DSRIP Semi-Annual Reporting Form

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

Reporting Form Instructions

Dates Reports are Due

DPH systems submit this report to the State twice a year:

DY 6 (6-month)	March 2, 2011
DY 6 (year-end)	May 15, 2011
DY 7 (6-month)	March 31, 2012
DY 7 (year-end)	September 30, 2012
DY 8 (6-month)	March 31, 2013
DY 8 (year-end)	September 30, 2013
DY 9 (6-month)	March 31, 2014
DY 9 (year-end)	September 30, 2014
DY 10 (6-month)	March 31, 2015
DY 10 (year-end)	September 30, 2015

Use of This Reporting Form

All DPH systems must use this Reporting Form template for reports starting May 15, 2011. For the year-end report, DPH systems will include the year-end narrative, the year-end report, and reattach the previously submitted 6-month report. The State reserves its right to modify the Reporting Form as experience is gained with its use. The State is looking for DPHs to include as much detail as possible in their narrative responses throughout the Reporting Form. Given the timeframe the State has to review and make payment, the State will exercise its right to further review the submitted Reporting Forms even after payment is made and, if necessary, recoup payment if it is determined on further review that a milestone was not met.

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

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

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

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

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

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

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

* **DPH SYSTEM:**	UCLA Health System
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	3/29/2012

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	$ 6,351,400.00
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 Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	$ 6,351,400.00
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$ 12,702,800.00
Category 2 Projects	
Expand Medical Homes	$ 8,470,000.00
Expand Chronic Care Management Models	
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	$ 1,439,900.00
Implement/Expand Care Transitions Programs	$ 5,590,200.00
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	$ 15,500,100.00
Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ 3,110,250.00
Care Coordination *(required)*	$ 1,555,125.00
Preventive Health *(required)*	$ 1,555,125.00
At-Risk Populations *(required)*	$ 1,555,125.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 7,775,625.00

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 789,525.00
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 1,315,875.00
Surgical Site Infection Prevention	$ 1,184,287.50
Hospital-Acquired Pressure Ulcer Prevention	$ 789,525.00
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 4,079,212.50
TOTAL INCENTIVE PAYMENT	$ 40,057,737.50

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Year-End Narrative

This narrative summarizes the DSRIP activities performed in the reporting demonstration year.
* Instructions for DPH systems: Please complete the narrative for year-end reports. The narrative must include a description of progress made, lessons learned, challenges faced, other pertinent findings and participation in shared learning. The State is looking for as much detail as possible.

Summary of Demonstration Year Activities

Summary of DPH System's Participation in Shared Learning

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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:	-	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

Increase Training of Primary Care Workforce

Process Milestone:	Enroll initial class of 12-14 IMGs.	Yes
Achievement Value		*1.00*
Process Milestone:	Develop mentoring program with primary care faculty and new trainees.	Yes
Achievement Value		*1.00*
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 6,351,400.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 6,351,400.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 6,351,400.00

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:		

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

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

Category 1 Summary Page

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

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

Category 1 Summary Page

Enhance Urgent Medical Advice

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

Category 1 Summary Page
Introduce Telemedicine

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

Category 1 Summary Page

Enhance Coding and Documentation for Quality Data

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

Category 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

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

Category 1 Summary Page

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

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

Category 1 Summary Page
Expand Specialty Care Capacity

Process Milestone:	Train primary care providers, specialists and staff on process guidelines, and technology for referrals and consultations into selected specialties.	0.89
Achievement Value		*1.00*
Process Milestone:	Increase the number of specialist providers and clinic hours available.	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		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 6,351,400.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 6,351,400.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 6,351,400.00

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: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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:	Implement the adult medical home model in primary care clinics as pilot.	0.40
Achievement Value		*1.00*
Process Milestone:	Implement the pediatric medical home model in primary care clinics as	0.67
Achievement Value		*1.00*
Process Milestone:	Plan the portal system that will enhance access to the adult medical	Yes
Achievement Value		*1.00*
Process Milestone:	Plan the portal system that will enhance access to the pediatric medical home.	Yes
Achievement Value		*1.00*
Process Milestone:	Based upon criteria, develop and submit a plan to assign eligible patients to the adult medical home.	Yes
Achievement Value		*1.00*
Process Milestone:	Based upon criteria, develop and submit a plan to assign eligible patients to the pediatric medical home.	Yes
Achievement Value		*1.00*
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 8,470,000.00
Total Sum of Achievement Values:	6.00
Total Number of Milestones:	6.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 8,470,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 8,470,000.00

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

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

Category 2 Summary Page

Redesign to Improve Patient Experience

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

Category 2 Summary Page

Redesign for Cost Containment

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

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

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

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

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

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

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

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

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

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

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

Category 2 Summary Page

Use Palliative Care Programs

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

Category 2 Summary Page

Conduct Medication Management

Process Milestone:	Develop evidence-based decision rules that will be the clinical underpinning of each point of care decision support message.	Yes
Achievement Value		*1.00*
Process Milestone:	Pilot the medication management program.	No
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:	$ 2,879,800.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 1,439,900.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,439,900.00

