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 <u>required</u> 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.

Instructions 1 of 126

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP

* DPH SYSTEM: Riverside County Regional Medical Center

- * REPORTING YEAR: DY 7
- * DATE OF SUBMISSION: 3/28/2012

Total Payment Amount

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

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

tab will automatically populate.	
Category 1 Projects - Incentive Funding Amounts Expand Primary Care Capacity	\$ 4,521,656.25
Increase Training of Primary Care Workforce	\$ 6,028,875.00
Implement and Utilize Disease Management Registry Functionality	\$ 6,028,875.00
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	\$ 3,014,437.50
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	\$ 19,593,843.75
Category 2 Projects	
Expand Medical Homes	\$ 4,823,100.00
Expand Chronic Care Management Models	\$ 4,823,100.00
Redesign Primary Care	\$ -
Redesign to Improve Patient Experience	\$ 1,607,700.00
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	
Increase Specialty Care Access/Redesign Referral Process	\$ -
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	
Implement/Expand Care Transitions Programs	
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	\$ 11,253,900.00
Category 3 Domains	f 4400 750 00
Patient/Care Giver Experience (required)	\$ 4,182,750.00 \$ 2.091,375.00
Care Coordination (required)	
Preventive Health (required)	\$ 2,091,375.00 \$ 2,091,375.00
At-Risk Populations (required)	
TOTAL CATEGORY 3 INCENTIVE PAYMENT: Category 4 Interventions	\$ 10,456,875.00
Severe Sepsis Detection and Management (required)	\$ 1,179,750.00
Central Line Associated Blood Stream Infection Prevention (required)	\$ 1,769,625.00
Surgical Site Infection Prevention	\$ 1,769,625.00
Hospital-Acquired Pressure Ulcer Prevention	
Stroke Management	\$ 589,875.00
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	\$ 5,308,875.00
TOTAL INCENTIVE PAYMENT	\$ 46,613,493.75

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

Year-End Narrative

This narrative summarizes the DSRIP activities performed in the reporting demonstration year.

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

Summary of Demonstration Year Activities			
Summary of DPH System's Participation in Shared Learning			

Year-End Narrative 3 of 126

Year-End Narrative 4 of 126

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) Riverside County Regional Medical Center DY 7 DPH SYSTEM:

REPORTING YEAR: DATE OF SUBMISSION: 3/28/2012

Category 1 Summary Page

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

	the table is the summary of data reported to the protection in section and pages is the opposite the
*	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 Cap	pacity		
Process Milestone:	Expand the Family Care Clinic from 16 to 32 exam rooms.	Yes	
Achievement Value			1.00
Process Milestone:	Expand primary clinic hours by an additional ten hours per week.	Yes	
Achievement Value			1.00
Process Milestone:	Implement a mobile health clinic at two sites to increase the community's access to primary care services.	Yes	
Achievement Value			1.00
Process Milestone:	Increase primary care clinic volume by 3,000 patient visits annually over baseline.	No	
Achievement Value			-
Process Milestone:	<u>-</u> _	N/A	
Achievement Value			
Improvement Milestone:		N/A	
Achievement Value			
Improvement Milestone:	<u>-</u> _	N/A	
Achievement Value			
Improvement Milestone:	<u>-</u> _	N/A	
Achievement Value			
Improvement Milestone:	<u>-</u> _	N/A	
Achievement Value			
Improvement Milestone:		N/A	
Achievement Value			
DY Total Computable Incen	tive Amount:	\$	6,028,875.00
Total Sum of Achievement \	/alues:		3.00
Total Number of Milestones			4.00
Achievement Value Percent	age:		75%
Eligible Incentive Funding A	mount:	\$	4,521,656.25
Incentive Funding Already F	Received in DY:	\$	-
Incentive Payment Amour	<u>ıt:</u>	\$	4,521,656.25

Category 1 Summary Page

Process Milestone: Achievement Value In collaboration with the new University of California-Riverside Medical School, expand primary care training by applying for an ACGME residency training program in Internal Medicine. Achievement Value In collaboration with Riverside Community College, expand primary care training rotations for physician assistant students in one primary care clinic by at least an additional (3) students. Achievement Value Process Milestone: Achievement Value Improvement Value	Increase Training of Prim			
In collaboration with the new University of California-Riverside Medical School, expand primary care training by applying for an ACGME residency training program in Internal Medicine. Achievement Value In collaboration with Riverside Community College, expand primary care training totations for physician assistant students in one primary care clinic by at least an additional (3) students. Achievement Value Process Milestone: Achievement Value Improvement Milestone: Achievement Value Im	Process Milestone:	Increase primary care training by increasing the number of primary care residents by (2).	Yes	
Process Milestone: School, expand primary care training by applying for an ACGME residency training program in Internal Medicine. Achievement Value In collaboration with Riverside Community College, expand primary care training rotations for physician assistant students in one primary care clinic by at least an additional (3) students. Achievement Value Process Milestone:	Achievement Value			1.00
In collaboration with Riverside Community College, expand primary care training rotations for physician assistant students in one primary care clinic by at least an additional (3) students. Achievement Value Process Milestone: Achievement Value Process Milestone: Achievement Value Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Process Milestone:	School, expand primary care training by applying for an ACGME residency	Yes	
Process Milestone: training rotations for physician assistant students in one primary care clinic by at least an additional (3) students. Achievement Value	Achievement Value			1.00
Process Milestone: - N/A Achievement Value - N/A Process Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A DY Total Computable Incentive Amount: \$ 6,028,87 Total Sum of Achievement Values: - - Total Number of Milestones: - - Achievement Value Percentage: - - Eligible Incentive Funding Amount: \$ 6,028,87	Process Milestone:	training rotations for physician assistant students in one primary care clinic	Yes	
Achievement Value Process Milestone:	Achievement Value			1.00
Process Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A Improvement Milestone: - N/A Achievement Value - N/A DY Total Computable Incentive Amount: \$ 6,028,87 Total Sum of Achievement Values: - - Total Number of Milestones: - - Achievement Value Percentage: - - Eligible Incentive Funding Amount: \$ 6,028,87	Process Milestone:	<u> </u>	N/A	
Achievement Value Improvement Milestone: 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: \$ 6,028,87	Achievement Value			
Improvement Milestone:	Process Milestone:		N/A	
Achievement Value Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Achievement Value			
Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Improvement Milestone:	<u>-</u>	N/A	
Achievement Value Improvement Milestone:	Achievement Value			
Improvement Milestone: Achievement Value Improvement Milestone: 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: \$ 6,028,87	Improvement Milestone:	<u> </u>	N/A	
Achievement Value Improvement Milestone: Achievement Value Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Achievement Value			
Improvement Milestone: Achievement Value Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Improvement Milestone:	<u> </u>	N/A	
Achievement Value Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Achievement Value			
Improvement Milestone: Achievement Value DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount:	Improvement Milestone:	<u> </u>	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: \$ 6,028,87	Achievement Value			
DY Total Computable Incentive Amount: Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Improvement Milestone:		N/A	
Total Sum of Achievement Values: Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Achievement Value			
Total Number of Milestones: Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	DY Total Computable Incent	tive Amount:	\$	6,028,875.00
Achievement Value Percentage: Eligible Incentive Funding Amount: \$ 6,028,87	Total Sum of Achievement \	/alues:		3.00
Eligible Incentive Funding Amount: \$ 6,028,87	Total Number of Milestones:			3.00
	Achievement Value Percent	age:		100%
Incentive Funding Already Received in DY: \$	Eligible Incentive Funding A	mount:	\$	6,028,875.00
	Incentive Funding Already R	eceived in DY:	\$	-
Incentive Payment Amount: \$ 6,028,87	Incentive Payment Amoun	<u>t:</u>	\$	6,028,875.00

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Process Milestone:	Implement a functional disease registry for CHF patients.	Yes	
Achievement Value			1.00
Process Milestone:	Train at least five more staff on populating and/or using the diabetes and/or CHF registries.	Yes	
Achievement Value			1.00
Process Milestone:	At least 60% of all known diabetic patients are entered in the registry.		67%
Achievement Value			1.00
Process Milestone:	At least 25% of CHF patients are entered in the registry.		100%
Achievement Value			1.00
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 Incent	ive Amount:	\$ 6,028	,875.00
Total Sum of Achievement V	'alues:		4.00
Total Number of Milestones:			4.00
Achievement Value Percenta	age:		1.00
Eligible Incentive Funding Ar	mount:	\$ 6,028	,875.00
Incentive Funding Already R	eceived in DY:	\$	-
Incentive Payment Amount	<u>t:</u>	\$ 6,028	,875.00

Enhance Interpretation Services and Culturally Competent Care Process Milestone: -	N/A
Achievement Value	14/74
Process Milestone:	N/A
Achievement Value	14/74
Process Milestone:	N/A
Achievement Value	14/74
Process Milestone:	N/A
Achievement Value	IVA
Dragge Milestone:	N/A
Achievement Value	14/74
Improvement Milestone:	N/A
Achievement Value	IVA
Improvement Milestone:	N/A
Achievement Value	TW/A
Improvement Milestone:	N/A
Achievement Value	14/71
Improvement Milestone:	N/A
Achievement Value	TW/A
and the second s	N/A
Improvement Milestone: - Achievement Value	TW/A
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:	

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:	

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

Introduce Telemedicine		
Process Milestone:	<u> </u>	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:		

Enhance Coding and Documentation for Quality Data	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Improvement Milestone:	N/A
Achievement Value	
Improvement Milestone:	N/A
Achievement Value	
Improvement Milestone:	N/A
Achievement Value	
Improvement Milestone:	N/A
Achievement Value	
Improvement Milestone:	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	

Develop Risk Stratification Capabilities/Functionalities Process Milestone: -	N/A
Achievement Value	14/71
Process Milestone:	N/A
Achievement Value	14/7
Process Milestone:	N/A
Achievement Value	14/71
Process Milestone:	N/A
Achievement Value	14/71
Dragge Milestone	N/A
Achievement Value	14/71
Improvement Milestone	N/A
Achievement Value	14/71
Improvement Milestone:	N/A
Achievement Value	14/74
Improvement Milestone:	N/A
Achievement Value	14/7
Improvement Milestone:	N/A
Achievement Value	1471
and the second s	N/A
Improvement Milestone: - Achievement Value	14/7
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Additional Webs Research	
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	

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:	

