

DSRIP Semi-Annual Reporting Form

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

* DPH SYSTEM:	Natividad Medical Center
* REPORTING YEAR:	DY 7
* DATE OF SUBMISSION:	3/30/2012

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.

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	\$ 1,665,000.00
Increase Training of Primary Care Workforce	
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	\$ 2,997,000.00
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 Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	\$ 4,662,000.00
Category 2 Projects	
Expand Medical Homes	
Expand Chronic Care Management Models	
Redesign Primary Care	
Redesign to Improve Patient Experience	\$ 818,968.75
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	\$ 2,183,916.67
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	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	\$ 3,002,885.42
Category 3 Domains	
Patient/Care Giver Experience (required)	\$ 892,856.00
Care Coordination (required)	\$ 545,634.50
Preventive Health (required)	\$ 545,634.50
At-Risk Populations (required)	\$ 446,428.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	\$ 2,430,553.00
Category 4 Interventions	
Severe Sepsis Detection and Management (required)	\$ 403,333.33
Central Line Associated Blood Stream Infection Prevention (required)	\$ 378,125.00
Surgical Site Infection Prevention	
Hospital-Acquired Pressure Ulcer Prevention	\$ 453,750.00
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	\$ 529,375.00
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	\$ 1,764,583.33
TOTAL INCENTIVE PAYMENT	\$ 11,860,021.75

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad Medical Center

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 3/30/2012

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.

Category 1 Projects

Expand Primary Care Capacity

Process Milestone:	<u>Recruit 2 additional first year Residents as of July 1, 2012</u>	No
Achievement Value		-
Process Milestone:	<u>Provide training to 6 Touro University Medical Students</u>	0.50
Achievement Value		0.50
Process Milestone:	<u>Complete new MOU with Stanford University to serve as training site for</u>	-
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		
DY Total Computable Incentive Amount:		\$ 3,330,000.00
Total Sum of Achievement Values:		1.50
Total Number of Milestones:		3.00
Achievement Value Percentage:		50%
Eligible Incentive Funding Amount:		\$ 1,665,000.00
Incentive Funding Already Received in DY:		\$ -
<u>Incentive Payment Amount:</u>		\$ 1,665,000.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Process Milestone:	Establish baseline data for number of qualified interpreter encounters	-
<i>Achievement Value</i>		1.00
Process Milestone:	Implement language access policies and procedures	0.50
<i>Achievement Value</i>		0.50
Process Milestone:	Expand the number of qualified healthcare interpreters by 100%	-
<i>Achievement Value</i>		1.00
Process Milestone:	Expand qualified healthcare interpretation technology to 10% of	-
<i>Achievement Value</i>		1.00
Process Milestone:	Increase number of qualified healthcare interpreter encounters to 10%	-
<i>Achievement Value</i>		1.00
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:		\$ 3,330,000.00
Total Sum of Achievement Values:		4.50
Total Number of Milestones:		5.00
Achievement Value Percentage:		90%
Eligible Incentive Funding Amount:		\$ 2,997,000.00
Incentive Funding Already Received in DY:		\$ -
<u>Incentive Payment Amount:</u>		\$ 2,997,000.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

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.

Category 2 Projects		
Redesign to Improve Patient Experience		
Process Milestone:	<u>Conduct focus groups in one targeted clinical area to establish baseline</u>	<input type="text" value="-"/>
<i>Achievement Value</i>		<input type="text" value="-"/>
Process Milestone:	<u>Develop regular organizational display of patient experience data and</u>	<input type="text" value="-"/>
<i>Achievement Value</i>		<input type="text" value="0.50"/>
Process Milestone:	<u>Develop a staff education plan to integrate the patient experience into</u>	<input type="text" value="-"/>
<i>Achievement Value</i>		<input type="text" value="0.50"/>
Process Milestone:	<u>Implement at least one organization strategy that includes the patient in</u>	<input type="text" value="-"/>
<i>Achievement Value</i>		<input type="text" value="-"/>
Process Milestone:	_____	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text" value=""/>
Improvement Milestone:	_____	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text" value=""/>
Improvement Milestone:	_____	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text" value=""/>
Improvement Milestone:	_____	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text" value=""/>
Improvement Milestone:	_____	<input type="text" value="N/A"/>
<i>Achievement Value</i>		<input type="text" value=""/>
DY Total Computable Incentive Amount:		<input type="text" value="\$ 3,275,875.00"/>
Total Sum of Achievement Values:		<input type="text" value="1.00"/>
Total Number of Milestones:		<input type="text" value="4.00"/>
Achievement Value Percentage:		<input type="text" value="25%"/>
Eligible Incentive Funding Amount:		<input type="text" value="\$ 818,968.75"/>
Incentive Funding Already Received in DY:		<input type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>		<input type="text" value="\$ 818,968.75"/>

