

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

- * DPH SYSTEM:
- * REPORTING YEAR:
- * DATE OF SUBMISSION:

The University of California, Davis Medical Center DY 7 3/31/2012

Total Payment Amount

This table sums the eligible incentive funding amounts. Please see the following pages for the specifics.

* Instructions for DPH systems: Please input the DPH System Name, Reporting DY & Date. Everything else on this tab will automatically populate.

| Category 1 Projects - Incentive Funding Amounts | |
|--|------------|
| Expand Primary Care Capacity | |
| Increase Training of Primary Care Workforce | |
| Implement and Utilize Disease Management Registry Functionality | 7,972,500 |
| Enhance Interpretation Services and Culturally Competent Care | |
| Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities | 7,972,500 |
| Enhance Urgent Medical Advice | |
| Introduce Telemedicine | |
| Enhance Coding and Documentation for Quality Data | |
| Develop Risk Stratification Capabilities/Functionalities | |
| Expand Capacity to Provide Specialty Care Access in the Primary Care Setting | |
| Expand Specialty Care Capacity | |
| Enhance Performance Improvement and Reporting Capacity | |
| TOTAL CATEGORY 1 INCENTIVE PAYMENT: | 15,945,000 |
| Category 2 Projects | |
| Expand Medical Homes | 5,048,750 |
| Expand Chronic Care Management Models | |
| Redesign Primary Care | |
| Redesign to Improve Patient Experience | |
| Redesign for Cost Containment | |
| Integrate Physical and Behavioral Health Care | |
| Increase Specialty Care Access/Redesign Referral Process | |
| Establish/Expand a Patient Care Navigation Program | |
| Apply Process Improvement Methodology to Improve Quality/Efficiency | 5,048,750 |
| Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation | |
| Use Palliative Care Programs | |
| Conduct Medication Management | 4,543,875 |
| Implement/Expand Care Transitions Programs | 5,048,750 |
| Implement Real-Time Hospital-Acquired Infections (HAIs) System | |
| | |



| Category 3 Domains | |
|--|------------|
| Patient/Care Giver Experience (required) | 3,378,375 |
| Care Coordination (required) | 1,689,188 |
| Preventive Health (required) | 1,689,188 |
| At-Risk Populations (required) | 1,689,188 |
| TOTAL CATEGORY 3 INCENTIVE PAYMENT: | 8,445,938 |
| Category 4 Interventions | |
| Severe Sepsis Detection and Management (required) | 1,941,042 |
| Central Line Associated Blood Stream Infection Prevention (required) | 1,588,125 |
| Surgical Site Infection Prevention | 1,588,125 |
| Hospital-Acquired Pressure Ulcer Prevention | 1,429,313 |
| Stroke Management | |
| Venous Thromboembolism (VTE) Prevention and Treatment | |
| Falls with Injury Prevention | |
| TOTAL CATEGORY 4 INCENTIVE PAYMENT: | 6,546,604 |
| TOTAL INCENTIVE PAYMENT | 50,627,667 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis 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. * <u>Instructions for DPH systems: Do not complete, this tab will automatically populate.</u>

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 | | |
|------------------------------|---|-----------------|
| | ease Management Registry Functionality | |
| Process Milestone: | Milestone 1.4: Implement a system to accommodate newly diagnosed | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 1.5: Plan development of tethered registry to capture patient | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 1.6: Design Patient Experience Report with PRC and paper- | Yes |
| Achievement Value | | 1.00 |
| 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: | <u> </u> | N/A |
| Achievement Value | | |
| Improvement Milestone: | <u> </u> | N/A |
| Achievement Value | | |
| DY Total Computable Incent | ive Amount: | \$ 7,972,500.00 |
| Total Sum of Achievement V | alues: | 3.00 |
| Total Number of Milestones: | | 3.00 |
| Achievement Value Percenta | age: | 100% |
| Eligible Incentive Funding A | nount: | \$ 7,972,500.00 |
| Incentive Funding Already R | eceived in DY: | \$ - |
| Incentive Payment Amount | <u>=</u> | \$ 7,972,500.00 |



| Category 1 Summary Page Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities | |
|---|-----------------|
| Process Milestone: Milestone 2.3: Develop a plan to stratify patient outcomes using REAL | Yes |
| Achievement Value | 1.00 |
| Process Milestone: Milestone 2.4: Patient Experience questionnaire to be designed 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 Incentive Amount: | \$ 7,972,500.00 |
| Total Sum of Achievement Values: | 2.00 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 100% |
| Eligible Incentive Funding Amount: | \$ 7,972,500.00 |
| Incentive Funding Already Received in DY: | \$- |
| Incentive Payment Amount: | \$ 7,972,500.00 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 Category 2 Summary Page

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics. * <u>Instructions for DPH systems: Do not complete, this tab will automatically populate.</u>