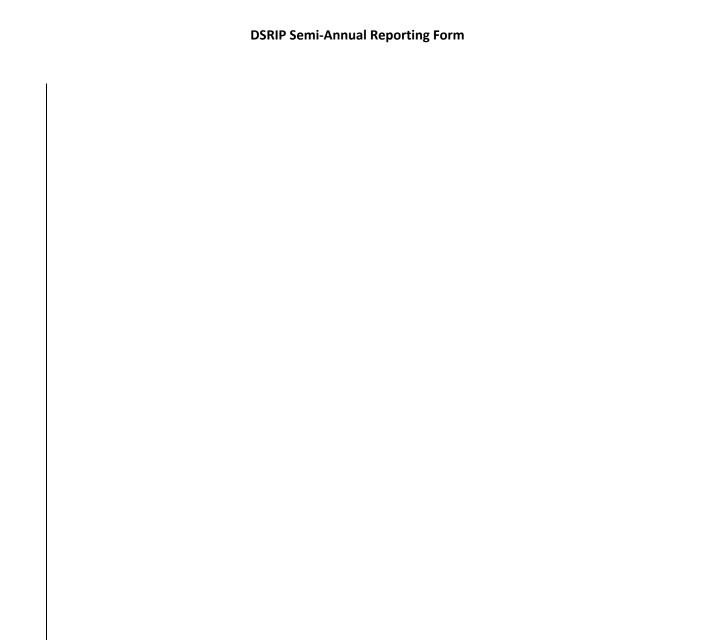
Expand Specialty Care Ca			
Process Milestone:	Launch a new CHF specialty clinic.	Yes	
Achievement Value			1.00
Process Milestone:	Establish a baseline number of patients to be referred to the CHF Clinic.	No	
Achievement Value			-
Process Milestone:		N/A	
Achievement Value			
Process Milestone:	<u> </u>	N/A	
Achievement Value			
Process Milestone:	<u>-</u>	N/A	
Achievement Value			
Improvement Milestone:	<u> </u>	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 Incent	ive Amount:	\$ 6,028,	,875.00
Total Sum of Achievement V	'alues:		1.00
Total Number of Milestones:			2.00
Achievement Value Percenta	age:		50%
Eligible Incentive Funding Ar	mount:	\$ 3,014,	,437.50
Incentive Funding Already R	eceived in DY:	\$	-
Incentive Payment Amount	<u>t:</u>	\$ 3,014,	,437.50

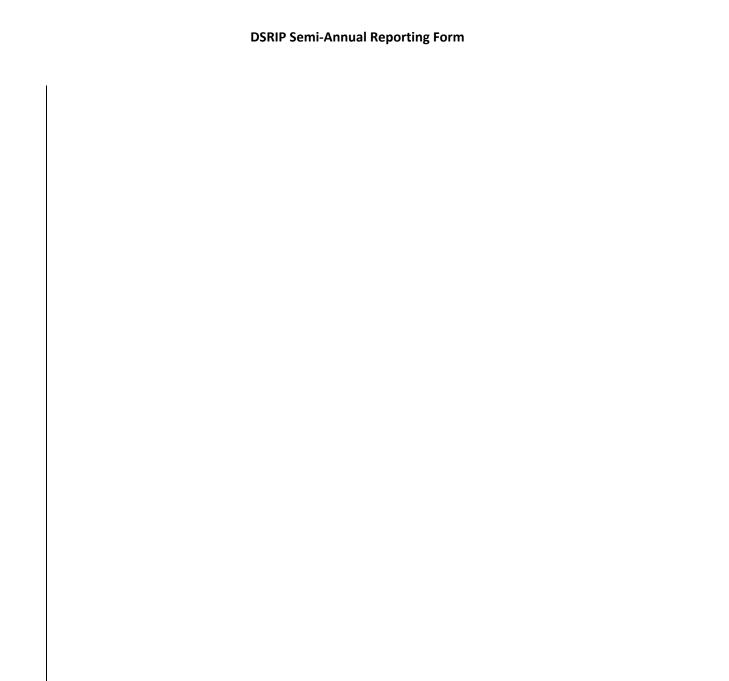
Enhance Performance Improvement and Reporting Capacity	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Process Milestone: -	N/A
Achievement Value	
Improvement Milestone:	N/A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





DSRIP Semi-Annual Reporting Form	





DSRIP Semi-Annual Reporting Form

	DSRIP Semi-Annual Reporting Form
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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

Category 2 Summary Page

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

*	Instructions for DPH systems: Do not complete, this tab will automatically populate.	
I	The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.	
I	The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, 0.25 or (0.
I	The red boxes indicate Total Sums.	

Category 2 Projects		
Expand Medical Homes		
Process Milestone:	Assign at least 25% of eligible patients to a medical home in the Family Care Clinic.	81.5%
Achievement Value		1.00
Process Milestone:		N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		
Process Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
Improvement Milestone:		N/A
Achievement Value		
DY Total Computable Incen	tive Amount:	\$ 4,823,100.00
Total Sum of Achievement \	/alues:	1.00
Total Number of Milestones	:	1.00
Achievement Value Percent	rage:	100%
Eligible Incentive Funding A	mount:	\$ 4,823,100.00
Incentive Funding Already R	Received in DY:	\$ -
Incentive Payment Amoun	<u>nt:</u>	\$ 4,823,100.00

Process Milestone:	nagement Models Implement an outpatient diabetic medication titration program supported	Yes
Frocess Milestorie.	by pharmacy.	165
Achievement Value		1.00
Process Milestone:	Implement a peri-operative glucose control program.	Yes
Achievement Value		1.00
Process Milestone:	Implement an inpatient glycemic control program to assist patients with poor blood sugar control, targeting patients admitted to the hospital.	Yes
Achievement Value		1.00
Process Milestone:	Improve the percentage of diabetic patients who select a self-management goal by 20% over baseline.	20.3%
Achievement Value		1.00
Process Milestone:	Expand the number of telephone interactions between diabetic patients and the health care team by an additional 150 calls.	Yes
Achievement Value		1.00
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
Improvement Milestone:	<u> </u>	N/A
Achievement Value		
DY Total Computable Incen	tive Amount:	\$ 4,823,100.00
Total Sum of Achievement	√alues:	5.00
Total Number of Milestones	:	5.00
Achievement Value Percent	tage:	100%
Eligible Incentive Funding A	mount:	\$ 4,823,100.00
Incentive Funding Already F	Received in DY:	\$ -
	<u>nt:</u>	\$ 4,823,100.00

Redesign Primary Care	Train 70% of relevant staff in the Family Care Clinic on methods for		
Process Milestone:	redesigning the clinic to improve efficiency.	N	lo
Achievement Value			-
Process Milestone:		<u>-</u> N	I/A
Achievement Value			
Process Milestone:		<u>-</u> N	I/A
Achievement Value			
Process Milestone:		<u>-</u> N	I/A
Achievement Value			
Process Milestone:		<u>-</u> N	I/A
Achievement Value			
Improvement Milestone:		<u>-</u> N	I/A
Achievement Value			
Improvement Milestone:		<u>-</u> N	I/A
Achievement Value			
Improvement Milestone:		<u>-</u> N	I/A
Achievement Value			
Improvement Milestone:		<u>-</u> N	I/A
Achievement Value			
Improvement Milestone:		<u>-</u> N	I/A
Achievement Value			
DY Total Computable Incen	tive Amount:	\$	4,823,100.00
Total Sum of Achievement	Values:		-
Total Number of Milestones	:		1.00
Achievement Value Percent	tage:		0%
Eligible Incentive Funding A	amount:	\$	-
Incentive Funding Already F	Received in DY:	\$	-
Incentive Payment Amour	nt:	\$	-

Process Milestone:	Establish a steering committee comprised of organizational leaders, employees, and patients/families to oversee improvements in patient and/or employee experience in the Family Care Clinic.	Yes
Achievement Value		1.00
Process Milestone:	Develop a plan to roll out a regular inquiry into patient experience in the Family Care Clinic.	No
Achievement Value		-
Process Milestone:	Train 50% of Family Care Clinic staff on patient experience program goals and objectives.	No
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 Incen	tive Amount:	\$ 4,823,100.00
Total Sum of Achievement	/alues:	1.00
Total Number of Milestones		3.00
Achievement Value Percent	rage:	33%
Eligible Incentive Funding A	mount:	\$ 1,607,700.00
Incentive Funding Already F	Received in DY:	\$ -
Incentive Payment Amour	<u>ıt:</u>	\$ 1,607,700.00

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:	

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

Process Milestone:	Create a plan to redesign the specialty referral process that will address: 1) development of standardized criteria; 2) preliminary work- up/assessment guidelines, and 3) prioritization of specialty care referrals.	No
Achievement Value		
Process Milestone:	Train 50 staff in Riverside County-based primary and specialty clinics, plus staff in referring clinics regarding new referral guidelines.	No
Achievement Value		-
Process Milestone:	Educate 50 referring primary care physicians on the new referral guidelines.	No
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 Incen	tive Amount:	\$ 4,823,100.00
Total Sum of Achievement	√alues:	-
Total Number of Milestones	:	3.00
Achievement Value Percent	tage:	0%
Eligible Incentive Funding A	mount:	\$ -
Incentive Funding Already F	Received in DY:	\$ -
Incentive Payment Amour	nt·	\$ -

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:	

Apply Process Improvement Methodology to Improve Quality/Effici	iency
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:	

Improve Patient Flow in the Emergency Department/Rapid Medica	al 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:	

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:	

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:		

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:	

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

Eligible Incentive Funding Amount:

Incentive Payment Amount:

Incentive Funding Already Received in DY:

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 au	utomatically populate.

The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75 The red boxes indicate Total Sums.	
Category 3 Domains	
Patient/Care Giver Experience (required) Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	Yes
Achievement Value	1.00
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office Staff" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Patients' Rating of the Doctor" theme to the State (DY8-10)	N/A
Achievement Value	
Report results of CG CAHPS questions for "Shared Decisionmaking" theme to the State (DY8-10)	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 4,182,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%

\$ 4,182,750.00

\$ 4,182,750.00

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:	\$ 4,182,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 2,091,375.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 2,091,375.00
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:	\$ 4,182,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 2,091,375.00
Incentive Funding Already Received in DY:	\$ -

Category 3 Summary Page At-Risk Populations (requir

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:	\$ 4,182,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	50%
Eligible Incentive Funding Amount:	\$ 2,091,375.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 2,091,375.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) Riverside County Regional Medical Center DY 7 3/28/2012 DPH SYSTEM: REPORTING YEAR:

DATE OF SUBMISSION: **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.

