KERN
MEDICAL
CENTER

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP)
SEMI –ANNUAL REPORT

Submitted by: Kern Medical Center
Date: March 2, 2011

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 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 complete the following pages. This page will automatically populate.

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	$ 2,614,774.20
Increase Training of Primary Care Workforce	
Implement and Utilize Disease Management Registry Functionality	$ 2,614,774.20
Enhance Interpretation Services and Culturally Competent Care	$ 3,486,365.60
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	$ 4,357,957.00
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	$ 4,357,957.00
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$17,431,828.00
Category 2 Projects	
Expand Medical Homes	$ 4,357,957.00
Expand Chronic Care Management Models	
Redesign Primary Care	$ 4,357,957.00
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	$ 4,357,957.00
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	$ 4,357,957.00
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	
Implement/Expand Care Transitions Programs	
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	$17,431,828.00
Category 3 Domains	
N/A	$ -
Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 756,250.00
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 756,250.00
Surgical Site Infection Prevention	
Hospital-Acquired Pressure Ulcer Prevention	$ 767,593.75
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	$ 756,250.00
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 3,036,343.75
TOTAL INCENTIVE PAYMENT	$37,899,999.75

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Category 1 Summary Page

Instructions for DPH systems: Please complete the following pages. This page will automatically populate.

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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 1: Develop a plan to expand the hours of the primary care clinic to include evenings and weekends, as measured by (1) identification of current patient volume, (2) assessment of new patient waiting list, (3) development of plan to expand the hours, and (4) a plan to re-integrate urgent appointments into primary care clinics, including triaging patients, so that patients can be seen by their primary care provider teams.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 2,614,774.20
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,614,774.20
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 2,614,774.20

Implement and Utilize Disease Management Registry Functionality

Process Milestone 1: Demonstrate and design registry reporting ability to track and report on patient demographics, diagnoses, patients in need of services or not at goal, and preventive care status.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 2,614,774.20
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,614,774.20
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 2,614,774.20

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Process Milestone 1: Conduct an analysis to determine gaps in language access through a survey to determine availability of interpretative equipment within the hospital and its outpatient clinics.

	Yes

Achievement Value — 1.00

Process Milestone 2: Expand capacity of qualified healthcare interpretation workforce to 2 full time staff on HCIN.

	Yes

Achievement Value — 1.00

Process Milestone 3: Establish baseline data of qualified interpreter encounters and number of video or audio conferencing points of access and/or units within inpatient and outpatient areas of the hospital.

	Yes

Achievement Value — 1.00

DY Total Computable Incentive Amount:	$ 3,486,365.60
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 3,486,365.60
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,486,365.60

Enhance Urgent Medical Advice

Process Milestone 1: Establish baseline and metrics of the 24/7 Nurse Line and Health Information Library. Includes at least the following metric baselines: (1) number of patients that access the nurse advice line; and (2) number of patients that called the nurse advice line and reported intent to go to the ED for non-emergency conditions.

	Yes

Achievement Value — 1.00

Process Milestone 2: Establish 24/7 Nurse Line and Health Information Library.   Yes

Achievement Value — 1.00

Process Milestone 3: Inform and educate 5,000 patients on the nurse advice line.   Yes

Achievement Value — 1.00

DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Expand Specialty Care Capacity	
Process Milestone 1: Collect baseline data for wait times, backlog, and no show rates in at least 8 specialty clinics.	Yes
Achievement Value	1.00
Process Milestone 2: Train 25 primary care providers and/or staff on processes, guidelines and technology for referrals and consultations.	Yes
Achievement Value	1.00
Process Milestone 3: Launch a musculoskeletal clinic.	Yes
Achievement Value	1.00
DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Category 2 Summary Page

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Category 2 Projects

Expand Medical Homes

Process Milestone 1: Determine the appropriate panel size for primary care provider teams, potentially based on staff capacity, demographics, and diseases.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

Redesign Primary Care

Process Milestone 1: Establish implementation plan and collect baseline data for patient appointment 'no-show' rates, days to third-next available appointment, and primary care visit cycle time.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

