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 <u>required</u> 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.

* DPH SYSTEM:	tem Reform Incentive Payments (DSRIP San Mateo Medical Center	
* REPORTING YEAR:	DY 7	
* DATE OF SUBMISSION:	3/31/2012	
Total Payment Amount		
•	e incentive funding amounts. Please see the following pages for the sp rems: Please input the DPH System Name, Reporting DY & Date. Eve late.	
Category 1 Projects - II	ncentive Funding Amounts	
Expand Primary Care Ca	pacity	\$ 4,474,625.00
Increase Training of Prim	ary Care Workforce	
Implement and Utilize Dis	sease Management Registry Functionality	
Enhance Interpretation S	ervices and Culturally Competent Care	
Collect Accurate Race, E	thnicity, and Language (REAL) Data to Reduce Disparities	\$ 4,474,625.00
Enhance Urgent Medical	Advice	
Introduce Telemedicine		
Enhance Coding and Doo	cumentation for Quality Data	
Develop Risk Stratification	on Capabilities/Functionalities	
Expand Capacity to Prov	ide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care C	apacity	
Enhance Performance Im	provement and Reporting Capacity	
TOTAL CATEGORY 1 INC	ENTIVE PAYMENT:	\$ 8,949,250.00
Category 2 Projects		
Expand Medical Homes		\$ 752,312.50
Expand Chronic Care Ma	nagement Models	
Redesign Primary Care		\$ 1,504,625.00
Redesign to Improve Pat	•	\$ 1,504,625.00
Redesign for Cost Conta		
Integrate Physical and Bo		\$ 376,156.25
	Access/Redesign Referral Process	\$ 752,312.50
	nt Care Navigation Program	
	ent Methodology to Improve Quality/Efficiency	\$ 1,316,546.88
Improve Patient Flow in t	he Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Progr	ams	
Conduct Medication Man	agement	
Implement/Expand Care	Transitions Programs	
Implement Real-Time Ho	spital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INC	ENTIVE PAYMENT:	\$ 6,206,578.13
Category 3 Domains		\$ 1,394,250.00
Patient/Care Giver Exper		
Care Coordination (requi		\$ 697,125.00 \$ 607,125.00
Preventive Health (requir		\$ 697,125.00
At-Risk Populations (req		\$ 697,125.00
TOTAL CATEGORY 3 INC		\$ 3,485,625.00
Category 4 Intervention Severe Sepsis Detection	ns and Management <i>(required)</i>	\$ 393,250.00
-	Blood Stream Infection Prevention (required)	\$ 589,875.00
Surgical Site Infection Pr		\$ 196,625.00
egioa ene inconorri		\$ 100,020.00

Stroke Management

Falls with Injury Prevention

TOTAL INCENTIVE PAYMENT

Hospital-Acquired Pressure Ulcer Prevention

TOTAL CATEGORY 4 INCENTIVE PAYMENT:

Venous Thromboembolism (VTE) Prevention and Treatment

\$ 589,875.00

\$ 1,769,625.00

\$ 20,411,078.13

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:San Mateo Medical CenterREPORTING YEAR:DY 7DATE OF SUBMISSION:3/31/2012Year-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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: San Mateo Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 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: 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 Accommodate urgent care needs in at least 1 primary care clinic as measured by 3.00 Improvement Milestone: 1.00 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 \$ 4,474,625.00 DY Total Computable Incentive Amount: Total Sum of Achievement Values: 1.00 Total Number of Milestones: 1.00 100% Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 4,474,625.00 Incentive Funding Already Received in DY: \$ \$ 4,474,625.00 Incentive Payment Amount:

Category 1 Summary Page		
Increase Training of Primary Care Workforce Process Milestone:		N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		19/7
Dranes Milester e		N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Draces Milestone		N/A
Achievement Value		
		N/A
Achievement Value		IN/A
Learning and Miller to an		N/A
Improvement Milestone:		IN/A
Improvement Milestone		N/A
Achievement Value		
Learning and Miller to an		N/A
Achievement Value		IN/A
		N/A
Improvement Milestone:	-	IN/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 N/A Process Milestone: -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 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 Interpretation Services and Culturally Competent Care N/A Process Milestone: -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 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 Pag Collect Accurate Race, Et Process Milestone:	the stratification and comparison processes for capturing accurate	Yes
Achievement Value		1.00
Process Milestone:	_	N/A
Achievement Value		
Process Milestone:	_	N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		1077
Process Milestone:		N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	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 Incen	tive Amount:	\$ 4,474,625.00
Total Sum of Achievement	/alues:	1.00
Total Number of Milestones	:	1.00
Achievement Value Percent	age:	100%
Eligible Incentive Funding A	mount:	\$ 4,474,625.00
Incentive Funding Already R	Received in DY:	\$-
Incentive Payment Amoun	<u>it:</u>	\$ 4,474,625.00

Category 1 Summary Page Enhance Urgent Medical Advice N/A Process Milestone: -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 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:		
1		

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: San Mateo Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012Category 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:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	At least 60 percent of eligible patients will be assigned to primary care provider	0.97
Achievement Value		0.50
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
DY Total Computable Incent	ive Amount:	\$ 1,504,625.00
Total Sum of Achievement V	/alues:	0.50
Total Number of Milestones:		1.00
Achievement Value Percenta	age:	50%
Eligible Incentive Funding A	mount:	\$ 752,312.50
Incentive Funding Already R	eceived in DY:	\$-
Incentive Payment Amoun	<u>t:</u>	\$ 752,312.50

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:	
ncentive Funding Already Received in DY:	\$
Incentive Payment Amount:	

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: Achieve at least a 15 percent or lower patient no-show rate (for at least 4		4.00
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:		\$ 1,504,625.00
Total Sum of Achievement Values:		1.00
Total Number of Milestones:		1.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		\$ 1,504,625.00
Incentive Funding Already Received in DY:		\$-
Incentive Payment Amount:		\$ 1,504,625.00

Process Milestone:	Establish patient experience baseline performance in the Emergency		Yes
Achievement Value			1.00
Process Milestone:	Internally display quarterly patient experience data for the inpatient and		Yes
Achievement Value			1.00
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 Incent	ive Amount:		\$ 1,504,625.0
Total Sum of Achievement V	/alues:		2.0
Total Number of Milestones:			2.0
Achievement Value Percenta	age:		100
Eligible Incentive Funding A	mount:		\$ 1,504,625.0
ncentive Funding Already R	eceived in DY:		\$-
Incentive Payment Amoun	t:		\$ 1,504,625.00

Redesign for Cost Containment		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	<u> </u>	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:		

Process Milestone: Imp	plement at least 1 pilot of physical and behavioral health integration		Yes
Achievement Value			0.25
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 A	Amount:		\$ 1,504,625.00
Total Sum of Achievement Value	95:		0.25
Total Number of Milestones:			1.00
Achievement Value Percentage:			25
Eligible Incentive Funding Amoun	nt:		\$ 376,156.2
Incentive Funding Already Recei	ived in DY:		\$-
Incentive Payment Amount:			\$ 376,156.25

Increase Specialty Care Acc	ess/Redesign Referral Process	
Process Milestone:	<u>.</u>	N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone: E	expand e-referrals to include bidirectional communication such that 50 percent	1.00
Achievement Value		0.50
Improvement Milestone: U	Itilize electronic referral to measure the wait time for specialty care.	0.21
Achievement Value		0.50
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
DY Total Computable Incentive	e Amount:	\$ 1,504,625.00
Total Sum of Achievement Valu	ues:	1.00
Total Number of Milestones:		2.00
Achievement Value Percentage	ə:	50%
Eligible Incentive Funding Amo	unt:	\$ 752,312.50
Incentive Funding Already Rec	eived in DY:	\$-
Incentive Payment Amount:		\$ 752,312.50

Establish/Expand a Patient Care Navigation Program		
Process Milestone:	- <u>N</u>	/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:		

