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. The State reserves its right to modify the Reporting Form as experience is gained with its use. The State is looking for DPHs to include as much detail as possible in their narrative responses throughout the Reporting Form. Given the timeframe the State has to review and make payment, the State will exercise its right to further review the submitted Reporting Forms even after payment is made and, if necessary, recoup payment if it is determined on further review that a milestone was not met.

DPH systems should follow the instructions at the top of each tab for completing the form. DPH systems must complete information for items marked "*" for every project and every milestone included in the DPH's plan for that DY. Regardless of whether there is any progress made on a particular milestone, DPH systems must include ALL of the milestones included in their plans for that DY in the Reporting Form and report progress or no progress so that the form appropriately calculates the total denominator of the achievement values for purposes of accurate payment. DPH systems should not include any milestones from any other DYs other than the DY for which the report is due.

For milestones that can receive partial payment (e.g, the milestone is "achieve 90% compliance with the bundle"), please complete the numerator and denominator information for that milestone, and include the targeted achievement under "DY Target" for calculation of a 0, 0.25, 0.5, 0.75, or 1 achievement value. For an "all-or-nothing" milestones (e.g., the milestone is "join a sepsis collaborative"), please use the "yes/no" drop-down menu and under "DY Target" enter "yes". For some milestones that are "yes/no," but are also the reporting of data (e.g., the milestone is "report baseline data"), it may make sense to use the "yes/no" drop-down menu, under "DY Target" enter "yes", and include the actual data in the numerator and denominator for reporting purposes only (the payment will be based on selecting "yes" or "no").

For each applicable milestone, in addition to providing an in-depth description of how the milestone was achieved, please also provide an in-depth description of why a milestone was not achieved or only partially achieved, for the purposes of understanding systemic issues/patterns. If DPH systems are reporting at the 6-month mark and a milestone is partially met or not achieved because it will be more fully achieved by the year-end of the DY, the DPH system may note that it is on track to meet the milestone within the DY. As stated above, the State is looking for DPHs to include as much detail as possible in their narrative responses throughout the Reporting Form.

For the DY's 6-month (or first) semi-annual reporting period, the completion of certain milestones may warrant full payment, while others may be eligible for only up to 50% payment. Given that the Reporting Form does not have the ability to determine this, DPH systems must apply the appropriate calculation to the applicable milestones' achievement value(s). For example, if a milestone is "reporting of data only" (e.g., Category 3) and requires 12 months of data in order to recieve payment but the DPH system has only 6 months of data available, they would be eligible for 50% completion (i.e., the DPH system would multiply the 'achievement value' by .5) by the semi-annual report deadline.

Payment amounts are in Total Computable (i.e., federal incentive and non-federal share provided by DPHs). Indicate all payment amounts as a whole number (i.e., do not round, do not show in millions with decimals). For the 6-month report (first semi-annual report of the DY), DPHs would not have received any prior funding for the DY and therefore should enter "0" for all of the DPH's projects under: "Incentive Funding Already Received in DY."

This reporting form is counting all of those milestones that are ***required*** for all DPHs in Categories 3-4 in DY7 currently. The reporting form will need to be revised accordingly for future DYs to also automatically count required milestones for those DYs.

DSRIP Semi-Annual Reporting Form

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

* **DPH SYSTEM:**	Santa Clara Valley Medical Center
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	March, 2012

Total Payment Amount

This table sums the eligible incentive funding amounts. Please see the following pages for the specifics.
* Instructions for DPH systems: Please input the DPH System Name, Reporting DY & Date. Everything else on this tab will automatically populate.

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	$ 18,500,000.00
Increase Training of Primary Care Workforce	
Implement and Utilize Disease Management Registry Functionality	$ 10,791,666.67
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:	$ 29,291,666.67
Category 2 Projects	
Expand Medical Homes	
Expand Chronic Care Management Models	$ 12,687,500.00
Redesign Primary Care	
Redesign to Improve Patient Experience	$ 3,437,500.00
Redesign for Cost Containment	$ 1,462,916.67
Integrate Physical and Behavioral Health Care	$ 4,833,333.33
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:	$ 22,421,250.00
Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ 3,163,875.00
Care Coordination *(required)*	$ 3,163,875.00
Preventive Health *(required)*	$ 3,163,875.00
At-Risk Populations *(required)*	$ 3,163,875.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 12,655,500.00
Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 3,371,194.44
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 2,007,843.75
Surgical Site Infection Prevention	$ 2,498,650.00
Hospital-Acquired Pressure Ulcer Prevention	$ 3,049,245.38
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 10,926,933.57
TOTAL INCENTIVE PAYMENT	$ 75,295,350.24

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

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. The State is looking for as much detail as possible.

Summary of Demonstration Year Activities

Summary of DPH System's Participation in Shared Learning

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 1 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.
* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*
The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, 0.25 or 0.
The red boxes indicate Total Sums.

Category 1 Projects

Expand Primary Care Capacity

Process Milestone:	1.Maintain the Office of Panel Management, such that capacity is continuously optimized. Develop a plan for scoring pane patients for complexity	Yes
Achievement Value		*1.00*
Process Milestone:	2. Increase primary care clinic volume. Hire additional primary care providers and support staff to increase primary care adult medicine panel capacity to 46,000 patients.	-
Achievement Value		*1.00*
Process Milestone:	3. Develop a plan and gain approval to design and construct an additional 60,000 sq. foot primary care clinic facility in the underserved downtown San Jose urban area.	-
Achievement Value		*1.00*
Process Milestone:	4. Implement a system to accommodate urgent care needs in at least two primary care clinics, as measured by achieving at least 20% of paneled patients scheduled within 7 calendar days.	-
Achievement Value		*1.00*
Process Milestone:	5. Expand the hours of at least two primary care clinics by at least 16 hours per week.	-
Achievement Value		*1.00*
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:		$ 18,500,000.00
Total Sum of Achievement Values:		5.00
Total Number of Milestones:		5.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 18,500,000.00
Incentive Funding Already Received in DY:		$ -

Category 1 Summary Page

Incentive Payment Amount:	$ 18,500,000.00

Category 1 Summary Page

Increase Training of Primary Care Workforce

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Implement and Utilize Disease Management Registry Functionality

Process Milestone:	1. Review future potential registry platforms and select registry platform.	Yes
Achievement Value		*1.00*
Process Milestone:	2. Implement/expand a functional disease registry in at least 25% (2 ot of 7) of medical home teams.	-
Achievement Value		*0.25*
Process Milestone:	3. Conduct training on registry platform for relevant staff members in at least 25% (2 out of 7) of medical home teams.	-
Achievement Value		*-*
Process Milestone:	4. Demonstrate registry reporting ability to track and report on at least 2 selected metrics.	N/A
Achievement Value		*0.50*
Process Milestone:	5. Enter patient data into the registry - interface at least 2 data categories or sources to registry for adult primary care clinic patients.	N/A
Achievement Value		*1.00*
Improvement Milestone:	6. Implement and staff cross-functional teams to develop and operate registry program.	N/A
Achievement Value		*0.75*
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:	$ 18,500,000.00
Total Sum of Achievement Values:	3.50
Total Number of Milestones:	6.00
Achievement Value Percentage:	58%
Eligible Incentive Funding Amount:	$ 10,791,666.67
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 10,791,666.67

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Process Milestone:	-	N/A
Achievement Value		
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:	$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	

Category 1 Summary Page

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

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Enhance Urgent Medical Advice

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Introduce Telemedicine

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Enhance Coding and Documentation for Quality Data

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

Process Milestone:	-	N/A
Achievement Value		
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:	$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	

Category 1 Summary Page

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

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Expand Specialty Care Capacity

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 1 Summary Page

Enhance Performance Improvement and Reporting Capacity

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
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: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 2 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.
* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*
The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, 0.25 or 0.
The red boxes indicate Total Sums.

Category 2 Projects

Expand Medical Homes

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Expand Chronic Care Management Models

Process Milestone:	1. Formalize multi-disciplinary teams.	-
Achievement Value		*1.00*
Process Milestone:	2. Train staff in components of the care model including quality measurement, primary care redesign, and financing chronic care model.	-
Achievement Value		*1.00*
Process Milestone:	3. Train relevant staff in the chronic care model in at least 25% (2 out of 7) of medical home teams.	-
Achievement Value		*1.00*
Process Milestone:	4. Utilize elements of chronic care model in at least 25% (2 out of 7) of medical home teams.	-
Achievement Value		*1.00*
Process Milestone:	5. Implement program to identify and manage targeted patients needing further clinical intervention for at least 1 outcome.	-
Achievement Value		*0.25*
Improvement Milestone:	6. Apply the chronic care model to the management of glycemic control and dyslipidemia in diabetes.	-
Achievement Value		*1.00*
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:	$ 14,500,000.00
Total Sum of Achievement Values:	5.25
Total Number of Milestones:	6.00
Achievement Value Percentage:	88%
Eligible Incentive Funding Amount:	$ 12,687,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,687,500.00

Category 2 Summary Page

Redesign Primary Care

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Redesign to Improve Patient Experience

Process Milestone:	1. Include key stake holders in assessment of patient experience tool.	-
Achievement Value		*0.50*
Process Milestone:	2. Write and obtain approval for SCVM patient/family experience strategic plan.	-
Achievement Value		*0.50*
Process Milestone:	3. Sub-committees implement plans to improve: First Contact and inpatient noise.	-
Achievement Value		*0.75*
Process Milestone:	4. Implement plans for regular organization-wide communication of patient experience data and efforts to improve the patient/family experience.	-
Achievement Value		*1.00*
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:	$ 5,000,000.00
Total Sum of Achievement Values:	2.75
Total Number of Milestones:	4.00
Achievement Value Percentage:	69%
Eligible Incentive Funding Amount:	$ 3,437,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,437,500.00

Category 2 Summary Page

Redesign for Cost Containment

Process Milestone:	1. Continued implementation of a cost accounting system to measure intervention impacts.	-
Achievement Value		*0.75*
Process Milestone:	2. Develop/identify a cost accounting methodology to quantify the financial impact of quality and efficiency improvement interventions.	-
Achievement Value		*0.50*
Process Milestone:	3. Establish a baseline for cost	-
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:	$ 3,511,000.00
Total Sum of Achievement Values:	1.25
Total Number of Milestones:	3.00
Achievement Value Percentage:	42%
Eligible Incentive Funding Amount:	$ 1,462,916.67
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,462,916.67

