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 Mateo Medical Center
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	9/28/2012

Total Payment Amount

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

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	$ -
Increase Training of Primary Care Workforce	
Implement and Utilize Disease Management Registry Functionality	
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	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$ -
Category 2 Projects	
Expand Medical Homes	$ 752,312.50
Expand Chronic Care Management Models	
Redesign Primary Care	$ -
Redesign to Improve Patient Experience	$ -
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	$ 1,128,468.75
Increase Specialty Care Access/Redesign Referral Process	$ 752,312.50
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	$ 188,078.12
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:	$ 2,821,171.87
Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ -
Care Coordination *(required)*	$ 697,125.00
Preventive Health *(required)*	$ 697,125.00
At-Risk Populations *(required)*	$ 697,125.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 2,091,375.00
Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 393,250.00
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 196,625.00
Surgical Site Infection Prevention	$ 589,875.00
Hospital-Acquired Pressure Ulcer Prevention	
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	$ 196,625.00
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 1,376,375.00
TOTAL INCENTIVE PAYMENT	$ 6,288,921.87

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012
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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

Category 1 Summary Page

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

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

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

Category 1 Projects	
Expand Primary Care Capacity	
Process Milestone: _____ -	N/A
Achievement Value	
Process Milestone: _____ -	N/A
Achievement Value	
Process Milestone: _____ -	N/A
Achievement Value	
Process Milestone: _____ -	N/A
Achievement Value	
Process Milestone: _____ -	N/A
Achievement Value	
Improvement Milestone: Accommodate urgent care needs in at least 1 primary care clinic as measured by achieving Time to the Third Next Available Appointment within 7 calendar days for at least 3 months during the year for empaneled patients.	6.00
Achievement Value	*1.00*
Improvement Milestone: _____ -	N/A
Achievement Value	
Improvement Milestone: _____ -	N/A
Achievement Value	
Improvement Milestone: _____ -	N/A
Achievement Value	
Improvement Milestone: _____ -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 4,474,625.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,474,625.00
Incentive Funding Already Received in DY:	$ 4,474,625.00
Incentive Payment Amount:	$ -

Category 1 Summary Page

Increase Training of Primary Care Workforce

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

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

Category 1 Summary Page

Implement and Utilize Disease Management Registry Functionality

Process Milestone:	-	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:	

DSRIP Semi-Annual Reporting Form

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

Process Milestone:	Establish data stratification and comparison processes for capturing accurate REAL data and linking it to quality data, including designating specified data fields for REAL data recording	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 4,474,625.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,474,625.00
Incentive Funding Already Received in DY:	$ 4,474,625.00
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

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:

DSRIP Semi-Annual Reporting Form

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

Category 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

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

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

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

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

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page
Enhance Performance Improvement and Reporting Capacity

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

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

Category 2 Summary Page

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

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

Category 2 Projects		
Expand Medical Homes		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	At least 60 percent of eligible patients will be assigned to primary care provider	0.97
Achievement Value		*1.00*
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 1,504,625.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,504,625.00
Incentive Funding Already Received in DY:	$ 752,312.50
Incentive Payment Amount:	$ 752,312.50

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:	

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:	Achieve at least a 15 percent or lower patient no-show rate (for at least 4 months of the reporting period) for primary care medical homes due to enhanced continuity of care and lasting relationships established between the provider and the patient.	8.00
Achievement Value		*1.00*
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 1,504,625.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,504,625.00
Incentive Funding Already Received in DY:	$ 1,504,625.00
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign to Improve Patient Experience

Process Milestone:	Establish patient experience baseline performance in the Emergency Department	Yes
Achievement Value		1.00
Process Milestone:	Internally display quarterly patient experience data for the inpatient and medical/surgical unit	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:	$ 1,504,625.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,504,625.00
Incentive Funding Already Received in DY:	$ 1,504,625.00
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:

Category 2 Summary Page

Integrate Physical and Behavioral Health Care		
Process Milestone:	Implement at least 1 pilot of physical and behavioral health integration consistent with the Four Quadrant model.	Yes
Achievement Value		*1.00*
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 1,504,625.00
Total Sum of Achievement Values:		1.00
Total Number of Milestones:		1.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 1,504,625.00
Incentive Funding Already Received in DY:		$ 376,156.25
Incentive Payment Amount:		$ 1,128,468.75

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	Expand e-referrals to include bidirectional communication such that 50 percent of specialty referrals originating from a SMMC primary care provider will be made utilizing bidirectional electronic referral systems	1.00
Achievement Value		*1.00*
Improvement Milestone:	Utilize electronic referral to measure the wait time for specialty care	0.13
Achievement Value		*1.00*
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 1,504,625.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,504,625.00
Incentive Funding Already Received in DY:	$ 752,312.50
Incentive Payment Amount:	$ 752,312.50

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

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

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency		
Process Milestone:	Implement at least 3 LEAN performance improvement events	3.33
Achievement Value		1.00
Process Milestone:	Train Executive Leadership in LEAN methodologies	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:		$ 1,504,625.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 1,504,625.00
Incentive Funding Already Received in DY:		$ 1,316,546.88
Incentive Payment Amount:		$ 188,078.12

DSRIP Semi-Annual Reporting Form

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:

DSRIP Semi-Annual Reporting Form

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:	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement/Expand Care Transitions Programs

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

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

Category 2 Summary Page

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

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

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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:	$ 1,394,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,394,250.00
Incentive Funding Already Received in DY:	$ 1,394,250.00
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page

Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	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:	$ 1,394,250.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,394,250.00
Incentive Funding Already Received in DY:	$ 697,125.00
Incentive Payment Amount:	$ 697,125.00

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	Yes
Achievement Value	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:	$ 1,394,250.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,394,250.00
Incentive Funding Already Received in DY:	$ 697,125.00
Incentive Payment Amount:	$ 697,125.00

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page

At-Risk Populations (required)

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	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:	$ 1,394,250.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,394,250.00
Incentive Funding Already Received in DY:	$ 697,125.00
Incentive Payment Amount:	$ 697,125.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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 (%)		0.46
Achievement Value		*1.00*
Optional Milestone:	Implement the Sepsis Resuscitation Bundle and report results through the INLP Reducing Sepsis Mortality Collaborative	Yes
Achievement Value		*1.00*
Optional Milestone:	Report at least 6 months of data collection on Sepsis Resuscitation Bundle results	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:		$ 786,500.00
Total Sum of Achievement Values:		3.00
Total Number of Milestones:		3.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 786,500.00
Incentive Funding Already Received in DY:		$ 393,250.00
Incentive Payment Amount:		$ 393,250.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)		0.93
Achievement Value		1.00
Optional Milestone:	Report at least 6 months of data collection on Central Line Associated Bloodstream	2.14
Achievement Value		*1.00*
Optional Milestone:	Report at least 6 months of data collection on Central Line Insertion Practices	0.87
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		

DY Total Computable Incentive Amount:	$ 786,500.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 786,500.00
Incentive Funding Already Received in DY:	$ 589,875.00
Incentive Payment Amount:	$ 196,625.00

Category 4 Summary Page

Surgical Site Infection Prevention		
Rate of surgical site infection for Class 1 and 2 wounds (%)		0.05
Achievement Value		1.00
Optional Milestone:	Report at least 6 months of data collection on SSI for Class 1 and 2 wounds in two surgical procedures: laparoscopic cholecystectomy and knee prosthesis for purposes of establishing the baseline and setting benchmarks.	0.10
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:		$ 786,500.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 786,500.00
Incentive Funding Already Received in DY:		$ 196,625.00
Incentive Payment Amount:		$ 589,875.00

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:	

DSRIP Semi-Annual Reporting Form

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:		

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

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

Falls with Injury Prevention

Prevalence of patient falls with injuries (Rate per 1,000 patient days)	0.00
Achievement Value	1.00
Optional Milestone: Share data, promising practices, and findings with SNI to foster shared learning and	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:	$ 786,500.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 786,500.00
Incentive Funding Already Received in DY:	$ 589,875.00
Incentive Payment Amount:	$ 196,625.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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: * $ 4,474,625.00

Incentive Funding Already Received in DY: * $ 4,474,625.00

Process Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

Category 1: Expand Primary Care Capacity

Process Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

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

Category 1: Expand Primary Care Capacity

Improvement Milestone: Accommodate urgent care needs in at least 1 primary care clinic as measured by achieving Time to the Third Next Available Appointment within 7 calendar days for at least 3 months during the year for empaneled patients.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 6.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	6.00

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 Mateo Medical Center (SMMC) has developed a system to accommodate the urgent care needs of our primary care clinics as measured by achieving Time to Third Next Available Appointment (TTNAA) of less than seven (7) days for empaneled patients for at least 3 months during the year. SMMC has adopted the use of Open Access scheduling for established patients at all sites and is accommodating patients from either direct calls or through triage/SMMC advice lines at each site. By ensuring that a certain percentage of appointments are open at the beginning of each day, SMMC has been able to maintain access for urgent care appointments while still meeting the chronic disease and preventative health needs for its patients. These strategies made it possible for the Fair Oaks Adult Clinic, Fair Oaks Pediatric Clinic, Willow Clinic, Main Campus Pediatric Clinic, the Daly City Adult Clinic, and the Daly City Pediatric Clinic to achieve this milestone during the year. Shown in the table below are the TTNAA rates by clinic for DY 7, baseline rates for each clinic, and the number of months each clinic sustained a rate of TTNAA of under seven (7) days during the year.

