DSRIP Semi-Annual Reporting Form

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

Dates Reports are Due

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

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

Use of This Reporting Form

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

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

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

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

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

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

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

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP

* **DPH SYSTEM:**	Ventura County Medical Center
* **REPORTING YEAR:**	DY 7
* **DATE OF SUBMISSION:**	3/31/2012

Total Payment Amount

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

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	$ -
Increase Training of Primary Care Workforce	$ 4,863,333.00
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	$ 4,863,333.00
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	
Enhance Performance Improvement and Reporting Capacity	$ 4,863,333.00
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	$ 14,589,999.00

Category 2 Projects	
Expand Medical Homes	
Expand Chronic Care Management Models	$ 4,859,000.00
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	$ 4,859,000.00
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	$ 4,859,000.00
Conduct Medication Management	
Implement/Expand Care Transitions Programs	
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	$ 14,577,000.00

Category 3 Domains	
Patient/Care Giver Experience *(required)*	$ 2,466,750.00
Care Coordination *(required)*	$ 2,466,750.00
Preventive Health *(required)*	$ 2,466,750.00
At-Risk Populations *(required)*	$ 2,466,750.00
TOTAL CATEGORY 3 INCENTIVE PAYMENT:	$ 9,867,000.00

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	$ 1,391,500.00
Central Line Associated Blood Stream Infection Prevention *(required)*	$ 1,391,500.00
Surgical Site Infection Prevention	$ 1,391,500.00
Hospital-Acquired Pressure Ulcer Prevention	$ 1,391,500.00
Stroke Management	
Venous Thromboembolisr	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	$ 5,566,000.00
TOTAL INCENTIVE PAYMENT	$ 44,599,999.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
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

DSRIP Semi-Annual Reporting Form
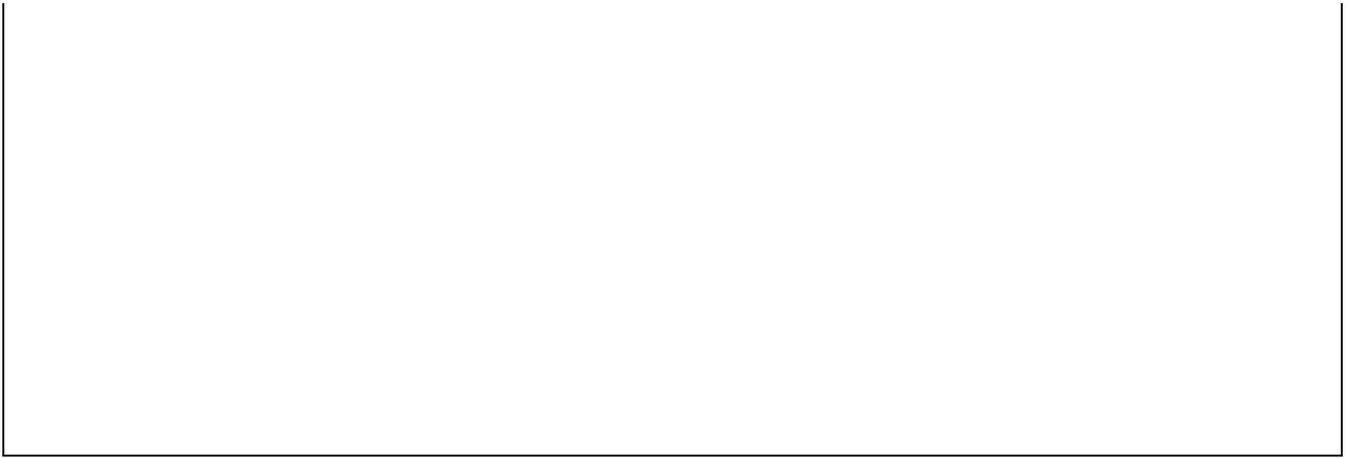
CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

