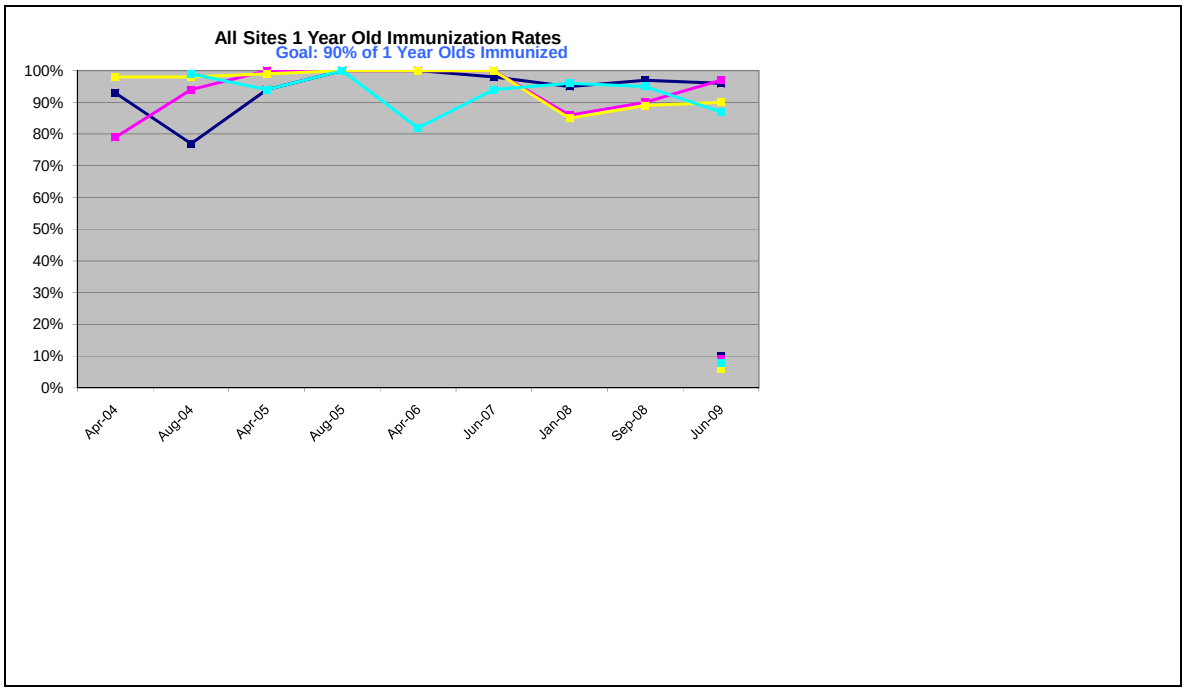
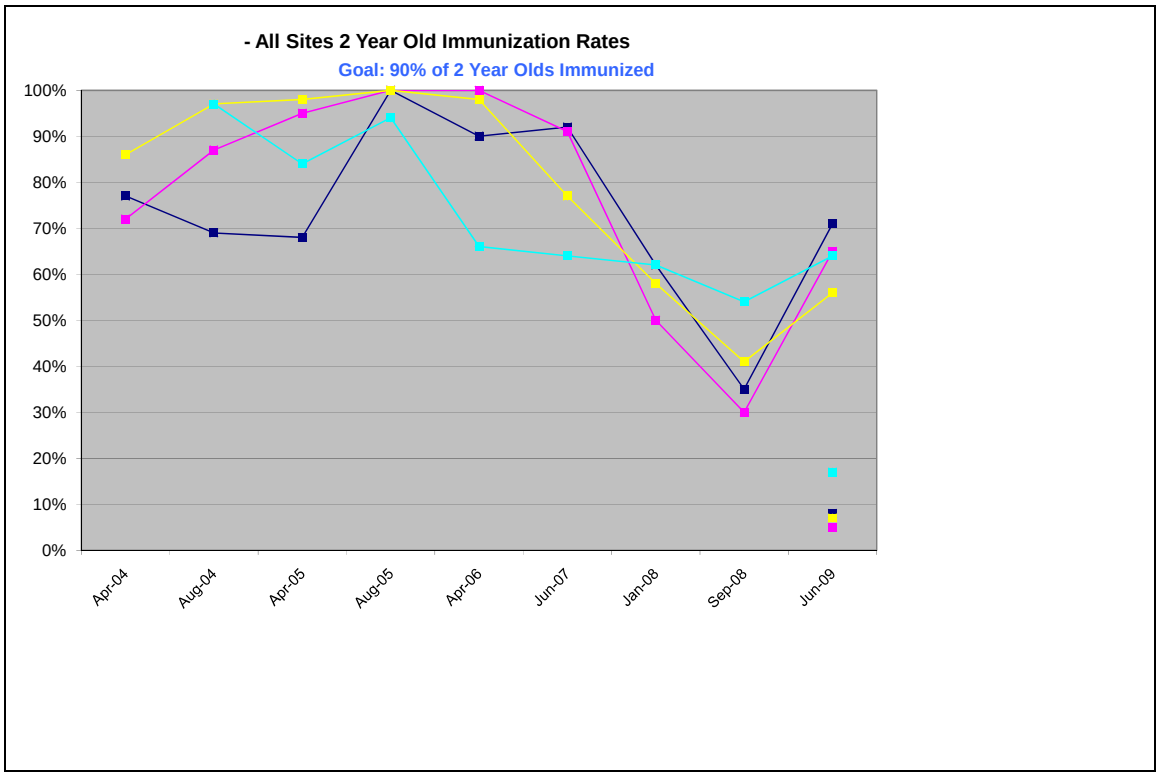
PPC 8: PERFORMANCE REPORTING AND IMPROVEMENT
Element A: Measure of Performance

Item 1: Clinical process