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: | Milestone 5.4: Develop a timeline and plan for submission of PCMH | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 5.5: Development of Patient Experience survey using PCMH | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 5.6: Design a seasonal Influenza notification system using the | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 5.7: Design of MyChart [™] Influenza notification report for | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | •_ | N/A |
| Achievement Value | | |
| Improvement Milestone: | <u> </u> | N/A |
| Achievement Value | | |
| Improvement Milestone: | <u> </u> | N/A |
| Achievement Value | | |
| Improvement Milestone: | <u>-</u> | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| DY Total Computable Incent | ive Amount: | \$ 5,048,750 |
| Total Sum of Achievement V | alues: | 4.00 |
| Total Number of Milestones: | | 4.00 |
| Achievement Value Percenta | age: | 100% |
| Eligible Incentive Funding Ar | nount: | \$ 5,048,750 |
| Incentive Funding Already R | eceived in DY: | \$ - |
| Incentive Payment Amount | <u></u> | \$ 5,048,750 |



| Category 2 Summary Page Apply Process Improvement Methodology to Improve Quality/Efficiency | |
|--|--------------|
| Process Milestone: Milestone 6.3: Develop early-warning systems within the UCDMC EHR | Yes |
| Achievement Value | 1.00 |
| Process Milestone: Milestone 6.4: LSS Just-in-Time (JIT) training to at least 2 | 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 Incentive Amount: | \$ 5,048,750 |
| Total Sum of Achievement Values: | 2.00 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 100% |
| Eligible Incentive Funding Amount: | \$ 5,048,750 |
| Incentive Funding Already Received in DY: | \$ - |
| Incentive Payment Amount: | \$ 5,048,750 |



Category 2 Summary Page Conduct Medication Management

| | agement | |
|------------------------------|---|--------------|
| Process Milestone: | Milestone 4.3: Implement services to improve continuity of medication | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 4.4: Provide services to improve continuity of medication use | 0.5 |
| Achievement Value | | 0.5 |
| Process Milestone: | Milestone 4.5: Implement safeguards in EHR to ensure compliance with | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 4.6: Smart infusion pumps are implemented for remaining | Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 4.7: Planning is completed for full implementation of bedside | Yes |
| Achievement Value | | 1.00 |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| Improvement Milestone: | | N/A |
| Achievement Value | | |
| DY Total Computable Incen | tive Amount: | \$ 5,048,750 |
| Total Sum of Achievement | Values: | 4.50 |
| Total Number of Milestones | : | 5.00 |
| Achievement Value Percent | tage: | 90% |
| Eligible Incentive Funding A | mount: | \$ 4,543,875 |
| Incentive Funding Already F | Received in DY: | \$- |
| Incentive Payment Amoun | <u>it:</u> | \$ 4,543,875 |



| Implement/Expand Care T | | | Vaa | _ |
|------------------------------|---|---|-------------|----|
| Process Milestone: | Milestone 3.2: Expand ED case management to seven days per week | | Yes | |
| Achievement Value | | | | 00 |
| Process Milestone: | Milestone 3.3: Plan the construction of tethered registry to EHR to | | Yes | |
| Achievement Value | | | | 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: | | \$ 5,048,75 | 50 |
| Total Sum of Achievement V | /alues: | | 2.0 | 00 |
| Total Number of Milestones: | | | 2.0 | 00 |
| Achievement Value Percent | age: | | 100 | 0% |
| Eligible Incentive Funding A | mount: | | \$ 5,048,75 | 50 |
| Incentive Funding Already R | eceived in DY: | | \$- | |
| Incentive Payment Amoun | <u>t.</u> | | \$ 5,048,75 | 50 |

Category 2 Summary Page



| CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:The University of California, Davis Medical CenterREPORTING YEAR:DY 7DATE OF SUBMISSION:3/31/2012Category 3 Summary Page | |
|--|--------------|
| This table is the summary of data reported for the DPH system. Please see the following pages for the <i>Instructions for DPH systems: Do not complete, this tab will automatically populate.</i> The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or 9 The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, The red boxes indicate Total Sums. | %. |
| Category 3 Domains | |
| Patient/Care Giver Experience (required) Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only) | Yes |
| Achievement Value | 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: | \$ 3,378,375 |
| Total Sum of Achievement Values: | 1.00 |
| Total Number of Milestones: | 1.00 |
| Achievement Value Percentage: | 100% |
| Eligible Incentive Funding Amount: | \$ 3,378,375 |
| Incentive Funding Already Received in DY: | \$- |
| Incentive Payment Amount: | \$ 3,378,375 |



| Category 3 Summary Page Care Coordination (required) | |
|---|--------------|
| Report results of the Diabetes, short-term complications measure to the State (DY7-10) | Yes |
| Achievement Value | 0.50 |
| Report results of the Uncontrolled Diabetes measure to the State (DY7-10) | Yes |
| Achievement Value | 0.50 |
| Report results of the Congestive Heart Failure measure to the State (DY8-10) | N/A |
| Achievement Value | |
| Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10) | N/A |
| Achievement Value | |
| DY Total Computable Incentive Amount: | \$ 3,378,375 |
| Total Sum of Achievement Values: | 1.00 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 50% |
| Eligible Incentive Funding Amount: | \$ 1,689,188 |
| Incentive Funding Already Received in DY: | \$ - |
| Incentive Payment Amount: | \$ 1,689,188 |

DSRIP Semi-Annual Reporting Form



| Category 3 Summary Page 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: | \$ 3,378,375 |
| Total Sum of Achievement Values: | 1.00 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 50% |
| Eligible Incentive Funding Amount: | \$ 1,689,188 |
| Incentive Funding Already Received in DY: | \$ - |
| Incentive Payment Amount: | \$ 1,689,188 |



| 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: | \$ 3,378,375 |
| Total Sum of Achievement Values: | 1.00 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 50% |
| Eligible Incentive Funding Amount: | \$ 1,689,188 |
| Incentive Funding Already Received in DY: | \$- |
| Incentive Payment Amount: | \$ 1,689,188 |



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

 DPH SYSTEM:
 The University of California, Davis 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. * *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 %.

