospital and Ventura County Medical Center by utilizing a newly created query from our electronic record system in. Dashboard submitted in March 2012.  
  
In September of 2012, the Chief Nurse executive suggested that there also be a separate dashboard for Door to Doc times as well. The current Dashboard includes "Door to Doc" times, "Arrival to Discharge Times" Our Meditech electronic medical record software has also been updated to meet this change, and will produce an additional daily query to aid in populating the dashbaord.

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 1: Enhance Performance Improvement and Reporting Capacity**

<p><b>Process Milestone:</b> #20. Designate a physician, who is dedicated to the PI department, to engage the medical staff in the PI process _____  <span style="margin-left: 350px;"><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 <input 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></p> <div style="border: 1px solid black; padding: 5px;"> <p>Date of hire: March 1, 2011</p> <p>Responsibilities:</p> <ol style="list-style-type: none"> <li>1. Provide physician leadership to improve quality and safety in the Ventura County Health Care Agency.</li> <li>2. Provide leadership in developing quality and safety metrics for the Health Care Agency, the goals of which are to:                             <ol style="list-style-type: none"> <li>a. Improve meaningful use of data, and</li> <li>b. Encourage accountable care throughout the Health Care System</li> </ol> </li> <li>3. Serves as Chair for the Quality Assessment/Performance Improvement Committee.</li> <li>4. Serves on the Executive Leadership Team for the implementation of a system-wide comprehensive electronic medical record.</li> <li>5. Serves on multiple medical staff committees, including:                             <ol style="list-style-type: none"> <li>a. Medical Executive Committee</li> <li>b. Medical Leadership Committee</li> <li>c. Surgical Committee</li> <li>d. Medication Error Reduction Interdisciplinary Team (pharmacy quality and safety)</li> <li>e. Cancer Committee</li> <li>f. Trauma Committee</li> <li>g. Infection Control Committee</li> <li>h. Institutional Review Board</li> <li>i. Performance Improvement Coordinating Council (Chair)</li> </ol> </li> </ol> </div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="Yes"/></p> <p>* <input type="text" value="Yes"/></p> <p>* <input type="text" value="Yes"/></p>
<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" value="1.00"/></p>	<p>* <input type="text" value="Yes"/></p> <p><input type="text" value="1.00"/></p>
<p><b>Process Milestone:</b> _____  <span style="margin-left: 350px;"><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 <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; margin-top: 10px;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p>
<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>	<p>* <input type="text"/></p> <p><input type="text"/></p>
<p><b>Process Milestone:</b> _____  <span style="margin-left: 350px;"><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 <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; margin-top: 10px;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p>
<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>	<p>* <input type="text"/></p> <p><input type="text"/></p>

## DSRIP Semi-Annual Reporting Form

### Category 1: Enhance Performance Improvement and Reporting Capacity

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 1: Enhance Performance Improvement and Reporting Capacity

<p><b>Improvement Milestone:</b> _____ <span style="float: right; font-size: small;">(insert milestone)</span></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: 80px; margin-top: 5px;"></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>Improvement Milestone:</b> _____ <span style="float: right; font-size: small;">(insert milestone)</span></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: 80px; margin-top: 5px;"></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>Improvement Milestone:</b> _____ <span style="float: right; font-size: small;">(insert milestone)</span></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: 80px; margin-top: 5px;"></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>

# DSRIP Semi-Annual Reporting Form

## Category 1: Enhance Performance Improvement and Reporting Capacity

<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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Expand Chronic Care Management Models

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 Chronic Care Management Models</b>	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 4,859,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 4,859,000.00"/>
<b>Process Milestone:</b>	<b>#25. Formalize multidisciplinary teams. Team will consist of Physician, Mid-level Provider, Certified Diabetic Educator, Dietician, Licensed Clinical Social Worker and others as needed.</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="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"/>
<p>The milestone and metric under the Innovation and Redesign category of "Expand Chronic Care Management Models" continues to grow to the meet the immediate and long term needs of the Diabetic community of Ventura County. See patient volume graph below.</p> <p>In the August 2010 publication entitled, "Obesity and Diabetes: Two Growing Epidemics in California" published by the UCLA Center for Health Policy Research, Ventura County ranked in the highest category in the State of California for the prevalence of Diabetes at "9% and above" of the total County's population (data map is attached). The VCHCA Diabetic Center located in the city of Oxnard has been designed to address the management and support needs of the Diabetic. The patients referred into the Center from throughout the Health Care Agency are both adult and pediatric patients. Patients seeking an in depth understanding of the disease process, side-effects and advanced treatment modalities to gain control of blood glucose levels are seen. Newly diagnosed patient with Diabetes are referred into the Center to provide a strong baseline in the disease process, in the medications prescribed, in nutritional counseling and how to respond to both hyper- and hypo-glycemic episodes. Patients with Diabetes whose blood glucose levels remain difficult to control despite the efforts of the primary care provider, Endocrinologist and patient are seen in the Center to provide a focused look at the medical condition, provide needed education and potential alternations to drug therapy. Patients experiencing repeated episodes of hypoglycemia are referred in an effort to resolve recurrences of this life-threatening condition.</p> <p>A particular focus on the Center is around insulin therapy. While critical to the care and survival of the insulin-dependent diabetic, mismanagement can be life threatening. Intense education, demonstration of injection administration with ample opportunity for skills checks, blood monitoring and advanced knowledge of the signs and symptoms of high and low blood sugar levels resulting from incorrect insulin dosing are taught to patient and care-giver alike. Specialized training is provided when carbohydrate counting becomes the basis for insulin dosing. A unique and comprehensive curriculum is provided in the management of insulin pumps for such patients.</p> <p>The patient volumes in the Center have grown steadily over the year-long period of DY7. With comprehensive care provided by Endocrinologists, specialty trained Family Medicine physicians, a Family Nurse Practitioner, wound care specialists, Certified Diabetic Educators, Dietitians, Case Managers, Licensed Clinical Social Workers, and a Psychologist, positive progress is seen with the patient population served. The multi-disciplinary approach is providing specialized services under-one-roof and within the same appointment has brought increased compliance and efficacy to the comprehensive care approach. Additionally, both group and individual visits are provided at the Center. In the group visit setting peer support and learning is beneficial to the patient group. The related statistics for the care measures for the Diabetic patients are collected through an internal electronic reporting process and are a Diabetic Register.</p>	

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Chronic Care Management Models

the Diabetic patient are collected through an internal electronic reporting process serving as a Diabetic Registry. Measures include the LDL – Low-Density Lipoprotein; Retinal Screen and HgbA1c – Hemoglobin A1c. The benchmarking and improvement programs will be reported through future DSRIP cycles and will most importantly improve the short-term and long-term health outcomes of the population while reducing life-time care costs.

Barriers to success of the Diabetic Center and improved health outcomes of patients is finding the avenue to fully engage the patient and at times family members, in dramatic lifestyle changes. In patients where Diabetes has been multi-generational diagnosis, engaging patients has been more difficult. Extensive training has ensued with the staff over the last year including visits to other Diabetic Centers out of the County to learn from best-practices. The Agency is fully dedicated to sustaining the Diabetic Center model and is currently working to duplicate the Center in other regions of the County.