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

Process Milestone:	<u>Train process improvement advisors/champions</u>	-
<i>Achievement Value</i>		0.50
Process Milestone:	<u>Convene training events conducted by designated process improvement</u>	-
<i>Achievement Value</i>		0.50
Process Milestone:	<u>Target 1 specific process to improve utilizing the Model for Improvement</u>	-
<i>Achievement Value</i>		1.00
Process Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Process Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Improvement Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Improvement Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Improvement Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Improvement Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
Improvement Milestone:	<u></u>	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ 3,275,875.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		67%
Eligible Incentive Funding Amount:		\$ 2,183,916.67
Incentive Funding Already Received in DY:		\$ -
<u>Incentive Payment Amount:</u>		\$ 2,183,916.67

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

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"/>
Achievement Value	<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"/>
Achievement Value	<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"/>
Achievement Value	<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"/>
Achievement Value	<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"/>
Achievement Value	<input type="text"/>
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 892,856.00"/>
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="\$ 892,856.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ -"/>
Incentive Payment Amount:	<input type="text" value="\$ 892,856.00"/>

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 style="width: 100%;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text" value="0.50"/>
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	<input style="width: 100%;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text" value="0.50"/>
Report results of the Congestive Heart Failure measure to the State (DY8-10)	<input style="width: 100%;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text"/>
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	<input style="width: 100%;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text"/>
DY Total Computable Incentive Amount:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ 1,091,269.00"/>
Total Sum of Achievement Values:	<input style="width: 100%; border: 2px solid red;" type="text" value="1.00"/>
Total Number of Milestones:	<input style="width: 100%; border: 2px solid red;" type="text" value="2.00"/>
Achievement Value Percentage:	<input style="width: 100%; border: 2px solid red;" type="text" value="50%"/>
Eligible Incentive Funding Amount:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ 545,634.50"/>
Incentive Funding Already Received in DY:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>	<input style="width: 100%; border: 2px solid red; background-color: #f08080;" type="text" value="\$ 545,634.50"/>

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	<input style="width: 100%;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text" value="0.50"/>
Reports results of the Influenza Immunization measure to the State (DY7-10)	<input style="width: 100%;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text" value="0.50"/>
Report results of the Child Weight Screening measure to the State (DY8-10)	<input style="width: 100%;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text"/>
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	<input style="width: 100%;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text"/>
Report results of the Tobacco Cessation measure to the State (DY8-10)	<input style="width: 100%;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%;" type="text"/>
DY Total Computable Incentive Amount:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ 1,091,269.00"/>
Total Sum of Achievement Values:	<input style="width: 100%; border: 2px solid red;" type="text" value="1.00"/>
Total Number of Milestones:	<input style="width: 100%; border: 2px solid red;" type="text" value="2.00"/>
Achievement Value Percentage:	<input style="width: 100%; border: 2px solid red;" type="text" value="50%"/>
Eligible Incentive Funding Amount:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ 545,634.50"/>
Incentive Funding Already Received in DY:	<input style="width: 100%; border: 2px solid red;" type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>	<input style="width: 100%; border: 2px solid red; background-color: #f08080;" type="text" value="\$ 545,634.50"/>

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>	0.50
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	Yes
<i>Achievement Value</i>	0.50
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:	\$ 892,856.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 446,428.00
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	\$ 446,428.00

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: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