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

Process Milestone:	1. Implement IMPACT training of behavioral health and primary care staff within four primary care settings.	-
Achievement Value		-
Process Milestone:	2. 500 primary care patients will be provided behavioral health service by end of Year 2.	-
Achievement Value		*1.00*
Process Milestone:	3. Design, test, and finalize protocol for patient referral process into FQHC-BH service.	-
Achievement Value		-
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	-
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:	$ 14,500,000.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	33%
Eligible Incentive Funding Amount:	$ 4,833,333.33
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,833,333.33

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Use Palliative Care Programs

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Conduct Medication Management

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

Implement/Expand Care Transitions Programs

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 2 Summary Page

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

Process Milestone:	-	N/A
Achievement Value		
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:		$ -
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: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 3 Summary Page

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

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

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

Category 3 Domains

Patient/Care Giver Experience (required)

Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	Yes
Achievement Value	0.50
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:	$ 6,327,750.00
Total Sum of Achievement Values:	0.50
Total Number of Milestones:	1.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 3,163,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,163,875.00

Category 3 Summary Page

Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Congestive Heart Failure measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 6,327,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 3,163,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,163,875.00

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	Yes
Achievement Value	*0.50*
Report results of the Child Weight Screening measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Tobacco Cessation measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 6,327,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 3,163,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,163,875.00

Category 3 Summary Page

At-Risk Populations (required)

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	Yes
Achievement Value	*0.50*
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
Achievement Value	
Report results of the Diabetes Composite to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 6,327,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 3,163,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,163,875.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 4 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.
* *Instructions for DPH systems: Do not complete, this tab will automatically populate.*
The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, 0.25 or 0.
The red boxes indicate Total Sums.

Category 4 Interventions		
Severe Sepsis Detection and Management *(required)*		
Compliance with Sepsis Resuscitation bundle (%)		0.28
Achievement Value		*0.50*
Sepsis Mortality (%)		N/A
Achievement Value		
Optional Milestone:	1. Establish which parameters for data monitoring for Severe Sepsis will be utilized	-
Achievement Value		*1.00*
Optional Milestone:	2. Arrange dedicated Sepsis RN for retrospective and concurrent chart reviews of all Sepsis/Severe Sepsis/Septic Shock patients	-
Achievement Value		*1.00*
Optional Milestone:	3. Assign data analyst to help with data management/establishment of a database, and reporting of data to Safey Net Institute (SNI)State	-
Achievement Value		*1.00*
Optional Milestone:	4. Retrospectively review all Sepsis patient charts from a 6 month period in 2011 to establish baseline	-
Achievement Value		*1.00*
Optional Milestone:	5. Participate in the BEACON collaborative to learn and share best practices related to improving Severe Sepsis and Septic Shock detection and management	-
Achievement Value		*1.00*
Optional Milestone:	6. Develop plans for a hospital-wide Sepsis Screening Program	-
Achievement Value		*1.00*
Optional Milestone:	7. Implement the four strongest elements of the Sepsis Resuscitation Bundle for which there is the most evidence of reliability and efficacy (based on the recommendations of the Gordon and Betty Moore Foundation's Integrated Nurse Leadership Program and other sepsis prevention collaborative) : as evidenced by the completion within 6 hours for patients with severe sepsis, septic shock, and/or lactate > 4 mmol/L (36 mg/dl) of the following: Serum lactate measured, Blood cultures obtained prior to antibiotic administration, Improve time to broad-spectrum antibiotics: within 3 hours for ED admissions and 1 hour for non-ED ICU admissions, In the event of hypotension and/or lactate > 4 mmol/L (36 mg/dl):, Deliver an initial minimum of 20 ml/kg of crystalloid (or colloid equivalent), Apply vasopressors for hypotension not responding to initial fluid resuscitation to maintain mean arterial pressure (MAP) > 65 mm Hg. As evidenced by either a report from chart review or database,	*1.00*
Achievement Value		
Optional Milestone:	8. Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI for purpose of establishing the baseline and setting benchmarks	*1.00*
Achievement Value		
Optional Milestone:		
Achievement Value		

Category 4 Summary Page

DY Total Computable Incentive Amount:	$ 3,569,500.00
Total Sum of Achievement Values:	8.50
Total Number of Milestones:	9.00
Achievement Value Percentage:	94%
Eligible Incentive Funding Amount:	$ 3,371,194.44
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,371,194.44

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)		0.99
Achievement Value		0.50
Central Line Bloodstream Infection (Rate per 1,000 patient days)		N/A
Achievement Value		-
Optional Milestone:	1. Implement the Central Line Insertion Practices (CLIP), as evidenced by data reported to the NHSN via the CLIP adherence monitoring form and daily documentation of line necessity.	-
Achievement Value		*0.75*
Optional Milestone:	2. Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	-
Achievement Value		*0.50*
Optional Milestone:	3. Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.	-
Achievement Value		*0.50*
Optional Milestone:	-	
Achievement Value		-
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 3,569,500.00
Total Sum of Achievement Values:		2.25
Total Number of Milestones:		4.00
Achievement Value Percentage:		56%
Eligible Incentive Funding Amount:		$ 2,007,843.75
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 2,007,843.75

Category 4 Summary Page

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)		-
Achievement Value		-
Optional Milestone:	1. Develop SCIP based preprinted order sets and update all existing preprinted surgical core sets to reflect current SCIP guidelines.	-
Achievement Value		*1.00*
Optional Milestone:	2. Develop a process where the proper preprinted order set is included in the preoperative packet to improve compliance.	-
Achievement Value		*0.25*
Optional Milestone:	3. Continue with educational models for attending staff, house staff, perioperative staff and medical/surgical unit nursing on current evidence based SCIP guidelines	-
Achievement Value		*0.75*
Optional Milestone:	4. Implement quality checklists on the formatted inpatient notes	-
Achievement Value		*0.50*
Optional Milestone:	5. Continue to measure and report compliance with SCIP process measures	-
Achievement Value		*1.00*
Optional Milestone:		N/A
Achievement Value		-
DY Total Computable Incentive Amount:		$ 3,569,500.00
Total Sum of Achievement Values:		3.50
Total Number of Milestones:		5.00
Achievement Value Percentage:		70%
Eligible Incentive Funding Amount:		$ 2,498,650.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 2,498,650.00

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)		N/A
Achievement Value		-
Optional Milestone:	1. Collect data: Process measures	-
Achievement Value		*1.00*
Optional Milestone:	2. Collect data: Patient outcomes	-
Achievement Value		*1.00*
Optional Milestone:	3. Examine HAPU versus ulcers occurring prior to admission and wound healing or progression	-
Achievement Value		*1.00*
Optional Milestone:	4. Implement best practice via evidence-based practice.	-
Achievement Value		*1.00*
Optional Milestone:	5. Physician education on elements, wound staging, specialty bed selection, care management and best practices.	-
Achievement Value		*0.75*
Optional Milestone:	6. Reinforce use of "Turn Log".	-
Achievement Value		*0.75*
Optional Milestone:	7. Add management oversight to the Skin Care Team. Ensure every adult unit has a "Champion".	

Category 4 Summary Page

Achievement Value		*1.00*
Optional Milestone:	8. Institute education rounds by Skin Care Team Champions	
Achievement Value		*0.25*
Optional Milestone	9. Share results of data baseline with staff	
Achievement Value		*0.75*
Optional Milestone	10. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.	
Achievement Value		*1.00*
Optional Milestone:	11. Report HAPU prevalence to California Dept. of Public Health	
Achievement Value		*1.00*
Optional Milestone:	12. Begin PDSA rapid change cycles	
Achievement Value		*0.75*
DY Total Computable Incentive Amount:		$ 3,569,500.00
Total Sum of Achievement Values:		10.25
Total Number of Milestones:		12.00
Achievement Value Percentage:		85%
Eligible Incentive Funding Amount:		$ 3,049,245.38
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 3,049,245.38

Category 4 Summary Page

Stroke Management

` Discharged on Antithrombotic Therapy		N/A
Achievement Value		
Anticoagulation Therapy for Atrial Fibrillation/Flutter		N/A
Achievement Value		
Thrombolytic Therapy		N/A
Achievement Value		
Antithrombotic Therapy by End of Hospital Day 2		N/A
Achievement Value		
Discharged on Statin Medication		N/A
Achievement Value		
Stroke Education		N/A
Achievement Value		
Assessed for Rehabilitation		N/A
Achievement Value		
` Stroke mortality rate		N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)		N/A
Achievement Value		
Intensive care unit VTE prophylaxsis (%)		N/A
Achievement Value		
VTE patients with anticoagulation overlap therapy (%)		N/A
Achievement Value		
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)		N/A
Achievement Value		
VTE discharge instructions (%)		N/A
Achievement Value		
Incidence of potentially preventable VTE (%)		N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	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 Payment Received in DY:		$ -
Incentive Payment Amount:		

Category 4 Summary Page

Falls with Injury Prevention

Prevalence of patient falls with injuries (Rate per 1,000 patient days)		N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	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 Payment Received in DY:		$ -
Incentive Payment Amount:		

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Expand Primary Care Capacity

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Expand Primary Care Capacity

DY Total Computable Incentive Amount: * $ 18,500,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Maintain the Office of Panel Management, such that panel capacity is continuously optimized. Develop a plan for scoring paneled patients for complexity
(insert milestone)

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

Denominator (if absolute number, enter "1") * N/A

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: * Yes

We recognized that there are limitations to the number of patients and services each provider can effectively provide care. We identified our panel capacity limitations, demand and sizes. We were at the place of establishing contracts for our panel physician and took the opportunity to provide salary adjustment that corresponded to the panel adjustment - this allowed better balanced panel workload. We established strategies to manage over- paneling and attrition. The total panel capacity was increased from 46,000 up to 49,000. Our intent is to ensure not only balance, but that each panel physician carried his or her fair share while improving patient access to care. We further recognized that demand for appointments had to equal the supply of appointments; so we expanded hours at two of our high volume clinics: Gilroy and Sunnyvale. This expansion provided improvements in access as the needs arise. We determined patient complexity based on medical conditions, previous visits and co-morbidity. We then distribute complex patients to panel physicians realizing that these patients will require more time in evaluation, management, paper administrations and follow-

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

Achievement Value 1.00

Process Milestone: 2. Increase primary care clinic volume. Hire additional primary care providers and support staff to increase primary care adult medicine panel capacity to 46,000 patients.
(insert milestone)

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

Denominator (if absolute number, enter "1") * N/A

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: * Yes

Category 1: Expand Primary Care Capacity

We pulled panel capacity data from our seven clinics, reviewed panel sizes and determined if inadequacies existed in equity and complexity of panel distribution. We were also able to develop a method to purge patients who were no longer using our services. The data also determined that the number of patients needing primary care was steadily rising. Our aim was to increase our present primary care panel capacity by 15% and decrease wait time for the third next available appointment. We developed data-driven metrics to determine panel size and standards. The standards included determining patient complexity. Three clinics required new providers and experienced an increase in panel size while a couple of clinic expanded their panel's sizes based upon adequate providers and their ability to handle an increase in patients' volume. No-show rates were marginal; however, creating an effective next third available appointment needed better management. The panel volume now vacillates between 46,000 - 47, 000 and the next third available appointment happens within 2 days at the Moorpark and East Valley clinics. We have hired additional primary care providers and support staff for the primary care clinics. In summary, re-distributing panel assignment and having a method for scoring complexity and equally distributing patients among primary care providers contributed to increasing panel capacity.

