DSRIP Semi-Annual Reporting Form

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

Dates Reports are Due

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

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

Use of This Reporting Form

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

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

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

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

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

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

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP

* **DPH SYSTEM:**	Los Angeles County Department of Health Services
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	3/29/2012

Total Payment Amount

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

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	
Increase Training of Primary Care Workforce	
Implement and Utilize Disease Management Registry Functionality	$ 45,000,000.00
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	$ 39,375,000.00
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	$ 7,500,000.00
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	$ 45,000,000.00
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$ 136,875,000.00
Category 2 Projects	
Expand Medical Homes	$ 26,963,000.00
Expand Chronic Care Management Models	$ 33,703,750.00
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	$ 26,963,000.00
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:	$ 87,629,750.00
Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ 12,601,875.00
Care Coordination *(required)*	$ 12,601,875.00
Preventive Health *(required)*	$ 12,601,875.00
At-Risk Populations *(required)*	$ 12,601,875.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 50,407,500.00
Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 10,426,166.67
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 15,639,250.00
Surgical Site Infection Prevention	$ 12,795,750.00
Hospital-Acquired Pressure Ulcer Prevention	
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	$ 10,967,785.71
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 49,828,952.38
TOTAL INCENTIVE PAYMENT	$ 324,741,202.38

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012
Category 1 Summary Page

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

Category 1 Projects	
Expand Primary Care Capacity	
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

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

Category 1 Summary Page
Increase Training of Primary Care Workforce

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

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

DSRIP Semi-Annual Reporting Form

Implement and Utilize Disease Management Registry Functionality

Process Milestone:	Expand registry functionality to at least one Primary Care clinic in at least 8 DHS facilities.	9.00
Achievement Value		*1.00*
Process Milestone:	At least 55% of patients with diabetes, heart failure or asthma seen in the clinics with registry access are entered into the registry.	0.98
Achievement Value		*1.00*
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 45,000,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 45,000,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 45,000,000.00

Category 1 Summary Page
Enhance Interpretation Services and Culturally Competent Care

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

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

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

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

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

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

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

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

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

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

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

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

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

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount: | |

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page
Enhance Urgent Medical Advice

Process Milestone:	Expand access to Nurse Advice Line (NAL) by 10% over baseline.		1.07
Achievement Value			*0.75*
Process Milestone:	Increase by 10% over baseline the number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources.		1.12
Achievement Value			*1.00*
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Process Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			
Improvement Milestone:		-	N/A
Achievement Value			

DY Total Computable Incentive Amount:	$ 45,000,000.00
Total Sum of Achievement Values:	1.75
Total Number of Milestones:	2.00
Achievement Value Percentage:	88%
Eligible Incentive Funding Amount:	$ 39,375,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 39,375,000.00

Category 1 Summary Page
Introduce Telemedicine

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

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

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page
Enhance Coding and Documentation for Quality Data

Process Milestone:	Implement HIPAA 5010 transaction sets to be able to communicate with institutions that are able to receive and send such transactions.	Yes
Achievement Value		1.00
Process Milestone:	Train staff on changes in work flow.	No
Achievement Value		-
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 15,000,000.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 7,500,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 7,500,000.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page
Develop Risk Stratification Capabilities/Functionalities

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

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

Category 1 Summary Page
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

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

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

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

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

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

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

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

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

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

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

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount: | |

Category 1 Summary Page
Expand Specialty Care Capacity

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

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

Category 1 Summary Page
Enhance Performance Improvement and Reporting Capacity

Process Milestone:	Participate in CHART or other statewide, public hospital or national clinical database for standardized data sharing.	Yes
Achievement Value		1.00
Process Milestone:	Quality dashboard or scorecard to be shared with organizational leadership on a regular basis that includes patient satisfaction measures.	Yes
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 45,000,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 45,000,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 45,000,000.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 2 Summary Page

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

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

Category 2 Projects		
Expand Medical Homes		
Process Milestone:	Implement the medical home model in primary care clinics, with at least 20 providers using the medical home model.	28.00
Achievement Value		1.00
Process Milestone:	Assign at least 10,000 patients to provider-led medical home teams.	240,253.00
Achievement Value		1.00
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Process Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
DY Total Computable Incentive Amount:		$ 26,963,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 26,963,000.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 26,963,000.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Expand Chronic Care Management Models

Process Milestone:	Determine baseline percentage of patients with diabetes, heart failure, or asthma with at least one recorded self-management goal.	Yes
Achievement Value		1.00
Process Milestone:	Implement a comprehensive risk-reduction program for patients with diabetes mellitus that includes gylcemic, blood pressure and lipid control in primary care.	Yes
Achievement Value		1.00
Process Milestone:	Expand and document interaction types between patient and health care team beyond one-to-one visits to include group visits, telephone visits, and other interaction types.	Yes
Achievement Value		0.50
Process Milestone:	Implement Stroke Medical Home (blood pressure control)	No
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:	$ 53,926,000.00
Total Sum of Achievement Values:	2.50
Total Number of Milestones:	4.00
Achievement Value Percentage:	63%
Eligible Incentive Funding Amount:	$ 33,703,750.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 33,703,750.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign Primary Care

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

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

Category 2 Summary Page

Redesign to Improve Patient Experience

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

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

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign for Cost Containment

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

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

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

Process Milestone:	Co-locate mental health services with primary care in two additional LAC DHS directly operated or contract facilities for a total of four co-location sites.	5.00
Achievement Value		*1.00*
Process Milestone:	Track the number of referrals from primary care providers to on-site mental health professionals at the co-location sites.	Yes
Achievement Value		*0.50*
Process Milestone:	Use joint consultations and treatment planning at co-locations sites, and coordinate resources to improve patient education, support, and compliance with the medication regimen.	No
Achievement Value		*-*
Process Milestone:	Integrate depression screening to 15% of enrolled patients with diabetes assigned to co-location sites.	0.16
Achievement Value		*0.50*
Process Milestone:	At least 70% of initial behavioral health visit appointment waiting times among patients enrolled in DHS medical homes who meet medical necessity criteria will be less than 30 business days.	0.88
Achievement Value		*0.50*
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:	$ 53,926,000.00
Total Sum of Achievement Values:	2.50
Total Number of Milestones:	5.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 26,963,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 26,963,000.00

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

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

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

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

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

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

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

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

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

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Process Milestone: _____ - | N/A |

