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

Dates Reports are Due

DPH systems submit this report to the State three times 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 (12-month)	September 30, 2012
DY 7 (year-end)	October 31, 2012
DY 8 (6-month)	March 31, 2013
DY 8 (12-month)	September 30, 2013
DY 8 (year-end)	October 31, 2013
DY 9 (6-month)	March 31, 2014
DY 9 (12-month)	September 30, 2014
DY 9 (year-end)	October 31, 2014
DY 10 (6-month)	March 31, 2015
DY 10 (12-month)	September 30, 2015
DY 10 (year-end)	October 31, 2015

Use of This Reporting Form

All DPH systems must use this Reporting Form template for reports starting May 15, 2011. For the annual report, DPH systems will include the annual report narrative, the annual 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").
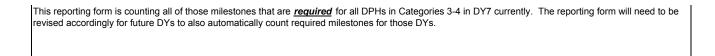
In the narrative summary box for each milestone, DPHs must include an assessment of overall project implementation, including brief but detailed narrative descriptions of:
    a.   the results of any milestones achieved or milestone progress, as applicable
    b.   barriers to meeting any milestones and how those barriers have been addressed
    c.   the approaches taken to test, refine and improve upon specific interventions, including examples of "Plan Do Study Act" learning cycles
    d.   how staff have used data to test implementation methods
    e.   lessons learned and key changes implemented, as applicable
    f.   how projects have informed the modification and scaling up of other projects, as applicable
    g.   training programs, including outlines of curricula, the frequency of trainings, and a summary of the results of training evaluations as applicable
    h.   the process to involve stakeholders in the project, as applicable
    i.   system-level changes that have been made, if any, as a result of the project
    j.   engagement by physicians, front line clinicians and patients in the projects and the degree to which this engagement is contributing to the success of the project
    k.   plans for sustainability of the project, given staff turnover, and plans for ongoing staff training

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 provide detailed descriptions of milestone progress in their narrative responses throughout the Reporting Form.

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."

For the **Annual Report**, DPHs must report any updates, corrections or changes to the data for a given milestone, and must highlight the change in yellow. Additionally, DPHs must provide an explanation for the correction or change in the narrative summary box for that milestone. The narrative explanation should be additive, meaning that it should be added to the original narrative provided for that milestone.

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP

* **DPH SYSTEM:**	San Francisco General Hospital & Trauma Center
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	9/30/2012

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	$ 1,058,667.00
Increase Training of Primary Care Workforce	$ -
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Specialty Care Capacity	$ -
Enhance Performance Improvement and Reporting Capacity	$ 1,905,600.00
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$ 2,964,267.00
Category 2 Projects	
Expand Medical Homes	$ 2,115,250.00
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	$ 1,414,667.00
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	
Implement/Expand Care Transitions Programs	
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	$ 3,529,917.00
Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ -
Care Coordination *(required)*	$ 2,252,250.00
Preventive Health *(required)*	$ 2,252,250.00
At-Risk Populations *(required)*	$ 2,252,250.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 6,756,750.00
Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 635,250.00
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 317,625.00
Surgical Site Infection Prevention	$ 635,250.00
Hospital-Acquired Pressure Ulcer Prevention	
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	$ 2,541,000.00
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 4,129,125.00
TOTAL INCENTIVE PAYMENT	$ 17,380,059.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Annual Report Narrative

This narrative summarizes the DSRIP activities performed in the reporting demonstration year.
 * Instructions for DPH systems: Please complete the narrative for annual reports. The narrative must include
a description of the degree to which each project contributed to the advancement of the broad delivery system reform relevant
to the patient population that was included in the DPHs DSRIP Plan. The narrative must also include a detailed description of
participation in shared learning.

Summary of Demonstration Year Activities

Summary of DPH System's Participation in Shared Learning

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

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: Open weekend or evening sessions in at least 1 additional DPH primary care clinics (total of 2 clinics)	Yes
Achievement Value	1.00
Process Milestone: Include at least 5 DPH primary care clinics in service scope for centralized nurse advice line and patient appointment unit	Yes
Achievement Value	1.00
Process Milestone: Provide 2500 more visits at DPH primary care clinics relative to FY9-10, and establish care for 500 new patients in DPH medical homes.	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: -	N/A
Achievement Value	
Improvement Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 6,352,000.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 6,352,000.00
Incentive Funding Already Received in DY:	$ 5,293,333.00
Incentive Payment Amount:	$ 1,058,667.00

Category 1 Summary Page

Increase Training of Primary Care Workforce		
Process Milestone:	Develop and implement a curriculum for residents to utilize their practice data to demonstrate skills in quality assessment and improvement	Yes
Achievement Value		*1.00*
Process Milestone:	Recruit 4 additional first year residents into SFGH family medicine and primary care medicine residency training programs, relative to baseline enrollment	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:	$ 6,352,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 6,352,000.00
Incentive Funding Already Received in DY:	$ 6,352,000.00
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

Implement and Utilize Disease Management Registry Functionality

Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			

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

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Process Milestone: _____ - | N/A |
    Achievement Value | |

Process Milestone: _____ - | N/A |
    Achievement Value | |

Process Milestone: _____ - | N/A |
    Achievement Value | |

Process Milestone: _____ - | N/A |
    Achievement Value | |

Process Milestone: _____ - | N/A |
    Achievement Value | |

Improvement Milestone: _____ - | N/A |
    Achievement Value | |

Improvement Milestone: _____ - | N/A |
    Achievement Value | |

Improvement Milestone: _____ - | N/A |
    Achievement Value | |

Improvement Milestone: _____ - | N/A |
    Achievement Value | |

Improvement Milestone: _____ - | N/A |
    Achievement Value | |

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount: | |

Category 1 Summary Page

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

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 1 Summary Page

Enhance Urgent Medical Advice

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 1 Summary Page

Introduce Telemedicine

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 1 Summary Page

Enhance Coding and Documentation for Quality Data

Process Milestone: _____ - | N/A |

Achievement Value

Process Milestone: _____ - | N/A |

Achievement Value

Process Milestone: _____ - | N/A |

Achievement Value

Process Milestone: _____ - | N/A |

Achievement Value

Process Milestone: _____ - | N/A |

Achievement Value

Improvement Milestone: _____ - | N/A |

Achievement Value

Improvement Milestone: _____ - | N/A |

Achievement Value

Improvement Milestone: _____ - | N/A |

Achievement Value

Improvement Milestone: _____ - | N/A |

Achievement Value

Improvement Milestone: _____ - | N/A |

Achievement Value

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

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:	

DSRIP Semi-Annual Reporting Form

Expand Specialty Care Capacity

Process Milestone:	The Utilization Management Task Force will assess SFGH specialty clinic timeliness of access, capacity, productivity, and efficiency and set goals for targeted investment in outpatient specialty areas	Yes
Achievement Value		1.00
Process Milestone:	Increase the number of outpatient encounters by at least 5% in 2 targeted specialty clinics	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:	$ 6,352,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 6,352,000.00
Incentive Funding Already Received in DY:	$ 6,352,000.00
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Performance Improvement and Reporting Capacity

Process Milestone:	Renovate and equip space for DPH Training Center	Yes
Achievement Value		1.00
Process Milestone:	Develop plan for training needs to achieve Culture of Excellence and identify consultants for Culture of Excellence curriculum.	Yes
Achievement Value		1.00
Process Milestone:	Train at least 50 staff on Culture of Excellence curriculum	Yes
Achievement Value		1.00
Process Milestone:	Establish a program for trained experts on process improvements to mentor and train other staff for safety and quality care improvement	Yes
Achievement Value		1.00
Process Milestone:	Develop a plan for a Quality Data Management Center that focuses on improving processes and environmental changes and documentation of diagnoses, procedures, and process and outcome measures	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 Incentive Amount:	$ 6,352,000.00
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 6,352,000.00
Incentive Funding Already Received in DY:	$ 4,446,400.00
Incentive Payment Amount:	$ 1,905,600.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 2 Summary Page

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

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

Category 2 Projects		
Expand Medical Homes		
Process Milestone:	5 Medical Exam Assistants/ health workers trained in panel management and health coaching, deployed at 2 DPH primary care clinics	Yes
Achievement Value		1.00
Process Milestone:	1 RN case manager trained in case management of high risk patients and deployed at 1 DPH primary care clinic	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:		$ 8,461,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 8,461,000.00
Incentive Funding Already Received in DY:		$ 6,345,750.00
Incentive Payment Amount:		$ 2,115,250.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Expand Chronic Care Management Models

Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			

DY Total Computable Incentive Amount: $ -

Total Sum of Achievement Values: -

Total Number of Milestones: -

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY: $ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign Primary Care