Apply Process Improvem	ent Methodology to Improve Quality/Efficiency		
Process Milestone:	Implement at least 3 LEAN performance improvement events.		Yes
Achievement Value			1.00
Process Milestone:	Train Executive Leadership in LEAN methodologies.		Yes
Achievement Value			0.75
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 Incer	ntive Amount:		\$ 1,504,625.00
Total Sum of Achievement	Values:		1.75
Total Number of Milestones			2.00
Achievement Value Percen	tage:		88%
Eligible Incentive Funding A	Amount:		\$ 1,316,546.88
Incentive Funding Already	Received in DY:		\$-
Incentive Payment Amou	<u>nt:</u>		\$ 1,316,546.88

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:		

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:		

Conduct Medication Management		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	N/A
Achievement Value		
Process Milestone:	<u> </u>	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:		

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:		

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:	l	\$-
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:	l	
Eligible Incentive Funding Amount:	l	
Incentive Funding Already Received in DY:		\$-
Incentive Payment Amount:		

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: San Mateo Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 Category 3 Summary Page	
This table is the summary of data reported for the DPH system. Please see the following pages for the * 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 # o The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0. The red boxes indicate Total Sums.	r %.
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	1.00
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:	\$ 1,394,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 1,394,250.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 1,394,250.00

Category 3 Summary Page Care Coordination (required)

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)	
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	
Achievement Value	
DY Total Computable Incentive Amount:	\$ 1,394,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 697,125.00
Incentive Funding Already Received in DY:	\$-
Incentive Payment Amount:	\$ 697,125.00
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:	\$ 1,394,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 697,125.00
Incentive Funding Already Received in DY:	\$-
Incentive Payment Amount:	\$ 697,125.00

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:	\$ 1,394,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 697,125.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 697,125.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: San Mateo Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 Category 4 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics. *<u>Instructions for DPH systems:</u> 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 Intervention			
Severe Sepsis Detection	and Management (required)		
Compliance with Sepsis I	Resuscitation bundle (%)	ļ	0.88
Achievement Value			0.50
Sepis Mortality (%)		ļ	0.18
Achievement Value			0.50
Optional Milestone:	Implement the Sepsis Resuscitation Bundle and report results through the INLE	P	Yes
Achievement Value			1.00
Optional Milestone:	Report at least 6 months of data collection on Sepsis Resuscitation Bundle	/	No
Achievement Value			-
Optional Milestone:		_	N/A
Achievement Value			
Optional Milestone:		_	N/A
Achievement Value			
Optional Milestone:		<u> </u>	N/A
Achievement Value			
Optional Milestone:		<u> </u>	N/A
Achievement Value			
DY Total Computable Incen	tive Amount:		\$ 786,500.00
Total Sum of Achievement	/alues:		2.00
Total Number of Milestones	:		4.00
Achievement Value Percent	tage:		50%
Eligible Incentive Funding A	mount:		\$ 393,250.00
Incentive Funding Already F	Received in DY:		\$-
Incentive Payment Amour	<u>nt:</u>		\$ 393,250.00

Achievement Value			0.5
Central Line Bloodstrea	m Infection (Rate per 1,000 patient days)		3.0
Achievement Value			0.5
Optional Milestone:	Report at least 6 months of data collection on Central Line Insertion Practice	e Ye	es
Achievement Value			1.0
Optional Milestone:	Report at least 6 months of data collection on Central Line Associated	Y	es
Achievement Value			1.0
Optional Milestone:		- N	Ά
Achievement Value			
Optional Milestone:		- N	/A
Achievement Value			
Optional Milestone:		- N	/A
Achievement Value			
Optional Milestone:		- N	/A
Achievement Value			
DY Total Computable Ince	entive Amount:	\$	786,500.0
Total Sum of Achievemen	t Values:		3.0
Total Number of Milestone	es:		4.0
Achievement Value Perce	ntage:		75
Eligible Incentive Funding	Amount:	\$	589,875.0
Incentive Funding Already	Received in DY:	\$	-

Surgical Site Infection Preve		0.07
Achievement Value	n for Class 1 and 2 wounds (%)	0.07
	Report at least 6 months of data collection on SSI for Class 1 and 2 wounds in	0.30 No
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	e Amount:	\$ 786,500.00
Total Sum of Achievement Val	ues:	0.50
Total Number of Milestones:		2.00
Achievement Value Percentage	e:	25%
Eligible Incentive Funding Amo	bunt:	\$ 196,625.00
Incentive Funding Already Rec	eived in DY:	\$-
Incentive Payment Amount:		\$ 196,625.00
Hospital-Acquired Pressure		
Hospital-Acquired Pressure Prevalence of Stage II, III, IV	Ulcer Prevention V or unstagable pressure ulcers (%)	N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value		
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone:		N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value		N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone:		
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value		N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone:		N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value		N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone:		N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value		N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone:		N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value		N/A N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone:		N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone:	V or unstagable pressure ulcers (%)	N/A N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value	<pre>v' or unstagable pressure ulcers (%)</pre>	N/A N/A N/A N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: DY Total Computable Incentive	<pre>v' or unstagable pressure ulcers (%)</pre>	N/A N/A N/A N/A N/A N/A N/A N/A N/A
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value	V or unstagable pressure ulcers (%)	N/A S -
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value Optional Milestone: Coptional Milestone: Achievement Value Optional Milestone: Achievement Value Optional Milestone: Achievement Value DY Total Computable Incentive Total Sum of Achievement Value	<pre>v' or unstagable pressure ulcers (%)</pre>	N/A S -
Hospital-Acquired Pressure Prevalence of Stage II, III, IV Achievement Value Optional Milestone: Achievement Value DY Total Computable Incentive Total Sum of Achievement Value Total Number of Milestones: Achievement Value Percentage	<pre>v' or unstagable pressure ulcers (%)</pre>	N/A S -