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

\*

Achievement Value

**Process Milestone:** \_\_\_\_\_

*(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:](#)

\*

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 Chronic Care Management Models

<p><b>Process Milestone:</b> _____ <span style="margin-left: 200px;"><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; 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" 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" 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" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p><b>Process Milestone:</b> _____ <span style="margin-left: 200px;"><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; 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" 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" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p><b>Process Milestone:</b> _____ <span style="margin-left: 200px;"><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; 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" 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" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p>

## DSRIP Semi-Annual Reporting Form

### Category 2: Expand Chronic Care Management Models

<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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p><span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p><span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p><span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>

DSRIP Semi-Annual Reporting Form

Category 2: Expand Chronic Care Management Models

**Improvement Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

**Improvement Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Integrate Physical and Behavioral Health Care

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>Integrate Physical and Behavioral Health Care</b>	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 4,859,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 4,859,000.00"/>
<b>Process Milestone:</b> <u>#32. Develop a plan to co-locate another Primary Care clinic to include adult and pediatric behavioral health services.</u>	
<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="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"/>
<p>The milestone and metric for the "Innovation and Redesign" measure under the category of "Integrate Physical and Behavioral Health Care" has progressed substantially in the second half of DY7. In the city of Thousand Oaks, CA the Ventura County Health Care Agency leased an approximately 40,000 square foot building, developed architectural drawings and began construction on a co-located clinic to serve the Safety-Net population of the Conejo Valley in the County of Ventura. The operational and outreach plans have progressed in a parallel fashion to the physical construction.</p> <p>The integrated clinic, slated to open in September of 2012 will house a 27 exam room primary care and specialty care medical clinic, a six-room urgent care center, basic x-ray services, ultrasound and a laboratory draw station. Under the same roof and in an integrated fashion Behavior Health services will be provided including Youth and Family Services and a Driving Under the Influence (DUI) program for those convicted within the County of a DUI felony. To support the Safety-Net patients of the region the Public Health Department will host a WIC; Women, Infants and Children nutritional support and education program at the center.</p> <p>This adopted integrated care model will enhance the individual services provided to the County's patients. Greater health outcomes of the comprehensive care program will meet all of the IHI's Triple Aim goals. It is estimated that greater than one-half of primary care patient visits have a Behavioral Health component, demonstrating that the need for integrated care is profound.</p> <p>During the final six-month period of DY7 physical construction has advanced from demolition of the prior tenant's internal structure, to the build-out of hard walls, plumbing and electrical wiring and equipment. Moving into DY8 the finish work of the construction project and fit-up of the building with the installation of furnishings and medical equipment will be completed. An anticipated opening of co-located services is anticipated for September 2012. In the first year of operation an estimated 30,000 patient visits will be provided at the Thousand Oaks facility between the Ambulatory Care and Behavioral Health services collectively.</p> <p>The model of integrating physical and behavioral health care has required engagement by the medical providers on both sides. Training on referral paths and provider to provider hand-offs has been required. Following is an architectural drawing of the facility which now remains under construction.</p>	
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"/>
<b>Process Milestone:</b> <u>#33. Adopt an evidence based treatment practice utilizing the IMPACT Collaborative Care Treatment Model for depression, anxiety, or traumatic stress disorder in 4 primary care sites, with 4 assigned LCSW or other master's level prepared clinicians.</u>	

# DSRIP Semi-Annual Reporting Form

## Category 2: Integrate Physical and Behavioral Health Care

(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 milestone and metric for the "Innovation and Redesign" measure under the category of "Integrate Physical and Behavioral Health Care" focuses upon the adoption of an evidence based treatment practice utilizing the IMPACT-like collaborative care treatment model for depression, anxiety or traumatic stress disorder in four of the Health Care Agency's primary care sites. Care is provided through Licensed Clinical Social Workers or other master's level prepared clinicians particularly Marriage and Family Therapists.

The care provided through this model is disseminated throughout the County with locations in the City of Ventura, Oxnard and Simi Valley. The placement of the therapists was designed to eliminate transportation obstacles of the Safety-Net population. Specialized care is provided to both adult and pediatric patients.

As noted below the referral of new patients into the program varied from month-to-month throughout the year. There were a cumulative total of 611 new patients referred into the IMPACT-like treatment program in DY7. The average length of treatment for these patients was 7-months. At the initiation of the treatment program 85% of the patients reported experiencing a feeling of sadness or depression. At the point of discharge from the program approximately 90% of the patients stated that they felt involved in their treatment decisions and approximately 95% of the patients rated the services as an eight or greater on a scale of one-to-ten.

Documentation and ground-work is continuing for the documentation of treatment plans of care and for the administration and measuring of the Patient Health Questionnaire or PHQ-9 for depression screening scoring at both the intake phase and post treatment phase of the IMPACT-like treatment program. These measures will be reported in future years of the DSRIP program.

It has been found throughout the year that reminders of the ability to refer Pediatric patients into the program has been necessary to maintain referral patterns. For locations where engagement was robust the available hours of a single Behavioral Health practitioner has not been adequate. Extensive advertising for bilingual LCSW's and MFT's has produced few applicants. Spanish translation courses have been offered to monolingual staff; however to achieve an adequate grasp of the language to provide therapy in Spanish is not possible through a single course or through the limited time frame of this 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: Integrate Physical and Behavioral Health Care

<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</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%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<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</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%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<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</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%;" type="text"/></p>





DSRIP Semi-Annual Reporting Form

Category 2: Integrate Physical and Behavioral Health Care

<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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: \*

### Category 2: Use Palliative Care 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

Use Palliative Care Programs	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 4,859,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 4,859,000.00"/>
<b>Process Milestone:</b>	<b>#40. Implement a palliative care program and develop consult service so that palliative care consultation will be available for inpatients. This will include education to our Resident physicians</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="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"/>
<p>The milestone and metric #40 is for the implement of a palliative care program and development of a consult service so that palliative care will be available for inpatients at the Ventura County Medical Center / VCMC. This will program will include education to the Health Care Agency's Family Medicine Resident physicians.</p> <p>With the provision of a Palliative Care program the enrolled patients with chronic conditions will have an enhanced quality of life and increased coping skills related to their irreversible diagnosis. This both supports Population Health Management and decreased costs of services in alignment with the IHI Triple Aim goals. The focus on the Palliative Care program modalities with the Residency training is to bring this skill set into the initial phase of practice of the Residents both during their training program and at the start of the careers, thus benefiting the patients served.</p> <p>Following is the comprehensive Palliative Care Curriculum for the Ventura Family Medicine Residency program specifically the Elective in Palliative Care:</p> <p>1. Learning Objectives:</p> <p>A. Demonstrate Understanding of Palliative Care Medicine by:</p> <ol style="list-style-type: none"> <li>a. Identify which of 4 trajectories of functional decline describes the expected course for every patient seen in consultation</li> <li>b. Introduce Palliative Care to at least one patient and 1 family while on rotation</li> <li>c. Introduce Hospice Care to at least one patient and 1 family while on rotation</li> <li>d. Describe the role of all Palliative Care team members</li> </ol> <p>B. Symptom and Functional Assessment</p> <ol style="list-style-type: none"> <li>a. Obtain a functional assessment utilizing the following commonly used scales in Palliative medicine                             <ol style="list-style-type: none"> <li>i. ADLs –Activities of Daily Living</li> <li>ii. IADLs – Instrumental Activities of Daily Living</li> <li>iii. ECOG Performance Scale – Eastern Oncology Cooperative Group Performance Scale</li> <li>iv. Palliative Performance Scale</li> </ol> </li> <li>b. Perform symptom assessment of the most common symptoms experienced by patients with serious illness utilizing the following tools commonly used in Palliative medicine                             <ol style="list-style-type: none"> <li>i. Edmonton Symptom Assessment Scale</li> <li>ii. Edmonton Classification System for Cancer Pain</li> </ol> </li> </ol> <p>C. Physical Pain Management</p> <ol style="list-style-type: none"> <li>a. Evaluate pain using established pain scales for adults , children and patients with cognitive impairment                             <ol style="list-style-type: none"> <li>i. Wong-Baker FACES Pain Rating Scale</li> <li>ii. Numeric Pain Rating Scale</li> <li>iii. Pain Assessment in Advanced Dementia Scale</li> </ol> </li> <li>b. Use equianalgesic opioid dosing tables to convert a patient's oral opioid to parenteral opioid and from parenteral opioid to oral opioid while maintaining continuous analgesia.</li> <li>c. Use the prophylactic and active treatment approaches to common opioid side effects: constipation, nausea, sedation and confusion</li> </ol> <p>D. Nausea Management</p> <ol style="list-style-type: none"> <li>a. Describe at least two causes of nausea and vomiting from each of the following:                             <ol style="list-style-type: none"> <li>i. Gastrointestinal</li> <li>ii. CNS</li> <li>iii. ...</li> </ol> </li> </ol>	

