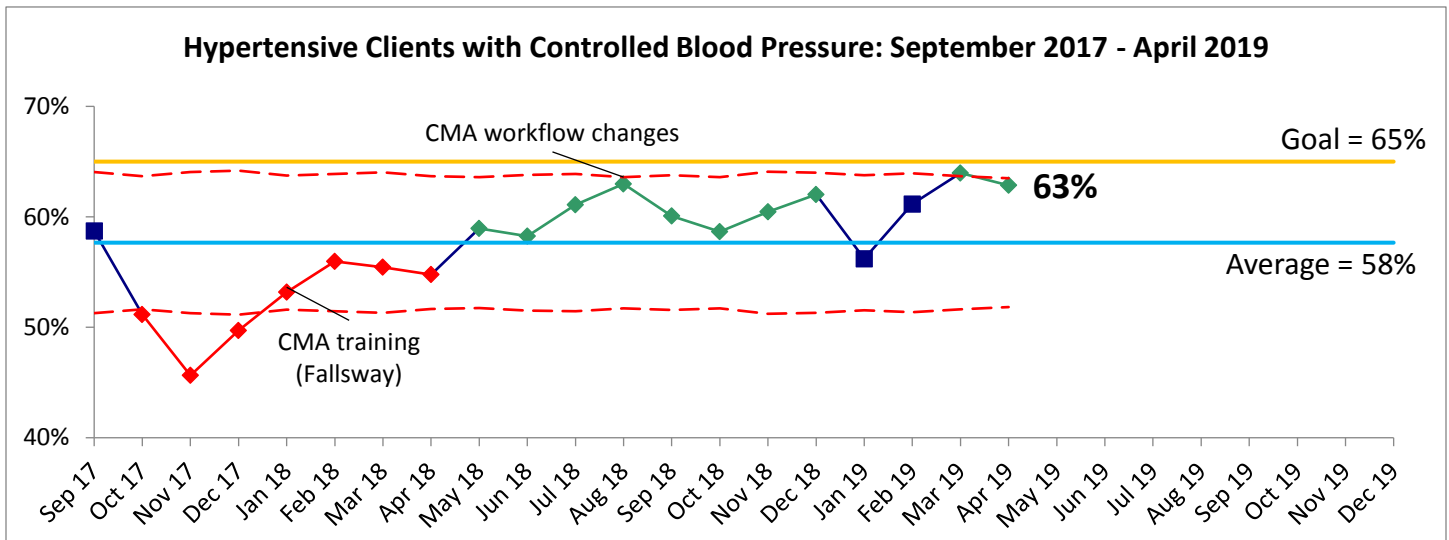


Health Care for the Homeless Prioritized Quality Measures: April 2019

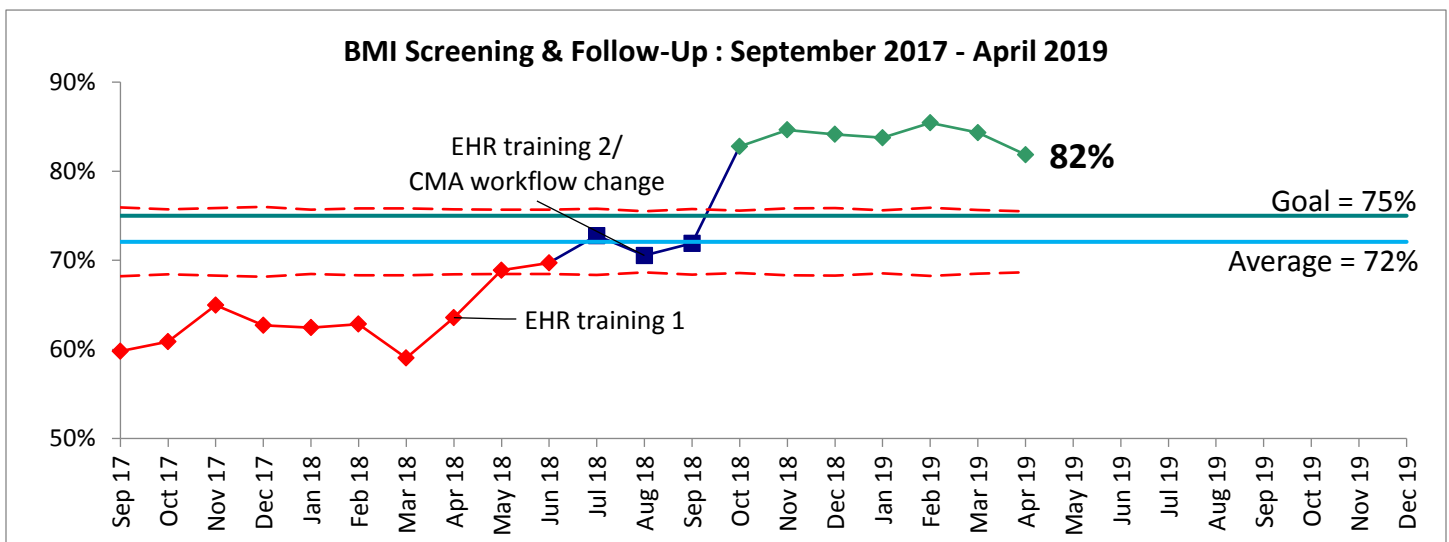
Measure	Baseline	Goal	Trailing Year	Previous Month	Current Month	Significant Improvement?
Clinical Goals						
Blood Pressure Control in Hypertensive Clients	63%	65%	58%	64%	63%	
Adult Weight Screening & Follow-up	70%	75%	77%	84%	82%	
Child Weight Screening & Counseling	52%	70%	56%	59%	57%	
Pediatric Dental Varnish	31%	50%	34%	52%	56%	
Behavioral Health: Depression Remission	-	10%	-	-	-	
Client Experience Goal						