Discharged on Anthrombotic Therapy N/A Anticagulation Therapy for Atrial Fibrillation/Flutter N/A Achievement Value N/A Thrombolytic Therapy N/A Achievement Value N/A Antithombotic Therapy by End Hospital Day 2 N/A Achievement Value N/A Discharged on Statin Medication N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A	Stroke Management		
Anticoagulation Therapy for Atrial Fibrillation/Flutter NiA Achievement Value Immobility Thrombolytic Therapy NiA Achievement Value Immobility Antithrombotic Therapy by End of Hospital Day 2 NiA Achievement Value Immobility Discharged on Statin Medication NiA Achievement Value Immobility Stroke Education NiA Achievement Value Immobility Stroke Education NiA Achievement Value Immobility Stroke motality rate Immobility Achievement Value Immobility Optional Milestone: Immobility Achieveme			N/A
Achievement Value N/A Antihromobuly ic Therapy N/A Antihromobuly by End of Hospital Day 2 N/A Antihromobuly to Therapy by End of Hospital Day 2 N/A Achievement Value Image: Comparison of the Comparison	Achievement Value		
Thrombolytic Therapy N/A Achievement Value N/A Antithrombotic Therapy by End of Hospital Day 2 N/A Achievement Value N/A Discharged on Statin Medication N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Assessed for Rehabilitation N/A Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A Dy Total Computable Incentive Amount: S Total	Anticoagulation Therapy for Atrial Fibrillation/Flutter		N/A
Achievement Value N/A Achievement Value N/A Discharged on Statin Medication N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Assessed for Rehabilitation N/A Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A	Achievement Value		
Antithrombotic Therapy by End of Hospital Day 2 N/A Achievement Value Image: Constraint Medication Discharged on Statin Medication N/A Achievement Value Image: Constraint Medication Stroke Education N/A Achievement Value Image: Constraint Medication Achievement Value Image: Constraint Medication Assessed for Rehabilitation N/A Achievement Value Image: Constraint Medication Stroke montality rate Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestone: Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestone: Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestone: Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestone: Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestone: Image: Constraint Medication Achievement Value Image: Constraint Medication Optional Milestones:	Thrombolytic Therapy		N/A
Achievement Value Discharged on Statin Medication Achievement Value Stroke Education Achievement Value Stroke Education Achievement Value Assessed for Rehabilitation N/A Achievement Value Stroke mortality rate Achievement Value Optional Milestone: Achievement Value DY Total Computable Incentive Amount: Total Number of Milestones:	Achievement Value		
Discharged on Statin Medication N/A Achievement Value N/A Stroke Education N/A Achievement Value N/A Achievement Value N/A Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A	Antithrombotic Therapy by End of Hospital Day 2		N/A
Achievement Value N/A Stroke Education N/A Achievement Value N/A Assessed for Rehabilitation N/A Achievement Value N/A Stroke motality rate N/A Achievement Value N/A Optional Milestone: N/A Optional Milestone: N/A Achievement Value N/A Optional Milestone: N/A Achievement Value S DY Total Computable Incentive Amount: S Total Number of Milestones: -	Achievement Value		
Stroke Education N/A Achievement Value N/A Assessed for Rehabilitation N/A Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A DY Total Computable Incentive Amount: S Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amou	Discharged on Statin Medication		N/A
Achievement Value Assessed for Rehabilitation Achievement Value Stroke mortality rate Achievement Value Optional Milestone:	Achievement Value		
Assessed for Rehabilitation N/A Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A DY Total Computable Incentive Amount: \$ Total Sum of Achievement Values: - Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: \$ In	Stroke Education		N/A
Achievement Value N/A Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value S DY Total Computable Incentive Amount: \$ Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: \$ Incentive Funding Already	Achievement Value		
Stroke mortality rate N/A Achievement Value N/A Optional Milestone: N/A Achievement Value S DY Total Computable Incentive Amount: S Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: S Incentive Funding Already Received in DY: S	Assessed for Rehabilitation		N/A
Achievement Value Optional Milestone: Achievement Value DY Total Computable Incentive Amount: \$ Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: Incentive Funding Already Received in DY: \$	Achievement Value		
Optional Milestone: . N/A Achievement Value . N/A Optional Milestone: . N/A Achievement Value . . Optional Milestone: . . Achievement Value . . DY Total Computable Incentive Amount: \$. Total Number of Milestones: . . Achievement Value Percentage: . . Eligible Incentive Funding Amount: . . Incentive Funding Already Received in DY	Stroke mortality rate		N/A
Achievement Value	Achievement Value		
Optional Milestone: . N/A Achievement Value . N/A Optional Milestone: . N/A Achievement Value . . Optional Milestone: . . Achievement Value . . DY Total Computable Incentive Amount: \$. Total Sum of Achievement Values: . . Total Number of Milestones: . . Achievement Value Percentage: . . Eligible Incentive Funding Already Received in DY: \$.	Optional Milestone:	-	N/A
Achievement Value	Achievement Value		
Optional Milestone: . N/A Achievement Value . N/A Optional Milestone: . N/A Achievement Value . . Optional Milestone: . . 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: \$.	Optional Milestone:		N/A
Achievement Value	Achievement Value		
Optional Milestone:	Optional Milestone:		N/A
Achievement Value N/A Optional Milestone: N/A Achievement Value N/A Optional Milestone: N/A Achievement Value N/A Dy Total Computable Incentive Amount: N/A Total Sum of Achievement Values: - Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: \$ Incentive Funding Already Received in DY: \$	Achievement Value		
Optional Milestone:	Optional Milestone:		N/A
Achievement Value N/A Optional Milestone: N/A Achievement Value N/A 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: \$ -	Achievement Value		
Optional Milestone:	Optional Milestone:		N/A
Achievement Value Image: Computable Incentive Amount: \$ - DY Total Computable Incentive Amount: \$ - - Total Sum of Achievement Values: - - - Total Number of Milestones: - - - Achievement Value Percentage: - - - Eligible Incentive Funding Amount: Imcentive Funding Already Received in DY: \$ -	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: \$ -	Optional Milestone:	-	N/A
Total Sum of Achievement Values: - Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: - Incentive Funding Already Received in DY: \$ -	Achievement Value		
Total Number of Milestones: - Achievement Value Percentage: - Eligible Incentive Funding Amount: - Incentive Funding Already Received in DY: \$ -	DY Total Computable Incentive Amount:		\$-
Achievement Value Percentage: Eligible Incentive Funding Amount: Incentive Funding Already Received in DY:	Total Sum of Achievement Values:		
Eligible Incentive Funding Amount: Incentive Funding Already Received in DY:	Total Number of Milestones:		-
Incentive Funding Already Received in DY:	Achievement Value Percentage:		
	Eligible Incentive Funding Amount:		
Incentive Payment 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 Funding Already Received in DY:	\$ -
Incentive Payment Amount:	

Prevalence of patient falls w	ith injuries (Rate per 1,000 patient days)	1.02
Achievement Value		0.50
Optional Milestone:	Share data, promising practices, and findings with SNI to foster shared learning	Yes
Achievement Value		1.00
Optional Milestone:		N/A
Achievement Value		
Optional Milestone:	<u> </u>	N/A
Achievement Value		
Optional Milestone:	<u>-</u>	N/A
Achievement Value		
Optional Milestone:		N/A
Achievement Value		
Optional Milestone:		N/A
Achievement Value		
DY Total Computable Incen	tive Amount:	\$ 786,500.00
Total Sum of Achievement \	/alues:	1.50
Total Number of Milestones		2.00
Achievement Value Percent	age:	75%
Eligible Incentive Funding A	mount:	\$ 589,875.00
Incentive Funding Already R	Received in DY:	\$-
Incentive Payment Amoun	<u>it:</u>	\$ 589,875.00

REPORTING ON THIS PROJECT:

* Yes

Reform Incentive Payments (DSRIP)
San Mateo Medical Center
DY 7
3/31/2012

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:	* \$ 4,474,625.00
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 Primary 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 Primary Care Capacity	
Improvement Milestone: Accommodate urgent care needs in at least 1 primary care clinic as measured by achieving Time to the Third Next Available Appointment within 7 calendar days for at least 3 months during the year for emplanelled patients.	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 3.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	3.00
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes
The San Mateo Medical Center has developed a system to accommodate the urgent care needs of our primary care clinics, as measured by achieving Time to Third Next Available Appointment (TTNAA) of less than seven (7) days for empanelled patients for at least 3 months during the year. SMMC has adopted the use of Open Access scheduling for established patients at all sites and is accommodating patients from either direct calls or through triage/SMMC advice lines at each site which made it possible for the Main Campus Pediatric Clinic, Fair Oaks Adult Clinic and the Fair Oaks Pediatric Clinic to achieve this milestone during the reporting period. One of our challenges has been to maintain team-based models at each site while internal and external pressures to centralize some processes traditionally managed at the team level are underway. Achievement of the TTNAA milestone may be affected by the LEAN innovation work which can initially strain patient access as it involves leaders and staff in training, value stream mapping, kaizen events and change management. Ultimately, however, we expect patient access to improve as a result of this LEAN work.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 1.00
Achievement Value	1.00
Improvement Milestone:	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description 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	*

Categor	y 1: Ex	pand Primar	y Care Ca	pacity

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	

CA 1115 Waiver - Delivery System	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

REPORTING ON THIS PROJECT:

* Yes

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

Below is the data reported for the DPH system.

* Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*). 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 Incen	* \$ 4,474,625.00	
Incentive Funding Already F	Received in DY:	* \$ -
Process Milestone:	Establish data stratification and comparison processes for capturing accurate REAL data and linking it to quality data, including designating specified data fields for REAL data recording.	
Numerator (if N/A, use "ves/	no" form below; if absolute number, enter here)	*
Denominator (if absolute nu		*
Achievement		Yes
	milestone has been achieved, select "yes" or "no" from the dropdown	100
	an in-depth description of how the milestone was achieved:	* Yes
collection practices, San Ma community. A multidisciplina department staff and training that would enable the medic After months spent planning training program for staff, a 2012. All ambulatory entry p patients—established and n demographic categories alig the EMR. REAL data input ensure that these fields wou The critical next steps involv and the observation of the d identify improvements and r	m the California Health Care Safety Net Institute to simplify and focus data theo Medical Center developed a set of ethnic categories reflective of our patient ary team comprised of IT managers, health information management, quality g supervisors and clinicians oversaw this process. The goal was to create a system cal center to eventually upload community specific REAL data directly into the EMR. 9, creating community specific race and ethnic choices, beta testing, and developing full implementation of the REAL data registration system went "live" on January 24, points in the SMMC system are now capturing REAL data for all ew. Patients self-report their ethnicity, language and race from a "menu" of gned with our community demographics. The registration staff inputs this data into screens were designed with required fields to "mistake-proof" the process and lid not be skipped during the registration process, even when it is really busy. we the review of collected data to make sure that it is working right and meaningful lata collection process to see how the training is used in practice. We expect to efine both aspects of REAL data collection. Ultimately, we will create a emographic data base which can be correlated with health outcomes to reduce	
t DY Target (from the DPH sy	vstem 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	
	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	*

Category 1: Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities			
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:	
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	
menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value	*
Achieventeric value	

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

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

CA 1115 Waiver - Delivery System	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

REPORTING ON THIS PROJECT:



Below is the data reported for the DPH system.

