Contra Costa Regional Medical Center
and Health Centers

Delivery System Reform Incentive Payments (DSIP)
Plan

Year - End Report on DY 6 Achievements
May 14, 2011

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 twice 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 (year-end)	September 30, 2012
DY 8 (6-month)	March 31, 2013
DY 8 (year-end)	September 30, 2013
DY 9 (6-month)	March 31, 2014
DY 9 (year-end)	September 30, 2014
DY 10 (6-month)	March 31, 2015
DY 10 (year-end)	September 30, 2015

Use of This Reporting Form

All DPH systems must use this reporting form template for reports starting May 15, 2011.
For the year-end report, DPH systems will include the year-end narrative, the year-end report, and reattach the
   previously submitted 6-month report.
DPH systems should follow the instructions at the top of each tab for completing the form. DPH systems should
   complete information for items marked "*" for each project tab and milestone being reported.

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

* DPH SYSTEM:	Contra Costa Regional Medical Center and Health Centers
* REPORTING YEAR:	DY 6
* DATE OF SUBMISSION:	5/14/2011

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	#REF!
Increase Training of Primary Care Workforce	#REF!
Implement and Utilize Disease Management Registry Functionality	N/A
Enhance Interpretation Services and Culturally Competent Care	#REF!
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	#REF!
Enhance Urgent Medical Advice	N/A
Introduce Telemedicine	N/A
Enhance Coding and Documentation for Quality Data	N/A
Develop Risk Stratification Capabilities/Functionalities	N/A
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	N/A
Expand Specialty Care Capacity	N/A
Enhance Performance Improvement and Reporting Capacity	N/A
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	#REF!

Category 2 Projects	
Expand Medical Homes	#REF!
Expand Chronic Care Management Models	N/A
Redesign Primary Care	N/A
Redesign to Improve Patient Experience	#REF!
Redesign for Cost Containment	N/A
Integrate Physical and Behavioral Health Care	#REF!
Increase Specialty Care Access/Redesign Referral Process	N/A
Establish/Expand a Patient Care Navigation Program	N/A
Apply Process Improvement Methodology to Improve Quality/Efficiency	N/A
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	N/A
Use Palliative Care Programs	N/A
Conduct Medication Management	#REF!
Implement/Expand Care Transitions Programs	N/A
Implement Real-Time Hospital-Acquired Infections (HAIs) System	N/A
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	#REF!

Category 3 Domains	
Patient/Care Giver Experience *(required)*	
Care Coordination *(required)*	
Preventive Health *(required)*	
At-Risk Populations *(required)*	
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ -

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	#REF!
Central Line Associated Blood Stream Infection Prevention *(required)*	#REF!
Surgical Site Infection Prevention	N/A
Hospital-Acquired Pressure Ulcer Prevention	#REF!
Stroke Management	N/A
Venous Thromboembolism (VTE) Prevention and Treatment	#REF!
Falls with Injury Prevention	N/A
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	#REF!

TOTAL INCENTIVE PAYMENT	#REF!

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011
Year-End Narrative

This narrative summarizes the DSRIP activities performed in the reporting demonstration year.
 * Instructions for DPH systems: Please complete the narrative for year-end reports. The narrative must include
a description of progress made, lessons learned, challenges faced, other pertinent findings and participation in
shared learning.

Summary of Demonstration Year Activities

The challenge facing our organization now is to provide evidenced-based care while simultaneously reducing disparities in the health of our population, and to do so in the most effective, scientific, reliable manner.

Although residents of Contra Costa County, on the average, have relatively high incomes, the economic status of the County is quite diverse, with some of the lowest and highest income census tracts in the nation. CCRMC and the Health Centers provide medical care to the residents of the County who face overwhelming economic and social challenges. Many of our patients have recently lost jobs, or work hard at jobs that do not afford them the ability to obtain health insurance. Many are patients with chronic and severe disabling illnesses that preclude work, or use up all disposable income. Our patients collectively speak more than forty languages; represent a multitude of social and ethnic experiences.

During DY 6 Contra Costa Regional Medical Center has made notable progress in expanding our primary care capacity to better serve patients, increasing interpretation services, collection of Race Ethnicity and Language (REAL) data, and enhancing patient safety. Listed below are some the major activities that were achieved:

Expanded Primary Care Capacity
Progress Made:
- Increased the number of evening clinics by three clinics (four-hour blocks) per week
- Hired additional Family Nurse Practitioner resulting in twenty-two additional primary care hours per week

Challenges:
- We were unable to quantify demand for our clinics because we did not track the industry standard of "third next - available" appointment. A plan has been developed to analyze and generate these reports on a monthly basis.