Category 2 Summary Page

Implement/Expand Care Transitions Programs

Process Milestone:	Develop a staffing and implementation plan to accomplish the goals/objectives of the care transitions program.	Yes
Achievement Value		*1.00*
Process Milestone:	Demonstrate the integration of information systems by stratifying patient demographic data by process, clinical, and/or quality data.	Yes
Achievement Value		*1.00*
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 5,590,200.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 5,590,200.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 5,590,200.00

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:		

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 3 Summary Page

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

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

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

Category 3 Domains

Patient/Care Giver Experience (required)

Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	Yes
Achievement Value	1.00
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 3,110,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 3,110,250.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 3,110,250.00

Category 3 Summary Page

Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Congestive Heart Failure measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 3,110,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 1,555,125.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,555,125.00

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	Yes
Achievement Value	*0.50*
Report results of the Child Weight Screening measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Tobacco Cessation measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 3,110,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 1,555,125.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,555,125.00

Category 3 Summary Page

At-Risk Populations (required)

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	Yes
Achievement Value	*0.50*
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
Achievement Value	
Report results of the Diabetes Composite to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 3,110,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 1,555,125.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,555,125.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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 (%)		0.05
Achievement Value		*0.50*
Sepsis Mortality (%)		N/A
Achievement Value		
Optional Milestone:	Implement the Sepsis Resuscitation Bundle: to be completed within 6 hours for patients with severe sepsis, septic shock, and/or lactate > 4mmol/L (36 mg/dl) Source of data to be the RRUCLA patient chart.	No
Achievement Value		-
Optional Milestone:	Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI to foster shared learning and benchmarking across the California public hospitals.	Yes
Achievement Value		*1.00*
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 1,579,050.00
Total Sum of Achievement Values:		1.50
Total Number of Milestones:		3.00
Achievement Value Percentage:		50%
Eligible Incentive Funding Amount:		$ 789,525.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 789,525.00

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)		0.98
Achievement Value		0.50
Central Line Bloodstream Infection (Rate per 1,000 patient days)		N/A
Achievement Value		
Optional Milestone:	Implement the Central Line Insertion Practices (CLIP), as evidenced by policies and procedures and CLIP tracking tool to be included with central line insertion kits and completed by individuals placing lines.	Yes
Achievement Value		*1.00*
Optional Milestone:	Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value		*1.00*
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 1,579,050.00
Total Sum of Achievement Values:		2.50
Total Number of Milestones:		3.00
Achievement Value Percentage:		83%
Eligible Incentive Funding Amount:		$ 1,315,875.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 1,315,875.00

Category 4 Summary Page

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)		0.05
Achievement Value		0.50
Optional Milestone:	Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value		*1.00*
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 1,579,050.00
Total Sum of Achievement Values:		1.50
Total Number of Milestones:		2.00
Achievement Value Percentage:		75%
Eligible Incentive Funding Amount:		$ 1,184,287.50
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 1,184,287.50

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)		0.02
Achievement Value		0.50
Optional Milestone:	Achieve hospital-acquired pressure ulcer prevalence of less than 2.5%.	0.02
Achievement Value		*1.00*
Optional Milestone:	Share data, promising practices and findings with SNI to foster shared learning and benchmarking across the California public hospitals.	No
Achievement Value		-
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 1,579,050.00
Total Sum of Achievement Values:		1.50
Total Number of Milestones:		3.00

Category 4 Summary Page

Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 789,525.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 789,525.00

Category 4 Summary Page

Stroke Management

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

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)		N/A
Achievement Value		
Intensive care unit VTE prophylaxis (%)		N/A
Achievement Value		
VTE patients with anticoagulation overlap therapy (%)		N/A
Achievement Value		
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)		N/A
Achievement Value		
VTE discharge instructions (%)		N/A
Achievement Value		
Incidence of potentially preventable VTE (%)		N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
Optional Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ -
Total Sum of Achievement Values:		-
Total Number of Milestones:		-
Achievement Value Percentage:		
Eligible Incentive Funding Amount:		
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		

Category 4 Summary Page

Falls with Injury Prevention

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Increase Training of Primary Care Workforce

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

Increase Training of Primary Care Workforce

DY Total Computable Incentive Amount: * $ 6,351,400.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Enroll initial class of 12-14 IMGs.
(insert milestone)

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

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

Achievement: Yes

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

We have enrolled a class of 18 UCLA International Medical Graduates (IMGs) to the program during the current reporting period. Evidence of their enrollment includes completed and signed agreement forms (see binder tab 3) as well as participation in the program. Participation in the program is based on which sequential program within the curriculum the IMG is in, which includes:
- Program A: studying for Basic Science Boards, attending video sessions at Kaplan, and participating in live lectures
- Program B: studying for Clinical Knowledge and Clinical Science Boards as well as joining 2nd and 3rd year David Geffen School of Medicine at UCLA medical students for a Family Medicine/Ambulatory Medicine clerkship
- Program C: participating in a 12 week clinical observership and entering into the national match competition and interviewing across the state with program directors in order to obtain a match