Provider Communication Score	80%	83%	-	-	-	
Client Safety Goal						
Incident Reporting	10%	25%	-	28%	34%	
Clinical Operations Goal						
Missed Appointment Rate	28%	20%	-	25%	25%	

Clinical Measures

Blood Pressure Control in Hypertensive Clients: The chart below shows our baseline rate since September 2017. Our rate in April 2019 was 63%.

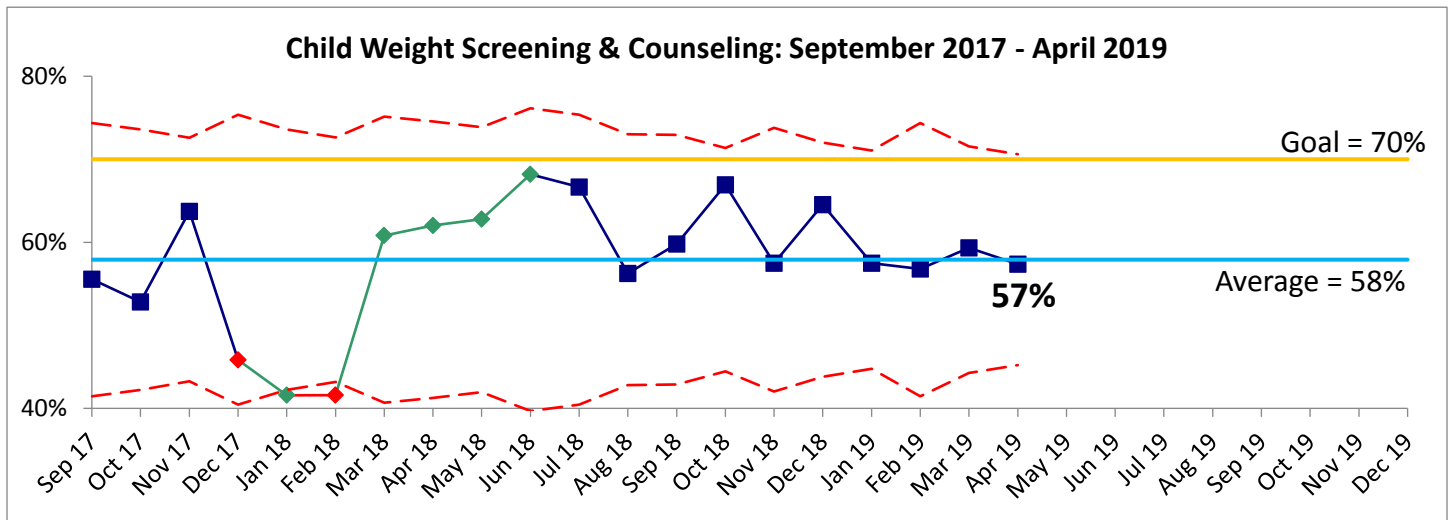


Adult Weight Screening & Follow-up: The chart below shows our baseline rate since September 2017. In 2018, workflow changes and EHR trainings resulted in significant positive improvement.