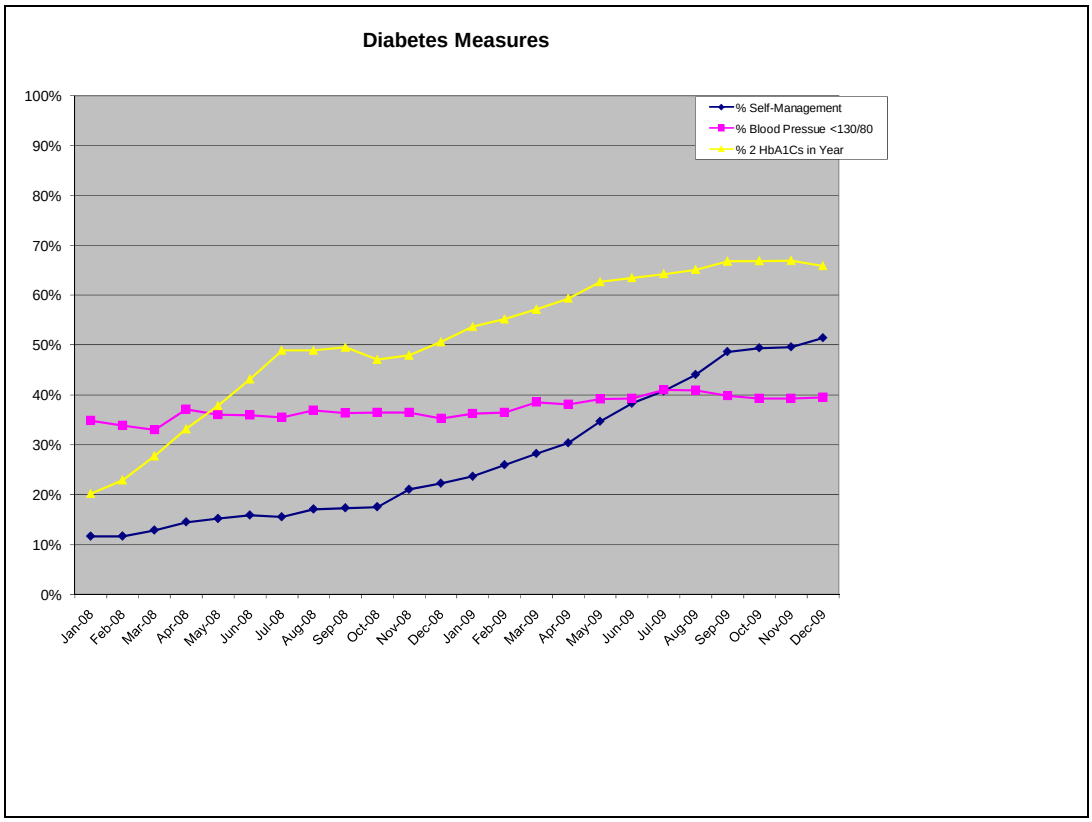
Immunization data is reviewed by our Immunization Committee, by our Total Quality Management Committee, and our Executive Team.