Process Milestone 1: Train at least 15 primary care clinicians on primary care management of behavioral health conditions.	Yes
Achievement Value	*1.00*
Process Milestone 2: Establish, implement and distribute referral guidelines for referring to the behavioral health care provider.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

Establish/Expand a Patient Care Navigation Program

Process Milestone 1: Establish care navigation program to provide support to patient populations who are at most risk of receiving disconnected and fragmented care.	Yes
Achievement Value	*1.00*
Process Milestone 2: Provide care management and navigation services to 60 targeted patients who are high utilizers of the Emergency Department and/or Inpatient services.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 4,357,957.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,357,957.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,357,957.00

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Category 4 Summary Page

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Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	
Compliance with Sepsis Resuscitation bundle (%)	0.00%
Achievement Value	100.00%
Sepis Mortality (%)	-
Achievement Value	1.00
Optional Milestone: Put in place a sepsis bundle data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on sepsis bundle.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 756,250.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 756,250.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 756,250.00
Central Line Associated Blood Stream Infection Prevention *(required)*	
Compliance with Central Line Insertion Practices (CLIP) (%)	-
Achievement Value	1.00
Central Line Bloodstream Infection (Rate per 1,000 discharges)	-
Achievement Value	1.00
Optional Milestone: Put in place a central line insertion practice (CLIP) data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on CLIP.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 756,250.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 756,250.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 756,250.00

Category 4 Summary Page

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	-
Achievement Value	1.00
Optional Milestone: Put in place a HAPU data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on HAPU standardized procedure.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 767,593.75
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 767,593.75
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 767,593.75

Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)	-
Achievement Value	1.00
Intensive care unit VTE prophylaxsis (%)	-
Achievement Value	1.00
VTE patients with anticoagulation overlap therapy (%)	-
Achievement Value	1.00
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)	-
Achievement Value	1.00
VTE discharge instructions (%)	-
Achievement Value	1.00
Incidence of potentially preventable VTE (%)	-
Achievement Value	1.00
Optional Milestone: Put in place a VTE data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on VTE protocol and documentation.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 756,250.00
Total Sum of Achievement Values:	7.00
Total Number of Milestones:	7.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 756,250.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 756,250.00

DSRIP Semi-Annual Reporting Form

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DPH SYSTEM: Kern Medical Center
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Expand Primary Care Capacity

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   populate and flow to summary sheets

Expand Primary Care Capacity

DY Total Computable Incentive Amount: * $ 2,614,774.20

Incentive Funding Already Received in DY: * $ -

Process Milestone 1: Develop a plan to expand the hours of the primary care clinic to include evenings and weekends, as measured by (1) identification of current patient volume, (2) assessment of new patient waiting list, (3) development of plan to expand the hours, and (4) a plan to re-integrate urgent appointments into primary care clinics, including triaging patients, so that patients can be seen by their primary care provider teams.

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

Kern Medical Center implemented weekly meetings with the Administrator of Clinics and Physician Practices, Clinic Director, four clinic supervisors, project managers and registration staff to discuss how we could expand hours of the clinics and integrate urgent appointments into the primary care setting.

Baseline Data:
All primary care clinic supervisors compiled monthly patient data, which served as the source for baseline data.
Identification of current patient volume: The monthly clinic data includes the number of patients scheduled and the number actually seen. Patient volume was determined by dividing number of visits per year by average number of visits per patient.
Assessment of new patient waiting list: Through looking at next available dates in our scheduling system, we learned that it takes approximately 60 days for a new patient to be scheduled in any of our primary care clinics. Therefore, any new patients assigned to the clinics through a managed care plan or our coverage initiative program in the current month would be on the clinic's new patient waiting list. Then we worked with our local managed care plans to determine the average number of patients assigned to KMC each month in order to estimate the demand for services.