Achievement Value | |

Process Milestone: _____ - | N/A |

Achievement Value | |

Process Milestone: _____ - | N/A |

Achievement Value | |

Process Milestone: _____ - | N/A |

Achievement Value | |

Process Milestone: _____ - | N/A |

Achievement Value | |

Improvement Milestone: _____ - | N/A |

Achievement Value | |

Improvement Milestone: _____ - | N/A |

Achievement Value | |

Improvement Milestone: _____ - | N/A |

Achievement Value | |

Improvement Milestone: _____ - | N/A |

Achievement Value | |

Improvement Milestone: _____ - | N/A |

Achievement Value | |

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount: | |

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Use Palliative Care Programs

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

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

Category 2 Summary Page

Conduct Medication Management

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

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

Category 2 Summary Page

Implement/Expand Care Transitions Programs

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

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

Category 2 Summary Page

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

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

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

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

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

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

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

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

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

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

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

DY Total Computable Incentive Amount: | $ - |

Total Sum of Achievement Values: | - |

Total Number of Milestones: | - |

Achievement Value Percentage: | |

Eligible Incentive Funding Amount: | |

Incentive Funding Already Received in DY: | $ - |

Incentive Payment Amount: | |

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 3 Summary Page

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

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

Category 3 Domains

Patient/Care Giver Experience (required)

Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	Yes
Achievement Value	0.50
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 25,203,750.00
Total Sum of Achievement Values:	0.50
Total Number of Milestones:	1.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 12,601,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,601,875.00

Category 3 Summary Page
Care Coordination (required)

Report results of the Diabetes, short-term complications measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Congestive Heart Failure measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 25,203,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 12,601,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,601,875.00

Preventive Health (required)

Report results of the Mammography Screening for Breast Cancer measure to the State (DY7-10)	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Child Weight Screening measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Tobacco Cessation measure to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 25,203,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 12,601,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,601,875.00

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page
At-Risk Populations (required)

Report results of the Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (<100 mg/dl) measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the Diabetes Mellitus: Hemoglobin A1c Control (<9%) measure to the State (DY7-10)	Yes
Achievement Value	0.50
Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	N/A
Achievement Value	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	N/A
Achievement Value	
Report results of the Diabetes Composite to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 25,203,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	$ 12,601,875.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,601,875.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012
Category 4 Summary Page

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

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	
Compliance with Sepsis Resuscitation bundle (%)	-
Achievement Value	-
Sepsis Mortality (%)	-
Achievement Value	-
Optional Milestone: Implement the Sepsis Resuscitation Bundle, as evidenced by:	Yes
Achievement Value	1.00
Optional Milestone: Report at least 6 months of data collection on Sepsis Resuscitation Bundle Compliance to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	1.00
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	

DY Total Computable Incentive Amount:	$ 15,639,250.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	67%
Eligible Incentive Funding Amount:	$ 10,426,166.67
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 10,426,166.67

Category 4 Summary Page

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

Compliance with Central Line Insertion Practices (CLIP) (%)	0.94
Achievement Value	1.00
Central Line Bloodstream Infection (Rate per 1,000 patient days)	N/A
Achievement Value	-
Optional Milestone: Continue implementation of the Central Line Insertion Practices (CLIP)	Yes
Achievement Value	*1.00*
Optional Milestone: Report as least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 15,639,250.00
Total Sum of Achievement Values:	4.00
Total Number of Milestones:	4.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 15,639,250.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 15,639,250.00

Category 4 Summary Page
Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)	0.01
Achievement Value	1.00
Optional Milestone: Assess understanding of and compliance with 6 SCIP Core measures for identified procedures using UHC Core Measure Data set as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Address provider knowledge deficits using a variety of strategies e.g. team training as manifested by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Develop dashboard to compare compliance with SCIP Core Measures using UHC Core Measure Data targeted procedures as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: -	N/A
Achievement Value	
Optional Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 12,795,750.00
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 12,795,750.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 12,795,750.00

Category 4 Summary Page
Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
Optional Milestone: _____ -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	

Category 4 Summary Page

Stroke Management

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

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

VTE Prophylaxis (%)	N/A
Achievement Value	-
Intensive care unit VTE prophylaxsis (%)	N/A
Achievement Value	-
VTE patients with anticoagulation overlap therapy (%)	N/A
Achievement Value	-
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)	N/A
Achievement Value	-
VTE discharge instructions (%)	N/A
Achievement Value	-
Incidence of potentially preventable VTE (%)	N/A
Achievement Value	-
Optional Milestone: Form DHS VTE prevention collaborative as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: VTE team will set general goals and a timeline for construction of and implementation of VTE protocol as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Allocate resources to provide expert support as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Allocate resources to develop VTE data collection methodology as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Allocate resources to collect data on VTE measures as evidenced by DHS Performance Measure Committee minutes.	Yes
Achievement Value	*1.00*
Optional Milestone: Report at least 6 months of data collection on the VTE management process measures to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: Report the 5 VTE process measures data to the State.	-
Achievement Value	-
Optional Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ 12,795,750.00
Total Sum of Achievement Values:	$ 6.00
Total Number of Milestones:	7.00
Achievement Value Percentage:	86%
Eligible Incentive Funding Amount:	$ 10,967,785.71
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 10,967,785.71

Category 4 Summary Page
Falls with Injury Prevention

Prevalence of patient falls with injuries (Rate per 1,000 patient days)   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

Optional Milestone: _____ -   `N/A`

Achievement Value

DY Total Computable Incentive Amount: `$            -`

Total Sum of Achievement Values: `-`

Total Number of Milestones: `-`

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY: `$            -`

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

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:	* $ 45,000,000.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone: Expand registry functionality to at least one Primary Care clinic in at least 8 DHS facilities.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 9.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	9.00

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

LAC-DHS designed and built a web-based Disease Management Registry. This registry includes patients with specific clinical conditions, seen in select clinics. The conditions include Heart Failure, Diabetes, Asthma and Stroke. Registry functionality includes association of patient with clinical program and provider, clinical decision support (Boolean logic based on any variable in the Registry) and clinical messaging.