Catogory A Intervention	ne		
Category 4 Interventions Severe Sepsis Detection and Management (required)			
-	Resuscitation bundle (%)	24%	
Achievement Value		0.50	
Sepsis Mortality (%)		N/A	
Achievement Value			
Optional Milestone:	Participate in the HASC Southern California Patient Safety Collaborative to share data and practices with other hospitals.	No	
Achievement Value		-	
Optional Milestone:	Report at least six months of data collection on the Sepsis Resuscitation Bundle 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:	<u> </u>	N/A	
Achievement Value			
DY Total Computable Incer	ntive Amount:	\$ 2,359,500.00	
Total Sum of Achievement	Values:	1.50	
Total Number of Milestones	s:	3.00	
Achievement Value Percen	atage:	50%	
Eligible Incentive Funding	Amount:	\$ 1,179,750.00	
Incentive Funding Already	Received in DY:	\$ -	
Incentive Payment Amou	nt:	\$ 1,179,750.00	

Cantrol Line Associated 5		
Central Line Associated Blood Stream Infection Prevention (required) Compliance with Central Line Insertion Practices (CLIP) (%)		N/A
Achievement Value		-
Central Line Bloodstream	n Infection (Rate per 1,000 patient days)	N/A
Achievement Value		
Optional Milestone:	Report at least six months of data collection on the CLIP bundle to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value		1.00
Optional Milestone:	Report CLIP and CLABSI results to the State.	Yes
Achievement Value		0.50
Optional Milestone:		N/A
Achievement Value		
Optional Milestone:		N/A
Achievement Value		
Optional Milestone:	<u> </u>	N/A
Achievement Value		
Optional Milestone:	<u> </u>	N/A
Achievement Value		
DY Total Computable Incen	tive Amount:	\$ 2,359,500.00
Total Sum of Achievement	√alues:	1.50
Total Number of Milestones	:	2.00
Achievement Value Percentage:		75%
Eligible Incentive Funding Amount:		\$ 1,769,625.00
Incentive Funding Already Received in DY:		\$ -
Incentive Payment Amour	<u>nt:</u>	\$ 1,769,625.00

Surgical Site Infection Pro		
	tion for Class 1 and 2 wounds (%)	2%
Achievement Value		0.50
Optional Milestone:	Report on at least six months of data collection on surgical site infections to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value		1.00
Optional Milestone:	<u> </u>	N/A
Achievement Value		
Optional Milestone:	<u> </u>	N/A
Achievement Value		
Optional Milestone:	<u> </u>	N/A
Achievement Value		
Optional Milestone:	<u>-</u>	N/A
Achievement Value		
Optional Milestone:		N/A
Achievement Value		
DY Total Computable Incen	tive Amount:	\$ 2,359,500.00
Total Sum of Achievement \	/alues:	1.50
Total Number of Milestones		2.00
Achievement Value Percent	age:	75%
Eligible Incentive Funding A	mount:	\$ 1,769,625.00
Incentive Funding Already R	eceived in DY:	\$ -
Incentive Payment Amoun	<u>t:</u>	\$ 1,769,625.00
Hospital-Acquired Pressu		
	, IV or unstagable pressure ulcers (%)	N/A
Achievement Value		21/0
Optional Milestone:	<u>. </u>	N/A
Achievement Value		21/0
Optional Milestone:	<u> </u>	N/A
Achievement Value		N/A
Optional Milestone: Achievement Value	<u> </u>	IV/A
Optional Milestone:		N/A
Achievement Value	-	IV/A
Optional Milestone:		N/A
Achievement Value		1971
Optional Milestone:	_	N/A
Achievement Value		19/13
DY Total Computable Incen	tive Amount:	\$ -
Total Sum of Achievement \		
Total Number of Milestones:		
Achievement Value Percent		
Eligible Incentive Funding A Incentive Funding Already R		\$ -
Incentive Payment Amoun	4.	

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: Designate physician(s) to provide 24/7 program coverage.	No
Achievement Value	-
Optional Milestone: Develop uniform practice standards and protocols to effectively manage and coordinate the stroke program.	No
Achievement Value	-
Optional Milestone: Designate personnel to establish the multidisciplinary Acute Stroke Team.	No
Achievement Value	-
Optional Milestone: Train at least 25 multidisciplinary staff on stroke program protocols.	No
Achievement Value	-
Report at least six months of data collection on the seven stroke Optional Milestone: management process measures to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	1.00
Optional Milestone: Report the data to the State.	Yes
Achievement Value	0.50
DY Total Computable Incentive Amount:	\$ 2,359,500.00
Total Sum of Achievement Values:	1.50
Total Number of Milestones:	6.00
Achievement Value Percentage:	25%
Eligible Incentive Funding Amount:	\$ 589,875.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 589,875.00

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:	 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:	

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT: *

Yes	

Category 1: Expand Primary Care Capacity

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Expand Primary Care Capacity	
DY Total Computable Incentive Amount:	* \$ 6,028,875.00
Incentive Funding Already Received in DY:	* \$ -
Process Milestone: Expand the Family Care Clinic from 16 to 32 exam rooms. (insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
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:	* Yes
This milestone has been achieved, as documented by the Certificate of Occupancy issued by the Office of Statewide Health Planning and Development. The new Family Care Clinic space was fully operational as of September 2011. It features 32 exam/consultation rooms. In addition, there are three treatment rooms. As a result of this space expansion and the extended evening and weekend hours (as described in a milestone listed below), the Family Care Clinic has experienced a 30% increase in the number of patient visits per month.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00
Process Milestone: Expand primary clinic hours by an additional ten hours per week. (insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* N/A
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:	* Yes
This milestone, which pertains to the Family Care Clinic, was achieved as of July 2011, as documented by the clinic schedule and a report outlining the expansion of clinic hours presented at the Medical Staff Executive Committee in October 2011. Prior to 2011, the Family Care Clinic's hours of operation had been Monday-Thursday from 8am to 6:30pm, Fridays from 8am to 5pm, and Saturdays from 8am to 2pm. The clinic has continued to further expand its hours to meet the needs of patients requiring services in the evening and on weekends. In May 2011 evening hours on Mondays-Thursdays were extended to 8pm (+6 hours/week) and the clinic began offering evening hours on Fridays from 5pm to 8pm (+3 hours/week). In June 2011 the clinic introduced services on Sundays from 8am to 12pm (+4 hours/week). In July 2011 the clinic's Saturday hours were extended until 4pm (+2 hours/week). In summary, the Family Care Clinic has expanded its hours by 15 additional hours per week.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

Category 1: Expand Primary Care Capacity

	Implement a mobile health clinic at two sites to increase the assessment in	
Process Milestone:	Implement a mobile health clinic at two sites to increase the community's access to primary care services.	
	(insert milestone)	-
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		Yes
•	milestone has been achieved, select "yes" or "no" from the dropdown in in-depth description of how the milestone was achieved:	* Yes
The mobile health clinic progr Valley School District on 2/23 3/15/11; Ortega High School also in the Lake Elsinore Sch pharmacist, licensed vocation	prior to DY 7 in March 2011, as documented by the mobile clinic site schedule. The mass implemented at four sites: Edgemont Elementary School in the Moreno (11; Harvest Valley Elementary School in the Romoland School District on in the Lake Elsinore School District on 3/10/11; and Machado Elementary School, and District on 3/17/11. A health care team, comprised of a nurse practitioner, and nurse, and support staff, provide medical exams, immunizations and other community under the supervision of a Family Medicine physician.	
DY Target (from the DPH sys	tem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	Increase primary care clinic volume by 3,000 patient visits annually over baseline. (insert milestone)	
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, 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
track to be achieved prior to 6 Care Clinic. The baseline num With the average number of 6	s to the Family Care Clinic, was not achieved as of 12/31/11. However, it is on 5/30/12. As of February 2012, there have been 20,749 patient visits in the Family mber of clinic visits, pertaining to the timeframe of July 2009-June 2010 is 20,662. clinic visits being approximately 2,500 per month, this milestone should be months. Achievement of this milestone will be included in the DY 7 year-end	
DY Target (from the DPH sys	tem plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		-
Process Milestone:		
	(insert milestone)	
, , ,	o" form below; if absolute number, enter here)	*
Denominator (if absolute num	aber, 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 sys	tem plan) or enter "yes" if "yes/no" type of milestone	•
Achievement Value	and the state of t	

Category 1: Expand Primary Care Capacity

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

Category 1: Expand Primary Care Capacity

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

> REPORTING ON THIS PROJECT: * Yes

Category 1: Increase Training of Primary Care Workforce

Below is the data reported for the DPH system.

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

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Increase Training of Primary Care Workforce		
DY Total Computable Incentive Amount:		* \$ 6,028,875.00
Incentive Funding Already Received in DY:		* \$ -
Process Milestone:	Increase primary care training by increasing the number of primary care residents by (2).	
	(insert milestone)	_
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		Yes
•	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* Yes
This milestone was achieved in July 2011, as documented by the list of enrolled residents. RCRMC's Family Medicine Residency Program has traditionally matriculated nine new residents per year. The training program is three years in length, so the baseline number of Family Medicine residents is 27. As of July 1, 2011, the number of Family Medicine resident positions was increased by two positions, bringing the total number of residents to 29. The number of resident positions was increased to address the severe shortage of primary care physicians in Riverside County and to better meet the health care needs of county residents.		
DY Target (from the DPH syst	em plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	In collaboration with the new University of California-Riverside Medical School, expand primary care training by applying for an ACGME residency training program in Internal Medicine.	
	(insert milestone)	
,	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, 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 was achieved in November 2011, as documented by the submission of the internal medicine residency program application. The application was submitted to the Accreditation Council on Graduate Medical Education (ACGME) on 11/7/11, requesting 36 resident positions. The ACGME conducted a site review at RCRMC in January 2012. A decision regarding the internal medicine residency program is expected by July 2012. If approved, resident recruitment will begin in September 2012. The first residents would begin their training in July 2013.		
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone		* Yes
Achievement Value		1.00

Category 1: Increase Training of Primary Care Workforce

Process Milestone:	In collaboration with Riverside Community College, expand primary care training rotations for physician assistant students in one primary care clinic by at least an additional (3) students. (insert milestone)	
Numerator (if N/A_use "ves/r	no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	,	*
Achievement	inder, criter 1)	Yes
	milestone has been achieved aslest "vas" or "no" from the drandown	165
menu, and (if "yes") provide	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
Riverside Community Colleg rotated through RCRMC's cli academic year, the number of four, bringing the total number	prior to July 2011, as documented by the student rotation schedule. RCRMC and e jointly operate a physician assistant program. Fifteen students have traditionally nics as part of their training program. Beginning with the August 2010-July 2011 of physician assistant students rotating through this program was increased by er to 19 students. Increasing the number of physician assistants will help address practitioners in Riverside County.	
DY Target (from the DPH sys	stem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:		_
	(insert milestone)	
,	no" form below; if absolute number, enter here)	*
Denominator (if absolute nun	nber, enter "1")	*
Achievement		N/A
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH sys	stem plan) or enter "yes" if "yes/no" type of milestone	*
Process Milestone:		<u>-</u>
N	(insert milestone)	
•	no" form below; if absolute number, enter here)	
Denominator (if absolute nun	nber, enter "1")	^
Achievement		N/A
	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	*
	stem plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value		

Category 1: Increase Training of Primary Care Workforce

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

Category 1: Increase Training of Primary Care Workforce

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

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 (*).