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

Category 1: Expand Primary Care Capacity

Process Milestone: 3. Develop a plan and gain approval to design and construct an additional 60,000 sq. foot primary care clinic in the underserved downtown San Jose urban core.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
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:	* Yes

SCVMC governing board has approved the building of an additional 60, 000 sq. foot primary care clinic in the underserved downtown San Jose urban area to meet the medical needs of thousands who presently live in the downtown area of San Jose. We recognized that the number of uninsured and underserved continues to increase as more citizens lose their health care coverage; many others comprise the working poor cannot afford the high cost of healthcare in the private sector. Our aim is to reach those who need medical care in the town San Jose urban area.
As mentioned earlier, the SCVMC governing board approved the building project; the drawings for the new clinic were submitted to the Building Department in mid-January, 2012. We have met with the Building Department to get a preliminary review of our occupant load and exiting scheme for the new clinic. Due to recent changes to the building code, the Building Department is requiring that we provide low walls (36" high) to separate the waiting areas from the registration areas on the second and third floors. Ratcliff, the builder, has reviewed theses changes, and we do not think it is going to be difficult to implement. We plan to start bids in the spring and to start construction in the summer of 2012. The space complies with all requirements of all applicable 2010 building codes.

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

Process Milestone: 4. Implement a system to accommodate urgent care needs in at least two primary care clinics, as measured by achieving at least 20% of paneled patients scheduled within 7 calendar days.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
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:	* Yes

We have hired additional primary care providers and support staff and have established express care at the Tully Clinic. Staff has been assigned to cover and support express care. The total additional hours averages 75 per month. The 3rd available wait time for Express Care is zero days. The number of Express Care half days and hours coverage, along the third available appointment time, is reported and filed monthly.

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

Process Milestone: 5. Expand the hours of at least two primary care clinics by at least 16 hours per week.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
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:	* Yes

The Sunnyvale Clinic has increased staffing and expanded hours by 4 hours per day X 4 days/week. This is evidenced by the availability of appointments.

Category 1: Expand Primary Care Capacity

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

Category 1: Expand Primary 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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Primary 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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

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: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Increase Training of Primary Care Workforce

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Implement and Utilize Disease Management Registry Functionality

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 and Utilize Disease Management Registry Functionality

DY Total Computable Incentive Amount: * $ 18,500,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Review future potential registry platforms and select registry platform.
(insert milestone)

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

Denominator (if absolute number, enter "1") * N/A

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: * Yes

A review of available registry platforms was conducted, and included site visits to local agencies using the products. A list of possible and desired registry features was developed, focused on input from clinicians. A detailed request for proposal (RFP) was released on Sept. 15, 2010. The RFP asked for proposals from qualified suppliers to provide, install, implement, customize, support and maintain a software solution for a Population Health Management System (PHMS).

The RFP overview states: "The County's intent is to implement a "Population Health Management System" (PHMS). This hybrid application is a fusion of the best of patient registry technology that collects and analyses chronic disease measures from multiple sources via standard Interfaces but has extended capability for outreach and provider communications.

The evolving model of a PHMS has an appropriately-sized data warehouse at its foundation for the registry and reporting. This data warehouse is then bi-directionally integrated to an outreach-engine/tool set. The systemic approach of Population Health Management practices provides data collection, sophisticated warehousing, and analysis/research/reporting which allow health care systems analysts to build second order derived data that is used for follow-up provider /clinic outreach to individual patients, special cohorts and entire populations. This cycle is continually re-informed by capturing the outcomes from patient data posted in the Electronic Medical Record (EMR), the enterprise Health Information System (HIS), the Lifetime Clinical Record (LCR) and routing them back to the Population Health Systems (PHMS) data warehouse.

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

Achievement Value 1.00

Process Milestone: 2. Implement/expand a functional disease registry in at least 25% (2 out of 7) of medical home teams.
(insert milestone)

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

Denominator (if absolute number, enter "1") * N/A

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: * Yes

From September through November, 2011, there were 681 contacts/invitations to PHMS meetings, with 165 individuals. There were presentations and discussions at the Executive Management Group, the Executive Leadership Group, the Readiness Action Group. Separate presentations, product demo trainings and

Category 1: Implement and Utilize Disease Management Registry Functionality

interviews also were held with clinicians in each of these groups: pediatric asthma, anti-coagulation, heart failure, pediatric obesity, adult diabetes, ophthalmology, pediatric nephrology, primary clinics in the community, ambulatory care, labs, pharmacy, and public health. Data source and data harvesting meetings were held with systems owners and analysts. Technical meetings with networking and operations were held to set up the servers security to the cloud, to establish memoradum of understanding (MOU), and to automatically collect data from other servers to the PHMS collection server. In short, there were meetings to refine and prioritize clinician needs, to determine data needs and best sources, to garner permissions to collect data and load into the PHMS collection server, and to secure those data connections.

Based on the meetings with executive, clinicians and data system owners, the Health Metrics Systems CEO presented his report of recommended prioritized source systems and implementation timeline to the Executive Management Group on Oct. 10, 2011. The vendor's planned timeline was aligned with the overall population health project timeline.

Initially, the intent was to implement PHMS in Medical Homes in Gilroy and Milpitas. In December, the Executive Sponsor and the Medical Director decided to implement in two Medical Homes in Moorpark, instead

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		0.25

Category 1: Implement and Utilize Disease Management Registry Functionality

Process Milestone: 3. Conduct training on registry platform for relevant staff members in at least 25% (2 out of 7) of medical home teams.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
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:	* No

10% complete (Coded 0% since we are required to show 0, 25, 50 or 100%)
As mentioned in the previous milestone, the plan was to use PHMS in Milpitas and Gilroy first. Then in December, the decision was made to implement in two Medical Homes in Moorpark. The Level I one-hour training is the demonstration and presentation of the product. The Level II training (two hours) was accomplished through data management and data use meetings with the medical director of the Milpitas Clinic and the medical director of the Diabetes Clinic. Also, in Moorpark Clinics, care managers use the Chronic Disease Registry with a different user interface as the new PHMS system. These care managers use the Filemaker Pro-based Chronic Disease Registry with very similar functionality and the same data as the new PHMS system.

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

Process Milestone: 4. Demonstrate registry reporting ability to track and report on at least 2 selected metrics.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes

The following data sources are loaded into the PHMS Collection server to use in registries: patient demographics, patient PCP, patient appointments, patient vitals, ICD9, CPT, prescriptions (including modifiers) and labs. Also, the diabetes roster, and the geriatric roster have been loaded. Testing/verifying patient population between Chronic Disease Registry and PHMS (inter-system validation) is underway. Vendor's intra-system validation is underway.

The Filemaker-based Chronic Disease Registry includes regular data refreshes from labs, pharmacy, ELMR, diabetes clinic, urgent care, emergency dept, hospital discharge, hospital census, PCP panel list, Care Manager list, appointment data, BMI, eye exams.

The Filemaker Chronic Disease Registry produces daily reports to PCPs on the state of their paneled patients (including diabetics), and periodic special reports for diabetes clinicians. There are some reports now from the new PHMS system, but because the data validation for the diabetes roster is not complete, the reports are used as part of the validation process.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	0.50

Process Milestone: 5. Enter patient data into the registry - interface at least 2 data categories or sources to registry for adult primary care clinic patients.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute number, enter "1")	* N/A
Achievement	N/A

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

Category 1: Implement and Utilize Disease Management Registry Functionality

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

The large majority of the data sources has been established. There are 876K patients in the new PHMS registry. The remaining data issues are around finding the best data field(s) for certain information, such as foot exams, which can be entered in the source files in more than one location.

The PHMS server was implemented on site, with a secure network from HHS to a vendor-hosted cloud service, and secure connections for users with a web interface to the cloud service.

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

Category 1: Implement and Utilize Disease Management Registry Functionality

Improvement Milestone: 6. Implement and staff cross-functional team to develop and operate registry program.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	N/A
Denominator (if absolute number, enter "1")	*	N/A
Achievement		N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*	Yes

During the RFP process, and the stakeholder and clinician meetings, the staffing functions were identified, and included staff from the clinical side and support from IT, and administrators who are data source owners.

The PHMS Executive Sponsor and business owner is the Ambulatory Care Director, David Wright.
The Medical Director, Ambulatory Care, Larry Kwan, MD, oversees clinical decisions and direction. Dr. Kwan is leaving SCVHHS on March 2, 2012.