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

Redesign to Improve Patient Experience

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

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

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

<table>
<tr>
<td colspan="2">**Integrate Physical and Behavioral Health Care**</td>
</tr>
<tr>
<td>Process Milestone:</td>
<td>Co-location of behavioral health personnel in an additional 2 DPH Primary Care Clinics (total 6 out of 12)</td>
<td>Yes</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td>*1.00*</td>
</tr>
<tr>
<td>Process Milestone:</td>
<td>Implementation of telepsychiatric consultation/care in an additional 1 out of 12 DPH Primary Care Clinics (virtual co-location of psychiatrists)</td>
<td>Yes</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td>*1.00*</td>
</tr>
<tr>
<td>Process Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Milestone:</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>*Achievement Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DY Total Computable Incentive Amount:</td>
<td></td>
<td>$ 8,461,000.00</td>
</tr>
<tr>
<td>Total Sum of Achievement Values:</td>
<td></td>
<td>2.00</td>
</tr>
<tr>
<td>Total Number of Milestones:</td>
<td></td>
<td>2.00</td>
</tr>
<tr>
<td>Achievement Value Percentage:</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Eligible Incentive Funding Amount:</td>
<td></td>
<td>$ 8,461,000.00</td>
</tr>
<tr>
<td>Incentive Funding Already Received in DY:</td>
<td></td>
<td>$ 8,461,000.00</td>
</tr>
<tr>
<td>**Incentive Payment Amount:**</td>
<td></td>
<td>$ -</td>
</tr>
</table>

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

Process Milestone:	Bring 2 additional specialty clinics online on eReferral (total of 4 additional clinics)	Yes
Achievement Value		1.00
Process Milestone:	At least 65% of all eReferral consultation request submissions are reviewed and responded to by a specialist within 3 business days of submission	Yes
Achievement Value		1.00
Process Milestone:	Pilot telemedicine real time video consultation in 1 specialty service line and image store-and-forward telemedicine in 1 specialty service line	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:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 8,488,000.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 8,488,000.00
Incentive Funding Already Received in DY:	$ 7,073,333.00
Incentive Payment Amount:	$ 1,414,667.00

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

Use Palliative Care Programs

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

Conduct Medication Management

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 2 Summary Page

Implement/Expand Care Transitions Programs

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

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

Process Milestone: - N/A

Achievement Value

Process Milestone: - N/A

Achievement Value

Process Milestone: - N/A

Achievement Value

Process Milestone: - N/A

Achievement Value

Process Milestone: - N/A

Achievement Value

Improvement Milestone: - N/A

Achievement Value

Improvement Milestone: - N/A

Achievement Value

Improvement Milestone: - N/A

Achievement Value

Improvement Milestone: - N/A

Achievement Value

Improvement Milestone: - N/A

Achievement Value

DY Total Computable Incentive Amount: $ -

Total Sum of Achievement Values: -

Total Number of Milestones: -

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY: $ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 3 Summary Page

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

Category 3 Domains	
Patient/Care Giver Experience (required)	
Undertake the necessary planning, redesign, translation, training and contrac 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:	$ 4,504,500.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,504,500.00
Incentive Funding Already Received in DY:	$ 4,504,500.00
Incentive Payment Amount:	$ -

Category 3 Summary Page

Care Coordination (required)	
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	Yes
Achievement Value	1.00
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	Yes
Achievement Value	1.00
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:	$ 4,504,500.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,504,500.00
Incentive Funding Already Received in DY:	$ 2,252,250.00
Incentive Payment Amount:	$ 2,252,250.00

Preventive Health (required)	
Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	Yes
Achievement Value	1.00
Reports results of the Influenza Immunization measure to the State (DY7-10)	Yes
Achievement Value	*1.00*
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:	$ 4,504,500.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,504,500.00
Incentive Funding Already Received in DY:	$ 2,252,250.00
Incentive Payment Amount:	$ 2,252,250.00

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	1.00
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<8%) measure to the State (DY7-10)	Yes
Achievement Value	*1.00*
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:	$ 4,504,500.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,504,500.00
Incentive Funding Already Received in DY:	$ 2,252,250.00
Incentive Payment Amount:	$ 2,252,250.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 4 Summary Page

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

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

Category 4 Interventions

Severe Sepsis Detection and Management *(required)*

Compliance with Sepsis Resuscitation bundle (%)	0.33
Achievement Value	*1.00*
Optional Milestone: Implement the Sepsis resuscitation bundle	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	
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:	$ 2,541,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,541,000.00
Incentive Funding Already Received in DY:	$ 1,905,750.00
Incentive Payment Amount:	$ 635,250.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)		0.98
Achievement Value		1.00
Optional Milestone:	Implement the Central Line Insertion Practices (CLIP)	Yes
Achievement Value		*1.00*
Optional Milestone:	Report at least 6 months of data collection on CLIP to SNI for purposes of	Yes
Achievement Value		*1.00*
Optional Milestone:	Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks	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		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 2,541,000.00
Total Sum of Achievement Values:	4.00
Total Number of Milestones:	4.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,541,000.00
Incentive Funding Already Received in DY:	$ 2,223,375.00
Incentive Payment Amount:	$ 317,625.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)		7.00
Achievement Value		1.00
Optional Milestone:	Report at least 6 months of data collection on total hip and knee arthroplasties, vaginal and abdominal hysterectomies and caesarian sections to SNI for purposes of establishing the baseline and setting benchmarks	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		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 2,541,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 2,541,000.00
Incentive Funding Already Received in DY:		$ 1,905,750.00
Incentive Payment Amount:		$ 635,250.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	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	
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	
Optional Milestone: -	N/A
Achievement Value	

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

Category 4 Summary Page

Stroke Management

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: | |

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page
Venous Thromboembolism (VTE) Prevention and Treatment

Optional Milestone:	Report 6 months of data on 5 VTE process measures to SNI		Yes
Achievement Value			1.00
Optional Milestone:	Report 5 VTE process measures to the State		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			
Optional Milestone:		-	N/A
Achievement Value			

DY Total Computable Incentive Amount:	$ 2,541,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,541,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 2,541,000.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Falls with Injury Prevention

Prevalence of patient falls with injuries (Rate per 1,000 patient days)	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Expand Primary Care Capacity

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

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

Expand Primary Care Capacity

DY Total Computable Incentive Amount: * $ 6,352,000.00

Incentive Funding Already Received in DY: * $ 5,293,333.00

Process Milestone: Open weekend or evening sessions in at least 1 additional DPH primary care clinics (total of 2 clinics)

(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

In FY 2011-2012, additional clinic sessions opened at Family Health Center (Afternoon clinic added 4 hours/week) and General Medicine Clinic (Evening Clinic added 4 hours/week).
In past years, very few of the DPH primary care clinics offered evening or weekend sessions. This milestone aligns with the DPH goal of patient centered care and timely access to care in assigned primary care medical homes. The Family Health Center was able to gather patient input from their long standing Patient Advisory Board to guide decision making around best times to expand clinic sessions. Expanding clinic hours to meet the needs and schedules of patients is a key component of service excellence.

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

Achievement Value   1.00

DSRIP Semi-Annual Reporting Form

Category 1: Expand Primary Care Capacity

Process Milestone:	Include at least 5 DPH primary care clinics in service scope for centralized nurse advice line and patient appointment unit
	(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions:
* [Yes]

A centralized Nurse Advice Line (NAL) was established by SF DPH in February 2010 to facilitate appropriate use of primary care services as well as reduce the demand for urgent care appointments by supplanting them with telephone nurse advice when appropriate. Over FY 10-11 and 11-12 the NAL met the goal of providing service to all of the SF DPH Community Oriented Primary Care (COPC) clinics with a staff of 4 fulltime registered nurses. All COPC clinics were using the NAL, effective July 2011. The total number of calls to the NAL for FY 11-12 was 21,073. The average number of calls/month was 1764, with the highest number of calls occurring in August 2011 (n=2069) and lowest in June 2012 (n=1431).

During the rollout of the NAL, there have been many challenges and lessons learned that have informed the program as it continues to grow and develop:
1. The NAL implemented a new electronic protocol for providing telephone triage that impacted workflow; we are still refining use of this tool to maximize productivity and data gathering, including minimizing the use of free text fields and incorporating new protocols and guidelines not part of the original software package. The software will also allowed reporting on use of the advice line and reasons patients are calling.
2. The NAL rolled out one clinic at a time such that as the program expanded it lacked centralized standards. In order to work more efficiently and to track data effectively the NAL must establish its own standards that clinics adhere to, such as standardized scripts for voicemail messages, standard appointment types to track NAL scheduling and communication standards.
3. Approximately 50% of all incoming calls to the NAL are not advice calls; challenge is to minimize these types of calls and/or screen them out prior to reaching the advice nurse so that the phone line is used effectively and efficiently. Many calls are made for prescription refills or to reach the clinic nurse. Plans include providing educational materials for clinic staff and patients about the NAL.
4. Multiple data sources are available to track productivity and patient outcomes; this makes it difficult to standardize and track so we are working to explore the most appropriate use of the data sources we have, which include phone data on number of calls and documenting reasons for calls and disposition.
5. During implementation of the NAL, staffing consisted of registered nurses with the intention of hiring a Nurse Manager to oversee operations. Hiring of a dedicated nurse manager was delayed until September 4, 2012.