LAC+USC	High Desert	Rancho Los Amigos
El Monte CHC	Long Beach CHC	
Hudson CHC	San Fernando HC	
Roybal CHC	MLK MACC	

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 8.00
Achievement Value	1.00

Process Milestone: At least 55% of patients with diabetes, heart failure or asthma seen in the clinics with registry access are entered into the registry.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 5,389.00
Denominator (if absolute number, enter "1")	* 5,510.00
Achievement	0.98

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

As we move forward with the establishment of medical home panels, DHS has made a policy decision to enroll all empaneled patients into its disease management registry to facilitate panel management. Therefore, for DY 7 a total of 5,389 of 5,510 (97.8%) empaneled patients with diabetes, heart failure or asthma seen in clinics with registry access were entered in the registry.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 0.55
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Enhance Urgent Medical Advice

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

---

Enhance Urgent Medical Advice

DY Total Computable Incentive Amount: * $ 45,000,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Expand access to Nurse Advice Line (NAL) by 10% over baseline.
                                            (insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   *   2,111.00

Denominator (if absolute number, enter "1")   *   1,964.00

   Achievement   1.07

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: *

Number of patient contacts made to the NAL as evidenced by NAL call center reports: Baseline (CY 2010) number of calls was 1,964. During July through December 2011, NAL call center reports indicate that a total of 2,111 calls were made to the NAL. This is already a 7.5% increase over the entire baseline year. This milestone is on target to be met or exceeded for DY 7. The increase in calls can be attributed to increased enrollment in Healthy Way LA (Los Angeles County's Low Income Health Program) and marketing to increase awareness of the NAL among Healthy Way LA members, through flyers, brochures and refrigerator magnets.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone   *   1.10

   Achievement Value   0.75

Process Milestone: Increase by 10% over baseline the number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources.
                                            (insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   *   407.00

Denominator (if absolute number, enter "1")   *   363.00

   Achievement   1.12

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

Number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources: Baseline (CY 2010) number of redirected patient contacts was 363. During July through December 2011, NAL call center reports indicate that a total of 407 patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources. This is a 12% increase over the baseline year. This milestone has been met for DY 7.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone   *   1.10

   Achievement Value   1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Enhance Coding and Documentation for Quality Data

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

---

Enhance Coding and Documentation for Quality Data

DY Total Computable Incentive Amount: * $ 15,000,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Implement HIPAA 5010 transaction sets to be able to communicate with institutions that are able to receive and send such transactions.
(insert milestone)

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

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

Achievement — Yes

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

As of December 31, 2011, all DHS facilities were capable of sending and receiving 5010 transaction sets and were live with such transactions to the extent feasible by payer. There were no major difficulties encountered in achieving this milestone from the DHS perspective. However, the State Medi-Cal Fiscal Intermediary will not be ready for testing until 2012. Other payers however, were ready and are actively exchanging 5010 transactions with DHS as of December 31, 2011.

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

Achievement Value 1.00

Process Milestone: Train staff on changes in work flow.
(insert milestone)

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

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

Achievement — No

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

This milestone is targeted for completion by June 30, 2012.

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

Achievement Value -

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 1: Enhance Performance Improvement and Reporting Capacity

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

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

---

Enhance Performance Improvement and Reporting Capacity

DY Total Computable Incentive Amount: * | $ 45,000,000.00 |

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

Process Milestone: Participate in CHART or other statewide, public hospital or national clinical database for standardized data sharing.
(insert milestone)

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

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

Achievement | Yes |

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

> LAC/DHS participated in CHART through December 2011 when CHART announced that their board determined they would no longer collect, analyze or report on measures as they had since their inception. CHART announced that the last refresh of the public website would be February 2012. During DY6 and DY7 LAC/DHS also participated in the University Healthsystem Consortium (UHC). LAC/DHS submits data and UHC produces reports so we can compare performance with other institutions nationally.

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

Achievement Value | 1.00 |

Process Milestone: Quality dashboard or scorecard to be shared with organizational leadership on a regular basis that includes patient satisfaction measures.
(insert milestone)

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

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

Achievement | Yes |

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

> Documented sharing of quality dashboard as evidenced by posting it on the LAC DHS public website.

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

Achievement Value | 1.00 |

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 2: Expand Medical Homes

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

Expand Medical Homes

DY Total Computable Incentive Amount:	* $ 26,963,000.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone: Implement the medical home model in primary care clinics, with at least 20 providers using the medical home model.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 28.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	28.00

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

As of December 31, 2011, 28 providers within LACDHS had been trained on and were using the Patient-Centered Medical Home (PCMH) model of care and were practicing as part of a broader medical home team, which includes a care manager and certified medical assistant who are able to provide care management, panel management, and care coordination services. These teams, as well as other providers not yet using the PCMH model, also received their own patient panels for the first time. Teams found the training to be incredibly helpful in terms of adapting to the new model, adjusting expectations regarding their roles, and understanding the roles of the other team members. Over the next six months, additional providers will be trained on use of the PCMH team model of care and a new registry system will be rolled out to aid in panel management.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 20.00
Achievement Value	1.00

Process Milestone: Assign at least 10,000 patients to provider-led medical home teams.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 240,253.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	240,253.00

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

As of 12/31/11, a total of 240,253 patients were assigned to DHS provider-led medical home teams. These included those enrolled in the Community Health Plan, Healthy Way LA, Seniors and Persons with Disabilities Medi-Cal Managed Care, and uninsured DHS continuity patients.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 10,000.00
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 2: Expand Chronic Care Management Models

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

DY Total Computable Incentive Amount: * $ 53,926,000.00

Incentive Funding Already Received in DY: * $ -

Process Milestone: Determine baseline percentage of patients with diabetes, heart failure, or asthma with at least one recorded self-management goal.
(insert milestone)

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

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

   Achievement | Yes |

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

> For those sites with Registry access we identified the patients with the target clinical conditions and then counted those who had at least one self-management goal entered into the Registry. The numerator (720) is the number of patients with a recorded self management goal, the denominator (10,664) is the number of patients with diabetes, heart failure or asthma in the registry. The baseline percentage is 6.8%

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

   Achievement Value | 1.00 |

Process Milestone: Implement a comprehensive risk-reduction program for patients with diabetes mellitus that includes gylcemic, blood pressure and lipid control in primary care.
(insert milestone)

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

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

   Achievement | Yes |

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

> The Kaiser Permanente A-L-L program found that utilization of aspirin, an ACE-I/ARB and a statin among patients 50 years and older with Type 2 Diabetes resulted in a 60-80% cardiovascular risk reduction. We created an electronic prompt integrated into the Registry to promote the use of A-L-L. The A-L-L prompt has screened and messaged providers to prescribe for 3,097 patients. Of these, 2,513 patients (81%) are on the full A-L-L regimen. 388 patients (13%) are on two of the three A-L-L drugs, 116 patients (4%) are on one A-L-L drug, and 80 patients (3%) received prompts but were not placed on A-L-L drugs.

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

   Achievement Value | 1.00 |

Category 2: Expand Chronic Care Management Models

Process Milestone:	Expand and document interaction types between patient and health care team beyond one-to-one visits to include group visits, telephone visits, and other interaction types.