## DSRIP Semi-Annual Reporting Form

### Category 2: Use Palliative Care Programs

iii. Drugs  
 iv. Metabolic  
 v. Psychological

b. Develop a differential diagnosis for the cause of nausea in at least one (1) patient seen in consultation with this symptom  
 c. Develop a treatment plan for nausea in at least one (1) patient seen in consultation with this symptom

E. Goals of Care / Conducting a Family Meeting  
 a. Develop a plan for communicating and negotiating goals of care utilizing the six step approach that provides the common framework in Palliative Care settings  
 b. Participate in at least one (1)Goals of Care discussion and at least one (1) Family meeting

F. The DNR discussion  
 a. Identify who needs a DNR discussion in order of priority  
 b. Given there are commonly used statements that should be avoided during a DNR discussion identify examples of such statements throughout the elective  
 c. Participate in at least one (1) DNR discussion in the context of a goals of care discussion

2. Elective Structure:

A. The resident will participate on the Palliative Care Team Monday through Friday from 1300- 1700  
 B. The resident will attend team meetings daily, observing the role of all team members  
 C. The resident will attend all patient face to face consultations accomplished by the PCS physician participating in each evaluation  
 D. The resident will attend all family meetings  
 E. The resident will read the following resources at a minimum during the elective. Completion of the associated workbook is expected as a means of assuring completion of the reading material

3. Reading Resources:

A. Primer of Palliative Care – 5th edition – American Academy of Hospice and Palliative Medicine – Chapters 1, 2, 4D, 6  
 B. The MD Anderson Supportive and Palliative Care Handbook – 3rd edition – Chapters 1, 2,3,4,5,6, 21  
 C. Additional resources will be provided upon completion of 1. and 2.

Didactic Education Presented to VCMC Resident Physicians

1. Managing Chronic Kidney Disease 3/8/2011
2. What is POLST? 4/18/2011
3. Palliative Care at VCMC – What, How and Why 8/3/2011
4. Distinguishing the difference –Palliative Care versus Hospice Care 8/17/2011
5. Advanced Health Care Directives 9/6/2011
6. Nausea and Vomiting in the Face of Life Threatening Illness 10/3/2011
7. Palliative Care Dyspnea Management 10/4/2011
8. Care of the Elderly Patient 10/4/2011
9. Managing Chronic COPD 12/13/2011
10. Breaking Bad News 6/6/2012

Resident Physicians Who Have Completed a Palliative Care Elective in the first year of the VCMC Palliative Care service:

1. Dr. Scott Nass
2. Dr. Aaron Costerisan
3. Dr. Megan Krispinsky
4. Dr. Benjamin Mati
5. Dr. Christine Leeper

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

\*

*Achievement Value*

**Process Milestone:** #41. Develop a plan to identify patients who will have the option of being enrolled in the palliative care 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: Use Palliative Care Programs

A consultation from the Palliative Care Service requires a physician referral or order; this can be achieved by either direct contact with one of the Palliative Care team members or through the Palliative Care referral phone line. Additionally, the Palliative Care Team is available to function as an expert resource to nursing and ancillary personnel without a physicians order for education, advanced care planning and for help in assessing the need for a referral.

Any disease / disorder / condition that is known to be life-limiting such as dementia, Chronic Obstructive Pulmonary Disease or COPD, chronic renal failure, metastatic cancer, cirrhosis, or muscular dystrophy or a disease process that has a high chance of leading to death such as sepsis, multi-organ failure, major trauma, or complex heart disease is an appropriate referral.

If an inquiry is made to the Palliative Care Service from ancillary personnel, an initial assessment is made by the Palliative Care Nurse Coordinator. The attending physician is then contacted and made aware of the inquiry, reason for stated inquiry, assessment findings from the Palliative Care Nurse and the request for referral is discussed at that time.

If a physician directly refers to the Palliative Care Service, an initial assessment is made by the Palliative Care Nurse Coordinator.

For either a direct referral or an inquiry, the patient's medical condition is evaluated (life-limiting or life-threatening) and type of distress and suffering including physical, spiritual, emotional and social is assessed.

Palliative Care Program: How is this program being evaluated for its success?

The Palliative Care Program at Ventura County Medical Center is being evaluated by both patients and physicians.

Patient Satisfaction Survey

The Palliative Care Consult Service targets 25% of total patents consulted per month to survey. The patients selected for the phone surveys are randomly chosen. The patients are placed in chronological order by referral date, every 3rd case was selected. To ensure non-bias selection and response, the surveys are conducted by a volunteer not affiliated with the Palliative Care Service. The phone survey's focus is on the Palliative Care team however ample opportunity is given to the patient or patients surrogate to make comments on all care received during their hospitalization.

At the end of the first nine months of service (August 2011 through April 2012) 62 surveys were attempted with 43 responses. Of the 43 respondents, three were the patient served and 40 were family members.

Sample of survey questions:

If pain was an issue, how did the palliative care team do in controlling your pain? Rating is excellent (4), good (3), fair (2), poor (1) or non-applicable.

Sixty five percent (65%) of all those surveyed stated that the Palliative Care team controlled their pain, 27% stated their pain was controlled as "good" and 8% rated the control as "fair". No responses came back with the scoring of zero.

From the surveys conducted during the stated time period the palliative care team was rated excellent by respondents for pain, symptom control, team information / communication, assisting with decision making, spiritual and psychological needs addressed and respect for ones culture.

Overall satisfaction of the Palliative Care Service was evaluated with the question "would you recommend palliative care services – yes or no" - 95% of those surveyed answered yes.

Specific comments received from respondents.

- We will always come to VCMC and hope the palliative care team will continue for a very long time.
- My mother was treated with respect and dignity and she was very grateful the team was there for her.
- I was amazed at the focus on family care. The fact that the team cared for my father's religious and psychological needs absolutely stunned me ... in a good way.

Physician Feedback Survey

All referring physicians were sent a physician feedback survey through the on-line survey mechanism "Survey Monkey". A total of 55% responses were returned. The responding physicians were Residents and attending physicians.

The survey was kept to four questions. The questions are:

1) Rate the following as poor, fair, good, very good or excellent.

Response time of the PCS team to your referrals

Communication between you and the PCS team

Helpfulness of the PCS team

Benefits of the PCS team to your patients and families

2) What is the most helpful service that the palliative care service provides?

3) How could the palliative care team improve its service?

4) Would you use this service again?

The rating for question number one came back with an average of 72% ranking of excellent. Response time 65% excellen, 33% very good.