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

Achievement Value
[1.00]

Process Milestone:	Provide 2500 more visits at DPH primary care clinics relative to FY9-10, and establish care for 500 new patients in DPH medical homes.
	(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions:
* [Yes]

SFGH/COPC has been able to meet this milestone in FY11/12, increasing visits over 09/10 baseline data by 2653 visits. A total of 5018 new patients were seen in DPH clinics in FY11/12, which was defined as patients who had not been seen in the past 3 years.
Milestone modification is necessary in future years to reflect the transformation of all San Francisco Department of Public Health Primary Care Clinics into Primary Care Medical Homes (PCMH) and the challenges of implementing an ambulatory electronic health record. To facilitate the innovation and transformation of our primary care clinics into PCMH, we are looking at the quality of visits and expanding our access to new patients by managing enrollment and assigning patients to a PCMH through population outreach and in-reach. This has resulted in moving away from strict visit based care and relying more on both population management via registry use and piloting telephone and group visits. As agreed upon by internal and external primary care clinical experts, tracking enrollment of new patients is a more accurate reflection of expanding primary care capacity

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

Achievement Value
[1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 1: Increase Training of Primary Care Workforce

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

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

Increase Training of Primary Care Workforce

DY Total Computable Incentive Amount:	* $ 6,352,000.00
Incentive Funding Already Received in DY:	* $ 6,352,000.00

Process Milestone: Develop and implement a curriculum for residents to utilize their practice data to demonstrate skills in quality assessment and improvement
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * | Yes |

The Quality Improvement and Leadership curriculum for the SFGH residents in primary care Internal Medicine and Family and Community Medicine continues to engage residents with both didactic and experiential components. This year, we have developed new components in the curriculum, including the merging of many sessions for inter-disciplinary peer-to-peer learning; sessions focused on ambulatory safety; and a systems leadership component. The curriculum was taught in 9 sessions, twice to two waves of students.
Curriculum Objectives:
Increase understanding of practice-based systems
Increase integration of residents with GMC staff and QI activities
Increase understanding of QI principles and methods
Expectations for project proposal, implementation, and presentation:
1. Clearly describe project PDSA proposal, including
2. Identify and involve interdisciplinary team and stakeholders
3. Write AIM statement
4. Implement and describe one PDSA cycle with resulting proposal for further actions
5. Discuss project at GMC staff PHASE / QI meeting once during year.
6. Present project at end of year
Expectations for Best Practices visits and presentations:
1. Visit at least one best practices site; interview project leader
2. Present description of a project with at least one example of a small change cycle
3. Describe how this project may or may not apply to potential changes at GMC
Curriculum content:
-Ambulatory M and M, PDSA review with residents, process mapping, trends in ambulatory QI, project check-ins/sharing
Challenges and lessons learned:
• Session logistics: FCM and primary care internal medicine residents' ambulatory schedules are very different, making joint sessions very difficult to plan and limiting the total number of joint sessions we can offer.
• Competing demands for residents: Our residents have other curricula and projects throughout residency, in addition to high-stress clinical rotations; for some, another project can add to stress.
• Variability in residents' prior knowledge of and experience with quality improvement: Although it can be a challenge to teach to different levels of learners, the increasing numbers of residents with prior interest and experience in QI also can lead to richer, more nuanced discussions and to more robust projects.
• Inadequate number of faculty mentors: This was a problem last year and some residents' projects floundered without enough mentor support. We are addressing this issue by recruiting more faculty mentors, both internal and community-based, and setting a clear set of expectations around the mentor role.
• Variability in QI experience among faculty mentors: Our new community-based mentors have strong QI backgrounds, which should help the group of mentors as a whole in their understanding of operational QI. We have also considered offering a "QI basics" training to any faculty who are interested in mentoring residents but lack the background.

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

DSRIP Semi-Annual Reporting Form

Category 1: Increase Training of Primary Care Workforce

Process Milestone:	Recruit 4 additional first year residents into SFGH family medicine and primary care medicine residency training programs, relative to baseline enrollment

(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: *[Yes]

As reported at the first mid-year report, 2 additional residents were recruited this year, increasing class size in the Department of Family and Community Medicine from 13 to 15, and the class size of the Department of Medicine from 6 to 8 in the primary care residency program. Accomplishment of this milestone is on track with the 5 year goal of recruiting 16 additional Family Medicine and Primary Care Medicine residents beyond baseline enrollment numbers. This increase provides an opportunity to graduate additional family physicians and primary care internists who will likely go on to careers as primary care clinicians in safety net settings.

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

Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 1: Implement and Utilize Disease Management Registry Functionality

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

Implement and Utilize Disease Management Registry Functionality

DY Total Computable Incentive Amount: *

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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

    Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Interpretation Services and Culturally Competent Care

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

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                           (insert milestone)

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

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

    Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description
of progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

    Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

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

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

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

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                      (insert milestone)

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

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

   Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Urgent Medical Advice

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

Enhance Urgent Medical Advice

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone:
_____
(insert milestone)

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

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

    Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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

    Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * | No |

Category 1: Introduce Telemedicine

Below is the data reported for the DPH system.

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

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

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

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Introduce Telemedicine

DY Total Computable Incentive Amount: * | |

Incentive Funding Already Received in DY: * | |

Process Milestone: _____
                                             (insert milestone)

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

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

   Achievement | N/A |

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: * | |

| |
| |

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * | |

| |
| |

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

   Achievement Value | |

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 1: Enhance Coding and Documentation for Quality Data

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

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 1: Develop Risk Stratification Capabilities/Functionalities

Below is the data reported for the DPH system.
Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes',
please type in all of your DY milestones for the project below and report data in the indicated boxes (*).
* ☐ The yellow boxes indicate where the DPH system should input data
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Develop Risk Stratification Capabilities/Functionalities

DY Total Computable Incentive Amount: * ☐

Incentive Funding Already Received in DY: * ☐

Process Milestone: _____
                                          (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description
of progress towards milestone achievement as stated in the instructions: * ☐

[large text box]

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

   Achievement Value   [blue box]

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: * ☐

[large text box]

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

   Achievement Value   [blue box]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Expand Specialty Care Capacity

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

Expand Specialty Care Capacity

DY Total Computable Incentive Amount:	* $ 6,352,000.00
Incentive Funding Already Received in DY:	* $ 6,352,000.00

Process Milestone: The Utilization Management Task Force will assess SFGH specialty clinic timeliness of access, capacity, productivity, and efficiency and set goals for targeted investment in outpatient specialty areas
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

The Utilization Management Task Force met to review all budget requests for additional physician staffing. The committee reviewed data on current specialty clinic wait times, demand for services, current capacity and productivity in order to prioritize limited investments in expanding specialty physician time. Specialty Clinic metric data for 7/1/11-6/30/12 includes:
1) Number of eReferrals for specialty care: 51,140
2) Number of specialty clinic visits: 132,430
3) Time to eReferral Response:
    Overall eReferral response time in less than 3 days- 91%
    Response time range -- 100% (ENT)
                              32% (Hematology)
4) Time to specialty clinic visit: 36-90days, with maximum wait times of 136-208 days (GI and Liver Clinic), and minimum wait times of 6-38 days (Prenatal and Orthopedic clinics).
Over the past few months, the specialty care infrastructure has benefited from the addition of a staff Administrator for specialty care as well as Medical Directors for Medical and Specialty services. Key objectives for the coming year include assessing specialty clinic capacity and implementing Lean management to decrease wait times in targeted clinics. Additionally, clinic specific data dashboards have been developed and distributed to allow clinic chiefs timely data for tracking response time and wait times.

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

Process Milestone: Increase the number of outpatient encounters by at least 5% in 2 targeted specialty clinics
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

By the end of FY 11/12, the number of outpatient encounters increased by at least 5% in 16 of our 47 specialty care clinics, increasing by 13% on average.
Trends in clinic visits were tracked over time. Several clinics were limited by turnover or loss in provider capacity, or experienced space and staffing limitations. Despite this, at least a dozen clinics were able to increase their visit volumes by at least 5% (and up to 37% with the addition of new providers). The increase in clinic visits was a result of targeted investments to increase specialty access. Of the 9 clinics that received additional funding, 8 were able to increase their visit productivity.

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 1: Enhance Performance Improvement and Reporting Capacity

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

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

Enhance Performance Improvement and Reporting Capacity

DY Total Computable Incentive Amount: * | $ 6,352,000.00 |

Incentive Funding Already Received in DY: * | $ 4,446,400.00 |

Process Milestone: Renovate and equip space for DPH Training Center
                            (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 provide an in-depth
description of progress towards milestone achievement as stated in the instructions: * | Yes |

> The Department of Education and Training (DET) moved into the Learning Center on April 30, 2012. The department is supported by six full time staff under the direction of the Director and Manager of Education and Training. The staff includes three Education Coordinators, a Nurse Educator and Informatics, an IT Administrator and an Administrative Assistant.
>
> The Learning Center held an open house on May 8, 2012. Department of Public Health staff were invited and over 80 individuals attended. The open house included a dedication of the center in honor of SFGH's CEO and Assistant Dean. The space is formally known as the Currin Carlisle Learning Center. During the open house, attendees had the opportunity to experience the functionality of the space, which includes a large classroom for 70 people, a simulation lab and observation room for interactive learning and a 25 person multi-media conference room.
>
> The Currin Carlisle Learning Center has been booked since the open house. The space has facilitated community engagement meetings, annual nursing updates, and trainings on the new outpatient electronic medical record and other strategic initiative rollouts. The DET did not intend for such a high demand to use the space. In response to the influx of requests, DET has partnered with the IT department to purchase a meeting room scheduling software. The product will provide hospital staff online access to submit, edit and cancel requests to use the space.