Category 1 Summary Page

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

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

Category 1 Projects	
Expand Primary Care Capacity	
Process Milestone: 2. Implement the first phase of the residency expansion by increasing the size of the PGY-1 class from 14 to 16 (12.5%)	Yes
Achievement Value	1.00
Process Milestone: 8. Establish a baseline for utilization data to use to measure expansion of the availability of technology for health care interpretation service to Santa Paula Hospital (SPH).	Yes
Achievement Value	1.00
Process Milestone: 9. Improve language access at VCMC.	Yes
Achievement Value	1.00
Process Milestone: 10. Designate an additional trilingual (English, Spanish, Mixteco) translator and train/certify as a health care interpreter, to provide direct interpretation services to patient in VCMC and through the HCIN network.	Yes
Achievement Value	1.00
Process Milestone: 19. Perform four Lean Kaizen rapid PI events, with at least one Kaizen focusing on a Core Measure related to care in the hospital.	Yes
Achievement Value	1.00
Improvement Milestone: -	N/A
Achievement Value	
Improvement Milestone: -	N/A
Achievement Value	
Improvement Milestone: -	N/A
Achievement Value	
Improvement Milestone: -	N/A
Achievement Value	
Improvement Milestone: -	N/A
Achievement Value	
DY Total Computable Incentive Amount:	$ -
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ -
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ -

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Increase Training of Primary Care Workforce

Process Milestone:	2. Implement the first phase of the residency expansion by increasing	Yes
Achievement Value		1.00
Process Milestone:	8. Establish a baseline for utilization data to use to measure expansion	Yes
Achievement Value		1.00
Process Milestone:	9. Improve language access at VCMC.	Yes
Achievement Value		1.00
Process Milestone:	10. Designate an additional trilingual (English, Spanish, Mixteco)	Yes
Achievement Value		1.00
Process Milestone:	19. Perform four Lean Kaizen rapid PI events, with at least one Kaizen	Yes
Achievement Value		1.00
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		
Improvement Milestone:	-	N/A
Achievement Value		

DY Total Computable Incentive Amount:	$ 4,863,333.00
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,863,333.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,863,333.00

Implement and Utilize Disease Management Registry Functionality

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

Category 1 Summary Page

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 Interpretation Services and Culturally Competent Care

Process Milestone:	Establish a baseline for utilization data to use to measure expansion of the availability of technology for health care interpretation service to Santa Paula Hospital (SPH).	Yes
Achievement Value		1.00
Process Milestone:	Improve language access at VCMC.	Yes
Achievement Value		1.00
Process Milestone:	Designate an additional trilingual (English, Spanish, Mixteco) translator and train/certify as a health care interpreter, to provide direct interpretation services to patients in VCMC and through the HCIN network.	N/A
Achievement Value		1.00

DY Total Computable Incentive Amount:	$ 4,863,333.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,863,333.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,863,333.00

Enhance Performance Improvement and Reporting Capacity

Process Milestone:	Perform four Lean Kaizen rapid PI events, with at least one Kaizen focusing on a Core Measure related to care in the hospital.	Yes
Achievement Value		1.00
Process Milestone:	Designate a physician, who is dedicated to the PI department, to engage the medical staff in the PI process.	Yes
Achievement Value		1.00
Process Milestone:	Development of quality dashboard that allows real time improvement reporting of the CORE measure selected process imporvement.	Yes
Achievement Value		1.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

DY Total Computable Incentive Amount:	$ 4,863,333.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,863,333.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,863,333.00

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
Category 2 Summary Page

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

Category 2 Projects

Expand Chronic Care Management Models

Process Milestone:	Formalize multi-disciplinary teams. Team will consist of Physician, mid-level provider, Certified Diabetic Educator, Dietician, Licensed Clinical Social Worker and others as needed.	Yes
Achievement Value		1.00
DY Total Computable Incentive Amount:		$ 4,859,000.00
Total Sum of Achievement Values:		1.00
Total Number of Milestones:		1.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 4,859,000.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 4,859,000.00

Integrate Physical and Behavioral Health Care

Process Milestone:	Develop a plan to co-locate another Primary Care clinic to include adult and pediatric behavioral health services	Yes
Achievement Value		1.00
Process Milestone:	Adopt an evidence based treatment practice utilizing the IMPACT Collaborative Care Treatment Model for depression, anxiety, or traumatic stress disorder in 4 primary care sites, with 4 assigned LCSW or other master's level prepared clinicians.	Yes
Achievement Value		1.00
DY Total Computable Incentive Amount:		$ 4,859,000.00
Total Sum of Achievement Values:		2.00
Total Number of Milestones:		2.00
Achievement Value Percentage:		100%
Eligible Incentive Funding Amount:		$ 4,859,000.00
Incentive Funding Already Received in DY:		$ -
Incentive Payment Amount:		$ 4,859,000.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Use Palliative Care Programs

Process Milestone:	Implement a palliative care program and develop consult service so that palliative care consultation will be available for inpatients. This will include education to our Resident physicians.	Yes
Achievement Value		1.00
Process Milestone:	Develop a plan to identify patients who will have the option of being enrolled in the palliative care program	Yes
Achievement Value		1.00

DY Total Computable Incentive Amount:	$ 4,859,000.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 4,859,000.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 4,859,000.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

Category 3 Summary Page

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

☐ The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.