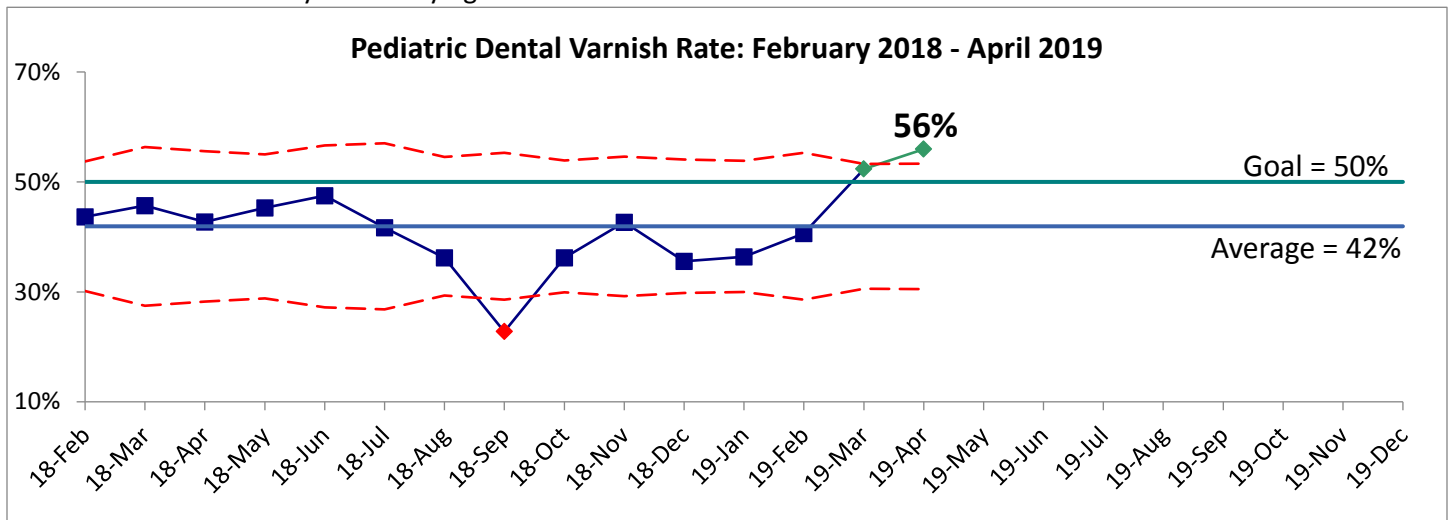


Clinical Measures (Continued)

Child Weight Screening & Counseling: The chart below shows our baseline rate since September 2017. Improvement work for this measure will begin in June or July 2019.