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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 Incention	ve Amount:	* \$ 6,028,875.00
Incentive Funding Already Re	eceived in DY:	* \$ -
Process Milestone:	Implement a functional disease registry for CHF patients. (insert milestone)	
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	nber, enter "1")	*
Achievement		Yes
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
A congestive heart failure (CF patient data summary report. had an ejection fraction of 40 base so staff must enter patie registry to track the care prov		
DV Target (from the DPH eve	tem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	terripian) of enter yes if yes/no type of fillestone	1.00
Tioniovomoni valuo		1.00
Process Milestone:	Train at least five more staff on populating and/or using the diabetes and/or CHF registries.	
	(insert milestone)	
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, 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
Five staff members were train The individuals included a nu the Diabetes Management Cl use of the registry. A checklis as: entering various types of in checklists serve as document		
DY Target (from the DPH sys	tem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00

Category 1: Implement and Utilize Disease Management Registry Functionality

(insert milestone)	
· · · · · · · · · · · · · · · · · · ·	* 4.500
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 1,506
Denominator (if absolute number, enter "1")	* 2,252
Achievement	67%
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes
This milestone, which pertains to the diabetes registry used in the Family Care Clinic, was achieved on 9/30/11, as documented by the: 1) diabetes registry report which lists the number of patients entered in the registry and 2) medical records report which lists the number of known diabetic patients seen in the Family Care Clinic since July 2010. As noted in RCRMC's DSRIP plan, the baseline number of diabetic patients in the registry, as of June 2010, was 702 patients out of 1,682 known diabetic patients in the Family Care Clinic, or 42%. As of 9/30/11, 67% of known diabetic patients were recorded in the registry. One of the barriers which prevents having a higher percentage of patient data captured in the registry is that the system is a manual data base. Staff must enter most patient data into the registry, with the exception of internal lab results which are electronically transferred into the system. RCRMC is in the process of implementing a electronic medical record in its clinics. Once completed, this new system will increase the efficiency of clinicians as they track the care provided to their patients.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 60%
Achievement Value	1.00
Process Milestone: At least 25% of CHF patients are entered in the registry. (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 195
Denominator (if absolute number, enter "1")	* 195
Achievement	100%
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 was achieved in December 2011, as documented by: 1) the registry's patient data summary report and 2) a report which lists the number of CHF patients who had clinic visits during the last year and an ejection fraction of 40% or less. Information was entered manually on 100% of identified CHF patients in December 2011. The registry will track information that includes the patient's age, number of clinic visits, patient's ethnicity, blood pressure, medications, whether specific services have been received, e.g., echocardiograms, and other information, e.g., whether tobacco cessation counseling has been offered.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* 25%
Achievement Value	1.00
Process Milestone:	
(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (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	*

Category 1: Implement and Utilize Disease Management Registry Functionality

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

Category 1: Implement and Utilize Disease Management Registry Functionality

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT:

Yes	

Category 1: Expand Specialty Care Capacity

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Expand Specialty Care C	apacity	
DY Total Computable Incention	ve Amount:	* \$ 6,028,875.00
Incentive Funding Already Received in DY:		* \$ -
Process Milestone:	Launch a new CHF specialty clinic.	
	(insert milestone)	
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		Yes
•	milestone has been achieved, select "yes" or "no" from the dropdown in in-depth description of how the milestone was achieved:	* Yes
A new CHF clinic was implem coordinated by a nurse practitreatment gap patients experi Among her responsibilities, the management is appropriate pwithin one week of hospital diparticipates with the cardiolog patients by telephone between		
DV Target (from the DPH eve	tem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	terripariy of effect yes in yes no type of filliosterio	
Achievement Value 1.00		
Process Milestone:	Establish a baseline number of patients to be referred to the CHF Clinic.	
	(insert milestone)	
Numerator (if N/A, use "yes/n	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		No
-	milestone has been achieved, select "yes" or "no" from the dropdown in in-depth description of how the milestone was achieved:	* No
Although this milestone was not completed by 12/31/11, it is on track to be achieved prior to 6/30/12. As noted above, the CHF Clinic was launched in August 2011. Baseline data pertaining to the number of patient clinic visits were gathered between August-December 2011. This information is under review so the baseline number of patient visits per week can be identified. This number will be the foundation by which to measure increases in the number of patient visits to the CHF Clinic in future DSRIP years. This baseline number will be reported in the DY 7 year-end report.		
DY Target (from the DPH sys	tem plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		-

Category 1: Expand Specialty Care Capacity

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

Category 1: Expand Specialty Care Capacity

Numerator (if Ni/A, use "yes/no" form below; if absolute number, enter "1")	Improvement Milestone:	
Denominator (if absolute number, enter "1") 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: DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone Achievement Value Improvement Milestone: (Insert milestone) Numerator (if N/A, use 'yes/no' form below; if absolute number, enter here) Poenominator (if absolute number, enter "1") 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: Improvement Milestone: (Insert milestone) Numerator (if N/A, use 'yes/no' form below; if absolute number, enter here) DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone Achievement Value Improvement Milestone: (Insert milestone) Numerator (if N/A, use 'yes/no' form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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 DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone		_
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: DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone Achievement Value Improvement Milestone: (Insert milestone) Numerator (if NIA, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" so 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: Improvement Milestone: (Insert milestone) DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone Achievement Value Improvement Milestone: (Insert milestone) Numerator (if NIA, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") 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: 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 *** DY Target (from the DPH system plan) or enter 'yes' if 'yes/no' type of milestone	Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value Improvement Milestone: (Insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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: Improvement Milestone: (Insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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 *** DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *** In 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 *** DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	Denominator (if absolute number, enter "1")	*
menu, and (if "yes") provide an in-depth description of how the milestone was achieved: Part	Achievement	N/A
Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If 'yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved: DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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 DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	·	*
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Denominator (if absolute number, enter "1") 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: DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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	(insert milestone)	_
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: DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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 * DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
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Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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		*
Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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]
Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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		
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Improvement Milestone: (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement 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 * DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	L DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") 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: ** DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone **	Achievement Value	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") 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: * DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Improvement Milestone:	_
Denominator (if absolute number, enter "1") 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: * DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	(insert milestone)	
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: * DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone *	Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
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 *	Denominator (if absolute number, enter "1")	*
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	N/A
		*
]
	DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*

Category 1: Expand Specialty Care Capacity

Improvement Milestone: (insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	NI/Δ
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	14/74
menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
	7
	<u>_</u>
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	
Improvement Milestone: (insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
	IN/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
	¬
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT:	*	Yes

Category 2: Expand Medical Homes

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Expand Madical Hamas	.,	
Expand Medical Homes		
DY Total Computable Incentive Amount:		* \$ 4,823,100.00
Incentive Funding Already Received in DY:		* \$ -
Process Milestone: Assign at least 25% of eligible patients to a medical home in the Family Care Clinic.		
	(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)		* 4,074
Denominator (if absolute number, enter "1")		* 4,998
Achievement		81.5%
-	nilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	* Yes
This milestone was achieved by 12/31/11, as documented by a report which lists the number of adult patients with two or more Family Care Clinic visits between July 2010 and June 2011 who were assigned to a clinic physician. There were 4,998 adult patients seen at least twice in the Family Care Clinic during this timeframe who were eligible to be assigned to a medical home. Of this total, nearly 82% were empaneled with a primary care physician. Prior to this assignment, patients were not always seen by the same physician at each clinic visit. With the implementation of the medical home, patients are now scheduled to see the same physician at each clinic visit. Physicians work with a health care team that includes a licensed vocational nurse and a health services assistant who help coordinate appointments and specialty service referrals for the patient, follow up with the patient between clinic visits as needed, and ensure test results are placed in the chart in a timely manner. The LVN also serves as the patient's health care coach and administers immunizations as needed. This new practice model is promoting greater continuity of care for patients.		
DY Target (from the DPH system)	em plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:		
	(insert milestone)	·
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")		*
Achievement		N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:		*
DY Target (from the DPH system Achievement Value	em plan) or enter "yes" if "yes/no" type of milestone	*

Category 2: Expand Medical Homes

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

Category 2: Expand Medical Homes

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

Category 2: Expand Medical Homes

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT: * Yes

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 Ma	nnagement Models	
DY Total Computable Incentiv	ve Amount:	* \$ 4,823,100.00
Incentive Funding Already Re	eceived in DY:	* \$ -
Process Milestone:	Implement an outpatient diabetic medication titration program supported by pharmacy.	
	(insert milestone)	•
Numerator (if N/A, use "yes/ne	o" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		Yes
1 -	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
Performance Improvement Co December 2010. In March 20 respectively, began to see par program data had been colled Committee. The number of po blood sugar levels. As of 11/3 to the last HbA1c result (3-6 no Medicine Clinic. However, the including data base issues: 1 levels that did not meet the pr	emented by 12/31/11, as documented by reports presented to the hospital's ommittee in December 2011. Protocols for this program were developed in 011 two pharmacists located in the Family Care Clinic and Internal Medicine Clinic, tients with uncontrolled diabetes on a referral basis. In October 2011 sufficient cted to begin data reporting to the hospital's Performance Improvement attent referrals has continued to grow and reductions are being made in patients' 30/11, the average percentage reduction in patient's' HbA1c levels from baseline months from baseline) was 17% in the Family Care Clinic and 20% in the Internal e reduction in glucose levels was lower than expected due to various factors,) some patients were referred to the titration program with initially lower A1c rogram's inclusion criteria or 2) patients who were discharged from the program or were still included in the data base. Strategies have since been implemented to a base.	
DY Target (from the DPH sys	tem plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00