(insert milestone)

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

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

Achievement   `Yes`

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

In order to set the baseline, in June 2011 DHS surveyed all clinics, with an emphasis on achieving 100% response among primary care clinics, on the incorporation and use of non-traditional visit models into routine clinic operations. Clinics have been encouraged to expand their use of non-traditional visit types, relying on alternative visit types (e.g., phone calls), visits with non-physician providers in order to leverage the full skillsets of DHS' diverse staff (e.g., RN visits), and group visits, which enhance clinic efficiency and facilitate peer-to-peer learning. At this semi-annual report interval, we already have seen an increase in the use of nontraditional visits. As three examples,

--Medical homes within the Martin Luther King Multispecialty Ambulatory Care Center (MLK-MACC) have implemented group visits for patients with diabetes; 78 patients participated between June and December 2011. The MLK-MACC has also initiated nurse-only clinic visits using an RN Case manager who, following newly established protocols, follows diabetes indicators for empaneled patients.

--El Monte Comprehensive Health Center implemented an Initial Health Assessment (IHA) clinic in July 2011 to expedite new members' access to care by completing the intake assessment using managed care guidelines. Since July, 250 patients have been seen in the IHA clinic.   El Monte has began an RN-taught Insulin Class in September 2011; 20 patients new to insulin therapy have received one-to-one RN teaching on insulin management through this format.

-LAC-USC resident "Galaxy" medical home has also increased their use of telephone calls as a means of reducing inpatient visits. Call centers and telephone prescription refill request lines have been highly utilized by patients, replacing the need for clinic visits which was previously the only way to obtain such services. Daily call volume averaged 35 calls for this clinic during the first half of the demonstration year.
In July, 2012, DHS will formally re-survey all DHS clinics, again with an emphasis on maximizing the response rate among primary care clinics, to document the full spectrum of expanded use of clinics' use of non-traditional visit models.

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

Achievement Value   `0.50`

Process Milestone:	Implement Stroke Medical Home (blood pressure control)

(insert milestone)

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

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

Achievement   `No`

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

This milestone is targeted for completion by June 30, 2012.

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

Achievement Value   `-`

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

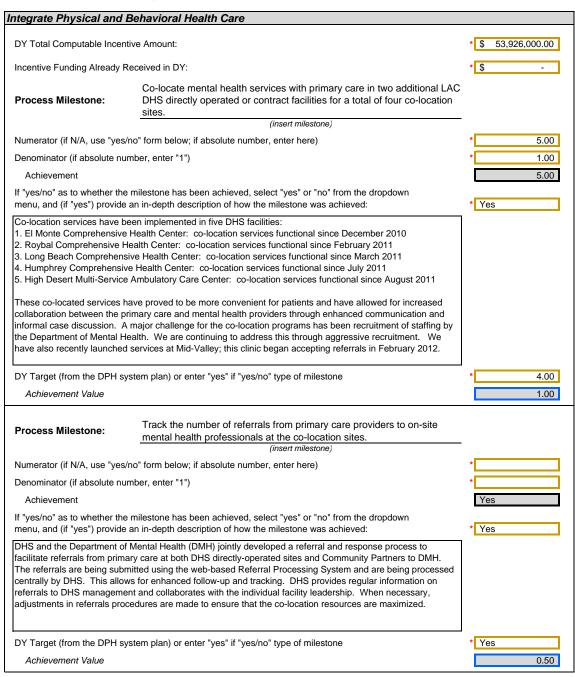## Category 2: Integrate Physical and Behavioral Health Care

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

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

---

Integrate Physical and Behavioral Health Care

DY Total Computable Incentive Amount:	* $ 53,926,000.00
Incentive Funding Already Received in DY:	* $ -

Process Milestone: Co-locate mental health services with primary care in two additional LAC DHS directly operated or contract facilities for a total of four co-location sites.
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 5.00
Denominator (if absolute number, enter "1")	* 1.00
Achievement	5.00

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

Co-location services have been implemented in five DHS facilities:
1. El Monte Comprehensive Health Center: co-location services functional since December 2010
2. Roybal Comprehensive Health Center: co-location services functional since February 2011
3. Long Beach Comprehensive Health Center: co-location services functional since March 2011
4. Humphrey Comprehensive Health Center: co-location services functional since July 2011
5. High Desert Multi-Service Ambulatory Care Center: co-location services functional since August 2011

These co-located services have proved to be more convenient for patients and have allowed for increased collaboration between the primary care and mental health providers through enhanced communication and informal case discussion. A major challenge for the co-location programs has been recruitment of staffing by the Department of Mental Health. We are continuing to address this through aggressive recruitment. We have also recently launched services at Mid-Valley; this clinic began accepting referrals in February 2012.

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

Process Milestone: Track the number of referrals from primary care providers to on-site mental health professionals at the co-location sites.
(insert milestone)

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

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

DHS and the Department of Mental Health (DMH) jointly developed a referral and response process to facilitate referrals from primary care at both DHS directly-operated sites and Community Partners to DMH. The referrals are being submitted using the web-based Referral Processing System and are being processed centrally by DHS. This allows for enhanced follow-up and tracking. DHS provides regular information on referrals to DHS management and collaborates with the individual facility leadership. When necessary, adjustments in referrals procedures are made to ensure that the co-location resources are maximized.

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

Category 2: Integrate Physical and Behavioral Health Care

Process Milestone:	Use joint consultations and treatment planning at co-locations sites, and coordinate resources to improve patient education, support, and compliance with the medication regimen.	
	(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* [ ]
Denominator (if absolute number, enter "1")		* [ ]
Achievement		No
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		* No

The co-location of DMH staff in DHS facilities has allowed for joint consultations and case discussions between the primary care and mental health staff. The mental health staff members are able to attend meetings with the primary care team which leads to enhanced communication and collaboration. In terms of tracking the number of individual consultations, both DHS and DMH have decided against the initial plan of using a paper-based process. Therefore, DHS and DMH are currently working together to develop a process to electronically track the joint consultations that take place in each facility. This new process will start at Roybal CHC co-location site by April 1, 2012 with plans for roll-out to the rest of the co-location sites in May 2012. We plan to report at least one full month of data on the frequency of joint consultations at each co-located site for the year-end report.