Lessons Learned / Pertinent Findings:
-Discovered that it could take up to four days to resolve non-urgent patient requests such as medication refills and routine lab results. Trialed assigning a Licensed Vocational Nurse to address non-urgent requests and reduced the time to resolve patient's issues to less than one day. We are now developing a plan to expand this model.

Increasing Interpretation Services
Progress Made:
- Developed a team to enhance interpretation services.
- Merged three suites to develop a call center for all health care interpreters.
- Interpreter units have also been installed in each of the conference rooms throughout CCRMC and most health centers to facilitate use during family meetings.
- We are working with Information Services to enable wireless use of video units within CCRMC.
- Two video units are being configured to the wireless mode and battery packs are on order, so that we can begin testing out the technology.

Challenges:
- There were not enough ports to allow use of the portable video interpreter units. We are in the process of arranging video data ports to be installed in each of our eight health centers as well as in every patient care room in CCRMC.

Lessons Learned / Pertinent Findings:
- Health Care interpreters from each health center have been relocated to the new call center to increase productivity and allow for improved supervision and support. As a result calls handled by the same number of personnel have increased.

Summary of Demonstration Year Activities (continued)

Collection of Race Ethnicity and Language (REAL) Data
Progress Made:
- Developed REAL data template for the hospitals and health centers and integrated it into the data warehouse.
- Trained at least 100 hospital and health centers registration staff on the collection of consistent, valid, and reliable data.
- Collected accurate REAL data fields as structured data for 37% of patients registered at the hospital and health centers.

Challenges:
The registration staff were initially reluctant due to an additional duty during the registration process. During the second training for the pilot we rearranged the staff training to illustrate specific health disparities in our county and in our health system. We explained the lower rates of obesity counseling among Hispanic patients and the improvements we were making

Lessons Learned / Pertinent Findings:
Using patient stories to highlight the disparity in Cardiac Arrest rates among African Americans we were able to engage the registration staff on a deeper level – helping them to understand how important their role is in making a difference in the lives on our patients. We were pleasantly surprised to see that the second group had no reluctance in collecting the REAL data and were actually excited to find out how important their role would be.

Severe Sepsis Detection and Management
Progress Made:
We joined the Integrated Nurse Leadership Program (INLP) cohort which is a collaboration of twelve Bay Area hospitals. Implemented a nursing screening tool to identify potentially septic patients.

Challenges:
- We joined the collaborative six months after it began and therefore had to move quickly to reach the same level as the other participating hospitals.
- The new Sepsis Screen Tool was initially difficult to "on-board" with the nurses as it is seen as additional paper work.
- Struggled with physician agreement with the protocol of ordering a lactate with every positive screen.

Lessons Learned / Pertinent Findings:
- With the faster recognition time, patients are able to receive evidence-based treatment protocols sooner and ultimately reduce our mortality rates.
- We found that on-going education of nurses and real stories from patients struggling with sepsis resulted in continual compliance with the Sepsis Screen Tool.
- The use of "Physician Champions" to educate peers about the protocol of ordering a lactate with every positive screen was instrumental in gaining wide acceptance.

Summary of DPH System's Participation in Shared Learning
CCRMC&HC hosted the regional launch of a national collaboration and publicly shared our experience in reducing preventable harm. We were joined by consumers, industry representatives, and other key health care stakeholders to highlight the historic reforms of the Affordable Care Act. The new initiative, Partnership for Patients, will help save 60,000 lives by stopping millions of preventable injuries and complications in patient care over the next three years, improving quality and containing costs.

CCRMC&HC has also been fortunate in its participation in the Integrated Nurse Leadership Program, a cohort of twelve Bay Area hospitals, for Sepsis Mortality Reduction since 2009. This collaboration has given us the opportunity to share lessons learned with other bay area hospitals. We were provided the opportunity to present our progress and see the progress of the other hospitals in the cohort at the INLP graduation ceremony on April 20, 2011. This shared learning experience has brought many useful improvement ideas as well as the opportunity to share our personal challenges and successes in this project.

