

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.

DPH systems should follow the instructions at the top of each tab for completing the form. DPH systems should complete information for items marked "*" for each project tab and milestone being reported.

DSRIP Semi-Annual Reporting Form

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

* DPH SYSTEM:	San Joaquin General Hospital
* REPORTING YEAR:	DY 6
* DATE OF SUBMISSION:	5/13/2011

Total Payment Amount

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

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

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	\$ -
Increase Training of Primary Care Workforce	\$ -
Implement and Utilize Disease Management Registry Functionality	\$ -
Enhance Interpretation Services and Culturally Competent Care	\$ -
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	\$ -
Enhance Urgent Medical Advice	\$ -
Introduce Telemedicine	\$ -
Enhance Coding and Documentation for Quality Data	\$ -
Develop Risk Stratification Capabilities/Functionalities	\$ -
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	\$ -
Expand Specialty Care Capacity	\$ -
Enhance Performance Improvement and Reporting Capacity	\$ -
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	\$ -
Category 2 Projects	
Expand Medical Homes	\$ -
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	\$ -
Implement/Expand Care Transitions Programs	\$ -
Implement Real-Time Hospital-Acquired Infections (HAIs) System	\$ -
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	\$ -
Category 3 Domains	
Patient/Care Giver Experience (required)	\$ -
Care Coordination (required)	\$ -
Preventive Health (required)	\$ -
At-Risk Populations (required)	\$ -
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	\$ -
Category 4 Interventions	
Severe Sepsis Detection and Management (required)	\$ -
Central Line Associated Blood Stream Infection Prevention (required)	\$ -
Surgical Site Infection Prevention	\$ -
Hospital-Acquired Pressure Ulcer Prevention	\$ -
Stroke Management	\$ -
Venous Thromboembolism (VTE) Prevention and Treatment	\$ -
Falls with Injury Prevention	\$ -
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	\$ -
TOTAL INCENTIVE PAYMENT	\$ -

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

DPH SYSTEM: San Joaquin General Hospital

REPORTING Y/DY 6

DATE OF SUB: 5/13/2011

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.

Summary of Demonstration Year Activities

San Joaquin General Hospital has been working diligently to achieve the milestones of the Delivery System Reform Incentive Payments (DSRIP) program. During the past year we have completed the following:

Categories 1 and 2:

The patient volumes for the primary care clinics are currently being analyzed so that current patients can be accurately assigned to a primary care provider, to begin to establish medical homes for the patients. Additionally, capacity for growth is being determined. The waiting list for new patients is being reviewed to assess the need for expanded hours and additional staff requirements.

Information Systems has been developing a process to identify patients who will be appropriate for specific disease management registries. Specific chronic conditions (diabetes, congestive heart failure) and primary care sites (Family Medicine Clinic, Primary Medicine Clinic) are being evaluated at this time. The clinic-specific list of patients who did not keep their appointments during the past year is currently being analyzed to assist in clinic redesign to promote efficiency and patient services.

Medical Staff Services has been actively recruiting for additional primary care providers. During the past months an additional Family Medicine physician has been successfully recruited.

Category 3:

Hospital Leadership is currently working with Press Ganey to implement a patient satisfaction survey for the appropriate clinics. Information Systems is developing a process to identify patients appropriate for inclusion in the Care Coordination, Preventive Health and At-Risk Populations measures. Data abstraction methods are being developed.

Category 4:

Sepsis Detection and Management: A program has been written to electronically capture appropriate patients. A data abstraction tool has been developed to be used in determining the level of compliance with providing the evidence based interventions.

Central Line Associated Blood Stream Infection (CLABSI) Prevention: Central Line Insertion Practices form completion compliance data is being gathered and reported at various departmental and committee meetings.

Surgical Site Infections: Data is currently being gathered and reported at various departmental and committee meetings. A new program is being developed to cope with a change in the State mandated reporting of Surgical Site Infections. Staff members are being educated regarding infection reporting requirements.

Stroke Management: Data is being gathered and reported at various departmental and committee meetings.

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During the past year San Joaquin General Hospital has made significant changes and improvements in Information Technology (IT) infrastructure moving towards Electronic Health Records. Challenges have been encountered in regard to access and analysis of patient and disease specific data for building disease registries and medical homes. Implementation of new (IT) programs being installed in the near future will alleviate some of these challenges. Leadership and line staff have been participating in many performance improvement educational opportunities to ensure achievement of the expected goals of the DSRIP program. Clinic Management Leadership staff attended a Panel Management Workshop led by the UCSF Center for Excellence in Primary Care. San Joaquin General Hospital continues to explore best practices through collaboration with the California Association of Public Hospitals and the Safety Net Institute.