Creating a plan:
Development of plan to expand the hours: During the weekly meetings, the team decided that based on the baseline data gathered, the primary care clinics needed to expand their hours. To select the best times to increase hours, KMC project managers and ED supervisor did an assessment of the highest volume ED hours, and found that weekday evenings, especially right after the weekend are, by far, the time when most non-urgent cases come to the ED. Therefore, the team extended the hours to four weekday evenings and Saturdays. Additionally, the of Clinics and Physician Practices started discussions with a nurse practitioner already established at KMC who agreed to extend her hours to evenings and weekends. The clinic director, supervisors, and registration supervisor established the number of staff needed for the extended hours. Based on KMC's hiring list serve, the salary and benefits for the staff were determined, and a budget was created on those estimates.
 Plan to re-integrate urgent appointments into primary care clinics: The team reviewed all clinic schedules and assessed the variability of same-day appointment slots in the clinics. We found the clinic with the least number of slots. The clinic director and supervisor worked to develop a plan to increase the number of slots in that clinic. Project managers researched nurse triage software through a web search and requested more information from vendors. Through the research, a cost estimate was determined and integrated into the budget.

Based on the needs assessment, budget and overall plan, project managers assembled a work plan detailing timelines and resources needed.

Available supportive documentation:
1. Clinic Capacity Implementation Narrative and Work plan
    a. Includes both development of plan to expand clinic hours and to re-integrate urgent appointments into primary care clinics
    b. Triage vendor research and vendor options
2. Project Budget
3. Current Patient Volume and clinical statistics
4. New Patient Waiting List

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

Implement and Utilize Disease Management Registry Functionality

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Implement and Utilize Disease Management Registry Functionality

DY Total Computable Incentive Amount:	* $ 2,614,774.20
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Demonstrate and design registry reporting ability to track and report on patient demographics, diagnoses, patients in need of services or not at goal, and preventive care status.

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

First, the clinic nurses, including clinic supervisors and clinic directors developed a list of reports that would help KMC better manage our diabetic population. The clinic supervisors, project managers, along with the assistance of the registry Information Systems (IS) administrator, looked into the system to see what reports were already available as standard reports in the registry tool. For reports that were not available, we created reports using the custom reporting ad hoc tool in the registry. Then, we developed a reporting guide which includes a list of all possible registry reports and filter options for vetting purposes among clinic physicians, administration and staff. The guide includes sample mock reports.

Available supportive documentation:
1. List of registry reports and filter options
2. Reporting guide with sample mock reports and dashboards

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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REPORTING DY & DATE: DY6 March 2, 2011
Enhance Interpretation Services and Culturally Competent Care

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Enhance Interpretation Services and Culturally Competent Care

DY Total Computable Incentive Amount:	* $ 3,486,365.60
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Conduct an analysis to determine gaps in language access through a survey to determine availability of interpretative equipment within the hospital and its outpatient clinics.

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

Analysis survey was completed of each department/location that previously received interpretive equipment in both inpatient and outpatient areas. The units were identified by inventory number and compared to previous inventory report.   Gap analysis was completed and report provided to leadership.

Available supportive documentation:
1. Copy of gap analysis report

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

Process Milestone 2: Expand capacity of qualified healthcare interpretation workforce to 2 full time staff on HCIN.

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

KMC hired an interpreter and completed all necessary training and testing to add a 2nd qualified healthcare interpreter to the HCIN in December 2010.

Available supportive documentation:
1. Copy of certification on 2nd interpreter

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

Enhance Interpretation Services and Culturally Competent Care

Process Milestone 3: Establish baseline data of qualified interpreter encounters and number of video or audio conferencing points of access and/or units within inpatient and outpatient areas of the hospital.

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]

The report was completed identifying current equipment in each area to determine organization's baseline for video/audio conferencing points of access and/or units. HCIN data was reviewed with team to establish the baseline for qualified interpreter encounters.

Available supportive documentation:
1. Copy of report on gap analysis and HCIN data evaluation

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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Enhance Urgent Medical Advice

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Enhance Urgent Medical Advice	
DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Establish baseline and metrics of the 24/7 Nurse Line and Health Information Library. Includes at least the following metric baselines: (1) number of patients that access the nurse advice line; and (2) number of patients that called the nurse advice line and reported intent to go to the ED for non-emergency conditions.