Communication between referring physician and PCS team was rated at 55% excellent, 20% very good and 25% good. Almost 80% of those surveyed rated the PCS team as helpful with 20% stating very good. The physicians felt the benefits of the PCS team to their patients and families were excellent. This rating came back at almost 90% excellent and 10% very good.

The responses for the most helpful services that the palliative care service provided (question number 2) included the use of a multidisciplinary team approach, time and support given to families and family meetings, clarification of goals and symptom management.

Specific comments related to question number 2 included "Meeting with patients and families to clarify goals of care and then helping the medical team to think clearly and broadly about the situation" and "continuity visits that addressed the concerns of the patient and family in terms of spiritual and mental well being and recommendations on pain and nausea control"

Referring to question number 3, some improvements that the surveyed physicians felt were needed by the palliative care team included communication with the primary care team, more education among the staff and expanding the palliative care service hours.

When questioned on whether they (the physicians) would use the palliative care service again the overall response was 100%. Yes they would utilize the palliative care consultative service in the care of their patients.

Initial resistance was observed from some of the primary care and specialty care providers in the system to allow their patients to participate in the Palliative Care program. Through discussion and demonstration of services and through the continual approach that care would not be dictated by the Palliative Team a trust and re-referral pattern has developed. The comfort level of referring physicians has been demonstrated by the survey above.

## DSRIP Semi-Annual Reporting Form

### Category 2: Use Palliative Care Programs

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00

## DSRIP Semi-Annual Reporting Form

### Category 2: Use Palliative Care Programs

<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; 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 blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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 blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>
<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; 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 blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p> <p>* <span style="border: 1px solid orange; padding: 2px;"> </span></p>

## DSRIP Semi-Annual Reporting Form

### Category 2: Use Palliative Care 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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc; text-align: center;">N/A</div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc; text-align: center;">N/A</div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></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; 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> <span style="float: right; border: 1px solid blue; background-color: #e0e0ff; padding: 2px;"></span></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc; text-align: center;">N/A</div> <p style="text-align: center;">*</p> <div style="border: 1px solid orange; width: 100%; height: 20px;"></div>



# DSRIP Semi-Annual Reporting Form

## Category 2: Use Palliative Care 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; 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: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

**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

**Patient/Care Giver Experience (required)**

DY Total Computable Incentive Amount: \* \$ 2,466,750.00

Incentive Funding Already Received in DY: \* \$ 2,466,750.00

**Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)**

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

Throughout the period of DY7, a Patient Experience Champion was named for the Agency. This was Dr. Michelle Laba who is also the Ambulatory Medical Director for Primary Care. In support of the CG CAHPS survey supplemental support was provided to Dr. Laba with the addition of Carrie Dougherty; the Manager of Contractual Services. Together they have devoted significant time into developing the relationship with Press Ganey, the selected CG CAHPS vendor for the Ventura County Health Care Agency. Department and clinic managers have been given access to and trained in the functionality of the Press Ganey portal. This will allow for each department or clinic to have full access to their scores and the breakdown of the results provided by our patients via Press Ganey. Variable contracts were evaluated to determine the best for the Agency. The primary care clinics in the system were identified and enrolled in the CG CAHPS survey with Press Ganey. The survey will be provided to the Agency's patients in both English and Spanish and has now been translated. A training session and introduction to the new survey is slated for all Medical Directors and managers in late September prior to the commencement of the new survey in October 2012. The Agency has made the necessary financial commitment to the program to allow for the expansion of the survey. Through the process a barrier was identified in that the vendor's representative was non-responsive to questions and for support. Dr. Laba and Ms. Dougherty were able to work with the contract manager to have a new client representative assigned. After that reassignment the process of updating the survey and making system changes was greatly expedited.

Achievement  Yes

Achievement Value

**Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" 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

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

N/A

Achievement Value

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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

<b>Care Coordination (required)</b>	
DY Total Computable Incentive Amount:	* \$ <span style="border: 1px solid black; padding: 2px;">2,466,750.00</span>
Incentive Funding Already Received in DY:	* \$ <span style="border: 1px solid black; padding: 2px;">2,466,750.00</span>
<b>Report results of the Diabetes, short-term complications measure to the State (DY7-10)</b>	
Data Collection Source	* <span style="border: 1px solid black; padding: 2px;">Data warehouse</span>
Numerator	* <span style="border: 1px solid black; padding: 2px;">15.0</span>
Denominator	* <span style="border: 1px solid black; padding: 2px;">3,599.0</span>
Rate	<span style="border: 1px solid black; padding: 2px;">0.4</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>	
<p>Although there is not a benchmark to compare the short-term complications for Diabetes against, the Ventura County Medical Center's rate is at 0.004% for the reporting period. This rate will continue to be tracked and trended as the reporting periods continue. Without the full implementation of an Electronic Health Record the analysis of data remains difficult. As an integrated inpatient and outpatient EHR will be implemented on July 1, 2013 the following year's quality information and analysis will be more robust. Physician champions have been engaged throughout the County system in the care of the Diabetic patient and in the tracking of the essential elements of Diabetic care.</p> <p>Through enhanced care of the Diabetic patient and a steady increase in care, proper medication prescribing and administration along with patient education, which is all enhanced through the Agency's DSRIP milestones in Category 2 under Chronic Disease Management, the rate of hospitalization of patients with short-term complications of Diabetes should decline. Those patients that are admitted for such complications will be provided increased focus and referral to the Diabetic Center to decrease the potential of readmission. The two DSRIP measures will work synergistically to enhance the health outcomes of this fragile patient population.</p>	
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 the Uncontrolled Diabetes measure to the State (DY7-10)</b>	
Data Collection Source	* <span style="border: 1px solid black; padding: 2px;">Data warehouse</span>
Numerator	* <span style="border: 1px solid black; padding: 2px;">32.0</span>
Denominator	* <span style="border: 1px solid black; padding: 2px;">3,599.0</span>
Rate	<span style="border: 1px solid black; padding: 2px;">0.9</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>	

## DSRIP Semi-Annual Reporting Form

### Category 3: Care Coordination (required)

Although there is not a benchmark to compare the Uncontrolled Diabetes measure against, the Ventura County Medical Center's rate is at 0.009% for the reporting period. This rate will continue to be tracked and trended as the reporting periods continue. Without the full implementation of an Electronic Health Record the analysis of data remains difficult. As an integrated inpatient and outpatient EHR will be implemented on July 1, 2013 the following year's quality information and analysis will be more robust. Physician champions have been engaged throughout the County system in the care of the Diabetic patient and in the tracking of the essential elements of Diabetic care.

Through enhanced care of the Diabetic patient and a steady increase in care, proper medication prescribing and administration along with patient education, which is all enhanced through the Agency's DSRIP milestones in Category 2 under Chronic Disease Management, the rate of hospitalization of patients with Uncontrolled Diabetes requiring hospitalization should decline. Those patients that are admitted for such complications will be provided increased focus and referral to the Diabetic Center to decrease the potential of readmission. The two DSRIP measures will work synergistically to enhance the health outcomes of this fragile patient population.

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  
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

Achievement Value

Report results of the Chronic Obstructive Pulmonary Disease measure 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

Achievement Value

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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

#### Preventive Health (required)

DY Total Computable Incentive Amount: \*

Incentive Funding Already Received in DY: \*

#### Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)

Data Collection Source \*

Numerator \*

Denominator \*

Rate

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

The Mammography Screening for Breast Cancer measure which parallels the US Preventive Task Force guidelines has demonstrated a rate of 55.8% of applicable female patients as having their mammogram in the appropriate time frame. Efforts have increased with the Ventura County system to make mammography screening more available to the patient with the increased scheduling and availability of the "Mobile Mammography Van" at each of the clinic locations. In bringing the service to the medical home of the Safety-Net patient, the barrier of transportation is decreased for the patient. Scheduling training for staff for the individual appointments has increased. Due to the results of the above study, additional training and coordination is being scheduled between the clinic system and the Radiology departments of both the Ventura County Medical Center and the Santa Paula Hospital to ease the appointment making process and to facilitate more convenient appointments chosen by patients having their mammograms at either of the hospital's out-patient centers.

