

DY-6

Category 1 Projects (C1):

	Achievement Values	Achievement Score	Achievement Disbursement (\$)
1. Implement and Utilize Disease Management Registry Functionality			
1.1 - Develop expansion plan	1.00		
1.2 - Complete PRC survey design	1.00		
1.3 - Complete paper-based survey modification	1.00	= 1.00	9,833,875
2. Collection of Race, Ethnicity and Language (REAL) Data to Reduce Disparities			
2.1 - Complete data collection plan	1.00		
2.2 - Complete report on preliminary REAL data collection	1.00	= 1.00	9,833,875
C1 Total:			19,667,750

Category 2 Projects (C2):

3. Implement/Expand Care Transitions Programs			
3.1a - Identify and hire two (2) additional Care Managers	1.00		
3.1b - Increase case management patient interventions	1.00	= 1.00	5,252,250
4. Conduct Medication Management			
4.1 - Bedside barcode scanning of medication piloted on one nursing unit	1.00		
4.2 - Epidural pumps implemented on one nursing unit	1.00	= 1.00	5,252,250
5. Expand Medical Homes			
5.1 - Develop timeline and plan application for PCMH recognition	1.00		
5.2 - Submit and evaluate application by NCCA for one primary care site	1.00		
5.3 - Develop plan to identify new and existing Ambulatory patients requiring influenza vaccination	1.00	= 1.00	5,252,250
6. Apply Process Improvement Methodology to Improve Quality/Efficiency			
6.1 - Establishment of LSS unit with identified areas of opportunity	1.00		
6.2 - LSS Just-in-Time training for at least 2 multi-disciplinary teams	1.00	= 1.00	5,252,250
C2 Total:			21,009,000

Category 4 Projects (C4):

7. Improve Severe Sepsis Detection and Management			
7.1 - Join a collaborative	1.00		
7.2 - Convene multi-disciplinary group to develop goals and work plans	1.00		
7.3 - Utilize Lean Six Sigma methodology within SIC	1.00	= 1.00	1,164,625
8. Central Line-Associated Bloodstream Infection (CLABSI) Prevention			
8.1 - Implement CLIP within EHR and establish baseline compliance	1.00	= 1.00	952,875
9. Surgical Site Infection (SSI) Prevention			
9.1 - Validate TheraDoc software	1.00		
9.2 - Establish SSI baseline for reporting/measurement within UCDCM	1.00	= 1.00	952,875
10. Hospital-acquired Pressure Ulcer (HAPU) Prevention			
10.1 - Implement EHR template for SWAT team documentation	1.00		
10.2 - Develop electronic dashboard to measure/report HAPU prevalence	1.00	= 1.00	952,875
C4 Total:			4,023,250

Total for All Categories:

44,700,000

Achievement Value Key:

100%	= 1.00
≥ 75% < 100%	= 0.75
≥ 50% < 75%	= 0.50
≥ 25% < 50%	= 0.25
< 25%	= 0.00

Achievement Disbursement Formula:

$$\left[\frac{\sum \text{Achievement Values}}{\# \text{ of milestones}} \right] \times \text{Total Funding} = \text{Achievement Disbursement}$$

Metric	Achievement / Outcome Description	Achievement Value	Achievement Score	Achievement Disbursement (\$)
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Project 1: Implement and Utilize Disease Management Registry Functionality

1.1	A plan was developed to expand current Chronic Disease Management Programs in primary care as measured by: (1) identification of current patient volumes; (2) assessment of new patients with diabetes; (3) development of a plan to expand services, sites and offerings; and (4) development of a plan to expand current programs and integrate across all UCDCM primary care clinics.	1.00	1.00	9,833,875
1.2	Patient experience survey developed to incorporate outpatient focused questions on health self-management. Successfully added to Professional Resources Consultants, Inc. (PRC) Vendor UCDCM electronic survey, January 2011. Survey to trend across all outpatient clinics.	1.00		
1.3	Paper-based patient experience survey developed and implemented January 2011 to run parallel to Metric 1.2 (PRC) and offered to patients in outpatient clinical operations at point of service care to evaluate health self-management and capture increased sample size on-site.	1.00		

Project 2: Collection of Race, Ethnicity and Language (REAL) Data to Reduce Disparities