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Category 4 Interventions Severe Sepsis Detection and Management (required) Compliance with Sepsis Resuscitation bundle (%) 0.28 0.50 Achievement Value N/A Sepis Mortality (%) Achievement Value **Optional Milestone:** 7.4. Develop and implement Best Practice Alerts within the UCDMC Yes Achievement Value 1.00 7.5: Report at least 6 months of data collection on Sepsis Resuscitation **Optional Milestone:** Yes Achievement Value 1.00 **Optional Milestone:** N/A Achievement Value DY Total Computable Incentive Amount: \$ 2,329,250 2.50 Total Sum of Achievement Values: Total Number of Milestones: 3.00 Achievement Value Percentage: 83% **Eligible Incentive Funding Amount:** \$ 1,941,042 Incentive Funding Already Received in DY: \$ **Incentive Payment Amount:** 1,941,042



| Category 4 Summary Page | |
|---|--------------|
| Central Line Associated Blood Stream Infection Prevention (required) Compliance with Central Line Insertion Practices (CLIP) (%) | 0.78 |
| Achievement Value | 0.50 |
| Central Line Bloodstream Infection (Rate per 1,000 patient days) | N/A |
| Achievement Value | |
| Optional Milestone: 8.2 - SNI Collaborative Participation (CLIP) | Yes |
| Achievement Value | 1.00 |
| Optional Milestone: 8.3 - SNI Collaborative Participation (CLABSI) | Yes |
| Achievement Value | 1.00 |
| 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: | \$ 1,905,750 |
| Total Sum of Achievement Values: | 2.50 |
| Total Number of Milestones: | 3.00 |
| Achievement Value Percentage: | 83% |
| Eligible Incentive Funding Amount: | \$ 1,588,125 |
| Incentive Funding Already Received in DY: | \$- |
| Incentive Payment Amount: | \$ 1,588,125 |



| Category 4 Summary Pag | | | |
|---|--|---|--------------|
| Surgical Site Infection Pr Rate of surgical site infection | evention ction for Class 1 and 2 wounds (%) | | 0.03 |
| Achievement Value | | | 0.50 |
| Optional Milestone: | 9.3 - TheraDoc Software | | Yes |
| Achievement Value | | | 1.00 |
| Optional Milestone: | 9.4 - SNI Collaborative Participation | | Yes |
| Achievement Value | i | | 1.00 |
| 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 Incen | tive Amount: | | \$ 1,905,750 |
| Total Sum of Achievement | Values: | | 2.50 |
| Total Number of Milestones | X | | 3.00 |
| Achievement Value Percen | tage: | | 83% |
| Eligible Incentive Funding A | Amount: | | \$ 1,588,125 |
| Incentive Funding Already Received in DY: | | | \$- |
| Incentive Payment Amour | <u>nt:</u> | | \$ 1,588,125 |



| Category 4 Summary Page | |
|---|--------------|
| Hospital-Acquired Pressure Ulcer Prevention Prevalence of Stage II, III, IV or unstagable pressure ulcers (9 | 6) 0.96 |
| Achievement Value | 0.50 |
| Optional Milestone: <u>10.3 - SNI Collaborative Participati</u> | |
| Achievement Value | 1.00 |
| 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: | \$ 1,905,750 |
| Total Sum of Achievement Values: | 1.50 |
| Total Number of Milestones: | 2.00 |
| Achievement Value Percentage: | 75% |
| Eligible Incentive Funding Amount: | \$ 1,429,313 |
| Incentive Funding Already Received in DY: | \$ - |
| Incentive Payment Amount: | \$ 1,429,313 |



| DPH SYSTEM: REPORTING YEAR: | Reform Incentive Payments (DSRIP) The University of California, Davis Medical Center DY 7 | |
|--|--|----------------|
| DATE OF SUBMISSION: | 3/31/2012 REPORTING ON THIS PROJECT: | * Yes |
| Category 1: Implement and | Utilize Disease Management Registry Functionality | 165 |
| please type in all of your DY i The yellow boxes indicate w The black boxes indicate | ns: Please select above whether you are reporting on this project. If 'yes', milestones for the project below and report data in the indicated boxes (*). there the DPH system should input data Milestones and will automatically populate and flow to summary sheets ogress made toward the Milestone ("Achievement Value") and will automatic | cally |
| Implement and Utilize Dis | ease Management Registry Functionality | |
| DY Total Computable Incentive | e Amount: | * \$ 7,972,500 |
| Incentive Funding Already Rec | eived in DY: | * \$ - |
| Process Milestone: | Milestone 1.4: Implement a system to accommodate newly diagnosed chronic disease management patients within at least 1 primary care clinic. | |
| | (insert milestone) | - |
| Numerator (if N/A, use "yes/no | " form below; if absolute number, enter here) | * |
| Denominator (if absolute numb | per, enter "1") | * |
| Achievement | | Yes |
| | ilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved: | * Yes |
| | ed to accommodate patients completed. | |
| | | |
| | | |
| DY Target (from the DPH syste | em plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 1.5: Plan development of tethered registry to capture patient enrollment in Chronic Disease Management program. (insert milestone) | _ |
| Numerator (if N/A, use "yes/no | " form below; if absolute number, enter here) | * |
| Denominator (if absolute numb | per, enter "1") | * |
| Achievement | | Yes |
| | ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved: | * Yes |
| Metric 1.5: Plan of tethered rec | jistry completed. | |
| DY Target (from the DPH syste Achievement Value | em plan) or enter "yes" if "yes/no" type of milestone | * Yes 1.00 |



