

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.

DSRIP Semi-Annual Reporting Form

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

* DPH SYSTEM:	UCLA Health System
* REPORTING YEAR:	DY 6
* DATE OF SUBMISSION:	5/15/2011

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	
Increase Training of Primary Care Workforce	\$ -
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	\$ -
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	\$ -
Category 2 Projects	
Expand Medical Homes	\$ -
Expand Chronic Care Management Models	
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	\$ -
Implement/Expand Care Transitions Programs	\$ -
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	\$ -
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)	\$ -
Central Line Associated Blood Stream Infection Prevention (required)	\$ -
Surgical Site Infection Prevention	\$ -
Hospital-Acquired Pressure Ulcer Prevention	\$ -
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	\$ -
TOTAL INCENTIVE PAYMENT	\$ -

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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

During DY6, the foundation of programs have been established that will help UCLA reform its delivery system and improve access, quality, and reduce overall health care costs. UCLA has made significant progress towards system reform. With respect to access, UCLA has expanded its primary care physician network, which has enabled greater access to the UCLA Health System. A disease management program for heart failure patients has been developed, and access to critical specialty care for a cohort of patients who lack timely consultation and treatment has been improved. In addition, UCLA PCPs now have the infrastructure to develop greater cultural competencies as well as the expertise to play an enhanced role in prevention and chronic disease management. Coordination of care has received particular emphasis with the development of the UCLA Medical Home Project, and coordination will only continue to improve. Finally, the ability to measure and track key inpatient quality indicators for sepsis, CLABSI, SSI, and HAPU have been established. As such, all DY6 milestones for the UCLA Health System projects have been met. A number of important lessons have been learned as a result of this process. First, the management of the UCLA DSRIP program is complicated as there are multiple actors working in a multi-faceted environment within the institution. Therefore, centralized coordination and administration of the UCLA DSRIP program is critical, and is most successful when grounded as part of an organization-wide framework. Because coordination and information management of these projects is complex, UCLA has established a DSRIP Oversight Committee. This group meets regularly to ensure consistent progress towards key milestones in each project. Secondly, program development and initiation is labor intensive and professionally demanding. Stakeholders have had to juggle and hold together a complex mix of developmental agendas, institutional priorities, personalities, and professional capacities. To be successful, each program has had to be integrated into the policies and practices of the organization and multiple agendas have had to be aligned.

Summary of DPH System's Participation in Shared Learning

Each individual project was not implemented in isolation, but networks were developed. Awardees were brought together to establish linkages so that the process would become part of a larger "whole" that is greater than its individual parts.

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

Category 1 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

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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	
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100px; height: 20px;" type="text"/>
DY Total Computable Incentive Amount:	<input style="width: 100px; height: 20px;" type="text"/>
Total Sum of Achievement Values:	<input style="width: 100px; height: 20px;" type="text" value="-"/>
Total Number of Milestones:	<input style="width: 100px; height: 20px;" type="text" value="-"/>
Achievement Value Percentage:	<input style="width: 100px; height: 20px;" type="text"/>
Eligible Incentive Funding Amount:	<input style="width: 100px; height: 20px;" type="text"/>
Incentive Funding Already Received in DY:	<input style="width: 100px; height: 20px;" type="text"/>
<u>Incentive Payment Amount:</u>	<input style="width: 100px; height: 20px; background-color: #800000;" type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Increase Training of Primary Care Workforce

Process Milestone: Develop International Medical Graduate Program	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 8,358,450.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 8,358,450.00
Incentive Funding Already Received in DY:	\$ 8,358,450.00
<u>Incentive Payment Amount:</u>	\$ -

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Implement and Utilize Disease Management Registry Functionality

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 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Achievement Value

Achievement Value

Achievement Value

Achievement Value

Achievement Value

Achievement Value

Achievement Value

Achievement Value

Achievement Value

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:

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DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

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

Achievement Value

Achievement Value

Achievement Value

Achievement Value

=

Achievement Value

=

Achievement Value

Achievement Value

Achievement Value

Achievement Value

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 1 Summary Page
Enhance Urgent Medical Advice

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 1 Summary Page
Introduce Telemedicine

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 1 Summary Page

Enhance Coding and Documentation for Quality Data

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 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

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 1 Summary Page

Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

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 1 Summary Page

Expand Specialty Care Capacity

Process Milestone: Develop a specialty care access plan	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 8,358,450.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 8,358,450.00
Incentive Funding Already Received in DY:	\$ 8,358,450.00
<u>Incentive Payment Amount:</u>	\$ -

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Performance Improvement and Reporting Capacity

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

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

Category 2 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*

- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- The red boxes indicate Total Sums.