☐ The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75. 0.5, 0.25 or 0.

☐ The red boxes indicate Total Sums.

Category 3 Domains	
Patient/Care Giver Experience (required)	
Undertake the necessary planning, redesign, translation, training and contract negotiations in order to implement CG-CAHPS in DY8 (DY7 only)	Yes
Achievement Value	1.00
DY Total Computable Incentive Amount:	$ 2,466,750.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,466,750.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 2,466,750.00
Care Coordination (required)	
Report results of the Diabetes, short-term complications measure to the State (DY7-10)	Yes
Achievement Value	1.00
Report results of the Uncontrolled Diabetes measure to the State (DY7-10)	Yes
Achievement Value	1.00
DY Total Computable Incentive Amount:	$ 2,466,750.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 2,466,750.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 2,466,750.00

DSRIP Semi-Annual Reporting Form

Category 3 Summary Page

Preventive Health (required)

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

Achievement Value → 1.00

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

Achievement Value → *1.00*

DY Total Computable Incentive Amount: → $ 2,466,750.00

Total Sum of Achievement Values: → 2.00

Total Number of Milestones: → 2.00

Achievement Value Percentage: → 100%

Eligible Incentive Funding Amount: → $ 2,466,750.00

Incentive Funding Already Received in DY: → $ -

Incentive Payment Amount: → $ 2,466,750.00

At-Risk Populations (required)

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

Achievement Value → 1.00

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

Achievement Value → *1.00*

DY Total Computable Incentive Amount: → $ 2,466,750.00

Total Sum of Achievement Values: → 2.00

Total Number of Milestones: → 2.00

Achievement Value Percentage: → 100%

Eligible Incentive Funding Amount: → $ 2,466,750.00

Incentive Funding Already Received in DY: → $ -

Incentive Payment Amount: → $ 2,466,750.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

Category 4 Summary Page

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

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

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

Category 4 Interventions	
Severe Sepsis Detection and Management *(required)*	
Compliance with Sepsis Resuscitation bundle (%)	0.49
Achievement Value	*1.00*
Sepis Mortality (%)	0.13
Achievement Value	
Optional Milestone: Report at least 6 months of data collection on Sepsis Resuscitation	N/A
Achievement Value	*1.00*
Optional Milestone: Report the Sepsis Resuscitation Bundle results to the State	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 1,391,500.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,391,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,391,500.00
Central Line Associated Blood Stream Infection Prevention *(required)*	
Compliance with Central Line Insertion Practices (CLIP) (%)	0.51
Achievement Value	1.00
Central Line Bloodstream Infection (Rate per 1,000 patient days)	3.39
Achievement Value	1.00
Optional Milestone: Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.	Yes
Achievement Value	*1.00*
Optional Milestone: Report CLIP results to the State.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 1,391,500.00
Total Sum of Achievement Values:	5.00
Total Number of Milestones:	5.00
Achievement Value Percentage:	100%

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Eligible Incentive Funding Amount:	$ 1,391,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,391,500.00

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)	0.05
Achievement Value	1.00
Optional Milestone: Report results to the State	0.04
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 1,391,500.00
Total Sum of Achievement Values:	2.00
Total Number of Milestones:	2.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,391,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,391,500.00

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	0.01
Achievement Value	1.00
Optional Milestone: Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.	Yes
Achievement Value	*1.00*
Optional Milestone: Report hospital-acquired pressure ulcer prevalence results to the State.	Yes
Achievement Value	*1.00*
DY Total Computable Incentive Amount:	$ 1,391,500.00
Total Sum of Achievement Values:	3.00
Total Number of Milestones:	3.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	$ 1,391,500.00
Incentive Funding Already Received in DY:	$ -
Incentive Payment Amount:	$ 1,391,500.00

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CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: *   Yes

Category 1: Increase Training of Primary Care Workforce

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

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

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

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

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Increase Training of Primary Care Workforce

DY Total Computable Incentive Amount:	* $ 4,863,333.00
Incentive Funding Already Received in DY:	*

Process Milestone: Implement the first phase of the residency expansion by increasing the size of the PGY-1 class from 14 to 16.
(insert milestone)

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

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

Class was successfully expanded to 16 first year Family Medicine Residents at the start of the Academic year July 1, 2011.