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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: Increase number of evening clinics at two health centers.	Yes
Achievement Value	1.00
Process Milestone: Increase number of primary care hours.	Yes
Achievement Value	1.00
Process Milestone: Develop plan and monitoring system to assess patient access to primary care using an industry standard of patient's access to care, e.g "Third Next-Available Appointment"	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	$ 5.61
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	3.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.61
Incentive Payment Amount:	#REF!

Category 1 Summary Page
Increase Training of Primary Care Workforce

Process Milestone: _____ Assess the Ambulatory Care Lead Preceptor Program and assess supervision standards for resident training in the ambulatory setting	Yes
Achievement Value	*1.00*
Process Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
Improvement Milestone: _____ Increase primary care training in Continuity Clinics in diverse/low-income, community-based settings by 120 scheduled clinic visits	454.00
Achievement Value	*1.00*
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.61
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	2.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.61
Incentive Payment Amount:	#REF!

Category 1 Summary Page
Enhance Interpretation Services and Culturally Competent Care

Process Milestone: _____ Designate team to enhance interpretation services.	Yes
Achievement Value	*1.00*
Process Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
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Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.61
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.61
Incentive Payment Amount:	#REF!

Category 1 Summary Page

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

Process Milestone: _____	Develop REAL data template for the hospitals and health centers and integrate it into the data warehouse.	Yes
Achievement Value		*1.00*
Process Milestone: _____	Train at least 100 hospital and health centers registration staff on the collection of consistent, valid, and reliable data	104.00
Achievement Value		*1.00*
#		#REF!
Achievement Value		*#REF!*
#		#REF!
Achievement Value		*#REF!*
#		#REF!
Achievement Value		*#REF!*
Improvement Milestone:	Collect accurate REAL data fields as structured data for at least 20% of patients registered at the hospital and health centers.	0.37
Achievement Value		*1.00*
Improvement Milestone: _____		N/A
Achievement Value		
Improvement Milestone: _____		N/A
Achievement Value		
#		#REF!
Achievement Value		*#REF!*
#		#REF!
Achievement Value		*#REF!*

DY Total Computable Incentive Amount:	$ 5.61
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	3.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.61
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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

Category 2 Summary Page

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Category 2 Projects	
Expand Medical Homes	
Process Milestone: _____ Develop a plan, in conjunction with the Contra Costa Health Plan, to assign patients to primary care teams serving as medical homes to coordinate patients' health care needs.	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
Improvement Milestone: _ Implement a system where at least 80% of Full Scope Medi-Cal and Low Income Health Plan individuals are assigned to a primary care provider within a medical home	0.98
Achievement Value	1.00
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.49
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	2.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.49
Incentive Payment Amount:	#REF!

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign to Improve Patient Experience

Process Milestone: _____ Develop a plan to regularly display patient experience data and provide updates to staff on the efforts underway to improve the experience of patients and their families	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
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Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.49
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.49
Incentive Payment Amount:	#REF!

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

Process Milestone: _____	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
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Achievement Value	*#REF!*
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Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.49
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.49
Incentive Payment Amount:	#REF!

Category 2 Summary Page

Conduct Medication Management

Process Milestone: _____ Assess patient need for implementation of a medication refill process in the ambulatory care setting.	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
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Achievement Value	*#REF!*
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Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 5.49
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 5.49
Incentive Payment Amount:	#REF!

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011
Category 3 Summary Page

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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)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	N/A
Achievement Value	
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:	$ -
Incentive Payment Amount:	

Category 3 Summary Page
Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10) `N/A`

   Achievement Value ` `

Report results of the Uncontrolled Diabetes measure to the State (DY7-10) `N/A`

   Achievement Value ` `

Report results of the Congestive Heart Failure measure to the State (DY8-10) `N/A`

   Achievement Value ` `

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

   Achievement Value ` `

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: `$          -`

Incentive Payment Amount: ▓▓▓▓▓

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10) `N/A`

   Achievement Value ` `

Reports results of the Influenza Immunization measure to the State (DY7-10) `N/A`

   Achievement Value ` `

Report results of the Child Weight Screening measure to the State (DY8-10) `N/A`

   Achievement Value ` `

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

   Achievement Value ` `

Report results of the Tobacco Cessation measure to the State (DY8-10) `N/A`

   Achievement Value ` `

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: `$          -`

Incentive Payment Amount: ▓▓▓▓▓

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)	N/A
Achievement Value	
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	N/A
Achievement Value	
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
Achievement Value	
Report results of the Diabetes Composite to the State (DY8-10)	N/A
Achievement Value	
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:	$ -
Incentive Payment Amount:	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

Category 4 Summary Page

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- The red boxes indicate Total Sums.