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

Process Milestone:	Integrate depression screening to 15% of enrolled patients with diabetes assigned to co-location sites.	
	(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* 42.00
Denominator (if absolute number, enter "1")		* 255.00
Achievement		0.16
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

Providers practicing in clinics that are mental health co-location sites have received reminders of the importance of depression screening in their general patient panel, as well as the particularly high incidence of depression among diabetic patient populations and the effect depression has on management of diabetes. In examination of preliminary data among the three clinic sites (El Monte, Roybal, and Long Beach) that were functioning as co-location clinics by the beginning of the Demonstration Year, approximately 16% of diabetic patients had received depression screening within the past year with a standardized depression screening tool. As additional co-location clinic sites are set up, providers will be encouraged to perform depression screening for all relevant patient populations. As noted by the US Preventive Services Task Force recommendation on Depression Screening among Adults in 2009, an optimum interval for screening for depression is not known. DHS is in the process of determining the optimal screening interval for diabetic patients within DHS.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* 15%
Achievement Value		0.50

Process Milestone:	At least 70% of initial behavioral health visit appointment waiting times among patients enrolled in DHS medical homes who meet medical necessity criteria will be less than 30 business days.	
	(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* 1,007.00
Denominator (if absolute number, enter "1")		* 1,142.00
Achievement		0.88
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

Members in Los Angeles County's Low Income Health Program, Healthy Way LA (HWLA) are required to have access to a behavior health specialist when medical necessity criteria are met, within 30 business days. Among this managed care population, LACDHS has successfully set up a mechanism to track the timeliness of appointments for mental/behavioral health referrals to the Department of Mental Health to ensure compliance with these access standards. Among all DHS referrals, over the first six months of the Demonstration Year, 88% of HWLA DHS patients received an appointment for mental health services within 30 business days. Over the next six months, we will continue to refine the tracking mechanism, standardized data reporting, and isolate the processing of referrals from DHS medical homes vs. HWLA patients (reimbursed by DHS) cared for in our community partner clinic network.

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* 70%
Achievement Value		0.50

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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

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

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

Patient/Care Giver Experience (required)	
DY Total Computable Incentive Amount:	* $ 25,203,750.00
Incentive Funding Already Received in DY:	* $ -

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

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

Over the first six months of the Demonstration Year, LACDHS has taken a number of actions to prepare for
implementation of CG-CAHPS outpatient satisfaction surveys in DY8. These activities include: discussions
with clinic leadership regarding optimal sampling granularity and methodology, transition plan from existing
homegrown patient satisfaction surveys to CG-CAHPs, and additional survey questions to be added;
participation in CAPH/SNI conference and calls regarding mandated approach to CG-CAHPS survey;
identification of funds needed to contract with external survey vendor; preliminary survey vendor discussions
regarding addition of CG-CAHPS surveys to existing survey contract; arrangements with LACDHS Contracts
& Grants Division and County Counsel regarding contracting terms and Board notification process. Over the
next six months, we will finalize the Statement of Work and obtain necessary Board approval of the signed
contract, allocate IT and data analytic staff support to meet the data query and IT specs required by the
survey vendor, and initiate surveys.

Achievement	Yes
Achievement Value	0.50

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012
Category 3: Care Coordination *(required)*

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

Care Coordination (required)

DY Total Computable Incentive Amount:	* $ 25,203,750.00
Incentive Funding Already Received in DY:	* $ -

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

Data Collection Source	* Data warehouse
Numerator	* 41.0
Denominator	* 34,279.0
Rate	0.1

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of
diabetics (ages 18-75) with 2+ primary care visits in FY 2010/2011: 34,279. Numerator is number of DHS
inpatient discharges with ICD-9 codes indicating diabetes with short-term complications among
denominator population during July-December 2011: 41.

Because the denominator for this measure represents patients seen over 12 months and the numerator for
this mid-year report represents activity for 6 months, the reported percentages will be expected to
approximately double in the final report.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	* Data warehouse
Numerator	* 7.0
Denominator	* 34,279.0
Rate	0.02

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of
diabetics (ages 18-75) with 2+ primary care visits in FY 2010/2011: 34,279. Numerator is number of DHS
inpatient discharges with ICD-9 codes indicating uncontrolled diabetes among denominator population
during July-December 2011: 7.

Because the denominator for this measure represents patients seen over 12 months and the numerator for
this mid-year report represents activity for 6 months, the reported percentages will be expected to
approximately double in the final report.

Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

Category 3: Preventive Health *(required)*

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

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

Preventive Health (required)	
DY Total Computable Incentive Amount:	* $ 25,203,750.00
Incentive Funding Already Received in DY:	* $ -

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

Data Collection Source	* Data warehouse
Numerator	* 10,241.0
Denominator	* 38,463.0
Rate	26.6

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of female patients (ages 50-74) with 2+ primary care visits in FY 2010/2011: 38,463. Numerator is number of patients with ICD-9 codes recorded indicating mammography screening among denominator population during an 18 month period ending in December 2011: 10,241.

Because the denominator for this measure represents patients seen over 12 months and the numerator for this mid-year report represents activity for 6 months, the reported percentages will be expected to approximately double in the final report.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	* Data warehouse
Numerator	* 14,901.0
Denominator	* 65,754.0
Rate	22.7

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of patients (ages 50+) with 2+ primary care visits in FY 2010/2011: 65,754. Numerator is number of encounters with ICD-9 codes indicating influenza immunization among denominator population during September-December 2011: 14,901.

Because the denominator for this measure represents patients seen over 12 months and the numerator for this mid-year report represents activity for 6 months, the reported percentages will be expected to increase in the final report.

Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012
Category 3: At-Risk Populations *(required)*

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

---

At-Risk Populations (required)

DY Total Computable Incentive Amount:	* $ 25,203,750.00
Incentive Funding Already Received in DY:	* $ -

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

Data Collection Source	* Data warehouse
Numerator	* 6,373.0
Denominator	* 34,279.0
Rate	18.6

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of diabetics (ages 18-75) with 2+ primary care visits in FY 2010/2011: 34,279. Numerator is number of diabetics with an LDL-C result of less than 100 mg/dl during July-December 2011: 6,373.

Because the denominator for this measure represents patients seen over 12 months and the numerator for this mid-year report represents activity for 6 months, the reported percentages will be expected to approximately double in the final report.

Achievement	Yes
Achievement Value	0.50

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

Data Collection Source	* Data warehouse
Numerator	* 16,376.0
Denominator	* 34,279.0
Rate	47.8

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

Analysis was performed on data in the LAC DHS Enterprise Data Repository. Denominator is number of diabetics (ages 18-75) with 2+ primary care visits in FY 2010/2011: 34,279. Numerator is number of diabetics with a Hemoglobin A1c result of less than 9% during July-December 2011: 16,376.