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 (%)	0.23
<i>Achievement Value</i>	0.50
Sepsis Mortality (%)	-
<i>Achievement Value</i>	-
Optional Milestone: <u>Implement the Sepsis Resuscitation Bundle</u>	-
<i>Achievement Value</i>	0.50
Optional Milestone: <u>Report at least 6 months of data on sepsis resuscitation bundle to SNI</u>	-
<i>Achievement Value</i>	1.00
Optional Milestone: _____	-
<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:	\$ 605,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	67%
Eligible Incentive Funding Amount:	\$ 403,333.33
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	\$ 403,333.33

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Central Line Associated Blood Stream Infection Prevention (required)

Compliance with Central Line Insertion Practices (CLIP) (%)	0.96
<i>Achievement Value</i>	0.50
Central Line Bloodstream Infection (Rate per 1,000 patient days)	-
<i>Achievement Value</i>	0.50
Optional Milestone: <u>Implement the Central Line Insertion Practices (CLIP) as evidenced by</u>	-
<i>Achievement Value</i>	0.50
Optional Milestone: <u>Report at least 6 months of data collection on CLIP to SNI for purposes</u>	-
<i>Achievement Value</i>	1.00
Optional Milestone: _____	-
<i>Achievement Value</i>	
Optional Milestone: _____	-
<i>Achievement Value</i>	
Optional Milestone: _____	-
<i>Achievement Value</i>	
Optional Milestone: _____	-
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 605,000.00
Total Sum of Achievement Values:	2.50
Total Number of Milestones:	4.00
Achievement Value Percentage:	63%
Eligible Incentive Funding Amount:	\$ 378,125.00
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	\$ 378,125.00
Hospital-Acquired Pressure Ulcer Prevention	
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	-
<i>Achievement Value</i>	0.50
Optional Milestone: <u>Share data, promising practices and findings with SNI</u>	-
<i>Achievement Value</i>	1.00
Optional Milestone: _____	-
<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:	\$ 605,000.00
Total Sum of Achievement Values:	1.50
Total Number of Milestones:	2.00
Achievement Value Percentage:	75%
Eligible Incentive Funding Amount:	\$ 453,750.00
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	\$ 453,750.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)		N/A
<i>Achievement Value</i>		
Intensive care unit VTE prophylaxis (%)		N/A
<i>Achievement Value</i>		
VTE patients with anticoagulation overlap therapy (%)		
<i>Achievement Value</i>		
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)		
<i>Achievement Value</i>		
VTE discharge instructions (%)		N/A
<i>Achievement Value</i>		
Incidence of potentially preventable VTE (%)		N/A
<i>Achievement Value</i>		
Optional Milestone:	<u>Put in place measurement/data management systems</u>	-
<i>Achievement Value</i>		1.00
Optional Milestone:	<u>Establish baseline for VTE risk assessment process measures</u>	-
<i>Achievement Value</i>		1.00
Optional Milestone:	<u>Report at least 6 months of data collection on the VTE process</u>	-
<i>Achievement Value</i>		1.00
Optional Milestone:	<u>Report the 5 VTE process measures data to State</u>	yes
<i>Achievement Value</i>		0.50
Optional Milestone:	_____ .	N/A
<i>Achievement Value</i>		
Optional Milestone:	_____ .	N/A
<i>Achievement Value</i>		
DY Total Computable Incentive Amount:		\$ 605,000.00
Total Sum of Achievement Values:		3.50
Total Number of Milestones:		4.00
Achievement Value Percentage:		88%
Eligible Incentive Funding Amount:		\$ 529,375.00
Incentive Funding Already Received in DY:		\$ -
<u>Incentive Payment Amount:</u>		\$ 529,375.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

REPORTING ON THIS PROJECT: *

Category 1: Expand Primary Care Capacity

Below is the data reported for the DPH system.