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

   Achievement Value | 1.00 |

Process Milestone: Develop plan for training needs to achieve Culture of Excellence and identify consultants for Culture of Excellence curriculum.
                            (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 provide an in-depth
description of progress towards milestone achievement as stated in the instructions: * | Yes |

> The San Francisco General Hospital and Trauma Center Service Excellence Committee (SEC) was established in early 2012 to provide oversight and a framework for the organization's strategic priority of Service Excellence. Co-Chaired by physician, nursing, and administrative staff members, the vision of the SEC is to create an environment where patients and staff are always valued and respected.
> In alignment with the SFGH Strategic Plan, the SEC will drive service excellence initiatives to achieve a patient, family and staff centered environment, including assessment and planning for staff training needs.
> The Committee consists of a core group of members who oversee all components of the Service Excellence initiative, along with 2 workgroups – Workforce Experience and Patient Experience, with membership representing nursing, medical staff, quality, hospital administration, and patients/family members.
> SEC members were instrumental in identifying potential consultants for developing a Culture of Excellence curriculum and providing service excellence for staff.
> Beginning in April 2012, a consulting firm was engaged by SFGH and provided pilot training for a small group of 50 staff. Following this training, the Department of Education and Training (DET) and the SEC worked closely with the consultants to customize the training curriculum to meet the unique needs of the SFGH community. Training sessions were planned for early summer 2012, with SEC members scheduled to introduce each session, emphasizing the alignment of the training with the hospital strategic plan goals.
> In the coming year, the SEC, along with DET will be responsible for supporting department managers as they implement the service excellence plan that was incorporated into the trainings. The plan is based on seven basic standards of service excellence and relies on the management team to train and engage staff, as well as monitor adoption of the standards. This involves providing managers with a tool kit for use in staff meetings, creating messaging strategies

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

   Achievement Value | 1.00 |

Category 1: Enhance Performance Improvement and Reporting Capacity

Process Milestone: Train at least 50 staff on Culture of Excellence curriculum
<p align="center">*(insert milestone)*</p>

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: Yes

Service Excellence trainings began in the new Learning Center space in June 2012, with 100 sessions total; 90 sessions for front line staff and10 leadership sessions. The training sessions reached 3,379 staff and 340 managers from SFGH as well as from the DPH community clinics and long term care hospital.   In evaluating the training sessions, 91% of attendees rated the training as "good" and "excellent." At the time of the training sessions, staff were asked to complete a staff satisfaction survey. The results of this survey will be used as part of the service excellence implementation plan, which incorporates workforce satisfaction as a key component of service excellence in the health care setting.

Prior to scheduling all staff trainings, pilot training sessions were held over two days in April 2013 and assessed by a focus group and evaluation. The feedback was compiled and shared with the SEC committee and consultant. The Department of Education and Training (DET) collaborated with the consultant to update the trainings to reflect feedback provided, which included creating separate sessions for staff, leaders (management level staff) and providers, embedding staff and patient experiences in the Service Excellence Standards, creating more opportunities for discussions and practice and including an overview of Health Reform for context. The DET worked with the consultant over the course of five weeks to update the training curriculum and design. The result was the creation of three trainings; a three hour training for staff, a four hour training for leaders and an all day training for providers.

The SFDPH has never initiated a system-wide required training and did not have the infrastructure to support a registration process. The DET, with the support of graduate interns, implemented a registration system through an online supported product. The system provided managers with a link to sign up staff and the ability to create attendance reports. The only limitation with the registration product is that it was not linked to the online learning management system, which houses educational transcripts. In the future, our new learning management system will be able to facilitate registration and link it to staff educational records.

For staff who were unable to attend the trainings, the DET will facilitate the Service Excellence trainings quarterly for staff and the Service Excellence training will be apart of New Employee Orientation beginning in January 2013.

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

   Achievement Value   1.00

Process Milestone: Establish a program for trained experts on process improvements to mentor and train other staff for safety and quality care improvement
<p align="center">*(insert milestone)*</p>

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: Yes

A 10 month Quality and Leadership Academy, providing training for 45 hospital staff, was initiated in October 2011 with a goal of increasing the hospital's internal capacity for driving performance improvement and patient safety, as well as to provide on-site leadership development for key hospital staff in a multidisciplinary setting. Teams included in the training were selected based on alignment with Category 4 DSRIP projects and/or the SFGH Strategic Plan, including: Sepsis Early Detection and Management, CLABSI, DVT Prophylaxis, Computerized Provider Order Entry, Primary Care Medical Homes. The curriculum of the academy alternated sessions focused on leadership development with those focused on providing useful Performance Improvement tools. The Aim of the program was: To achieve clinical & operational quality improvements across five domains by December 2012. Session topics were: Introduction to Leadership, Model for Improvement/Rapid Testing, Working with Others, Driver Diagrams, Conflict Negotiation, Measurement/Using Data, Difficult Conversations, Problem Solving.
The only barrier to success of the training was the time commitment expected and inability of some team members to attend all sessions. This was mitigated, however, by the engagement of team members which included physician, nursing, and non clinical staff. Each team was expected to meet outside of academy sessions to complete "homework" which was then presented to the group as a whole. At the final session, each team presented a poster to senior leadership summarizing their project, including learnings, data, and accomplishments.
The Sepsis Team, for example, focused on implementation of the sepsis bundle and were able to show improvement from 20% (7/11) to 42% (5/12).
Each academy session included completion of an evaluation survey by participants. Key results of the evaluation included: Improving skills for leadership and PI tools (>90% agreement), personal benefit from the academy (understanding of style, motivation, personality, team effectiveness), learning of new tools (goal setting, negotiation, process mapping, reliable design), benefit from meeting and learning from colleagues, suggestions for improving the academy (intra project learning, more time for team work).
In an effort to sustain this project and spread learning to additional teams, the 2nd cohort of the academy will begin in

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

   Achievement Value   1.00

Category 1: Enhance Performance Improvement and Reporting Capacity

Process Milestone:	Develop a plan for a Quality Data Management Center that focuses on improving processes and environmental changes and documentation of diagnoses, procedures, and process and outcome measures

(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: `*` `Yes`

The Quality Data Center launched in February 2012, with initial staffing of two data analysts, including a Data Center Manager.   The staffing plan for the current fiscal year includes an information systems business analyst and two additional data analysts. Initial priorities included training the analysts on all reporting systems used by the organization, and to concurrently provide data support to local quality improvement initiatives taking place across the hospital. A data request form has been implemented to assist requestors define exact data needs, allowing data center staff to generate required reports and deliver the required information to requestors.   The new Data Center has had a positive impact on the load of the Information Systems department, which has been traditionally responsible for quality data requests. Another priority has been the development of a hospital-wide quality dashboard and some clinical service specific dashboards that focus on the hospital's strategic priorities. The hospital-wide dashboard was well received by the hospital leadership who were excited to see a clear and comprehensive display of key quality and safety metrics. The service specific dashboards are being presented to clinical leadership committees, along with an orientation to the displayed metrics, issues of data integrity, and options to customize dashboards. Meetings are now being set up with clinical service chiefs and the Quality Data Center to adapt dashboards to metrics they would like to track, and to find ways to validate the selected metrics. These dashboards will then be distributed hospital wide on a quarterly basis.

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

  Achievement Value   `1.00`

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 2: Expand Medical Homes

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

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Expand Medical Homes

DY Total Computable Incentive Amount:	* $ 8,461,000.00
Incentive Funding Already Received in DY:	* $ 6,345,750.00

Process Milestone: 5 Medical Exam Assistants/ health workers trained in panel management and health coaching, deployed at 2 DPH primary care clinics
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

A formal job description has been approved and is being used by the 5 MEAs trained and assigned for panel management and health coaching at the Castro Mission Health Center and the Family Health Center. The job description includes clinical support (rooming patients, verifying registration info, assisting with triage, performing initial assessment of patients), panel management (proactively performing preventive and chronic care tasks then logging these in the disease registry), care coordination(tracking e-referral specialty appointments and following up with patients), health coaching for Inreach and Outreach (providing patient education on preventative health issues, conducting new patient orientation to clinic procedures and policies, leading or supporting group education classes), teamwork with other clinicians, and administrative support with forms preparations and supply maintenance.