Clinic	Baseline	DY 7 Ave TTNAA	Number of months TTNAA under 7 days
Fair Oaks Adult Clinic	56	6.2	7
Fair Oaks Children's Clinic	20	5.4	8
Ron Robinson Senior Care Clinic	22	14.0	0
Willow Clinic	7	6.8	6
Main Campus Pediatric Clinic	3	2.5	12
South San Francisco Clinic	12	11.9	1
Daly City Adult Clinic	11	9.0	3
Daly City Pediatric Clinic	15	4.3	11
Innovative Care Clinic	9	10.8	0

One of our challenges has been to maintain team-based models at each site while internal and external pressures to centralize some processes traditionally managed at the team level are underway. The appropriate maintenance of open access scheduling can be complex and is best maintained through a team based model. Another challenge is to sustain the gains made by some clinics and spread the gains across the organization. Achievement of the TTNAA milestone may be affected by the LEAN innovation work which can initially strain patient access as it involves leaders and staff in training, value stream mapping, kaizen events and change management. The Daly City Adult Clinic was the clinic selected as the model for LEAN work in ambulatory care; this has helped the clinic transform practices, but because it hosted five kaizen events in seven months, operations have been in a sustained "overdrive" mode. We intend to build more time into the LEAN kaizen events for adoption and mastery of newly changed processes. We expect patient access

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

Improvement Milestone: _____

(insert milestone)

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

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

Achievement [N/A]

<u>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:</u> * [   ]

[   ]

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

Achievement Value [   ]

Improvement Milestone: _____

(insert milestone)

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

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

Achievement [N/A]

<u>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:</u> * [   ]

[   ]

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

Achievement Value [   ]

DSRIP Semi-Annual Reporting Form

Category 1: Expand Primary Care Capacity

Improvement Milestone: _____

(insert milestone)

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

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

Achievement [N/A]

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

Improvement Milestone: _____

(insert milestone)

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

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

Achievement [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

REPORTING ON THIS PROJECT: * | Yes |

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

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

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

DY Total Computable Incentive Amount: * $ 4,474,625.00

Incentive Funding Already Received in DY: * $ 4,474,625.00

Process Milestone: Establish data stratification and comparison processes for capturing accurate REAL data and linking it to quality data, including designating specified data fields for REAL data recording
(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 |

Using recommendations from the California Health Care Safety Net Institute to simplify and focus data collection practices, San Mateo Medical Center (SMMC) developed a set of ethnic categories reflective of our patient community. A multidisciplinary team comprised of IT managers, health information management, quality department staff and training supervisors and clinicians oversaw this process. The goal was to create a system that would enable the medical center to eventually upload community specific REAL data directly into the EMR.

After months of planning, creating community specific race and ethnic choices, beta testing, and developing training program for staff, a full implementation of the REAL data registration system went "live" on January 24, 2012. All ambulatory entry points in the SMMC system are now capturing REAL data for all patients—established and new. Patients self-report their ethnicity, language and race from a "menu" of demographic categories aligned with our community demographics. The registration staff inputs this data into the EMR. REAL data input screens were designed with required fields to "mistake-proof" the process and ensure that these fields would not be skipped during the registration process, even when it is really busy. The next steps involved the review of collected data to make sure that the system developed for users and patients was working as planned and producing meaningful data.

The first data report from the Race Ethnicity and Language (REAL) Data initiative became available in July 2012. It represents data collected between January 24, 2012 and June 30, 2012. During this period, demographic information from 18,267 unduplicated patient visits was recorded. REAL data is collected and stored in the data warehouse system which makes extraction straightforward and independent of the electronic medical record software used by the clinics.

This REAL data report provides a rich data source for granular ethnicity and a clearer understanding of the meaning of the racial categories people choose. For example, 15.8% or 4,974 patients selected White as their race and Spanish as their primary language while another 8.3% or 5,120 patients selected Other as their race and Spanish as their primary language. By combining these two categories, we can estimate that 57.8% or 10,560 of the patients seen during this five-month period were Hispanic. This data can also be cross-referenced with the ethnicity and language data to further substantiate the numbers.

We have never collected patient demographics at this level of granularity before. For the first time, we are able to see who are patients really are, by their ethnic self-identification. Using open-ended text fields, in addition to a specific ethnicity list, the data reveal 90 distinct ethnicities among our patients which will be helpful in assessing disparities.

We can also see more clearly the primary languages used by our patients. Not surprisingly-- the two primary languages used by our patients are English (46.6%) or 8,493 and Spanish (44.9%) or 8,175. However, 34 other languages were indicated as a primary language by our patients. The previously used list of languages did not permit a clear under-standing of the language needs of our patients and was not compliant with state-mandated reporting categories. For the first time, patients are being asked to indicate their level of English proficiency using a scale of 1 - 4, with 1 – Very Well, 2 – Well, 3 – Not Well, and 4 – Not at all. This self-identification scale helps the staff know when to use interpretive services to guarantee quality care. If a patient indicates their English proficiency to be a level 2 or higher, interpretation services are offered. This ensures that all patients receive medical care and discharge instructions in a language they understand. Language proficiency is updated at each visit as patients gain proficiency and may prefer to use English in the future.

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

Language proficiency is updated at each visit as patients gain proficiency and may prefer to use English in the future.

Also noteworthy is the finding that 21 percent of our Hispanic patients say that English is their primary language while 78% of Hispanic patients say that Spanish is their primary language. Fourteen percent of our Spanish-speaking patients assess their ability to speak English as "very well." However 75-86 percent of our Spanish-speaking patients are Limited English Proficient (LEP); 37-44 percent of all SMMC patients are LEP.

In reviewing the data, we discovered one recurring, though infrequent, issue with data collection. Sometimes, registration staff members would add new race categories when assisting patients with the race choice. We considered this a "good problem," a sign that the staff were trying to honor the patient's self- identity. While the race remains a difficult one for patients to answer, the staff has been coached on how to help patients navigate through the race choices and offer patients the ethnicity category to truly self-identify. The data capture screens provide 22 different ethnicity choices specifically selected for San Mateo County as well as an open-ended text field to add ethnicities not on the list. We look forward to using this REAL data to assess local disparities in health 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

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

---

Process Milestone: _____
(insert milestone)

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

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

    Achievement [N/A]

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

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

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

Process Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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

Expand Medical Homes	
DY Total Computable Incentive Amount:	* $ 1,504,625.00
Incentive Funding Already Received in DY:	* $ 752,312.50

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

Category 2: Expand Medical Homes

Process Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

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

Category 2: Expand Medical Homes

Improvement Milestone: At least 60 percent of eligible patients will be assigned to primary care provider teams.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	344,178.00
Denominator (if absolute number, enter "1")	*	354,662.00
Achievement		0.97

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: *

San Mateo Medical Center (SMMC) has recognized the importance of primary care provider (PCP) assignation for more than eight years using data systems to assign a PCP as early as 2002 in a few instances. SMMC began in earnest to spread the use of team based care with consistent provider, medical assistant and clerical support in 2005. With the availability of DSRIP funding, SMMC strengthened and spread the team based medical home to all clinics.

The primary challenge was creating time for staff to sit together and develop a plan on how best to reorganize to deliver team-based care. In several clinics, significant scheduling and role definition changes were needed. This required weekly meetings for nearly a year that included clinic leadership and staff to fully develop and implement the medical home delivery model; assistance from the Safety Net Institute helped us with this transformative work.

The second element of this initiative was the cultural change component. Throughout this initiative, the importance of team-based care has been encouraged at every leadership level. Local staff meetings were held to identify barriers as well as provide education and training to clerical and medical assistants to help them learn to identify themselves as part of a medical home team. Additionally, work by clinic leaders ensured that scheduling and staff assignments supported clear and regular team connections. To reinforce this message, SMMC began the consistent use of assigned PCP as the basis for reporting clinical outcomes, e.g., how well we deliver "perfect care" to each patient.

Data collection and monitoring was the third critical element fundamental to our transformation. We spent a significant amount of time working with the Information Services Department (ISD) to create monthly automated reports that would generate a list of patients seen by each PCP in the past year. Each monthly report contains a list of the patients assigned and seen by a specific PCP in the past year as well as a report of the patients seen by each provider for the same period that remain unassigned. The automated PCP reports are organized by clinic and published onto a shared site. Each month, the Medical Director of Ambulatory Care distributes the PCP reports to clinic leaders for active management. Because there will always be changes in the patient and provider universes, the monitoring, review, updating and PCP assignment process will be an ongoing responsibility.

Incidentally, these reports provided our PCPs with the first complete list of the patients assigned to them that they had ever seen.

To report the medical home assignment rates to DSRIP, the provider results are manually tabulated and entered into the monthly panel reports for each clinic. The panel reports also summarize and monitor the panel size, number of visits per month, and workload for every PCP in a clinic. Panel reports for all clinics are distributed to all clinic medical directors and managers. The leadership decision to be as transparent as possible and to regularly monitor and communicate progress on the medical homes initiative underscores the commitment that SMMC has made to delivering patient care through the medical home model. The SMMC goal is to ensure that 90% of our patients are assigned to a PCP by their second visit. Our challenge is to maintain this rate, to create a system that honors a patient's right to change providers without creating chaos, and to monitor these requests for quality assurance.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	0.60
Achievement Value		1.00

DSRIP Semi-Annual Reporting Form

Category 2: Expand Medical Homes

Improvement Milestone: _____
(insert milestone)

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

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

Achievement `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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement `N/A`

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

Category 2: Expand Medical Homes

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Redesign Primary Care

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

Redesign Primary Care	
DY Total Computable Incentive Amount:	* $ 1,504,625.00
Incentive Funding Already Received in DY:	* $ 1,504,625.00

Process Milestone: _____
(insert milestone)

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

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

Category 2: Redesign Primary Care

Process Milestone: _____

(insert milestone)

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

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

   Achievement   [N/A]

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

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   [ ]

Category 2: Redesign Primary Care

Improvement Milestone:	Achieve at least a 15 percent or lower patient no-show rate (for at least 4 months of the reporting period) for primary care medical homes due to enhanced continuity of care and lasting relationships established between the provider and the patient.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	8.00
Denominator (if absolute number, enter "1")	*	1.00
Achievement		8.00

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: *

San Mateo Medical Center (SMMC) achieved an average no-show rate of 10.5 for Demonstration Year 7; below is a clinic by clinic summary of DY 7 no-show results compared to the clinic's baseline results.