Category 2: Expand Medical Homes

* 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:	* \$ 1,504,625.00
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	*

Improvement Milestone:	At least 60 percent of eligible patients will be assigned to primary care provider teams.	
	(insert milestone)	-
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	* 172,260.00
Denominator (if absolute num	ber, enter "1")	* 177,003.00
Achievement		97%
2	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* Yes
medical home and is aggressi patient demand. The organiza and management system that patients, monitor provider cap their own medical home lands clinics and providers is shared staffing changes and increase the ambulatory patients at SM home model is helping SMMC	MMC) recognizes that the primary care provider relationship is at the heart of the vely pursuing PCP assignments even in the face of significant increases in ation has advanced this commitment by maintaining and enhancing the reporting was implemented in DY 6 to help clinic leaders identify unassigned eligible acity, and make appropriate medical home assignments. Each clinic monitors cape and makes medical home assignments accordingly; information on all I knowledge and reported monthly. A vigilance of effort is required to address d patient demand. Our standard work practice is ensuring that more than 60% of MC have an assigned primary care provider and medical home. The medical to strengthen the existing patient/provider relationship, build trust, and provide our patients. The reporting/ management tool and standard work make it possible aver-changing environment.	
DY Target (from the DPH syst Achievement Value	em plan) or enter "yes" if "yes/no" type of milestone	* <mark>>60%</mark> 0.50
Improvement Milestone:	(insert milestone)	-
Numerator (if N/A use "ves/no	" form below; if absolute number, enter here)	*
		+
Denominator (if absolute num	ber, enter 1)	
Achievement		N/A
•	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*
DY Target (from the DPH syst Achievement Value	em plan) or enter "yes" if "yes/no" type of milestone	*
Improvement Milestone:		_
	(insert milestone)	+
	" form below; if absolute number, enter here)	
Denominator (if absolute num	ber, enter "1")	*
Achievement		N/A
	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*
	em 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:	
Improvement Milestone:	-
	- *
(insert milestone)	*
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* * N/A
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1")	* * N/A
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* * N/A *
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* * N/A *
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* * N/A *
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	- *
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	*

CA 1115 Waiver - Delivery System	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

REPORTING ON THIS PROJECT:



Below is the data reported for the DPH system.

Category 2: Redesign Primary Care

* 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	
	* 1 504 625 00
DY Total Computable Incentive Amount:	* \$ 1,504,625.00
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	 *

Improvement Milestone:	Achieve at least a 15 percent or lower patient no-show rate (for at least 4 months of the reporting period) for primary care medical homes due to enhanced continuity of care and lasting relationships established between the provider and the patient. (insert milestone)	-
Numerator (if N/A, use "yes/nc	" form below; if absolute number, enter here)	* 4.00
Denominator (if absolute numb	per, enter "1")	* 1.00
Achievement		4.00
•	ilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*
Care Initiative and implemente provide Open Access appointr ensure that patients are prepa and/or cancel appointments wi flexible schedule. All SMMC cl clinics were able to sustain "no period.* Maintaining low "no-show" rat demand can stretch the staff's appointment reminders. Increa Program populations can crea	MMC) participated in the California HealthCare Safety Net Institute's Seamless and Patient Centered Scheduling as a strategy to reduce "no-show" rates. We ments to allow same day access for medical home patients, preregistration to red for their visit, and follow-up appointment reminders that help staff confirm hen patients indicate they will not be able to keep an appointment. This creates a inics now use Patient Centered Scheduling. During the first half of DY 7, all p-show" rates of 15% or less for a minimum of four months during the reporting es remains a challenge that requires ongoing vigilence. Increasing patient ability to adhere to standard work around schedule maintenance and asing regulatory access requirements for the Medicaid and Low Income Health te competing priorities, but SMMC remains committed to the core tenets of	
	ler construction during the first half of this year and only open one day a week. d, but when fully functional, they will use Patient Centered Scheduling.	
DY Target (from the DPH systered	em plan) or enter "yes" if "yes/no" type of milestone	* 4.00
Achievement Value		1.00
Denominator (if absolute numb Achievement If "yes/no" as to whether the m	" form below; if absolute number, enter here) ber, enter "1") nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* N/A *
DY Target (from the DPH syster Achievement Value	em plan) or enter "yes" if "yes/no" type of milestone	*
Improvement Milestone:	(insert milestone)	_
Numerator (if N/A, use "ves/no	" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")		*
Achievement		N/A
	ilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*

1	Category 2: Redesign Primary Care	
	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:	*
DV Texast (from the DDI Lawston plan) as enter "upp" if "upp/so" time of milesters	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value	

REPORTING ON THIS PROJECT:

* Yes

CA 1115 Waiver - Delivery System I	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

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 Pa	tient Experience	
DY Total Computable Incenti	* \$ 1,504,625.00	
Incentive Funding Already Re	eceived in DY:	* \$ -
Process Milestone:	Establish patient experience baseline performance in the Emergency Department.	
	(insert milestone)	
Numerator (if N/A, use "yes/r	no" form below; if absolute number, enter here)	*
Denominator (if absolute nun	nber, enter "1")	*
Achievement		Yes
	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
Currently, San Mateo Medica receiving care in the emerge HCAPHS patient experience established and the process and used to set patient exper 2011.		
DY Target (from the DPH sys	stem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	Internally display quarterly patient experience data for the inpatient and medical/surgical unit.	
	(insert milestone)	
Numerator (if N/A, use "yes/r	no" form below; if absolute number, enter here)	*
Denominator (if absolute nun	nber, enter "1")	*
Achievement		Yes
-	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
San Mateo Medical Center has experience data. All manage portal. Patient satisfaction su boards in inpatient, Emergen Sharing the data motivates th is important to review the dat place the results in context an		
DY Target (from the DPH sys	stem plan) or enter "yes" if "yes/no" type of milestone	* Yes

Category 2: Redesign to Improve Patient Experience

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 <i>Achievement Value</i>	*

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:	*
DV Target (from the DDU system also) as eater "yes" if "yes (yes" tone of as "to target	
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:	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	

REPORTING ON THIS PROJECT:

* Yes

Reform Incentive Payments (DSRIP)
San Mateo Medical Center
DY 7
3/31/2012

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:		* \$ 1,504,625.00
Incentive Funding Already Received in DY:		* \$ -
Process Millestone'	1 pilot of physical and behavioral health integration Four Quadrant model. (insert milestone)	-
Numerator (if N/A, use "yes/no" form below; if abso	lute number, enter here)	*
Denominator (if absolute number, enter "1")		*
Achievement		Yes
If "yes/no" as to whether the milestone has been ad menu, and (if "yes") provide an in-depth description		* Yes
their overall health through their participation in a "V completed in November 30 and materials including ready the program for launch. In December, the pro- the holidays, when people are most motivated to m group members is 10 lbs. Participant's BSI and PH group. One member who had been diagnosed with for at least 3 weeks and has been taken off of all of	havioral health was designed to help obese patients improve Weight Management Group" model. Program protocols were pedometers, scales, books and supplies were purchased to ogram was promoted with a start date in mid- January, after take a change. After 6 weeks, the average weight loss for 4Q-9 scores have significantly decreased since the first in type 2 diabetes has been registering normal blood sugars if his diabetes medications. There is a strong demand for the next weight management group, as well as interest for groups	
DY Target (from the DPH system plan) or enter "ye	es" if "yes/no" type of milestone	* Yes
Achievement Value		0.25
Process Milestone:	(insert milestone)	_
Numerator (if N/A, use "vec/se" form below if above		*
Numerator (if N/A, use "yes/no" form below; if abso		*
Denominator (if absolute number, enter "1")		N//A
Achievement If "yes/no" as to whether the milestone has been ac menu, and (if "yes") provide an in-depth descriptior		N/A *
DY Target (from the DPH system plan) or enter "ye		· · · · · · · · · · · · · · · · · · ·

Category 2: Integrate Physical and Behavioral Health 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: 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	

CA 1115 Waiver - Delivery System	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

REPORTING ON THIS PROJECT:



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 (*).