2.1	A plan was developed to assess collection of REAL data in order to identify potential health care disparities and develop strategies to facilitate equitable health care outcomes. Staff training initiated and completed. REAL data collection now permanent part of best practice workflows in clinic for all new and existing patients effective November 2011.	1.00	1.00	9,833,875
2.2	EHR report designed to ascertain progress and compliance with data collection in outpatient clinical areas. Reports standardized to run monthly and distributed to all clinic operations sites to trend progress on sustained data collection.	1.00		

Achievement Value Key:

100%	= 1.00
≥ 75% < 100%	= 0.75
≥ 50% < 75%	= 0.50
≥ 25% < 50%	= 0.25
< 25%	= 0.00

Achievement Disbursement Formula:

$$\left[\frac{\sum \text{Achievement Values}}{\# \text{ of milestones}} \right] \times \text{Total Funding} = \text{Achievement Disbursement}$$

Category 1 Total:

19,667,750

Metric	Achievement / Outcome Description	Achievement Value	Achievement Score	Achievement Disbursement (\$)
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Project 3: Implement/Expand Care Transitions Programs

3.1	Two full time Clinical Case Managers were hired and assigned to the emergency department.	1.00	1.00	5,252,250
3.2	Case management patient interventions increased during the expansion of ICM within the emergency department.	1.00		

Project 4: Conduct Medication Management

4.1	Pilot of bedside barcode scanning was implemented and is continuing on one nursing unit with on-going analysis and optimization prior to hospital-wide implementation (MSICU).	1.00	1.00	5,252,250
4.2	Epidural pumps were implemented on one nursing unit (D3-OB).	1.00		

Project 5: Expand Medical Homes

5.1	Timeline and plan completed for submission of application for Patient Centered Medical Home (PCMH) recognition for Family and Community Medicine clinic to be recognized by NCQA. Contract and business associate agreement completed December 2010/January 2011.	1.00	1.00	5,252,250
5.2	NCQA PCMH application for Family and Community Medicine clinic submitted February 2011.	1.00		
5.3	Plan to capture influenza vaccine compliance for new and existing patients in outpatient clinics completed.	1.00		

Project 6: Apply Process Improvement Methodology to Improve Quality/Efficiency

6.1	Upon the establishment of a Lean Six Sigma unit a mission/charge was created in January 2011 to identify areas of opportunity to improve quality, delivery and cost.	1.00	1.00	5,252,250
6.2	Just-In-Time training related to Lean Six Sigma methodology was completed targeting two different multi-disciplinary teams: (1) Sepsis Improvement Collaborative and (2) Ventilator Associated Pneumonia (VAP).	1.00		

Category 2 Total:**21,009,000**

Metric	Achievement / Outcome Description	Achievement Value	Achievement Score	Achievement Disbursement (\$)
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Project 7: Improve Severe Sepsis Detection and Management

7.1	UCDMC joined the UHC Sepsis Improvement Collaborative and has begun a partnership with the Betty & Gordon Moore Foundation.	1.00	1.00	1,164,625
7.2	UCDMC has convened a multi-disciplinary group to develop goals and work plans for reducing severe sepsis and septic shock mortality.	1.00		
7.3	The UCDMC Sepsis Improvement Collaborative has utilized Lean Six Sigma philosophies and methodology to evaluate current processes and develop process redesign as it relates to sepsis.	1.00		

Project 8: Central Line-Associated Bloodstream Infection (CLABSI) Prevention

8.1	UCDMC implemented the use of CLIP documentation, utilizing the EHR, during the time period of November 1, 2010 to February 28, 2011.	1.00	1.00	952,875
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Project 9: Surgical Site Infection (SSI) Prevention

9.1	TheraDoc software has been validated and a TheraDoc consultant is on-site for training and finalizing the implementation of processes.	1.00	1.00	952,875
9.2	The plan for surgical site infection (SSI) is in place and a SSI baseline was established for reporting/measurement using NHSN and State of California (mandated by SB 1058) methodology.	1.00		

Project 10: Hospital-acquired Pressure Ulcer (HAPU) Prevention

10.1	UCDMC has implemented an EHR template for the SWAT team to document wound assessment, including wound photographs.	1.00	1.00	952,875
10.2	An electronic dashboard has been developed with Patient Care Services to measure, report and share HAPU prevalence to inpatient units for awareness and education.	1.00		

Category 4 Total: 4,023,250

DY-6 Total: 44,700,000