Although the incidence of breast cancer will not be decreased through regular mammograms earlier detection will be made possible. Pairing together earlier detection with the system's newly hired surgical oncologist and the Hematology and Oncology physician team better patient outcomes can be expected. The engagement of the physicians from both disciplines together with the primary care providers will enhance the patient care delivered. Additionally, a Cancer Registry has recently been implemented within the Agency to improve the ability to study our processes and outcomes. This is in the initial implementation phases.

Achievement

*Achievement Value*

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

Data Collection Source \*

Numerator \*

Denominator \*

Rate

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



## DSRIP Semi-Annual Reporting Form

### Category 3: Preventive Health (required)

Per the Centers for Disease Control, the 2011-2012 immunization rates by State for the Influenza vaccine ranged from a low of 32.6% of the population of Nevada to a high of 51.1% in South Dakota. California specifically was at the 40.5% marker. These rates are for the general population, not the 50 and older population as specifically noted in this measure. With the current vaccination rate, as measured for the elderly being lower than the state-wide average contributing factors have been reviewed. Without a fully integrated electronic health record, it remains challenging to identify when a patient has received their influenza vaccine outside of the system. Future advancements in an EHR, once implemented in July of 2013 will have such data available. Outreach to the senior population will be addressed with an attempt to focus upon senior centers and groups to increase the frequency of vaccine administration and to achieve 'herd immunization' rates. Barriers to transportation are great in the Safety-Net population and even higher with seniors, this decreases the opportunity to provide the needed vaccine. Further focus on this measure will ensue in the upcoming vaccination cycle.

By increasing the immunization rate of those 50 and older, the incidence of influenza will decrease in this group of vulnerable patients. With the higher immunization rate there will be a decrease in the contraction of influenza and therefore the complications and hospitalizations that can occur.

Achievement

*Achievement Value*

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 \*

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  
*Achievement Value*

**Report results of the Pediatrics Body Mass Index (BMI) measure 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  
*Achievement Value*

**Report results of the Tobacco Cessation measure 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  
*Achievement Value*

# DSRIP Semi-Annual Reporting Form

3

\$ 2,466,750.00

\$ 2,466,750.00

Manually (sample)

363.0

650.0

55.8

Yes

1.00

Data warehouse

2,717.0

10,708.0

25.4

# DSRIP Semi-Annual Reporting Form

Yes
-----

1.00
------

DSRIP Semi-Annual Reporting Form


N/A


N/A


N/A

## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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: \* \$ 2,466,750.00

Incentive Funding Already Received in DY: \* \$ 2,466,750.00

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

Data Collection Source	* <span style="border: 1px solid yellow; padding: 2px;">Manually (sample)</span>
Numerator	* <span style="border: 1px solid yellow; padding: 2px;">348.0</span>
Denominator	* <span style="border: 1px solid yellow; padding: 2px;">3,599.0</span>
Rate	<span style="border: 1px solid yellow; padding: 2px;">9.7</span>

[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 LDL-C or Low Density Lipoprotein Control in the Diabetic population sampled is at a 10% rate of less than 100 mg/dl. With the rates of Obesity in Ventura County at the 20-24% of the adult population as quoted by the UCLA Center for Health Policy Research the need for weight control and loss among Ventura residents is significant (see attached map). Coupled with the Diabetic rate in the County being greater than 9%; joint efforts to monitor and control both are in place. The County clinic system has joined efforts with the County Public Health Department to engage the community as a whole in weight control, weight loss and diabetic education. Obtaining engagement of understanding of the need for cholesterol levels to be within normal limits and the requirement to change long term eating and exercise habits has been challenging. Within many sub-populations of the County obesity is culturally accepted. Additional training programs and the method to refer patients into them has been the focus of the medical providers and Public Health staff. As the LDL-C levels improve, the health of the patient will improve overall. Conversely the probability of side effects of elevated cholesterol will decrease.

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	* <span style="border: 1px solid yellow; padding: 2px;">Manually (sample)</span>
Numerator	* <span style="border: 1px solid yellow; padding: 2px;">577.0</span>
Denominator	* <span style="border: 1px solid yellow; padding: 2px;">3,599.0</span>
Rate	<span style="border: 1px solid yellow; padding: 2px;">16.0</span>

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

## DSRIP Semi-Annual Reporting Form

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

The Hemoglobin A1c results at a rate of <8% were 16% throughout the Ventura County clinic system for this initial sampling year. The general population of the geographic County has a very high rate of Diabetes as demonstrated through the UCLA Center for Health Policy Research (9% or above of the population), the prevalence of Diabetes is problematic. Due to the demographics of the regions and the cultural acceptance of Diabetes the Agency is challenged to engage patients in changing their eating, exercise, medication and lifestyle choices. The Clinic system has begun work in collaboration with the Public Health Department in addressing both obesity and Diabetes throughout the community. The concept of Health Eating and Active Living (HEAL) has been embraced by both groups. The ground work for engagement of the community has recently been initiated. The Clinic system caring for the Diabetic patients will be actively encouraging patients with Diabetes to join the Public Health sponsored community gardens, walking clubs and educational classes in the management of Diabetes. These collaborative efforts have been initiated to better the health of the population cared for.

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

\*

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 Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure 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 Pediatrics Asthma Care measure 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

### 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: Ventura County Medical Center  
 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

### Severe Sepsis Detection and Management

DY Total Computable Incentive Amount:	* \$ 1,391,500.00
Incentive Funding Already Received in DY:	* \$ 1,391,500.00
<b>Compliance with Sepsis Resuscitation bundle (%)</b>	
Numerator	* 152
Denominator	* 311
% Compliance	0.49
<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>	
#46. Sepsis Resuscitation Bundle results by month DY7: July 2011 = 44%      Jan 2012 = 45% Aug = 25%            Feb = 36% Sept = 56%           Mar = 44% Oct = 56%            Apr = 55% Nov = 61%            May = 51% Dec = 53%            June = 44%	
DY Target (from the DPH system plan, if appropriate)	*
% Achievement of Target	N/A
Achievement Value	1.00

<b>Optional Milestone:</b> #46. Design and implement a protocol to detect and manage Sepsis	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	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>	
A Sepsis Protocol consisting of 1) Sepsis screening tool 2) Code Sepsis Activation 3) Sepsis Clock (data collection sheet for first 24 hours) 4) Sepsis Antibiotic Guidelines 5) Adult Severe Sepsis Order sheet for ICU and non-ICU patients. For each of these processes, we have used tests of change and learnings to improve and refine our efforts. For example, we found that one area that needed improvement was our ability to get the correct antibiotics and vasopressor agents to the patient's bedside efficiently. To streamline the process, all the necessary medications and supplies were placed in a "Sepsis Toolbox". Borrowing from our Trauma concept, we developed a "Code Sepsis" that brought the personnel and supplies to the patient's bedside with a single call.	
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)