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

When selecting a vendor for the nurse advice line, we confirmed that call data could be tracked and reported. From a sample reporting schedule the vendor provided, Kern Medical Center (KMC) chose the data to be reported on a monthly and quarterly basis, including number of patients accessing the line, and number of patients who reported intent to go to the ED. The nurse line was established in December 2010, so currently the baseline data for December 2010 and January 2011 have been collected. Additionally, KMC has approved all report templates, samples and schedules.

Available supportive documentation:
1. Baseline data for December 2010 and January 2011
2. Vendor report template, samples and schedule

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

Process Milestone 2: Establish 24/7 Nurse Line and Health Information Library.

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

Kern Medical Center (KMC) contracted with Kern Health Systems, the local Initiative, to be the third-party administrator of select services for our Low Income Health Program (LIHP) and low-income uninsured patients. As such, KMC asked Kern Health Systems to select a vendor to provide both 24/7 nurse advice and a health information library for their patients. The contract with the selected nurse line vendor was executed in November 2010. KMC currently pays Kern Health Systems monthly for the costs.

Available supportive documentation:
1. Copy of vendor contract

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

Enhance Urgent Medical Advice

Process Milestone 3: Inform and educate 5,000 patients on the nurse advice line.

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 |

In an effort to inform and educate patients about the 24/7 nurse line and health information library, Kern
Medical Center (KMC) and Kern Health Systems created magnets with a newsletter that were mailed to all
patients who are currently enrolled in Kern County's Coverage Initiative Program. The magnet had the phone
number for the nurse advice line, and all materials were printed in English and Spanish. The newsletter also
included information about the nurse line, including reasons to call and information that patients have access
to via the nurse line and health information library.

Available supportive documentation:
1. Vendor Invoice for postage and printing newsletter/magnet
2. Copy of the newsletter and magnet

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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Expand Specialty Care Capacity

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Expand Specialty Care Capacity	
DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Collect baseline data for wait times, backlog, and no show rates in at least 8 specialty clinics.

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

Through Kern Medical Center's (KMC) scheduling system, clinic supervisors and project managers worked with the Information Systems department to pull a report indicating the length of time from the referral being screened to the patient's appointment, in order to establish an average wait time per clinic. We also looked at next available date in our scheduling system for both new and return patients for our highest volume specialty clinics. Then in order to estimate the clinic backlog, we pulled a report listing all appointments that were screened but have not received an appointment yet. Additionally through a workgroup called the "Referral Workgroup" that was established to improve the referral process, clinic supervisors report on the number of referrals that have not been processed yet in their clinics. This is done through a manual process, with each referral processing clerk reporting the number of referrals that have yet to be screened by the physician. Next, we worked with Information Systems (IS) to pull a report from our scheduling system that allows us to evaluate the no show rate per provider and clinic.

All three baseline measures were pulled for the following specialty clinics: Cardiology, Gastro, Neurology, Pulmonary, Renal, Rheumatology, Diabetic, Endocrine, Podiatry, Urology and Orthopedics.

Available supportive documentation:
1. All three baseline measures for 11 specialty clinics
    a. Wait Times
    b. Clinic Backlog
    c. No-Show Rates

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

Expand Specialty Care Capacity

Process Milestone 2: Train 25 primary care providers and/or staff on processes, guidelines and technology for referrals and consultations.

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]

In an effort to train staff and providers on processes, guidelines and technology for referrals and consultations, Kern Medical Center (KMC) staff provided three different trainings opportunities. For all three, training materials were created. The following are the three trainings and the attendee types:
1. General Referral Process Overview: Provided information about the forms used to process referrals, when to notify patients and providers of appointments, how to use the referral reference guide which outline the guidelines used for all specialty clinics. Attendees include referral clerks.
2. Processing Referrals in the EMR: This training discussed how to process referrals utilizing the KMC's new EMR consult system. Attendees included referral clerks and nurses in the clinics.
3. Viewing Consult Reports and Patient Records: Training was provided to community clinic providers on how to use KMC's electronic records viewing system, so that providers could view consult reports and referral statuses for any patients referred to KMC's specialty clinics. Attendees included community clinic physicians and mid-level practitioners.