Category 2: Expand Chronic Care Management Models

Process Milestone:	Implement a peri-operative glucose control program.	
Niverserator (# NI/A	(insert milestone)	* N/A
•	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute numb	er, enter "1")	V
Achievement		Yes
-	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	* Yes
Staff Executive Committee in J. phases between April and Decidepartments. The program's g Without adequate glycemic corcomplications which can extend Control Program coordinated b results available prior to surger forms have been developed, in setting. During the pre-op stag Diabetes Management Clinic b implemented in December 201 level prior to the commenceme Nursing personnel have been the Protocols have been developed steps include expanding the Inj	nented in December 2011, as documented by a report presented to the Medical anuary 2012. A peri-operative glucose control program was implemented in ember 2011. It is a partnership between the Anesthesia, Surgery, and Pharmacy oal is to optimize glycemic control for patients before, during, and after surgery. Introl, the patient is at higher risk for surgical site infections and other dhospital length of stay. Phase 1 included implementation of a Pre-Op Glycemic yapharmacist who ensures patients have current blood glucose and A1c test y. A workflow process has been established with the pre-op office and new cluding new diabetic medication education forms for use in the peri-operative in if the patient's blood sugar level is too high, they may be referred to the efore surgery is scheduled so it can be stabilized. Phase 2 of the program, 1, consisted of operating room nursing staff measuring the patient's glucose int of the surgical procedure as well as following surgery in the recovery area. Trained on the use of glucometers to perform point of care glucose testing. It do address situations where the patient's blood sugar is out of range. Next patient Glycemic Control Program (another DSRIP milestone) to the surgical the glucose level of patients coming from the peri-operative setting can be idisciplinary team of providers.	
DY Target (from the DPH syste	em plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	Implement an inpatient glycemic control program to assist patients with poor blood sugar control, targeting patients admitted to the hospital.	
	(insert milestone)	
Numerator (if N/A, use "yes/no"		
Denominator (if absolute numb	form below; if absolute number, enter here)	* N/A
zonomiator (ii azooiato mamb		* N/A *
Achievement		* N/A * Yes
Achievement If "yes/no" as to whether the mi		*
Achievement If "yes/no" as to whether the mimenu, and (if "yes") provide an A pilot inpatient glycemic controunit, as documented by a repormultidisciplinary team, including high risk diabetic patients with approved in May 2011. Prelim Performance Improvement Coran average glucose >180 mg/d period of June-July 2011. In ac (1%). Staff education will controlled.	er, enter "1") ilestone has been achieved, select "yes" or "no" from the dropdown	* Yes
Achievement If "yes/no" as to whether the mimenu, and (if "yes") provide an A pilot inpatient glycemic controunit, as documented by a repormultidisciplinary team, including high risk diabetic patients with approved in May 2011. Prelim Performance Improvement Coran average glucose >180 mg/d period of June-July 2011. In ac (1%). Staff education will cont conducted to identify any barries	er, enter "1") illestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved: ol program was implemented in November 2011 on the 4500 inpatient nursing the presented to the hospital's Performance Improvement Committee. A graphysician, diabetes nurse specialist, and a pharmacist, proactively manage uncontrolled blood glucose levels. The original program protocols were minary program results presented at the December 2011 meeting of the hospital's mmittee indicated that 32% of inpatient diabetic patients in November 2011 had ll. throughout their admission, which represents a 9% reduction from the baseline didition, the program has been implemented with a very low rate of hypoglycemia inue regarding the use of the program's protocols. Selected case reviews will be	* Yes
Achievement If "yes/no" as to whether the mimenu, and (if "yes") provide an A pilot inpatient glycemic controunit, as documented by a repormultidisciplinary team, including high risk diabetic patients with approved in May 2011. Prelim Performance Improvement Coran average glucose >180 mg/d period of June-July 2011. In ac (1%). Staff education will cont conducted to identify any barries	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved: of program was implemented in November 2011 on the 4500 inpatient nursing it presented to the hospital's Performance Improvement Committee. A graphysician, diabetes nurse specialist, and a pharmacist, proactively manage uncontrolled blood glucose levels. The original program protocols were initiary program results presented at the December 2011 meeting of the hospital's mmittee indicated that 32% of inpatient diabetic patients in November 2011 had lit. throughout their admission, which represents a 9% reduction from the baseline didition, the program has been implemented with a very low rate of hypoglycemia tinue regarding the use of the program's protocols. Selected case reviews will be sets that can impact glycemic control.	* Yes * Yes

Category 2: Expand Chronic Care Management Models

	Improve the percentage of diabetic patients who select a self-management goal by 20% over baseline. (insert milestone)	-
Numerator (if N/A use "ves/	no" form below; if absolute number, enter here)	* 306.00
Denominator (if absolute nur	· ·	* 1,506.00
Achievement	noci, circi i)	20.3%
	milestone has been achieved releat "yes" or "ne" from the drandown	20.3 /6
menu, and (if "yes") provide	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes
documented by the registry's a self-management goal as of increase is attributed to sever adoption of a self-management goal, such as in	ns to diabetic patients seen in the Family Care Clinic, was achieved by 9/30/11, as a patient summary data report. The baseline number of patients who had selected of July 2010 was 10%. As of 9/30/11, this percentage had doubled to 20%. This eral factors, including better documentation in the chart relating to the patient's ent goal. Patients are also encouraged by their physician to adopt a self-ncreasing the amount of exercise or eating healthier foods. The importance of essed at the hospital's diabetic education class.	
DY Target (from the DPH sv	stem plan) or enter "yes" if "yes/no" type of milestone	* 12%
Achievement Value	, ,	1.00
Achievement value		1.00
Process Milestone:	Expand the number of telephone interactions between diabetic patients and the health care team by an additional 150 calls.	
	(insert milestone)	-
Numerator (if N/A, use "yes/i	no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nur	mber, 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
made to patients and the rea	d by 12/31/11, as evidenced by a telephone log used by staff to document calls ason for the calls. A telephone visit pilot program was initiated in the Diabetes	
visit. One of the clinic team improve overall care and gly	mber 2010. It is designed to supplement the care patients receive during their clinic members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted.	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted.	* Yes
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic	* Yes 1.00
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone:	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. Stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone)	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone:	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/i	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here)	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/n")	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here)	
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/ii Denominator (if absolute nur Achievement	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here)	1.0
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/ii Denominator (if absolute nur Achievement If "yes/no" as to whether the	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here) mber, enter "1")	1.00
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/ii Denominator (if absolute nur Achievement If "yes/no" as to whether the menu, and (if "yes") provide	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here) mber, enter "1") milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	1.00
visit. One of the clinic team improve overall care and gly visit. Between July 1, 2011 a DY Target (from the DPH sy Achievement Value Improvement Milestone: Numerator (if N/A, use "yes/ii Denominator (if absolute nur Achievement If "yes/no" as to whether the menu, and (if "yes") provide	members contacts the patient to encourage adherence to their treatment plan, cemic control, and to address questions the patient may have following their clinic and December 20, 2011, a total of 161 telephone visits were conducted. stem plan) or enter "yes" if "yes/no" type of milestone (insert milestone) no" form below; if absolute number, enter here) mber, enter "1") milestone has been achieved, select "yes" or "no" from the dropdown	1.00

Category 2: Expand Chronic Care Management Models

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT: *	Yes

Category 2: Redesign Primary Care

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Redesign Primary Care		
DY Total Computable Incentiv	ve Amount	* \$ 4,823,100.00
D1 Total Computable income	o / iniodni.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Incentive Funding Already Re	ceived in DY:	* \$ -
Process Milestone:	Train 70% of relevant staff in the Family Care Clinic on methods for redesigning the clinic to improve efficiency.	
	(insert milestone)	_
Numerator (if N/A, use "yes/no	o" form below; if absolute number, enter here)	*
Denominator (if absolute num	ber, enter "1")	*
Achievement		No
-	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* No
has been scheduled with the f flow and the overall efficiency	not completed by 12/31/11, it is on track for completion prior to 6/30/12. Training Family Care Clinic staff to review and discuss procedures that will improve patient of team members in the clinic. Staff who will be participating in the training ersonnel as well as attending and resident physicians. The completion of this the DY 7 year-end report.	
DY Target (from the DPH syst	tem plan) or enter "yes" if "yes/no" type of milestone	* 70.0%
Achievement Value		
Process Milestone:		
	(insert milestone)	_
Numerator (if N/A, use "yes/no	o" form below; if absolute number, enter here)	*
Denominator (if absolute num	ber, enter "1")	*
Achievement		N/A
	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*
DY Target (from the DPH syst	tem plan) or enter "yes" if "yes/no" type of milestone	*

Category 2: Redesign Primary Care

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

Category 2: Redesign Primary Care

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

Category 2: Redesign 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	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	
Improvement Milestone:	
(insert milestone)	
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1")	*
(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
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1")	* N/A *
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* N/A *
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* N/A *
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* N/A *
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* N/A *
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) Denominator (if absolute number, enter "1") Achievement If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	* N/A *

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

> REPORTING ON THIS PROJECT: * Yes

Category 2: Redesign to Improve Patient Experience

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically

populate and flow to summary sheets

Redesign to Improve Pati	ient Experience	
DY Total Computable Incentiv	e Amount:	* \$ 4,823,100.00
Incentive Funding Already Re	ceived in DY:	* \$ -
Process Milestone:	Establish a steering committee comprised of organizational leaders, employees, and patients/families to oversee improvements in patient and/or employee experience in the Family Care Clinic.	
	(insert milestone)	_
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		Yes
•	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* Yes
Experience Steering Committee improve the patient's experien	n September 2011, as documented by committee minutes. RCRMC's Patient see provides administrative oversight to RCRMC's organization-wide effort to ce. Current initiatives are focusing on inpatient services and the Family Care the HCAHPS and the CG-CAHPS instruments, will be used to assess patients'	
DY Target (from the DPH syst	em plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Process Milestone:	Develop a plan to roll out a regular inquiry into patient experience in the Family Care Clinic.	
	(insert milestone)	_
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute num	ber, enter "1")	*
Achievement		No
•	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* No
experience plan for the Family	ot achieved by 12/31/11, it is on track for completion by 6/30/12. The patient v Care Clinic, which will include methods of soliciting ongoing patient feedback, is not this plan will be included in the DY 7 year-end report.	
DY Target (from the DPH syst	em plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		

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Category 2: Redesign to Improve Patient Experience

	Train 50% of Family Care Clinic staff on patient experience program	
Process Milestone:	goals and objectives.	
	(insert milestone)	-
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	*
Denominator (if absolute num	ber, enter "1")	*
Achievement		No
	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	* No
drafted. This plan will include	conducted because the patient experience plan for the Family Care Clinic is being the goals and topics for the patient experience training. This milestone is on track 2 and will be included in the DY 7 year-end report.	
DY Target (from the DPH syst	em plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		-
Process Milestone:	(insert milestone)	
Numerator (if N/A, use "yes/no	o" form below; if absolute number, enter here)	*
Denominator (if absolute num	ber, 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 syst	em plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value		
Process Milestone:	(insert milestone)	-
Numerator (if N/A, use "yes/no	o" form below; if absolute number, enter here)	*
Denominator (if absolute num	ber, enter "1")	*
Achievement		N/A
	nilestone has been achieved, select "yes" or "no" from the dropdown n in-depth description of how the milestone was achieved:	*
DY Target (from the DPH syst	em plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value		

Patient Experience 84 of 126

Category 2: Redesign to Improve Patient Experience

Improvement Milestone:	
(insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	
Improvement Milestone:	
(insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
	7
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	
Improvement Milestone: (insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	IN/A
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	

Patient Experience 85 of 126

Category 2: Redesign to Improve Patient Experience

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT:

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Yes	

Category 2: Increase Specialty Care Access/Redesign Referral Process

Relow	is the	data	reported	for the	DPH	system
DCIOW	าว แาะ	uaıa	reported	TOT LITE	$\nu_{\Gamma I I}$	SVSICIII.