<p><b>Optional Milestone:</b>     #46. Develop a data collection methodology  <span style="float: right;"><i>(insert milestone)</i></span></p> <hr/> <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     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>     *</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>One of our bigger challenges has been in the area of data collection and management. Without an electronic medical record, all of our review is done by pulling the charts, extracting the data elements, entering them into an Excel spreadsheet, and calculating compliance from there. Where our improvement efforts have taken us to a dedicated, trained team of nurses and towards a more real time collection of data for feedback to caregivers. We are currently building and testing a custom designed sepsis registry in which multiple users can enter data. The queries in the system will allow a multitude of analyses and reports. Additional challenges to data collection include the many discussions within the SNI collaborative attempting to define sepsis.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone     * Yes</p> <p>Achievement Value     1.00</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">1.00</div>
<p><b>Optional Milestone:</b>     #47. Report at least 6 months of data collection on Sepsis Bundle Resuscitation to SNI for purposes of establishing a baseline  <span style="float: right;"><i>(insert milestone)</i></span></p> <hr/> <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     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>     *</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Baseline Sepsis Resuscitation Bundle results were submitted to SNI on 12/31/2011. July 1, 2011 through June 30, 2012 Sepsis Resuscitation Bundle results were submitted to SNI on 9/25/2012. Resuscitation Bundle elements measure compliance with 1) Lactate done 2) Blood cultures drawn before antibiotic administration 3) Broad spectrum antibiotic given within 3 hours of ED admit, within 1 hour for non-ED admit 4) If lactate ≥ 4 or systolic blood pressure &lt; 90, fluid bolus of 20 ml/kg of crystalloid or equivalent colloid fluid given. All these bundle elements to be met within 6 hours of time of presentation.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone     * Yes</p> <p>Achievement Value     1.00</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">1.00</div>
<p><b>Optional Milestone:</b>     #48. Report Sepsis Resuscitation Bundle Results to the State  <span style="float: right;"><i>(insert milestone)</i></span></p> <hr/> <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     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>     *</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>As evidenced by this report, July 1, 2011 through June 30, 2012 sepsis bundle results have been reported. We have also participated in the SNI Sepsis/CLABSI Collaborative by attending meetings and webinars, participating in the listserve, and presenting our Sepsis efforts to the collaborative.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone     * Yes</p> <p>Achievement Value     1.00</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">Yes</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc; text-align: center;">1.00</div>

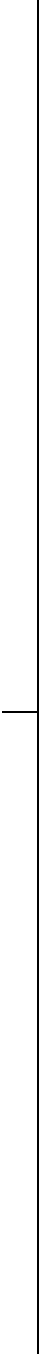
## DSRIP Semi-Annual Reporting Form

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

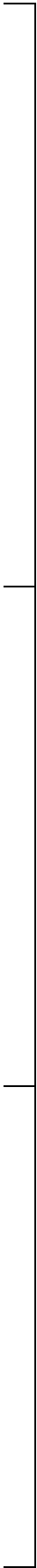
<p><b>Optional Milestone:</b> _____  <span style="margin-left: 300px;"><i>(insert milestone)</i></span></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <span style="float: right; border: 1px solid 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 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 blue; width: 100%; height: 20px;"></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 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 blue; width: 100%; height: 20px;"></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 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 blue; width: 100%; height: 20px;"></div>



DSRIP Semi-Annual Reporting Form

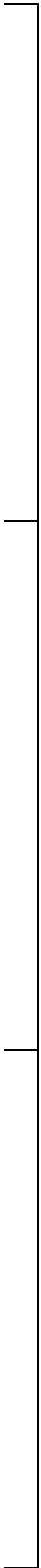


**DSRIP Semi-Annual Reporting Form**

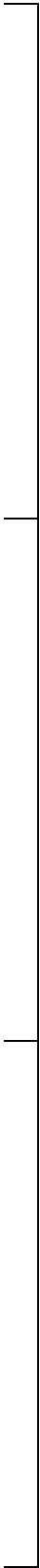




**DSRIP Semi-Annual Reporting Form**



**DSRIP Semi-Annual Reporting Form**



## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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

#### Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount: \* \$ 1,391,500.00

Incentive Funding Already Received in DY: \* \$ 1,391,500.00

#### Compliance with Central Line Insertion Practices (CLIP) (%)

Numerator \* 214.00

Denominator \* 241.00

% Compliance 0.89

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

#### #59. CLIP Bundle Compliance for DY7:

July 2011 = 91%    Jan 2012 = 100%  
 Aug = 100%        Feb = 83%  
 Sept = 95%        Mar = 70%  
 Oct = 82%         Apr = 78%  
 Nov = 91%         May = 90%  
 Dec = 93%         Jun = 92%

When comparing the DY7 data to the baseline data that was submitted for the first semi-annual report, there was an annual increase in compliance of approximately 17% (72% baseline, vs 89% for DY7 data).

A multi-disciplinary team of physicians (ICU, Anesthesia, Infection Control, and Emergency Medicine) nurses (ICU, Infusion, PICC, Pediatric, Emergency, and Surgery), nurse managers, Infection Control Practitioners, pharmacy, and Performance Improvement staff are working together to standardize and improve our processes in regards to CLIP compliance and the reduction of CLABSI.

Some examples of tests of change we have implemented include changing our Meditech census report to include data on whether a patient has a central line and to expand the nurse shift assessment on central lines to include the date and location of central line insertion. These efforts were to address our difficulty in ascertaining who has a central line in place. Previously, one had to ask unit personnel which patients had a central line. Additionally, we have re-formatted the CLIP form to make it more user friendly and designated unit locations for collection of forms.

Educational programs held include CLIP practices overview for nursing staff in April 2012 for ICU/Direct Observation Unit and telemetry staff, August 2012 for Emergency and Surgery Departments, and September 2012 for Santa Paula Hospital staff. Resident training in aseptic technique done in July 2012. "Bug Bites" (our Infection Control newsletter) article on central lines, CLIP, and CLABSI prevention for all staff.

DY Target (from the DPH system plan) \*

% Achievement of Target N/A

Achievement Value 1.00

**Optional Milestone:** #60. Report at least 6 months of data collection on CLIP 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) \*

## DSRIP Semi-Annual Reporting Form

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

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:](#)

CLIP bundle compliance data to be used for baseline was submitted to SNI on 12/31/2011. At the request of the CMS/State, an additional 6 months worth of data was submitted in June 2012. SNI now has January - Dec 2010 CLIP data for baseline. Additionally, we have submitted CLIP bundle compliance data from July 2011-June 2012 to SNI.

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

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

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

**Optional Milestone:** #61. Report at least 6 months of data collection on CLABSI 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) \*

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:](#) \*

Six months of baseline data on CLABSI was submitted to SNI on 12/31/2011. We have also submitted July 2011 through June 2012 data. Data submitted included CLABSI detected, central line days, and rates of CLABSI per 1000 line days. At the request of CMS/State, an additional 6 months of data were submitted in June 2012. As our number of line days are relatively low, any CLABSI found and reported on a monthly basis can make the rate per 1000 line days look artificially high. Using the SIR (Standardized Infection Ratio) values, we do not have a number of expected > 1 for any month during DY7.

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

*Achievement Value*

**Optional Milestone:** #62 Report CLIP results to State.

*(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:](#) \*

Bundle Adherence on available CLIP forms (Same as Milestone #59)			
	#CLIP forms	# adherence to 5 bundle elements	Adherence
July 2011	22	20	91%
Aug 2011	20	20	100%
Sept 2011	22	21	95%
Oct 2011	22	18	82%
Nov 2011	11	10	91%
Dec 2011	15	14	93%
Jan 2012	18	18	100%
Feb 2012	18	15	83%
Mar 2012	20	14	70%
Apr 2012	18	14	78%
May 2012	29	26	90%
Jun 2012	26	24	92%
Total:	241	214	89%

When comparing the DY7 data to the baseline data that was submitted for the first semi-annual report, there was an annual increase in compliance of approximately 17% (72% baseline, vs 89% for DY7 data).