PHMS is fully staffed, however, there will be staffing changes and new hires coming on board before 3/31/2012.
There are four staff assigned full-time to the Population Health Management System and Chronic Disease Registry:
• Project Manager, currently filled with interim project manager. Recruitment in progress
• Ambulatory Care specialist to liaison between clinicians and IT, and to train clinical staff (position filled)
• Database administrator (DBA) – data warehouse / data mart, currently filled until March 2012. Recruiting in progress.
• DBA – Filemaker specialist, currently filled half-time, extra-help. Transitioning to full-time provisional 3/5/2012.
The clinical advisory team will be established when the Ambulatory Care Medical Director's clinical responsibilities reassigned. There was a DSRIP quality clinical group that met November 22, 2011 to discuss processes for establishing registries and populations in PHMS, and evolving into a clinical advisory group. However, no final action has been taken to establish the Clinical Advisory Team.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		0.75

Improvement Milestone: _____

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	
Denominator (if absolute number, enter "1")	*	
Achievement		N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*	

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

Improvement Milestone: _____

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	
Denominator (if absolute number, enter "1")	*	
Achievement		N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*	

Category 1: Implement and Utilize Disease Management Registry Functionality

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

Achievement Value

Category 1: Implement and Utilize Disease Management Registry Functionality

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Interpretation Services and Culturally Competent Care

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Enhance Interpretation Services and Culturally Competent Care

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Interpretation Services and Culturally Competent Care

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Enhance Interpretation Services and Culturally Competent Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Enhance Interpretation Services and Culturally Competent Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

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

Below is the data reported for the DPH system.

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

* 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

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

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

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

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Urgent Medical Advice

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Enhance Urgent Medical Advice

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Urgent Medical Advice

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Urgent Medical Advice

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Urgent Medical Advice

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: *

Category 1: Introduce Telemedicine

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

Introduce Telemedicine

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Introduce Telemedicine

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Introduce Telemedicine

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Introduce Telemedicine

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Coding and Documentation for Quality Data

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Enhance Coding and Documentation for Quality Data

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Coding and Documentation for Quality Data

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Coding and Documentation for Quality Data

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Coding and Documentation for Quality Data

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Develop Risk Stratification Capabilities/Functionalities

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

Develop Risk Stratification Capabilities/Functionalities

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Develop Risk Stratification Capabilities/Functionalities

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Develop Risk Stratification Capabilities/Functionalities

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Develop Risk Stratification Capabilities/Functionalities

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

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 Capacity to Provide Specialty Care Access in the Primary Care Setting

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

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: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Specialty Care Capacity

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 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 N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Performance Improvement and Reporting 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

Enhance Performance Improvement and Reporting Capacity

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Performance Improvement and Reporting Capacity

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Enhance Performance Improvement and Reporting 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 N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Enhance Performance Improvement and Reporting 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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

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: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Expand Medical Homes

Process Milestone: _____
(insert milestone)

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

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

Achievement — N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement — N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement — N/A

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

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

Achievement Value

Category 2: Expand Medical Homes

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

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: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Expand Chronic Care Management Models

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 Chronic Care Management Models

DY Total Computable Incentive Amount: * $ 14,500,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Formalize multi-disciplinary teams.
(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: * Yes

Three full-time Ambulatory Pharmacist Care Managers (CM) were hired . The CM's participated in a 3-month training and orientation (June-August, 2011) coordinated by the Pharmacy Department and the Diabetes Center. In September, 2011, the CM's started seeing patients with diabetes in the out-patient clinic under MD supervision, using evidence-based protocols to manage diabetes, hypertension and dyslipidemia.
Using our electronic registry to identify patients with diabetes and primary care panel data, we calculate on a quarterly basis the current CM: diabetic patient (DM) ratio and assess the quality outcome metrics for each CM and primary care clinic. As of 7/26/11, the CM: DM pt ratio in our Medical Homes ranged from 1:876 to 1:1110. Based on our diabetes metrics reports by clinic, CM and patient satisfaction, we predict the optimal ratio to be in the 1:600 to 1:850 range. As we continue to hire and train additional CM's and deploy them in the primary care clinics, our goal is to approach this more optimal range. Factors that affect this range include level of clerical and MA support, degree of team development in the Medical Home and level of expertise with the electronic registry.

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

Achievement Value 1.00

Process Milestone: 2. Train staff in components of the care model including quality measurement, primary care redesign, and financing chronic care model.
(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: * Yes

SCVMC has hosted a Chronic Care Symposium annually, beginning in 2009, with the goal of educating interested SCVMC staff as well as stakeholders in the community on chronic care issues, with a perspective on local, state and national issues. On May 18, 2011 the focus of the symposium was "Health Care Reform and Chronic Care". Topics covered included quality improvement (The Kaiser Experience), primary care re-design (The Medical Home at SCVMC) and financing. The symposium was attended by a total of 122 people, 77 of whom were SCVMC staff.

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

Achievement Value 1.00

Category 2: Expand Chronic Care Management Models

Process Milestone: 3. Train relevant staff in the chronic care model in at least 25% (2 out of 7) of medical home teams.

(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:	* Yes

On November 18, 2011 we gave a presentation to the staff at the Gilroy Medical Home and the Milpitas Medical Home entitled “The Chronic Care Model in Action at VMC”. The audience included the entire staff of each Medical Home (MD, RN, MA, pharmacists, clerks). The goals of the talk included reviewing the main tenets of the Chronic Care Model and examples of how we incorporate the model at VMC. We emphasized its importance to the medical home, healthcare reform, changes in reimbursement and most importantly to improving the health of a population of patients. Special attention was paid to how the model fits with the care manager and our new registry/population management tool in order to provide context to the staff with regards to the changes in our system. This talk will set the stage for upcoming trainings on our new registry/population management tool that we plan to implement in early 2012.

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

Process Milestone: 4. Utilize elements of chronic care model in at least 25% (2 out of 7) of medical home teams.

(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:	* Yes

The Chronic Care Model is at the core of the care that is delivered for patients in the Medical Home. Using diabetes management as a model, listed below with supporting documentation are some examples from the four main tenets of the CCM at two of our Medical Home teams, Milpitas and Gilroy.
1. Self-management support: Empower and prepare patients to manage their health and health care
a. Group & individual instruction on diabetes basics, nutrition, self-monitoring, complications, exercise and glucose interpretation delivered by diabetes care managers.
1. “Taking Control Of Your Diabetes” workshop (10/14/11-11/18/11) with call list and graduation list
2. “Get Ready! Get Fit! Go” workshop (7/13/11-10/5/11).
3. Patient self-management educational materials
b. Chronic Disease Self-Management (AKA Healthier Living) course – six week peer-led group focused on self-management strategies. 12-16 workshops held per year at various clinic sites, in English and Spanish available for free and available to all VMC patients.

2. Delivery system design: assure the delivery of effective, efficient clinical care and self-management support
a. Diabetes Care Managers (RN coordinators or clinical pharmacists) hired, trained and deployed in the Medical Home to support a team of PCP’s to manage specific populations of patients (e.g. diabetes).
b. PCP’s give authorization to the Care Manager (CM) to manage all patients in a population using all approved protocols. See examples of MD/PCP protocol authorization forms for Milpitas (appendix G).
c. Medical Assistants (MA) support the CM’s work by obtaining BG results, facilitating updating of labs, assist with registry queries.
d. CM clinic schedules revised to allow more telephone follow-up appointments to allow medication adjustments to made over the phone based on blood sugars, improve efficiency and convenience for patients.
e. We re-evaluate every six months the number of patients with diabetes in each Medical Home and the number of care managers to identify imbalances, help plan for our staffing needs and to optimize the care manager: patient ratio. Of note, we improved the patient:CM ratio at Gilroy from 1385 to 835 and at Milpitas from 930 to 698 from 7/6/11 to 12/9/11.

3. Decision support tools: Promote clinical care that is consistent with scientific evidence and patient preferences.
a. CM’s in Medical Homes function under physician-written, hospital-approved, evidence-based and target-driving management protocols based on national guidelines for Glycemic Management, Lipid Management

Category 2: Expand Chronic Care Management Models

driving management protocols based on national guidelines for Glycemic Management, Lipid Management, Aspirin Management and Microalbuminuria Screening & Management. Multiple options available for most protocols such that management can accommodate patient preference. The protocols are revised every two years by a team including input from endocrinology, pharmacy and care managers based on new data and/or revised guidelines from relevant professional societies.
b. CM's incorporate these management protocols in their daily work to support the PCP in optimizing diabetes management as well as management of cardiovascular disease risk factors.

4. Clinical Information Systems: Organize patient and population data to facilitate efficient and effective care.
a. We first established an electronic patient registry (Filemaker Pro, FMP) in 2001 to track certain populations of patients (e.g. diabetes, anti-coagulation). As of September 2011, there are 16,161 diabetes patients in the registry and there are approximately 42,000 paneled patients in the registry.
b. Diabetes care managers actively use the registry to track population outcomes, identify high-risk sub-populations, send out reminders and individualize management plans.
i. Quarterly population reports from Milpitas and Gilroy.
ii. An example from Milpitas of a registry-generated list of high-risk diabetes patients with elevated a1c values as of 7/15/11 with evidence of proactive outreach to update a1c and arrange appropriate follow-up to improve their glycemic control.
iii. An example from Gilroy of a registry-generated list of high-risk diabetes patients with no a1c value within one year as of 9/28/11.

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

Achievement Value 1.00

Process Milestone: 5. Implement program to identify and manage targeted patients needing further clinical intervention for at least 1 outcome.
(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: * Yes

The American Diabetes Association recommends screening for diabetic retinopathy on an annual basis.
Based on data from our electronic registry as of September 30, 2011, retinal screening rates for patients with diabetes from two of our Medical Homes (Sunnyvale (SV) and Milpitas (MIL)) were sub-optimal.
For SV, of a total of 761 patients with diabetes, 332 (44%) had retinal exams within 1 year and 480 (63%) had retinal exams within 2 years.
For MIL, of a total of 1040 patients with diabetes, 450 (43%) had retinal exams within 1 year and 657 (63%) had retinal exams within 2 years.
In October, 2011, we used our electronic registry to identify all patients in these two Medical Homes who had not had a retinal exam within two years. Insurance authorization requests were submitted by clerks for this procedure. Interactive Voice Response (IVR) technology was used to call all of these patients in their native language informing them to make an appointment for a retinal camera screen (fundus photography). In addition, lists of patients who were due for a retinal exam were distributed to the staff at the Medical Homes and they were encouraged to perform outreach via telephone or letter to increase the yield.
We have been using non-mydriatic fundus photography at Valley Specialty Center (VSC) for several years as an alternative to traditional dilated retinal exams by ophthalmology or optometry for retinopathy screening. Retinal photos are taken at VSC by a trained MA and submitted electronically to an ophthalmologist for interpretation. Patients with abnormal photos are then scheduled for a dilated eye exam in eye clinic. We track retinal screening rates quarterly for this population using the electronic registry.
We expect to have results of this intervention by April, 2012.