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	
Compliance with Sepsis Resuscitation bundle (%)	N/A
Achievement Value	
Sepis Mortality (%)	N/A
Achievement Value	
Optional Milestone: _____ Designate a multidisciplinary team to improve Severe Sepsis Detection and Management	Yes
Achievement Value	1.00
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	$ 0.87
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 0.87
Incentive Payment Amount:	#REF!

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)	N/A
Achievement Value	
Central Line Bloodstream Infection (Rate per 1,000 patient days)	N/A
Achievement Value	
Optional Milestone: _____ Designate a multidisciplinary Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention Team	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 0.87
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 0.87
Incentive Payment Amount:	#REF!

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	N/A
Achievement Value	
Optional Milestone: _____ Designate a multidisciplinary Hospital-Acquired Pressure Ulcer Prevention Team	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 0.87
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!

Category 4 Summary Page

Incentive Funding Already Received in DY: $ 0.87

Incentive Payment Amount: #REF!

Category 4 Summary Page
Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)	N/A
Achievement Value	
Intensive care unit VTE prophylaxsis (%)	N/A
Achievement Value	
VTE patients with anticoagulation overlap therapy (%)	N/A
Achievement Value	
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)	N/A
Achievement Value	
VTE discharge instructions (%)	N/A
Achievement Value	
Incidence of potentially preventable VTE (%)	N/A
Achievement Value	
Optional Milestone: _____ Designate a multidisciplinary Venous Thromboembolism (VTE) Prevention and Treatment Team	Yes
Achievement Value	*1.00*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
#	#REF!
Achievement Value	*#REF!*
DY Total Computable Incentive Amount:	$ 0.87
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	1.00
Achievement Value Percentage:	#REF!
Eligible Incentive Funding Amount:	#REF!
Incentive Funding Already Received in DY:	$ 0.87
Incentive Payment Amount:	#REF!

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

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 (*).

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---

Expand Primary Care Capacity

DY Total Computable Incentive Amount: * $ 5.6142750

Incentive Funding Already Received in DY: * $ 5.6142750

Process Milestone: Increase number of evening clinics at two health centers.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Increased the number of evening clinics (4 hour blocks) at the Antioch Health Center from two evening clinics per week to four evening clinics per week, a 100% increase in evening clinics. Increased the number of evening clinics (4 hour blocks) at the Concord Health Center from three per week to four per week, a 33% increase in evening clinics.

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

  Achievement Value   1.00

Process Milestone: Increase number of primary care hours.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Hired additional primary care family nurse practitioner. New hire adds 5.5 primary care clinics per week (5.5 x four hour blocks = 22 additional primary care hours per week).

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: Expand Primary Care Capacity

Process Milestone: Develop plan and monitoring system to assess patient access to primary care using an industry standard of patient's access to care, e.g "Third Next-Available Appointment"

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

Ambulatory Care Services Administration and the Information Technology Department has developed a plan and monitoring system to report on "Third Next Available Appointment." The reports are driven by configuration settings in the Epic Appointment Scheduling system. A relational database representation of Epic has been developed to analyze and generate these reports on a monthly basis.

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

Achievement Value   [1.00]

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   [N/A]

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: * [ ]

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   [N/A]

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: * [ ]

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: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

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 (*).
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Increase Training of Primary Care Workforce

DY Total Computable Incentive Amount: * $ 5.6142750

Incentive Funding Already Received in DY: * $ 5.6142750

Process Milestone: _____ Assess the Ambulatory Care Lead Preceptor Program and assess supervision standards for resident training in the ambulatory setting
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

A preceptor retreat was held on 01/22/2011 to assess supervision standards in the resident Family Medicine Clinics. Identified challenges include lack of standard tools, lack of a framework for supervision, a desire to find balance between resident autonomny and supervision, and a lack of time for preceptors to provide additional supervision due to current duty expectations. Based on learnings from this assessment, a pilot began on 02/22/2011 to create standardized tools that can be used for supervision. Implementation of these tools with specific guidelines for the community preceptors will be completed before new residents arrive in July.