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

Category 1: Increase Training of Primary Care Workforce

Process Milestone: _____

(insert milestone)

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

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

  Achievement   N/A

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

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

  Achievement Value

Process Milestone: _____

(insert milestone)

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

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

  Achievement   N/A

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

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

  Achievement Value

Process Milestone: _____

(insert milestone)

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

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

  Achievement   N/A

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

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

  Achievement Value

Category 1: Increase Training of Primary Care Workforce

Improvement Milestone: _____

(insert milestone)

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

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

   Achievement   N/A

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

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

   Achievement Value

Improvement Milestone: _____

(insert milestone)

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

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

   Achievement   N/A

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

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

   Achievement Value

Improvement Milestone: _____

(insert milestone)

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

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

   Achievement   N/A

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

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

   Achievement Value

Category 1: Increase Training of Primary Care Workforce

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

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

   Achievement Value

Improvement Milestone: _____
(insert milestone)

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

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

   Achievement   N/A

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

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

   Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Enhance Interpretation Services and Culturally Competent 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

Enhance Interpretation Services and Culturally Competent Care	
DY Total Computable Incentive Amount:	* $ 4,863,333.00
Incentive Funding Already Received in DY:	*
Process Milestone: Establish a baseline for utilization data to use to measure expansion of the availability of technology for health care interpretation service to Santa Paula Hospital (SPH). *(insert milestone)*	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes
Santa Paula hospital invested $10,729.00 to replace 13 of 15 Cisco Wireless access Points which are necessary for the Health Care Interpreter Network (HCIN) wireless devices. The network is currently up and running at Santa Paula Hospital (as of March 15, 2012, and the HCIN is available to establish a baseline for utilization data.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00
Process Milestone: Improve language access at VCMC. *(insert milestone)*	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes
There was an upward linear trend in the use of the language line from July 1st 2011 through December 31st 2011. The average (rolling average) utilization per month was 317.3 minutes in December (23% above initial baseline minutes used in July)	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

Category 1: Enhance Interpretation Services and Culturally Competent Care

Process Milestone:	Designate an additional trilingual (English, Spanish, Mixteco) translator and train/certify as a health care interpreter, to provide direct interpretation services to patients in VCMC and through the HCIN network.

(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: *[Yes]

A job description for an additional trilingual Mixteco employee was approved, and the position was posted and has been filled to provide trilingual (English, Spanish, Mixteco) translation services to our patients. A second trilingual interpreter was hired in February 2012 with start date in March 2012.

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

Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * Yes

Category 1: Enhance Performance Improvement and Reporting Capacity

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

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

Enhance Performance Improvement and Reporting Capacity	
DY Total Computable Incentive Amount:	* $ 4,863,333.00
Incentive Funding Already Received in DY:	*
Process Milestone: Perform four Lean Kaizen rapid PI events, with at least one Kaizen focusing on a Core Measure related to care in the hospital. *(insert milestone)*	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*

A total of six rapid improvement events (Kaizen) have been completed. The projects are as follows:
1. Driving Improvement:
2. CMS Validation
3. CHF
4. QAPI Process
5. ED Core Measures
6. Diabetic Management Team

Attachment 1 – Narrative of "Six Rapid Improvement Events (Kaizen)" completed

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00
Process Milestone: Designate a physician, who is dedicated to the PI department, to engage the medical staff in the PI process. *(insert milestone)*	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* Yes

Category 1: Enhance Performance Improvement and Reporting Capacity

Job description for Kenneth Waxman, MD
Job title: Medical Director for Quality and Safety, Ventura County Health Care Agency
Reports to: Healthcare Agency Director, Ventura County Health Care Agency
Date of hire: March 1, 2011

Responsibilities:
1. Provide physician leadership to improve quality and safety in the Ventura County Health Care Agency.
2. Provide leadership in developing quality and safety metrics for the Health Care Agency, the goals of which are to:
a. Improve meaningful use of data, and
b. Encourage accountable care throughout the Heath Care System
3. Serves as Chair for the Quality Assessment/Performance Improvement Committee.
4. Serves on the Executive Leadership Team for the implementation of a system-wide comprehensive electronic medical record.
5. Serves on multiple medical staff committees, including:
a. Medical Executive Committee
b. Medical Leadership Committee
c. Surgical Committee
d. MERIT Committee (pharmacy quality and safety)
e. Cancer Committee
f. Trauma Committee
g. Infection Control Committee
h. Institutional Review Board
i. Performance Improvement Coordinating Council (Chair)

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

Process Milestone:	Development of quality dashboard that allows real time improvement reporting of the CORE measure selected process imporvement.
	(insert milestone)

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

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

Attachment 2 - VCMC and Santa Paula Hospital (SPH) ED Throughput dashboard

In VCMC and Santa Paula Hospital's efforts to generate a real time reporting system to track ED throughput, the STAR System was utilized. A daily query is automatically generated out of the STAR system to track wait times. The results of this query are then converted to an Excel file and the ED Clerical Supervisor uses this data to populate the Dashboard every 24 hours.