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

Achievement Value 0.25

Category 2: Expand Chronic Care Management Models

Improvement Milestone: 6. Apply the chronic care model to the management of glycemic control and dyslipidemia in diabetes.

(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:	* Yes

DSRIP Report : Santa Clara Valley Medical Center (SCVMC)
Expand Chronic Care Management Models
Milestone 6: Apply the Chronic Care Model to the management of glycemic control and dyslipidemia in diabetes.
Metric: Documentation of program.
Listed below with supporting documentation are some examples from the four main tenets of the CCM applied to the management of glycemic control and dyslipidemia in diabetes.
1. Self-management support: empower and prepare patients to manage their health and health care.
a. Group & individual instruction on diabetes basics, nutrition, self-monitoring, complications, exercise and glucose interpretation delivered by diabetes care managers.
1. "Taking Control Of Your Diabetes" workshop (10/14/11-11/18/11) with call list and graduation list.
2. Patient self-management educational materials.
3. Education workshops offered at focusing on self-management skills:self-management education.
b. Chronic Disease Self-Management . six week peer-led group focused on self-management strategies. 12-16 workshops held per year at various clinic sites, in English and Spanish available for free and available to all VMC diabetic patients.
2. Delivery system design: assure the delivery of effective, efficient clinical care and self-management support.
a. Diabetes Care Managers hired, trained and deployed in the Medical Home to support a team of PCP's to manage specific populations of patients (e.g. diabetes).
b. PCP's give authorization to the Care Manager (CM) to manage all diabetes patients in a population using all approved protocols, including glycemic and lipid management.
c. MA's support the CM's work on glycemic control by obtaining BG results, facilitating updating of labs, assist with registry queries.
d. CM clinic schedules revised to allow more telephone follow-up appointments to allow glycemic medication adjustments to be made over the phone based on blood sugars, improve efficiency and convenience for patients.
3. Decision support tools: Promote clinical care that is consistent with scientific evidence and patient preferences
a. CM's in Medical Homes function under physician-written, hospital-approved, evidence-based and target-driving management protocols based on national guidelines for Glycemic Management and Lipid Management. Multiple options available for most protocols such that management can accommodate patient preference. The protocols are revised every 2 years by a team including input from endocrinology, pharmacy and care managers based on new data and/or revised guidelines from relevant professional societies.
b. CM's incorporate these management protocols in their daily work to support the PCP in optimizing glycemic and lipid management in diabetes.
4. Clinical Information Systems: Organize patient and population data to facilitate efficient and effective care
a. We first established an electronic patient registry in 2001 to track certain populations of patients (e.g. diabetes, anti-coagulation). As of September 2011, there are 16,161 diabetes patients in the registry and there are approximately 42,000 paneled patients in the registry.
b. Diabetes care managers actively use the registry to track population outcomes, identify high-risk sub-populations, send out reminders and individualize plans related to glycemic and lipid management.
i. Quarterly population reports from Milpitas and Gilroy showing indices of overall glycemic and lipid management .
ii. An example from Milpitas of a registry-generated list of high-risk diabetes patients with poor glycemic control as evidenced by elevated a1c values as of 7/15/11 with evidence of proactive outreach to update a1c and arrange appropriate follow-up to improve their glycemic control
iii. An example from Gilroy of a registry-generated list of diabetes patients with unknown overall glycemic control with no a1c value within one year as of 9/28/11

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

Improvement Milestone:

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*

Category 2: Expand Chronic Care Management Models

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

Achievement Value

Improvement Milestone: _____

(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Expand Chronic Care Management Models

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Redesign Primary Care

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Redesign Primary Care

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Redesign Primary Care

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Redesign Primary Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Redesign Primary Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Redesign to Improve Patient Experience

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Redesign to Improve Patient Experience

DY Total Computable Incentive Amount: * $ 5,000,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Include key stake holders in assessment of patient experience tool.
(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: * Yes

Completed literature review of patient experience tools and summarized both organizational and tactical strategies.
Applied for and received acceptance to the Patient Experience Tool (PExT) Action Collaborative to implement a recommended methodology for improving the patient experience. Participated in a series of PExT webinars and conferences to identify resources and needs for implementing a patient experience tool.
Identified key stake holders in the implementation of the patient experience tool for a pilot PExT project.
Members of the Customer Experience Committee are also identified as key stake holders in identifying and coordinating strategic implementation of an experience tool across the organization.

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

Achievement Value 0.50

Process Milestone: 2. Write and obtain approval for SCVMC patient/family experience strategic plan.
(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: * Yes

The topic of “patient/family experience” was communicated at various management and staff meetings – feedback was requested and received. Qualitative data methodology was determined. A Strategic plan was conceptualized. We identified and implemented appropriate strategies for identifying components of the patient/family experience and ways to correct deficiencies. The process included educating staff to adopt the new strategies that would better serve our patients. We have integrated the components of the assessment into our patient-centered care. We expect not only improvement in the patient/family experience, but also improvement in clinical outcomes and improvements in employee engagement.

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

Achievement Value 0.50

Category 2: Redesign to Improve Patient Experience

Category 2: Redesign to Improve Patient Experience

Process Milestone: 3. Sub-committees implement plans to improve: First contact and inpatient noise.

(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: *	Yes

First Contact
Assessment, design and development of “Every Contact Counts – Phase 2” content is complete. We made the planned presentation to the Executive Leadership Group (ELG) and were then invited to return for another hour-long discussion on the topic of improving patient experience. ELG committed to specific actions to help the organization to stay focused on these goals. Next steps are being discussed.

Inpatient Noise:
The Quiet Team meets regularly to plan and evaluate current interventions, including:
Signage to remind visitors and staff to keep noise to a minimum.
Nursing staff to close the patient doors ¾ of the way to help deflect hallway noise.
Relocating where change of shift reports are conducted.
Also, a draft inpatient survey on noise is being reviewed by the Quiet Team prior to implementation.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	0.75

Process Milestone: 4. Implement plans for regular organization-wide communication of patient experience data and efforts to improve patient/family experience.

(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: *	Yes

This milestone is completed. Several sources of data regarding patient experience, including patient satisfaction scores and data from Hospital Cosumer Assessment of Healthcare Providers and Systems (HCAHPS), are used to trend the data. The Executive Leadership regularly monitors the performance in this area by reviewing these data. Also, the Customer Experience Committee uses patient satisfaction data to identify opportunities to improve the patient experience. The Committee initiates, supports and correlates projects to improve and trend patient satisfaction across the entire organization.

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

Process Milestone:

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	

Category 2: Redesign to Improve Patient Experience

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

Category 2: Redesign to Improve Patient Experience

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Redesign to Improve Patient Experience

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Redesign for Cost Containment

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Redesign for Cost Containment

DY Total Computable Incentive Amount: * $ 3,511,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Continued implementation of a cost accounting system to measure intervention impacts.
(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: * Yes

The contract for implementation of the cost accounting system was signed on December 22, 2011. The six months leading up to the signing included requirements redesign, RFP development, selection of a vendor, development of deliverables and compensation plan, a detailed statement of work, a work plan time line, and detailed tasks/methodology to achieve each milestone.
The final solution included a combination of existing technology, new technology, and outsourced services. A pre-kick off meeting was held in December 2011 to determine the next steps, so that the project could kick off after the holidays.
This milestone is shown at 75% percent complete due to the delays in hiring and training a financial analyst. An offer is currently pending with a qualified candidate. In the mean time we have been able to provide sufficient support for the project with existing staff that has temporarily adjust their work loads and priorities. Long-term, the new financial analyst will be needed to complete the knowledge transfer from the consultants and keep this initiative and the cost accounting function on track.

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

Achievement Value 0.75

Process Milestone: 2. Develop/identify a cost accounting methodology to quantify the financial impact of quality and efficiency improvement interventions.
(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: * Yes

The foundation for this milestone, cost accounting methodology, was established in milestone one. This milestone is shown at 50% due to the development of the metrics, which are still in progress. Our systems and staff are ready to generate the metrics (e.g., average cost per case for each hospital bed day for chosen specific clinical conditions and average annual cost of hospitalization for chosen specific primary diagnoses) for diabetes care, the top 20 MS – Diagnis Related Groups (DRGs), and the metrics associated with Category 3 and 4 initiatives. The process of defining the metrics with the initiative leads started in September 2011. Meetings were held with Category 4 initiative leads. These were introductory meetings with the departments to lay the ground work for metric development to measure their initiatives results, as well as the Relative Value

Category 2: Redesign for Cost Containment

lay the ground work for metric development to measure their initiatives results, as well as the Relative Value Unit (RVU) development meetings that will start over the next two months. Discussions included metrics, the general approach for the cost containment initiative, and identifying the patient population. Further meetings will be held to refine the metrics that will be used for each initiative.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		0.50

Category 2: Redesign for Cost Containment

Process Milestone: 3. Establish a baseline for cost
(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: *	No

DY 6 was chosen as the base year. This initiative is shown at zero completion. Work to develop the baseline cost started in January 2012.

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

Process Milestone:
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	

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

Process Milestone:
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	

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

Category 2: Redesign for Cost Containment

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Redesign for Cost Containment

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Integrate Physical and Behavioral Health Care

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

Integrate Physical and Behavioral Health Care

DY Total Computable Incentive Amount: * $ 14,500,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: 1. Implement IMPACT training of behavioral health and primary care staff within four primary care settings.
(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: * No

The integration of two models has proven to be complex and involves major system utilization to meet the training demand. The need to continue providing services while providing training is challenging. Creative ways to complete the training have been explored by teams from Behavioral Health and the Primary Care Clinics. Our goal is to develop a plan to complete the IMPACT training for four clinics by December 2012.

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

Achievement Value -

Process Milestone: 2. 500 primary care patients will be provided behavioral health services by end of Year Two.
(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: * Yes

We have been successful in receiving the referrals from primary care and have reached this goal, having seen 2,053 unique patients for at least one behavioral health visit between July 1- December 31, 2011.

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

Achievement Value 1.00

Category 2: Integrate Physical and Behavioral Health Care

Process Milestone: 3. Design, test, and finalize protocol for patient referral process into Federally Qualified Health Cenrters (FQHC)-BH services.