Available supportive documentation:
1. Training materials for all three training sessions
2. Training sign-in sheets

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

   Achievement Value [1.00]

Process Milestone 3: Launch a musculoskeletal clinic.

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]

Through the assessments of the specialty care clinics, including reviewing number of referrals backlogged and next available date, it was discovered that Kern Medical Center (KMC) did not have the capacity to manage patients with chronic pain. KMC's Administrator of Clinics and Physician Practices recruited a physician who specializes in physical medicine and rehabilitation. A schedule was created for one clinic session a month. His first clinic was held on November 8, 2010.

Available supportive documentation:
1. Physician contract
2. Clinic schedule
3. Physician CV

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Expand Medical Homes

* ☐ 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
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   populate and flow to summary sheets

Expand Medical Homes	
DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Determine the appropriate panel size for primary care provider teams, potentially based on staff capacity, demographics, and diseases.

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

In order to determine the appropriate panel size, we first researched various medical home models and initiatives, including published literature and the Safety Net Institute's website on establishing medical homes in the safety net. Based on the research, we compiled data on our average number of visits, FTE providers per clinic, and number of patients per year for each of our primary care clinics. We then used this data to calculate our panel size per provider type. The panel size was approved by KMC's executive team.

Available supportive documentation:
1. Completed analysis and recommended panel size

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Redesign Primary Care

* ☐ The yellow boxes indicate where the DPH system should input data
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    populate and flow to summary sheets

Redesign Primary Care

DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Establish implementation plan and collect baseline data for patient appointment 'no-show' rates, days to third-next available appointment, and primary care visit cycle time.

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

Establishment of Baseline Data:
No-show Rates: The no-show rates were pulled from monthly clinic data that the clinic supervisors compile each month.
o Numerator: Patients with appointments booked prior to the date of the appointment who did not show (excludes same-day and cancelled appointments).
o Denominator: Patients with appointments booked prior to the date of appointment.
Cycle Time: In order to evaluate cycle time, the clinics implemented a process to record the entry and exit time for each patient. The form utilized to track the data was the form developed by Coleman and Associates to measure cycle time. The registration supervisor and clinic supervisors worked with their staff to implement this process and collect the data.
Third Next Available Appointment: Third Next-Available Appointment is measured by the length of time in calendar days between the day a patient makes a request for an appointment, and the third available appointment. For each provider, the third next available date was measured. For each clinic, the third next available date was the average among all providers in that clinic. The average for the most recent month is what was reported. Project managers called schedulers to find out the third next appointment for a given provider in each clinic. The clinic supervisors also provided the average wait for third next available appointment for each clinic.

Development of a plan:
1. Instituted weekly meetings with the Administrator of Clinics and Physician Practices, project managers, clinic supervisors, clinic director and registration staff to discuss plans for clinics.
2. To understand bottlenecks and areas for improvement in clinic processes, a project manager shadowed in the clinics and did an assessment in each clinic in November and December.
3. An assessment of the phone scheduling system was completed by meeting with KMC's phone programmers to understand how it worked and how the system could be improved.
4. A significant amount of research was conducted on practice management systems including determining the functionality specifications that are critical to KMC. Based on this list, an RFP for a practice management system was developed. A cost estimate was determined based on the research and put into a budget.
5. Based on our quantitative and qualitative data collection, we developed a plan using the guidelines established by Coleman and Associates for visit redesign. The plan was discussed and received approval from both the Administrator of Clinics and Physician Practices and the Clinic Director.
6. A budget and work plan with associated resources and timelines for each task were developed based on the plan.