Summary of DPH System's Participation in Shared Learning

See narrative above.

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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: _____	<input type="text" value="YES"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 6,687,500.00"/>
Total Sum of Achievement Values:	<input type="text" value="1.00"/>
Total Number of Milestones:	<input type="text" value="1.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 6,687,500.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 6,687,500.00"/>
<u>Incentive Payment Amount:</u>	<input type="text" value="\$ -"/>

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Increase Training of Primary Care Workforce

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Implement and Utilize Disease Management Registry Functionality

Process Milestone: _____	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 6,687,500.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 6,687,500.00
Incentive Funding Already Received in DY:	\$ 6,687,500.00
<u>Incentive Payment Amount:</u>	\$ -

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Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

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

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page
Enhance Urgent Medical Advice

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

Introduce Telemedicine

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

Enhance Coding and Documentation for Quality Data

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

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

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page
Expand Specialty Care Capacity

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 1 Summary Page

Enhance Performance Improvement and Reporting Capacity

#	#REF!
<i>Achievement Value</i>	#REF!
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<i>Achievement Value</i>	#REF!
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<i>Achievement Value</i>	#REF!
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<i>Achievement Value</i>	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

Category 2 Summary Page

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

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- The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
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- The red boxes indicate Total Sums.

Category 2 Projects	
Expand Medical Homes	
Process Milestone: _____	<input type="checkbox"/> Yes
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Process Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
Improvement Milestone: _____	<input type="checkbox"/> N/A
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ 6,413,000.00"/>
Total Sum of Achievement Values:	<input type="text" value="1.00"/>
Total Number of Milestones:	<input type="text" value="1.00"/>
Achievement Value Percentage:	<input type="text" value="100%"/>
Eligible Incentive Funding Amount:	<input type="text" value="\$ 6,413,000.00"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ 6,413,000.00"/>
<u>Incentive Payment Amount:</u>	<input type="text" value="\$ -"/>

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Category 2 Summary Page

Expand Chronic Care Management Models

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 2 Summary Page

Redesign Primary Care

Process Milestone: _____	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 6,413,000.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 6,413,000.00
Incentive Funding Already Received in DY:	\$ 6,413,000.00
Incentive Payment Amount:	\$ -

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Category 2 Summary Page

Redesign to Improve Patient Experience

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 2 Summary Page

Redesign for Cost Containment

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 2 Summary Page

Integrate Physical and Behavioral Health Care

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

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Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Use Palliative Care Programs

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Conduct Medication Management

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement/Expand Care Transitions Programs

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

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

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
DY Total Computable Incentive Amount:	<input style="width: 100px;" type="text" value="\$ -"/>
Total Sum of Achievement Values:	<input style="width: 100px;" type="text" value="-"/>
Total Number of Milestones:	<input style="width: 100px;" type="text" value="-"/>
Achievement Value Percentage:	<input style="width: 100px;" type="text"/>
Eligible Incentive Funding Amount:	<input style="width: 100px;" type="text"/>
Incentive Funding Already Received in DY:	<input style="width: 100px;" type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>	<input style="width: 100px;" type="text"/>

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page
Care Coordination (required)

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

N/A

Achievement Value

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

N/A

Achievement Value

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:

\$ -

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:

Preventive Health (required)

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

N/A

Achievement Value

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

N/A

Achievement Value

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:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 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)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
Report results of the Diabetes Composite to the State (DY8-10)	N/A
<i>Achievement Value</i>	<input style="border: 1px solid blue;" type="text"/>
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	<input style="width: 100%;" type="text"/>
Eligible Incentive Funding Amount:	<input style="width: 100%;" type="text"/>
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	<input style="width: 100%; height: 15px;" type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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 (%)	N/A
Achievement Value	
Sepsis Mortality (%)	N/A
Achievement Value	
Optional Milestone: _____	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:	\$ 574,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 574,750.00
Incentive Funding Already Received in DY:	\$ 574,750.00
Incentive Payment Amount:	\$ -

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Central Line Associated Blood Stream Infection Prevention (required)

Compliance with Central Line Insertion Practices (CLIP) (%)	N/A
<i>Achievement Value</i>	
Central Line Bloodstream Infection (Rate per 1,000 patient days)	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
Optional Milestone: _____	N/A
<i>Achievement Value</i>	
DY Total Computable Incentive Amount:	\$ 574,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 574,750.00
Incentive Funding Already Received in DY:	\$ 574,750.00
<u>Incentive Payment Amount:</u>	\$ -

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Surgical Site Infection Prevention

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

N/A

Achievement Value

Optional Milestone: _____

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:

\$ 574,750.00

Total Sum of Achievement Values:

1.00

Total Number of Milestones:

1.00

Achievement Value Percentage:

100%

Eligible Incentive Funding Amount:

\$ 574,750.00

Incentive Funding Already Received in DY:

\$ 574,750.00

Incentive Payment Amount:

\$ -

Hospital-Acquired Pressure Ulcer Prevention

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

#

#REF!