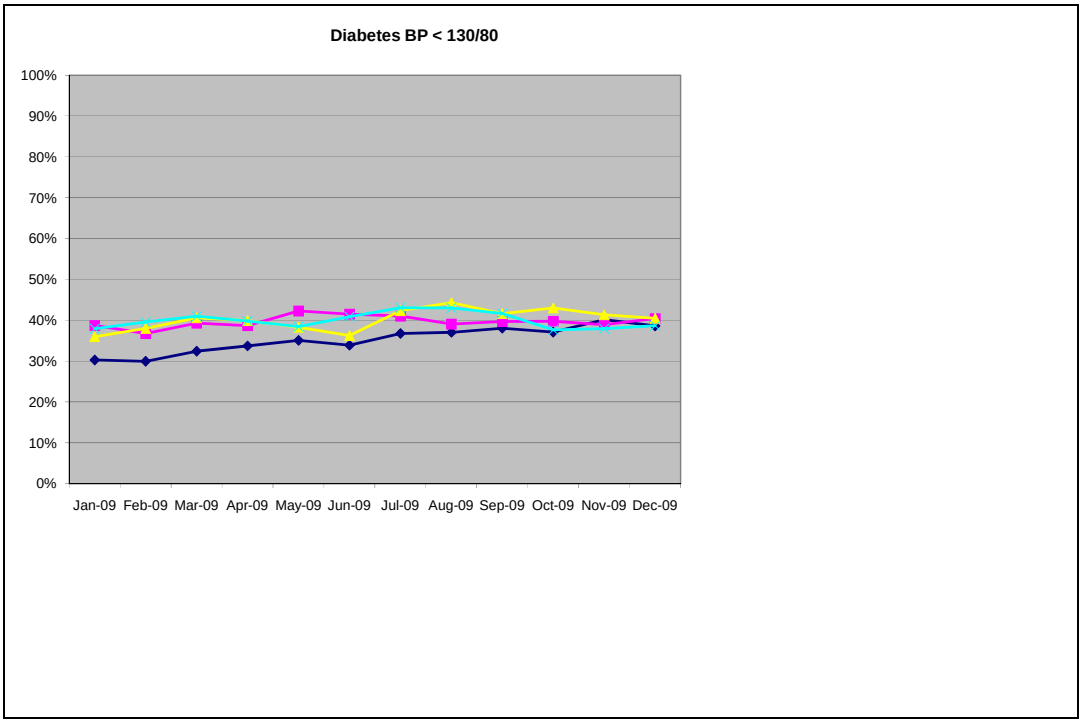


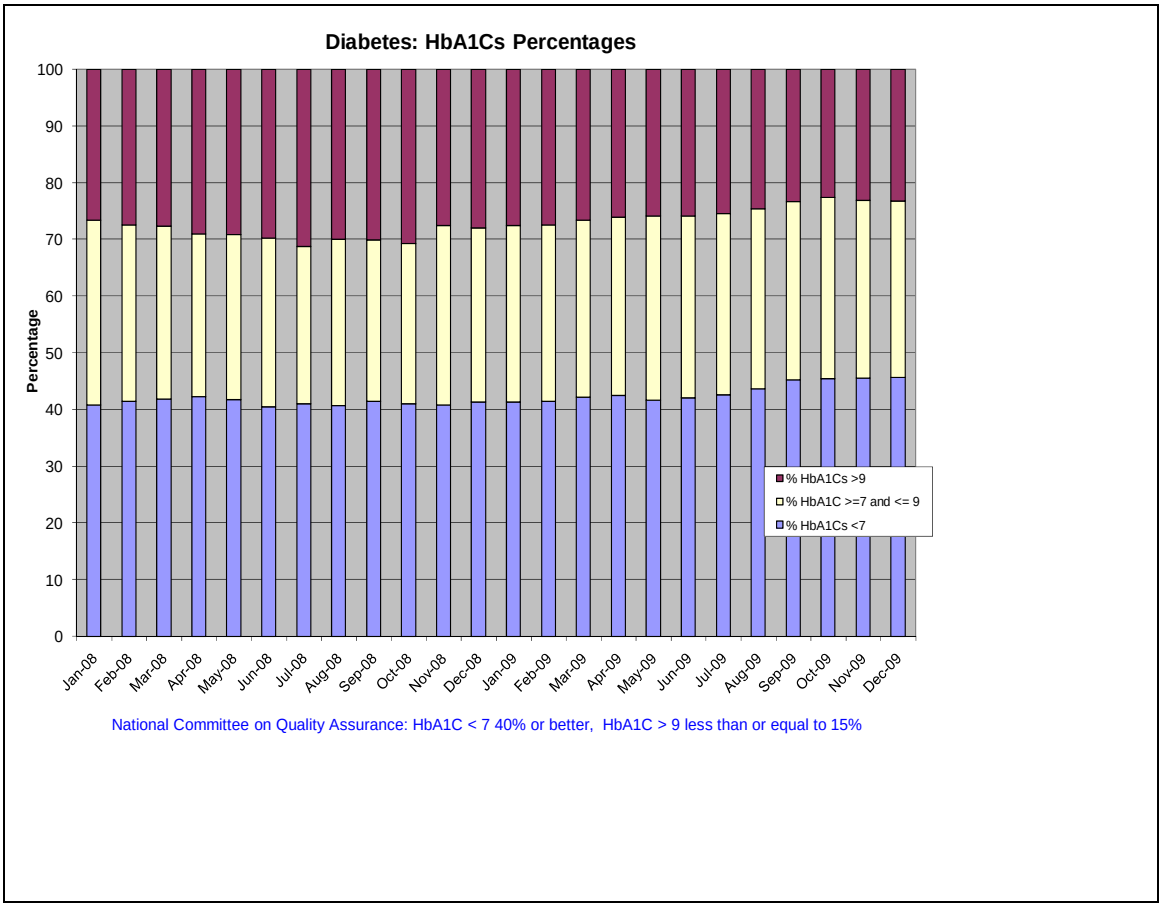