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

Process Milestone: 1 RN case manager trained in case management of high risk patients and deployed at 1 DPH primary care clinic
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

One RN has been trained and assigned as a case manager the General Medicine clinic. The nurse care manager completed care management training both through Care Management Plus (June 2011) and the Center for Excellence in Primary Care (December 2011). She initiated the GMC Care Management Program in January 2012. In her role as a care manager, the RN conducts structured comprehensive assessments of complex patients and then develops a care plan for each patient. She and her team follow up with patients at structured intervals to coach them about topics on their care plans. The care manager is also a resource for patients when their health destabilizes or when other types of new health challenges arise.
Successes of this program have included an early trend toward decreased hospitalizations and ED visits as well as a decreased anxiety among GMC staff and providers about our highest-risk patients. Challenges have included a slower enrollment process than anticipated as well as some diversion of resources away from other clinic projects as we focus on the development of this new program.   We are learning to streamline enrollment and build in a step-down from care process as patients stabilize.

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Expand Chronic Care Management Models

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

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
                                    (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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

   Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Redesign Primary Care

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

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
                                            (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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

   Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

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 (*).*
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Redesign to Improve Patient Experience

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
                                        (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: *

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

   Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * [No]

Category 2: Redesign for Cost Containment

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

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                          (insert milestone)

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

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

   Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

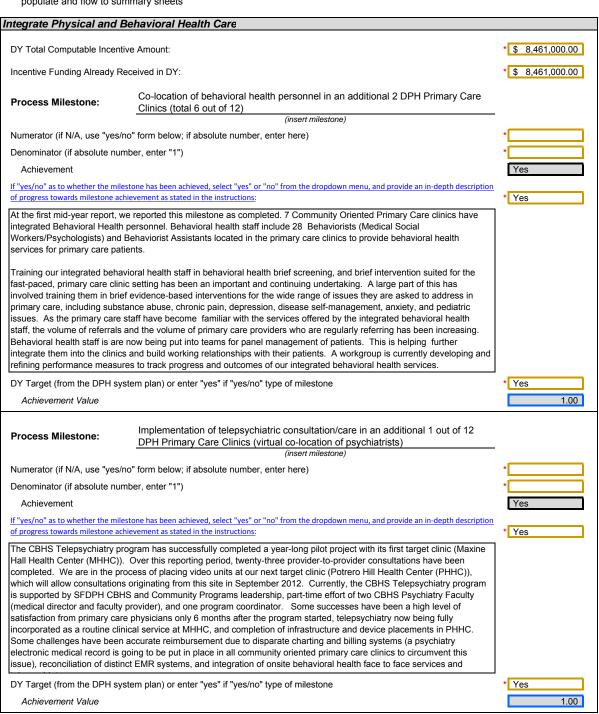REPORTING ON THIS PROJECT: * Yes

Category 2: Integrate Physical and Behavioral Health Care

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

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Integrate Physical and Behavioral Health Care

DY Total Computable Incentive Amount: * $ 8,461,000.00

Incentive Funding Already Received in DY: * $ 8,461,000.00

Process Milestone: Co-location of behavioral health personnel in an additional 2 DPH Primary Care Clinics (total 6 out of 12)
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

At the first mid-year report, we reported this milestone as completed. 7 Community Oriented Primary Care clinics have integrated Behavioral Health personnel. Behavioral health staff include 28 Behaviorists (Medical Social Workers/Psychologists) and Behaviorist Assistants located in the primary care clinics to provide behavioral health services for primary care patients.

Training our integrated behavioral health staff in behavioral health brief screening, and brief intervention suited for the fast-paced, primary care clinic setting has been an important and continuing undertaking. A large part of this has involved training them in brief evidence-based interventions for the wide range of issues they are asked to address in primary care, including substance abuse, chronic pain, depression, disease self-management, anxiety, and pediatric issues. As the primary care staff have become familiar with the services offered by the integrated behavioral health staff, the volume of referrals and the volume of primary care providers who are regularly referring has been increasing. Behavioral health staff is are now being put into teams for panel management of patients. This is helping further integrate them into the clinics and build working relationships with their patients. A workgroup is currently developing and refining performance measures to track progress and outcomes of our integrated behavioral health services.

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

Achievement Value   1.00

Process Milestone: Implementation of telepsychiatric consultation/care in an additional 1 out of 12 DPH Primary Care Clinics (virtual co-location of psychiatrists)
(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

The CBHS Telepsychiatry program has successfully completed a year-long pilot project with its first target clinic (Maxine Hall Health Center (MHHC)). Over this reporting period, twenty-three provider-to-provider consultations have been completed. We are in the process of placing video units at our next target clinic (Potrero Hill Health Center (PHHC)), which will allow consultations originating from this site in September 2012. Currently, the CBHS Telepsychiatry program is supported by SFDPH CBHS and Community Programs leadership, part-time effort of two CBHS Psychiatry Faculty (medical director and faculty provider), and one program coordinator. Some successes have been a high level of satisfaction from primary care physicians only 6 months after the program started, telepsychiatry now being fully incorporated as a routine clinical service at MHHC, and completion of infrastructure and device placements in PHHC. Some challenges have been accurate reimbursement due to disparate charting and billing systems (a psychiatry electronic medical record is going to be put in place in all community oriented primary care clinics to circumvent this issue), reconciliation of distinct EMR systems, and integration of onsite behavioral health face to face services and

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

Achievement Value   1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * Yes

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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populate and flow to summary sheets

Increase Specialty Care Access/Redesign Referral Process

DY Total Computable Incentive Amount: * $ 8,488,000.00

Incentive Funding Already Received in DY: * $ 7,073,333.00

Process Milestone: Bring 2 additional specialty clinics online on eReferral (total of 4 additional clinics)

(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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * Yes

> Over FY 11/12, 7 clinics were added to the eReferral system in the areas of chest diagnostics (Thoracentesis), cardiology
> diagnostics (ETT and Holter), radiology (Fluoroscopy and Mammography Screenings), Financial Fitness and Pharmacy.
> Over the course of the year, we implemented two eReferral services – for fluoroscopy and a comprehensive pharmacy
> care clinic. In addition, we implemented eSchedule (electronic referral without specialist review, triage or co-
> management) in another five services.

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

Achievement Value   1.00

Process Milestone: At least 65% of all eReferral consultation request submissions are reviewed and responded to by a specialist within 3 business days of submission

(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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * Yes

> By the end of FY 11/12, specialty clinics eReferral response time was less than 3 days in 91% of eReferral cases, where
> the most responsive clinic was ENT (100%), and the least responsive was hematology (32%)
> However, there were two clinics that had considerably longer response rates: hematology, where only 32% were
> responded to within 3 business days, and orthopedic surgery, where only 52% were responded to within the 3 business
> day time period. We are working with these clinics on a regular basis to increase their response times.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone   * 0.65

Achievement Value   1.00

DSRIP Semi-Annual Reporting Form

Category 2: Increase Specialty Care Access/Redesign Referral Process

Process Milestone:	Pilot telemedicine real time video consultation in 1 specialty service line and image store-and-forward telemedicine in 1 specialty service line

(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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: *[Yes]

Real-time video consultations has been implemented in the Psychiatry Service. Our Telepsychiatry program, representing a unique collaboration between primary care providers of the San Francisco Department of Public Health (SFDPH) safety net and San Francisco Community Behavioral Health Services (CBHS), promises to provide broad and efficient primary care access to psychiatric expertise. Progress on this initiative has been explained in the category 2 project 2 milestone related to telepsychiatric consults in behavioral health.

The image store and forward telemedicine initiative has been applied in the Pulmonary Service through the use of spirometry to evaluate patients with respiratory symptoms.
National and international guidelines recommend spirometry as the standard-of-care method for identifying and measuring airways obstruction in patients with asthma and chronic obstructive pulmonary disease (COPD). Asthma and COPD are common diseases associated with high morbidity and mortality. The bulk of asthma and COPD management occurs in the primary care setting. In 2005, the SFDPH distributed portable spirometers to selected clinics in an effort to implement system-wide spirometry. Unfortunately, participating clinics could not produce sustainable, high-quality, community-based spirometry due to a lack of testing quality control, decline of testing coach skills, lack of specialty-level test interpretation, and absence of integrated results reporting.
 The "San Francisco Community Primary Care Spirometry Program" meliorates these barriers by providing the following: a comprehensive spirometry training program, store-and-forward spirometric flow-volume and volume-time loops and data, test screening against American Thoracic Society (ATS) acceptability and reproducibility criteria, direct coaching feedback, and full pulmonary interpretation with posting of results.
Our program has been deployed in six clinics: three on the SFGH campus (Chest Clinic (1M), Family Health Center (FHC) at Ward 92 and FHC at Ward 85) and three community clinics (St. Anthony Free Medical Clinic (SAFMC), Chinatown Public Health Center (CPHC), and Southeast Health Center (SEHC)). To date, 369 spirometry images and data have been transmitted, received, and processed. Currently, this program is supported by part-time effort of one SFGH Division of Pulmonary faculty (Medical Director), one SFGH Respiratory Care Services staff (Program Director), and the SFGH TeleHealth Program. One challenge has been that coaching skill maintenance is compromised due to decreased frequency of testing, coaches having additional clinic responsibilities, personnel turnover, lack of supervision, and lack of testing feedback. Another challenge is connecting some of the community-based health centers to the hospital network to transmit spirometric images.
A success has been decreased wait times. The SFGH PFT laboratory is the principal referral center for spirometry and more complex pulmonary function testing for the SFDPH. Coincident with the deployment of our program, has been a decrease in average wait times for the SFGH PFT laboratory from 25.7 (10/2011) to 14.9 (7/2012) weeks (42% decrease). Program sustainability will require continued support from the Divisions of Pulmonary and Respiratory Care Services at SFGH, and from the SFGH TeleHealth program. Efforts are ongoing to secure this support, as well as efforts to increase personnel time to allow for expansion and increased program reach.