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

Achievement Value: 1.00

Process Milestone: Develop mentoring program with primary care faculty and new trainees.
(insert milestone)

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

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

Achievement: Yes

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

The mentoring program for UCLA IMG scholars is provided by program faculty. This program includes several components including: clinical practice teaching, English for health professionals, HIV, Hepatitis C, and TB training, interviewing skills, job skills training, personal statement and Common Application Form (CAF) for NRMP Competition mentoring, mock interviews, and NBME diagnostic test result review. We also track English class attendance as well as diagnostic test results of National Medical Board Exams (NBME), which are the basis for 1:1 mentoring sessions on academic performance. In addition, we have developed flyers for the HIV, Hepatitis, and TB training sessions and symposium. Finally, we have developed a Common Application Form (CAF) that is essential for this program as it represents the “first impression” that program directors form of our NRMP candidates during the recruitment season in California. Supporting documentation for the mentoring program can be found in binder tab 3.

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

Category 1: Increase Training of Primary Care Workforce

Achievement Value	1.00

Category 1: Increase Training of Primary Care Workforce

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Increase Training of Primary Care Workforce

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 1: Increase Training of Primary Care Workforce

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Expand Specialty Care Capacity

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

Expand Specialty Care Capacity

DY Total Computable Incentive Amount: * $ 6,351,400.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Train primary care providers, specialists and staff on process guidelines, and technology for referrals and consultations into selected specialties.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 217.00

Denominator (if absolute number, enter "1") * 245.00

Achievement 0.89

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

UCLA physician referral services staff conducted Venice Family Clinic Mar Vista subspecialty referral process training sessions for its staff, and each of the medicine/surgical subspecialty areas (gastroenterology, neurology, ophthalmology, orthopaedics, general surgery, rheumatology and urology). A thirteen-page training packet showing how to schedule appointments for the eligible Venice Family Clinic Mar Vista patients was developed from appropriate "screen shots" of the UCLA appointment scheduling and encounter system (see binder tab 3). Subsequently, this training packet was shared with the appropriate staff at the participating subspecialty clinics and physician referral services group. While podiatry staff were not trained, subsequent podiatry patient referrals were made without incident. In addition, all one hundred and eighty UCLA clinic managers were informed about the specialty referral process via a presentation at a standing meeting and/or through email.

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

Achievement Value 1.00

Process Milestone: Increase the number of specialist providers and clinic hours available.
(insert milestone)

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

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

Achievement Yes

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

We have increased the number of specialist providers at the Venice Family Clinic/Mar Vista Care. Currently, we have participating doctors from the following four specialties: Gastroenterology (6), Neurology (3), Orthopedics (8), and Rheumatology (4). In addition, we have increased the number of clinic hours available as evidenced by the ability for patients to make appointments by calling the Venice Family Clinic call center to schedule a clinic visit Monday through Friday between 8am-5pm. We have increased the number of specialist providers from zero to twenty-one (21) and increase available clinic hours from zero to forty (40).

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

Achievement Value 1.00

Category 1: Expand Specialty Care Capacity

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Specialty Care Capacity

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 1: Expand Specialty Care Capacity

Improvement Milestone: _____
(insert milestone)

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

Improvement Milestone: _____
(insert milestone)

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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: * $ 8,470,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Implement the adult medical home model in primary care clinics as pilot.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 2.00

Denominator (if absolute number, enter "1") * 5.00

Achievement 0.40

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

We have implemented the adult medical home model at two primary care clinics. These two sites are the Family Health Center (UFHC) and Santa Monica 16th Street. The implementation of the medical home model is evidenced by components that are in place for advanced access including: telephone triage, same day appointments, telephone calls returned on the same day, documentation of telephone interactions in the chart, and the use of current Urgent Care Centers. In addition, we have registries in place for diabetes and immunizations whereby we are able to search for patient information (i.e., name, date of birth, etc.). Further, we have community resources for the elderly and promote team building in the office through daily huddles in preparation to see patients as well as Practice Improvement meetings to focus on re-design and the balance of the office.

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

Achievement Value 1.00

Process Milestone: Implement the pediatric medical home model in primary care clinics as pilot.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * 2.00

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

Achievement 0.67

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

The UCLA Children's Health Center houses three primary care clinics: PCC (the Pediatric resident Continuity Clinic), the UCLA Faculty Clinic, and the Adolescent Clinic. Until this year, the Pediatric Medical Home Program enrolled patients at one clinic, PCC. In November, 2011, the Medical Home program expanded to the Adolescent Clinic. This expansion included the hiring of a dedicated family liaison (health navigator) for the adolescent clinic. The newly added family liaison is responsible for coordinating the care of all "Tier III" patients seen in adolescent clinic, those with complex and/or multiple chronic medical conditions. We estimate that the Adolescent Clinic cares for 100 Tier III patients. We have identified and contacted 30 Tier III patients and enrolled 8, with a plan to enroll 1-2 patients weekly this year until all Tier III patients are enrolled.