Category 2 Projects	
Expand Medical Homes	
Process Milestone: Put in place policies and procedures to enhance patient access to the adult medical	<input type="checkbox"/> Yes
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: Put in place policies and procedures to enhance patient access to the pediatric medi	<input type="checkbox"/> Yes
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 8,812,500.00"/>
Total Sum of Achievement Values:	<input type="text" value="2.00"/>
Total Number of Milestones:	<input type="text" value="2.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 8,812,500.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 8,812,500.00"/>
<u>Incentive Payment Amount:</u>	<input type="text" value="€\$ -"/>

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

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 2 Summary Page

Conduct Medication Management

Process Milestone: Develop written medication management program for patients with diabetes	<input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 2,996,250.00"/>
Total Sum of Achievement Values:	<input type="text" value="1.00"/>
Total Number of Milestones:	<input type="text" value="1.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 2,996,250.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 2,996,250.00"/>
<u>Incentive Payment Amount:</u>	<input type="text" value="\$ -"/>

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement/Expand Care Transitions Programs

Process Milestone: Develop protocols for heart failure to communicate with pts during- and post-discharge	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 5,816,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 5,816,250.00
Incentive Funding Already Received in DY:	\$ 5,816,250.00
Incentive Payment Amount:	\$ -

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement Real-Time Hospital-Acquired Infections (HAIs) System

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

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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:

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page
Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Congestive Heart Failure measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	<input type="text"/>
Eligible Incentive Funding Amount:	<input type="text"/>
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	<input type="text"/>

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Reports results of the Influenza Immunization measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Child Weight Screening measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Tobacco Cessation measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	<input type="text"/>
Eligible Incentive Funding Amount:	<input type="text"/>
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	<input type="text"/>

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
<i>Achievement Value</i>	[]
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	[]
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	[]
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	[]
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	[]
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	[]
Report results of the Diabetes Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	[]
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	[]
Eligible Incentive Funding Amount:	[]
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	[]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

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
<i>Achievement Value</i>	
Sepsis Mortality (%)	N/A
<i>Achievement Value</i>	
Optional Milestone: Develop baseline data on sepsis incidence and mortality	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 789,525.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 789,525.00
Incentive Funding Already Received in DY:	\$ 789,525.00
<u>Incentive Payment Amount:</u>	\$ -

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
<i>Achievement Value</i>	
Central Line Bloodstream Infection (Rate per 1,000 patient days)	N/A
<i>Achievement Value</i>	
Optional Milestone: Produce baseline data for central line sepsis rates for all involved ICUs	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 789,525.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 789,525.00
Incentive Funding Already Received in DY:	\$ 789,525.00
<u>Incentive Payment Amount:</u>	\$ -

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)	N/A
<i>Achievement Value</i>	
Optional Milestone: Develop comprehensive surgical site infection prevention plan.	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 789,525.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 789,525.00
Incentive Funding Already Received in DY:	\$ 789,525.00
<u>Incentive Payment Amount:</u>	\$ -

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	N/A
<i>Achievement Value</i>	
Optional Milestone: Develop baseline data by measuring pressure ulcer prevalence.	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 789,525.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 789,525.00
Incentive Funding Already Received in DY:	\$ 789,525.00
<u>Incentive Payment Amount:</u>	\$ -

Category 4 Summary Page

Stroke Management

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 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

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 4 Summary Page
Falls with Injury Prevention

<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text"/>
Total Sum of Achievement Values:	<input type="text" value="-"/>
Total Number of Milestones:	<input type="text" value="-"/>
Achievement Value Percentage:	<input type="text"/>
Eligible Incentive Funding Amount:	<input type="text"/>
Incentive Funding Already Received in DY:	<input type="text"/>
<u>Incentive Payment Amount:</u>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

Category 1: Increase Training of Primary Care Workforce

Below is the data reported for the DPH system.