The dashboard measures the following:

1. VCMC ED throughput time
2. SPH ED throughput time
3. Trauma ED throughput time

This Dashboard is accessible to the ED Director and ED Nurse Manager who are able to monitor throughput daily, instead of on a monthly basis, as was previously the case.

Future: A work order was started to place the dashboard on an ED shared folder where the Emergency Department Nurse Manager will grant viewing access to staff on an individual basis. A separate indicator will be created to track wait times of patients that were admitted to VCMC and SPH as well.

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 2: Expand Chronic Care Management Models

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

DY Total Computable Incentive Amount:	* $ 4,859,000.00
Incentive Funding Already Received in DY:	*

Process Milestone: Formalize multi-disciplinary teams. Team will consist of Physician, mid-level provider, Certified Diabetic Educator, Dietician, Licensed Clinical Social Worker and others as needed.
(insert milestone)

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

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

Attachment 3 - Interdisciplinary Team to Provide Clinical Care
Palliative Care Physicians: Dr. Leslie-Lynn Pawson, MD, (0.25 FTE) and Dr. James Helmer, MD (0.25 FTE), will serve as Co-Directors of the project.
Nurse: Connie Fincher, RN, (0.25 FTE).
Social Worker: Rosario Cordova, MSW (working toward LCSW with anticipated completion date of August, 2011), (0.25 FTE).
Psychologist: Aimee David, doctoral candidate – doctorate to be completed May 2011, (0.10 FTE).
Spiritual Leadership/Chaplain: VCMC does not have a Chaplain, but is currently searching for a non-denominational spiritual care provider, (0.10 FTE).
Quality Improvement Nurse: Rose Egertson, RN, (0.10 FTE)
Dietician, (0.10 FTE)
Consultants
Trained Volunteers, Music Therapy, Pet Therapy, Patient Visitors, Spiritual Care
Attachment 4 -The Las Islas Diabetes Center powerpoint presentation

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

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 2: Integrate Physical and Behavioral Health Care

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

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populate and flow to summary sheets

Integrate Physical and Behavioral Health Care

DY Total Computable Incentive Amount: * | $ 4,859,000.00 |

Incentive Funding Already Received in DY: * | |

Process Milestone: Develop a plan to co-locate another Primary Care clinic to include adult and pediatric behavioral health services
(insert milestone)

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

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

Achievement | Yes |

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

Attachment 5 - Ventura County Health Care Agency Primary Care and Behavioral Health Clinic Co-locations (powerpoint presentation)

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

Achievement Value | 1.00 |

Process Milestone: Adopt an evidence based treatment practice utilizing the IMPACT Collaborative Care Treatment Model for depression, anxiety, or traumatic stress disorder in 4 primary care sites, with 4 assigned LCSW or other master's level prepared clinicians.
(insert milestone)

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

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

Achievement | Yes |

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

Patients asssigned to 4 primary care clinics, Academic Family Medicine Center -75 referrals between July thru December 2011, Magnolia Family Medical Clinic -56 referrals between July and Dec 2011, Pediatric Diagnostic Center- 30 referrals between July and Dec 2011, Sierra Vista Family Medical group- 129 referrals between July and Dec 2011.

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

Achievement Value | 1.00 |

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * | Yes |

Category 2: Use Palliative Care Programs

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

Use Palliative Care Programs		
DY Total Computable Incentive Amount:	*	$ 4,859,000.00
Incentive Funding Already Received in DY:	*	

Process Milestone: Implement a palliative care program and develop consult service so that palliative care consultation will be available for inpatients. This will include education to our Resident physicians.
(insert milestone)

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

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

The Palliative Care Program is currently in operation, providing an interdisciplinary, patient and family-centered approach to care that promotes quality of life in the context of serious or life-threatening illness. Palliative care may be complementary to curative or life-prolonging therapies that are being used to meet patient defined goals of care. This program consists of the following roles so that palliative care consultation will be available to inpatients:

 a. Medical Director: Provides operational and clinical leadership for all palliative care services, is a member of the palliative care consultation service, proactively identifies opportunities to improve the patient and family experience of care and improve the efficiency and effectiveness of resources used.