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

   Achievement Value   `1.00`

5/31/2013   Specialty Care Access   63 of 85

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * | No |

Category 2: Establish/Expand a Patient Care Navigation Program

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

Establish/Expand a Patient Care Navigation Program

DY Total Computable Incentive Amount: * | |

Incentive Funding Already Received in DY: * | |

Process Milestone: _____
                              (insert milestone)

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

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

   Achievement | N/A |

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * | |

| |

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * | |

| |

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

   Achievement Value | |

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Apply Process Improvement Methodology to Improve Quality/Efficiency

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

Apply Process Improvement Methodology to Improve Quality/Efficiency

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                              (insert milestone)

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

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

   Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]
[   ]
[   ]
[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

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

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
                                          (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description
of progress towards milestone achievement as stated in the instructions: *

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

   Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * [No]

Category 2: Use Palliative Care Programs

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

Use Palliative Care Programs

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                                    (insert milestone)

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

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

   Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Conduct Medication Management

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

Conduct Medication Management

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

Process Milestone: _____
                                          (insert milestone)

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

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

   Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Implement/Expand Care Transitions Programs

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

Implement/Expand Care Transitions Programs

DY Total Computable Incentive Amount: *

Incentive Funding Already Received in DY: *

Process Milestone: _____
(insert milestone)

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

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

Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: *

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

REPORTING ON THIS PROJECT: * No

Category 2: Implement Real-Time Hospital-Acquired Infections (HAIs) System

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

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

DY Total Computable Incentive Amount: * ☐

Incentive Funding Already Received in DY: * ☐

Process Milestone: _____
                                          (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * ☐

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 provide an in-depth description of
progress towards milestone achievement as stated in the instructions: * ☐

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 Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012
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:	* $ 4,504,500.00
Incentive Funding Already Received in DY:	* $ 4,504,500.00

**Undertake the necessary planning, redesign, translation, training and contract
negotiations in order to implement CG-CAHPS in DY8** *(DY7 only)*

Provide an in-depth description of milestone progress as stated in the instructions. (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

Planning and contract negotiation for implementation of CG-CAHPS took place from 7/1/11-12/31/11 and included:
-Selection of NRC Picker as CG-CAHPS vendor, with signed Letter of Agreement.
-Successful negotiation with vendor to abide by approved CG-CAHPS survey version and sampling guidelines.
-Agreement with vendor to offer the mail-in survey in English, Spanish and Chinese and to make available a child version of the CG-CAHPS survey for the pediatric clinic.
Surveys of patients in the SFDPH 10 primary care clinics began in June 2012 for visits beginning April 1, 2012 with a response rate of 24-30%. Initially, surveys were not sent out reliably in appropriate languages, which resulted in multiple calls from patients requesting new surveys. This prompted an internal verification of the capture of accurate language data in the DPH information systems. Patients are now receiving appropriate language surveys.
Preliminary survey results (April - June) were reported to the Primary Care Coordinating Committee at the July 2012 meeting. This committee is charged with oversight for DSRIP milestones related to primary care and will drive identification of key improvement opportunities to enhance patient experience in the clinics. Initial results indicated that Access to Care (appointments, phone calls, wait times) is a priority for improvement. Highest scores were related to provider interaction, treatment with respect and courtesy by clinic staff, and follow up of results.
Sustaining the CG-CAHPS project involves:
Assignment of senior clerks and clinic administrative staff to "own" the data and incorporate into clinic specific improvement projects.
Regular reporting of results to the SFGH Quality Council, Service Excellence Committee and Primary Care Coordinating Committee, and identifying overall improvement goals in alignment with the SFGH and COPC strategic plans.
Incorporating patient feedback from CG-CAHPS into the scope of work of the SFGH Community Engagement initiative, which recruits and involves patients/families in quality and operational improvement work.
Using survey data to inform the Lean Management projects in several key areas at SFGH, including the Urgent Care Clinic, Radiology and Pharmacy.

Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

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:	* $ 4,504,500.00
Incentive Funding Already Received in DY:	* $ 2,252,250.00

Report results of the Diabetes, short-term complications measure to the State (DY7-10)

Data Collection Source	* Data warehouse
Numerator	* 33.0
Denominator	* 5,052.0
Rate	0.653

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Management of diabetes within the primary care setting is an organizational strategy to prevent hospitalizations attributable to this chronic disease. The SFDPH has a diabetes management program in place, which includes:
Use of a disease registry called i2i Tracks, which allows medical providers and clinic staff to manage panels of diabetic patients and conduct outreach to impact visit and medication compliance, as well as track outcomes such as HgA1C results.
Accreditation as a recognized Diabetes Education Program by the American Diabetes Association - this includes assuring availability of diabetes education sessions by certified educators and a designated RN who serves as manager of the diabetes education program for Family Health Center and the General Medical Clinic.
Inclusion of diabetes metrics as part of the DPH's primary care Data Wall, which highlights quality and safety metrics in a visible format for each primary care clinic. This provides timely, accurate and actionable data for clinic staff to discuss on a regular basis and incorporate into diabetes care improvement efforts.

Achievement	Yes
Achievement Value	1.00

Report results of the Uncontrolled Diabetes measure to the State *(DY7-10)*

Data Collection Source	* Data warehouse
Numerator	* 1.0
Denominator	* 5,052.0
Rate	0.020

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Numerator consists of all inpatient discharges from the DPH system of patients age 18-75 years with ICD-9 principal diagnosis code for uncontrolled diabetes, without mention of short/long-term complications.
Denominator consists of the number of patients age 18-75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times .
The data for this metric warrants additional analysis as part of the organization's program to improve documentation and coding. The data has been reviewed with key physicians who care for diabetic patients and there has been agreement that there may be additional patients who are hospitalized for uncontrolled diabetes, however, the coding is not supported by the clinical documentation. During the current demonstration year, we have embarked on a documentation and coding improvement effort with the addition of 2 clinical documentation specialists. An important aspect of their work is assuring that all

Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012
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:	* $ 4,504,500.00
Incentive Funding Already Received in DY:	* $ 2,252,250.00

Report results of the Mammography Screening for Breast Cancer measure to the State *(DY7-10)*

Data Collection Source	* Data warehouse
Numerator	* 6,840.0
Denominator	* 9,306.0
Rate	73.5

Provide an in-depth description of milestone progress as stated in the instructions. (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 mammography screening rate for the second half of DY7 has increased from 69.7% (7/1/11-12/31/11) to 74% (1/1/12-6/30/12). This rate compares favorably with the HEDIS Medicaid 90th percentile of 51%. An increase in mammography screening rates is an ongoing goal for all of the DPH primary care clinics, as part of a set of Health Care Maintenance measures for adults that are ongoing indicators within the primary care Performance Improvement program. Improvement initiatives undertaken in FY11/12 which focused on health maintenance included:
• Panel Management trainings for PC clinic team members
• Uniform monitoring and reporting of health maintenance measures through SF Primary Care Data Wall
• Participation in the SF Health Plan Strength in Numbers Performance Improvement incentive program.
• Quality Culture Series (QCS) training in QI techniques to improve operations for PC managers
• Standardization of Quality Improvement Plans across COPC Primary Care clinics in 2011

Achievement	Yes
Achievement Value	1.00

Reports results of the Influenza Immunization measure to the State *(DY7-10)*

Data Collection Source	* Data warehouse
Numerator	* 9,484.0
Denominator	* 20,875.0
Rate	45.4

Provide an in-depth description of milestone progress as stated in the instructions. (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 DPH primary care clinics provide access to flu immunization through both medical appointments, as well as drop-in flu clinics. A variety of communication tactics are employed to encourage influenza vaccination for all patients. A challenge exists in being able to capture a true vaccination rate due to: Many patients receive influenza vaccine at private pharmacies, unknown to DPH providers.
Drop in flu clinics do not require a visit and documentation of all immunizations in medical records is inconsistent.
In an effort to track a more accurate immunization rate, clinics will build in a more reliable documentation system to capture the immunizations provided.