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

Achievement Value 1.00

Category 2: Expand Medical Homes

Process Milestone: Plan the portal system that will enhance access to the adult medical home.

(insert milestone)

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

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

Achievement: Yes

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

A contract has been signed for an enterprise Electronic Health Record (EHR). This includes a patient portal system, MyChart, that will enhance access to the medical homes.

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

Achievement Value: 1.00

Process Milestone: Plan the portal system that will enhance access to the pediatric medical home.

(insert milestone)

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

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

Achievement: Yes

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

UCLA Health System is in the process of implementing a comprehensive electronic medical record system. This system will include the deployment of MyChart, a web-based patient portal. Leaders of the Pediatric Medical Home have been active participants in the design and planning of UCLA's MyChart, including participation in the UCLA MyChart subcommittee responsible for generating recommendations for MyChart implementation.
A Nurse Practitioner has been hired to serve as Director of Care Coordination. One of her responsibilities is to review all queries from families via the patient portal (medical questions, customer service questions, medication refill requests, etc.), and to address or triage such questions. Until MyChart is operational, the nurse practitioner performs these functions via telephone, in person (she is co-located with the clinicians at the Children's Health Center), or, if appropriate, via e-mail.

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

Achievement Value: 1.00

Process Milestone: Based upon criteria, develop and submit a plan to assign eligible patients to the adult medical home.

(insert milestone)

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

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

Achievement: Yes

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

Patients are assigned to the adult medical home based on the visit rule using our professional billing system, which all of our physicians use to capture information. The assignment rule looks for ambulatory visits in terms of which physicians have seen a patient two or more times in a two year period. The patient is then assigned to a practice based upon the physician they visited the most In addition, there is risk stratification for every patient based on a CMS algorithm, number of visits to the ER, and number of hospitalizations.

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

Category 2: Expand Medical Homes

Achievement Value	1.00

Category 2: Expand Medical Homes

Process Milestone: Based upon criteria, develop and submit a plan to assign eligible patients to the pediatric medical home.

(insert milestone)

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

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

Achievement: Yes

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

A plan for assignment of pediatric patients has been developed. According to this plan, all patients receiving primary care (defined as well child care plus any additional general pediatric care) at the Witherbee Children's Health Center and its associated practices are being assigned to one of 3 tiers, based on patient complexity: Tier I Children without chronic medical conditions, Tier II Children with a single serious or chronic condition, Tier III Children with complex and/or multiple chronic medical conditions (additional details can be found in binder tab 3).

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

Achievement Value: 1.00

Improvement Milestone:

(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone:

(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Expand Medical Homes

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Conduct Medication Management

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

DY Total Computable Incentive Amount: * $ 2,879,800.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Develop evidence-based decision rules that will be the clinical underpinning of each point of care decision support message.
(insert milestone)

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

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

Achievement: Yes

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

We have developed evidence-based decision rules after careful review of randomized clinical trials (RCT) and systematic reviews or meta-analyses for glycemic control, hypertension management, and lipid management. In addition, we reviewed existing published clinical guidelines from organizations including the American Diabetes Association (ADA) and American Society of Hypertension. We then constructed evidence tables that summarize the data from RCTs and meta-analyses on each major medication management topic that inform this development of evidence-based rules that will be the clinical underpinning of each point of care decision support message. Each time a physician opens a patient chart within Epic, the algorithm for all clinical decision support reminders will run to determine whether the patient had received care in accordance with the recommended evidence-based practice guidelines. A secondary set of CDS messages will focus on recommended processes of care and suggests obtaining overdue laboratory tests through the electronic health record while another will suggest monthly visits for follow-up for those patients not at goal.

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

Achievement Value: 1.00

Process Milestone: Pilot the medication management program.
(insert milestone)

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

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

Achievement: No

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

We are on track to meet this milestone in Quarter 1 20112. Thus far, we have hired project staff including: a clinical pharmacist, project director, staff research associate, and an administrative assistant. In addition, our clinical pharmacist has been trained on motivational interviewing based approaches that emphasize fostering of patients' autonomous motivation and self-efficacy to execute successfully their diabetes medication and other self-care tasks. Further, we have collaborated with existing medication therapy management programs to identify best practices, developed patient educational materials, and engaged leadership from UCLA primary care practices. Finally, eligible patients for medication management will be identified through the UCLA Faculty Practice Group disease registry, which allows for identification of patients with diabetes who meet eligibility criteria for a one-on-one clinical pharmacist consultation. We have established a recruitment protocol for this program, drafted scripts for the recruitment screener, and developed an internal database to keep track of patients called and recruited into the program.