* Instructions for DPH systems: Please select above whether you are reporting on this project. If 'yes',

please type in all of your DY milestones for the project below and report data in the indicated boxes (*). The yellow boxes indicate where the DPH system should input data

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Increase Specialty Care	Access/Redesign Referral Process	
DY Total Computable Incent	ive Amount:	* \$ 4,823,100.00
Incentive Funding Already R	eceived in DY:	* \$ -
Process Milestone:	Create a plan to redesign the specialty referral process that will address: 1) development of standardized criteria; 2) preliminary work- up/assessment guidelines, and 3) prioritization of specialty care referrals.	
	(insert milestone)	-
Numerator (if N/A, use "yes/	no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nur	mber, enter "1")	*
Achievement		No
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* No
management. The completion	rk-up guidelines have been drafted and are being reviewed internally by RCRMC on of this milestone will be included in the DY 7 year-end report. Stem plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		-
Process Milestone:	Train 50 staff in Riverside County-based primary and specialty clinics, plus staff in referring clinics regarding new referral guidelines.	-
Numerotor (if NI/A "Lead"	(insert milestone)	* N/A
•	no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nur	Tiber, enter 1)	No
Achievement		No
-	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* No
These guidelines are in the f	eved by 12/31/11 because the new referral guidelines had not been approved. final review process. Once finalized, the training sessions will be scheduled. The will be included in the DY 7 year-end report.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone * No		
Achievement Value		

Specialty Care Access 87 of 126

Category 2: Increase Specialty Care Access/Redesign Referral Process

Process Milestone:	Educate 50 referring primary care physicians on the new referral guidelines.	
	(insert milestone)	_
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	* N/A
Denominator (if absolute numb	per, enter "1")	*
Achievement		No
•	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	* No
These guidelines are in the fina	ed by 12/31/11 because the new referral guidelines had not been approved. al review process. Once finalized, the training sessions will be scheduled. The ill be included in the DY 7 year-end report.	
DY Target (from the DPH syste	em plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		
, tomovement value		
Process Milestone:		
	(insert milestone)	_
Numerator (if N/A, use "yes/no	" form below; if absolute number, enter here)	*
Denominator (if absolute numb	per, enter "1")	*
Achievement		N/A
-	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	*
DY Target (from the DPH syste	em plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value		
Process Milestone:		
	(insert milestone)	
•	" form below; if absolute number, enter here)	*
Denominator (if absolute numb	per, enter "1")	*
Achievement		N/A
	ilestone has been achieved, select "yes" or "no" from the dropdown in-depth description of how the milestone was achieved:	*
DY Target (from the DPH syste	em plan) or enter "yes" if "yes/no" type of milestone	*

Category 2: Increase Specialty Care Access/Redesign Referral Process

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

Category 2: Increase Specialty Care Access/Redesign Referral Process

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) Riverside County Regional Medical Center DY 7 DPH SYSTEM:

REPORTING YEAR: 3/28/2012 DATE OF SUBMISSION:

Category 3: Patient/Care Giver Experience (required)

Below is the data reported for the DPH syste	m
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*	Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data
in	the indicated boxes (*). Note: for DY8, data from the last 2 quarters shall suffice.
*	The yellow boxes indicate where the DPH system should input data
	The black boxes indicate Milestones and will automatically populate and flow to summary sheets
	The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically
	populate and flow to summary sheets

Patient/Care Giver Experience (required)	
DY Total Computable Incentive Amount:	* \$ 4,182,750.00
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
RCRMC amended its contract with The Jackson Group in July 2011 to incorporate the use of the CG-CAHPS survey. The amended contract serves as documentation of this milestone's achievement. As of October 2011, this survey instrument has been implemented. It is administered on a continuous basis using a telephone survey methodology. A random sample of patients who have visited the clinics are contacted each month, with a target number of 100 survey responses to be received per quarter, or 400 responses per year.	
Achievement	Yes
Achievement Value	1.00
Report results of CG CAHPS questions for "Getting Timely Appointments, Care, and Information" theme to the State (DY8-10) Top-box score composite of all questions within this theme from all returned surveys: Enter the percentage of responses that fell in the most positive response category Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	*
Achievement	N/A
Achievement Value	
Report results of CG CAHPS questions for "How Well Doctors Communicate With Patients" theme to the State (DY8-10)	
Top-box score composite of all questions within this theme from all returned surveys: Enter the percentage of responses that fell in the most positive response category	*
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	

Achievement	N/A
Achievement Value	
eport results of CG CAHPS questions for "Helpful, Courteous, and Respectful Office taff" theme to the State (DY8-10)	
op-box score composite of all questions within this theme from all returned surveys: nter the percentage of responses that fell in the most positive response category	*
rovide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement alue is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value eport results of CG CAHPS questions for "Patients' Rating of the Doctor" eme to the State (DY8-10)	N/A
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *
Achievement Value eport results of CG CAHPS questions for "Patients' Rating of the Doctor" teme to the State (DY8-10) ep-box score composite of all questions within this theme from all returned surveys: the percentage of responses that fell in the response categories 9 and 10	N/A *
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *
Achievement Value seport results of CG CAHPS questions for "Patients' Rating of the Doctor" seeme to the State (DY8-10) sp-box score composite of all questions within this theme from all returned surveys: there the percentage of responses that fell in the response categories 9 and 10 revide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement	N/A *

Category 3: Patient/Care Giver Experience (required)

Achievement	N/A
Achievement Value	

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012 Category 3: Care Coordination (required)

Below is the data reported for the DPH system.

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

The yellow boxes indicate where the DPH system should input data

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

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

Care Coordination (required)	
our o o o o o o o o o o o o o o o o o o	
DY Total Computable Incentive Amount:	* \$ 4,182,750.00
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	* 15
Denominator	* 1,954
Rate	0.77
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 for this measure pertain to diabetic patients seen in RCRMC's two major primary care clinics: Family Care Clinic and Internal Medicine Clinic. One of RCRMC's key strategic initiatives is to develop a comprehensive diabetes disease management program. Several diabetes programs have been implemented in 2011 as part of this DSRIP plan, including the outpatient diabetic medication titration program. The Family Care and Internal Medicine Clinics each have a pharmacist who counsels patients with high glucose levels, advises them on their medications, and adjusts them as indicated per approved protocols. One of the program's key goals is to stabilize, if not reduce, the patient's blood glucose level which would help reduce the number of diabetes-related admissions. In the event the patient is admitted, possible complications can be more proactively addressed with the recent implementation of the Inpatient Glycemic Control Program. A multidisciplinary team consisting of a physician, diabetes nurse specialist, and a pharmacist, work with diabetes patients to bring their glucose under control. After discharge, the patient may be referred to the Diabetes Management Clinic for follow up care. Together, these initiatives are designed to provide a continuum of diabetes management services that will help reduce the number of admissions related to short-term diabetes-related complications.	Yes
Achievement Achievement Value	
Achievement value	0.50
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	
Data Collection Source	* Data warehouse
Numerator	* 145
Denominator	* 1,954
Rate	7.4

Care Coordination 94 of 126

Category 3: Care Coordination (required)

Provide on in death description of milestone progress (If no data is entered them a 0.4 ship was at	
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):	
	i
Data for this measure pertain to diabetic patients seen in RCRMC's two major primary care clinics: Family Care Clinic and Internal Medicine Clinic. As noted above, RCRMC has implemented a comprehensive approach to treating diabetic patients that closes the gap between inpatient and outpatient care. Three new programs were launched in 2011 to assist patients who have uncontrolled blood glucose levels: Outpatient Diabetic Medication Titration Program, Inpatient Glycemic Control Program, and the Peri-Operative Glucose Control Program. These programs, which are all DSRIP milestones discussed in this DY 7 semi-annual report, are designed to proactively manage patients with uncontrolled diabetes to reduce the risk of complications. Together, these comprehensive initiatives should assist in decreasing the number of admissions attributed to uncontrolled diabetes.	
Achievement	Yes
Achievement Value	0.50
Report results of the Congestive Heart Failure measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	
Report results of the Chronic Obstructive Pulmonary Disease measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	

Care Coordination 95 of 126

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

DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/28/2012
Category 3: Preventive Health (required)

Below is the data reported for the DPH system.

*	nstructions for DPH systems: Please type in all of your DY milestones for the project below and report d	lata
ir	the indicated boxes (*).	

in the indicated boxes (*).

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

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

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

Preventive Health (required)	
DY Total Computable Incentive Amount:	* \$ 4,182,750.00
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	* 1,474
Denominator	* 3,555
Rate	0.42
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 for this measure pertain to the Family Care Clinic, Internal Medicine Clinic, and Women's Health Clinic. Mammograms are an important preventive health care screening tool for women. RCRMC offers the "Every Woman Counts" breast cancer screening program which is sponsored by the California Department of Public Health. RCRMC is also in the process of implementing the medical home model of care in the Family Care Clinic. Among its benefits, the medical home promotes the importance of preventive health care and early detection of medical issues. It is anticipated the percentage of women receiving mammograms will increase as a result. However, there are certain challenges which will continue to impact the rate of mammography screenings such as cultural barriers and privacy concerns, lack of patient transportation to appointments, and lack of reliable contact information to follow up with patients regarding the need for a mammogram.	
Achievement	Yes
Achievement Value	0.50
Reports results of the Influenza Immunization measure to the State (DY7-10)	
Data Collection Source	* Manually (sample)
Numerator	* 697
Denominator	* 5,620
Rate	0.12

Preventive Health 96 of 126

Achievement Value

Category 3: Preventive Health (required) Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): The list of patients 50 years of age and older who received influenza immunizations was manually produced by the Pharmacy Department which coordinates the flu immunization program. However, this list represents all patients meeting the DSRIP criteria who received the flu shot, not just a sample. The denominator was identified using a data warehouse. The data listed here reflect the flu shots administered between September and December 2011 to inpatients, plus outpatients seen in RCRMC's Family Care Clinic. It includes only those patients who received flu shots at RCRMC. Patients who received flu immunizations at another provider are not reflected in this information. The data also reflect patients who refused flu shots. While over 80% of eligible patients are screened, the percentage of patients receiving the flu immunization is significantly less because many patients are already immunized or they refuse the vaccine. For future reporting, RCRMC will explore data collection strategies to incorporate patients who have been immunized outside of RCRMC into this measure. A multimodal approach to educating patients about the importance of getting a flu shot will be implemented. In addition, a new streamlined screening/consent form has been developed. Flu shots will also be expanded into other RCRMC primary care clinics. Achievement Yes 0.50 Achievement Value Report results of the Child Weight Screening measure to the State (DY8-10) **Data Collection Source** Numerator Denominator Rate Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): Achievement N/A Achievement Value Report results of the Pediatrics Body Mass Index (BMI) measure to the State (DY8-10) **Data Collection Source** Numerator Denominator Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): Achievement N/A

> Preventive Health 97 of 126

Category 3: Preventive Health (required)

Report results of the Tobacco Cessation measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	

Preventive Health 98 of 126

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DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

Category 3: At-Risk Populations (required)

Below is the data reported for the DPH system.

* Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data in the indicated boxes (*). For the last two measures, which are both diabetes composite measures, please follow the instructions on specifically how to calculate the composite measures (available based on NQF endorsement).

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

At-Risk Populations (required)	
DY Total Computable Incentive Amount:	* \$ 4,182,750.00
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	* Registry
Numerator	* 296
Denominator	* 1,954
Rate	0.15
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 for this measure pertain to diabetes patients treated in RCRMC's two major primary care clinics: Family Care Clinic and Internal Medicine Clinic. Various strategies are used to reduce patients' cholesterol levels. For example, patients are referred to a diabetic education class which discusses the importance of a healthy lifestyle, including good nutrition and physical activity. Patients may also be administered certain medications to control cholesterol.	
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	* Registry
Numerator	* 441
Denominator	* 1,954
Rate	0.23
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 for this measure pertain to diabetic patients treated in the Family Care Clinic and the Internal Medicine Clinic. Different strategies are used to stabilize and improve diabetic patients' glucose levels. Patients are encouraged to adopt a self-management goal. They are also referred to the hospital's diabetic education class. In addition, the outpatient diabetic medication titration program has been implemented. Each clinic has a pharmacist who counsels patients with high glucose levels. The pharmacist will advise patients on their medications, evaluate patient adherence to their medications, and adjust them as necessary per established protocols.	
Achievement	Yes
Achievement Value	0.50

Category 3: At-Risk Populations (required)

Report results of the 30-Day Congestive Heart Failure Readmission Rate measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (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 Achievement Value	N/A
Report results of the Hypertension (HTN): Blood Pressure Control (<140/90 mmHg) measure to the State (DY8-10)	·
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	7
Achievement	N/A
Achievement Value	
Report results of the Pediatrics Asthma Care measure to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	
Report results of the Optimal Diabetes Care Composite to the State (DY8-10)	

Category 3: At-Risk Populations (required)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	
Report results of the Diabetes Composite to the State (DY8-10)	
Data Collection Source	*
Numerator	*
Denominator	*
Rate	
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):	
Achievement	N/A
Achievement Value	

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

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

Category 4: Severe Sepsis Detection and Management (required)

Below is the data reported for the DPH system.

in the indicated boxes (*).

% Mortality

Achievement Value

* 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:	* \$ 2,359,500.00			
Incentive Funding Already Received in DY:	* \$ -			
Compliance with Sepsis Resuscitation bundle (%)				
Numerator	* 8			
Denominator	* 34			
% Compliance	24%			
Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available):				
The compliance data, as documented in a sepsis data report, represent activity between July-December 2011. Currently, patients with sepsis are identified when nurses call the Rapid Response Team to assess a patient in a critical situation. Baseline data have been collected to identify issues which could be impacting compliance with the sepsis resuscitation bundle. The bundle measure most frequently out of compliance has been the prompt administration of antibiotics. Consequently, staff education targeted to both nursing and pharmacy personnel has been strengthened. The availability of appropriate antibiotics in automatic storage devices on the nursing units has also been addressed. Modest improvement in the antibiotic delivery time has been noted. A quality improvement initiative has also been recently implemented that focuses on the more proactive identification of patients with, or at risk of developing, sepsis. A registered nurse dedicated to the sepsis initiative conducts daily rounds on the nursing units to assess patients for sepsis. The nurse is also responsible for ongoing education of the nursing staff on the early detection of sepsis in patients. The lead pharmacist for the sepsis initiative is conducting similar training for pharmacy staff.				
DY Target (from the DPH system plan, if appropriate)	*			
% Achievement of Target				
Achievement Value	0.50			
Sepsis Mortality (%)				
Numerator	*			
Denominator	*			

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):

Sepsis mortality will be reported beginning in DY 8.

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N/A

Category 4: Severe Sepsis Detection and Management (required)

Optional Milestone:	Participate in the HASC Southern California Patient Safety Collaborative to share data and practices with other hospitals.			
	(insert milestone)	•		
Numerator (if N/A, use "yes/	no" form below; if absolute number, enter here)	* N/A		
Denominator (if absolute nur	mber, enter "1")	*		
Achievement		No		
If "yes/no" as to whether the menu, and (if "yes") provide	* No			
presented information to the	eved by 12/31/11. The pharmacist who is responsible for the sepsis initiative HASC Southern California Patient Safety Collaborative in February 2012. The le will be noted in the DY 7 year-end report.			
DY Target (from the DPH sy	stem plan) or enter "yes" if "yes/no" type of milestone	* No		
Achievement Value	, , , , , , , , , , , , , , , , , , , ,	-		
Optional Milestone:	Report at least six months of data collection on the Sepsis Resuscitation Bundle to SNI for purposes of establishing the baseline and setting benchmarks.			
	(insert milestone)			
,	no" form below; if absolute number, enter here)	* N/A		
Denominator (if absolute nur	mber, enter "1")	*		
Achievement		Yes		
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* Yes		
Baseline data were submitted to SNI in December 2011, as documented by: 1) spreadsheet listing the baseline data and 2) SNI staff's acknowledgement of the data receipt. The baseline data time period was February 2011 to July 2011. The numerator was 14 and the denominator was 62, with a Sepsis Resuscitation Bundle compliance rate of 22.6%. Currently, patients with severe sepsis or septic shock are identified when nurses call the Rapid Response Team to assess a patient in critical condition. RCRMC is in the process of implementing new procedures to more proactively identify patients with, or at risk of developing, sepsis.				
DY Target (from the DPH sy	stem 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 nur	mber, 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 sy	stem plan) or enter "yes" if "yes/no" type of milestone	*		
Achievement Value				

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Category 4: Severe Sepsis Detection and Management (required)

Optional Milestone:	_
(insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown	19/74
menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	
Optional Milestone:	
(insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Achievement Value	*
Optional Milestone:	
(insert milestone)	_
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	*
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
Achievement Value	

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Sepsis 107 of 126

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) Riverside County Regional Medical Center DY 7 DPH SYSTEM:

REPORTING YEAR: DATE OF SUBMISSION: 3/28/2012

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

Below is the data reported for the DPH system.

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

Central Line Associated Blood Stream Infection					
DY Total Computable Incer	DY Total Computable Incentive Amount:				
Incentive Funding Already Received in DY:		* \$ -			
Compliance with Centr					
Numerator	*				
Denominator		*			
% Compliance		N/A			
Provide an in-depth descrip Value is assumed for applic					
See RCRMC's CLIP compl					
DY Target (from the DPH s	*				
% Achievement of Target					
Achievement Value		-			
Central Line Bloodstre	am 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):				
See RCRMC's Central Line	Bloodstream Infection rate under "Report CLIP and CLABSI results to the State."				
DY Target (from the DPH s	ystem plan)	*			
% Achievement of Target		N/A			
Achievement Value					
Optional Milestone:	Report at least six months of data collection on the CLIP bundle to SNI for purposes of establishing the baseline and setting benchmarks.				
	(insert milestone)				
Numerator (if N/A, use "yes	s/no" form below; if absolute number, enter here)	* N/A			
Denominator (if absolute number, enter "1")		*			
Achievement	Achievement				
If "yes/no" as to whether the	* 77				
menu, and (if "yes") provide	* Yes				

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Category 4: Central Line Associated Blood Stream Infection (CLABSI) (required) Baseline data were submitted to SNI in December 2011 for both Central Line Insertion Practices (CLIP) and Central Line Bloodstream Infection (CLABSI), as documented by: 1) spreadsheet listing the baseline data and 2) SNI staff's acknowledgement of the data receipt. CLIP: The baseline data time period was July 2009 to December 2009. The number of patients with central lines in all of RCRMC's intensive care units, including the adult, pediatric, and neonatal intensive care units for whom all elements of CLIP are documented, was 284 (numerator). The total number of patients with central lines occurring in RCRMC's adult, pediatric, and neonatal intensive care units was 286 (denominator), with compliance at 99.3%. CLABSI: The baseline data time period was July 2009 to December 2009. The numerator was 39, representing the number of laboratory-confirmed primary bloodstream infections occurring in patients located in critical care units or other inpatient units who had a central line in place at the time of, or within 48 hours before, the onset of infection. The denominator was 8,350, representing the number of device days. The CLABSI rate was 4.7 per 1,000 catheter days. DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Yes Achievement Value 1.00 **Optional Milestone:** Report CLIP and CLABSI results to the State. (insert milestone) Numerator (if N/A, use "yes/no" form below; if absolute number, enter here) N/A 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 CLIP: Between July-December 2011, there was 99.4% compliance with Central Line Insertion Practices (CLIP). The numerator was 312 and the denominator was 314. RCRMC has been able to sustain a high compliance rate through ongoing staff education which includes new resident physicians. This training focuses on the elements of the CLIP bundle, including using chlorhexidine to prepare the patient's skin prior to insertion of the central line. Staff are also instructed to use a checklist form which includes all elements of the CLIP bundle for every patient who receives a central line. These forms are then sent to the Infection Control Department for review. All staff responsible for central line insertions are also instructed to report all insertion failures to the Infection Control Department as a quality improvement initiative and to assist in the training of resident physicians. CLABSI: Between July-December 2011, the Central Line Associated Bloodstream Infection (CLABSI) rate/1.000 catheter days was 0.76. The numerator was 7 and the denominator was 9.270. RCRMC has implemented the CLABSI bundle on a hospital-wide basis. One of the key elements to controlling the infection rate is to have physicians evaluate on a daily basis the continuing medical necessity of the patient having a central line. Infection Control staff review a random sample of charts on a daily basis pertaining to patients with a central line for evidence of physicians conducting this review. In the fall of 2011, the RCRMC Medical Director began sending letters to physicians who are not in compliance with performing this daily central line medical necessity review. He also sends letters to those physicians who are in compliance. This practice has increased overall physician compliance which has contributed to the decrease in the CLABSI rate. RCRMC has also implemented a new device that staff now use to clean the central line's port/connector. This new device has also assisted in controlling the central line infection rate. DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone Yes 0.50 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 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