Because the denominator for this measure represents patients seen over 12 months and the numerator for this mid-year report represents activity for 6 months, the reported percentages will be expected to approximately double in the final report.

Achievement	Yes
Achievement Value	0.50

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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: * $ 15,639,250.00

Incentive Funding Already Received in DY: * $ -

Compliance with Sepsis Resuscitation bundle (%)

Numerator   *

Denominator   *

   % Compliance

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

> Data collection for Sepsis Bundle compliance is in process. The compliance percent with the Sepsis Resuscitation bundle will be reported in the year-end report.

DY Target (from the DPH system plan, if appropriate)   *

% Achievement of Target

   Achievement Value

Sepsis Mortality (%)

Numerator   *

Denominator   *

   % Mortality

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

   Achievement Value

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

Optional Milestone: Implement the Sepsis Resuscitation Bundle, as evidenced by:
                                                        (insert milestone)

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

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

   Achievement   [Yes]

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

The milestone components below (a-g) were met. The milestone components are evidenced by LAC/DHS
Waiver and Performance Measure Committee (LAC/DHS W/PMC) minutes unless otherwise specified.

a) Form DHS wide Sepsis Collaborative. LAC/DHS W/PMC created a sepsis internal collaborative which
meets every 2 weeks via conference calls. Collaborative members include representatives from all LAC/DHS
acute care facilities. Agendas are formulated and minutes are taken. All agendas include bundle elements
and current and future DY milestones which serve as a reminder and road map. Members are expected to
communicate with their local sepsis teams. Activity reports are given at the LAC/DHS W/PMC meeting.

b) Revise CME approved curriculum used to train ED nurses and physicians in the detection and treatment of
severe sepsis and septic shock patients as evidenced by curriculum sample . The LAC/DHS Sepsis
Collaborative revised the mandatory content for the Sepsis CME curriculum. The Sepsis curriculum will be a
part of each LAC facilities' Sepsis educational program. Facilities will be allowed to modify based on their
regional processes as long as the revised mandatory content is part of the educational program.

c) Train 30% ED nurses and physicians on severe sepsis and septic shock detection and treatment as
evidenced by course log and CME records. LAC/DHS W/PMC has undertaken the training duties as a shared
responsibility between LAC/QIPS staff, local nursing and physician leadership. LAC/QIPS staff collected
Emergency Department staff rosters in September 2011 to formulate denominator values to meet this
milestone. Only ED staff were included in the numerator, although additional staff attended the training.
Trainings were provided at all LAC/DHS facilities on various shifts. LAC/DHS exceeded the 30% goal and
training remains ongoing; inpatient education is ongoing as well. At last tabulation 489 of 785 ED staff have
been educated as of December 31, 2011.

d) Create Sepsis Resuscitation Order Set that includes the resuscitation bundle elements as evidenced by
order set sample . Each LAC/DHS facility either created Sepsis Resuscitation Order Sets or revised existing
order sets. The Sepsis Resuscitation Order Sets embed all elements of the Sepsis Resuscitation Bundle. An
expanded feature of the order sets was the creation of a laboratory option titled "Sepsis Panel," that include at
a minimum blood cultures, lactate, electrolyte panel, and coagulation tests. The identification of this label
allows the clinician to order tests essential to detecting and treating sepsis with one keystroke.

e) Allocate resources for expert support. LAC/DHS W/PMC allocated resources for expert support through
LAC/QIPS staff and contractor Pascal Metrics. LAC/QIPS staff coordinated a team training course and
offered it to the members of facility Sepsis teams. The Sepsis Team Training class with Pascal Metrics was
offered on October 6, 2011. Monthly follow-ups with Pascal Metrics are held with the intent of discussing the
projects of each Sepsis Team, e.g. identifying barriers and reporting on the recent "small tests of change."

f) Allocate resources for data collection methodology development. LAC/DHS W/PMC allocated QIPS staff to
create data collection tools to identify patients that meet the Severe Sepsis criteria. The tool is designed to
identify patients that meet denominator criteria, and then to measure if identified patients were treated with all
elements of the Sepsis Bundle within the time frames required. Data collection tools were vetted with Sepsis
team representatives. Once the tool was finalized, a paper tool was created to be used for medical record
review.   The methodology requires monthly downloads of medical records for each facility. Medical records
are reviewed using the tool.

g) Allocate resources for data collection . The LAC/DHS W/PMC allocated LAC/QIPS staff to collect Sepsis
data centrally for all facilities to assure reliability. Additional resources were hired for this responsibility as the
review required RN level review. Each record requires a minimum of 30 minutes for review. LAC/QIPS uses
central data warehouse to identify medical records that meet the Sepsis criteria. LAC/QIPS staff either
request paper medical records, or review records electronically depending on the facility. Using the Sepsis
tool created, LAC/QIPS staff reviewed medical records for denominator inclusion and bundle compliance.

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

   Achievement Value   [1.00]

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

Optional Milestone:	Report at least 6 months of data collection on Sepsis Resuscitation Bundle Compliance to SNI for purposes of establishing the baseline and setting benchmarks.

(insert milestone)

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

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

    Achievement   [Yes]

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

> LAC/DHS W/PMC submitted data to SNI on Sepsis Resuscitation Bundle compliance in December 2011. The baseline data period was for six months between July to December 2009. Findings demonstrated that 157 of 438 patients received all elements of the Sepsis Resuscitation Bundle within permitted timeframes of "Sepsis declaration." Baseline compliance rate is 36%.

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

    Achievement Value   [1.00]

Optional Milestone: _____

(insert milestone)

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

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

    Achievement   [N/A]

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

>

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

    Achievement Value   [ ]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

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

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

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

---

Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	* $ 15,639,250.00
Incentive Funding Already Received in DY:	* $ -

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

Numerator	* 1,155.00
Denominator	* 1,235.00
% Compliance	0.94

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

> Data source: NHSN database. The data period is from July 2011 through Dec. 2011. The numerator (1155) is documented fully compliant central line insertion bundle and the denominator (1235) is the number of central line insertions done.