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

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

Expand Primary Care Capacity	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 3,330,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ -"/>
Process Milestone: <u>Recruit 2 additional first year Residents as of July 1, 2012</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="No"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; min-height: 80px;"> <p>Natividad Medical Center submitted a request to the ACGME to increase the residency program by 2 residents as of July 2012. ACGME did not approve the request due to the need for expanded clinic space to accommodate patient volume increase. We continue to work to address the concerns raised by ACGME so that we will be able to add 2 residents to the Family Medicine Training Program by July 2013.</p> </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="no"/>
<i>Achievement Value</i>	<input type="text" value="-"/>
Process Milestone: <u>Provide training to 6 Touro University Medical Students</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text" value="0.50"/>
Denominator (if absolute number, enter "1")	* <input type="text" value="1.00"/>
Achievement	<input type="text" value="0.50"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; min-height: 80px;"> <p>Six Touro University Medical Students received training at Natividad Medical Center from July – December 2011. They will complete their 12-month academic year July 2012.</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="0.50"/>

DSRIP Semi-Annual Reporting Form

Category 1: Expand Primary Care Capacity

Process Milestone:	Complete new MOU with Stanford University to serve as training site for PA students <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"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input type="text" value="yes"/>
<input type="text" value="The new MOU with the Stanford University Physician Assistant Program was completed."/>		
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"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

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

Enhance Interpretation Services and Culturally Competent Care	
DY Total Computable Incentive Amount:	* <input style="border: 1px solid black; width: 100px;" type="text" value="\$ 3,330,000.00"/>
Incentive Funding Already Received in DY:	* <input style="border: 1px solid black; width: 100px;" type="text" value="\$ -"/>
Process Milestone: <u>Establish baseline data for number of qualified interpreter encounters</u>	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Achievement	<input style="border: 1px solid black; width: 100px; background-color: #cccccc;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
<div style="border: 1px solid black; min-height: 100px; margin-bottom: 5px;"> Natividad Medical Center established a baseline for the number of encounters facilitated by qualified interpreters: 160 encounters per month. </div> <div style="border: 1px solid black; min-height: 100px;"> Natividad Medical Center established a baseline for the number of departments utilizing video or audio conference terminals: 0 departments </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid black; width: 100px; background-color: #cccccc;" type="text" value="1.00"/>
Process Milestone: <u>Implement language access policies and procedures</u>	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid black; width: 100px;" type="text" value="0.50"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid black; width: 100px;" type="text" value="1.00"/>
Achievement	<input style="border: 1px solid black; width: 100px; background-color: #cccccc;" type="text" value="0.50"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input style="border: 1px solid black; width: 100px;" type="text"/>
<div style="border: 1px solid black; min-height: 100px;"> Natividad Medical Center has drafted changes to our Language Access policy and procedure based on Straight Talk: Model Hospital Policies & Procedures on Language Access. The policy and procedure is currently in the final stages of our committee review process and will be implemented within the next 2 months. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid black; width: 100px; background-color: #cccccc;" type="text" value="0.50"/>

DSRIP Semi-Annual Reporting Form

Category 1: Enhance Interpretation Services and Culturally Competent Care

<p>Process Milestone: <u>Expand the number of qualified healthcare interpreters by 100%</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Natividad Medical Center has expanded the number of qualified healthcare interpreters available to provide interpretation services by hiring a second full-time Medical Interpreter as of September 2011 and by providing Bridging the Gap training classes for dual-role staff in key areas throughout the hospital. NMC's Medical Interpreter Coordinator was certified as a trainer for the Bridging the Gap curriculum in June 2011. As of December 2011, Natividad Medical trained 22 dual-role staff and now has a total of 24 qualified healthcare interpreters.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px; background-color: #cccccc;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="1.00"/></p>
<p>Process Milestone: <u>Expand qualified healthcare interpretation technology to 10% of departments</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Natividad Medical Center identified 17 department locations in our gap analysis that would benefit from using health care interpretation technology for the provision of interpreter services. As of December 2011, 4 of 17 targeted departments are utilizing a video or audio conference terminal which is an increase of 24 % over baseline</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px; background-color: #cccccc;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="1.00"/></p>
<p>Process Milestone: <u>Increase number of qualified healthcare interpreter encounters to 10% over baseline</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>As of December 2011, the number of encounters facilitated by qualified healthcare interpreters at Natividad Medical Center was 311, which is an increase of 94% over baseline.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px; background-color: #cccccc;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="yes"/></p> <p><input style="width: 100%; height: 20px;" type="text" value="1.00"/></p>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