	Baseline	2011-2012
Fair Oaks Adult	15	9.8
Fair Oaks Children's Clinic	18	14.5
Ron Robinson Senior Care Clinic	9	7.9
Willow Clinic	16	12.1
Main Campus Pediatric Clinic	13	10.8
South San Francisco Clinic	15	9.0
Daly City Pediatric Clinic	16	8.7
Daly City Adult Clinic	16	12.1
Innovative Care Clinic	11	9.2
All Clinics Combined:	159	94.1

To facilitate our improvement work, each clinic established a small improvement team comprised of 3-5 people who met on a weekly basis to develop and implement small tests of change designed to lower no-show rates and reduce the time to third next available appointment (TTNAA).

The teams were successful for three primary reasons: time was reserved and protected for this purpose, work was collaborative, and teams were comprised of 'resident experts' —the line staff. The teams generated and tested ideas on a very small scale often with just one provider team. The teams also benefitted from the support provided by the Safety Net Institute (SNI) which convened quarterly meetings of the clinic access teams at SMMC as well as other safety net sites to share findings and cross pollinate success models. SNI also hosted a data dashboard to support this work; this dashboard will end in November as the funding has run out. SMMC is currently exploring options to ensure that data collection continues.

Teams were held accountable for their work by the global process owner who simultaneously convened a leadership group to monitor progress, air and resolve issues and keep focus. Weekly results for No-Shows and TTNAA were shared internally among all stakeholders and shared with other counties on the SNI-hosted dashboard.

Some of the small tests of change included: 1)calling everyone scheduled for an appointment three days prior to remind them of the appointment, 2) calling every no-show patient find out why they didn't come to the appointment or cancel it, 3) significantly increasing the font size of the cancellation telephone number on the appointment form, 4) installing specific cancellation phone lines in the clinic, 5) changing the phone trees in a clinic, 6) sending no-show follow-up letters (reminding of missed appt, instructions to call back and set a new appointment, and a description of how to cancel an appointment.)

If something worked, it would be adopted and a second strategy would be tested. In time, the multi-strategy approach to the pre-registration process evolved.

Once the pre-registration process was solidified, a commitment was made by all clinics to incorporate these strategies to reduce patient no-show rates. The implementation was led at each clinic by the access team; it began with a presentation of the team's findings to the rest of the staff. The reporting of no-shows and TTNAA is now a standing agenda item at staff meetings which has reinforced the value of the pre-registration step in daily practice.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	4.00
Achievement Value		1.00

DSRIP Semi-Annual Reporting Form

Improvement Milestone: _____

(insert milestone)

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

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

　Achievement   [N/A]

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

Improvement Milestone: _____

(insert milestone)

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

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

　Achievement   [N/A]

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

Category 2: Redesign Primary Care

Improvement Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Redesign to Improve Patient Experience

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

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

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

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

Redesign to Improve Patient Experience

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

Incentive Funding Already Received in DY: * $ 1,504,625.00

Process Milestone: **Establish patient experience baseline performance in the Emergency Department**
(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

> San Mateo Medical Center collects and reviews quarterly patient experience data for the emergency department, medical/surgical and ambulatory care patients. Expanding the existing Press Ganey contract was a straightforward process. Baseline data for the ED became available on October 20, 2011; the ED baseline ratings from Press Ganey produced the following mean scores by category:
>
> Baseline Mean Scores
> 70.9 Arrival
> 80.6 Nurses
> 78.4 Doctors
> 71.0 Tests
> 78.7 Family/Friends
> 76.9 Overall (patient perspective)
> 72.7 Personal Issues
> 80.9 Pers/Insurance info
> 76.0 OVERALL
>
> Current and historical patient experience results are posted on the staff bulletin board and reviewed in staff meetings. An ED Flow Task Force comprised of ED physicians, nurses, and a nurse educator was formed to develop and test patient experience improvement strategies. It meets on a biweekly basis. Two primary areas were selected for the initial patient experience improvement work—keeping patients better informed and reducing a patient's length of stay.
>
> To keep patients better informed, a nurse manager and charge nurse now round more frequently. To reduce the length of stay, the ED Flow Task Force developed three new processes—a quick registration process, a quick triage process, and a rapid discharge process. An additional nurse was added to help staff the ED during peak hours. Length of stay goals adopted by the team are: 1) a patient will not spend more than 180 minutes in the ED from time of arrival to the time of discharge and 2) a patient will not spend than 360 minutes from the time of arrival to the time when they are admitted to the hospital. Length of stay is tracked on a weekly basis and the week-to-week results are emailed to team members.
>
> To monitor, refine and develop new improvement strategies, an analysis is conducted for patients that wait longer than the established goal times. At this time, the ED is consistently meeting the 180 minute goal for patient discharges; however, the ED has not been able to consistently meet the 360 minute goal for patient admissions. Some factors are out of the control of the ED (no available beds, maxed out nursing ratios, etc.); this information is being shared with hospital leadership. Improvement targets will be reviewed as new strategies are employed.

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

   Achievement Value   1.00

DSRIP Semi-Annual Reporting Form

Category 2: Redesign to Improve Patient Experience

Process Milestone: Internally display quarterly patient experience data for the inpatient and medical/surgical 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

San Mateo Medical Center has adopted a transparent approach to the distribution of quarterly patient experience data. All managers and medical directors have access to the Press Ganey patient experience portal. Survey results for the inpatient and medical/surgical unit are discussed in staff meetings and the data is posted on both inpatient units, the Nurse Manager's office door and on the COO's door.

Sharing the data motivates the staff to test improvement strategies. We have found that it is important to review the data with the staff to help them understand what it means (and does not mean), to place the results in context and to set short-term goals and strategies together.

Baseline data for the inpatient Med/Surg units placed it in the 7th percentile of all hospitals nationally. The units selected two areas to focus their improvement work: 1) the handling of patient concerns which scored 81.3 mean points and 2) meeting patient's needs which scored 81.6 mean points. To learn how to use this data to improve patient experience scores, SMMC joined the SNI/CAPH Collaborative with ExperiaHealth in October 2011. The SMMC project team includes a project Sponsor—our CEO, a Physician Champion, a Nurse Champion, the Project Manager—our COO, the Nurse Project Manager, supported by subject matter experts including the Communications Specialist, Patient Advocate, Housekeeping and Ancillary Services.

To begin this improvement work, a series of focus groups were held to identify the top five gaps in patient experience. These five gaps were used in redesign sessions where staff members were invited to offer their best ideas to address these gaps. A staff-generated list of strategies resulted; this list became known as "Always Events"—things that all staff c/should always do. The "Always Events" list was divided into two—immediate strategies and longer term strategies. As a result of this process, the staff has become more engaged in looking at data, problem-solving, communicating with one another, practicing "Always Event" behaviors and coaching and correcting each other. Five-minute staff huddles at shift change were adopted, a communication binder that is updated daily was added, two status boards were installed, and a there is a daily focus on "Always Events." A video of the team members was produced by the Communications Specialist to highlight their work. To reinforce this work, there has been a coordinated effort to strengthen personal relationships among the staff through after-hour activities like bowling, casino days, the HeartWalk, and impromptu get-togethers as staff satisfaction and patient experience are inextricably linked and a deeper sense of camaraderie has been the result.

Patient experience scores have varied month to month, but there are visible, positive changes in the culture—more trust, more communication, more patient-centered conversations, and more ideas are offered freely and in earnest. The staff is thinking together and they are engaged. In DY 7, the lowest scores occurred during the week that a beloved 30+ year charge nurse retired and the week that 9 new nurses joined the floor after the Burlingame Long Term Center was closed. Scores are now steadily improving. 2012 will be dedicated to cementing the "Always Events" practices, planning and implementing new ideas from the longer term "Always Events" list (including computerized charting which will improve the coordination of care), and communicating our successes.

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

Achievement Value   1.00

Category 2: Redesign to Improve Patient Experience

Process Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

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

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   [ ]

Category 2: Redesign to Improve Patient Experience

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

Category 2: Redesign to Improve Patient Experience

Improvement Milestone: _____

(insert milestone)

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

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

Achievement   [N/A]

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

Improvement Milestone: _____

(insert milestone)

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

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

Achievement   [N/A]

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Integrate Physical and Behavioral Health Care

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

Integrate Physical and Behavioral Health Care	

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

Incentive Funding Already Received in DY: * $ 376,156.25

Process Milestone: **Implement at least 1 pilot of physical and behavioral health integration consistent with the Four Quadrant model.**

(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

San Mateo Medical Center's Medical Psychiatry Service launched a Four Quadrant weight management pilot program entitled, "Less is More," on January 11, 2012. It used empirically based cognitive behavioral therapy to manage weight loss over a six-month period with the goals of helping patients reduce weight, decrease depressive symptoms and reduce or eliminate the need for diabetes medication (when appropriate). The target population was adult patients of the Innovative Care Clinic (primary care) with type II diabetes and/or morbid obesity, and with or without depression.