A multi-disciplinary team of physicians (ICU, Anesthesia, Infection Control, and Emergency Medicine) nurses (ICU, Infusion, PICC, Pediatric, Emergency, and Surgery), nurse managers, Infection Control Practitioners, pharmacy, and Performance Improvement staff are working together to standardize and improve our processes in regards to CLIP compliance and the reduction of CLABSI.

Some examples of tests of change we have implemented include changing our Meditech census report to include data on whether a patient has a central line and to expand the nurse shift assessment on central lines to include the date and location of central line insertion. These efforts were to address our difficulty in ascertaining who has a central line in place. Previously, one had to ask unit personnel which patients had a central line. Additionally, we have re-formatted the CLIP form to make it more user friendly and designated unit locations for collection of forms.

Educational programs held include CLIP practices overview for nursing staff in April 2012 for ICU/Direct Observation Unit and telemetry staff, August 2012 for Emergency and Surgery Departments, and September 2012 for Santa Paula Hospital staff. Resident training in aseptic technique done in July 2012. "Bug Bites" (our Infection Control newsletter) article on central lines, CLIP, and CLABSI prevention for all staff.

DSRIP Semi-Annual Reporting Form

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

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	<input type="text"/>
Achievement Value		<input type="text" value="1.00"/>

**Optional Milestone:** \_\_\_\_\_  
(insert milestone)

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"/>

[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:](#) \*

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

**DSRIP Semi-Annual Reporting Form**

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

**Optional Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

**Optional Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

**Optional Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

DSRIP Semi-Annual Reporting Form

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

**Optional Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

*Achievement Value*

**Optional Milestone:** \_\_\_\_\_  
*(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:](#) \*

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

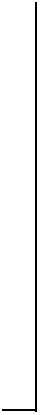
*Achievement Value*



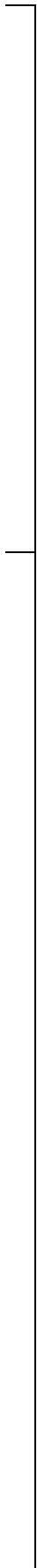
**DSRIP Semi-Annual Reporting Form**



**DSRIP Semi-Annual Reporting Form**



**DSRIP Semi-Annual Reporting Form**



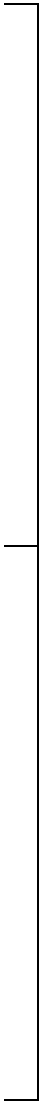
**DSRIP Semi-Annual Reporting Form**



**DSRIP Semi-Annual Reporting Form**



**DSRIP Semi-Annual Reporting Form**



## DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

### 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. \(If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available\):](#)

For the purpose of reporting and providing the numerator and denominator; hips and colons were added together. VCMC tracks total hips and colon cases for the surgical site infection milestones. For DY7,  
 Total Hips: 1 infection in 71 cases with a rate of 1.4%  
 For colon cases: 8 infections for 113 cases for a rate of 7%.  
 Hips and Colons Combined: 9/184 = a combined rate of 4.9%  
 Educational and trainings sessis have been held on review on proper skin prepping procedures, handling of prosthetics prior to implant, determination of correct wound classification, surgical attire per AORN standards, hand hygiene audits, process for surgical suite cleaning, and traffic control in the surgical suite.

DY Target (from the DPH system plan) \*

% Achievement of Target

Achievement Value

**Optional Milestone:** #74. Report at least 6 months of data collection on SSI to SNI for purposes of establishing baseline and setting benchmarks  
*(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: Surgical Site Infection Prevention

Six months of total hip and colon surgical site infection data was submitted to SNI on 12/31/2011. An additional 6 months of data was submitted in June 2012 at the request of CMS/State.

The results of hip and colon Surgical Site Infections (SSI) was as follows for DY7:

	COLONS		TOTAL HIPS	
	Cases	SSI	Cases	SSI
July 2011	11	2	4	0
Aug 2011	11	1	6	0
Sept 2011	10	1	7	0
Oct 2011	10	2	5	0
Nov 2011	6	0	10	0
Dec 2011	12	0	7	0
Totals	60	6	39	0
Jan 2012	9	0	5	1
Feb 2012	10	1	4	0
Mar 2012	7	0	3	0
Apr 2012	9	1	6	0
May 2012	11	0	8	0
Jun 2012	7	0	6	0
Totals	53	2	32	1

\*data from July-Dec 2011 varies slightly from baseline submission as more cases developed through NHSN in the interim months since baseline submission.

#### Surgical Procedures: Colons and Hips

Barriers to meeting milestones – ongoing process in which significant time needs to be spent on auditing performance measures ensuring a safe patient environment. E.g. traffic counts in the surgery suite to demonstrate trends, anonymous observers for hand hygiene compliance in order to increase staff awareness.

1. Barriers: Resource intensive activities such as education, monitoring and feedback to surgeons and staff is challenging. Alternative methods of accomplishing this are under consideration.
2. Use of data: Surgical site infection rates have been shared with the surgeons and the nursing manager of surgery.
3. Educational/training sessions have been held and the following topics presented
  - a. Proper use of Chloraprep skin antisepsis, including method, technique for prepping with the wand, importance of allowing the antiseptic to dry
  - b. Handling of prosthetics prior to implant
  - c. Determination of the correct wound class (American College of Surgeons)
  - d. Importance of Surgical Attire, AORN standards
  - e. Review of hand hygiene audits, opportunities for improvement identified
  - f. Correct process for surgical suite cleaning
  - g. Traffic control in the surgical suite with emphasis upon intra-operative traffic control.
4. Testing the improvements: Plan: Observations and measurement of the various topics addressed in the educational sessions will provide valuable feedback to the staff. Increased compliance with AORN standards will constitute the measurement of success. Feedback to the staff will be given at Surgery department meetings.
5. Surgical Site Infection Rates have been discussed at the following : Infection Control Committee, Performance Improvement Committee and Surgery Committee
6. Engagement of Stakeholders: Peer presentation to surgeons of a "Surgical Bundle" at Surgery Committee. Educational topics were given in an informal manner at a staff meeting inviting conversation and feedback from the staff.

The challenge will be to sustain the educational efforts with monitoring and feedback as part of the cycle. This process is labor intensive and will require diligence and realignment of resources.

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

**Optional Milestone:** #75 Report results to the State.

*(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 results of hip and colon Surgical Site Infections (SSI) was as follows for DY7:

	COLONS		TOTAL HIPS	
	Cases	SSI	Cases	SSI
July 2011	11	2	4	0
Aug 2011	11	1	6	0
Sept 2011	10	1	7	0
Oct 2011	10	2	5	0
Nov 2011	6	0	10	0
Dec 2011	12	0	7	0
Totals	60	6	39	0
Jan 2012	9	0	5	1
Feb 2012	10	1	4	0
Mar 2012	7	0	3	0
Apr 2012	9	1	6	0
May 2012	11	0	8	0
Jun 2012	7	0	6	0
Totals	53	2	32	1

\*data from July-Dec 2011 varies slightly from baseline submission as more cases developed through NHSN in the interim months since baseline submission.

