

CONTINUOUS QUALITY IMPROVEMENT

An important "piece of the puzzle" in your
quest for best practice

Did you ever wonder what your Child and Adolescent Health Center (CAHC) peers are looking at in their continuous quality improvement (CQI) initiatives? What about other CAHC's thresholds for common indicators? This snapshot will demonstrate where other CAHCs are concentrating their CQI efforts. Put your puzzle together to determine the best care for children and adolescents.

CAHC CQI PROJECTS

86% reported
on a
combination of
mental health
and process
indicators

100% reported on
medical indicators

86% used
measurable
indicators with
thresholds for
standards of care

65% of
reporting
CAHCs use their
multidiscipline
team as the CQI
committee

100% used an
indicator to measure a
Meaningful Use,
HEDIS, PCMH, or
provider performance
standard

WANT DETAILS?

LOOK INSIDE for answers and ideas for your practice!

Common CQI Indicators and Thresholds Used

Note: All thresholds are percentages

*Meaningful Use Indicator

+CAHC Quality/Performance Indicator



MEDICAL

Summary/Problem List Complete*	90-95
Summary/Problem List Complete & Provided	80
Yearly Physical Exam+	70-90
Physical Exam Recommended	90
Medication Reconciliation*	90

ASTHMA CARE & DOCUMENTATION

History Completed	90-100
Diagnosis & Severity on Problem List	95
Severity	90-100
Yearly Medication Assessment	90-100
Asthma Action Plan+	90-100
ACT Provided/Score	90-100
Flu Immunization Advised/Recommended	90-95
Triggers	100
Peak Flow	90-100
Persistent –Visit in 12 months/Inhaled Steroid*	90

BMI > 85TH OR 95TH PERCENTILE CARE DOCUMENTATION

On Problem List	95
Nutrition/Physical Activity Education/Counseling*+	100
Screen Time Counseling	85
Complete Medical/Family History	85
Lab Work Recommended/Done	80
Labs Ordered	80
Comprehensive Physical Exam Recommended	85
Stage of Change	90
Blood Pressure Screen	100
Letter to Parent	90
Referral to RD	100

PREGNANCY/STI

STI Testing Ordered/Sexually Active Female*	90-100
Screening for STI Risk	90-100
Abstinence & STI Prevention Documentation	100
High Risk Sexual Behavior/Education & Testing	90
Risk Reduction Plans Developed & Reviewed @ 2-4 weeks	50
Sexually Active Female/Screen for Dating Violence	90
Sexually Active Female/Screen for Substance Use	90
Positive for Chlamydia/Follow-up in 3 months	90
Family Planning Visit/Education on Coercion & Healthy Relationships	90
Family Planning Visit/Education on Family Involvement	90

IMMUNIZATIONS

Immunizations Reviewed & Discussed	90
Immunization Letter to Parent	80
HPV Immunization Offered to All Clients per ACIP	90
Increase HPV Immunization Completion Rate	80

SMOKING/TOBACCO USE

Tobacco Use Assessed*	90-100
Cessation Counseling & Documentation*+	70-90

PEER/MEDICAL REVIEWS

Assessment/Plan Related to Chief Complaint	90-100
System Review & Physical Exam Related to Chief Complaint	90-100
Education & Counseling Complete	90-100
Clinical Diagnosis & Decision Making	
Appropriate	100
Lab Work Documented	90-100
Abnormal Lab Follow-Up	90
Appropriate Referral & Follow-Up	90

TAILORING FAMILY PLANNING & QUICK START

(School-Linked Centers Only)

Complete Risk Assessment+	85
Counsel on Risk Behaviors	85
Report Use of Pregnancy Prevention Method & Follow Up	60
Did Not Have Positive Pregnancy Test	100

Common CQI Indicators and Thresholds Used

Note: All thresholds are percentages

*Meaningful Use Indicator

+CAHC Quality/Performance Indicator

MENTAL HEALTH

Clinical Diagnosis & Decision Making Documented.....	100
Consent Signed.....	90
Entries Dated & Timed.....	90
Progress Made toward Goal.....	90
90-day Review/Discharge Summary.....	90
Progress Note/Self Report by Second Visit.....	90
Treatment Plan by Third Visit	90
Treatment Plan Current.....	90
Improvement in Screening Scores.....	50
Client Sees Self as Making Progress.....	90
Jointly-Developed Goals/Plan.....	90
Goals Based on Intake Summary.....	90
DSM Documented & Consistent with Assessment.....	90

PROCESS

Signed Consents	100
Minor Consent Signed.....	90
Insurance Information Documented.....	90
HIPAA.....	90-95
Rights/Responsibilities Signed.....	90-95
Scanned Documents.....	90
Signed Documents... ..	90
Chart Order.....	80

MEDICAL/PROCESS

Vital Signs Documented.....	90
MCIR –Current and on/in Chart.....	90
BMI Documented Annually*.....	90
Allergy Status.....	90
Medication Log.....	90-95
Date of last Physical Exam Documented.....	90
Barriers to Learning Documented*.....	90
Risk Assessment Current/Annual+.....	75-95

OTHER PROJECTS

Decrease in Appointment No-Show Rate
Decrease in Client Wait Time
Increase the Number of Well-Child Visits+

CAHC QUEST CQI PROJECTS

Inspired by the 2013 CAHC Coordinator's Meeting theme on males and disparities in health risk between males and females, the CAHC Quality and Evaluation Support Team (QuEST) kicked off three separate CQI projects

Project 1:
Improving
response to
suicide
ideation

Project 2:
Improving HPV
immunization
rates among
males

Project 3:
Increasing
the
proportion of
male clients

QUEST CQI PROJECTS: SOMETHING LEARNED

Don't underestimate the importance of your interaction with clients. Adolescents still like to receive health information face-to-face.

Parents are your partners. Success stems in part from increased parent outreach.

Where possible, get youth involved in your CQI project. Communities like to support projects that are led or supported by youth.

Amazing success is possible when the whole team is involved, not just direct providers.

The use of a "formal" CQI process (with all the steps) really does work to keep a project on track.