(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: * No

IMPACT contract was finalized late October 2011. This training will be pivotal in highlighting various considerations of the referral protocol that will support the meeting of DSRIP outcomes in subsequent years as well as DY 7.

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

Achievement Value -

Process Milestone:

(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone:

(insert milestone)

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

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

Achievement

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

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

Achievement Value

Category 2: Integrate Physical and Behavioral Health Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Integrate Physical and Behavioral Health Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Increase Specialty Care Access/Redesign Referral Process

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 Specialty Care Access/Redesign Referral Process

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Increase Specialty Care Access/Redesign Referral Process

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Increase Specialty Care Access/Redesign Referral Process

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Increase Specialty Care Access/Redesign Referral Process

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Establish/Expand a Patient Care Navigation Program

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

Establish/Expand a Patient Care Navigation Program

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Establish/Expand a Patient Care Navigation Program

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Establish/Expand a Patient Care Navigation Program

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Establish/Expand a Patient Care Navigation Program

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

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

Below is the data reported for the DPH system.

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

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

Apply Process Improvement Methodology to Improve Quality/Efficiency

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

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

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

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

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Use Palliative Care 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

Use Palliative Care Programs

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Use Palliative Care Programs

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Use Palliative Care 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 N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Use Palliative Care 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: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

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: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Conduct Medication Management

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Conduct Medication Management

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Conduct Medication Management

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

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: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Implement/Expand Care Transitions Programs

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: 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 N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

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 N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 2: Implement Real-Time Hospital-Acquired Infections (HAIs) System

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 Real-Time Hospital-Acquired Infections (HAIs) System

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Implement Real-Time Hospital-Acquired Infections (HAIs) System

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Process Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Implement Real-Time Hospital-Acquired Infections (HAIs) System

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 2: Implement Real-Time Hospital-Acquired Infections (HAIs) System

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 3: Patient/Care Giver Experience *(required)*

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*). Note: for DY8, data from the last 2 quarters shall suffice.*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Patient/Care Giver Experience (required)

DY Total Computable Incentive Amount:	*	$ 6,327,750.00
Incentive Funding Already Received in DY:	*	$ -

Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 *(DY7 only)*

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): * Yes

We have extended the contract with our present vendor to conduct the CG-CAHPS survey. The staff has reviewed various sampling options. We are considering a large sample size in order to generate estimates at the provider level. The large sample size will allow us to conduct performance assessment at the provider level for quality improvement purposes. Plans have also been made to prepare implementation requirements.

Achievement	Yes
Achievement Value	0.50

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 *

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category *

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Category 3: Patient/Care Giver Experience *(required)*

Achievement: N/A

Achievement Value

Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category *

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement: N/A

Achievement Value

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 *

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement: N/A

Achievement Value

Report results of CG CAHPS questions for "Shared Decisionmaking" 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 *

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Category 3: Patient/Care Giver Experience *(required)*

Achievement	N/A
Achievement Value	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 3: Care Coordination *(required)*

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Care Coordination (required)

DY Total Computable Incentive Amount:	*	$ 6,327,750.00
Incentive Funding Already Received in DY:	*	$ -

Report results of the Diabetes, short-term complications measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	24.0
Denominator	*	5,360.0
Rate		0.4

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. Several meetings were convened to clarify the data sets to be extracted, identify the data sources, and validate the data. Following the metric specifications, SCVMC had 24 patient discharges (out of 5,360 patients) in this reporting period with a primary diagnosis of short term complications related to diabetes.
The number of patients in the numerator may be limited due to use of the primary ICD-9 code only, although the impact would be less significant as a short term complications are more likely than uncontrolled diabetes to be the primary cause for admission. As in the previous measure the additional criterion of paneled patient was utilized.

Achievement	Yes
Achievement Value	0.50

Report results of the Uncontrolled Diabetes measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	1.0
Denominator	*	5,360.0
Rate		0.0

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. Several meetings were convened to clarify the data sets to be extracted, identify the data sources, and validate the data. Based on the specifications provided for this metric SCVMC had only one inpatient discharge with a primary diagnosis of uncontrolled diabetes out of 5,360 patients meeting the criteria.

The greatest challenge associated with the uncontrolled diabetes was the requirement that it be a specific primary diagnosis for the inpatient visit. The measure criteria excluded visits for which the diagnosis was other than a primary. In addition, further exclusions occurred by limiting the two ICD- 9 codes provided for uncontrolled diabetes. It should also be noted that the team utilized an additional criteria for the denominator which was that the patient be paneled.

Achievement	Yes
Achievement Value	0.50

Category 3: Care Coordination *(required)*

Report results of the Congestive Heart Failure measure to the State *(DY8-10)*

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

Report results of the Chronic Obstructive Pulmonary Disease measure to the State *(DY8-10)*

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 3: Preventive Health *(required)*

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Preventive Health (required)

DY Total Computable Incentive Amount:	*	$ 6,327,750.00
Incentive Funding Already Received in DY:	*	$ -

Report results of the Mammography Screening for Breast Cancer measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	5,154.0
Denominator	*	9,512.0
Rate		54.2

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. The mammography screening rates for breast cancer were determined by identifying patients within the denominator (to which the additional criteria of paneled was added) and then comparing this against data from our Diagnostic Imaging systems to determine if the patients in the denominator had a mammogram in the last 18 months establishing the denominator as 9512. Our data reflects the numerator as 5154, which indicates 54.2% of patients had a mammogram within the previous 18 month period. As with the other measures, this work was conducted by a group of staff including data analysts, clinicians, and ambulatory care leaders.

Achievement	Yes
Achievement Value	0.50

Reports results of the Influenza Immunization measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	5,054.0
Denominator	*	16,293.0
Rate		31.0

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. The most significant caveat to this milestone is that as the availability of influenza vaccines has increased at convenient locations such as local drug stores, more of our patients receive this vaccine outside of our system. As a result, our system vaccination numbers will be lower than the actual rates of vaccination among our patients. When patients report that they have received an influenza vaccine outside of our system, it is entered into the notes section of the patient's electronic medical record; however, that information is not accessible for reporting at this time.

Based on vaccinations given at SCVMC service locations only, 31% of our patients identified in the denominator (16,293 individuals) received a flu vaccine during the period 7/1/2011 – 12/31/2011.

Category 3: Preventive Health *(required)*

Achievement	Yes
Achievement Value	0.50

Report results of the Child Weight Screening measure to the State *(DY8-10)*

Data Collection Source *	
Numerator *	
Denominator *	
Rate	

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

Category 3: Preventive Health *(required)*

Report results of the Pediatrics Body Mass Index (BMI) measure to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement N/A

Achievement Value

Report results of the Tobacco Cessation measure to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 3: At-Risk Populations *(required)*

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*). For the last two measures, which are both diabetes composite measures, please follow the instructions on specifically how to calculate the composite measures (available based on NQF endorsement).*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

At-Risk Populations (required)

DY Total Computable Incentive Amount:	*	$ 6,327,750.00
Incentive Funding Already Received in DY:	*	$ -

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	2,078.0
Denominator	*	5,360.0
Rate		38.8

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. The two measures in the At-Risk population section were reviewed and validated by the same group of clinicians, data analysts, and ambulatory leaders identified in previous Category III metric narratives. The denominator of 5360 for this measure was derived in the same manner as the denominators for all the diabetes measures for DY 7 (Measures # 6, 7, 15, 16). The numerator of 2078 consists of patients whose most recent LDL-C level (in the reporting period) was less than 100mg/dL. This information was derived from our laboratory data system which feeds data into a diabetes registry. For the period 7/1/2011 – 12/31/2011, thirty-eight percent (2078 patients out of 5360) had their most recent LDL level in control.

Achievement	Yes
Achievement Value	0.50

Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	3,854.0
Denominator	*	5,360.0
Rate		64.5

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Mid-year milestone was achieved. There were 5360 diabetic patients (meeting the criteria set forth in the metric) who had their most recent A1c level in control, defined as less than 9%. During the six-month reporting period 3854 or 64.5% of our diabetic patients had their most recent A1c in control.

Category 3: At-Risk Populations *(required)*

Achievement	Yes
Achievement Value	0.50

Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State *(DY8-10)*

Data Collection Source *	
Numerator *	
Denominator *	
Rate	

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

Category 3: At-Risk Populations *(required)*

Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement N/A

Achievement Value

Report results of the Pediatrics Asthma Care measure to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement N/A

Achievement Value

Report results of the Optimal Diabetes Care Composite to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement N/A

Achievement Value

Category 3: At-Risk Populations *(required)*

Report results of the Diabetes Composite to the State *(DY8-10)*

Data Collection Source *

Numerator *

Denominator *

Rate

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement: N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR:
DATE OF SUBMISSION:

Category 4: Severe Sepsis Detection and Management *(required)*

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Severe Sepsis Detection and Management

DY Total Computable Incentive Amount:	*	$ 3,569,500.00
Incentive Funding Already Received in DY:	*	$ -

Compliance with Sepsis Resuscitation bundle (%)

Numerator	*	121
Denominator	*	425
% Compliance		0.28

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Total Bundle Compliance July-December 2011: 121/425 or 28%.
We did not have a Sepsis Screening Tool in place for this time frame. We used Time of Presentation of Sepsis/Severe Sepsis/Septic Shock who met the population criteria to get our values.

DY Target (from the DPH system plan, if appropriate)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Sepsis Mortality (%)

Numerator	*	
Denominator	*	
% Mortality		N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement Value

Optional Milestone: 1. Establish which parameters for data monitoring for Severe Sepsis will be utilized
(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: * Yes

Data monitoring criteria established July 2011.