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

Achievement Value   1.00

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   N/A

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: *

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

Improvement Milestone: Increase primary care training in Continuity Clinics in diverse/low-income, community-based settings by 120 scheduled clinic visits
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 454.00

Denominator (if absolute number, enter "1") * 1.00

Achievement 454.00

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: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * 120.00

Achievement Value 1.00

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

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

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: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * | Yes |

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 (*).

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Enhance Interpretation Services and Culturally Competent Care

DY Total Computable Incentive Amount: * | $ 5.6142750 |

Incentive Funding Already Received in DY: * | $ 5.6142750 |

Process Milestone: ____ Designate team to enhance interpretation services.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * | Yes |

A team has been designated to enhance interpretation services for the Contra Costa Regional Medical Center and Health Centers. The team consists of multidisciplinary leaders from: Nursing, Family Medicine, Inpatient and Outpatient Registration, Staffing Office, Human Resources, Financial Counseling, and Information Technology.

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

    Achievement Value | 1.00 |

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 | N/A |

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: * | |

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: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

Category 1: Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities

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 (*).*

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

DY Total Computable Incentive Amount: * $ 5.6142750

Incentive Funding Already Received in DY: * $ 5.6142750

Process Milestone: ____ Develop REAL data template for the hospitals and health centers and integrate it into the data warehouse.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

A web-based program has been developed that interfaces directly with the data warehouse (electronic Master Patient Index) and stores, as the primary source, information on Spoken/Written Language, Race and Ethnicity. The program allows the user to collect patient demographic data on: 1) What language do you prefer to to Receive your healthcare services (189 choices); 2) What language do you prefer to Read your healthcare services (177 choices); 3) What category best describes your Race (7 choices with up to five allowed); and 4) What is your Ethnic Background (151 choices).

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

   Achievement Value   1.00

Process Milestone: ____ Train at least 100 hospital and health centers registration staff on the collection of consistent, valid, and reliable data
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 104.00

Denominator (if absolute number, enter "1") * 1.00

   Achievement   104.00

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: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * 100.00

   Achievement Value   1.00

Category 1: Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities

Improvement Milestone:	Collect accurate REAL data fields as structured data for at least 20% of patients registered at the hospital and health centers.
	(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   *   11,052.00

Denominator (if absolute number, enter "1")   *   29,813.00

    Achievement   0.37

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: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone   *   0.20

    Achievement Value   1.00

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

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

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: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

Category 2: Expand Medical Homes

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

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Expand Medical Homes

DY Total Computable Incentive Amount: * $ 5.4895250

Incentive Funding Already Received in DY: * $ 5.4895250

Process Milestone: ____ Develop a plan, in conjunction with the Contra Costa Health Plan, to
assign patients to primary care teams serving as medical homes to
coordinate patients' health care needs.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Developed rules to identify when a patient is assigned to an inactive primary care physician or when there is
no PCP assigned. Developed guidelines to assign individuals to a primary care provider through the health
care delivery system Central Appointment Unit. Assigned all new Medi-Cal and Low Income Health Plan
patients to primary care physicians upon enrollment to the County's Knox Keene Health Plan. Members and
recipients receive ID cards and the name of the assigned PCP from the Health Plan. Reassignment to a new
PCP occurs if a provider leaves Contra Costa Regional Medical Center and Health Centers. Information
System logic was developed to include geographical needs, language needs, disabled needs and patient
preference to assign patients to a primary care physician. Beginning June 2010, all Medi-Cal Fee For
Service Seniors and Persons with Disabilities (SPDs) will begin being enrolled into the County's Knox Keene
Health Plan or Blue Cross of California, the only two remaining health plans in the County that accept Medi-
Cal Managed Care.

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

   Achievement Value   1.00

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   N/A

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: * [   ]

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

   Achievement Value   [   ]

Category 2: Expand Medical Homes

Improvement Milestone: Implement a system where at least 80% of Full Scope Medi-Cal and Low Income Health Plan individuals are assigned to a primary care provider within a medical home
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   *   80,804.00

Denominator (if absolute number, enter "1")   *   82,288.00

    Achievement   98%

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: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone   *   80%

    Achievement Value   1.00

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

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

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: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

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 (*).