Category 1: Implement and Utilize Disease Management Registry Functionality

| Process Milestone: | Milestone 1.6: Design Patient Experience Report with PRC and paper-based companion survey outcomes to be completed. (insert milestone) | _ |
|---|--|-------|
| Numerator (if N/A, use "yes/ne | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute num | ber, enter "1") | * |
| Achievement | | Yes |
| If "yes/no" as to whether the n menu, and (if "yes") provide a | * Yes | |
| Metric 1.6: Patient Experience | e Report developed using PRC in comparison with paper-based survey results. | |
| | | |
| | | |
| | | |
| DY Target (from the DPH syst | tem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |



| CA 1115 Waiver - Delivery Syste OPH SYSTEM: | m Reform Incentive Payments (DSRIP) The University of California, Davis Medical Center | |
|---|--|---------------|
| REPORTING YEAR: | DY 7 | |
| DATE OF SUBMISSION: | 3/31/2012 | +)/ |
| Category 1: Collect Accur | REPORTING ON THIS PROJECT: ate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities | * Yes |
| Below is the data reported Instructions for DPH syst please type in all of your D The yellow boxes indicate The black boxes indicate The blue boxes show p populate and flow to su Collect Accurate Race, DY Total Computable Incen Incentive Funding Already F Process Milestone: Numerator (if N/A, use "yes/ Denominator (if absolute nu Achievement If "yes/no" as to whether the | ate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities for the DPH system. ems: Please select above whether you are reporting on this project. If 'yes', Y milestones for the project below and report data in the indicated boxes (*). e where the DPH system should input data the Milestones and will automatically populate and flow to summary sheets progress made toward the Milestone ("Achievement Value") and will automatic ummary sheets Ethnicity, and Language (REAL) Data to Reduce Disparities tive Amount: teceived in DY: Milestone 2.3: Develop a plan to stratify patient outcomes using REAL data and strategy to link to quality data. (insert milestone) no" form below; if absolute number, enter here) | |
| menu, and (if "yes") provide Metric 2.3: Strategic plan de | an in-depth description of how the milestone was achieved: veloped. | |
| Achievement Value | stem plan) or enter "yes" if "yes/no" type of milestone | * Yes 1.00 |
| | | 1.00 |
| Process Milestone: | Milestone 2.4: Patient Experience questionnaire to be designed and tested using a sample set of patients across demographics in all clinical areas where data is collected. | |
| | (insert milestone) | |
| Numerator (if N/A, use "yes/ | no" form below; if absolute number, enter here) | * |
| Denominator (if absolute nu | mber, 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 |
| Metric 2.4: Patient experience | ce questionnaires designed and test implemented. | |
| DY Target (from the DPH sy Achievement Value | stem plan) or enter "yes" if "yes/no" type of milestone | * Yes 1.00 |



| | DSRIP Semi- | Annual Reporting Form | |
|---|--|---|----------------|
| CA 1115 Waiver - Delivery Syste DPH SYSTEM: REPORTING YEAR: DATE OF SUBMISSION: | em Reform Incentive Payments (DSRI The University of California, Dav DY 7 3/31/2012 | | * Yes |
| Category 2: Expand Medi | ical Homes | | 100 |
| please type in all of your D * The yellow boxes indicat The black boxes indicat | tems: Please select above whet Y milestones for the project below e where the DPH system should in ate Milestones and will automation progress made toward the Miles | her you are reporting on this project. If 'yes', ow and report data in the indicated boxes (*). but data cally populate and flow to summary sheets stone ("Achievement Value") and will automatic | ally |
| Expand Medical Homes | 3 | | |
| DY Total Computable Incen | tive Amount: | | * \$ 5,048,750 |
| Incentive Funding Already F | Received in DY: | | * \$ - |
| Process Milestone: | Milestone 5.4: Develop a time for Primary Care Network sites | line and plan for submission of PCMH application S. (insert milestone) | |
| Numerator (if N/A_use "ves | /no" form below; if absolute numbe | | * |
| Denominator (if absolute nu | | | * |
| Achievement | | | Yes |
| 2 | e milestone has been achieved, sel e an in-depth description of how the | ect "yes" or "no" from the dropdown milestone was achieved: | * Yes |
| Metric 5.4: Timeline and pla | In for PCMH NCQA application sub | mission completed. | |
| | | | |
| DY Target (from the DPH sy | ystem plan) or enter "yes" if "yes/nc | " type of milestone | * Yes |
| Achievement Value | | | 1.00 |
| Process Milestone: | Milestone 5.5: Development o be designed and tested. | f Patient Experience survey using PCMH criteria to | |
| | | (insert milestone) | |
| Numerator (if N/A, use "yes | /no" form below; if absolute numbe | r, enter here) | * |
| Denominator (if absolute nu | ımber, enter "1") | | * |
| Achievement | | | Yes |
| | e milestone has been achieved, sel e an in-depth description of how the | ect "yes" or "no" from the dropdown milestone was achieved: | * Yes |
| Metric 5.5: Patient Experien | ce survey using PCMH criteria con | npleted. | |
| | | | |
| | | | |

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

1.00

* Yes



Category 2: Expand Medical Homes

| Process Milestone: | Milestone 5.6: Design a seasonal Influenza notification system using the EHR MyChart [™] functionality to send messages to all MyChart [™] enrolled patients on the importance of Immunizations. (insert milestone) | - |
|--|--|-------|
| Numerator (if N/A, use "ves/no | " form below; if absolute number, enter here) | * |
| Denominator (if absolute numl | | * |
| Achievement | | Yes |
| If "yes/no" as to whether the m | ilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved: | * Yes |
| Metric 5.6: MyChart [™] Influenz | a notification plan implemented. | |
| | | |
| DY Target (from the DPH syste | em plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 5.7: Design of MyChart [™] Influenza notification report for provider/staff use. (insert milestone) | - |
| Numerator (if N/A, use "yes/nc | " form below; if absolute number, enter here) | * |
| Denominator (if absolute numl | per, enter "1") | * |
| Achievement | | Yes |
| If "yes/no" as to whether the m menu, and (if "yes") provide ar | * Yes | |
| Metric 5.7: Design of MyChart | ™ Influenza notification completed. | Ţ |
| | | |
| DY Target (from the DPH syste | * Yes | |
| Achievement Value | 1.00 | |