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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:	* \$ 1,504,625.00
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:	_
<i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	+
menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DV Target (from the DDI Loupton alon) or enter "upp" if "upp(ap" time of milectons	
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:	*
	1
	J
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:	Expand e-referrals to include bidirectional communication such that 50 percent of specialty referrals originating from a SMMC primary care provider will be <u>made utilizing bidirectional electronic referral systems.</u> (insert milestone)	
Numerator (if N/A, use "yes/no"	form below; if absolute number, enter here)	* 4,714.00
Denominator (if absolute numb	er, enter "1")	* 4,714.00
Achievement		1.00
-	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	* Yes
has become our new standard medical record system, eClinic electronic referral, was adopted patients to specialty care in rea status. Upgrading the clinical electroni contracts review and hardware the task of retraining all clinic s been very positive and adoptio data. We had anticipated being systems is not yet functional ar contracting with the vendor to p fields to better support other re reconsidered.	(SMMC) primary care clinics electronically refer patients to specialty care; this work. SMMC completed the first of two major upgrades to the clinical electronic alWorks (eCW). Phase one, which transitioned the paper referral to an d by both the primary care and specialty care clinics; it allows a provider to refer al-time through the use of the medical record system and to track their medical c medical record system has been a challenge. Delays occurred during the installation processes. After the hardware and software upgrades were installed, taff remained. The staff response to the training and the tool enhancements has n universal. A continuing challenge for SMMC is the extraction of reportable able to extract data from the broader data warehouse, but the lattice between do therefore unable to support current reporting needs. At this time, we are produce structured and aggregate data. We continue to refine the structured porting needs. A decision to purchase the eCW reporting tool is being	
DY Target (from the DPH syste	em plan) or enter "yes" if "yes/no" type of milestone	* >.50
Achievement Value		0.50
Improvement Milestone:	Utilize electronic referral to measure the wait time for specialty care. (insert milestone)	
	form below; if absolute number, enter here)	* 1,215.00
Denominator (if absolute numb	er, enter "1")	* 5,742.00
Achievement		0.21
	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	* Yes
care clinics, however, some an outside providers in the commu	errals during the reporting period were generated electronically from the primary rived in the form of a paper fax from the Emergency Department, as well as other unity, the Ravenswood clinic—a small FQHC in San Mateo county, and finally a MC's inpatient unit as a post-discharge follow-up appointment request.	
were seen within the 30 day per incomplete with regards appoir appointment could not be calcu With regards to electronic refer were not initially considered a recently made which will provid manual process requiring the a the appropriate appointment day	In delectronic specialty referrals made during the reporting period, 1,215 patients brief and 1,512 were seen beyond the 30 day period. Unfortunately, data is the theta for 3,015 referral cases, thus elapsed time from referral to lated in these cases. Tals, appointment details for early dated referrals is not available as the fields equirement in the workflow; modifications to the data collection process were le more consistent data after March 2012. The paper fax referral process is a bstraction of data from paper faxes followed by the research of each case to find ate and thus calculate elapsed time from referral to appointment to determine if time-consuming process and required the use of extra help employees to	
3015 cases for which there is in	e are reporting a 30-day access rate of 21.1%%. Although many or most of the ncomplete data may have been seen within the 30 day window, this cannot be herefore our calculations assume that none were seen in the 30 day window.	
Emergency Department has pr patients are transient or have u	s faced many challenges in meeting the 30 day target. Increasing volumes in the oduced corresponding increases in referrals to specialty clinics. Many of these inreliable contact information. This can often lead to a high no-show rate in tion of high no-show rates and increasing demand has produced an average wait ro during the reporting period.	

Category 2: Increase Specialty Care Access/Redesign Referral Process With the completion of the second upgrade of eClinicalWorks (eCW), current providers who utilize paper faxes will have an electronic gateway to refer patients to specialty care; this upgrade will produce complete data for this milestone and better utilize staffing resources.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	0.50
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:	*
	J
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:	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	
menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*

CA 1115 Waiver - Delivery System F	Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012

REPORTING ON THIS PROJECT: * Yes

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 Improver	nent Methodology to Improve Quality/Efficiency	
DY Total Computable Incenti	ve Amount:	* \$ 1,504,625.00
Incentive Funding Already Re	eceived in DY:	* \$-
Process Milestone:	Implement at least 3 LEAN performance improvement events. (insert milestone)	-
Numerator (if N/A, use "yes/r	no" form below; if absolute number, enter here)	*
Denominator (if absolute nun	nber, enter "1")	*
Achievement		Yes
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
LEAN performance improven improvement work with the p ambulatory system. Clinician value stream mapping and ka process. These work group through the system, strength patient's experience of the ca LEAN methodologies and ob discharge and patient roomin saved staff steps and time, in	primary care has been one of San Mateo Medical Center's initial focus areas for nent work. The Daly City Clinic was selected as the model for the performance lan to systematically spread the process of improvement strategies throughout the s, administrators and patients from the various SMMC clinics have participated in aizen events, each contributing a unique perspective to the problem-solving mixes are helping to spread an understanding of LEAN process improvements ening the connections between clinics and staff members, keeping the focus on the are provided, and facilitating a shared approach to developing best practices using jective data. Three areas were selected for study and improvement: registration, ig. The LEAN process has improved patient flow, work flow, reduced wait times, nproved physical environments, enhanced the quality of care, and collectively, will ss to care. To facilitate this work, SMMC retained the expertise of RONA	
	stem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	Train Executive Leadership in LEAN methodologies. (insert milestone)	-
Numerator (if N/A, use "yes/r	no" form below; if absolute number, enter here)	*
Denominator (if absolute nun	nber, enter "1")	*
Achievement		Yes
	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
reporting period. In January remaining members will compart of the first cohort. A second wave of LEAN train System and the Health Inform strengthening the LEAN effor	In Mateo Medical Center completed all but the last day of training during the 2012, 78% all Executive Team members completed the LEAN training, the plete certification by year-end; a total of 29 executive and management staff were ning for managers began in December 2011. Leaders from the San Mateo Health nation Technology group are participating in the Lean Training as well. Further t was the recruitment of a talented LEAN manager to coordinate and lead LEAN; he joined SMMC in January 2012.	
.	stem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		0.75

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 t menu, and (if "yes") provide an in-depth description 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 t	
menu, and (if "yes") provide an in-depth description 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 t menu, and (if "yes") provide an in-depth description 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	N/A
menu, and (if "yes") provide an in-depth description 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	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:San Mateo Medical CenterREPORTING YEAR:DY 7DATE OF SUBMISSION:3/31/2012Category 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:	* \$ 1,394,250.00
Incentive Funding Already Received in DY:	* \$ -
Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 <i>(DY7 only)</i>	
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
San Mateo Medical Center (SMMC) contracted with Press Ganey to gather patient experience data for all nine clinics using the CG CAPHS survey instrument. Our Chief Operations Officer and five members of the Executive Team participated in the planning, contract expansion, and question selection for the launch of Press Ganey Patient Experience surveys for the clinics. A standard clinical survey was selected so as to generate data that would be comparable with the widest range of providers nationally. Surveys are distributed by mail in English and Spanish as Spanish is a threshold language in San Mateo County. SMMC selected a quarterly report update from Press Ganey to provide the teams incremental progress updates on their improvement efforts. In February 2012, the Agency for Healthcare Research and Quality (AHRQ) promulgated a change to the survey language to reflect patient experience scores at the clinic level instead of the provider level. This change acknowledged the practical reality that many public hospital systems do not have reliable statistical data available at the individual provider level. SMMC collects and will continue to collect quarterly data at both the clinic and provider level, but since the low number of survey returns per provider is not sufficient enough to be reliable, we support this change. The SMMC Executive Team, Clinic Managers and Quality staff members access the Press Ganey online portal to review performance statistics. A baseline is being established from the data collected.	
Achievement Achievement Value	Yes 1.00
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 Achievement Value	N/A