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

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

Numerator	*
Denominator	*
Infection Rate	N/A

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

>

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

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

Optional Milestone:	Continue implementation of the Central Line Insertion Practices (CLIP)
	(insert milestone)

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

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

   Achievement   `Yes`

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

The milestone components below (a-e) were met. The milestone components are evidenced by LAC/DHS Waiver and Performance Measure Committee (LAC/DHS W/PMC) minutes unless otherwise specified.

a) Develop a mandatory curriculum /used to train and orient physicians in the insertion of central lines as evidenced by sample curriculum. The LAC/DHS Healthcare Infection Prevention Best Practices group developed a central line curriculum to be used system wide. Draft curriculum started January 2011 and was finalized in October 2011. The curriculum placed emphasis on CLABSI prevention and central line insertion procedures. The "DHS Central Line Module" was distributed for system-wide implementation on November 1, 2011. Compliance with use of module will be evaluated in May 2012.

b) Provide ongoing education to ICU staff on care of central. LAC/DHS Quality Improvement and Patient Safety Program (LAC/QIPS) staff developed a monthly calendar to monitor ongoing classes that educate ICU staff on central line care. The class calendar is distributed to LAC/DHS facilities to record their classes on a monthly basis. Results are reported during the LAC/DHS W/PMC meetings.

c) Allocate resources to provide expert support. LAC/DHS W/PMC allocated resources for expert support through LAC/QIPS staff and contractor Pascal Metrics. LAC/QIPS staff coordinated a team training course and offered it to the members of facility CLABSI teams. The CLABSI Team Training class with Pascal Metrics was offered on October 6, 2011. Monthly follow-ups with Pascal Metrics are held with the intent of discussing each CLABSI Team project, e.g. identifying barriers and reporting on the recent "small tests of change."

d) Allocate resources to develop data collection methodology. Resource allocation for data collection is largely determined by state requirements. Each LAC/DHS facility submits CLIP data to NHSN using the prescribed methodology from the NHSN site. LAC/DHS met this milestone through the adoption of the NHSN methodology and by supplementing data collection on the element not included on the CLIP form, "documentation reflecting daily assessment of central line necessity." LAC/DHS W/PMC allocated LAC/QIPS staff to download the NHSN data and report findings to the LAC/DHS W/PMC once verified by facility Infection staff. LAC/QIPS staff collected compliance data on the additional measure, the documentation of daily line necessity. The compliance data is analyzed by LAC/QIPS staff and reported to LAC/DHS W/PMC.

e) Allocate resources to collect data on implementation of Central Line Bundle Resource allocation is largely determined by state requirements. Each LAC/DHS facility submits CLIP data to NHSN using the prescribed methodology and prescribed site. LAC/QIPS staff download the NHSN data and report findings to the LAC/DHS W/PMC once it has been verified by facility Infection staff. LAC/DHS W/PMC allocated QIPS staff to collect compliance data on the additional measure of the CLABSI Bundle not captured on the CLIP form, documentation of daily line necessity. The method identified for this process requires LAC/QIPS staff to visit each LAC/DHS facility on a monthly basis. The medical records for all patients that have a central line on the date of the visit are reviewed. To meet compliance with this element the medical record must reflect that physician assessed patient for line necessity and the patient had the central line.

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

   Achievement Value   `1.00`

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

Optional Milestone:	Report as least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.

(insert milestone)

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

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

   Achievement   [Yes]

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

LAC/DHS submitted CLIP Compliance data to SNI in December 2011. Baseline data findings for the period January 2011 to June 2011 was 1087/1174 for a rate of 92.6% compliance.

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

   Achievement Value   [1.00]

Optional Milestone:	Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.

(insert milestone)

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

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

   Achievement   [Yes]

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

LAC/DHS submitted CLABSI data to SNI in December 2011. Baseline data findings for the period January 2011 to June 2011 was 48 infections for 32,349 for a rate of 1.50 and an SIR of 0.783.

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

   Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Surgical Site Infection Prevention

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

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

Surgical Site Infection Prevention

DY Total Computable Incentive Amount:	* $ 12,795,750.00
Incentive Funding Already Received in DY:	* $ -

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

Numerator	* 8.00
Denominator	* 669.00
% Infection Rate	0.01

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

Data source: NHSN database. The data period is from July 2011 through Dec. 2011 and was pulled on
March 15, 2012. The numerator (8) is documented surgical site infections and the denominator (669) is the
number of targeted surgeries performed for a rate of 1.2 and an SIR of 0.66. Note: NHSN data is in a
constant state of updating, therefore NHSN data is constantly changing.

LAC/DHS targeted surgeries: LAC+USC is targeting Coronary Artery By-Pass Graft Surgery and Cardiac
Surgery, Harbor/UCLA Medical Center is targeting Coronary Artery By-Pass Graft surgery and Hip
Prosthesis Surgery, Olive View/UCLA Medical Center is targeting Gallbladder Surgery and Colon Surgery,
Rancho Los Amigos National Rehabilitation Center is targeting Hip Prosthesis Surgery and Knee Prosthesis
Surgery.

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

Optional Milestone:	Assess understanding of and compliance with 6 SCIP Core measures for identified procedures using UHC Core Measure Data set as evidenced by DHS Performance Measure Committee minutes.
	(insert milestone)

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

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

This milestone is met and evidenced by LAC/DHS Waiver and Performance Measure Committee (LAC/DHS
W/PMC) minutes. Each LAC/DHS facility submits its SCIP data as part of its core measure set to University
Healthsystem Consortium (UHC) who is the system's third party vendor. For each identified procedure,
where applicable, performance on the 6 SCIP measures was downloaded using UHC database and
tabulated. LAC/QIPS presented the data to facility SSI Teams to identify opportunities for process
improvement. Opportunities for improvement included temperature control and documentation of appropriate
hair removal.

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

Category 4: Surgical Site Infection Prevention

Optional Milestone: Address provider knowledge deficits using a variety of strategies e.g. team training as manifested by DHS Performance Measure Committee minutes.
(insert milestone)

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

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

Achievement   Yes

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

This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/QIPS staff met with individual facility representatives to access understanding of SSI process and outcome measures. At the facility meetings facility staff developed an "Issues" list.

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

Achievement Value   1.00

Optional Milestone: Develop dashboard to compare compliance with SCIP Core Measures using UHC Core Measure Data targeted procedures as evidenced by DHS Performance Measure Committee minutes.
(insert milestone)

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

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

Achievement   Yes

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

This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/QIPS staff created a dashboard using the UHC SCIP measure data. The dashboard was presented to the facility SSI teams at meetings and to the LAC/DHS W/PMC, which includes quality representatives from each facility. The dashboard provides graphic representation of each facility's compliance with the SCIP measures for the targeted procedures and also provides benchmarks.