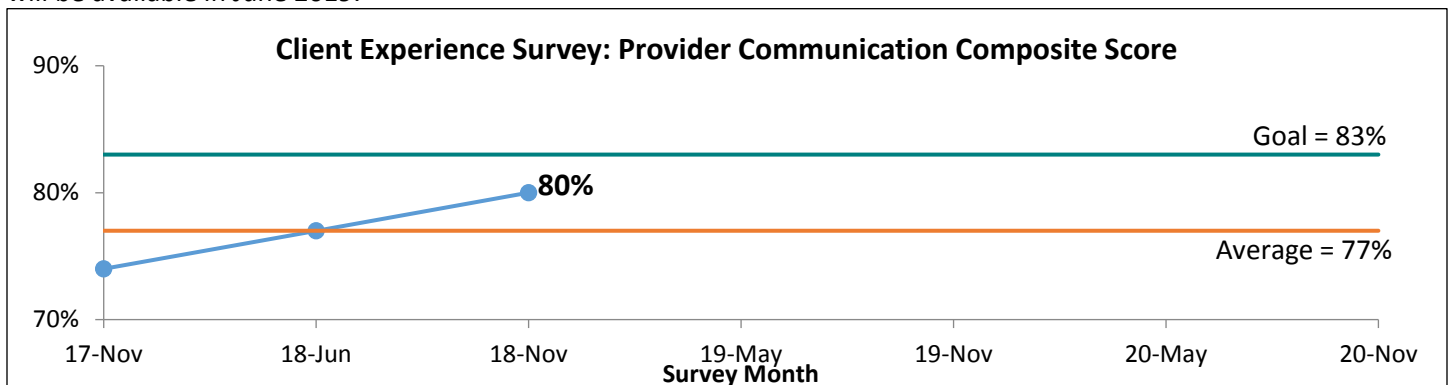


Pediatric Dental Varnish: The chart below shows our baseline rate since February 2018. Our April 2019 rate was 56%, which is a significant improvement and above goal. The team is continuing to test changes including EHR elements that increase clinical efficiency in identifying whether a child is in need of varnish.



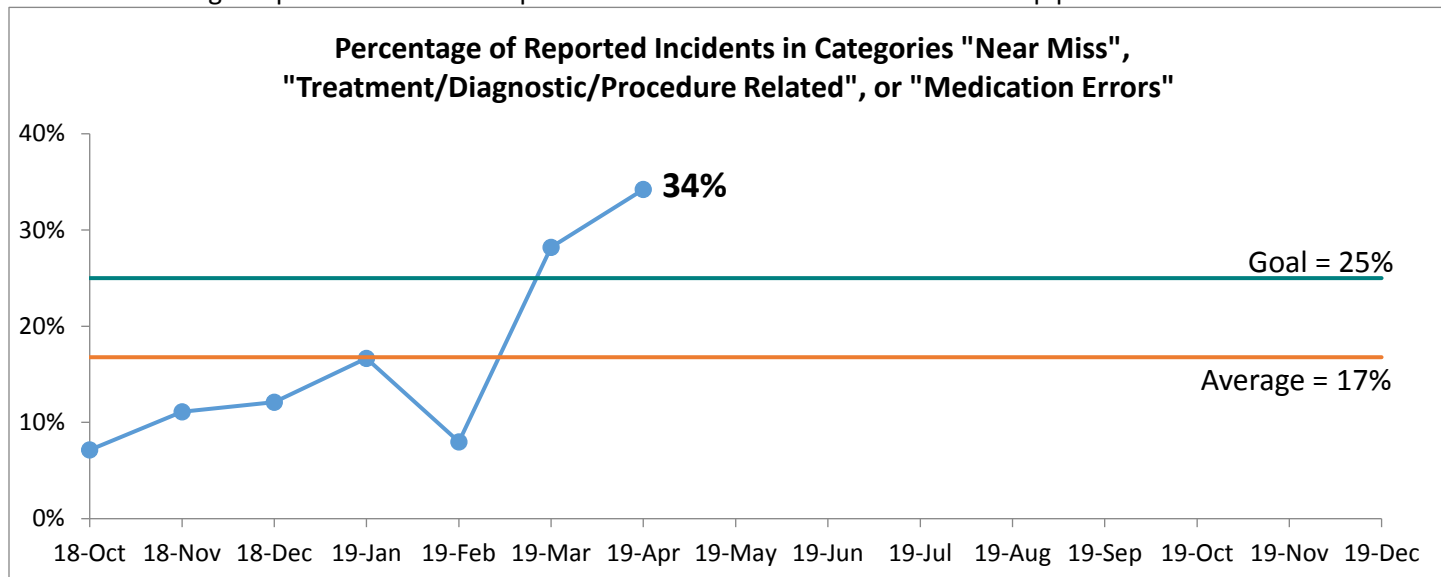
Client Experience Measure

Provider Communication: The chart below shows the baseline rate of clients who answered “always” to four questions about provider communication on the semi-annual Client Experience Survey. Our survey is currently underway; results will be available in June 2019.



Client Safety Measure

Incident Reporting: The chart below shows the baseline rate for the proportion of monthly reported incidents categorized as “near miss”, “treatment/diagnostic/procedure related”, or “medication errors”. There was a marked increase in March and April after working with the Fallsay Medical team and Safety Committee on a root cause analysis and redistributing the process of how to report an incident and details on the follow up process.



Clinical Operations Measure

Missed Appointments: The missed appointment rate for April was 25%, a significant improvement caused by a change in reporting methodology. This change was taken into account when setting the goal for this year. Efforts are underway to implement reminder calls for all appointments in the agency and create a more nimble scheduling system.