Category 3: Patient/Care Giver Experience (required)	
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):	
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 Achievement Value	N/A
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (<i>DY8-10</i>) 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	*

Category 3: Patient/Care Giver Experience (required)

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 Achievement Value N/A

CA 1115 Waiver - Delivery Syste	m Reform Incentive Payments (DSRIP)	
DPH SYSTEM:	San Mateo Medical Center	
REPORTING YEAR:	DY 7	
DATE OF SUBMISSION:	3/31/2012	
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 (*).

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Care Coordination (required)

DY Total Computable Incentive Amount:	* \$ 1,394,250.00
Incentive Funding Already Received in DY:	* \$-
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (
Numerator	*
Denominator	* 2,886.0
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):	
During the first period of DY 7, there were no inpatient admissions due to short-term complications of diabetes. To report this milestone, medical home patients from the prior year (July 1, 2010-June 30, 2011) were selected and filtered for ICD-9 codes for Diabetes Mellitus Type 1 and 2 and this data was cross-referenced with inpatient admissions for short-term complications from diabetes during the first reporting period of DY7. The health outcomes for the period are very positive. The challenge for SMMC is the system conversion to a single, electronic health record system for case management and reporting. The goal is to automate the extraction of this data from the electronic health record, this will be a significant accomplishment.	
Achievement	Yes
Achievement Value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (
Numerator	* 2.0
Denominator	* 2,886.0
Rate	0.1
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):	
During the first period of DY 7, there were two (2) inpatient admissions due to complications from uncontrolled diabetes. To report this milestone, medical home patients from the prior year (July 1, 2010-June 30, 2011) were selected and filtered for ICD-9 codes for Diabetes Mellitus Type 1 and 2 and this data was cross-referenced with inpatient admissions for uncontrolled diabetes during the first reporting period of DY7. The health outcomes for the period are very positive. The challenge for SMMC is the system conversion to a single, electronic health record system for case management and reporting. The goal is to automate the extraction of this data from the electronic health record, this will be a significant accomplishment.	
Achievement	Yes
Achievement Value	0.50
Report results of the Congestive Heart Failure measure to the State (DY8-10)	

Category 3: Care Coordination (required) 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	
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	
Achievement Value	

MR)

MR)

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:San Mateo Medical CenterREPORTING YEAR:DY 7DATE OF SUBMISSION:3/31/2012Category 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)

Preventive Health (required)	
DY Total Computable Incentive Amount:	* \$ 1,394,250.00
Incentive Funding Already Received in DY:	* \$ -
Report results of the Mammography Screening for Breast Cancer measure to the State (<i>DY7-10</i>)	
Data Collection Source	* Electronic medical record (E
Numerator	* 3,148.0
Denominator	* 5,430.0
Rate	58.0
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):	
San Mateo Medical Center's rate for Mammography Screenings for breast cancer during the past 24 months for women ages 50-74 for the period of July 2010 and December 2010 was 58 percent. Reported data for Category 3 milestones is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population, (e.g., it might not be fair to expect a patient who was seen for the first time in November to have had a mammogram by the end of the reporting period, one month later.) We are also refining our ability to capture mammography screening data as we know that it is under-reported. Several outreach efforts and women's health campaigns conducted in San Mateo County ensure that women have access to free or low-cost breast cancer screening opportunities. Data reported for this milestone is extracted from the electronic medical record system. SMMC is in the midst of a system upgrade to integrate health record information from the various electronic medical record systems to a single, electronic health record. Our future goal is to automate the extraction of this data from the electronic health record; this will be a significant accomplishment.	
Achievement	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	
Data Collection Source	* Electronic medical record (E
Numerator	* 3,618.0
Denominator	* 10,166.0
Rate	35.6
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):	
San Mateo Medical Center's Influenza Immunization rate for patients who are 50 years of age or older for the period, July 2010 through December 2010 was 35.6 percent. Reported data for Category 3 milestones is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population. We are refining our ability to capture patient information on influenza immunization as we know that it is under-reported. People in San Mateo County have a variety of free, low-cost and convenient options for obtaining a flu shots (work site flu shot programs, Safeway and Walgreens flu shot clinics, and special flu shot drives targeted for seniors). These programs, while	

Category 3: Preventive Health (required) penetitting our community, depress and under-report the influenza immunization rate for our patient population. Data reported for this milestone is extracted from the electronic medical record system. SMMC is in the midst of a system upgrade to integrate health record information from the various electronic medical record systems to a single, electronic health record. Our future goal is to automate the extraction of this data from the electronic health record; this will be a significant accomplishment. 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 Achievement Value	N/A
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	

MR)

MR)

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:San Mateo Medical CenterREPORTING YEAR:DY 7DATE OF SUBMISSION:3/31/2012Category 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:	* \$ 1,394,250.00
Incentive Funding Already Received in DY:	* \$ -
Report results of the Diabetes Mellitus: Low Density Lipoprotein (<dl-c) (<100="" (<i="" control="" dl)="" measure="" mg="" state="" the="" to="">DY7-10)</dl-c)>	
Data Collection Source	* Electronic medical record
Numerator	* 1,135.0
Denominator	* 4,167.0
Rate	27.2
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):	
The percentage of diabetic patients, aged 18-75, who were successful in managing to maintain an LDL-C control of <100/mg/dl at San Mateo Medical Center during the reporting period of July 2010 through December 2010 was 27.2 percent. Reported data for Category 3 milestones is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population. We expect performance on this measure to improve because a significant portion of this population did not have an LDL drawn between July 2011 and December 2011; in subsequent reporting periods this became standard practice. Data reported for this milestone is extracted from the electronic medical record system. SMMC is in the midst of a system upgrade to integrate health record information from the various electronic medical record systems to a single, electronic health record. Our future goal is to automate the extraction of this data from the electronic health record; this will be a significant accomplishment.	
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	* Electronic medical record
Numerator	* 2,031.0
Denominator	* 4,167.0
Rate	48.7
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):	
San Mateo Medical Center is reporting a rate of 48.7% for the percentage of diabetic patients, aged 18-75, who were successful in managing to maintain Hemoglobin A1c control of <9% during the reporting period of July 2010 through December 2010. Reported data for Category 3 milestones is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population. Data reported for this milestone is extracted from the electronic medical record system.	

Category 3: At-Risk Populations (required) As noted in the Category 3 milestones, SMMC is in the midst of a system upgrade to integrate health record information from the various electronic medical record systems to a single, electronic health record. The goal is to automate the extraction of this data from the electronic health record.	
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 <i>(DY8-10)</i>	
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	Popu	lations ((requ	<i>iired</i>)
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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	

(EMR)

(EMR)

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: San Mateo 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 (*).