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

Achievement Value   1.00

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

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

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

Achievement   Yes

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

The LAC/DHS W/PMC submitted 6 months of data to SNI for the aggregate of the facility targeted procedures. Each individual LAC/DHS facility selected two high risk procedures mentioned above. The baseline data period was the six months between April 2011 to September 2011. The aggregate rate was 5 infections for 674 procedures for a rate of 0.74 and an SIR of 0.43. Note: NHSN data is in a constant state of updating, therefore NHSN data is constantly changing.

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

Achievement Value   1.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Los Angeles County Department of Health Services
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/29/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

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

Venous Thromboembolism (VTE) Prevention and Treatment	
DY Total Computable Incentive Amount:	* $ 12,795,750.00
Incentive Funding Already Received in DY:	* $ -
VTE Prophylaxis (%)	
Numerator	*
Denominator	*
% Compliance	N/A
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
DY Target (from the DPH system plan)	*
% Achievement of Target	N/A
Achievement Value	
Intensive care unit VTE prophylaxsis (%)	
Numerator	*
Denominator	*
% Compliance	N/A
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
DY Target (from the DPH system plan)	*
% Achievement of Target	N/A
Achievement Value	
VTE patients with anticoagulation overlap therapy (%)	
Numerator	*
Denominator	*
% Compliance	N/A
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

DY Target (from the DPH system plan)   *[   ]

% Achievement of Target   [N/A]

  Achievement Value   [-]

VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)

Numerator   *[   ]

Denominator   *[   ]

  % Compliance   [N/A]

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

DY Target (from the DPH system plan)   *[   ]

% Achievement of Target   [N/A]

  Achievement Value   [-]

VTE discharge instructions (%)

Numerator   *[   ]

Denominator   *[   ]

  % Compliance   [N/A]

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

DY Target (from the DPH system plan)   *[   ]

% Achievement of Target   [N/A]

  Achievement Value   [-]

Incidence of potentially preventable VTE (%)

Numerator   *[   ]

Denominator   *[   ]

  Incidence (%)   [N/A]

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

  Achievement Value   [-]

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Optional Milestone:	Form DHS VTE prevention collaborative as evidenced by DHS Performance Measure Committee minutes.
	(insert milestone)

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

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

   Achievement   Yes

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

> This milestone is met and evidenced by LAC/DHS Waiver and Performance Measure Committee (LAC/DHS W/PMC) minutes. During DY6 LAC/DHS W/PMC formed a system wide VTE collaborative, which included VTE team champions from each LAC/DHS facility as well as LAC/DHS pharmacy. LAC/Quality Improvement and Patient Safety (QIPS) coordinated the VTE collaborative. The collaborative has met face to face quarterly and met via conference call between the face to face meetings. The goal of the collaborative is to share best practices for VTE prevention and treatment. In addition to the LAC/DHS system wide collaborative, LAC/QIPS staff are participating in the UHC VTE prevention and treatment collaborative. Findings from the UHC collaborative are shared with the system wide collaborative.

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

   Achievement Value   1.00

Optional Milestone:	VTE team will set general goals and a timeline for construction of and implementation of VTE protocol as evidenced by DHS Performance Measure Committee minutes.
	(insert milestone)

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

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

   Achievement   Yes

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

> This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/DHS VTE collaborative delayed setting goals and timelines until the findings of the baseline data collection were available. Once the baseline data was available and reviewed in November 2011, the collaborative met in December 2011 and set general goals and timelines.

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

   Achievement Value   1.00

Optional Milestone:	Allocate resources to provide expert support as evidenced by DHS Performance Measure Committee minutes.
	(insert milestone)

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

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

   Achievement   Yes

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

> This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/DHS VTE collaborative members constitute expertise on VTE prevention and treatment. The current body of collaborative members includes members that have participated in research studies for VTE prevention and treatment practices as well as an Anti-coagulation program director. The LAC/DHS VTE collaborative experts will provide support for the LAC/DHS VTE prevention and treatment improvement processes.

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

   Achievement Value   1.00

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

Optional Milestone:	Allocate resources to develop VTE data collection methodology as evidenced by DHS Performance Measure Committee minutes.

(insert milestone)

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

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

Achievement   [Yes]

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

> This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/DHS W/PMC allocated LAC/QIPS staff to develop data collection methodology for each of the VTE indicators using The Joint Commission criteria. Data collection tools were vetted with facility representatives. Once tools were finalized, a computerized database was created and loaded on laptops to be used by LAC/QIPS staff for data collection.

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

Achievement Value   [1.00]

Optional Milestone:	Allocate resources to collect data on VTE measures as evidenced by DHS Performance Measure Committee minutes.

(insert milestone)

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

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

Achievement   [Yes]

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

> This milestone is met and evidenced by LAC/DHS W/PMC minutes. LAC/DHS W/PMC allocated LAC/QIPS staff to collect VTE data centrally. LAC/QIPS staff hired additional resources for this responsibility. LAC/QIPS uses a central data warehouse to identify medical records that meet the VTE indicator criteria. LAC/QIPS staff either request paper medical records, or review records electronically depending on the facility. Using laptops loaded with the database, created by LAC/QIPS staff, indicator and compliance criteria are entered. Once entered into the database, LAC/QIPS staff analyze the data and verify findings with individual facility representatives.

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

Achievement Value   [1.00]

Optional Milestone:	Report at least 6 months of data collection on the VTE management process measures to SNI for purposes of establishing the baseline and setting benchmarks.

(insert milestone)

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

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

Achievement   [Yes]

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

> LAC/DHS submitted data to SNI on 5 VTE process measures in December 2011. The baseline data period was the six months between July 2009 to December 2009. The findings for LAC/DHS are as follows: VTE #1 - "Prophylaxis for all admits" sample demonstrated compliance 746/1339 or 55.7% compliance rate; VTE #2 - Prophylaxis for "ICU population" sample demonstrated compliance 227/280 for a 81.1% compliance rate; VTE #3 - "Bridge therapy guidelines" demonstrated compliance 50/60 for a 83.3% compliance rate; VTE #4 - "Monitoring for patients on Unfractionated Heparin" demonstrated compliance 24/25 for a compliance rate of 96%; VTE #5 "Discharge instructions for patients on Warfarin" demonstrated compliance 41/55 for a compliance rate of 74.5%.

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

Achievement Value   [1.00]

Category 4: Venous Thromboembolism (VTE) Prevention and Treatment

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

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)   * | 0.00 |

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

Achievement | - |

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

Report on the 5 VTE process measures will be submitted to the State in the year end report.

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

Achievement Value | - |

Optional Milestone: _____
(insert milestone)

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

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

Achievement | N/A |

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

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

Achievement Value | |