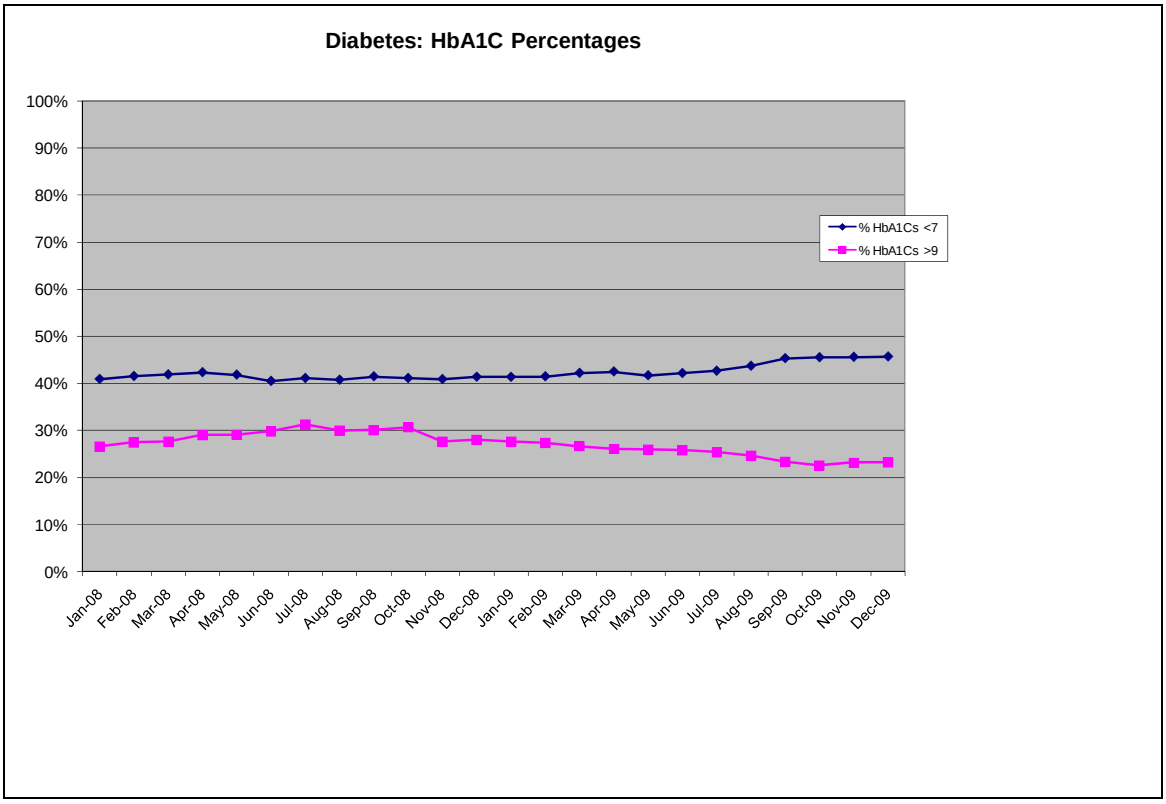
Item 2: Clinical Outcomes

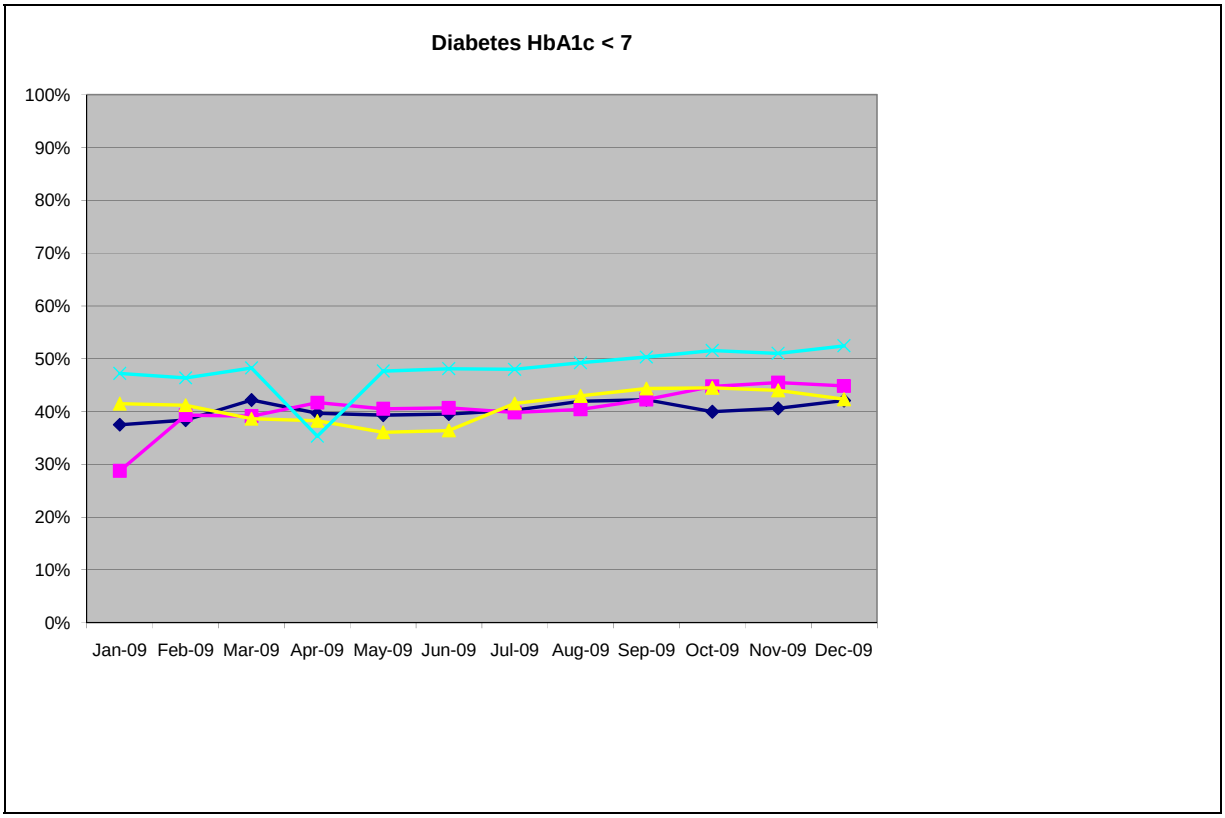
Clinical outcomes are reviewed by our Leadership team and our Clinic Medical Directors Committee.