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Severe Sepsis Detection and Management	
DY Total Computable Incentive Amount:	* \$ 786,500.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	* 24.64
Denominator	* 28
% Compliance	0.88
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 Sepsis Resuscitation bundle compliance rate for San Mateo Medical Center (SMMC) was 88 percent for the reporting period. The bundle is applied to all patients exhibiting Systemic Inflammatory Response Syndrome (SIRS) criteria, a suspected or known source of infection, and the signs of severe sepsis or septic shock (lactic acid serum measures greater than/equal to 4 and a systolic blood pressure less than 90). There were 28 patients that met these criteria. At SMMC, the adherence to each bundle component is measured individually and then averaged together to achieve the reported bundle compliance rate. The individual bundle component results were as follows: 1) serum lactate was measured 97 percent of the time, 2) blood cultures were drawn before a patient was administered a broad-spectrum antibiotic 91 percent of the time; 3) broad-spectrum antibiotics were administered within 3 hours for Emergency Department patients and 1 hour for inpatients from the time of presentation 88 percent of the time; 4) a fluid bolus was administered within 1 hour of the time of presentation at a rate of 1 liter or 20 ml/kg/hr 79 percent of the time, and 5) vasopressors were administered to hypotensive patients not responding to the initial fluid resuscitation to maintain mean arterial pressure (MAP) at >65 mp/Hg 90 percent of the time.	
	*
% Achievement of Target	Yes
Achievement Value	0.50
Sepis Mortality (%)	
Numerator	* 11
Denominator	* 62
% Mortality	0.18
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):	
 During the reporting period, San Mateo Medical Center cared for 62 sepsis patients who were 18 years of age or older with: One of the two ICD-9 discharge codes for severe sepsis or septic shock, or One ICD-9 code from Table 2 and one ICD-9 code from Table 3. Eleven deaths resulted; it should be noted that the patients were seriously ill with many co-morbidities. SMMC has been an active participant of the UCSF Center for the Health Professions Integrated Nurse Leadership Program (INLP) Reducing Sepsis Mortality Collaborative and made significant gains in the reduction of sepsis mortality rates. From July 2009 – December 2009, the SMMC ICD-I coded mortality rate was 39 percent. During calendar year 2010, the rate dropped significantly to 22%. In calendar year 2011, SMMC dropped another percentage point to 21%. This represents an almost 54% drop in our ICD-9 coded mortality 	

Achievement Value	Sepsis Mortality Collaborative through 2013.	0.50
Optional Milestone:	Implement the Sepsis Resuscitation Bundle and report results through the INLP Reducing Sepsis Mortality Collaborative.	
	(insert milestone)	
Numerator (if N/A, use "yes	/no" form below; if absolute number, enter here)	*
Denominator (if absolute nu	umber, enter "1")	*
Achievement		Yes
•	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	* Yes
Collaborative member since as a standard practice. SN	a UCSF Center for the Health Professions INLP Reducing Sepsis Mortality e its inception in 2009, has implemented the use of the Sepsis Resuscitation bundle MC fulfilled its commitment to report Sepsis Resuscitation bundle data to INLP omplishing this DSRIP milestone.	
DY Target (from the DPH s	ystem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Optional Milestone:	Report at least 6 months of data collection on Sepsis Resuscitation Bundle results 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 nu	umber, enter "1")	*
Achievement		No
	e milestone has been achieved, select "yes" or "no" from the dropdown	*
	e an in-depth description of how the milestone was achieved:	* No
reporting sepsis data utilizin INLP Sepsis Resuscitation to June 30, 2010 to submit Our challenges have been populations, extract and re- facilitated discussion regard a shared reporting model to	rated Nursing Leadership Program's (INLP Collaborative on Sepsis, we have been ing the INLP reporting methodology. San Mateo Medical Center is re-abstracting Bundle data using DSRIP criteria and methodologies for the period January 1, 2010 to SNI to establish a baseline and set benchmark targets for future improvement. to bridge INLP and DSRIP reporting methodologies, operative definitions and patient review the data, communicate the changes to staff, monitor and participate in SNI ding the methodologies, rebuild the team that champions the sepsis work and shift to be ensure timely reporting. In addition, unforeseen circumstances impacted the ability ampion to report timely. SMMC will report/claim accomplishment of this milestone at	
DY Target (from the DPH s	ystem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		-
Optional Milestone:		
	(insert milestone)	
Numerator (if N/A, use "yes	/no" form below; if absolute number, enter here)	*
Denominator (if absolute nu	umber, enter "1")	*
Achievement		N/A
•	e milestone has been achieved, select "yes" or "no" from the dropdown e 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	
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: Severe Sepsis Detection and Management (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	

CA 1115 Waiver - Delivery Sy	stem Reform Incentive Payments (DSRIP)
DPH SYSTEM:	San Mateo Medical Center
REPORTING YEAR:	DY 7
DATE OF SUBMISSION:	3/31/2012
Category 4: Central Lin	e Associated Blood Stream Infection (CLABSI) (required)
Below is the data reporte	d for the DPH system
	,
" Instructions for DPH sy	stems: Please type in all of your DY milestones for the project below and report data
in the indicated boxes (*)	
* The yellow boxes indic	ate where the DPH system should input data
The black boxes indi	cate Milestones and will automatically populate and flow to summary sheets

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:	* \$ 786,500.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	* 21.00
Denominator	* 24.00
% Compliance	0.88
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):	
During the reporting period, 21 of 24 cases were in compliance with central line insertion practices (CLIP) which produced a compliance rate of 88 percent. To determine the CLIP compliance rate, the SMMC Quality Division extracts the cases for review from the SoftMed system using appropriate ICD-9 codes; once the cases are identified, a Quality Nurse performs a manual chart review to determine the compliance rate for central line insertion practices. To raise CLIP compliance rates and reduce CLABSI at SMMC, a CLABSI Team, comprised of the Chief Nursing Officer, Infection Control Coordinator, the Quality Manager, a Quality Nurse, Chair of the Infection Control Committee, two PICC nurses and the DSRIP Manager was formed. The team is developing an educational campaign for all surgeons and internists and a CLIP compliance checklist has been placed into the central line insertion kits. We recently changed our internal reporting methodology to the better align with state requirements and are in the process of spreading the change throughout the organization. The change may negatively impact future results as the new method is more rigorous but we are hoping our educational efforts mitigate the impact. Recently, SMMC CLABSI team members participated in SNI's February workshop on Sepsis/CLABSI held in Burbank, and attended the Beyond SCIP: The Journey Continues/Cynosure Event at UCSF in March to learn from experts and colleagues in the field and share best practices.	
DY Target (from the DPH system plan)	*
% Achievement of Target	Yes
Achievement Value	0.50
Central Line Bloodstream Infection (Rate per 1,000 patient days)	
Numerator	* 2.00
Denominator	* 656.00
Infection Rate	3.05
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):	
During the reporting period, 2 occurrences of CLABSI were reported for 656 Central Line Days resulting in a rate of incidence of 3.05 percent which was reported to NHSN. SMMC's challenge is to work to reduce this rate through the development, adoption and implementation of the CLABSI Team's quality improvement plan. The improvement work includes an assessment of current practices, the review of research and best practices, and the creation of a comprehensive plan to update the practices, policies and products used to reduce the incidence of CLABSI. We are not waiting for final approval of the plan to implement small tests of change where the research is compelling and a unit can model the change for the organization. For example, SMMC recently	

instituted the use of SwabC product provides a continuo	Associated Blood Stream Infection (CLABSI) (required) ap in the ICU to provide a method of passive disinfection of the valve top. This us (96 hour) antisepsis via needle-less connectors. We will monitor the results of the ICU and determine whether to spread the use of this product throughout the	
DY Target (from the DPH s	ystem plan)	*
% Achievement of Target		Yes
Achievement Value		0.50
Optional Milestone:	Report at least 6 months of data collection on Central Line Insertion Practice (CLIP) compliance to SNI for purposes of establishing the baseline and setting benchmarks.	
Numerator (if N/A, use "yes	/no" form below; if absolute number, enter here)	*
Denominator (if absolute nu	imber, enter "1")	*
Achievement		Yes
	e milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
the Safety Net Institute (SN the baseline and setting bei cases producing a CLIP co The SMMC Quality Division	submitted six (6) months of Central Line Insertion Practice (CLIP) compliance data to I) for the period April 1, 2011–September 30, 2011 for the purpose of establishing nchmarks. During the baseline period, CLIP practices were followed in 18 of 22 mpliance rate of 82 percent. abstracts the CLABSI data through a manual chart review process of the 9 CLABSI cases. SMMC has conferred NHSN rights to SNI to review our data.	
DY Target (from the DPH sy Achievement Value	ystem plan) or enter "yes" if "yes/no" type of milestone	* Yes 1.00