The program uses a multi-disciplinary team approach to weight management by augmenting a traditional weight loss program with psychiatric support to ensure ongoing success. The majority of our morbidly obsess patients have a co-morbid diagnosis of type II diabetes and/or depression. Many of the diabetic II patients with morbid obesity report that previous attempts to lose weight had failed on several occasions and this reinforced a mindset that "things will never change." With this patient feedback, our priority became helping diabetic patients manage their weight with the expectation that the CBT learned and practiced would also positively impact their diabetic and depressive conditions. Because our Medical Psychiatry Service is an integrated service in our primary care clinic, we worked closely with the patient's primary care physician and clinic's dietician throughout Phase I.

In the fall of Demonstration Year 7 (DY 7), program protocols detailing the twelve meetings for Phase I were designed, materials and supplies were purchased, and in December, and a promotional campaign was run to introdcue the program to physicians and patients. We selected the launch date in early January as a way to capitalize on the New Year's resolutions to lose weight that many people make.

"Less is More" integrates therapy, physician supervision in patient meetings and education. A dietician assesses the participant's eating habits and provides follow-up as needed throughout the program. There is a psychological education component built into the modules as is the support necessary for success. A high-level curriculum outline of "Less is More" program is listed below:

Category 2: Integrate Physical and Behavioral Health Care

Session 1: Program Overview. Purpose, ground rules, initial weigh-in, lifestyle discussion.

Session 2: Lifestyle planning and looking at reasons for wanting to lose weight.

Session 3: Mindful eating, slowing down and thinking about what we put into our bodies.

Session 4: Confidence building, highlighting small success stories to build into greater success in the group.

Session 5: Physically moving. Walking is incorporated into the session and while walking the discussion of what challenges or self sabotaging thoughts come into their minds when exercising.

Session 6: How hunger, cravings, and desires distract the goal of weight loss and how to tolerate the discomfort of these feelings.

Session 7: Potential pitfalls in the road to weight loss, using a distinctive cognitive behavioral approach to illuminate what each pitfall might be for each participant.

Session 8: Emotional eating, and how stressful times or depression can lead to unhealthy eating habits that were subconscious for each participant.

Session 9: Interpersonal eating and how relationships can trigger particular maladaptive eating habits.

Session 10: Look at how participants are often dissatisfied with their body and how these negative thoughts often take the joy out of losing weight.
Session 11: Overcoming body dissatisfaction and how to replace those negative thoughts with healthier ones.

Session 12: Review of all tools learned and begin transition to Phase II.

Measuring the results.   At the first session each patient was weighed and administered the Brief Symptom Inventory-18 (BSI-18) and the Patient Health Questionnaire-9 (PHQ-9) to assess for depressive symptoms. From the data gathered we calculated average weight pre and post Phase I. We assessed depression on a weekly basis and averaged the weekly scores of participants. For one participant we were able to identify the hemoglobin A1C values at the start and mid way through Phase I.

There was a drop in average weight from pre to post. The starting average weight was 293 and the final average weight was 267, a loss of 26 lbs.

Assessing depression. The BSI-18 and PHQ-9 are both useful scales that are able to be assessed on a weekly basis. Overall, there was a decrease in depressive symptoms from pre to post, with some increase at the midpoint. The midpoint is when they began examining the barriers to weight loss, a key component to the weight maintenance for success. This group struggled with identifying their own barriers and it was noticed in their depression scores. By the end of Phase I, the average depressive score was no longer in the significant range of either psychometric measure.

For the patient who lost the most weight as a result of participating in Phase I, we highlight his hemoglobin A1C that was collected prior to starting and in the middle of module 1. His A1C levels went from a high of 10.6 to 6.3. By the middle of module 1, he was able to reduce his diabetic medication from 2 medications to 1, and by the end of Phase I he was able to be removed from diabetic medication completely.

Data for the second group is pending. The first group showed some inconsistency in attendance but the second group showed greater consistency in attendance and subsequently, stronger cohesiveness.

Learnings /Findings. Our evidence-based curriculum needs to be flexible enough to meet the needs/demands of the group members. Each member of the group would have benefitted from meeting individually for a personalized coaching session to enhance motivation for change. Secondly, even though the focus of the group was weight management (i.e. weight loss) patients came away with a better understanding about their diabetes, how weight and diet plays into their diabetic management, and how these things are all tied to their blood pressure, cholesterol, and many other co-morbid

Category 2: Integrate Physical and Behavioral Health Care

diabetic management, and how these things are all tied to their blood pressure, cholesterol, and many other co-morbid medical conditions. Lastly, there is sufficient patient interest and referring patients to move ahead.

Challenges. One of the challenges in the first group was consistent attendance, which resolved itself in the second group. The second challenge was level of cohesion which was also more prominent in the first group compared to the second group. There was much resistance to discussion of barriers to weight loss, a necessary component to weight management which helps sustain weight loss. The second group, given their tighter bonds, is able to challenge each other on these very issues. The third challenge was helping individuals keep track of data on their own, such as food logs. Many of the patients find this task cumbersome and if we can find a way to make it more interesting and fun, like a game, then we might have more buy-in.

Scaling the program. To scale the program, we envisioned a tiered system. Participants would graduate to various levels of the group. For instance, the first group would work on weight loss, the second group would focus on weight maintenance, while the third level would prepare participants to teach the concepts to new members of the program, like a peer consultation program. As an enhancement to this program, we'd like to increase frequency of meetings from 1x per week to 2x per week. The more frequent the contact, the greater the success of ensuring work between sessions gets done. Lastly, we are considering the integration of CBT skills training with the weight management program to use.

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

Category 2: Integrate Physical and Behavioral Health Care

Process Milestone: _____

(insert milestone)

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

Denominator (if absolute number, enter "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   [ ]

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   [ ]

Category 2: Integrate Physical and Behavioral Health Care

Process Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Category 2: Integrate Physical and Behavioral Health Care

Improvement Milestone: _____
(insert milestone)

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

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

    Achievement   N/A

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

Improvement Milestone: _____
(insert milestone)

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

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

    Achievement   N/A

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

Improvement Milestone: _____
(insert milestone)

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

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

    Achievement   N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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

Increase Specialty Care Access/Redesign Referral Process

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

Incentive Funding Already Received in DY: * $ 752,312.50

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

Category 2: Increase Specialty Care Access/Redesign Referral Process

Process Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

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

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   [ ]

Category 2: Increase Specialty Care Access/Redesign Referral Process

Improvement Milestone:	**Expand e-referrals to include bidirectional communication such that 50 percent of specialty referrals originating from a SMMC primary care provider will be made utilizing bidirectional electronic referral systems**

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	20,863.00
Denominator (if absolute number, enter "1")	*	20,863.00
Achievement		1.00

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: *

All San Mateo Medical Center (SMMC) primary care physicians electronically refer patients to specialty care; this has become standard work. This past year SMMC completed a major upgrade to the clinical electronic medical record system, eClinicalWorks (eCW). Paper referrals were converted to electronic referrals in both the primary care and specialty care clinics, and in the third quarter of 2012, the emergency department. This allows a provider to refer patients to specialty care and to track their medical care in real-time through the use of the electronic medical record system. Specialists are able to review the referral and background clinical information and can electronically route the referral back to the referring provider with questions or recommendations.

Upgrading the clinical electronic medical record system proved to be a challenge. Unforeseen delays occurred in both the contract review and hardware installation processes. Once the hardware and software upgrades were successfully installed, the training of all clinic staff throughout the system remained. The training was well-organized and the staff response to the training and the tool enhancements were very positive and the roll-out a success.

A second upgrade, entitled SMART referral, has been postponed due to the temporary loss of software developer resources and other more urgent priorities at SMMC. We expect to complete this work by the end of DY 8 as the project is approximately 70 percent complete. Provider rule sets must be finished before they can be integrated with the electronic medical record software. With that, the testing, provider training and deployment to all clinics can begin.

When implemented, SMART referral will electronically deliver to the referring PCP a prerequisite list of tests necessary for the patient's specialty visit. This will save the patient an unnecessary office visit, save the registration staff the scheduling of an unnecessary patient visit and enable physicians to treat patients who are prepared for their specialty visit or procedure. The SMART process will increase patient access to specialty care by better utilizing patient, staff and physician time and improve patient experience.

Another challenge associated with electronic access to specialty care is the reporting of our progress. The long term vision for SMMC is to be able to extract data from the data warehouse system, but at this time, the ambulatory care electronic medical record system does not communicate with the warehouse system. The short term workaround is to contract for reporting assistance and data extractions from the electronic medical record vendor to obtain reliable, reportable data for the electronic access to specialty care milestones.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*	0.50
Achievement Value		1.00

Category 2: Increase Specialty Care Access/Redesign Referral Process

Improvement Milestone: **Utilize electronic referral to measure the wait time for specialty care**

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 4,111.00

Denominator (if absolute number, enter "1") * 32,089.00

   Achievement 0.13

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 noted in the Mid-Year report, most San Mateo Medical Center (SMMC) specialty care referrals were generated electronically from the primary care clinics, however, some referrals were conveyed on a paper fax referral form—including those from the Emergency Department (ED), other outside providers in the community, the Ravenswood clinic—a small FQHC in San Mateo county, and a few requests from SMMC's inpatient unit to set up post-discharge follow-up appointments for patients.

In Demonstration Year 7, a total of 32,089 referrals to specialty care were made through a combination of paper and electronic methods. Eighty-seven percent of the referrals were generated electronically, but a majority of the electronic referrals (22,494) were created without sufficient data so it was not possible to determine the elapsed time from referral to appointment for reporting. This was an unfortunate mid-year discovery. Modifications to the electronic data collection process were made, training was provided in late spring, and at this time all fields necessary to create reportable data are being captured as part of the electronic referral process. Short-stay and inpatient follow-up appointments are now phoned into the Call Center and appointments are entered into the electronic system, as well.