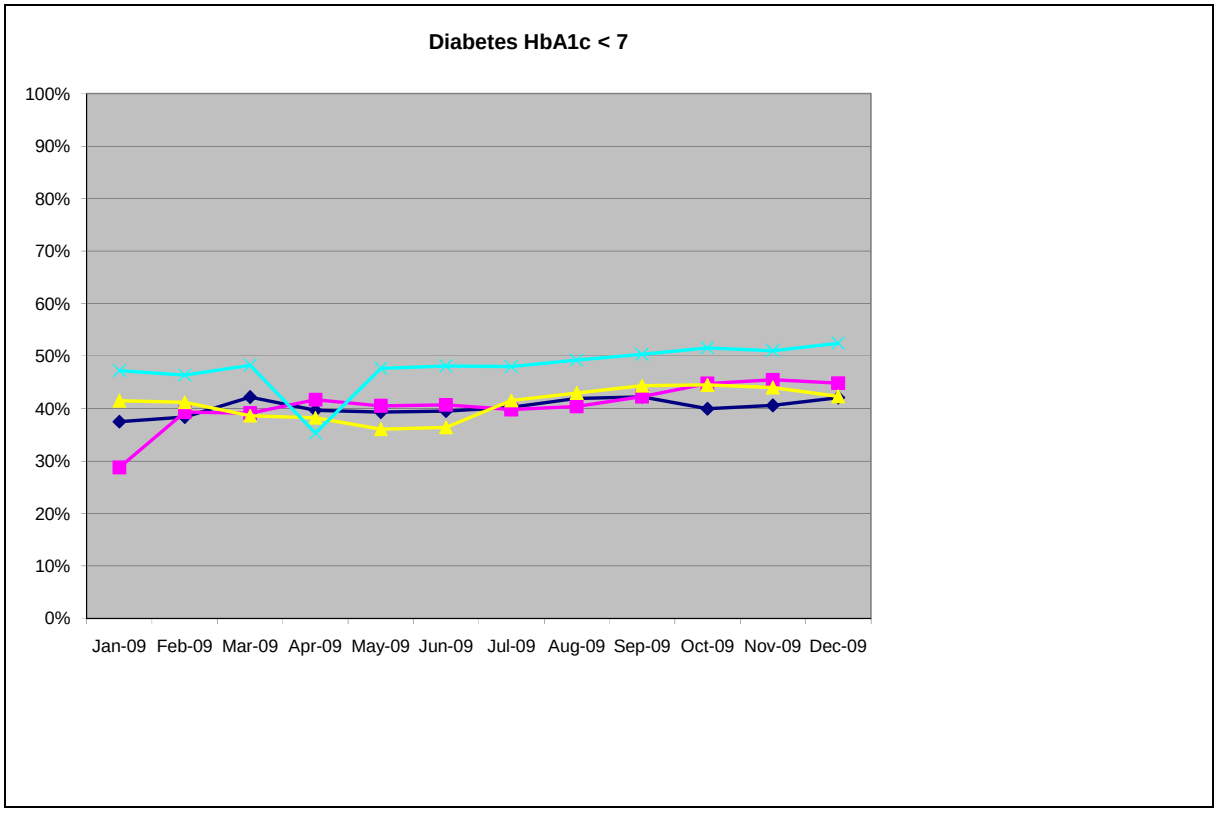





Diabetes: HbA1Cs Percentages
Percentage
100
90
80
70
60
50
40
30
20
10
0
Jan-08
Feb-08
Mar-08
Apr-08
May-08
Jun-08
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
% HbA1Cs >9
% HbA1C >=7 and <= 9
% HbA1Cs <7
National Committee on Quality Assurance: HbA1C < 7 40% or better, HbA1C > 9 less than or equal to 15%