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

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

Increase Training of Primary Care Workforce	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 8,358,450.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 8,358,450.00"/>
Process Milestone: Develop International Medical Graduate Program	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input type="text" value="Yes"/>	
<div style="border: 1px solid black; padding: 5px;"> This program has established processes to help bilingual English/Spanish IMGs pass the USMLE Step 1, USMLE Step 2 CK, USMLE Step 2 CS, and compete for a CA Family Residency training program intern position. The program Advisory Committee reviews initial applications and notifies applicants if they have been selected to complete a secondary application. Once the Committee has reviewed part 2 of the application, each applicant receives notification of the panel's decision. The curriculum is comprised of three sequential programs: Basic Science, Clinical Science, and Clinical Observorship. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input type="text"/>	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1: Increase Training of Primary Care Workforce

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 1: Increase Training of Primary Care Workforce

Improvement Milestone: _____
(insert milestone)

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

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

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (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

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: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

Category 1: Expand Specialty Care Capacity

Below is the data reported for the DPH system.

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

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

Expand Specialty Care Capacity	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 8,358,450.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 8,358,450.00"/>
Process Milestone: Develop a specialty care access plan <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px;"> Referral processes, pt communication tools, payment mechanisms, and tracking systems have been developed. During enrollment, pts are provided with an overview of the program goals/objectives, program operations, and pt obligations. For specialty appointments, pt are preregistered by UCLA staff and assigned a medical record number. Once this occurs, pts can then be scheduled for their appts. At the time of the visit, pts are encountered using a program-specific financial class code which allows for visit-specific reimbursement. A tracking file is updated and shared with the team on a weekly basis, which is reviewed at least monthly to ensure accuracy. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1: Expand Specialty Care Capacity

<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p style="text-align: center;"><i>Achievement Value</i></p> <p><input style="width: 100%; border: 1px solid blue;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p style="text-align: center;"><i>Achievement Value</i></p> <p><input style="width: 100%; border: 1px solid blue;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p style="text-align: center;"><i>Achievement Value</i></p> <p><input style="width: 100%; border: 1px solid blue;" type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 1: Expand Specialty Care Capacity

Improvement Milestone: _____
(insert milestone)

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

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

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (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

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: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

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 (*).*

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

Expand Medical Homes	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 8,812,500.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 8,812,500.00"/>
Process Milestone: Put in place policies and procedures to enhance patient access to the adult medical home	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px;"> Policies and procedures for the adult medical home project have been developed. The policies include performance standards regarding patient visit access for emergency, urgent, after hours, primary care, specialty care, and telephone access. Each practice will implement appointment reminders to reduce no show rates to less than 10%, will identify appropriate staff responsible for coordinating care during and after office visits, and will participate in a standardized patient experience survey with reporting at least twice annually. </div>	* <input type="text" value="Yes"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: Put in place policies and procedures to enhance patient access to the pediatric medical home	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px;"> The Pediatric Medical Home has developed procedures for implementation of the medical home model and for increased access to this program. Accomplishments include: --Establishment of policies describing the scope of Medical Home services. --Establishment of enrollment criteria. Initial focus is on children with the most complex medical conditions. --Development of a referral form. --Creation of a Pediatric Medical Home web site (http://www.pediatrics.medsch.ucla.edu/medhome/) that </div>	* <input type="text" value="Yes"/>

DSRIP Semi-Annual Reporting Form

Category 2: Expand Medical Homes

describes the program, enrollment criteria, and enrollment process.
--Development of printed materials describing the Medical Home.
--Development of a formal patient intake process including a "social contract" with the parents.
--Creation of an individualized patient information ("All About Me") binder.
--Implementation of a registry of highly medically complex patients.
--Implementation of electronic immunization registry for all patients.
--Implementation of policies and procedures for universal screening for developmental delays.
--Implementation of processes for tracking referrals and authorizations for Medical Home patients.
--Development of a formal process for transferring care of Medical Home patients between graduating and new resident physicians.
--Creation of Position Descriptions for the Medical Home Medical Director and the Medical Home Care Coordinators.
--Establishment of a Parent Advisory Group.