Achievement Value

#REF!

DY Total Computable Incentive Amount:

#REF!

Total Sum of Achievement Values:

#REF!

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

#REF!

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

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: _____	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:	\$ 574,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 574,750.00
Incentive Funding Already Received in DY:	\$ 574,750.00
<u>Incentive Payment Amount:</u>	\$ -

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
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Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page
Falls with Injury Prevention

#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
#	#REF!
Achievement Value	#REF!
DY Total Computable Incentive Amount:	#REF!
Total Sum of Achievement Values:	#REF!
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	#REF!
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

Category 1: Expand Primary Care Capacity

Below is the data reported for the DPH system.

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

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

Expand Primary Care Capacity	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 6,687,500.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 6,687,500.00"/>
Process Milestone: ____ Develop a plan to expand the number of primary care providers <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
* <input type="text" value="YES"/>	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> A plan was developed by Family Medicine faculty and hospital leadership to add additional physicians in the primary care clinic at San Joaquin General Hospital. Recruiting is underway. One additional Family Medicine physician has been successfully recruited. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="YES"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
* <input type="text"/>	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> (Empty description box) </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1: Expand Primary Care Capacity

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1: Expand Primary Care Capacity

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * <input style="width: 100px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") * <input style="width: 100px;" type="text"/></p> <p>Achievement N/A</p> <p>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: * <input style="width: 100px;" type="text"/></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * <input style="width: 100px;" type="text"/></p> <p style="text-align: right;"><i>Achievement Value</i></p> <div style="border: 1px solid blue; width: 100px; height: 15px; margin-left: auto; margin-right: 0;"></div>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) * <input style="width: 100px;" type="text"/></p> <p>Denominator (if absolute number, enter "1") * <input style="width: 100px;" type="text"/></p> <p>Achievement N/A</p> <p>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: * <input style="width: 100px;" type="text"/></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * <input style="width: 100px;" type="text"/></p> <p style="text-align: right;"><i>Achievement Value</i></p> <div style="border: 1px solid blue; width: 100px; height: 15px; margin-left: auto; margin-right: 0;"></div>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

Category 1: Implement and Utilize Disease Management Registry Functionality

Below is the data reported for the DPH system.

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

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

Implement and Utilize Disease Management Registry Functionality	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 6,687,500.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 6,687,500.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
* <input type="text" value="Yes"/>	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> A plan to install a disease management registry for diabetes management in the Primary Care Clinic was developed and approved by the Family Medicine Department faculty and hospital administration. Information Systems is currently developing a program to appropriately identify patients with chronic conditions for the disease management registry. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
* <input type="text"/>	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> (Empty description box) </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 1: Implement and Utilize Disease Management Registry Functionality

<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>
<p>Process Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p style="text-align: center; background-color: #cccccc;">N/A</p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p>

DSRIP Semi-Annual Reporting Form

Category 1: Implement and Utilize Disease Management Registry Functionality

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement N/A</p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> </p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement N/A</p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> </p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement N/A</p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> </p>	<div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid yellow; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid blue; width: 100%; height: 20px;"></div>

DSRIP Semi-Annual Reporting Form

Category 1: Implement and Utilize Disease Management Registry Functionality

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

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:	* <input type="text" value="\$ 6,413,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 6,413,000.00"/>
Process Milestone: ____ Develop a plan to establish criteria for medical homes <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> The Family Medicine faculty and San Joaquin General Hospital have developed a plan to establish criteria and timetable for implementing medical homes for a selected number of patients assigned to the hospital. </div>	* <input type="text" value="Yes"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	
<div style="border: 1px solid black; min-height: 60px; padding: 5px;"> (Empty description box) </div>	* <input type="text"/>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 2: Expand Medical Homes

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

Category 2: Redesign Primary Care

Below is the data reported for the DPH system.