Available supportive documentation:
1. Redesign Primary Care Clinic Implementation Narrative and Work plan
     a. Clinic Assessments and Recommendations
2. Implementation Budget
3. Baseline Data:
     a. No-show Rates
     b. Third Next-Available Appointment
     c. Cycle Time

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Integrate Physical and Behavioral Health Care

* ☐ The yellow boxes indicate where the DPH system should input data
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Integrate Physical and Behavioral Health Care	
DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Train at least 15 primary care clinicians on primary care management of behavioral health conditions.

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

Kern Medical Center (KMC) in collaboration with Kern County Mental Health developed a lecture series in order to educate primary care providers on management of mental health issues in the primary care setting. Our lecture series consisted of the following topics, which were topics that KMC's network of primary care providers stated they would be interested in learning more about:
1. General psychiatry
2. Mood disorders
3. Anxiety disorders
4. Psychotic disorders

KMC's Project Manager worked with the medical staff training coordinator to schedule the trainings and communicate the information to residents and faculty of KMC. As of February 2011, we completed our mental health lecture series for primary care providers. Furthermore, KMC contracted with a local vendor to videotape and convert all lectures into DVDs. This has also been completed and will be uploaded onto KMC's website so that all community providers will have access and be able to view them in their own convenience.
Available supportive documentation:
1. Mental Health Lecture Series Schedule
2. Lecture Objectives and Presenter CVs
3. Lecture PowerPoint Presentations (4)
4. Training Sign-in Sheets
5. Invoice with vendor for videographer

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

Integrate Physical and Behavioral Health Care

Process Milestone 2: Establish, implement and distribute referral guidelines for referring to the behavioral health care provider.

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 was established which included the following staff: KMC's Administrator of Clinics and Physician Practices and Project Manager, along with the following staff from Kern County Mental Health: Director, Behavioral Health Administrator, and Manager of Technical Services. The team met once a week for six weeks with the purpose of designing a system to integrate physical and behavioral health. Through these meetings, the team was able to define included and excluded mental health services, define guideline criteria for referral into behavioral health, and create a referral form. A referral policy was also created that detailed how the referrals and communication would take place between mental health and KMC's primary care clinics. Substance abuse levels and treatment associated with those levels were outlined. Lastly, an outpatient treatment plan was created that details out the assessments, case management, and individualized and group therapies that referred individuals would receive.

Available supportive documentation:
1. Behavioral Health Referral Guidelines
2. Behavioral Health Referral Policy

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Establish/Expand a Patient Care Navigation Program

* ☐ The yellow boxes indicate where the DPH system should input data
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   populate and flow to summary sheets

Establish/Expand a Patient Care Navigation Program

DY Total Computable Incentive Amount:	* $ 4,357,957.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone 1: Establish care navigation program to provide support to patient populations who are at most risk of receiving disconnected and fragmented care.

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

Baseline data was collected, including the hours of the ED with the highest volume of patients and developed a list of the patients with the highest hospital utilization in the last year. Based on this data, we developed our criteria for the program. Enrollment forms were created, as well as methods for tracking patients and documenting encounters. Additionally, training was provided to two staff members who were chosen to act as our care navigators for high utilizers. Lastly, in order to communicate to other stakeholders about the program, we created a program summary. All of the components were completed according to an established implementation timeline.

Available supportive documentation:
1. Patient Care Navigation Program Implementation Narrative and Work plan
2. Baseline Data:
    a. Profile of ED
    b. Cost and utilization of frequent utilizers of ED and/or Inpatient services in the last year

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

Establish/Expand a Patient Care Navigation Program

Process Milestone 2: Provide care management and navigation services to 60 targeted patients who are high utilizers of the Emergency Department and/or Inpatient services.

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]

Based on the established program enrollment criteria, KMC's Information Systems department created a query that pulls a list of eligible patients each month. The care navigators call patients to enroll them into the program, and if they agree, the patients sign an enrollment agreement form. To date, the care managers have enrolled 160 patients and have conducted the following activities for patients:
- Reminding patients of appointments and medication refill dates
- Assisting patients with receiving bus passes
- Following up on referrals for services

The care navigators currently monitor the number of patients who are enrolled, as well as any that are no longer receiving services from the care navigators.