REPORTING ON THIS PROJECT: *

Category 2: Redesign to Improve Patient Experience

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

Redesign to Improve Patient Experience	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 3,275,875.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ -"/>
Process Milestone: <u>Conduct focus groups in one targeted clinical area to establish baseline</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"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text" value="no"/>
<div style="border: 1px solid black; min-height: 60px; margin-top: 5px;"> Natividad Medical Center is participating in the PExT initiative with the Safety Net Institute and is targeting the Medical/Surgical Unit on the 3rd floor as the clinical area to make improvements related to the patient experience. Focus groups are scheduled for January and February 2012. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="no"/>
<i>Achievement Value</i>	<input type="text" value="-"/>
Process Milestone: <u>Develop regular organizational display of patient experience data and provide quarterly updates to employees</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"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text" value="yes"/>
<div style="border: 1px solid black; min-height: 60px; margin-top: 5px;"> Patient satisfaction survey results as one of the five organizational keys to success continue to be displayed on all hospital bulletin boards. The data is updated on a quarterly basis. In addition, patient satisfaction survey results for the overall quality of care questions continue to be included weekly in the organizational "daily huddle" communication provided to all departments. This has been ongoing for the first six months of DY7, July – December 2011. </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="0.50"/>

DSRIP Semi-Annual Reporting Form

Category 2: Redesign to Improve Patient Experience

Process Milestone:	Develop a staff education plan to integrate the patient experience into employee orientation and training <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 100%;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 100%;" type="text"/>
Achievement		<input style="width: 100%; background-color: #cccccc;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input style="width: 100%;" type="text" value="yes"/>
All hospital staff are scheduled to attend DDI Service Plus Training. Training classes and have been held most Wednesdays, July – December 2011.		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 100%;" type="text" value="yes"/>
<i>Achievement Value</i>		<input style="width: 100%; background-color: #cccccc;" type="text" value="0.50"/>
Process Milestone:	Implement at least one organization strategy that includes the patient in shared decision making aimed at improving patient and family centeredness <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 100%;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 100%;" type="text"/>
Achievement		<input style="width: 100%; background-color: #cccccc;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input style="width: 100%;" type="text" value="no"/>
Natividad Medical will implement at least one strategy upon completion of the focus group meetings which are scheduled for January and February 2012.		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 100%;" type="text" value="no"/>
<i>Achievement Value</i>		<input style="width: 100%; background-color: #cccccc;" type="text" value="-"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

REPORTING ON THIS PROJECT: *

Category 2: Apply Process Improvement Methodology to Improve Quality/Efficiency

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

Apply Process Improvement Methodology to Improve Quality/Efficiency

DY Total Computable Incentive Amount:	* <input style="border: 1px solid black; width: 100px;" type="text" value="\$ 3,275,875.00"/>
Incentive Funding Already Received in DY:	* <input style="border: 1px solid black; width: 100px;" type="text" value="\$ -"/>
Process Milestone: <u>Train process improvement advisors/champions</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Achievement	<input style="border: 1px solid black; width: 100px; background-color: gray;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
Two Quality Nurses and the CMO attended the IHI National Forum in December 2011 where they participated in educational sessions focused on leading process improvement initiatives. One Quality Nurse and one Risk/Compliance Officer are scheduled to attend LEAN Training in February/March 2012.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid black; width: 100px; background-color: lightblue;" type="text" value="0.50"/>

Process Milestone: <u>Convene training events conducted by designated process improvement trainers</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid black; width: 100px;" type="text"/>
Achievement	<input style="border: 1px solid black; width: 100px; background-color: gray;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
Three training events were conducted by designated process improvement trainers July 2011 – December 2011.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid black; width: 100px;" type="text" value="yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid black; width: 100px; background-color: lightblue;" type="text" value="0.50"/>