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

	Depart at least 6 months of data collection on Control Line Associated	
Optional Milestone:	Report at least 6 months of data collection on Central Line Associated Bloodstream Infections (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 nu	imber, enter "1")	*
Achievement		Yes
	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	* Yes
the Safety Net Institute (SN the baseline and setting ber reported for 623 Central Lin The SMMC Quality Division	submitted six (6) months of Central Line Aassociated Bloodstream Infection data to I) for the period April 1, 2011–September 30, 2011 for the purpose of establishing nchmarks. During the reported baseline period, two (2) occurrences of CLABSI were the Days resulting in a rate of 3.21 percent. In abstracts the CLABSI data through a manual chart review process of the 9 CLABSI cases. SMMC has conferred NHSN rights to SNI to review our data.	
DY Target (from the DPH s	ystem 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 nu	imber, enter "1")	*
Achievement		N/A
-	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	*
	ystem 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 nu	imber, enter "1")	*
Achievement		N/A
-	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	*
	ystem 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	

em Reform Incentive Payments (DSRIP)
San Mateo Medical Center
DY 7
3/31/2012

Category 4: Surgical Site Infection Prevention

REPORTING ON THIS PROJECT: * Yes

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 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 Ince	ntive Amount:	* \$ 786,500.00
Incentive Funding Already	Received in DY:	* \$ -
Rate of surgical site in	fection for Class 1 and 2 wounds (%)	
Numerator		* 5.00
Denominator		* 73.00
% Infection Rate		0.07
	ption of milestone progress. (If no data is entered, then a 0 Achievement icable DY. If so, please explain why data is not available):	
6.85 percent. SMMC report comprised of the Chair of	d, the surgical site infection (SSI) rate at San Mateo Medical Center (SMMC) was ted the SSI data to the state and the Surgical Site Infection Committee, which is the Infection Control Committee, Chief of Surgery, Infection Control Coordinator, Pre-Op Nurse, Quality Nurse, Quality Manager, Laboratory Director, and the eview of the results.	
improvement plan to reduc Operating Room, Infection this team are key ancillary Chief of Sterile Processing physical plant to support th Policies and procedures h	regularly to monitor performance and is developing a focused, quality to the rate of surgical site infections. They are working in concert with the Control, Surgery and Antibiotic Stewardship Committees. To support the work of leaders including the Facilities Manager, Engineering Manager, Safety Officer and p. Assessments have been conducted and some improvements made to the testerile processor and ambient temperature and humidity in the operating room. ave been reviewed and are continuously monitored. Recommendations for g including products for hand antisepsis and pre-operative bathing.	
The SMMC SSI Committee shared learning offered at	e leaders have participated in the SNI and Cynosure events to benefit from the these workshops.	
Decision Support System cholecystectomy and knew review laparoscopic chole	MC Quality Manager electronically selects the ICD-9 appropriate codes from the (DSS) and the Quality Nurse completes a manual chart review of all laparoscopic e prosthesis cases with Class 1 and Class 2 wounds. It is standard practice to cystectomy surgeries for the first 30 days following the procedure; knee prosthesis d monitored every month for a year following the surgery. This allows for a true he surgery to develop.	
DY Target (from the DPH	system plan)	* N/A
% Achievement of Target		N/A
Achievement Value		0.50
Optional Milestone:	Report at least 6 months of data collection on SSI for Class 1 and 2 wounds in two surgical procedures: laparoscopic cholecystectomy and knee prosthesis for purposes of establishing the baseline and setting benchmarks.	
	(insert milestone)	
Numerator (if N/A, use "ye	s/no" form below; if absolute number, enter here)	*
Denominator (if absolute n	umber, enter "1")	*
Achievement		No
	ne milestone has been achieved, select "yes" or "no" from the dropdown le an in-depth description of how the milestone was achieved:	* No

Category 4: Surgical Site Infection Prevention	
San Mateo Medical Center (SMMC) began the collection of surgical site infection data on June 1, 2011. Baseline data for the period June 1, 2011 through November 30, 2011 was submitted to the Safety Net Institute for surgical site infections (SSI) that occurred following laparoscopic cholecystectomy and knee prosthesis surgical procedures. During the baseline period, 4 out of 61 laparoscopic cholecystectomy procedures resulted in a SSI with a wound classification of I or II and 5 out of 18 knee prosthesis surgeries	
resulted in an SSI with a wound classification of I or II during the baseline period. It should be noted that knee prosthesis infections are reportable if they occur within one year following the surgery; laparoscopic cholecystectomy infections are reportable if they occur within 30 days following the surgery. SMMC follows these standard reporting guidelines. The combination of data from these two surgeries produced a SSI baseline rate of 11.39 percent.	
Data was unavailable prior to the Dec. 31, 2011 reporting deadline set by SNI to accomplish this milestone by mid-year because chart reviews could not begin until the 30-day post surgery period had elapsed; SMMC will claim for the accomplishment of this milestone at year-end.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	-

Category 4: Surgical Site Infection 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:	*
DV Torget (from the DDL outer plan) or opter "use" if "use/ar" the art of milester a	
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:	*
L DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	

m Reform Incentive Payments (DSRIP)
San Mateo Medical Center
DY 7
3/31/2012

REPORTING ON THIS PROJECT:



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 (*).
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 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 Preve	ntion	
DY Total Computable Ince	ntive Amount:	* \$ 786,500.00
Incentive Funding Already	Received in DY:	* \$-
Prevalence of patient f	alls with injuries (Rate per 1,000 patient days)	
Numerator		* 5.00
Denominator		* 4,913.00
Prevalence Rate		1.02
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):		
occurrence reports which a 31, 2011), five (5) falls with moderate injury, major inju period. The falls occurred of where patients are more m	enter's Quality Management Department compiles the falls data from unusual are sent directly to the Department. During the reporting period (July 1, 2011 – Dec. in minor injury were reported over the course of 4,913 patient days. No falls with ry or death were reported. This produced an incidence rate of 1.02 percent for the during four different months; all falls occurred in the inpatient medical/surgical unit toble. The Falls Prevention Committee will be implementing small tests of change, I, will be implemented throughout the organization.	
DY Target (from the DPH s	system plan)	*
% Achievement of Target		Yes
Achievement Value		0.50
Optional Milestone:	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 "ve	s/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")		*
Achievement	· · · · · · · · · · · · · · · · · · ·	Yes
	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	* Yes
improvement in care, we h of change advancing the re- more value to our Californi Prevention committee that patient screening procedur practices, implement impro- iterative process, reduce th is participating in the UCSI and Betty Moore Foundation Prevention Committee Pro- has selected this work for Chief Nursing Officer, the I	ic hospital to select the Prevention of Falls with Injury as a focus of urgent ave decided to join the NAPH Collaborative to become part of a safety net community eduction of patient falls initiative. Our findings will represent a larger effort and be of a public hospital peers. Improvement work at SMMC is being led by the Falls meets on a biweekly basis. The current efforts are to: refine the data collection and res, review fall occurrences and trends, review current practices, research best ovement strategies, evaluate the effectiveness of those strategies, and through this ne number of patient falls with injury. The co-chair of the Falls Prevention committee F center for Health Professions Change Agent Program sponsored by the Gordon on and has selected this improvement area for her project. Additionally, the Falls ject Champion is a medical/surgical RN who is enrolled in a master's program and her Capstone project. The SMMC Falls Committee members include: the Interim Nurse Manager of Medical/Surgical Unit and the Infusion Center, the Nurse Manager to set two Nurse Educators the Quality Nurse, the Charge Nurse of ICLL two clinical	

(Category 4: Falls with Injury Prevention	
I	or Acute 1 sychiath overvices, two truise Eutocators, the waity truise, the onarge truise of too, two chilicat	
	nurses and the medical/surgical nurse working toward her masters.	
	In December, SMMC submitted a report to SNI summarizing our current practices and planned future interventions to achieve this milestone.	
	DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
	Achievement Value	1.00

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	