 b. Palliative Care Physician: Provides consultation services in palliative care, symptom management and supportive care to meet the general medical needs of the patient. Facilitates clarification of patient and family goals of care. Consults with attending and / or primary physician and the interdisciplinary team to establish plan of care.

c. Palliative Care Nurse Coordinator: In collaboration with the palliative care physicians and other team members assists in the coordination and delivery of palliative care and related health care services to patient and families. Coordinates the interdisciplinary care conferences / family meetings with special focus on care goal clarification, pain and symptom management. Collects and maintains all aspects of palliative care data / statistics.

d. Palliative Care Social Worker: Provides psychosocial assessments, ongoing psychosocial interventions, bereavement assessment and implementation of bereavement care plan, community education, outreach and referrals. Collaborates with the department specific social workers and case managers to provide continuity of case management and social services.

e. Palliative Care Chaplain: Provides spiritual assessment develops and implements the spiritual plan of care emphasizing the integration of experience of pain and / or loss and anticipatory grief with the families own religious and spiritual practices.

f. Psychologist: Provides an environment to support patient and family expression of psychosocial needs. Listens actively, supports and refers as appropriate. Integrates psychosocial needs to the plan of care.

g. Other team Members: On-call basis (i.e. pharmacist, dietician, physical and occupational therapy)

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

DSRIP Semi-Annual Reporting Form

Category 2: Use Palliative Care Programs

Process Milestone:	Develop a plan to identify patients who will have the option of being enrolled in the palliative care program
	(insert milestone)

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

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

Achievement   [Yes]

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

Attachment 6 - Palliative Care Training Program For Family Medicine residents (Outline of Education)
The Palliative Care Program requires a physician referral to provide consultation services. To request a consultation our organization uses a Palliative Care Referral line or contacts palliative care team members directly.

Guidelines for Referral: The Palliative Care Consultation team is available for patients and their families at any stage of their care and treatment. Types of referrals may include but are not limited to:
• Presence of a life-limiting illness for symptom control
• Difficult symptom management (pain, dyspnea, nausea, anxiety)
• Lack of response to curative therapies / changing goals of care
• Patient and / or family support
• Recurrent hospitalizations for the same illness (i.e. heart failure, COPD, Liver Failure)
• Patient and / or family request.
• Spiritual or emotional distress
• Uncertainty or conflicts in DNR orders
• Metastatic or locally advanced cancer progressing despite systemic treatments.
• Parkinson's disease with poor functional status or dementia
A Palliative Care Consult Service Rounding Tool is also utilized to track patients from initial referral to end of service and serves as a source for data collection. **(Attachment 7 - Palliative Care Consult Service Rounding Tool)**

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

Achievement Value   [1.00]

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
Category 3: Patient/Care Giver Experience *(required)*

Below is the data reported for the DPH system.
 * Instructions for DPH systems: Please type in all of your DY milestones for the project below and report data
in the indicated boxes (*). Note: for DY8, data from the last 2 quarters shall suffice.
*   The yellow boxes indicate where the DPH system should input data
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Patient/Care Giver Experience (required)

DY Total Computable Incentive Amount: * $ 2,466,750.00

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   * Yes
Value is assumed for applicable DY. If so, please explain why data is not available):

The Press Ganey survey, one of the vendor option for the CG CAHPS guidelines was adapted and
implemented in the 17-clinic location sites in July 2011.   The surveys are provided in the patient's preferred
language as defined at the point of visit registration. A random sample is distributed by Press Ganey to a
statistically signficant number of patients seen at each of the clinic locations. Results are tabulated and
distributed to each clinic location 6-weeks after the close of a calendar month. An internal benchmark has
been established for an improvement in the Patient Experience scores. Each clinic has the ability to view and
drill down into the details of the survey responses within the Press Ganey website. Staff and providers at
each location have been trained in the elements of the survey and the scored results of the specific score
and the percentile ranking.

Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
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 (*).

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Care Coordination (required)

DY Total Computable Incentive Amount:	* $ 2,466,750.00
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	* 8.0
Denominator	* 4,309.0
Rate	0.2

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

> Out of 17 care sites we have 4,309 diabetic patients seen two or more times. Eight of these patients were admitted to the acute care hospital with short-term complications.