Category 2: Conduct Medication Management

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

Category 2: Conduct Medication Management

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Conduct Medication Management

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Category 2: Conduct Medication Management

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Implement/Expand Care Transitions Programs

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

DY Total Computable Incentive Amount: * $ 5,590,200.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Develop a staffing and implementation plan to accomplish the goals/objectives of the care transitions program.
(insert milestone)

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

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

Achievement: Yes

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

We have staffed a telephone-based care transition center with four RN level nurses and are in the process of hiring a fifth nurse. One nurse works with hospitalized heart failure patients prior to discharge by providing more in-depth patient education regarding heart failure care, health coaching on self-management, and remote monitoring of key health parameters (e.g., daily weights, blood pressure, heart rate, symptoms). The other nurses continue telephone-based health coaching and monitoring activities for six months with discharged hospitalized heart failure patients starting within three days of discharge; patients receive scheduled weekly calls for the first month, scheduled monthly calls through the other months, and as needed calls based on monitoring of health parameters. Nurses contact health providers as needed to implement changes needed for the patients' management. Operations manuals for the nurses detailing these protocols are available for review (see binder tab 3). The program has enrolled and managed 25 heart failure patients who were discharged from UCLA hospitals.

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

Achievement Value: 1.00

Process Milestone: Demonstrate the integration of information systems by stratifying patient demographic data by process, clinical, and/or quality data.
(insert milestone)

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

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

Achievement: Yes

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

We have integrated information systems and are able to stratify patient demographic data by process, clinical, and/or quality data. For example, we are able to stratify patient age and gender data by ACE or ARB, or beta-blocker at discharge for quality. In addition, we can stratify ejection fraction for clinical purposes (see binder tab 3) as well as stratify data by appointments scheduled within seven days of discharge for process metrics.

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

Achievement Value: 1.00

Category 2: Implement/Expand Care Transitions Programs

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Process Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Implement/Expand Care Transitions Programs

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Category 2: Implement/Expand Care Transitions Programs

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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

Below is the data reported for the DPH system.

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

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

Patient/Care Giver Experience (required)

DY Total Computable Incentive Amount:	*	$ 3,110,250.00
Incentive Funding Already Received in DY:	*	$ -

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

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

We have undertaken the necessary planning, redesign, translation, training, and contract negotiations in order to implement CG-CAHPS. This is evidenced by our contract with an outside vendor to administer this survey over the phone. In addition, staff and doctors have been trained on how to interpret results of the survey.

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. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):

Achievement	N/A
Achievement Value	

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

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

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

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

Achievement: N/A

Achievement Value

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

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

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

Achievement: N/A

Achievement Value

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

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

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

Achievement: N/A

Achievement Value

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

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

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

Achievement: N/A

Achievement Value

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 3: Care Coordination *(required)*

Below is the data reported for the DPH system.

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

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

Care Coordination (required)

DY Total Computable Incentive Amount:	*	$ 3,110,250.00
Incentive Funding Already Received in DY:	*	$ -

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

Data Collection Source	*	Data warehouse
Numerator	*	7.0
Denominator	*	4,545.0
Rate		0.2

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

Using a list of patients age 18-75 years with diabetes who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all hospitals using specifications for all inpatient discharges with ICD-9 principal diagnosis code for short-term complications within the current reporting period. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists as well as a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. These patients are then placed into our case management program.

Achievement	Yes
Achievement Value	0.50

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

Category 3: Care Coordination *(required)*

Data Collection Source	*	Data warehouse
Numerator	*	4.0
Denominator	*	4,545.0
Rate		0.1

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

Using a list of patients age 18-75 years with diabetes who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all hospitals using specifications for all inpatient discharges with ICD-9 principal diagnosis code for uncontrolled diabetes within the current reporting period. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists as well as a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. These patients are then placed into our case management program.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	*	
Numerator	*	
Denominator	*	
Rate		

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

Achievement	N/A
Achievement Value	

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

Category 3: Care Coordination *(required)*

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

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

Achievement	N/A
Achievement Value	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 3: Preventive Health *(required)*

Below is the data reported for the DPH system.

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

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

Preventive Health (required)

DY Total Computable Incentive Amount:	*	$ 3,110,250.00
Incentive Funding Already Received in DY:	*	$ -

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

Data Collection Source	*	Data warehouse
Numerator	*	4,971.0
Denominator	*	9,289.0
Rate		53.5

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

Using a list of female patients age 50-74 years who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all female patients who had a mammogram screen for breast cancer within 18 months, defined as July 1, 2010 - December 31, 2011, for the semi-annual report. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We maintain a mammography registry that is accessed via our UCLA Population Management intranet site. All of the data related to mammography screening is collated here.

Achievement		Yes
Achievement Value		0.50

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

Data Collection Source	*	Data warehouse

Category 3: Preventive Health *(required)*

Numerator	*	5,708.0
Denominator	*	25,921.0
Rate		22.0

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

Using a list of patients age 50 and older who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all patients who received an influenza immunization during the flu season, defined as September 1, 2011 - December 31, 2011, for the semi-annual report. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We maintain a influenza registry that is accessed via our UCLA Population Management intranet site. All of the data related to influenza is collated here.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	*	
Numerator	*	
Denominator	*	
Rate		

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

Achievement	N/A
Achievement Value	

Category 3: Preventive Health *(required)*

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

Data Collection Source *	
Numerator *	
Denominator *	
Rate	

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

Achievement	N/A
Achievement Value	

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

Data Collection Source *	
Numerator *	
Denominator *	
Rate	

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

Achievement	N/A
Achievement Value	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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:	*	$ 3,110,250.00
Incentive Funding Already Received in DY:	*	$ -

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

Data Collection Source	*	Data warehouse
Numerator	*	1,022.0
Denominator	*	4,545.0
Rate		22.5

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

Using a list of patients age 18-75 with diabetes mellitus who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all patients with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl) within the current reporting period. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu
22. Manhattan Beach

We have linkages to diabetologists. In addition, we have a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. These patients are then placed into our case management program. We look for these patients every month and engage them.