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Redesign to Improve Patient Experience

DY Total Computable Incentive Amount: * $ 5.4895250

Incentive Funding Already Received in DY: * $ 5.4895250

Process Milestone: ____ Develop a plan to regularly display patient experience data and provide updates to staff on the efforts underway to improve the experience of patients and their families
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Project plan and charter has been created to spread patient experience survey tools and reporting across the ambulatory care and emergency department settings. Plan also includes establishing a team that will evaulate patient and family feedback; establish processes for regularly displaying inpatient, outpatient, and Emergency Department patient experience data both internally and externally, and keeping employees and the community informed of efforts to improve the experience of patients and families.

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

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 (*).

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Integrate Physical and Behavioral Health Care

DY Total Computable Incentive Amount: * $ 5.4895250

Incentive Funding Already Received in DY: * $ 5.4895250

Process Milestone: ____ Develop models that bring behavioral health services into primary care and bring primary care to the seriously mentally ill population
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Developed a model at the Richmond Health Center to integrate behavioral into primary health to screen and intervene into diagnosable behavioral conditions and provide behavioral skill development relevant to improved self-care for the general primary care population. The model includes: 1. Primary Care 'hosts'; 2. Psychology Institute 'Health Coach' Trainees; 3. Consult Liaison Psychiatry; 4. Behaviorists dually trained in mental health and substance use. Also developed a model to bring primary care to the seriously mentall ill population. This Concord Adult Mental Health-Integrated Primary Care (IPC) model will bring primary care into a specialized behavioral health setting through the development of a co-located FQHC-satellite clinic. The IPC has been designed to function in an integrated manner with Concord Adult Mental Health Center, the County's largest free-standing adult mental health center. At least half of these patients suffer from co-morbid conditions, including substance use, and more than 50% do not have regular access to primary 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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

Category 2: Conduct Medication Management

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

DY Total Computable Incentive Amount: * $ 5.4895250

Incentive Funding Already Received in DY: * $ 5.4895250

Process Milestone: _____ Assess patient need for implementation of a medication refill process in the ambulatory care setting.
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

Assessment of patient need for a medication refill process in ambulatory care has been completed. A multidisciplinary team has been designated to: 1) Develop a medication refill process protocol for an ambulatory care clinic; 2.) Manage medication refill for the target population; 3.) Select a pilot site; and 4.) Execute process changes to optimize patients' access to health care in the selected patient population.

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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: *

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 how the milestone was achieved: *

Achievement   N/A

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   *

Achievement   N/A

Achievement Value

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   *

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   *

Achievement   N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

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

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

Achievement   N/A

Achievement Value

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

"Yes" rating composite of all questions within this theme from all returned surveys:
Enter the percentage of responses indicating "yes"

Achievement   N/A

Achievement Value

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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
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populate and flow to summary sheets

Care Coordination (required)	
DY Total Computable Incentive Amount:	*
Incentive Funding Already Received in DY:	*
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Uncontrolled Diabetes measure to the State *(DY7-10)*	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Congestive Heart Failure measure to the State *(DY8-10)*	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State *(DY8-10)*	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	

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DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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 (*).

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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   [   ]

   Achievement   [N/A   ]

   Achievement Value   [   ]

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

Data Collection Source   * [   ]

Numerator   * [   ]

Denominator   * [   ]

   Rate   [   ]

   Achievement   [N/A   ]

   Achievement Value   [   ]

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

Data Collection Source   * [   ]

Numerator   * [   ]

Denominator   * [   ]

   Rate   [   ]

   Achievement   [N/A   ]

   Achievement Value   [   ]

Category 3: Preventive Health *(required)*

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

Data Collection Source	* [ ]
Numerator	* [ ]
Denominator	* [ ]
Rate	[ ]
Achievement	N/A
Achievement Value	[ ]

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

Data Collection Source	* [ ]
Numerator	* [ ]
Denominator	* [ ]
Rate	[ ]
Achievement	N/A
Achievement Value	[ ]

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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
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At-Risk Populations (required)

DY Total Computable Incentive Amount: * [ ]

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	* [ ]
Numerator	* [ ]
Denominator	* [ ]
Rate	[ ]
Achievement	N/A
Achievement Value	[ ]

Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State *(DY7-10)*

Data Collection Source	* [ ]
Numerator	* [ ]
Denominator	* [ ]
Rate	[ ]
Achievement	N/A
Achievement Value	[ ]