| CA 1115 Waiver - Delivery Systen DPH SYSTEM: REPORTING YEAR: DATE OF SUBMISSION: | 1 Reform Incentive Payments (DSRIP) The University of California, Davis Medical Center DY 7 3/31/2012 | |
|--|--|----------------|
| DATE OF SODIMISSION. | REPORTING ON THIS PROJECT: | * Yes |
| Category 2: Apply Process | Improvement Methodology to Improve Quality/Efficiency | |
| please type in all of your DY The yellow boxes indicate The black boxes indicate | ms: Please select above whether you are reporting on this project. If 'yes', milestones for the project below and report data in the indicated boxes (*). where the DPH system should input data e Milestones and will automatically populate and flow to summary sheets ogress made toward the Milestone ("Achievement Value") and will automatic | ally |
| Apply Process Improven | nent Methodology to Improve Quality/Efficiency | |
| DY Total Computable Incentiv | ve Amount: | * \$ 5,048,750 |
| Incentive Funding Already Re | eceived in DY: | * \$ - |
| Process Milestone: | Milestone 6.3: Develop early-warning systems within the UCDMC EHR to act upon identified problems. (insert milestone) | - |
| Numerator (if N/A, use "yes/n | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute num | | * |
| Achievement | | Yes |
| | nilestone has been achieved, select "yes" or "no" from the dropdown In in-depth description of how the milestone was achieved: | * Yes |
| | respective early-warning systems through dashboard reports. | |
| DY Target (from the DPH sys Achievement Value | tem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Process Milestone: | Milestone 6.4: LSS Just-in-Time (JIT) training to at least 2 multidisciplinary teams for specific projects. | |
| | (insert milestone) | |
| Numerator (if N/A, use "yes/n | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute num | iber, enter "1") | * |
| Achievement | | Yes |
| | nilestone has been achieved, select "yes" or "no" from the dropdown in in-depth description of how the milestone was achieved: | * Yes |
| | the training that includes the number or relevant providers/staff trained and/or progress/result of the respective projects. | |
| DY Target (from the DPH sys Achievement Value | tem plan) or enter "yes" if "yes/no" type of milestone | * Yes 1.00 |



| | DSRIP Semi- | Annual Reporting Fo | rm | |
|---|--|---|------------------------------------|----------------|
| CA 1115 Waiver - Delivery System R DPH SYSTEM: REPORTING YEAR: DATE OF SUBMISSION: | eform Incentive Payments (DSRIP) The University of California, Davis DY 7 3/31/2012 | | | |
| Category 2: Conduct Medicat | ion Management | REPORTING | ON THIS PROJECT: | * Yes |
| The black boxes indicate N | : Please select above whether lestones for the project below here the DPH system should inpu filestones and will automatical ress made toward the Milestor | and report data in the ind data y populate and flow to su | icated boxes (*). Immary sheets | |
| Conduct Medication Manag | gement | | | |
| DY Total Computable Incentive | Amount: | | | * \$ 5,048,750 |
| Incentive Funding Already Rece | ived in DY: | | | * \$ - |
| Process Milestone: | Milestone 4.3: Implement servic medication optimization, discha follow-up and education) for pat warfarin. | ge medication reconciliation | n, after-discharge | |
| | wanami. | (insert milestone) | | |
| Numerator (if N/A, use "yes/no" | form below; if absolute number, | enter here) | | * |
| Denominator (if absolute numbe | er, enter "1") | | | * |
| Achievement | | | | Yes |
| | estone has been achieved, select in-depth description of how the m | <i>,</i> , | pdown | * Yes |
| Metric 4.3: Pharmacist and nurs one patient | e are hired and begin providing o | ontinuity of medication use | services to at least | |
| DY Target (from the DPH syster | n plan) or enter "yes" if "yes/no" | ype of milestone | | * Yes |
| Achievement Value | | | | 1.00 |
| Process Milestone: | Milestone 4.4: Provide services least 50% of patients with heart | . , | | |
| | | (insert milestone) | | |
| | form below; if absolute number, | enter here) | | * 91 |
| Denominator (if absolute numbe | er, enter "1") | | | * 184 |
| Achievement | | | | 0.5 |
| menu, and (if "yes") provide an i | estone has been achieved, select in-depth description of how the m | • | pdown | * |
| Metric 4.4: Numerator: patients Denominator: total number of ta | who receive services. rgeted patients who are discharc | ed during time frame. | | |

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

0.5

0.50



| Category 2: Conduct Medi | cation Management | |
|--|---|-------|
| Process Milestone: | Milestone 4.5: Implement safeguards in EHR to ensure compliance with criteria for safe use of Black Box Warning medications. (insert milestone) | |
| Numerator (if N/A, use "yes/r | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute nur | 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 |
| Metric 4.5: Safeguards are ir | place for all outpatient prescriptions for Black Box Warning medications. | |
| DY Target (from the DPH sys | stem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 4.6: Smart infusion pumps are implemented for remaining 25% of infusions (PCA, epidural and syringe pumps) (insert milestone) | |
| Numerator (if N/A, use "yes/r | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute nur | nber, enter "1") | * |
| Achievement | | Yes |
| If "yes/no" as to whether the menu, and (if "yes") provide a | * Yes | |
| Metric 4.6: 98% of all intrave | nous infusions are administered via smart pumps. | |
| DY Target (from the DPH sys | stem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 4.7: Planning is completed for full implementation of bedside bar-code scanning (insert milestone) | e |
| Numerator (if N/A, use "yes/r | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute nur | nber, enter "1") | * |
| Achievement | | Yes |
| If "yes/no" as to whether the menu, and (if "yes") provide a | * Yes | |
| | leted and resources are secured for full implementation. | |
| | stem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |



| CA 1115 Waiver - Delivery Syster DPH SYSTEM: REPORTING YEAR: DATE OF SUBMISSION: | n Reform Incentive Payments (DSRIP) The University of California, Davis Medical Center DY 7 3/31/2012 | |
|---|---|----------------|
| Category 2: Implement/Ex | REPORTING ON THIS PROJECT: band Care Transitions Programs | * Yes |
| | - | |
| please type in all of your DY The yellow boxes indicate The black boxes indicate | ms: Please select above whether you are reporting on this project. If 'yes', ' milestones for the project below and report data in the indicated boxes (*). where the DPH system should input data e Milestones and will automatically populate and flow to summary sheets rogress made toward the Milestone ("Achievement Value") and will automatic | ally |
| Implement/Expand Care | Transitions Programs | |
| DY Total Computable Incenti | ve Amount: | * \$ 5,048,750 |
| Incentive Funding Already Re | eceived in DY: | * \$ |
| Process Milestone: | Milestone 3.2: Expand ED case management to seven days per week (infrastructure-process measure) (insert milestone) | - |
| Numerator (if N/A use "ves/n | o" form below; if absolute number, enter here) | * |
| Denominator (if absolute nun | | * |
| Achievement | | Yes |
| If "yes/no" as to whether the i | nilestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved: | * Yes |
| Metric 3.2: Coverage of case coverage weekends and holio | management staff to 4 full time FTE assigned to ED, at least 10 hours per day, and days. | |
| DY Target (from the DPH sys | tem plan) or enter "yes" if "yes/no" type of milestone | * Yes |
| Achievement Value | | 1.00 |
| Process Milestone: | Milestone 3.3: Plan the construction of tethered registry to EHR to identify and managed high risk patients. (innovation and redesign-Process measure) | |
| | (insert milestone) | |
| Numerator (if N/A, use "yes/n | o" 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 |
| Metric 3.3: Plan completed w | ith IS and EHR. | |
| DY Target (from the DPH sys | tem plan) or enter "yes" if "yes/no" type of milestone | * Yes 1.00 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis Medical Center **REPORTING YEAR:** DY 7 DATE OF SUBMISSION: 3/31/2012 Category 3: Patient/Care Giver Experience (required)

Below is the data reported for the DPH system.

* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*). Note: for DY8, data from the last 2 quarters shall suffice.

The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets

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

| Patient/Care Giver Experience (required) | |
|---|-------------------|
| DY Total Computable Incentive Amount: | * \$ 3,378,375.00 |
| 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 |
| Complete | |
| | |
| | |
| Achievement | Yes |
| Achievement Value | 1.00 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis 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 (*).

The yellow boxes indicate where the DPH system should input data The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Care Coordination (required)

| DY Total Computable Incentive Amount: | * \$ 3,378,375.00 |
|---|---------------------------------|
| 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 (EM |
| Numerator | * 8.0 |
| Denominator | * 8,589.0 |
| Rate | 0.09 |
| 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): | |
| Report results of the Diabetes, short-term complications measure to the State. | |
| | |
| | |
| | |
| | |
| Achievement | Yes |
| Achievement Value | 0.50 |
| Report results of the Uncontrolled Diabetes measure to the State (DY7-10) | |
| Data Collection Source | * Electronic medical record (EN |
| Numerator | * 1.0 |
| Denominator | * 8,589.0 |
| Rate | 0.01 |
| 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): | |
| Report results of the Uncontrolled Diabetes measure to the State. | |
| | |
| | |
| | |
| | |
| Achievement | Yes |
| Achievement Value | 0.50 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis Medical Center **REPORTING YEAR:** DY 7 DATE OF SUBMISSION: 3/31/2012 Category 3: Preventive Health (required)

Below is the data reported for the DPH system.

* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).

The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Preventive Health (required)

| DY Total Computable Incentive Amount: | * \$ 3,378,375 |
|---|---------------------------------|
| Incentive Funding Already Received in DY: | * \$ - |
| Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10) | |
| Data Collection Source | * Electronic medical record (EM |
| Numerator | * 9,569 |
| Denominator | * 16,242 |
| Rate | 58.9 |
| 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): | |
| Report results of the Mammography Screening for Breast Cancer measure to the State. | |
| | |
| | |
| | |
| | |
| Achievement | Yes |
| Achievement Value | 0.50 |
| Reports results of the Influenza Immunization measure to the State (DY7-10) | |
| Data Collection Source | * Electronic medical record (EM |
| Numerator | * 15,638 |
| Denominator | * 36,514 |
| Rate | 42.8 |
| Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): | |
| Reports results of the Influenza Immunization measure to the State. | |
| | |
| | |
| | |
| | |
| Achievement | Yes |
| Achievement Value | 0.50 |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)DPH SYSTEM:The University of California, Davis 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