Reporting specialty care access rates via the paper fax referral source had different issues. Data collection was a labor intensive, time-consuming endeavor. It entailed the abstraction of data from paper fax cover sheets followed by the research of each case to find the appropriate appointment date and thus calculate elapsed time from referral to appointment to determine if a patient was evaluated within 30 days. As patient demand climbed, the reporting took a backseat. In no time, there were boxes of paper fax referrals to process; these became a major motivation for change.

To tackle this problem, leaders and staff in Specialty Care, Ambulatory Care, and the Emergency Department (ED) met several times, developed and vetted a new policy and an electronic specialty care referral procedure. Staff received training in the new process and it was launched in September 2012. We expect these changes to ease the reporting burden and better utilize staffing resources.

Of all our specialty care referrals, we could document that 13 percent were seen within 30 days. Of the remaining 87 percent, we lacked the systems (paper and electronic) necessary to capture the time of arrival and that is why we cannot document whether patients were evaluated within the 30-day window. Since most of the paper referrals were from the ED, we can assume that a large number were actually seen within 30 days, but since we cannot document it, we did not take credit for that. Thus 13 percent is likely a gross underestimate, but since the milestone reports numbers to indicate volume and establish performance rates, we have reported only the results that can be documented. Now that everything is electronic, this should not be a problem going forward.

It should also be noted that the Specialty Services Unit did face challenges in meeting the 30-day window due to increased patient volume in the ED and corresponding increases in the specialty care no-show rates this year. Many of our ED patients are transient, one-time visitors who provide unreliable contact information. This contributes to a high no-show rate in specialty clinics and delays the provision of specialty care to other patients.

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

   Achievement Value 1.00

DSRIP Semi-Annual Reporting Form

Category 2: Increase Specialty Care Access/Redesign Referral Process

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement | N/A |

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement | N/A |

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement | N/A |

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

REPORTING ON THIS PROJECT: * Yes

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

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

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

Apply Process Improvement Methodology to Improve Quality/Efficiency

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

Incentive Funding Already Received in DY: * $ 1,316,546.88

Process Milestone: **Implement at least 3 LEAN performance improvement events**
                                (insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   * 10.00

Denominator (if absolute number, enter "1")   * 3.00

  Achievement   3.33

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: *

Three target areas were chosen by the Executive Leadership Team for LEAN process improvement work at San Mateo Medical Center (SMMC) in Demonstration Year 7—Adult Primary Care, Acute Psychiatry, and Pharmacy. Each area has unique challenges; the kaizen events were designed to address these challenges.

Adult Primary Care. The strategy for the Adult Primary Care value stream was to create a "model line" at the Daly City Clinic that could be used to test out new workflows to increase patient access and serve as a model for all clinics. The idea of spreading the learnings from these events across the clinic system was embedded in the process as teams were comprised of staff members (and patients) from various clinics and the workflows redesigns were created and presented by the different teams. The five kaizen events focused on adult primary care included: the foundational kaizen or " 5-S" (sort, set in order, shine, standardize & sustain) kaizen, a patient registration kaizen, a patient check-in & waiting room experience, a patient rooming kaizen, apatient discharge and pre-visit preparedness kaizen. During the patient pre-visit kaizen event, the no-show rate dropped to zero; while that level of no show rate has not been sustained, it has provided motivation and a template for lowering no-show rates.

Acute Psychiatry. SMMC provides psychiatric emergency and inpatient services to low income residents in San Mateo County. The support network of physicians, staff, behavioral health and private, non-profit agencies is complex and located in disparate locations complicating the coordination and delivery of patient care. Appropriate lower level placements can be delayed due to the complex network, inter-agency communication process and a patient's lack of knowledge about care options. Four kaizen events addressed the Acute Psychiatry issues: patient experience in psychiatric emergency, psychiatric emergency discharge, patient experience in psychiatric inpatient units, and the reduction of non-acute days in the Psychiatric Inpatient Unit. It was determined that if SMMC could reduce its non-acute days on the psychiatric inpatient unit by 25%, it would save the organization $1 million annually, increase patient access to care, and improve patient satisfaction. Non-acute days are beginning to decrease. A significant result of one of the kaizen events was the creation of an online patient treatment tool, a workstation on wheels, that is used widely today. Patients, especially the shy and reluctant, have responded so well that the tool is being incorporated into the electronic health record.

Pharmacy. The pharmacy service line has had difficulty meeting patient demand in a timely manner. The Pharmacy team executed its kaizen workshop over a weekend to so as not to interfere with patients waiting for prescriptions. A value stream map, list of areas for future focus, and a "5 – S ed" workspace and redesign resulted. Three months hence the space is well-organized, there is less confusion, and the staff is much happier. Best of all, the wait time for patients filling a prescription has been cut in half and more opportunities for improvement lie ahead.

What have we learned from LEAN? LEAN is facilitating a culture of improvement at SMMC, one kaizen at a time. Improvement isn't a project, it's a process. Doing a high-quality job is more important than massively scaling without confidence that the work is having sustainable impact. LEAN empowers the staff, better ideas flow, and buy-in is built-in. Patients are essential partners in any LEAN process. Small tests of change are the key to quality improvement and the cultivation of this community of scientists. When adopted by a critical mass, LEAN can truly leverage change and do so quickly.

Our challenges. Our challenges are to continue to provide support to the staff to ensure the follow-up work is completed and to develop ways to broadcast the progress of LEAN work at SMMC while launching new kaizen events and training.

DSRIP Semi-Annual Reporting Form

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

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 3.00
Achievement Value	1.00

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

Process Milestone:	**Train Executive Leadership in LEAN methodologies**
	(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 Demonstration Year 7 (DY 7), over 85 leaders at San Mateo Medical Center (SMMC) completed the LEAN training; three waves of intensive 7-day trainings spread over 4-6 months were held. All members of the executive team have completed the training. Participants in this first "wave" of training included all members of the executive team, along with critical managers and medical staff leaders. The Chief and Deputy Chief of the San Mateo County Health System also participated in the first wave. The program was set up using a "train the trainer" model to ensure that LEAN will be self-sustaining at San Mateo Medical Center (SMMC). The majority of the trainees completed the didactic portion of the training, as well as formal testing, and many have gained practical participation on improvement teams.

The LEAN work at SMMC is supported by a talented Kaizen Promotion Officer (KPO), a half-time Nurse Educator, and the close involvement of the Executive Team. The Kaizen Promotion Office is supported by a two-year consulting arrangement with Rona Consulting Group which began on July 1, 2011. The goal of this partnership is to execute a full LEAN transformation of SMMC; we have collaboratively developed a two-year transformation roadmap and successfully implemented 100% of the year one planned activities.

One of our challenges has been setting the pace at which our organization can successfully launch, monitor and sustain gains from kaizen events and implement the resultant work plans. Developing a good pace for the training schedule has been a learning experience, too. With a sizable pool of trained leaders, we have more people trained than we have kaizen participant slots, in order to keep the right mix of staff participating in the event. We regard this as a good problem. The broad enthusiasm in the organization and the burgeoning cadre of trained leaders only suggests that SMMC will continue its transformative work to become a LEAN healthcare provider.

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

Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

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

Process Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

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

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   [N/A]

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

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement | N/A |

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

Improvement Milestone: _____
(insert milestone)

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

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

Achievement | N/A |

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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:	* $ 1,394,250.00
Incentive Funding Already Received in DY:	* $ 1,394,250.00

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):
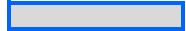
                * Yes

San Mateo Medical Center (SMMC) contracted with Press Ganey to gather patient experience data for all nine clinics using the CG CAPHS survey instrument. The planning, contract expansion and question selection work was led by our Chief Operations Officer and five members of the Executive Team. A standard clinical survey was selected to generate data that would be comparable with the widest range of providers nationally. The leadership opted for quarterly performance reports to provide performance improvement teams with interim updates to inform their work. Data is accessible to the SMMC Executive Team, Clinic Managers and Quality staff through the Press Ganey online portal.

SMMC patients are surveyed by mail in one of two languages—English or Spanish, as Spanish is a threshold language in San Mateo County. Baseline data from the clinics was available November 2012. CG CAHPS scores are ranked as "Top Box" scores meaning the score reported is the percentage of responses that were the best possible answer. Baseline scores for ambulatory care became available late October 2011; the numbers below were generated from 484 survey respondents who mailed returned surveys during the period April 1 – October 31, 2011.

Baseline - Top Box Scores
35 Getting Timely Appointments, Care and Information
83 How Well Doctors Communicate with Patients
77 Helpful, Courteous, and Respectful Office Staff
70 Patients' Rating of the Doctor

In April 2012, we added a new category of questions entitled Shared Decisionmaking to the survey instrument. Baseline data for this category is being collected at this time; we will report this data in DY 8.