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

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

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CLABSI 112 of 126

CLABSI 113 of 126

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP) DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT:

Category 4: Surgical Site Infection Prevention

Below is the data re	orted for the	DPH system
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* 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		
DV Total Occupatible Lease	of a Assessed	*	
DY Total Computable Incentive Amount:		* \$ 2,359,500.00	
Incentive Funding Already Received in DY:		* \$ -	
Rate of surgical site in	fection for Class 1 and 2 wounds (%)		
Numerator		* 13	
Denominator		* 638	
% Infection Rate		2.0%	
	otion of milestone progress. (If no data is entered, then a 0 Achievement cable DY. If so, please explain why data is not available):		
The surgical site infection rate listed above is an aggregate rate for the time period of July-December 2011 for the three surgical procedures RCRMC has selected for this initiative: C-sections, hernias, and hip prostheses. This information is documented by a report compiled by the hospital's Infection Control Department. The individual surgical site infection rates for each procedure during this time period are as follows: C-sections (10/366 = 2.7%); hernias (3/223 = 1.4%); and hip prostheses (0/49 = 0%). Various strategies have been implemented to prevent surgical site infections, including a surgical bundle comprised of 16 different elements. Some of these elements include: improved cleaning techniques in the surgical suites, using bleach as the primary disinfectant; implementation of a peri-operative glucose control program (a separate DSRIP milestone); and bathing patients with a chlorhexidine bath prior to surgery.			
DY Target (from the DPH s	system plan)	* N/A	
% Achievement of Target		N/A	
Achievement Value		0.50	
Optional Milestone:	Report on at least six months of data collection on surgical site infections to SNI for purposes of establishing the baseline and setting benchmarks.		
	(insert milestone)		
Numerator (if N/A, use "yes	s/no" form below; if absolute number, enter here)	* N/A	
Denominator (if absolute no	umber, 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	
Baseline data were submitted to SNI in December 2011 for each of the three surgical procedures included in this initiative, as documented by: 1) a spreadsheet listing the baseline data and 2) SNI staff's acknowledgement of the data receipt. C-Sections: The baseline period was July 2009-June 2010. The numerator was 36 and the denominator was 653, with a surgical infection rate of 5.5%. Hernias : The baseline period was July 2009-June 2010. The numerator was 12 and the denominator was 336, with a surgical infection rate of 3.6%. Hip Protheses : The baseline period was July 2010-June 2011. The numerator was 5 and the denominator was 95, with a surgical infection rate of 5.3%.			
DY Target (from the DPH s	system plan) or enter "yes" if "yes/no" type of milestone	* Yes	
Achievement Value		1.00	

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Category 4: Surgical Site Infection Prevention

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

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Category 4: Surgical Site Infection Prevention

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

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Riverside County Regional Medical Center

REPORTING YEAR: DY 7 DATE OF SUBMISSION: 3/28/2012

REPORTING ON THIS PROJECT: *

* Yes

Category 4: Stroke Management

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

populate and flow to summary sheets

Stroke Management	
	* * * * * * * * * * * * * * * * * * * *
DY Total Computable Incentive Amount:	* \$ 2,359,500.00
Incentive Funding Already Received in DY:	* \$ -
Discharged on Antithrombotic 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):	
DY Target (from the DPH system plan)	*
% Achievement of Target	N/A
Achievement Value	
Anticoagulation Therapy for Atrial Fibrillation/Flutter	
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	14/71
Thrombolytic Therapy	

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Category 4: Stroke Management

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	
Antithrombotic Therapy by End of Hospital Day 2	
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):	
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):	
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):	
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):	
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):	
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):	
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)	*
Value is assumed for applicable DY. If so, please explain why data is not available): DY Target (from the DPH system plan)	* N/A
Value is assumed for applicable DY. If so, please explain why data is not available): DY Target (from the DPH system plan)	* N/A
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 Achievement Value	* N/A
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 Achievement Value Discharged on Statin Medication	* N/A
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 Achievement Value Discharged on Statin Medication Numerator	* N/A *
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 Achievement Value Discharged on Statin Medication Numerator	* N/A * N/A
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 Achievement Value Discharged on Statin Medication Numerator Denominator	*
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 Achievement Value Discharged on Statin Medication 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): DY Target (from the DPH system plan) % Achievement of Target Achievement Value Discharged on Statin Medication 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): DY Target (from the DPH system plan) % Achievement of Target Achievement Value Discharged on Statin Medication 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): DY Target (from the DPH system plan) % Achievement of Target Achievement Value Discharged on Statin Medication 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): DY Target (from the DPH system plan) % Achievement of Target Achievement Value Discharged on Statin Medication 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): DY Target (from the DPH system plan) % Achievement of Target Achievement Value Discharged on Statin Medication 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):	*

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Category 4: Stroke Management 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) N/A % Achievement of Target Achievement Value **Assessed for Rehabilitation** 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): DY Target (from the DPH system plan) N/A % Achievement of Target Achievement Value Stroke mortality rate Numerator Denominator Mortality Rate Provide an in-depth description of milestone progress. (If no data is entered, then a 0 Achievement Value is assumed for applicable DY. If so, please explain why data is not available): This information will be reported, starting in DY 8.

Achievement Value

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Category 4: Stroke Management

Optional Milestone:	Designate physician(s) to provide 24/7 program coverage. (insert milestone)	
Numerator (if N/A, use "yes/	/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nu	mber, enter "1")	*
Achievement		No
•	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* No
provide neurology, including	pleted by 12/31/11. The contract for the designated physician group which will stroke management, services is under development. It is on track for completion int of this milestone will be included in the DY 7 year-end report.	
DY Target (from the DPH sy	/stem plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value	istem plany of onter you if yourno type of fillingatione	110
Achievement value		-
Optional Milestone:	Develop uniform practice standards and protocols to effectively manage and coordinate the stroke program.	
N	(insert milestone)	± N1/A
	/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nu	mber, enter "1")	*
Achievement		No
-	milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* No
responsibilities have include American Heart Association	pleted by 12/31/11. In December 2011 a stroke coordinator was appointed. Her ad drafting the stroke program's practice standards and protocols which follow the /American Stroke Association "Get with the Guidelines" program. These draft v and will be completed by 6/30/12. The completion of this milestone will be included	
DV Torget (from the DDH o	/stem plan) or enter "yes" if "yes/no" type of milestone	* No
• .	stem plan) or enter yes it yes/no type or milestone	" INO
Achievement Value		-
Optional Milestone:	Designate personnel to establish the multidisciplinary Acute Stroke Team. (insert milestone)	
Numerator (if N/A use "ves	/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute nu		*
Achievement		No
If "yes/no" as to whether the	e milestone has been achieved, select "yes" or "no" from the dropdown an in-depth description of how the milestone was achieved:	* No
This milestone was not com	pleted by 12/31/11. The stroke coordinator, since being appointed to her position, hievement of this milestone. It is on track for achievement by 6/30/12 and will be	
DY Target (from the DPH sy	stem plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		-

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Category 4: Stroke Management

Optional Milestone:	Train at least 25 multidisciplinary staff on stroke program protocols.	
	(insert milestone)	
Numerator (if N/A, use "yes	s/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute no	umber, enter "1")	*
Achievement		No
	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	* No
training sessions with hosp be conducted to educate st	npleted as of 12/31/11. However, the stroke coordinator has conducted multiple ital staff in February 2012 about the warning signs of stroke. Additional training will taff about the program's protocols once they have been approved. The completion luded in the DY 7 year-end report.	
DY Target (from the DPH s	system plan) or enter "yes" if "yes/no" type of milestone	* No
Achievement Value		
Optional Milestone:	Report at least six months of data collection on the seven stroke management process measures to SNI for purposes of establishing the baseline and setting benchmarks. (insert milestone)	
Numerator (if N/A, use "yes	s/no" form below; if absolute number, enter here)	* N/A
Denominator (if absolute no		*
Achievement		Yes
	e milestone has been achieved, select "yes" or "no" from the dropdown	100
	e an in-depth description of how the milestone was achieved:	* Yes
as documented by: 1) a spreceipt. The baseline periodischarged on Antithrombot (10/10 = 100%); Thromboty	n stroke management process measures were submitted to SNI in December 2011, readsheet listing the baseline data and 2) SNI staff's acknowledgement of the data and was July 2009-June 2010. Here are the compliance rates for each measure: https://dictation.org/linearing/bit/ (102/103 = 99.0%); Anticoagulation Therapy for Atrial Fibrillation/Flutter //dic Therapy (3/6 = 50%); Antithrombotic Therapy by End of Hospital Day 2 (101/101 tatin Medication (98/103 = 95.1%); Stroke Education (88/117 = 75.2%) and Assessed = 99.2%).	
DY Target (from the DPH s	system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value		1.00
Optional Milestone:	Report the data to the State.	
Numerator (if N/A use "ves	(insert milestone) s/no" form below; if absolute number, enter here)	* 7.00
,	, ,	
Denominator (if absolute no	umber, enter "1")	* 7.00
Achievement		Yes
•	e milestone has been achieved, select "yes" or "no" from the dropdown e an in-depth description of how the milestone was achieved:	* Yes
reported here. The complication 2011 are as follows: Disch Fibrillation/Flutter (3/3 = 10 Day 2 (66/66 = 100%); Disch	inator each pertain to the number of stroke management process measures being ance rates for the seven stroke management process measures for July-December arged on Antithrombotic Therapy (69/69 = 100%); Anticoagulation Therapy for Atrial 0%); Thrombolytic Therapy (1/7 = 14%); Antithrombotic Therapy by End of Hospital charged on Statin Medication (53/54 = 98%); Stroke Education (68/69 = 99%); and (86/89 = 97%). This information is documented in a report prepared by the ment Department.	
DY Target (from the DPH o	system plan) or enter "yes" if "yes/no" type of milestone	* Yes
• (yourn plant of ontolly of all yourno type of fillestone	
Achievement Value		0.50

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