DSRIP Semi-Annual Reporting Form

Category 2: Apply Process Improvement Methodology to Improve Quality/Efficiency

Process Milestone:	Target 1 specific process to improve utilizing the Model for Improvement framework <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"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input type="text" value="yes"/>
<div style="border: 1px solid black; padding: 5px;"><p>A performance improvement team was sanctioned in 2011 to reduce ventilator-associated-pneumonia by focusing on compliance with bundle practices – especially maintaining the head-of-the-bed at >30°. The Team achieved success in maintaining the head-of-the-bed at >30° and the hospital has had no ventilator-associated pneumonia cases since April 27, 2011.</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"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

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:	* \$ 892,856.00
Incentive Funding Already Received in DY:	* \$ -
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. (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
<div style="border: 1px solid black; min-height: 80px; padding: 5px;"> Work has been completed to fully implement the CG-CAHPS survey at Natividad Medical Center's Natividad Medical Group (NMG) clinic and the Monterey County Health Department's Laurel Family Medicine Clinic. The contract with PRC was established, test files were sent to PRC in November, 2011, and we are ready for full implementation in 2012. </div>	
Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad Medical Center

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 3/30/2012

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

Care Coordination (required)	
DY Total Computable Incentive Amount:	* \$ 1,091,269.00
Incentive Funding Already Received in DY:	* \$ -
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 1.0
Denominator	* 563.0
Rate	0.2
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; min-height: 60px; margin-bottom: 5px;"> Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Diabetes. Data sharing between the two entities was accomplished for July – December 2011. </div>	
Achievement	Yes
Achievement Value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 10.0
Denominator	* 563.0
Rate	1.8
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; min-height: 60px; margin-bottom: 5px;"> Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Diabetes. Data sharing between the two entities was accomplished for July – December 2011. </div>	
Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad Medical Center

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 3/30/2012

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:	* \$ 1,091,269.00
Incentive Funding Already Received in DY:	* \$ -
Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 290.0
Denominator	* 604.0
Rate	48.0
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Mammography and Influenza Immunization. Data sharing between the two entities was accomplished for July – December 2011.	
Achievement	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 273.0
Denominator	* 1,160.0
Rate	23.5
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Mammography and Influenza Immunization. Data sharing between the two entities was accomplished for July – December 2011.	
Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad Medical Center

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 3/30/2012

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:	* \$ 892,856.00
Incentive Funding Already Received in DY:	* \$ -
Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 110.0
Denominator	* 551.0
Rate	20.0
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Diabetes. Data sharing between the two entities was accomplished for July – December 2011. </div>	
Achievement	Yes
Achievement Value	0.50
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (EMR)
Numerator	* 86.0
Denominator	* 551.0
Rate	15.6
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> Bi-weekly meetings with key stakeholders at Natividad Medical Center's Natividad Medical Group clinic and Laurel Family Medicine clinic were held July – December to develop processes to collect numerator and denominator data related to Diabetes. Data sharing between the two entities was accomplished for July – December 2011. </div>	
Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad 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:	* \$ 605,000.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	* 7
Denominator	* 30
% Compliance	0.23
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; padding: 5px;">7 out of 30 represents compliance with the sepsis resuscitation bundle January through June 2011.</div>	
DY Target (from the DPH system plan, if appropriate)	*
% Achievement of Target	N/A
<i>Achievement Value</i>	0.50
Sepsis Mortality (%)	
Numerator	*
Denominator	*
% Mortality	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
<div style="border: 1px solid black; padding: 5px;"></div>	
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Category 4: Severe Sepsis Detection and Management (required)

<p>Optional Milestone: <u>Implement the Sepsis Resuscitation Bundle</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="checkbox"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; padding: 5px;"> <p>1. Natividad Medical Center developed the necessary reports from our Meditech computer system for identifying the sepsis cases and calculation of our sepsis mortality rate. We designed and implemented the use of an excel spreadsheet to manage the sepsis bundle practice data.</p> <p>2. Natividad Medical Center established our baseline performance data of compliance with the Sepsis Bundle Processes January – June 2011.</p> <p>3. Natividad Medical Center is an active participant in the SNI Sepsis Collaborative. Team representatives have attended all required meetings July – December 2011.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input type="text"/></p> <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="0.50"/></p>
<p>Optional Milestone: <u>Report at least 6 months of data on sepsis resuscitation bundle to SNI</u> <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="checkbox"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; padding: 5px;"> <p>Natividad Medical Center reported 6 months of data on Sepsis Mortality and compliance with the Sepsis Resuscitation Bundle to SNI as of December 31, 2011. SNI will use the data to establish the baseline and setting benchmarks.</p> </div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<p><input type="text"/></p> <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="1.00"/></p>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: Natividad Medical Center