Achievement	Yes
Achievement Value	1.00

Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category

       *

Provide an in-depth description of milestone progress 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):

Achievement	N/A

Category 3: Patient/Care Giver Experience *(required)*

Achievement Value

Category 3: Patient/Care Giver Experience *(required)*

Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category

*

Provide an in-depth description of milestone progress 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):

Achievement | N/A

Achievement Value

Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category

*

Provide an in-depth description of milestone progress 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):

Achievement | N/A

Achievement Value

Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the response categories 9 and 10

*

Provide an in-depth description of milestone progress 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):

Achievement | N/A

Achievement Value

Category 3: Patient/Care Giver Experience *(required)*

Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State *(DY8-10)*

Top-box score composite of all questions within this theme from all returned surveys:
Enter the percentage of responses that fell in the most positive response category

*

Provide an in-depth description of milestone progress 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):

Achievement   N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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:	* $ 1,394,250.00
Incentive Funding Already Received in DY:	* $ 697,125.00

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

Data Collection Source	* Electronic medical record (EMR)
Numerator	* 2.0
Denominator	* 2,886.0
Rate	0.1

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):

During Demonstration Year 7 (DY 7), there were two (2) inpatient admissions due to short-term complications of diabetes among medical home diabetics (ages 18-75) at San Mateo Medical Center (SMMC). To report this milestone, medical home patients from the prior year (July 1, 2010-June 30, 2011) were selected and filtered by ICD-9 codes for Diabetes Mellitus Type 1 and 2 and this data was cross-referenced with inpatient admissions data for short-term complications from diabetes during DY 7.

The denominator is the number of SMMC's medical home diabetic patients (ages 18-75) in FY 2010/2011: 2886.

The numerator is the number of SMMC's medical home diabetic patients who were admitted with short-term complications during Demonstration Year 7 who were among the universe of patients in the denominator: 2.

SMMC primary care providers actively manage the treatment of diabetic patients on their medical home panels. A plan of care is developed for each patient that follows a set of protocols that was developed from evidence-based practices; all ambulatory care providers follow this guidance. The number of diabetic patients who were admitted with short-term complications in DY 7 is extremely low, a very positive sign.

Achievement	Yes
Achievement Value	1.00

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

Data Collection Source	* Electronic medical record (EMR)
Numerator	* -
Denominator	* 2,886.0
Rate	-

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):

Category 3: Care Coordination *(required)*

In Demonstration Year 7 (DY7), there were no inpatient admissions at San Mateo Medical Center (SMMC) due to complications from uncontrolled diabetes among our medical home diabetic patients (ages 18-75). To report this milestone, medical home patients from the prior year (July 1, 2010-June 30, 2011) were selected and filtered for ICD-9 codes for Diabetes Mellitus Type 1 and 2 and this data was cross-referenced with inpatient admissions for short-term complications from diabetes during the DY 7.

The denominator is the total number of medical home diabetic patients (ages 18-75) in FY 2010/2011: 2886. The numerator is the number of medical home diabetic inpatients admitted for complications from uncontrolled diabetes during FY 2011/2012: 0.

Achievement	Yes
Achievement Value	1.00

Category 3: Care Coordination *(required)*

Report results of the Congestive Heart Failure measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

Rate

Provide an in-depth description of milestone progress 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):

Achievement   N/A

Achievement Value

Report results of the Chronic Obstructive Pulmonary Disease measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

Rate

Provide an in-depth description of milestone progress 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):

Achievement   N/A

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012

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:	* $ 1,394,250.00
Incentive Funding Already Received in DY:	* $ 697,125.00

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

Data Collection Source	* Electronic medical record (EMR)
Numerator	* 3,393.0
Denominator	* 5,433.0
Rate	62.5

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):

San Mateo Medical Center's (SMMC) rate for Mammography Screenings for breast cancer during the past 24 months for women ages 50-74 in Demonstration Year 7 (DY 7) was 62.0 percent. Reported data for the mammography screening for breast cancer is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population.

The denominator is the total number of female medical home patients (ages 50-74) in FY 2010/2011: 5433. The numerator is the number of female medical home patients (ages 50-74) who received a breast cancer mammography screening within the last 24 months (July 1 2010 to June 30 2012): 3393.

San Mateo Medical Center has leveraged its Electronic Medical Record to include clinical decision support that reminds providers with an alert that a female patient is due for her mammogram. These alerts are only visible when a provider has occasion to view a patient record and therefore patients who have fallen out of care may be missed. In the future, SMMC plans to use its Electronic Record to outreach to those patients and therefore the rate of screening should rise.

In addition, SMMC participated in several community outreach efforts and women's health campaigns conducted in San Mateo County to ensure that women have access to free or low-cost breast cancer screening opportunities and the number of female patients who were screened may, in fact, be higher. The primary focus of the San Mateo Medical Center Foundation has been to secure funding to purchase digital mammography equipment to replace our dated equipment. At this time we are the only public hospital in California that does not have digital mammography equipment, but we expect fundraising efforts to make this conversion possible in 2013. Improving the equipment will reduce the time involved in producing imaging and potentially increase the number of patients who are served.

Achievement	Yes
Achievement Value	1.00

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

Data Collection Source	* Electronic medical record (EMR)
Numerator	* 4,130.0
Denominator	* 10,166.0
Rate	40.6

Provide an in-depth description of milestone progress as stated in the instructions. (If no data is entered, then a 0

Category 3: Preventive Health *(required)*

San Mateo Medical Center's (SMMC) Influenza Immunization rate for patients who are 50 years of age or older was 40.6 percent for Demonstration Year 7 (DY 7). The numerator is the number of influenza immunizations provided to medical home adult patients over the age of 50 during FY 2011/2012: 4130. The denominator is the total number of medical home patients over the age of 50 in FY 2010/2011: 10166.

We know that the number of adult medical home patients who received influenza immunizations in DY 7 is understated. There are many free, low-cost and convenient options for obtaining a flu shots (work site flu shot programs, Safeway and Walgreens flu shot clinics, and special flu shot drives targeted for seniors). These programs provide a great benefit to the community, but they also depress and understate the influenza immunization rate of our patient population as we base our reporting on the immunization data contained in our electronic record. Going forward SMMC has embedded clinical decision support to help alert providers as to when a patient is due for their annual flu vaccination. In addition, the organization is promoting broad vaccination to patients of all ages and this should improve vaccination rates within the target population. SMMC is also pursuing enhanced capture of vaccinations given at outside facilities and within the inpatient units.

Achievement	Yes
Achievement Value	1.00

Category 3: Preventive Health *(required)*

Report results of the Child Weight Screening measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

  Rate

Provide an in-depth description of milestone progress 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):

Achievement	N/A
Achievement Value	

Report results of the Pediatrics Body Mass Index (BMI) measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

  Rate

Provide an in-depth description of milestone progress 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):

Achievement	N/A
Achievement Value	

Report results of the Tobacco Cessation measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

  Rate

Provide an in-depth description of milestone progress 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):

Achievement	N/A
Achievement Value	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012
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: * $ 1,394,250.00

Incentive Funding Already Received in DY: * $ 697,125.00

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

Data Collection Source	* Electronic medical record (EMR)
Numerator	* 1,811.0
Denominator	* 4,167.0
Rate	43.5

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):

In Demonstration Year 7 (DY 7), the percentage of medical home diabetic patients, aged 18-75, that were successful in maintaining an LDL-C control of <100/mg/dl at SMMC was 43.5%. This is a substantial increase over the numbers reported at mid-year, but it was expected because a significant portion of this population did not have an LDL drawn between July 2011 and December 2011. This has become a standard practice in the treatment of diabetic patients.

Reported data for Category 3 milestones is derived from the medical home population of the prior year (July 1, 2010 - June 30, 2011) so as to base the reporting metric on a stable population. The numerator is the number of diabetic medical home patients, aged 18-75 with an LDL <100 in FY 2011/2012: 1811. The denominator is the total number of diabetic medical home patients, aged 18-75, in FY 2010/2011: 4167. Data reported for this milestone is extracted from the electronic medical record system.

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	* Electronic medical record (EMR)
Numerator	* 2,284.0
Denominator	* 4,167.0
Rate	54.8

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):

During Demonstration Year 7 (DY 7), San Mateo Medical Center's rate of diabetic medical home patients, aged 18-75, who successfully maintained a Hemoglobin A1c control of <8% was 54.8 percent.

Category 3: At-Risk Populations *(required)*

Reported data for Category 3 milestones was derived from the medical home population of the prior year so as to base the reporting metric on a stable population. The numerator is the number of diabetic medical home patients, aged 18-75 with a Hemoglobin A1c control of <8% during DY 7 (July 1, 2011 – June 30, 2012): 2284. The denominator is the total number of diabetic medical home patients, aged 18-75 during DY 6 (July 1, 2010 – June 30, 2011): 4167. Data reported for this milestone is extracted from the electronic medical record system.

It should be noted that the mid-year results were based on a Hemoglobin A1c Control of (<9%) while the year-end data is based on a Hemoglobin A1c Control of (<8%), a more stringent measure.

Achievement	Yes
Achievement Value	1.00

Category 3: At-Risk Populations *(required)*

Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

    Rate

Provide an in-depth description of milestone progress 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):

    Achievement | N/A

    Achievement Value

Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

    Rate

Provide an in-depth description of milestone progress 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):

    Achievement | N/A

    Achievement Value

Report results of the Pediatrics Asthma Care measure to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

    Rate

Provide an in-depth description of milestone progress 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):

    Achievement | N/A

    Achievement Value

Category 3: At-Risk Populations *(required)*

DSRIP Semi-Annual Reporting Form

Category 3: At-Risk Populations *(required)*

Report results of the Optimal Diabetes Care Composite to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

   Rate

Provide an in-depth description of milestone progress 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):

     Achievement   N/A

     Achievement Value

Report results of the Diabetes Composite to the State *(DY8-10)*

Data Collection Source   *

Numerator   *

Denominator   *

   Rate

Provide an in-depth description of milestone progress 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):

     Achievement   N/A

     Achievement Value

DSRIP Semi-Annual Reporting Form

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

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

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

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

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

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

---

Severe Sepsis Detection and Management

DY Total Computable Incentive Amount:	* $ 786,500.00
Incentive Funding Already Received in DY:	* $ 393,250.00
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	* 22
Denominator	* 48
% Compliance	0.46

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 Sepsis Resuscitation Bundle compliance rate for San Mateo Medical Center was 46 percent in Demonstration Year 7 (DY 7). The rate is based on 100 percent compliance with all bundle elements being provided to the patient within the timelines prescribed.