Achievement	Yes
Achievement Value	0.50

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

Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State *(DY7-10)*

Data Collection Source	*	Data warehouse
Numerator	*	1,736.0
Denominator	*	4,545.0
Rate		38.2

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

Using a list of patients age 18-75 with diabetes who visited a UCLA primary care clinic two or more times during the prior demonstration year (denominator) we pulled numerator data for all patients with diabetes whose most recent hemoglobin A1c level is in control (<9%) within the current reporting period. The data does not reflect the table of clinics in our plan directly as some clinics have been removed from the list and others re-categorized. The clinics included are the following:

1. 100 Medical Plaza
2. Pacific Palisades
3. Pediatrics - Santa Monica
4. Pediatrics - CHC Fac
5. Pediatrics - West Los Angeles
6. Santa Monica - 12th Street (no longer exists)
7. Santa Monica - 16th Street
8. Santa Monica - 20th Street (includes 12th Street)
9. Santa Monica - Parkside
10. Brentwood
11. Women's Health Center 250
12. Women's Health Center 290
13. West Washington
14. Internal Medicine Suite
15. FMC Team A
16. FMC Team B
17. FMC Team C
18. FMC Team D
19. FMC Team E
20. FMC Team F
21. Malibu

We have linkages to diabetologists. In addition, we have a diabetes registry that all physicians can access. For a pilot subgroup we have a program for identifying high risk diabetic patients. These patients are then placed into our case management program. We look for these patients every month and engage them.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	*	
Numerator	*	
Denominator	*	
Rate		

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

Achievement	N/A
Achievement Value	

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

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

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

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

Achievement	N/A
Achievement Value	

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

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

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

Achievement	N/A
Achievement Value	

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

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

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

Achievement	N/A
Achievement Value	

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

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

Data Collection Source	*
Numerator	*
Denominator	*
Rate	

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

Achievement	N/A
Achievement Value	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
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:	*	$ 1,579,050.00
Incentive Funding Already Received in DY:	*	$ -

Compliance with Sepsis Resuscitation bundle (%)

Numerator	*	47
Denominator	*	1,006
% Compliance		4.67%

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

For sepsis data collection we ran reports to identify patient populations based on ICD-9 codes, Table 1 and Table 2&3 excluding those patients less than 18 years of age. Next, we deleted duplicate patient encounters between Table 1 and Table 2&3 cases and then reviewed medical charts via our online/scanned medical record. We reviewed cases that were not excluded, per the definition of sepsis, for compliance with the screening tool and bundle components. Lastly, we entered the data into a Sepsis Database and then ran queries and calculated data, as necessary.
The data has been shared with the multidisciplinary sepsis team and has been used to determine where to focus implementation/education. The data is also included in the sepsis screening tool and order set implementation education to assist in identifying the need for implementation. The challenges with the data abstraction process is that the majority of patients identified by Table 2&3 get excluded, resulting in many hours of extra work.
A multidisciplinary team was developed to lead the implementation of the sepsis screening tool and 6 Hour Sepsis Bundle. The team developed an Adult Sepsis Screening Tool, Adult Sepsis Order Set, Sepsis Nursing Guidelines and Sepsis Education PowerPoint. The screening tool and order set will be implemented in the ED on 3/5/212 and all inpatient units 4/2/2012.

DY Target (from the DPH system plan, if appropriate)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Sepsis Mortality (%)

Numerator	*	
Denominator	*	
% Mortality		N/A

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

Achievement Value

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

Optional Milestone: Implement the Sepsis Resuscitation Bundle: to be completed within 6 hours for patients with severe sepsis, septic shock, and/or lactate > 4mmol/L (36 mg/dl) Source of data to be the RRUCLA patient chart.

(insert milestone)

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

A multidisciplinary team was developed to lead the implementation of the sepsis screening tool and 6 Hour Sepsis Bundle. The team developed an Adult Sepsis Screening Tool, Adult Sepsis Order Set, Sepsis Nursing Guidelines and Sepsis Education PowerPoint. The screening tool and order set will be implemented in the ED Quarter 1 2012 and all inpatient units Quarter 2 2012.

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

Optional Milestone: Report at least 6 months of data collection on Sepsis Resuscitation Bundle to 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 (if "yes") provide an in-depth description of how the milestone was achieved: *	Yes

Sepsis = 43/1058 = 4.06% compliance with Sepsis Resuscitation Bundle (baseline period = June-November 2011).