Achievement	Yes
Achievement Value	1.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012
Category 3: At-Risk Populations *(required)*

Below is the data reported for the DPH system.
* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data
in the indicated boxes (*). For the last two measures, which are both diabetes composite measures, please
follow the instructions on specifically how to calculate the composite measures (available based on NQF
endorsement).*
`*` ☐ The yellow boxes indicate where the DPH system should input data
☐ The black boxes indicate Milestones and will automatically populate and flow to summary sheets
☐ The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically
populate and flow to summary sheets

At-Risk Populations *(required)*

DY Total Computable Incentive Amount:	`*` $ 4,504,500.00
Incentive Funding Already Received in DY:	`*` $ 2,252,250.00

**Report results of the Diabetes Mellitus: Low Density Lipoprotein
(LDL-C) Control (<100 mg/dl) measure to the State** *(DY7-10)*

Data Collection Source	`*` Data warehouse
Numerator	`*` 2,520.0
Denominator	`*` 5,052.0
Rate	49.88

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0
Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

All DPH primary clinics have established improvement in LDL control as a performance improvement goal.
The following efforts improved diabetes testing and control in the past 12 months:
1. Panel management (in-reach and outreach) of all diabetic patients.
2. Team building and care coordination trainings for nursing staff (e.g. team communication and team
huddles) at quarterly Safety Net Care Teams meetings.
3. Adding Health Coaches to the care team.
SFDPH Primary Care Clinics will continue to facilitate interdisciplinary, collaborative approaches to continued
performance improvement through the following activities:
- Reduce variation through formation of a QI Advisory Panel (QIAP) to monitor and support clinics' QI work
will reduce variation and set a baseline level of skill requirement for all the clinics.
- Continue tracking chronic disease outcomes on the Primary Care DataWall in 2011-2012.

Diabetes control measures will be part of San Francisco Health Plan 2012 Strength in Numbers (SIN)
incentive program.

Achievement	Yes
Achievement Value	1.00

**Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<8%)
measure to the State** *(DY7-10)*

Data Collection Source	`*` Data warehouse
Numerator	`*` 2,941.0
Denominator	`*` 5,052.0
Rate	58.21

Provide an in-depth description of milestone progress as stated in the instructions. (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 annual rate of 60% compares favorably with the HEDIS Medicaid 2009 benchmark of 46%. All DPH
primary clinics have established improvement in HgA1C control as a performance improvement goal. The
clinics track % of diabetic patients with HgA1C tested within the previous 12 months who have a result <8.
Improvement over the past year has been noted in all clinics over their baseline results from the previous
year.
Individual clinics are using a variety of approaches to offer testing, and improve control:
1. Panel management approaches for both in-reach and outreach.
2. Prioritizing and protecting staff time to pursue these activities.
3. Team building and care coordination trainings for nursing staff (e.g. communication in teams and team
huddles) at the quarterly Safety Net Care Teams meetings.
4. Assignment of panels to health coaches to increase accountability and monitoring.
5. Clinics continue to send staff for training in health coaching and panel management – skills essential to
improving health outcomes
Some improvement is attributable to changes in diagnostic criteria for diabetes, which now includes an A1C
of ≥ 6.5 for diagnosing diabetes.   Since testing for A1C does not require fasting, diabetic patients are being
identified at an earlier stage, leading to earlier intervention.
The formation of a QI Advisory Panel (QIAP) to monitor and support clinics' QI work will reduce variation and
set a baseline level of skill requirement for all the clinics

Achievement	Yes
Achievement Value	1.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma 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
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☐ The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically
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Severe Sepsis Detection and Management

DY Total Computable Incentive Amount:	* $ 2,541,000.00
Incentive Funding Already Received in DY:	* $ 1,905,750.00

Compliance with Sepsis Resuscitation bundle (%)

Numerator	* 76
Denominator	* 228
% Compliance	0.33

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Compliance with the Sepsis Resuscitation bundle for DY7 is 33% overall for the year, with improvement in in April 2012 to 58%. Improving compliance with the bundle is a main goal of the Sepsis Task Force, which has an aim of reducing sepsis mortality by 15% annually through reliable implementation of all bundle elements for all identified sepsis patients. The Sepsis team developed their charter, goals, and initiatives during their 10 month participation in the SFGH Quality and Leadership academy. The task force worked on a project to develop a timely and reliable data dashboard, used to track improvements and inform clinical staff of progress toward goals.

DY Target (from the DPH system plan, if appropriate)	*
% Achievement of Target	N/A
Achievement Value	1.00

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

Optional Milestone: Implement the Sepsis resuscitation bundle
<div align="center">*(insert milestone)*</div>

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * [Yes]

> Through the efforts and oversight by the Sepsis Task Force, implementation of the sepsis bundle has been a multi-pronged approach, including the following strategies:
> 1. Outreach and education
> a. Sepsis content is thoroughly integrated into nursing educational programs for new hires in ED, Medsurg, and critical care areas.
> b. A Pocket Reference Card produced and distributed to MDs, RNs, PharmDs, RCPs, with over 800 cards distributed.
> c. Simulation Training: Provided 4 hour high-fidelity simulation experience to 78 MDs, RNs, and PharmDs from ED, ICU, MS, and rapid-response team.
> d. A Brief orientation to the sepsis initiative is provided monthly to Medicine Dept residents and attendings at two standing meetings. This is an ongoing process and will include distribution of the pocket-card and brief review of the performance data.
> e. Created sepsis curriculum for Medicine resident's "Intern Half-day", presented in August 2012.
> 2. Providing real-time feedback:
> a. Beginning June 2012, personalized emails with patient outcome and process measure data are sent to all MDs and RNs responsible for care at time of presentation (or shortly thereafter) for a sample of identified cases.
> b. 2 cases of septic shock were featured in Medicine Morbidity & Mortality conferences.
> 3. Addressing care in outpatient clinics:
> a. Successful brief trial of sepsis screening process in outpatient wound clinic. Currently investigating broader implementation.
> b. Collaborated with leadership of two outpatient clinics (HIV/AIDS, and Urgent Care Center) to adjust direct admit criteria for septic patients in response to two cases of treatment delay. Treatment standards have been permanently changed in Urgent Care, and are in development in HIV/AIDS clinic).
> 4. Fluid bolus administration process: standardized process of ordering and administering IV fluid boluses through creation of nursing practice guideline, extensive education with RNs and MDs, and changing order screens in CPOE to force bolus orders to specify fluid duration.
> Challenges to implementing the bundle include:
> Key challenges to improving sepsis care include the widespread and heterogeneous nature of the disease, the subtlety and diversity of patient presentations, and the poor sensitivity and specificity of available screening tools and diagnostic tests. The pool of clinicians to target interventions to is vast, and implementing treatment standards may at times conflict with long-held, powerful commitments to professional autonomy. To address these barriers, the team is focusing on providing high quality data to clinicians that is timely, actionable, and specific, to raise the profile of the condition, capitalize on the competitive nature of many clinicians, and drive a culture of awareness and commitment to improvement of sepsis care.

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

   Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012
Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

Below is the data reported for the DPH system.
 * *Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
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Central Line Associated Blood Stream Infection	
DY Total Computable Incentive Amount:	\$ 2,541,000.00
Incentive Funding Already Received in DY:	\$ 2,223,375.00
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	411
Denominator	419
% Compliance	0.98

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

CLIP Insertion Practice compliance for DY7 was 98% (411/419). Compliance data is collected through the Infection Control department from a CLIP insertion checklist that is included with each central line kit. The CLIP form includes all elements of the CLIP bundle and is used to document provider compliance during central line placement. CLIP compliance data is available to SNI through access to the NHSN database.
One of the challenges identified in assessing CLIP compliance is the need to improve the reliability of staff completing a CLIP form for each central line inserted. The CLIP Task Force, as described below, has been testing strategies to improve the use of CLIP forms for all central line insertions.

DY Target (from the DPH system plan)	Yes
% Achievement of Target	N/A
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

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

Optional Milestone:	Implement the Central Line Insertion Practices (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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * Yes

In alignment with the organizational goal of increasing capacity and knowledge about performance improvement, a CLABSI team was included in SFGH's 10 month Quality and Leadership Academy. As the group developed their team charter, they created a 5 year aim: To eliminate preventable CLABSI by 2016. Yearly goals were established:
-Improve adherence to CLIP measures and use of CLIP form
-Improve reliability of CLIP form use for all central line insertions
-Create an observer process to provide surveillance for all insertions.
-Improve assessment and documentation of central line necessity.
CLABSI education and prevention efforts are a team approach which is in alignment with IHI guidelines. Ongoing efforts to reduce central line infection include:
-Central Line audits are conducted twice weekly a Patient Safety RN, as well as by the CNS staff on each unit and a dedicated vascular access nurse. During these audits, immediate correction of and education surrounding deficiencies is conducted.
-Education provided on the unit level as well as larger efforts such as nursing annual update.
-Individual meetings with clinical staff in units where preventable CLABSI has been identified.
-A daily progress note pilot project to document daily line necessity.
The challenges most prevalent are documentation and education surrounding Central Line insertion, care and removal. The successes include a reduction in total Central Line Days, as well as unnecessary lines are being removed earlier, which ultimately will improve patient outcomes. In addition, documentation of Central Lines is improving.
Next steps include:
-Collaborate with additional clinical services
-Improve clinician vigilance regarding line necessity
-Roll out line necessity documentation beyond pilot unit.
Implementation of CLIP practices is an ongoing effort, lead by the CLABSI Prevention team. It is known that CLIP implementation is essential to prevent harm to our patients. CLIP forms are currently completed manually on paper, and are mandated to be completed on all central line insertions. A challenge exists in assuring that all central line insertions are captured in order to accurately assess the CLIP form completion rate. The CLABSI team is working on a process to audit a sample of central line insertions to identify a reliable CLIP form completion rate and help to identify those patient care areas in need of improvement. The CLABSI team has identified areas of high central line use and is facilitating education to improve compliance with CLIP form completion. One initiative in progress is the use of the RN staff in the ICUs as observers during central line insertions, who monitor use and compliance with the CLIP check list. Another opportunity for improvement is in the Emergency Department, where an effort is underway to include all components of the CLIP form as part of the Emergency Department's electronic health record, which builds the CLIP form into the clinical documentation system, avoiding the need for a separate paper form.