On the Mid-Year report, an alternate reporting methodology which averaged the compliance rate for each of the bundle components rather than an all-or-nothing methodology for sepsis bundle compliance was used. The year-end numbers represent a consistent application of the all-or-nothing reporting methodology for DY 7.

At SMMC, approximately 95 percent of all sepsis cases originate in the Emergency Department (ED). The sepsis bundle is applied to patients meeting Systemic Inflammatory Response Syndrome (SIRS) criteria, having a suspected or known source of infection, and meeting severe sepsis or septic shock with either a lactic acid serum measuring greater than/equal to 4 or a systolic blood pressure less than 90. In DY 7, there were 48 patients that met these criteria. Early goal directed bundle components include all of the following steps: 1) a serum lactate is drawn, 2) blood cultures are drawn before a patient is administered a broad-spectrum antibiotic, 3) broad-spectrum antibiotics are administered within 3 hours for Emergency Department patients and 1 hour for inpatients from the time of presentation (time of presentation starts either when the systolic blood pressure is below 90 or the time the lactic acid is reported is greater than 4, 4) a fluid bolus is administered within 1 hour of the time of presentation at a rate of 1 liter or 20 ml/kg/hr, and 5) vasopressors were administered to hypotensive patients not responding to the initial fluid resuscitation to maintain mean arterial pressure (MAP) at >65 mp/Hg. SMMC adopted standing orders to apply the sepsis bundle in the ED.

To further improve the sepsis reduction efforts at SMMC, ED physicians, nurses from the ED, ICU and inpatient units as well as members of the Quality staff have participated in the Sepsis/CLABSI workshops in Burbank and Oakland this year, the convening in Oakland to discuss operational definitions, the INLP workshop where the new Sepsis guidelines were shared, and several online SNI Sepsis/CLABSI discussions.

Our challenge in the coming year will be to reorganize the Sepsis team, redistribute the reporting workload—once the reporting definitions are finalized, prepare a sepsis inservice training for nursing staff and physicians, and improve the communications with our moonlighting physicians, (e.g., physicians who staff the hospital after hours and on weekends). The newly appointed Chief Nursing Officer and the Chair of the Department of Emergency Medicine will drive this work in the coming year.

An electronic medical record system will be introduced in the spring of 2013 in the ICU and the medical/surgical units will bring new challenges and improvements house-wide; it will include the capture of sepsis screening that is being doing manually and document the sepsis bundle elements that are initiated.

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)*

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

Optional Milestone:	Implement the Sepsis Resuscitation Bundle and report results through the INLP Reducing Sepsis Mortality Collaborative

(insert milestone)

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

Denominator (if absolute 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]

> San Mateo Medical Center (SMMC), a UCSF Center for the Health Professions Integrated Nurse Leadership Program for Reducing Sepsis Mortality participant since the inception of the collaborative in 2009, has implemented the use of the Sepsis Resuscitation bundle as a standard practice. SMMC fulfilled its commitment to report Sepsis Resuscitation bundle data to INLP through October 2011 accomplishing this DSRIP milestone. We have extended our commitment to report sepsis mortality data on a quarterly basis to the INLP Reducing Sepsis Mortality Collaborative through 2013. In Demonstration Year 7 (DY 7), the Sepsis Resuscitation Bundle compliance rate was 46 percent.

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 Sepsis Resuscitation Bundle results to SNI for purposes of establishing the baseline and setting benchmarks

(insert milestone)

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

Denominator (if absolute 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 participants of the Integrated Nursing Leadership Program's Collaborative on Sepsis, we have been collecting and reporting sepsis data utilizing the INLP surveillance and reporting methodology for the past three years.
>
> We have opted to submit a full year of Demonstration Year 7 (DY 7) sepsis data to establish our sepsis baseline and set future improvement targets. Unfortunately, in this choice, we lose our ability to demonstrate the performance improvement gains we've made over the past three years. However, the task of re-abstracting previously reported sepsis data to bridge INLP and DSRIP reporting methodologies, operative definitions and patient universe definitions proved to be logistically impossible due to new reporting guidelines and resource limitations. In DY 7, the Sepsis Resuscitation Bundle compliance rate reported to SNI was 46 percent; this will be our baseline.

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

   Achievement Value   [1.00]

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

Optional Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

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 [ ]

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

Optional Milestone: _____
(insert milestone)

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

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

Achievement [N/A]

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

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 [ ]

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 [ ]

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

Optional Milestone: _____
                                                            (insert milestone)

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

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

    Achievement   [N/A]

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

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   [   ]

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   [   ]

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: San Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012
Category 4: Central Line Associated Blood Stream Infection (CLABSI) *(required)*

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

---

Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	* $ 786,500.00
Incentive Funding Already Received in DY:	* $ 589,875.00

Compliance with Central Line Insertion Practices (CLIP) (%)

Numerator	* 37.00
Denominator	* 40.00
% Compliance	0.93

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):

A total of 40 of central lines were placed at San Mateo Medical Center (SMMC) during Demonstration Year 7 (DY 7); 37 lines were in compliance with central line insertion practices (CLIP) producing a CLIP compliance rate of 93 percent. To determine the CLIP compliance rate, the SMMC Quality Division extracts the cases for review from the SoftMed system using appropriate ICD-9 codes; once the cases are identified, a Quality Nurse performs a manual chart review to determine the compliance rate for central line insertion practices.

To improve CLIP compliance rates and reduce CLABSI at SMMC, the Infection Control Manager, the Infection Control Committee, the Quality Manager, the Quality Nurse responsible for reporting CLIP and CLABSI, and two PICC nurses reviewed the monthly CLIP data and CLIP practices at SMMC. Two changes were made to procedures. First, the CLIP form, a required, standard form included in the CLIP Bundle kit, was revised by the Quality Division to require that a provider sign-off for each element of the bundle completed instead of the single sign-off indicating that all elements were completed. Second, Infection Control revised the attire requirements to align with the best practice of wearing head-to-toe gowns. Assistance from the Sterile Processing and Materials Management units was required to order and stock the CLIP bundles with the updated forms and head-to-toe gowns. The new policy and form changes were discussed at Infection Control, Quality Improvement and Medical Committee meetings and distributed to inpatient and emergency room staff. At this time, the challenge of ensuring organization-wide compliance with the new policy remains as not all physicians agree with the need for the head-to-toe gowns. We are confident, however, that with strong physician leadership, this challenge can be overcome.

Several SMMC CLABSI leaders participated in SNI's February workshop on Sepsis/CLABSI held in Burbank, and attended the Beyond SCIP: The Journey Continues/Cynosure Event at UCSF in March and subsequent webinars hosted by SNI to learn from experts and colleagues in the field and share best practices.

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

Optional Milestone:	Report at least 6 months of data collection on Central Line Associated Bloodstream Infections (CLABSI) to SNI for purposes of establishing the baseline and setting benchmarks.

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 3.00
Denominator (if absolute number, enter "1")	* 1,397.00
Achievement	2.14

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

San Mateo Medical Center submitted twelve months of CLABSI data to SNI for the period April 1, 2011–March 30, 2012 for the purpose of establishing the baseline and setting benchmarks. During the reported baseline period, three (3) occurrences of CLABSI were reported during 1,397 Central Line Days which resulted in a rate of 2.14 percent.

The SMMC Quality Division abstracts the CLABSI data through a manual chart review process of the electronically selected ICD-9 CLABSI cases. SMMC has conferred NHSN rights to SNI to review our data.

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)*

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

Optional Milestone:	Report at least 6 months of data collection on Central Line Insertion Practices (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)	*	33.00
Denominator (if absolute number, enter "1")	*	38.00
Achievement		0.87
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

San Mateo Medical Center submitted twelve months of CLIP data to SNI for the period April 1, 2011–March 30, 2012 for the purpose of establishing the baseline and setting benchmarks. During the baseline period, CLIP practices were followed in 33 of 38 cases producing a CLIP compliance rate of 86.8 percent. The SMMC Quality Division abstracts the CLABSI data through a manual chart review process of the electronically selected ICD-9 CLABSI cases. SMMC has conferred NHSN rights to SNI to review our data.

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

Optional Milestone:

(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	
Denominator (if absolute number, enter "1")	*	
Achievement		N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and 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		

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		

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

Optional Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

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

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   [   ]

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   [   ]

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

Optional Milestone: _____
(insert milestone)

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

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

Achievement   [N/A]

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

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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012
Category 4: Surgical Site Infection Prevention

          REPORTING ON THIS PROJECT: * Yes

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

Surgical Site Infection Prevention

DY Total Computable Incentive Amount:	* $ 786,500.00
Incentive Funding Already Received in DY:	* $ 196,625.00

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

Numerator	* 7.00
Denominator	* 141.00
% Infection Rate	0.05

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):

During Demonstration Year 7 (DY 7), the SSI rate was five (5) percent for knee prosthesis and laparoscopic chlolecystectomy procedures at San Mateo Medical Center (SMMC). The Surgical Site Infection Committee, the Infection Control Committee, the Operating Room Committee, Surgery and Antibiotic Stewardship Committee, Facilities, Engineering, the Safety Officer, Housekeeping, Sterile Processing and the Materials Management /Procurement Unit have initiated measures to reduce infection. Every SSI case is thoroughly reviewed, results shared, action steps developed, tested, and improvements recommended/implemented. SMMC has made progress in the reduction of SSI at SMMC, but it remains a challenge.