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

Data Collection Source	* [ ]
Numerator	* [ ]
Denominator	* [ ]
Rate	[ ]
Achievement	N/A
Achievement Value	[ ]

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

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

Data Collection Source *

Numerator *

Denominator *

    Rate

    Achievement   N/A

    Achievement Value

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

Data Collection Source *

Numerator *

Denominator *

    Rate

    Achievement   N/A

    Achievement Value

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

Data Collection Source *

Numerator *

Denominator *

    Rate

    Achievement   N/A

    Achievement Value

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

Data Collection Source *

Numerator *

Denominator *

    Rate

    Achievement   N/A

    Achievement Value

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011
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
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Severe Sepsis Detection and Management		
DY Total Computable Incentive Amount:	*	$ 0.87120
Incentive Funding Already Received in DY:	*	$ 0.87120
Compliance with Sepsis Resuscitation bundle (%)		
Numerator	*	
Denominator	*	
% Compliance		N/A
DY Target (from the DPH system plan)	*	
Achievement Value		
Sepis Mortality (%)		
Numerator	*	
Denominator	*	
% Mortality		N/A
DY Target (from the DPH system plan)	*	
Achievement Value		
Optional Milestone: _____ Designate a multidisciplinary team to improve Severe Sepsis Detection and Management *(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 (if "yes") provide an in-depth description of how the milestone was achieved:	*	Yes
A multidisciplinary team and project charter have been established to improve Severe Sepsis Detection and Management. Team consists of 10 Core Resource members and 15 Unit Team Lead members.		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		1.00

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

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
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Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	* $ 0.87120
Incentive Funding Already Received in DY:	* $ 0.87120

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

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

Central Line Bloodstream Infection (Rate per 1,000 patient days)

Numerator	*
Denominator	*
Infection Rate	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

Optional Milestone: ⎯⎯ Designate a multidisciplinary Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention Team
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

> A multidisciplinary team and project charter have been established to reliably deliver evidence-based practices known to prevent central line associated blood stream infections to all hospitalized patients. The Infection Prevention and Control Program will oversee the improvement processes and oversight for the project will be provided by administration with status reports at least every six months.

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

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: * Yes

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: * $ 0.87120

Incentive Funding Already Received in DY: * $ 0.87120

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

Numerator   * [ ]

Denominator   * [ ]

   Prevalence (%)   N/A

DY Target (from the DPH system plan)   * [ ]

   Achievement Value   [ ]

Optional Milestone: ____ Designate a multidisciplinary Hospital-Acquired Pressure Ulcer Prevention Team
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

> A multidisciplinary team has been designated and a project charter has been established to reliably deliver
> evidence-based practices known to prevent hospital acquired pressure ulcers (HAPU) to all hospitalized
> patients. Oversight for the Hospital Acquired Pressure Ulcer Reduction Project will be provided by administration
> with status reports to the Safety and Performance Improvement Committee at least every six months.

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

   Achievement Value   1.00

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Contra Costa Regional Medical Center and Health Centers
REPORTING YEAR: DY 6
DATE OF SUBMISSION: 5/14/2011

REPORTING ON THIS PROJECT: *   Yes

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
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    populate and flow to summary sheets

Venous Thromboembolism (VTE) Prevention and Treatment

DY Total Computable Incentive Amount:	* $ 0.87120
Incentive Funding Already Received in DY:	* $ 0.87120

VTE Prophylaxis (%)

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

Intensive care unit VTE prophylaxsis (%)

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

VTE patients with anticoagulation overlap therapy (%)

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

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

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

VTE discharge instructions (%)

Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
Achievement Value	

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Incidence of potentially preventable VTE (%)

Numerator	* [ ]
Denominator	* [ ]
Incidence (%)	N/A
DY Target (from the DPH system plan)	* [ ]
Achievement Value	[ ]

Optional Milestone: ___ Designate a multidisciplinary Venous Thromboembolism (VTE) Prevention and Treatment Team
(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 (if "yes") provide an in-depth description of how the milestone was achieved: * [Yes]

A multidisciplinary team has been designated and a project charter has been established to reliably deliver evidence-based practices known to prevent venous thromboembolism to all hospitalized patients. The team includes representatives from the Medical Staff, Pharmacy, Nursing, and the Department of Safety and Performance Improvement. Oversight for the VTE Prevention and Treatment Team will be provided by administration with status reports to the Safety and Performance Improvement Committee at least every six months.

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