| Numerator * 2,987 Denominator * 8,589 Rate 34.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 34.8 Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. Yes Achievement Yes 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10) Image: Control (<9%) | 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) | DY Total Computable Incentive Amount: | * \$ 3,378,375 |
| (LD-C) Control (<100 mg/dl) measure to the State (<i>DY7-10</i>) * Electronic medical record (EMR Numerator * 2.997 Denominator * 3.6589 Rate 34.8 34.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): Yes Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (<i>DY7-10</i>) 0.50 Achievement Value 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (<i>DY7-10</i>) * 4.878 Denominator * 4.878 56.8 Numerator * 4.878 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): * 6.8589 Rate 56.8 56.8 56.8 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): Yes 56.8 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the Stat | Incentive Funding Already Received in DY: | * \$ |
| Numerator * 2.987 Denominator * 8.589 Rate 34.3 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement 34.3 Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. | | |
| Denominator 9,859 Rate 34.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 34.8 Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. Yes Achievement Ves 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10) • Electronic medical record (EMR • 4.878 Data Collection Source • Electronic medical record (EMR • 4.878 Numerator • 6.589 Rate 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): • 6.589 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | Data Collection Source | * Electronic medical record (EMR |
| Rate 34.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 34.8 Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. | Numerator | * 2,987 |
| 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): Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. | Denominator | * 8,589 |
| Value is assumed for applicable DY. If so, please explain why data is not available): Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State. | Rate | 34.8 |
| Achievement Yes Achievement Value 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) | | |
| Achievement Value 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10) | | |
| Achievement Value 0.50 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10) | Achievement | Yes |
| Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10) * Electronic medical record (EMF * 4,878 Data Collection Source * 4,878 Numerator * 4,878 Denominator * 8,589 Rate 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | | |
| Numerator * 4,878 Denominator * 8,589 Rate 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 56.8 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. Achievement Yes | | |
| Denominator * 8,589 Rate 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 56.8 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | Data Collection Source | * Electronic medical record (EMR |
| Rate 56.8 Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): 56.8 Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | Numerator | * 4,878 |
| 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): Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | Denominator | * 8,589 |
| Value is assumed for applicable DY. If so, please explain why data is not available): Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State. | Rate | 56.8 |
| Achievement | | |
| | | Yes |
| | | |



CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis Medical Center **REPORTING YEAR:** DATE OF SUBMISSION: Category 4: Severe Sepsis Detection and Management (required)

Below is the data reported for the DPH system.

* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).

The yellow boxes indicate where the DPH system should input data
The black boxes indicate Milestones and will automatically populate and flow to summary sheets

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

| Severe Sepsis Detection and Management | |
|---|----------------|
| | |
| DY Total Computable Incentive Amount: | * \$ 2,329,250 |
| Incentive Funding Already Received in DY: | * \$ - |
| Compliance with Sepsis Resuscitation bundle (%) | |
| Numerator | * 81 |
| Denominator | * 287 |
| % Compliance | 0.28 |
| Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): | |
| Report the Sepsis Resuscitation Bundle results to the State. | |
| | |
| | |
| | |
| | |
| DY Target (from the DPH system plan, if appropriate) | * |
| % Achievement of Target | N/A |
| Achievement Value | 0.50 |
| Sepis Mortality (%) | |
| Numerator | * |
| Denominator | * |
| % Mortality | N/A |
| Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): | |
| | 7 |
| | |
| | |
| | |
| | |
| Achievement Value | |

Category 4: Severe Sepsis Detection and Management (required)



| alegory 4. Severe Seps | | |
|---|---|----------------------------|
| Optional Milestone: | 7.4. Develop and implement Best Practice Alerts within the UCDMC EHR for early Sepsis recognition (targeting all adult patients in our emergency department, acute care and critical care units) | _ |
| | (insert milestone) | |
| Numerator (if N/A, use "yes | s/no" form below; if absolute number, enter here) | * |
| Denominator (if absolute n | 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 |
| | est Practice Alerts within the UCDMC EHR for early Sepsis recognition (targeting all ency department, acute care and critical care units) | |
| DY Target (from the DPH s | system plan) or enter "yes" if "yes/no" type of milestone | * |
| | | |
| Achievement Value | | 1.00 |
| Achievement Value Optional Milestone: | 7.5: Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI for purposes of establishing the baseline and setting benchmarks. | 1.00 |
| Optional Milestone: | to SNI for purposes of establishing the baseline and setting benchmarks. <i>(insert milestone)</i> | * |
| Optional Milestone: Numerator (if N/A, use "yes | to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone) s/no" form below; if absolute number, enter here) | 1.00 |
| Optional Milestone: Numerator (if N/A, use "yes Denominator (if absolute n | to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone) s/no" form below; if absolute number, enter here) | · |
| Optional Milestone: Numerator (if N/A, use "yes Denominator (if absolute n Achievement If "yes/no" as to whether th | to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone) s/no" form below; if absolute number, enter here) | 1.00 * * Yes * |
| Optional Milestone: Numerator (if N/A, use "yes Denominator (if absolute n Achievement If "yes/no" as to whether th menu, and (if "yes") provide | to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone) s/no" form below; if absolute number, enter here) umber, enter "1") e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved: f data collection on Sepsis Resuscitation Bundle to SNI for purposes of establishing | * * Yes |
| Optional Milestone: Numerator (if N/A, use "yes Denominator (if absolute n Achievement If "yes/no" as to whether th menu, and (if "yes") provide Report at least 6 months of the baseline and setting be | to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone) s/no" form below; if absolute number, enter here) umber, enter "1") e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved: f data collection on Sepsis Resuscitation Bundle to SNI for purposes of establishing | * * Yes |



| CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: The University of California, Davis Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 Category 4: Central Line Associated Blood Stream Infection (CLA | |
|---|--------------------------------------|
| Below is the data reported for the DPH system. * Instructions for DPH systems: Please type in all of your DY mileston in the indicated boxes (*). * The yellow boxes indicate where the DPH system should input data The black boxes indicate Milestones and will automatically popula The blue boxes show progress made toward the Milestone ("Achin populate and flow to summary sheets | te and flow to summary sheets |
| Central Line Associated Blood Stream Infection | |
| DY Total Computable Incentive Amount: | * \$ 1,905,750 |
| Incentive Funding Already Received in DY: | * \$ - |
| Compliance with Central Line Insertion Practices (CLIP) (%) | |
| Numerator | * 1,074 |
| Denominator | * 1,377 |
| % Compliance | 0.78 |
| Provide an in-depth description of milestone progress. (If no data is entered Value is assumed for applicable DY. If so, please explain why data is not av | |
| Report CLIP results to the State. | |
| DY Target (from the DPH system plan) | * |
| % Achievement of Target | N/A |
| Achievement Value | 0.50 |
| Central Line Bloodstream Infection (Rate per 1,000 patient days |) |
| Numerator | • |
| Denominator | * |
| Infection Rate | N/A |
| Provide an in-depth description of milestone progress. (If no data is entered Value is assumed for applicable DY. If so, please explain why data is not av | , then a 0 Achievement railable): |
| DY Target (from the DPH system plan) | * |
| % Achievement of Target | N/A |
| Achievement Value | |
| | |



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

| Optional Milestone: 8.2 - SNI Collaborative Participation (CLIP) (insert milestone) | _ |
|--|--------------------------------|
| Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) | * |
| Denominator (if absolute number, enter "1") | * |
| Achievement | Yes |
| If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: | * Yes |
| Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks. | |
| DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone | * |
| Achievement Value | 1.00 |
| | |
| Optional Milestone: 8.3 - SNI Collaborative Participation (CLABSI) (insert milestone) | _ |
| | * |
| (insert milestone) | - * * |
| <i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) | * * Yes |
| <i>(insert milestone)</i> Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") | - * * Yes * Yes |
| (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: Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks. | |
| <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 menu, and (if "yes") provide an in-depth description of how the milestone was achieved: Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and | |



| | stem Reform Incentive Payments (| | |
|--------------------------------|---|--|----------------|
| DPH SYSTEM: REPORTING YEAR: | The University of California, D DY 7 | Javis Medical Center | |
| DATE OF SUBMISSION: | 3/31/2012 | | |
| | | REPORTING ON THIS PROJE | CT: * |
| Category 4: Surgical Si | te Infection Prevention | | |
| please type in all of your | stems: Please select above | whether you are reporting on this project. If t below and report data in the indicated boxe | - |
| | - | pmatically populate and flow to summary she | ets |
| | | Milestone ("Achievement Value") and will aut | |
| populate and flow to | summary sheets | | |
| Surgical Site Infection | n Prevention | | |
| | | | |
| DY Total Computable Inc | entive Amount: | | * \$ 1,905,750 |
| Incentive Funding Already | y Received in DY: | | * \$ - |
| Rate of surgical site i | nfection for Class 1 and 2 v | vounds (%) | |
| Numerator | | | * 44 |
| Denominator | | | * 1,618 |
| % Infection Rate | | | 0.03 |
| • | ription of milestone progress. (If licable DY. If so, please explain | no data is entered, then a 0 Achievement why data is not available): | |
| 9.5: Report results to the | | | |
| DY Target (from the DPH | system plan) | | * |
| % Achievement of Target | : | | N/A |
| Achievement Value | | | 0.50 |
| Optional Milestone: | 9.3 - TheraDoc Software | (insert milestone) | |
| Numerator (if N/A use "ve | es/no" form below; if absolute nu | | * |
| Denominator (if absolute | | | * |
| Achievement | number, enter 1 y | | Yes |
| | he milestone has been achieved | d, select "yes" or "no" from the dropdown | 163 |
| | de an in-depth description of ho | | * Yes |
| Install TheraDoc software | e and train staff to streamline sur | rgical site infection surveillance. | |
| DY Target (from the DPH | system plan) or enter "yes" if "y | es/no" type of milestone | * |
| Achievement Value | | | 1.00 |



Category 4: Surgical Site Infection Prevention

| Optional Milestone: 9.4 - SNI Collaborative Participation (insert milestone) | |
|---|-------|
| Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) | * |
| Denominator (if absolute number, enter "1") | * |
| Achievement | Yes |
| If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: | * Yes |
| Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks. | |
| 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: The University of California, Davis Medical Center REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/31/2012 REPORTING ON THIS PROJECT: Category 4: Hospital-Acquired Pressure Ulcer Prevention Below is the data reported for the DPH system. * Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes', please type in all of your DY milestones for the project below and report data in the indicated boxes (*). * The yellow boxes indicate where the DPH system should input data The black boxes indicate Milestones and will automatically populate and flow to summary sheets The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets | * Yes |
|---|----------------|
| Hospital-Acquired Pressure Ulcer Prevention | |
| DY Total Computable Incentive Amount: | * \$ 1,905,750 |
| Incentive Funding Already Received in DY: | * \$ - |
| Prevalence of Stage II, III, IV or unstagable pressure ulcers (%) | |
| Numerator | * 7.00 |
| Denominator | * 732.00 |
| Prevalence (%) | 0.96 |
| 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): | |
| 10.4: Report hospital-acquired pressure ulcer prevalence results to the State. | |
| DY Target (from the DPH system plan) | * |
| % Achievement of Target | N/A |
| Achievement Value | 0.50 |
| Optional Milestone: 10.3 - SNI Collaborative Participation (insert milestone) | |
| Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) | * |
| Denominator (if absolute number, enter "1") | * |
| Achievement | Yes |
| If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: | * Yes |
| Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals. | |
| DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value | *1.00 |