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

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

Redesign Primary Care	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 6,413,000.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ 6,413,000.00"/>
Process Milestone: _____ Develop a plan to develop methods to redesign Primary Care Clinic processes <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text" value="Yes"/>
<div style="border: 1px solid black; min-height: 80px; padding: 5px;"> A plan has been developed to identify potential efficiency models to be implemented in the Primary Care Clinics. The plan includes the development of a consistent definition of "no shows" and the training of staff and physicians about the efficiency model that is selected. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
<i>Achievement Value</i>	<input type="text" value="1.00"/>
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; min-height: 80px; padding: 5px;"> (Empty description box) </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 2: Redesign Primary Care

<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p>
<p>Improvement Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)</p> <p>Denominator (if absolute number, enter "1")</p> <p>Achievement</p> <p>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:</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone</p> <p><i>Achievement Value</i></p>	<p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p> <p>* <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/></p>

DSRIP Semi-Annual Reporting Form

Category 2: Redesign Primary Care

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: San Joaquin General Hospital

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/13/2011

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:	* \$ -
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 how the milestone was achieved:	*
Achievement	N/A
<i>Achievement Value</i>	
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	*
Achievement	N/A
<i>Achievement Value</i>	
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	*
Achievement	N/A
<i>Achievement Value</i>	
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	*
Achievement	N/A
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

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

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

*

Achievement

Achievement Value

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

"Yes" rating composite of all questions within this theme from all returned surveys:
Enter the percentage of responses indicating "yes"

*

Achievement

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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:	* \$ -
Incentive Funding Already Received in DY:	* \$ -
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Congestive Heart Failure measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
Achievement Value	

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: San Joaquin General Hospital

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/13/2011

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:	* \$ -
Incentive Funding Already Received in DY:	* \$ -
Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
<i>Achievement Value</i>	
Reports results of the Influenza Immunization measure to the State (DY7-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
<i>Achievement Value</i>	
Report results of the Child Weight Screening measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Achievement	N/A
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Category 3: Preventive Health (required)

Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
Achievement Value	<input type="text"/>
Report results of the Tobacco Cessation measure to the State (DY8-10)	
Data Collection Source	* <input type="text"/>
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
Rate	<input type="text"/>
Achievement	N/A
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

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

DPH SYSTEM: San Joaquin General Hospital

REPORTING YEAR: DY 6

DATE OF SUBMISSION: 5/13/2011

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:	* \$ <input style="width: 100px;" type="text" value="-"/>
Incentive Funding Already Received in DY:	* \$ <input style="width: 100px;" type="text" value="-"/>
Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 100px;" type="text"/>
Numerator	* <input style="width: 100px;" type="text"/>
Denominator	* <input style="width: 100px;" type="text"/>
Rate	<input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	
Data Collection Source	* <input style="width: 100px;" type="text"/>
Numerator	* <input style="width: 100px;" type="text"/>
Denominator	* <input style="width: 100px;" type="text"/>
Rate	<input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 100px;" type="text"/>
Numerator	* <input style="width: 100px;" type="text"/>
Denominator	* <input style="width: 100px;" type="text"/>
Rate	<input style="width: 100px;" type="text"/>
Achievement	<input style="width: 100px;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100px;" type="text"/>

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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	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: #e0e0e0;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #e0e0e0;" type="text"/>
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: #e0e0e0;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #e0e0e0;" type="text"/>
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: #e0e0e0;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #e0e0e0;" type="text"/>
Report results of the Diabetes Composite to the State (DY8-10)	
Data Collection Source	* <input style="width: 100%;" type="text"/>
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Rate	<input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: #e0e0e0;" type="text" value="N/A"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #e0e0e0;" type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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:	* \$ 574,750.00
Incentive Funding Already Received in DY:	* \$ 574,750.00
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Sepsis Mortality (%)	
Numerator	*
Denominator	*
% Mortality	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
<p>Optional Milestone: _____ Develop a plan to implement the Sepsis Resuscitation Bundle and develop a hospital-wide measurement system to identify and track patients with severe sepsis. <i>(insert milestone)</i></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
<p>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:</p>	
<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>A plan to implement the Sepsis Resuscitation Bundle and develop a hospital-wide measurement system to identify and track patients with severe sepsis was developed.</p> </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
<p>Optional Milestone: _____ <i>(insert milestone)</i></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*

DSRIP Semi-Annual Reporting Form

Category 4: Severe Sepsis Detection and Management (required)

Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Severe Sepsis Detection and Management (required)

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

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
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Central Line Associated Blood Stream Infection	
DY Total Computable Incentive Amount:	* \$ 574,750.00
Incentive Funding Already Received in DY:	* \$ 574,750.00
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	*
Denominator	*
% Compliance	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Central Line Bloodstream Infection (Rate per 1,000 patient days)	
Numerator	*
Denominator	*
Infection Rate	N/A
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Optional Milestone: — Develop a plan to implement and report on the Central Line Insertion Practices (CLIP) and Central Line Bundle. <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	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
<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> A plan was developed to implement and report on the Central Line Insertion Practices and Central Line Bundle at San Joaquin General Hospital. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00