Achievement	Yes
Achievement Value	1.00

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

Data Collection Source	* Data warehouse
Numerator	* 29.0
Denominator	* 4,309.0
Rate	0.7

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

> Out of 17 care sites we have 4,309 diabetic patients seen two or more times. Twenty nine of these patients were admitted to the acute care hospital with an ICD9 prinicple diagnosis of uncontrolled diabetes.

Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
Category 3: Preventive Health *(required)*

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

Preventive Health (required)

DY Total Computable Incentive Amount:	* $ 2,466,750.00
Incentive Funding Already Received in DY:	*

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

Data Collection Source	* Manually (sample)
Numerator	* 200.0
Denominator	* 325.0
Rate	61.5

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

> Charts were manually pulled and reviewed at 17 care clinics. Of the 325 patient records reviewed it was found that 200 women between 50 and 74 years of age, had a mammogram within two years.

Achievement	Yes
Achievement Value	1.00

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

Data Collection Source	* Data warehouse
Numerator	* 2,667.0
Denominator	* 10,607.0
Rate	25.1

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

> At the 17 care clinics 10,607 patients, age 50 or older, who were seen two or more times in the prior 12 months. Of these 2667 received their Influenza immunization between Sep 2011 and Feb 2012.

Achievement	Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012
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).

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At-Risk Populations (required)

DY Total Computable Incentive Amount:	* $ 2,466,750.00
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	* Manually (sample)
Numerator	* 87.0
Denominator	* 325.0
Rate	26.8

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

At the 17 care clinics a random sample of 325 patient records of diabetic patients between 18 and 75 years of age who had been seen in the clinic two or more times in the past 12 months had LDL results less than 100 mg/dl was 87.

Achievement	Yes
Achievement Value	1.00

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

Data Collection Source	* Manually (sample)
Numerator	* 162.0
Denominator	* 325.0
Rate	49.8

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

At the 17 care clinics a random sample of 325 patient records of diabetic patients between 18 and 75 years of age who had been seen in the clinic two or more times in the past 12 months, 162 patients had a hemoglobin A1c < 9%.

Achievement	Yes
Achievement Value	1.00

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR:
DATE OF SUBMISSION:
Category 4: Severe Sepsis Detection and Management *(required)*

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

Severe Sepsis Detection and Management		
DY Total Computable Incentive Amount:	* $	1,391,500.00
Incentive Funding Already Received in DY:	*	
Compliance with Sepsis Resuscitation bundle (%)		
Numerator	*	69
Denominator	*	140
% Compliance		0.49

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 Protocol: The protocol consists of
1. Sepsis Screening Tool
2. Code Sepsis Activation
3. Sepsis Clock (Timesheet for data collection during first 24 hrs to be completed by ED nurse or TPN)
4. Sepsis Antibiotic Guidelines
5. Adult Severe Sepsis Order Set/Flowsheet
6. Adult Severe Sepsis ICU Orders
Sepsis Data Collection:
Data will be collected on every patient who screens positive for sepsis at Ventura County Medical Center. For
patients who screen positive but do not have severe sepsis, the following is recorded: screening form
completion, time of positive screen, time of lactate draw and time to antibiotics. For patients who meet criteria
for severe sepsis or septic shock the following is recorded: screening form completion, time of positive screen,
completion and time of lactate draw, completion and time of blood culture draw, completion and time of broad
spectrum antibiotic infusion, completion and time of fluid bolus, appropriate use of vasopressors, completion
and time of CVP and ScVO2 goals, and patient mortality. Data is collected by members of the sepsis data
team. Data collection for each code sepsis patient began in real time on February 26th. Data is entered into a
sepsis database maintained on a virtual drive on the Ventura County Intranet. This data is used to provide
feedback to healthcare providers via direct communication and a sepsis dashboard to be published monthly.

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

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

Sepis Mortality (%)

Numerator * 29

Denominator * 215

% Mortality 0.13

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

Achievement Value

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

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

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

Achievement 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

Baseline data from January 2010-June 2010 was submitted to SNI on 12/31/2011. Measured compliance with:
1. Lactate within 6 hours
2. Blood cultures drawn before antibiotic administration
3. Antibiotic admin within 3 hr ED admit, 1 hr non-ED ICU admit
4. If hypotensive and/or lactate >4, fluid bolus of 20ml/kg of crystalloid or equivalent colloid started within 1 hour
5. All Resuscitation Bundle measures met within 6 hours of presentation

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

Achievement Value 1.00

| **Optional Milestone:** | Report the Sepsis Resuscitation Bundle results to the State |
| | *(insert milestone)* |