REPORTING YEAR: DY 7

DATE OF SUBMISSION: 3/30/2012

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:	* \$ 605,000.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	* 112.00
Denominator	* 117.00
% Compliance	0.96
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
CLIP results for 6 months (June - November 2011) are being reported to the State in this report.	
DY Target (from the DPH system plan)	* yes
% Achievement of Target	N/A
<i>Achievement Value</i>	0.50
Central Line Bloodstream Infection (Rate per 1,000 patient days)	
Numerator	* 0.00
Denominator	* 923.00
Infection Rate	-
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
CLABSI results for 6 months (June - November 2011) are being reported to the State in this report.	
DY Target (from the DPH system plan)	* yes
% Achievement of Target	N/A
<i>Achievement Value</i>	0.50

DSRIP Semi-Annual Reporting Form

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

Optional Milestone: Implement the Central Line Insertion Practices (CLIP) as evidenced by

(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 (if "yes") provide an in-depth description of how the milestone was achieved:

*

1. Natividad Medical Center has implemented the use of Central Line Kit /Cart that contains all necessary components for aseptic catheter insertion and is available and easily accessible where central venous catheters are inserted.
2. Natividad Medical Center has implemented Multi-disciplinary Rounds in the ICU. Rounds are led by the ICU attending physician.
3. Natividad Medical Center has sanctioned a Performance Improvement Team to work on prevention of central line-associated blood stream infections.
4. Natividad Medical Center is an active participant in the SNI CLABSI Collaborative. Team representatives have attended all required meetings July – December 2011.
5. Natividad Medical Center has implemented the use of port protectors impregnated with alcohol to reduce risk of contamination when ports are accessed. Plans are underway to standardize dressings for central lines.

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

*

Achievement Value

Optional Milestone: 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)

*

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 (if "yes") provide an in-depth description of how the milestone was achieved:

*

Natividad Medical Center reported 6 months of data on CLIP and CLABSI to SNI as of December 31, 2011. SNI will use the data to establish the baseline and setting benchmarks.

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: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

REPORTING ON THIS PROJECT: *

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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:	* <input style="width: 100px;" type="text" value="\$ 605,000.00"/>
Incentive Funding Already Received in DY:	* <input style="width: 100px;" type="text" value="\$ -"/>
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	
Numerator	* <input style="width: 100px;" type="text" value="0.00"/>
Denominator	* <input style="width: 100px;" type="text" value="67.00"/>
Prevalence (%)	<input style="width: 100px;" type="text" value="-"/>
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Hospital-acquired pressure ulcer results for 6 months (July – December 2011) are being reported to the state in this report.	
DY Target (from the DPH system plan)	* <input style="width: 100px;" type="text"/>
% Achievement of Target	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text" value="0.50"/>
Optional Milestone: <u>Share data, promising practices and findings with SNI</u> <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 100px;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input style="width: 100px;" type="text" value="yes"/>	
Natividad Medical Center reported our current data, promising practices and findings to SNI as of December 31, 2011. SNI will use the data to foster shared learning and benchmarking.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="width: 100px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text" value="1.00"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: Natividad Medical Center
 REPORTING YEAR: DY 7
 DATE OF SUBMISSION: 3/30/2012

REPORTING ON THIS PROJECT: *

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

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

Venous Thromboembolism (VTE) Prevention and Treatment	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 605,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ -"/>
VTE Prophylaxis (%)	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
DY Target (from the DPH system plan)	* <input type="text"/>
% Achievement of Target	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Intensive care unit VTE prophylaxis (%)	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
DY Target (from the DPH system plan)	* <input type="text"/>
% Achievement of Target	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

VTE patients with anticoagulation overlap therapy (%)