Category 4: Severe Sepsis Detection and Management *(required)*

We did not have a Sepsis Screening Tool in place for this time frame. We did manual retrospective chart reviews and used Time of Presentation (TOP) of Sepsis/Severe Sepsis/Septic Shock, then applied the exclusion criteria. We developed a Sepsis Chart Review Check List that outlined how to abstract the required information and maintain data integrity.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone: * Yes

Achievement Value: 1.00

Optional Milestone: 2. Arrange dedicated Sepsis RN for retrospective and concurrent chart reviews of all Sepsis/Severe Sepsis/Septic Shock patients

(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: * Yes

Sepsis Resource RN assigned in October 2011.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone: * Yes

Achievement Value: 1.00

Optional Milestone: 3. Assign data analyst to help with data management/establishment of a database, and reporting of data to Safey Net Institute (SNI)State

(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: * Yes

Data Analyst from Quality Management assigned and Access database established. Bundle compliance data were submitted to SNI.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone: * Yes

Achievement Value: 1.00

Optional Milestone: 4. Retrospectively review all Sepsis patient charts from a 6 month period in 2011 to establish baseline

(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: * Yes

Retrospective manual chart review to establish baseline data completed. We abstracted data from the months of January-June 2011.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone: * Yes

Category 4: Severe Sepsis Detection and Management *(required)*

Achievement Value	1.00

Category 4: Severe Sepsis Detection and Management *(required)*

Optional Milestone: 5. Participate in the BEACON collaborative to learn and share best practices related to improving Severe Sepsis and Septic Shock detection and management

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	
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

We participated in the IHI, SNI Collaborative, and BEACON (now known as Cynosure). We have participated in webinars and learning sessions throughout 2011.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

Optional Milestone: 6. Develop plans for a hospital-wide Sepsis Screening Program

(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:	* Yes

The Sepsis Team developed a comprehensive plan for a hospital-wide Sepsis Screening Program which was sent to Critical Care Committee for approval. As part of the plan, the Sepsis Team developed a Sepsis Screening Tool, and tested the form on several groups of inpatients. The Emergency Department developed a plan for paperless screening which would utilize an application in Wellsoft (ED information system). In addition, a Bundle Compliance Tracking Tool was developed by the Sepsis Team for data collection.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

Optional Milestone: 7. Implement the four strongest elements of the Sepsis Resuscitation Bundle for which there is the most evidence of reliability and efficacy (based on the recommendations of the Gordon and Betty Moore Foundation's Integrated Nurse Leadership Program and other sepsis prevention collaborative): as evidenced by the completion within 6 hours for patients with Severe Sepsis, Septic Shock, and/or lactate > 4 mmol/L (36 mg/dl) of the following: Serum lactate measured, blood cultures obtained prior to antibiotic administration, improve time to broad-spectrum antibiotics: within 3 hours for ED admissions and 1 hour for non-ED ICU admissions, in the event of hypotension and/or lactate > 4 mmol/L (36 mg/dl): deliver an initial minimum of 20 mL/kg of crystalloid (or colloid equivalent), apply vasopressors for hypotension not responding to initial fluid resuscitation to maintain mean arterial pressure (MAP) > 65 mm Hg. As evidenced by either a report from chart review or database.

Category 4: Severe Sepsis Detection and Management *(required)*

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: * Yes

7. Physician, RN, and Pharmacy education completed for SCVMC Resuscitation Bundle and ongoing for new employees. Sepsis cards distributed to House Staff and first round distribution to RN's. Sepsis Order Set in development.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 1.00

Optional Milestone: 8. Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI for purpose of establishing the baseline and setting benchmarks

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: * Yes

We reported 6 months of data collection (January-June 2011) on the Sepsis Resuscitation Bundle to SNI for purposes of establishing baseline data and benchmarks. The baseline data was 111/586 (19%).

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * yes

Achievement Value 1.00

Optional 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: *

Category 4: Severe Sepsis Detection and Management *(required)*

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: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	*	$ 3,569,500.00
Incentive Funding Already Received in DY:	*	$ -

Compliance with Central Line Insertion Practices (CLIP) (%)

Numerator	*	431.00
Denominator	*	435.00
% Compliance		0.99

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

As reported to National Health Safety Network (NHSN) CLIP compliance for the period of 7/1/11 to 12/31/11 was 99% with a numerator/denominator of 431/435. We recognized that our system to collect central line insertion practice (CLIP) data was limited and did not capture all central lines placed, despite a reported 99% compliance with CLIP practices. In order to obtain reliable CLIP bundle compliance data, the CLABSI team developed new data collection processes, which were trialed in October 2011 and implemented in the ICUs on 11/7/11. Central lines placed without proof of CLIP form completion were assumed to have 0% compliance with the CLIP bundle. The new methodology successfully identified missing CLIP data, yielding a numerator/denominator of 237/434 and subsequently lower compliance rate of 55% since insertion practices could not be evaluated in those instances.

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Central Line Bloodstream Infection (Rate per 1,000 patient days)

Numerator	*	
Denominator	*	
Infection Rate		N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		

Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

Optional Milestone: 1. Implement the Central Line Insertion Practices (CLIP), as evidenced by data reported to the NHSN via the CLIP adherence monitoring form and daily documentation of line necessity.

(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:	*	Yes

An electronic database was developed to capture daily documentation of central line data needed to determine CLABSI denominators and CLIP bundle compliance. After staff education and a trial period, the database was implemented in the ICUs on 11/7/2011. CLIP data continues to be entered into the NHSN database but is now crosschecked with the electronic database to ensure maximum capture of unique central lines. Weekly prospective chart audits are being conducted in the ICUs to determine compliance with daily line necessity documentation and to verify the new processes are correctly capturing central line data. Audit data is then used to provide direct feedback to the physicians and nurses to ensure accurate data entry with our new process. Physician education will continue in order to increase compliance with both the CLIP bundle and Line Necessity documentation. Feedback mechanisms are being developed to provide bundle compliance data to physician and nursing staff in the ICUs and will be implemented the second half of DY7.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		0.75

Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

Optional Milestone: 2. Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	Yes

Though six months of CLIP data, collected from 7/1/11 to 12/31/11, was reported to SNI, it only included eight weeks of data collected using the new processes implemented 11/7/2011. CLIP compliance was lower than previously reported using the new methodology; therefore, despite efforts to improve compliance, we anticipate the second half of DY7 will show a further decrease when a full six months of data is collected. Since a full six months of data was not collected by 12/31/11 using the new methodology, we are claiming only partial credit for this milestone.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	0.50

Optional Milestone: 3. Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	Yes

During the reporting period of 4/1/2011 to 9/30/2011, the numerator/denominator was 3/8184 for a rate of 0.37. Though six months of CLABSI data was collected and reported to SNI by 12/31/2011, the denominator used was not determined using the new data collection processes implemented on 11/7/2011; therefore, only partial credit is reported for this milestone. Once a full six months of data is collected with the new methodology, full credit for this milestone will be reported. Numerator data continues to be collected per usual by the Infection Prevention Department.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	0.50

Optional Milestone: 4. Report CLIP results to the state.
(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: *	

See Compliance with Central Line Insertion Practices (CLIP) (%) above for data related to this milestone.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	
Achievement Value	

Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

Optional Milestone: _____

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

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:	*	$ 3,569,500.00
Incentive Funding Already Received in DY:	*	$ -
Rate of surgical site infection for Class 1 and 2 wounds (%)		
Numerator	*	
Denominator	*	
% Infection Rate		

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Per our Plan Modification, approved by CMS on 2/6/12, we elected to monitor surgical site infection rates (SSI) for colon surgeries, laminectomies and coronary artery bypass graft (CABG) procedures. During the reporting period of June 1, 2011 to November 30, 2011, SSIs occurred in the selected procedures as follows: 1 in 51 colon surgeries, for a rate of 1.96; 3 in 55 laminectomies, for a rate of 5.45 and 0 in 51 CABG procedures, for a rate of 0.00.

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		-

Optional Milestone: 1. Develop SCIP based preprinted order sets and update all existing preprinted surgical core sets to reflect current SCIP guidelines.

(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:	*	Yes

Pre- and postoperative surgical order supplemental sets have been developed to align with Surgical Care Improvement Project (SCIP) guidelines. Order sets have been reviewed and approved by the Forms Committee and Pharmacy and Therapeutics Committee. Review and revision of the order sets are underway to integrate the SCIP bundles into the full post-operative order sets as they come up for revision and will be completed by 2013 in compliance with hospital policy. The order set revision was prioritized to address the services with identified issues in core quality or outcome measures.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		1.00

Category 4: Surgical Site Infection Prevention

Optional Milestone: 2. Develop a process where the proper preprinted order set is included in the preoperative packet to improve compliance.
(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:	* Yes

Staff education on the new surgical order sets has been completed in the Preoperative Clinics and Surgery Department. A limited trial of the new orders is underway in both areas with quality measures in place to ensure compliance, allow feedback and mitigate any process issues. Once this trial is completed, full implementation of the pre- and postoperative order sets will be planned and initiated in all areas where surgical procedures are scheduled.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	0.25

Optional Milestone: 3. Continue with educational models for attending staff, house staff, perioperative staff and medical/surgical unit nursing on current evidence based SCIP guidelines
(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:	* Yes

Evidence-based SCIP guidelines are addressed with the medical staff during regular Morbidity and Mortality rounds. A notification letter has been developed to inform practitioners individually of any non-compliance with SCIP guidelines. Quality measures have been instituted to determine the likely cause of non-compliance. Initial education has been completed with the Surgical Nursing Staff. Educational posters and reminders have been posted in the operating rooms. Compliance with SCIP guidelines is an integrated part of the Ongoing Professional Practice Evaluation for the Surgery Department.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	0.75

Optional Milestone: 4. Implement quality checklists on the formatted inpatient notes
(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:	* Yes

Inpatient physician notes for General Surgery and Surgical Critical Care have been revised to include quality checklists and are pending review and approval of the Forms Committee before broader implementation can begin.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	0.50

Category 4: Surgical Site Infection Prevention

Optional Milestone: 5. Continue to measure and report compliance with SCIP process measures

(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: *	Yes

Process and outcome measures continue to be monitored and reported in accordance with Surgical Care Improvement Project (SCIP) guidelines. Compliance data on SCIP process measures continues to be reported quarterly to United Health Care-CMS (UHC-CMS).

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	1.00

Optional Milestone: _____

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	
Achievement Value	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Below is the data reported for the DPH system.

* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*

* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Hospital-Acquired Pressure Ulcer Prevention

DY Total Computable Incentive Amount: * $ 3,569,500.00

Incentive Funding Already Received in DY: * $ -

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)

Numerator *

Denominator *

Prevalence (%) N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

The rate is .92% which includes rehab. Rehabs are often reported separately as a distinct part and not included in the totals of some reports, but are included here.
Santa Clara Valley Medical Center (SCVMC). Skin and wound care is an integral part of the patients' hospital experience and requires a multidisciplinary collaborative team approach. The interdisciplinary team consists of nursing staff, physicians, wound and skin care specialist, dietician, clinical pharmacist, and occupational & physical therapist. Patients can expect to have their skin integrity assessed on admission and at clearly defined intervals with an appropriate skin integrity treatment plan. The "Braden Scale for Predicting Pressure Ulcer Risk" is used to identify patients at risk of developing a pressure ulcer. Our approach for preventing pressure ulcers and skin breakdown are based upon evidence-based practices, products, and equipment and screening tools.
We are successfully reducing pressure ulcer incidence by focusing on the following coordinated strategic elements:
• Prompt assessment and treatment
• Specification of appropriate pressure ulcer risk and monitoring tools
• Steps to monitor treatment effectiveness
• Pressure ulcer treatment techniques that are consistent with clinically-based guidelines
Staff education: The staff has received formal education on pressure ulcer staging and on effective auditing of patients charts specific elements. The Wound/Ostomy Nurse Specialist presents ongoing education to staff.
Physician, nurses and ancillary staff receive education on elements of wound staging, specialty bed selection, care management an best practice.
A best practice tool consists of a "Skin Condition Tracking Form". This form has all the key elements of the Braden Clinical Tool. It provides a thorough head-to-toe skin assessment on admission and then at least every shift for all patients at risk. Photography of skin breakage is done on admission, periodically and on transfer.
Another best practice tool is a "Turn Every Two Hours Form". This tool is not only used as a reminder to turn patients, but also as a tool to assess skin integrity. The Turning-Log is used to organize care with the patients who are at risk for pressure ulcers. This is an adjustable log that can be changed based upon patient involvements and progress.
Skin care plans are done on all identified patients at risk.
Staff is given a quick reference pocket-sized card containing the Braden Scale onone side and the color-coded "InterventionGuide" on the reverse. The Braden Scale is also posted on bulletin boards.
Crucial to the pressure ulcer prevention initiative has been the creation of a Skin Care Committee, Skin Care Team Champions and the Skin Care rounds. The Skin Care Teams have been crucial to our improvement efforts. The Team conducts daily rounds on high-risk patients. One of the functions of the team rounds is to determine if pressure ulcers are appropriately staged and treated.
Results of quality reports are posted on staff bulletin boards, shared in Skin Care Committee and staff meetings. Performance reports are used regularly for decision making by the entire team.
The overall pressure ulcer prevalence rate and the hospital-acquired pressure ulcer for our facility are determined on monthly bases.
This value is used to track and trend pressure ulcer prevalence. The prevalence studies also help our facility detect any increase in pressure ulcer rates that may relate to a particular systems issue, such as lack of available equipment or decreased personnel in a certain unit. The results of this study also help to focus efforts on a particular unit, especially if a unit has a higher pressure ulcer occurrence than others; conversely, if one unit has a lower rate, it can become our best practice unit to determine what's being done right and to implement strategies on other units.
Use of Plan, Do, Study, and Act (PDSA) rapid change cycles. The Plan, Do, Study, and Act change cycle model was used to identify the best methods for our organization as it relates to the Skin Risk Tracking. The form was first initiated 09/2011, but was changed 12/2011 for better ease of use and better capture of key elements, plus the form added a comment column that is used to give more information on the assessment of care and progress of healing.

Category 4: Hospital-Acquired Pressure Ulcer Prevention

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		-

Optional Milestone: 1. Collect data: Process measures
(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:	*	Yes

Achievements
• Data collection tool developed in December 2011 through PDSA cycling; and
• staff educated.
Challenges
• Not all units filling out forms the same way;
• Not all staff members responsible for completing data collection sheets got enough training; and
• As a result, data were difficult to evaluate without additional clarification.
Future Plans
• We will continue to evaluate compliance; and
• Refine the form to maximize staff ease of use

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	Yes
Achievement Value		1.00

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: 2. Collect data: Patient outcomes
(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: *	Yes

Achievements
• Collected data for patient outcomes: House wide prevalence study for third and four quarters of 2011;
• Numerator = 4 / Denominator = 453 resulting in a 0.1% prevalence;
• All units met this milestone; and
• Literature research for best practices was completed. Findings were reported to the Skin Care Committee on October 30th. The Committee will report on their decisions in March.
Challenges
• Limited resources to evaluate raw data in a timely manner; and
• Support person still not in place.
Future
• Skin Care Committee will decide on best practices in March 7, 2012; and
• Retrospective chart review scheduled for completion in Feb, 2012

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	1.00

Optional Milestone: 3. Examine HAPU versus ulcers occurring prior to admission and wound healing or progression
(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: *	Yes

Achievements
• 100% of our patients now have their skin assessed for risk on admission and every shift thereafter; and
• Wound healing and signs of progression are assessed every day.

Challenges
• Current patient documentation forms are inadequate to assess the quality of assessment needed; and
• Forms that go into the medical record can take a long time to revise.

Future
• We will revise the assessment form with the data elements needed; and
• Give staff updated education on the new documentation required.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Yes
Achievement Value	1.00

Optional Milestone: 4. Implement best practice via evidence-based practice.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *	
Denominator (if absolute number, enter "1") *	
Achievement	

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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
Our HAPU prevention practices are based upon evidence based practices. For example, we have a team approach to pressure ulcer prevention and management, support from administrative leadership, empowered nurses to order and apply appropriate pressure redistribution items, use of the Braden Scale Assessment Tool, Photo Form, posting data, and staff training and accountability.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: 5. Physician education on elements, wound staging, specialty bed selection, care management and best practices.

(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: * Yes

The staff physicians have received formal education on pressure ulcer staging and specific elements of patient documentation. The Wound/Ostomy Nurse Specialist is available to provide ongoing education to staff. Physician, nurses and ancillary staff receive education on specialty bed selection, care management and best practices. Additionally, this information is posted on educational bulletin boards and shared at the Skin Care Committee.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.75

Optional Milestone: 6. Reinforce use of "Turn Log".

(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: * Yes

The "Turn Clock" is a standardized tool used on the nursing units. The "Turn Log" continues to be used on 3Surg and TCNU. We are in the process of standardizing its use for the entire Med/Surg Division. The Critical Care and Rehab Divisions continue to document their patient turns on their flowsheets. We are incorporating the "Turn-Log" in nursing education.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.75

Optional Milestone: 7. Add management oversight to the Skin Care Team. Ensure every adult unit has a "Champion",

(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: * Yes

Achievement
• Added management oversight to Skin Care Team;
• Ensured that every unit has a Skin Care Champion

Challenges
• None

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Achievement Value 1.00

Optional Milestone: 8. Institute education rounds by Skin Care Team Champions .

(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: * Yes

Our plan is to institute skin care education rounds in the nursing units. The Skin Care Champions (SCC) have been identified and extensive education classes have been provided to staff. Implementing a routine education rounding program has been identified as a challenge. Currently the Skin Care Team Champions are utilized as unit experts and are consulted, but formal education rounds have not been implemented. Our plan is to reassemble the SCC to develop a more manageable plan for rounds and to utilize our Wound Care Specialist for formal rounding on weekly a basis.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.25

Optional Milestone: 9. Share results of data baseline with staff

(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: * Yes

Prevalence Study data is discussed quarterly with the Skin Care Champions (SCC) at their Skin Care Meetings. The Nurse Managers have begun to share this same data with the unit staff. The prevalence study data and related performance improvement and outcomes measures will be included in each unit's Quality Program and captured on the nursing units quarterly Quality Reports. HAPU prevalence results are shared monthly, on rotating basis, and at the Hospital Quality Leadership meetings.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.75

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: 10. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.

(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: * Yes

Achievements
- Shared data with SNI via Quality Management

Challenge
- None

Future
- We will produce and submit ongoing reports

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.75

Optional 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: * No

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: 11 Report HAPU prevalence to California Dept. of Public Health

(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: * Yes

Achievements
- Reported HAPU prevalence to CDPH
-

Challenges
- None

Future
- Continue to report

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 1.00

Optional Milestone: 12. Begin PDSA rapid change cycles

(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: * Yes

All patients receive a basic skin integrity assessment on admission to the hospital. The HAPU committee developed a comprehensive Skin Risk Tracking Tool that could be used throughout the patient stay to identify and track patients who are at a high risk of developing a skin ulcer. The Skin Risk Tracking Tool was first initiated 09/2011. After initiation the form was updated/ redesigned to capture all the elements of the Braden scale. An additional comment column was added to the tool to capture the assessment of care and the progress of already healing wounds. The Plan, Do, Study, and Act (PDSA) change cycle model was used to determine if we have the best method to identify patients at risk for developing a pressure ulcer and to track the progress. Our next steps are to re-evaluate this form and refine as needed.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * Yes

Achievement Value 0.75

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 4: Stroke 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

Stroke Management

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Discharged on Antithrombotic Therapy

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Anticoagulation Therapy for Atrial Fibrillation/Flutter

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Thrombolytic Therapy

Numerator *

Category 4: Stroke Management

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Antithrombotic Therapy by End of Hospital Day 2

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Category 4: Stroke Management

Discharged on Statin Medication

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Stroke Education

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Assessed for Rehabilitation

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Stroke mortality rate

Category 4: Stroke Management

Numerator *

Denominator *

Mortality Rate N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 4: Stroke Management

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 4: Stroke Management

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Below is the data reported for the DPH system.
* *Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
* The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets
The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Venous Thromboembolism (VTE) Prevention and Treatment

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

VTE Prophylaxis (%)

Numerator *
Denominator *
% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *
% Achievement of Target N/A
Achievement Value

Intensive care unit VTE prophylaxis (%)

Numerator *
Denominator *
% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *
% Achievement of Target N/A
Achievement Value

VTE patients with anticoagulation overlap therapy (%)

Numerator *
Denominator *
% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

VTE discharge instructions (%)

Numerator *

Denominator *

% Compliance N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Incidence of potentially preventable VTE (%)

Numerator *

Denominator *

Incidence (%) N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Santa Clara Valley Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: March, 2012

REPORTING ON THIS PROJECT: * No

Category 4: Falls with Injury 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

Falls with Injury Prevention

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Prevalence of patient falls with injuries (Rate per 1,000 patient days)

Numerator *

Denominator *

Prevalence Rate N/A

Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan) *

% Achievement of Target N/A

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 4: Falls with Injury Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Category 4: Falls with Injury Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *

Denominator (if absolute number, enter "1") *

Achievement: N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *

Achievement Value