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 2: Expand Medical Homes

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="background-color: #cccccc; text-align: center;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Expand Medical Homes

Improvement Milestone: _____
(insert milestone)

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

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

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (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

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: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

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 (*).*

- * 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

Conduct Medication Management	
DY Total Computable Incentive Amount:	* <input style="border: 1px solid yellow;" type="text" value="\$ 2,996,250.00"/>
Incentive Funding Already Received in DY:	* <input style="border: 1px solid yellow;" type="text" value="\$ 2,996,250.00"/>
Process Milestone: Develop written medication management program for patients with diabetes	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid yellow;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid yellow;" type="text"/>
Achievement	<input style="border: 1px solid black;" type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input style="border: 1px solid yellow;" type="text" value="Yes"/>	
<div style="border: 1px solid black; padding: 5px;"> Workflow for providers and people processes and technologies have been documented. The point-of-care tools will include clinician alerts for medication initiation and/or intensification, targeting high blood pressure, elevated HbA1c, microalbuminuria, elevated LDL-cholesterol, and overdue preventive services during visits for pt with diabetes. The population includes all pts who are part of the adult medical home. Definitions for medication intensification include an increase in: dosage, addition of a new drug class prescribed for same indication, or a switch to a different drug class with same indication. Pts will be selected for one-on-one consultations with pharmacists. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid yellow;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text" value="1.00"/>
Process Milestone: _____	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid yellow;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid yellow;" type="text"/>
Achievement	<input style="border: 1px solid black;" type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input style="border: 1px solid yellow;" type="text"/>	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid yellow;" type="text"/>
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>

DSRIP Semi-Annual Reporting Form

Category 2: Conduct Medication Management

<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Conduct Medication Management

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p>* <input type="text"/></p> <p><input type="text" value="N/A"/></p> <p>* <input type="text"/></p> <p><input type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Conduct Medication Management

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

Category 2: Implement/Expand Care Transitions Programs

Below is the data reported for the DPH system.

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

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

Implement/Expand Care Transitions Programs	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 5,816,250.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 5,816,250.00"/>
Process Milestone: Develop protocols for heart failure to communicate with pts during- and post-discharge.	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input type="text" value="Yes"/>	
<div style="border: 1px solid black; padding: 5px;"> Heart failure care transition protocols have been developed. Discharge activities have been revamped using approaches from the Transition Coach and Re-Engineering Discharge Programs. Pts are told by the discharge team to expect a follow-up call from a Centralized Call Center within 3 days of discharge to reinforce the discharge plan using a scripted interview. Pts then receive weekly phone calls during the 30-day period following discharge. After the 30-day period, staff follow-up with pts on a monthly basis up through six months post discharge. For patients at high risk of readmission, pts are provided with remote monitoring devices and receive instructions on their use. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
* <input type="text"/>	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 2: Implement/Expand Care Transitions Programs

<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Implement/Expand Care Transitions Programs

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Implement/Expand Care Transitions Programs

Improvement Milestone: _____
(insert milestone)

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

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

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (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

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: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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:	* <input style="width: 100px;" type="text"/>
Incentive Funding Already Received in DY:	* <input style="width: 100px;" type="text"/>
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:	* <input style="width: 100px;" type="text"/>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
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	
	* <input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
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	
	* <input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
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	
	* <input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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

The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Care Coordination (required)	
DY Total Computable Incentive Amount:	* <input style="width: 150px; height: 20px;" type="text"/>
Incentive Funding Already Received in DY:	* <input style="width: 150px; height: 20px;" type="text"/>
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
Achievement Value	<input style="width: 150px; height: 20px; border: 1px solid blue; background-color: #cccccc;" type="text"/>
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
Achievement Value	<input style="width: 150px; height: 20px; border: 1px solid blue; background-color: #cccccc;" type="text"/>
Report results of the Congestive Heart Failure measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
Achievement Value	<input style="width: 150px; height: 20px; border: 1px solid blue; background-color: #cccccc;" type="text"/>
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
Achievement Value	<input style="width: 150px; height: 20px; border: 1px solid blue; background-color: #cccccc;" type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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 (*).*

* The yellow boxes indicate where the DPH system should input data

The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Preventive Health (required)	
DY Total Computable Incentive Amount:	* <input style="width: 100%;" type="text"/>
Incentive Funding Already Received in DY:	* <input style="width: 100%;" type="text"/>
Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: black; color: white;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #ccccff;" type="text"/>
Reports results of the Influenza Immunization measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: black; color: white;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #ccccff;" type="text"/>
Report results of the Child Weight Screening measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: black; color: white;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #ccccff;" type="text"/>

DSRIP Semi-Annual Reporting Form

Category 3: Preventive Health (required)

Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
Achievement Value	<input type="text"/>
Report results of the Tobacco Cessation measure to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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