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

Optional Milestone:

(insert milestone)

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

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

Optional Milestone:

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

(insert milestone)

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

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

Optional Milestone: _____
(insert milestone)

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

Optional Milestone: _____
(insert milestone)

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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:	*	$ 1,579,050.00
Incentive Funding Already Received in DY:	*	$ -

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

Numerator	*	793.00
Denominator	*	809.00
% Compliance		0.98

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

CLIP data is collected using a surveillance form that is completed by nurses on the unit. Once completed, it is then turned into Infection Control for input into our internal database and NHSN. Once collected, this data is used to calculate the numerator for our compliance with CLIP. For the denominator, we extract this data from coding and finance. However, some conversion is necessary by coding because we code using CPT while NHSN asks for ICD-9 codes.
For purposes of quality improvement, the CLIP data is given to leadership in a monthly report. In addition, unit specific reports are created and shared with Unit Directors, Physician leadership, and Charge Nurses. They are then encouraged, if they have an issue, to pull together a unit based team to initiate a quality improvement process. This has proved challenging as many units do not embrace the data and, therefore, do not reach out. On the other hand, some units do reach out and work one-on-one with our Infection Control Department to complete a comprehensive unit based patient safety improvement project.

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Central Line Bloodstream Infection (Rate per 1,000 patient days)

Numerator	*	
Denominator	*	
Infection Rate		N/A

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

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

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

Optional Milestone: Implement the Central Line Insertion Practices (CLIP), as evidenced by policies and procedures and CLIP tracking tool to be included with central line insertion kits and completed by individuals placing lines.

(insert milestone)

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

Blood stream infections caused by central venous catheters is the focus of numerous quality outcome projects. The reason for this focus is the high-risk, high-cost impact of these Healthcare Associated Infections and the multiple opportunities for decreasing infection rates. RRUCLA has been tracking MDROs (MRSA, VRE, and C diff), Blood Stream Infections, and Ventilator Associated Pneumonias since the early 1980s.
With the California Department of Public Health's mandate regarding regulatory reporting requirements on tracking and reporting of catheter associated blood stream infections (CA BSI), we have implemented policies, training, and surveillance techniques. These have been presented to nursing leadership for staff dissemination. With regards to training and education, we have implemented a training program for both physicians as well as nursing and patient safety champions. In addition, while we only report ICU CA BSIs to the National Healthcare Safety Network (NHSN), we perform surveillance house wide, including ICUs and non-ICUs.
With the mandate requiring healthcare facilities using central venous catheters (CVCs) to monitor and report compliance with process measures, we have implemented the Central Line Insertion Practices (CLIP), as evidenced by policies procedures. In addition, we designed a Central Venous Catheter Insertion Checklist that has been placed on our Forms Portal for easy access for inserters (see binder tab 3). In addition, though challenging, arrangements were made by the Strategic Sourcing Coordinator and Distribution to affix this insertion checklist to the front of each central line tray for completion by individuals placing lines. This has allowed for us to track compliance data for all 5 CVC Insertion Bundle Elements, which is then submitted to NHSN.

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

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

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

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

CLABSI rate = (88/53660)*1000 = 1.64 CLABSI per 1000 central line days (baseline period: June-November 2011).
CLIP rate = 822/898 = 0.92 CLIP (baseline period: July-December 2009).

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

Optional Milestone: _____
(insert milestone)

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

Optional Milestone: _____
(insert milestone)

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

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

Optional Milestone: _____
(insert milestone)

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

Optional Milestone: _____
(insert milestone)

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Surgical Site Infection Prevention

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

Surgical Site Infection Prevention

DY Total Computable Incentive Amount:	*	$ 1,579,050.00
Incentive Funding Already Received in DY:	*	$ -

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

Numerator	*	23.00
Denominator	*	462.00
% Infection Rate		4.98%

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

The data collection process for SSIs consists of two separate arms: derivation of the numerator and denominator. The procedure case counts used to calculate the denominator component is derived from administrative data from the operating room information system. This information system yields ICD-9/CPT codes which are then mapped to CDC procedure categories (NHSN legacy codes) using CDC guidelines (1). Our case-finding methods for SSIs, which comprises the numerator component, includes review of multiple sources of information to compile a list of potential SSIs:
1. Infection Preventionists (IP) manually review all microbiology lab culture reports for cultures with labels that may be related to a potential SSI such as “wound,” “abscess”, or “surgical site.”
2. Electronic review of multiple ICD-9 triggers that have been shown to be sensitive for detection of SSIs (2) and other post-operative complications.
3. IPs review daily OR case schedule to identify patients returning to the OR.
4. IPs review daily facility admission report to determine readmissions for surgical complications.
Every potential SSI is then reviewed by an IP and confirmed either with a physician epidemiologist or another IP. IPs apply CDC surveillance definitions to determine presence and type of SSI. Data is entered into NHSN weekly. Infection rates are calculated by NHSN.
There are some limitations to this surveillance methodology. UCLA Clinical Epidemiology and Infection Prevention (CEIP) have expended extensive resources to ensure that our electronic SSI surveillance is as accurate as possible. We have performed extensive manual validation of the electronic data by IP staff to ensure good quality data. However, because we rely on electronic administrative data for the denominator, it is subject to small systematic error and misclassification. To improve the sensitivity of detection of SSIs (numerator), we developed a methodology based on multiple overlapping methodologies: 1 electronic and 3 manual. This redundant approach relying on independent data sources is less skewed by the inaccuracies of relying on electronic data collection alone.
UCLA Clinical Epidemiology and Infection Prevention (CEIP) uses SSI surveillance data in many capacities to prevent SSIs:
1. SSI rate data is used as a tool for SSI prevention education
2. Rates are fed back to each attending physician, which in itself has been shown to be an effective intervention to prevent SSIs.
3. SSI rates are regularly presented at Surgical Services Committee as a quality measure.
4. CEIP is now working with each clinical surgical service to develop service specific infection rates for large volume and high risk procedures that will be included on monthly department quality dashboards.
5. SSI rates are being used to develop targeted interventions for specific patient groups (partial list):
a. Development of Staphylococcus aureus nasal and topical skin decolonization protocol (3).
b. Use of chlorhexidine pre-operative skin antisepsis instead of povidone iodine.