Major SSI reduction efforts this year included:

• Sterilizer Technique. A review of the manufacturer's specifications for the sterilization of surgical tools used in laparoscopic surgery was conducted to insure that proper sterilization techniques were employed. Sterilization practices were changed to meet the manufacturer's requirements.

• Sterilizer Function. Due to concerns about the quality of steam supplied to the sterilizers, an outside company was consulted for an onsite assessment and assistance with a plan of correction. The steam supply continues to be monitored for compliance w/ requirements.

• Ventilation review. Housekeeping/Engineering/Infection Control conducted a thorough cleaning of all the filters supporting the surgery rooms; this led to a review of all OR housekeeping procedures. The OR cleaning protocol was updated and reviewed with the housekeeping staff and the new procedures are in place.

• Review of OR practices. An observational review of the OR practices was conducted to insure compliance with surgical attire and aseptic practices. The Operating Room Committee has addressed these practices and policy compliance with staff to insure patient safety standards are being maintained, and new signage has been placed to facilitate ongoing compliance.

• Introduced the use of chlorhexidine Sage cloths. Infection Control recommended using chlorhexidine cloths as the preferred method for pre-operative bathing the night before and morning of elective surgery. A new policy was adopted, procedures for proper use were developed and training was provided to the OR staff. Patient instructions for the "night before" use of Sage cloths were written and translated into Spanish. Materials Management assumed responsibility for acquiring, stocking, and resupplying the Sage cloths. The first surgical procedure to employ the use of the Sage cloth was a hip replacement surgery on July 10, 2012; it will be instituted for all joint replacement surgeries going forward. Data will be collected after the first six months to assess efficacy of this change. The issue of personal hygiene is a special challenge for our patients due to the factors of poverty, homelessness and substance abuse.

• Hemoglobin A1c Screening. Two orthopedic surgeons screened their elective surgery patients for dental care and Hemogloban A1c (diabetic control). If the patient(s) did not meet the screening criteria, elective surgeries were postponed. Neither surgeon has any SSI cases. Discussions about Hemoglobin A1c screening for elective surgery are underway.

• Physical plant. Assessments have been conducted and some improvements made to the physical site to support the sterile processor and to better control the ambient temperature and humidity in the operating room.

• Hand Hygiene. Infection Control developed new hand antisepsis training materials and campaign for all employees, not just those associated with patient care, and it includes a protocol for patient hand washing pre-surgery.

The SMMC SSI Committee leaders and staff have participated in the SNI and Cynosure events to benefit from the shared learning offered at these workshops at UCSF as well as SNI and CDPH sponsored webinars.

Category 4: Surgical Site Infection Prevention

DY Target (from the DPH system plan)   *

% Achievement of Target   N/A

    Achievement Value   1.00

Category 4: Surgical Site Infection Prevention

Optional Milestone:	Report at least 6 months of data collection on SSI for Class 1 and 2 wounds in two surgical procedures: laparoscopic cholecystectomy and knee prosthesis for purposes of establishing the baseline and setting benchmarks.	
	(insert milestone)	

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   * 8.00

Denominator (if absolute number, enter "1")   * 79.00

Achievement   0.10

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

San Mateo Medical Center (SMMC) began to collect and report surgical site infection data on June 1, 2011. Baseline data for the period June 1, 2011 through November 30, 2011 was submitted to the Safety Net Institute (SNI) for surgical site infections (SSI) that occurred following laparoscopic cholecystectomy and knee prosthesis surgical procedures. During the baseline period, 4 out of 61 laparoscopic cholecystectomy procedures resulted in a SSI with a wound classification of I or II and 4 out of 18 knee prosthesis surgeries resulted in an SSI with a wound classification of I or II. The combination of data from these two surgeries produced a SSI baseline rate of 10 percent.

To report SSI data, the SMMC Quality Manager electronically selects the ICD-9 appropriate codes from the Decision Support System (DSS) and the Quality Nurse completes a manual chart review of all laparoscopic cholecystectomy and knee prosthesis cases with Class 1 and Class 2 wounds. The standard practice is to review laparoscopic cholecystectomy surgeries for the first 30 days following the procedure; knee prosthesis surgeries are reviewed and monitored every month for a year following the surgery. The Infection Control Officer, an Infectious Disease specialist, further reviews each case of suspected SSI to strengthen the accuracy of reported data and to assess for any areas of needed improvement in patient care.

SMMC has conferred the rights to its data to SNI.

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

Achievement Value   1.00

Optional Milestone:		
	(insert milestone)	

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

Denominator (if absolute number, enter "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

Category 4: Surgical Site Infection Prevention

Optional Milestone:

(insert milestone)

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

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

Achievement | N/A |

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

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

Category 4: Surgical Site Infection Prevention

Optional Milestone: _____
(insert milestone)

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

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

Achievement   N/A

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

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 Mateo Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 9/28/2012
Category 4: Falls with Injury Prevention

REPORTING ON THIS PROJECT: * | Yes |

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

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

---

Falls with Injury Prevention

DY Total Computable Incentive Amount:	* $ 786,500.00
Incentive Funding Already Received in DY:	* $ 589,875.00

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

Numerator	* 9.00
Denominator	* 10,973.00
Prevalence Rate	0.00

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):

The San Mateo Medical Center's (SMMC) Quality Management department compiles the falls data from unusual occurrence reports which are sent directly to the department. The Quality Nurse on the SMMC Falls Improvement Teams performs a manual chart review and reports the incidences to the committee, the Quality Committee, NHSN, DSRIP, and NAPH.

During Demonstration Year 7 there were nine (9) falls with injury over the course of 10,973 patient days; eight (8) falls with minor injury and one (1) fall with major injury were reported. This produced an incidence rate of 0.82 percent for the year. Most of the falls occurred in the inpatient medical/surgical unit which is due to greater volume and mobility of the patients. The major fall occurred in the ICU when a patient attempted to use the bathroom, fell, and broke his nose. The Falls Prevention Committee has been researching, planning, and begun the implementation and training of several small tests of change, however, most of these strategies were implemented in May/June 2012. The specific fall reduction strategies employed are detailed in the following milestone.

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

Category 4: Falls with Injury Prevention

Optional Milestone:	Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.

(insert milestone)

Numerator (if N/A, use "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

San Mateo Medical Center (SMMC) is the only California public hospital to select the Prevention of Falls with Injury as a focus of urgent improvement in care in the DSRIP program. We joined the NAPH National Safety Network Collaborative to learn from and contribute to the safety net community advancing initiatives to reduce patient falls; the team attended a workshop in August 2012 and have subsequently developed a 90-day improvement plan. We are testing evidence-based practices to reduce falls and injuries to patients. The improvement work is being led by the Falls Prevention committee, renamed the Stumble Stoppers—the winning entry in a staff contest to name the initiative.

Team members include: the Chief Nursing Officer, the Nurse Manager of Medical/Surgical/ICU Units and the Infusion Center (a participant in the UCSF Center for Health Professions Change Agent Program sponsored by the Gordon and Betty Moore Foundation), the Nurse Manager of Acute Psychiatric Services and chair, SMMC Falls Committee for the several years, a Nurse Educator, a Quality Nurse, two clinical nurses, and a med/surg nurse working on her master's who has selected this for her Capstone project. Minutes of the biweekly meetings document the falls improvement work.

Specific fall reduction strategies implemented in Demonstration Year 7 (DY 7)included the following:

• The ongoing review of UORs and the practice of drilling down on a case-by-case basis to determine the cause of the patient fall and what might have prevented it. The team is using these reviews to develop small tests of change to reduce patient falls.

• Regularly sharing the findings from these reviews in staff meetings

• Posting patient falls data in the Medical Surgical unit staff areas to heighten awareness and focus on the issue of patient safety and falls; updates are posted weekly.

• Fielding a Pre/Intervention Survey to assess the staff understanding of fall prevention strategies; the survey was designed to enable the future measurement of the efficacy and adoption of new interventions and knowledge of current practices. A follow-up survey is scheduled this fall. Open-ended questions provided insight into areas of staff concern and gaps in knowledge/practice; this information is helping guide the team's improvement work.

• Deciding to adopt the Morse Fall Risk Assessment tool so as to align current practices with the EMR that will roll-out at SMMC in the spring of 2013. The Morse Fall Risk assessment tool is embedded in the new EMR software. The team is planning to roll-out a paper version of the new risk assessment this fall; the Quality Nurse will update the UOR form to mirror the fields in the Morse Fall Risk assessment tool. An in-service training for all nursing staff will be conducted and audits scheduled to test adoption.

• Training in the use of bed alarms that are a standard feature of the newly acquired beds in the Medical/Surgical unit was provided.

• Creating 5-minute shift change "huddles" to ensure that our staff exchange information about patients who are at risk of falling and/or especially vulnerable to injury if they were to fall. (Our internal survey results indicate the staff highly value this practice.)

• Installing two patient alert boards in the Medical/Surgical unit to give all staff an "at-a-glance" look at the patient mix on the floor at any moment in time. The development of color-coded icons to denote patients most at risk for falls and patients most vulnerable to injury from a fall.

In-services were conducted for all shifts by the nurse leaders on the team; training for ancillary support staff is next.

The team is motivated and focused on implementing its 90-day improvement plan. It meets regularly, is agendized and minutes are maintained. The meetings are data driven, inquiry-based planning and implementation sessions with specific

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

    Achievement Value   1.00

Category 4: Falls with Injury Prevention

Optional Milestone: _____
(insert milestone)

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

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

Achievement   `N/A`

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

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

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

Category 4: Falls with Injury Prevention

Optional Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

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