DSRIP Semi-Annual Reporting Form

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

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

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

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

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:	* <input style="border: 1px solid black; padding: 2px;" type="text" value="\$ 574,750.00"/>
Incentive Funding Already Received in DY:	* <input style="border: 1px solid black; padding: 2px;" type="text" value="\$ 574,750.00"/>
Rate of surgical site infection for Class 1 and 2 wounds (%)	
Numerator	* <input style="border: 1px solid black; padding: 2px;" type="text"/>
Denominator	* <input style="border: 1px solid black; padding: 2px;" type="text"/>
% Infection Rate	<input style="border: 1px solid black; padding: 2px;" type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input style="border: 1px solid black; padding: 2px;" type="text"/>
<i>Achievement Value</i>	<input style="border: 1px solid blue; padding: 2px;" type="text"/>
Optional Milestone: ___ Develop a plan to collect and report data about Surgical Site Infections <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="border: 1px solid black; padding: 2px;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="border: 1px solid black; padding: 2px;" type="text"/>
Achievement	<input style="border: 1px solid black; padding: 2px;" type="text" value="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:	* <input style="border: 1px solid black; padding: 2px;" type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> A plan was developed to report data about Surgical Site Infections at San Joaquin General Hospital. The hospital's data will be reported on a quarterly basis to the hospital's Infection Control Committee. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="border: 1px solid black; padding: 2px;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="border: 1px solid blue; padding: 2px;" type="text" value="1.00"/>

DSRIP Semi-Annual Reporting Form

Category 4: Surgical Site Infection Prevention

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i> <input type="text"/></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Surgical Site Infection Prevention

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
 DPH SYSTEM: San Joaquin General Hospital
 REPORTING YEAR: DY 6
 DATE OF SUBMISSION: 5/13/2011

REPORTING ON THIS PROJECT: *

Category 4: Stroke Management

Below is the data reported for the DPH system.

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

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

Stroke Management	
DY Total Computable Incentive Amount:	* \$ <input type="text" value="574,750.00"/>
Incentive Funding Already Received in DY:	* \$ <input type="text" value="574,750.00"/>
Discharged on Antithrombotic Therapy	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Anticoagulation Therapy for Atrial Fibrillation/Flutter	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Thrombolytic Therapy	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Antithrombotic Therapy by End of Hospital Day 2	
Numerator	* <input type="text"/>
Denominator	* <input type="text"/>
% Compliance	<input type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Stroke Management

Discharged on Statin Medication	
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
% Compliance	<input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input style="width: 100%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #cccccc;" type="text"/>
Stroke Education	
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
% Compliance	<input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input style="width: 100%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #cccccc;" type="text"/>
Assessed for Rehabilitation	
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
% Compliance	<input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input style="width: 100%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #cccccc;" type="text"/>
Stroke mortality rate	
Numerator	* <input style="width: 100%;" type="text"/>
Denominator	* <input style="width: 100%;" type="text"/>
Mortality Rate	<input style="width: 100%; background-color: #cccccc;" type="text" value="N/A"/>
DY Target (from the DPH system plan)	* <input style="width: 100%;" type="text"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #cccccc;" type="text"/>
<p>Optional Milestone: ——— Develop a plan to identify, monitor and report about the seven Stroke Management Process Measures. <i>(insert milestone)</i></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input style="width: 100%;" type="text"/>
Denominator (if absolute number, enter "1")	* <input style="width: 100%;" type="text"/>
Achievement	<input style="width: 100%; background-color: #cccccc;" type="text" value="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:	* <input style="width: 100%;" type="text" value="Yes"/>
<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>A plan was developed to identify, monitor and report about the seven Stroke Management Process Measures for patients treated at San Joaquin General Hospital. The compliance data will be reported to the hospital's Integrated Quality Council and the Medical Executive Committee on a quarterly basis.</p> </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input style="width: 100%;" type="text" value="Yes"/>
<i>Achievement Value</i>	<input style="width: 100%; background-color: #cccccc;" type="text" value="1.00"/>

DSRIP Semi-Annual Reporting Form

Category 4: Stroke Management

<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Optional Milestone: _____ <i>(insert milestone)</i></p> <p>Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) *</p> <p>Denominator (if absolute number, enter "1") *</p> <p>Achievement <input type="text" value="N/A"/></p> <p>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: *</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *</p> <p><i>Achievement Value</i></p>	<input type="text"/> <input type="text"/> <input type="text" value="N/A"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4: Stroke Management

Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
<hr/>	
Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="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:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>