Surgical Procedures: Colons and Hips

Barriers to meeting milestones – ongoing process in which significant time needs to be spent on auditing performance measures ensuring a safe patient environment. E.g. traffic counts in the surgery suite to demonstrate trends, anonymous observers for hand hygiene compliance in order to increase staff awareness.

1. Barriers: Resource intensive activities such as education, monitoring and feedback to surgeons and staff is challenging. Alternative methods of accomplishing this are under consideration.
2. Use of data: Surgical site infection rates have been shared with the surgeons and the nursing manager of surgery.
3. Educational/training sessions have been held and the following topics presented
  - a. Proper use of Chloraprep skin antisepsis, including method, technique for prepping with the wand, importance of allowing the antiseptic to dry
  - b. Handling of prosthetics prior to implant
  - c. Determination of the correct wound class (American College of Surgeons)
  - d. Importance of Surgical Attire, AORN standards
  - e. Review of hand hygiene audits, opportunities for improvement identified
  - f. Correct process for surgical suite cleaning
  - g. Traffic control in the surgical suite with emphasis upon intra-operative traffic control.
4. Testing the improvements: Plan: Observations and measurement of the various topics addressed in the educational sessions will provide valuable feedback to the staff. Increased compliance with AORN standards will constitute the measurement of success. Feedback to the staff will be given at Surgery department meetings.
5. Surgical Site Infection Rates have been discussed at the following : Infection Control Committee, Performance Improvement Committee and Surgery Committee
6. Engagement of Stakeholders: Peer presentation to surgeons of a "Surgical Bundle" at Surgery Committee. Educational topics were given in an informal manner at a staff meeting inviting conversation and feedback from the staff.

The challenge will be to sustain the educational efforts with monitoring and feedback as part of the cycle. This process is labor intensive and will require diligence and realignment of resources.

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

Achievement Value

**Optional Milestone:** \_\_\_\_\_

*(insert milestone)*

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

DSRIP Semi-Annual Reporting Form

Category 4: Surgical Site Infection Prevention

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:](#)

\*

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

\*

Achievement Value

Optional Milestone:

\_\_\_\_\_

*(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:](#)

\*

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

\*

Achievement Value

DSRIP Semi-Annual Reporting Form

Category 4: Surgical Site Infection Prevention

Optional Milestone: \_\_\_\_\_  
(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:](#) \*

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

Achievement Value

Optional Milestone: \_\_\_\_\_  
(insert milestone)

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

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

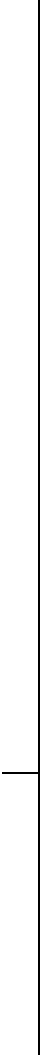
Achievement

[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:](#) \*

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

Achievement Value

DSRIP Semi-Annual Reporting Form



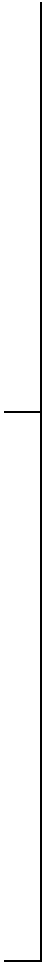
**DSRIP Semi-Annual Reporting Form**



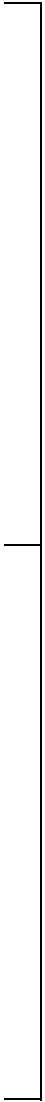
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**DSRIP Semi-Annual Reporting Form**

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)  
 DPH SYSTEM: Ventura County Medical Center  
 REPORTING YEAR: DY 7  
 DATE OF SUBMISSION: 9/30/2012

**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 Ulcers Stage II and above as taken from CALNOC:  
 July 2011 = 0%      Jan 2012 = 3%  
 Aug = 2%            Feb = 4%  
 Sept = 0%           Mar = 4%  
 Oct = 3%            Apr = 0%  
 Nov = 0%            May = 3%  
 Dec = 1%            Jun = 0%

The planning of the program was started in January 2010 and accelerated with our collaboration with Kaiser Permanente in September of 2010. During May 2011, new documentation fields for pressure ulcer assessment and Braden Scale were added to the EHR nursing notes and all licensed nursing staff completed online HAPU modules and attended a hands-on workshop. Acquired knowledge was tested by a written pre/post test method. In July 2011 we initiated our Skin Team and unit Skin Champions and weekly Skin Rounds during which time all patients in the hospital with Braden scores less than 16 are examined and nursing staff is consulted and assisted with a plan of care.

We have seen our HAPU prevalence rate steadily drop to our present rate of 2.3%, which is below our 2012 DSRIP goal of 2.5% and well on our way to our ultimate 2014 goal of 1.1%. We received CAPH/SNI Leadership Award honorable mention in December 2011 for our program and in September '11 were invited to present our HAPU program at a CAPH/SNI webinar.

Our challenges: 1) maintain staff and skin champions buy-in; we are presenting quarterly continuing education offerings and individual recognition awards as motivation. 2) HAPUs in hemodynamically unstable ICU patients; currently attempting to identify common factors which might serve to predict higher risk and determine preventive measures.

DY Target (from the DPH system plan) \*

% Achievement of Target

Achievement Value

**Optional Milestone:** #86. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California Public Hospitals  
 \_\_\_\_\_  
 (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

Our HAPU baseline date was submitted to SNI on 12/31/2011. July 2011 through June 2012 data were submitted to SNI in September 2012. In December of 2011, we received an Honorable Mention CAPH/SNI Leadership Award for the work we have done with our HAPU program. In September 2012, we were presenters for a CAPH/SNI webinar to discuss our HAPU program - successes, challenges, and lessons learned.

The planning of the program was started in January 2010 and accelerated with our collaboration with Kaiser Permanente in September of 2010. During May 2011, new documentation fields for pressure ulcer assessment and Braden Scale were added to the EHR nursing notes and all licensed nursing staff completed online HAPU modules and attended a hands-on workshop. Acquired knowledge was tested by a written pre/post test method. In July 2011 we initiated our Skin Team and unit Skin Champions and weekly Skin Rounds during which time all patients in the hospital with Braden scores less than 16 are examined and nursing staff is consulted and assisted with a plan of care.

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

**Optional Milestone:** #87 Report Hospital Acquired Pressure Ulcer prevalence results to the State.

*(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:](#)

\*

Hospital Acquired Pressure Ulcers Stage II and above as taken from CALNOC:

July 2011 = 0%	Jan 2012 = 3%
Aug = 2%	Feb = 4%
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DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

\*

*Achievement Value*

**Optional Milestone:** \_\_\_\_\_

*(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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\*

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

\*

*Achievement Value*

**Optional Milestone:** \_\_\_\_\_

*(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

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

\*

*Achievement Value*

## DSRIP Semi-Annual Reporting Form

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

**Optional Milestone:** \_\_\_\_\_  
(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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*Achievement Value*

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*Achievement Value*

DSRIP Semi-Annual Reporting Form

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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Achievement Value



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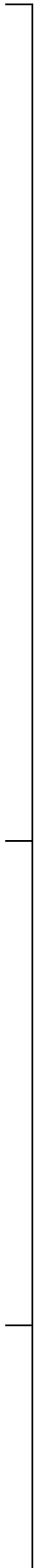




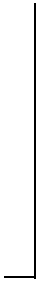
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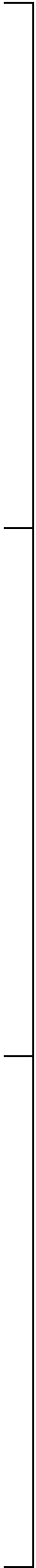
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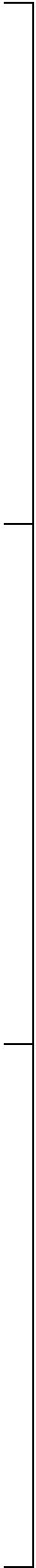
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