Available supportive documentation:
1. Patient Enrollment Reports
2. Patient Encounter Logs and Examples
3. Care Navigator Roles and Responsibilities

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Severe Sepsis Detection and Management *(required)*

* ☐ The yellow boxes indicate where the DPH system should input data
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populate and flow to summary sheets

Severe Sepsis Detection and Management	
DY Total Computable Incentive Amount:	* $ 756,250.00
Incentive Funding Already Received in DY:	* $ -
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Sepis Mortality (%)	
Numerator	* NA
Denominator	* NA
% Mortality	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Optional Milestone: Put in place a sepsis bundle data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on sepsis bundle.

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

Kern Medical Center has developed a data collection and reporting method for Sepsis Resuscitation Bundle. The audit tool has been developed to collect all the elements of the sepsis resuscitation bundle.   The tool has been placed in our organization's data collection database software (MIDAS). The collection tool is ready for data entry and reports have been developed in the software to allow review and analysis of data to develop action plans for process improvement.

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Central Line Associated Blood Stream Infection (CLABSI) *(required)*

* ☐ The yellow boxes indicate where the DPH system should input data
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populate and flow to summary sheets

Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	* $ 756,250.00
Incentive Funding Already Received in DY:	* $ -

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

Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Central Line Bloodstream Infection (Rate per 1,000 discharges)

Numerator	* NA
Denominator	* NA
Infection Rate	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Optional Milestone: Put in place a central line insertion practice (CLIP) data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on CLIP.

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

> Kern Medical Center has developed a data collection and reporting method for Central Line Insertion Practices (CLIP). The audit tool has been developed to collect all the elements of CLIP. The tool has been placed in our organization's data collection database software (MIDAS). The collection tool is ready for data entry and reports have been developed in the software to allow review and analysis of data to develop action plans for process improvement.

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Hospital-Acquired Pressure Ulcer Prevention

* The yellow boxes indicate where the DPH system should input data
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Hospital-Acquired Pressure Ulcer Prevention	
DY Total Computable Incentive Amount:	* $ 767,593.75
Incentive Funding Already Received in DY:	* $ -
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	
Numerator	* NA
Denominator	* NA
Prevalence (%)	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Optional Milestone: Put in place a HAPU data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on HAPU standardized procedure.

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

Kern Medical Center has developed a data collection and reporting method for Hospital Acquired Pressure Ulcer (HAPU) standardized procedure. The audit tool has been developed to collect all the elements of HAPU.   The tool has been placed in our organization's data collection database software (MIDAS). The collection tool is ready for data entry and reports have been developed in the software to allow review and analysis of data to develop action plans for process improvement.

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: Kern Medical Center
REPORTING DY & DATE: DY6 March 2, 2011
Venous Thromboembolism (VTE) Prevention and Treatment

* ☐ 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:	* $ 756,250.00
Incentive Funding Already Received in DY:	* $ -
VTE Prophylaxis (%)	
Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00
Intensive care unit VTE prophylaxsis (%)	
Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00
VTE patients with anticoagulation overlap therapy (%)	
Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)	
Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

Venous Thromboembolism (VTE) Prevention and Treatment

VTE discharge instructions (%)

Numerator	* NA
Denominator	* NA
% Compliance	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Incidence of potentially preventable VTE (%)

Numerator	* NA
Denominator	* NA
Incidence (%)	
DY Target (from the DPH system plan)	* NA
Achievement Value	1.00

Optional Milestone: Put in place a VTE data collection and reporting method to as evidenced by written audit study tool in KMC's data collection database software (MIDAS), which allows for data input and reporting data on VTE protocol and documentation.

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

Kern Medical Center has developed a data collection and reporting method for Venous Thromboembolism (VTE). The audit tool has been developed to collect all the elements of VTE.   The tool has been placed in our organization's data collection database software (MIDAS). The collection tool is ready for data entry and reports have been developed in the software to allow review and analysis of data to develop action plans for process improvement.

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