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

   Achievement Value   1.00

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

Optional Milestone:	Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks
	(insert milestone)

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

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

    Achievement   [Yes]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *[Yes]

Baseline data reported to SNI for July-December 2010: 324 of 350 patients with central lines inserted were in full compliance with the CLIP Bundle

DY Target (from the DPH system 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 CLABSI to SNI for purposes of establishing the baseline and setting benchmarks
	(insert milestone)

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

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

    Achievement   [Yes]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *[Yes]

CLABSI data was submitted to SNI through direct access to the SFGH CLABSI rate data from NHSN.
Baseline data covered time period Jul – Dec 2009 = 8 CLABSI / 10195 central line days = 0.078 %

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

    Achievement Value   [1.00]

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012
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 (*).*

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Surgical Site Infection Prevention

DY Total Computable Incentive Amount:	*	$ 2,541,000.00
Incentive Funding Already Received in DY:	*	$ 1,905,750.00

Rate of surgical site infection for Class 1 and 2 wounds (%)

Numerator	*	27.00
Denominator	*	384.00
% Infection Rate		7.00

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

For the five selected surgical procedures, surgical site infection rates for FY11/12 were:
Total Hip Arthroplasties - 1/45 2%
Total Knee Arthroplasties - 0/62 0%
Caesarian Section - 17/163 10%
Total Abdominal Hysterectomy - 7/50 12%
Total Vaginal Hysterectomy - 3/64 5%
Improvement efforts to reduce the incidence of surgical site infection is coordinated by a hospital-wide SSI/SCIP Task Force, with members representing medical staff, nursing, infection control, and quality. Accomplishments over the past year include:
Targeted intervention with Infection Control and the Dept of OB/GYN to reduce incidence of SSI. A multidisciplinary team conducted a search of best practices known to reduce SSI associated with C-sections and hysterectomies. A surgical checklist was developed for use during procedures, along with an electronic data capture system. The check list includes key infection prevention strategies, such as skin prep, antibiotic prophylaxis, and completion of pre-op cleansing.
Participation in a Beyond SCIP collaborative of Bay Area Hospitals, which provides opportunities for sharing of strategies and assessing the hospitals implementation of best practices through a gap analysis (e.g. minimizing intra operative blood transfusions).
Challenges include:
Accurate wound classification at the time of surgery. Strategies in place to improve accuracy include:
-Scenario based education for RNs on wound classification has been incorporated into annual nursing update.
-A wound classification reference tool and algorithm has been placed in each operating room for quick reference.
-Documentation of wound class is included in the Time Out process, during final debrief.
Engaging physician participation in the SSI/SCIP task force. In recent months, the Medical Director for Quality has been able to meet with and identify key SSI champions from Orthopedics and OB/GYN who will participate fully in the work of the

DY Target (from the DPH system plan)	*	Yes
% Achievement of Target		Yes
Achievement Value		1.00

Optional Milestone:	Report at least 6 months of data collection on total hip and knee arthroplasties, vaginal and abdominal hysterectomies and caesarian sections to SNI for purposes of establishing the baseline and setting benchmarks
	(insert milestone)

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

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: * | Yes |

Data was submitted to SNI through direct access to the SFGH data from NHSN. Baseline data submitted to SNI on five selected procedures:
Total Hip Arthroplasties: January - June 2010
Procedures: 10; Infections: 1
Total Knee Arthroplasties: July - December 2010
Procedures: 31; Infections: 2
Caesarian Section: April - September 2010
Procedures: 93; Infections: 8
Vaginal/Abdominal Hysterectomies: July - December 2009
Procedures: 42; Infections: 5
Setting of benchmarks and targets is pending recommendations from SNI in fall of 2012

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 4: Hospital-Acquired Pressure Ulcer Prevention

REPORTING ON THIS PROJECT: * No

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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Hospital-Acquired Pressure Ulcer Prevention

DY Total Computable Incentive Amount: * ☐

Incentive Funding Already Received in DY: * ☐

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)

Numerator   * ☐

Denominator   * ☐

   Prevalence (%)   N/A

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan)   * ☐

% Achievement of Target   N/A

Achievement Value   ☐

Optional Milestone: _____
                                  (insert milestone)

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

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

   Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: * ☐

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

Achievement Value   ☐

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 4: Stroke Management

REPORTING ON THIS PROJECT: * | No |

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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Stroke Management

DY Total Computable Incentive Amount: * [   ]

Incentive Funding Already Received in DY: * [   ]

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 provide an in-depth description of progress towards milestone achievement as stated in the instructions: * [   ]

[   ]

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

   Achievement Value   [   ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

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 (*).
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Venous Thromboembolism (VTE) Prevention and Treatment

DY Total Computable Incentive Amount: * | $ 2,541,000.00 |

Incentive Funding Already Received in DY: * | $ - |

Optional Milestone: Report 6 months of data on 5 VTE process measures to SNI
                                       (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 provide an in-depth
description of progress towards milestone achievement as stated in the instructions: * | Yes |

```
Time period: July 1 2011- June 30 2012
VTE Prophylaxis: 492/693 = 71%
Intensive Care Unit VTE Prophylaxis: 114/141 = 81%
VTE Patients with Anticoagulation Overlap Therapy: 38/40 = 95%
VTE Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring: 0/51 = 0%
VTE Discharge Instructions: 26/57 = 46%
```

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

Achievement Value | 1.00 |

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Optional Milestone: Report 5 VTE process measures to the State
                            (insert milestone)

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

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

  Achievement   [Yes]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: *[Yes]

See data in milestone above.
Changes implemented to meet VTE Prophylaxis milestone:
1. Small tests of change was used to test the use of a "Patient Education Tracking Form" feature that is activated when any written educational patient discharge information is printed. This method made capturing nursing documentation that Warfarin discharge education was given to the patients and their family easier. (VTE-5)
2. Revised the Unfractionated Heparin Infusion Protocol to included Platelet count monitoring orders. (VTE-4)
3. Expand the use of standardized order set Medicine and Family Medicine Services to include all surgical services use of the form. (VTE-1)
4. Educational session completed for nursing staff that highlighted VTE risk in hospitalized patients, importance of documenting nursing efforts to prevent VTE by educating patients about their sequential compression device sleeves and the importance of early and aggressive ambulation. (VTE-1-2)
Successes:
VTE Prophylaxis Task Force members participated in the 10 month quality and leadership academy to learn together as a team about the performance improvement process, using data to drive performance and improve quality and safety outcomes.

BARRIERS:
Target work on Improvement strategies was delayed as team members devoted time and resources to collecting baseline and current year data. Although data on VTE prophylaxis has been collected in the past, the scope and sample size of the manual data collection was more time consuming than anticipated.

STRATEGIES DEVELOPED TO ENSURE THAT CHANGES ARE SUSTAINED:
1. A VTE Dashboard was developed to report the VTE measures baseline and DY7 data to key medical staff and quality committees.
2. Reliability of implementing standardized VTE prophylaxis screening in admission order sets will greatly improve as the

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

  Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Francisco General Hospital & Trauma Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/30/2012

Category 4: Falls with Injury Prevention

REPORTING ON THIS PROJECT: * | No |

Below is the data reported for the DPH system.
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please type in all of your DY milestones for the project below and report data in the indicated boxes (*).*
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Falls with Injury Prevention

DY Total Computable Incentive Amount: * | |

Incentive Funding Already Received in DY: * | |

Prevalence of patient falls with injuries (Rate per 1,000 patient days)

Numerator   * | |

Denominator   * | |

  Prevalence Rate | N/A |

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

DY Target (from the DPH system plan)   * | |

% Achievement of Target | N/A |

Achievement Value | |

Optional Milestone: _____
                  (insert milestone)

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

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

  Achievement | N/A |

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and provide an in-depth description of progress towards milestone achievement as stated in the instructions: * | |

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

Achievement Value | |