The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

At-Risk Populations (required)	
DY Total Computable Incentive Amount:	* <input style="width: 150px; height: 20px;" type="text"/>
Incentive Funding Already Received in DY:	* <input style="width: 150px; height: 20px;" type="text"/>
Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 150px; height: 20px; border: 1px solid blue;" type="text"/>
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 150px; height: 20px; border: 1px solid blue;" type="text"/>
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 150px; height: 20px;" type="text"/>
Numerator	* <input style="width: 150px; height: 20px;" type="text"/>
Denominator	* <input style="width: 150px; height: 20px;" type="text"/>
Rate	<input style="width: 150px; height: 20px;" type="text"/>
Achievement	<input style="width: 150px; height: 20px; border: 1px solid black;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 150px; height: 20px; border: 1px solid blue;" type="text"/>

DSRIP Semi-Annual Reporting Form

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	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
<i>Achievement Value</i>	<input type="text"/>
Report results of the Diabetes Composite to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Severe Sepsis Detection and Management	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ 789,525.00
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Sepsis Mortality (%)	
Numerator	*
Denominator	*
% Mortality	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Optional Milestone: Develop baseline data on sepsis incidence and mortality <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
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
<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Baseline sepsis data has been calculated. As part of the Bay Area Patient Safety Collaborative (BEACON), for the period from July 2008 - December 2008, there were a total of 781 sepsis cases with 239 expirations (31%) . We now have the capacity to produce this data on a regular basis in order to take part in this project. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*

DSRIP Semi-Annual Reporting Form

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

<p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <input type="text"/></p> <p>Achievement Value <input type="text"/></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px; background-color: #e0e0e0;"></div>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) <input type="text"/></p> <p>Denominator (if absolute number, enter "1") <input type="text"/></p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <input type="text"/></p> <p>Achievement Value <input type="text"/></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px; background-color: #e0e0e0;"></div>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) <input type="text"/></p> <p>Denominator (if absolute number, enter "1") <input type="text"/></p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	<p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone <input type="text"/></p> <p>Achievement Value <input type="text"/></p>	<p style="text-align: center;">*</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px; background-color: #e0e0e0;"></div>

DSRIP Semi-Annual Reporting Form

Category 4: Severe Sepsis Detection and Management (required)

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: UCLA Health System

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/15/2011

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
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Central Line Associated Blood Stream Infection	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ 789,525.00
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Central Line Bloodstream Infection (Rate per 1,000 patient days)	
Numerator	*
Denominator	*
Infection Rate	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Optional Milestone: Produce baseline data for central line sepsis rates for all involved ICUs <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
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
<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Baseline data for central line ICU sepsis rates have been developed. Using data for the last three quarters of 2010, our rate is 1.48 infections per 1000 line days. We have the capacity to calculate this data in an ongoing fashion in order to participate in this project. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00

DSRIP Semi-Annual Reporting Form

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

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

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

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

Category 4: Surgical Site Infection 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

Surgical Site Infection Prevention	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 789,525.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 789,525.00"/>
Rate of surgical site infection for Class 1 and 2 wounds (%)	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Infection Rate	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: Develop comprehensive surgical site infection prevention plan.	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px;"> A surgical site infection prevention plan has been developed including staffing, data collection, and reporting. The program will hire a Surgical Care Quality RN who will consult with leadership and CABG patients to assist them in the development of an SSI evaluation program to identify, resolve, and report opportunities to improve patient care related to surgical infections as well as actively decreasing surgical site infections. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>

DSRIP Semi-Annual Reporting Form

Category 4: Surgical Site Infection Prevention

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
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DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: UCLA Health System
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/15/2011

REPORTING ON THIS PROJECT: *

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Below is the data reported for the DPH system.

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

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

Hospital-Acquired Pressure Ulcer Prevention	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 789,525.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 789,525.00"/>
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Prevalence (%)	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: Develop baseline data by measuring pressure ulcer prevalence.	
<i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px; min-height: 50px;"> Baseline pressure ulcer prevalence has been measured. Using the standard prevalence reporting and tracking, the baseline for calendar year 2009 is 4.8%. We have the capacity to measure this rate on an ongoing fashion to participate in this project. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>

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Category 4: Hospital-Acquired Pressure Ulcer Prevention

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p><input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p><input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p><input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100px; height: 20px;" type="text"/></p> <p><input style="width: 100px; height: 20px; background-color: #cccccc;" type="text" value="N/A"/></p>
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