Numerator	*	<input style="width: 95%;" type="text"/>
Denominator	*	<input style="width: 95%;" type="text"/>
% Compliance		<input style="width: 95%;" type="text"/>

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

DY Target (from the DPH system plan)	*	<input style="width: 95%;" type="text"/>
% Achievement of Target		N/A
<i>Achievement Value</i>		<input style="width: 95%;" type="text"/>

VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)

Numerator	*	<input style="width: 95%;" type="text"/>
Denominator	*	<input style="width: 95%;" type="text"/>
% Compliance		<input style="width: 95%;" type="text"/>

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

DY Target (from the DPH system plan)	*	<input style="width: 95%;" type="text"/>
% Achievement of Target		N/A
<i>Achievement Value</i>		<input style="width: 95%;" type="text"/>

VTE discharge instructions (%)

Numerator	*	<input style="width: 95%;" type="text"/>
Denominator	*	<input style="width: 95%;" type="text"/>
% Compliance		N/A

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

DY Target (from the DPH system plan)	*	<input style="width: 95%;" type="text"/>
% Achievement of Target		N/A
<i>Achievement Value</i>		<input style="width: 95%;" type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Incidence of potentially preventable VTE (%)

Numerator	* <input style="width: 90%;" type="text"/>
Denominator	* <input style="width: 90%;" type="text"/>
Incidence (%)	<input style="width: 90%; background-color: #cccccc;" type="text" value="N/A"/>

Provide an in-depth description of milestone progress. (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 Value

Optional Milestone: Put in place measurement/data management systems *(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 90%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 90%;" type="text"/>
Achievement	<input style="width: 90%; background-color: #cccccc;" type="text"/>

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

Natividad Medical Center established a measurement/data management system for Venous Thromboembolus Prevention and Treatment. Data is abstracted, compiled and analyzed via the Thomson Reuters Care Discovery Quality System.

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

Achievement Value

Optional Milestone: Establish baseline for VTE risk assessment process measures *(insert milestone)*

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 90%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 90%;" type="text"/>
Achievement	<input style="width: 90%; background-color: #cccccc;" type="text"/>

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

Natividad Medical Center established our baseline performance data for Venous Thromboembolus Prevention and Treatment (5 VTE process measures) April – September 2011.

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: Venous Thromboembolism (VTE) Prevention and Treatment

Optional Milestone:	Report at least 6 months of data collection on the VTE process measures to SNI <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 100%;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 100%;" type="text"/>
Achievement		<input style="width: 100%; background-color: #cccccc;" type="text"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input style="width: 100%;" type="text" value="yes"/>
Natividad Medical Center reported 6 months of data on the VTE process measures to SNI as of December 31, 2011. SNI will use the data to establish the baseline and setting benchmarks. VTE Prophylaxis (%) = 134/164 (82%) ICU VTE Prophylaxis (%) = 40/42 (95%) VTE patients with anticoagulation overlap therapy (%) = 4/4 (100%) VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%) = 1/1 (100%) VTE discharge instructions (%) = 0/2 (0%)		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 100%;" type="text" value="yes"/>
<i>Achievement Value</i>		<input style="width: 100%; border: 2px solid blue;" type="text" value="1.00"/>

Optional Milestone:	Report the 5 VTE process measures data to State <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* <input style="width: 100%;" type="text"/>
Denominator (if absolute number, enter "1")		* <input style="width: 100%;" type="text"/>
Achievement		<input style="width: 100%; background-color: #cccccc;" type="text" value="yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* <input style="width: 100%;" type="text" value="yes"/>
The 5 VTE process measures data for 6 months (April – September 2011) are being reported to the state in this report. VTE Prophylaxis (%) = 134/164 (82%) ICU VTE Prophylaxis (%) = 40/42 (95%) VTE patients with anticoagulation overlap therapy (%) = 4/4 (100%) VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%) = 1/1 (100%) VTE discharge instructions (%) = 0/2 (0%)		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* <input style="width: 100%;" type="text" value="yes"/>
<i>Achievement Value</i>		<input style="width: 100%; border: 2px solid blue;" type="text" value="0.50"/>