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

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

Achievement Yes

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

Baseline data from January 2010- June 2010
Summary of results is as follows:
1. Lactate Measured within 6 hours: 85% compliance
2. Blood cultures drawn before antibiotic administration: 42% compliance
3. Antibiotic administered within 3 hours of ED admit, 1 hour non- ED admit: 39%
4. If patient is hypertensive and/or lactate is greater than 4, fluid bolus of 20 ml/KG of crystalloid or equivalent colloid given: 73%
5. All resuscitation bundle measures met within 6 hours of presentation: 21%

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

Achievement Value 1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

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

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

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Central Line Associated Blood Stream Infection

DY Total Computable Incentive Amount:	* $ 1,391,500.00
Incentive Funding Already Received in DY:	* $ -

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

Numerator	* 53.00
Denominator	* 104.00
% Compliance	0.51

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):

> Implement the Central Line Insertion Practices (CLIP), as evidenced by improvement of CLIP over baseline. Adherence measures the five bundle elements. Data used to inform, educate and encourage improvement in clinical practice amongst physician and nursing staff.
> CLIP data is entered into the NHSN program at the CDC.   CLIP adherence is measured with the following elements: hand hygiene, CHG skin antisepsis, CHG antiseptic prep dry and maximal barriers used (cap, gown, drape, gloves, mask.). Ongoing efforts are focused on ensuring adherence to the bundle.
> **Attachment 8 - CLIP Improvement Over Baseline**

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

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

Numerator	* 3.00
Denominator	* 884.00
Infection Rate	3.39

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	1.00

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

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

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

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

   Achievement   **Yes**

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

CLIP (Measuring compliance with the use of the CLIP form) results have been reported to SNI. Baseline data was reported using data from Jan 2010- June 2010.

Sent to SNI 12/31/2011

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

   Achievement Value   **1.00**

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

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

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

   Achievement   **Yes**

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

CLABSI data was submitted to SNI on 12/31/2011. Baseline data was submitted from January 2010- June 2010 measuring rate per 1000 device days for ICU and NICU.

Sent to SNI 12/31/2011

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 results to the State.
	(insert milestone)

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

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

   Achievement   **Yes**

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

Data submitted t o SNI on 12/31/2011
Ongoing monitoring of adherence to bundle elements continues.   NHSN system used for data gathering and reporting. **Attachment 9 - CLIP Results Submitted to State**

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

   Achievement Value   **1.00**

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Surgical Site Infection Prevention

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

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Surgical Site Infection Prevention	
DY Total Computable Incentive Amount:	* $ 1,391,500.00
Incentive Funding Already Received in DY:	*

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

Numerator	* 3.00
Denominator	* 61.00
% Infection Rate	0.05

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 was submitted to SNI for hips and colons on 12/31/2011. Baseline data covered January 2011- July 2011. **Attachment 10 - Hip & Colon SSI**

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

Optional Milestone: Report results to the State
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* 4.00
Denominator (if absolute number, enter "1")	* 91.00
Achievement	0.04

If "yes/no" as to whether the milestone has 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	1.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)
DPH SYSTEM: Ventura County Medical Center
REPORTING YEAR: DY 7
DATE OF SUBMISSION: 3/31/2012

REPORTING ON THIS PROJECT: * Yes

Category 4: Hospital-Acquired Pressure Ulcer Prevention

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

DY Total Computable Incentive Amount:	* $ 1,391,500.00
Incentive Funding Already Received in DY:	*

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)

Numerator	* 4.00
Denominator	* 345.00
Prevalence (%)	1%

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

Have added a wound care nurse and done education for nursing staff related to prevention of HAPU. Many hours of educaiton have taken place and patient rounding is done in all areas with focus on intact skin and prevention of HAPU.

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

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

(insert milestone)

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

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

Completed 12/31/2011. Data elements submitted to SNI on 12/31/2011 for shared learning and benchmarking purposes. VCMC participated in multiple Safety Net Institute conferences as well in order to share information with other CAPH hospitals.

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

Category 4: Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: Report hospital-acquired pressure ulcer prevalence results to the State.

(insert milestone)

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

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

Achievement   Yes

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

Reported to CAINOC on a monthly basis and can be accessed through the CALNOC website. HAPU data is
collected via rounding. Data Sharing and findings were shared with SNI on 12/31/2011. Baseline data covers
Jan-June 2010 for Stage II and above

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

Achievement Value   1.00