1. NHSN Manual, January 2012. (http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf).
2. Huang, et al. Use of Medicare Claims to Rank Hospitals by SSI Risk following surgery. Clin Infect Dis. 2011:32(8);775-83.
3. Bode, etal. Preventing SSIs in nasal carriers of S. aureus. NEJM. 2010:362(1);9-17.

Spinal fusion: 1/195 = 0.51% infection rate
Colon: 16/212 = 7.55% infection rate

Category 4: Surgical Site Infection Prevention

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Optional Milestone: Report at least 6 months of data collection on SSI 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 (if "yes") provide an in-depth description of how the milestone was achieved:	*	Yes

Spinal fusion: 11/386 = 2.85% infection rate (baseline period: January-December 2010)
Colon: 17/212 = 8.02% infection rate (baseline period: June-November 2011)
Small bowel: 5/59 = 8.47% infection rate (baseline period: June-November 2011)

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

Category 4: Surgical Site Infection Prevention

Optional Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Optional Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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

Achievement Value

Optional Milestone: _____
(insert milestone)

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

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

Achievement N/A

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

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 (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	

Optional Milestone: _____
(insert milestone)

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: UCLA Health System
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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

Hospital-Acquired Pressure Ulcer Prevention

DY Total Computable Incentive Amount:	*	$ 1,579,050.00
Incentive Funding Already Received in DY:	*	$ -
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)		
Numerator	*	19.00
Denominator	*	987.00
Prevalence (%)		0.019

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

HAPU data is collected at UCLA as part of Prevalence Day, a reoccurring monthly practice where nurses audit their own units. Using the NDNQI HAPU audit form, nurses enter information about the patient, risk factors, number and type of pressure ulcers, and all prevention efforts used. The HAPU data is collected and given to our Subject Matter Expert, who reviews and verifies the data.
Once the data is validated, a report for each unit is created and distributed to the Unit Directors. This data covers an entire calendar year and allows the UDs to review their progress over the year and in comparison to the NDNQI 50th percentile ranking. It is then posted (by the Unit Directors) on the unit to inform their staff. The data is also used by the UPCs to drive performance improvement initiatives. Outside the units the data is also used by the Wound Ostomy & Continence Care department to drive their work.

DY Target (from the DPH system plan)	*	
% Achievement of Target		N/A
Achievement Value		0.50

Optional Milestone: Achieve hospital-acquired pressure ulcer prevalence of less than 2.5%.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*	19.00
Denominator (if absolute number, enter "1")	*	987.00
Achievement		0.0193
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*	Yes

We have achieved a hospital-acquired pressure ulcer prevalence of less than 2.5%. This has been achieved as a result of a program that established evidence based Standards of Care to include risk assessment, outcomes, general care measures, prevention strategies, and treatment guidelines. Housewide educational programs were provided to introduce the program and teach the nursing staff the specific aspects of the program and its implementation. The program is updated to include technological advancements in products and address new trends in the care environment.
The current program reflects the on-going need for aggressive skin preservation efforts to prevent pressure ulcer formation. WOCN-led teaching rounds are conducted in high-risk areas to model behaviors, educate regarding prevention and treatment, and articulate the standards and guidelines to nurses and physicians. Some severely compromised or critically ill patients with multiple co-morbidities, multi-system organ failure, pre-terminal conditions, etc. may develop a pressure ulcer despite all efforts aimed at prevention. The standards provide best practice suggestions to improve comfort and reduce the likelihood that the ulcer will deteriorate. Standards and Guidelines for the neonatal and pediatric populations are being developed to address the needs of these fragile patients.

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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

Category 4: Hospital-Acquired Pressure Ulcer 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	No
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: *	No

HAPU promising practices and findings sent to SNI Quarter 1 2012.

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

Optional Milestone: _____

(insert milestone)

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

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

Optional Milestone: _____

(insert milestone)

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

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

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value

Optional Milestone: _____
(insert milestone)

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

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

Achievement: N/A

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

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

Achievement Value