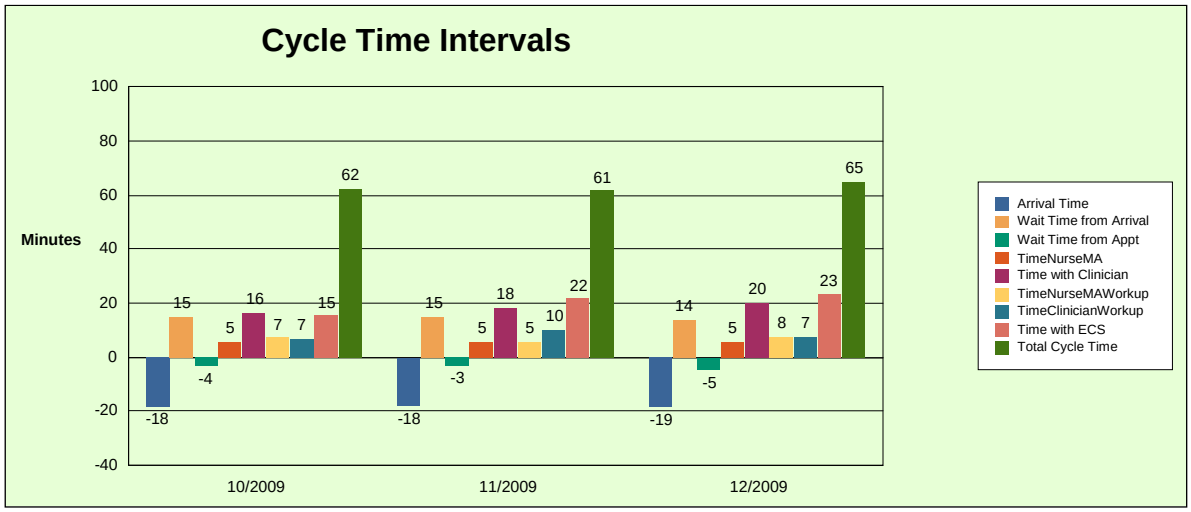

Diabetes: HbA1C Percentages
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-08
Feb-08
Mar-08
Apr-08
May-08
Jun-08
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
% HbA1Cs <7
% HbA1Cs >9

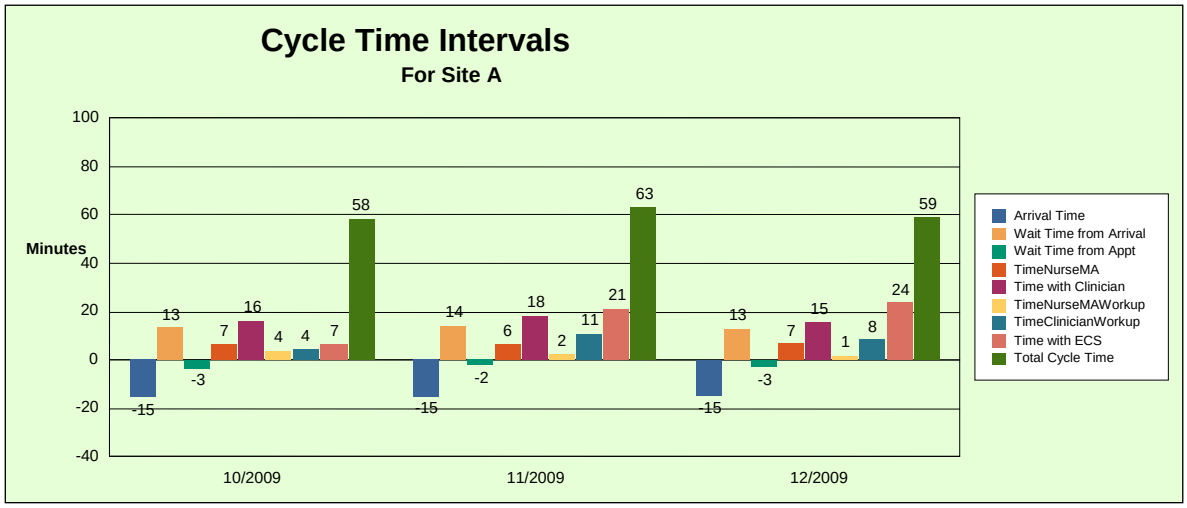

Diabetes HbA1c < 7
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09

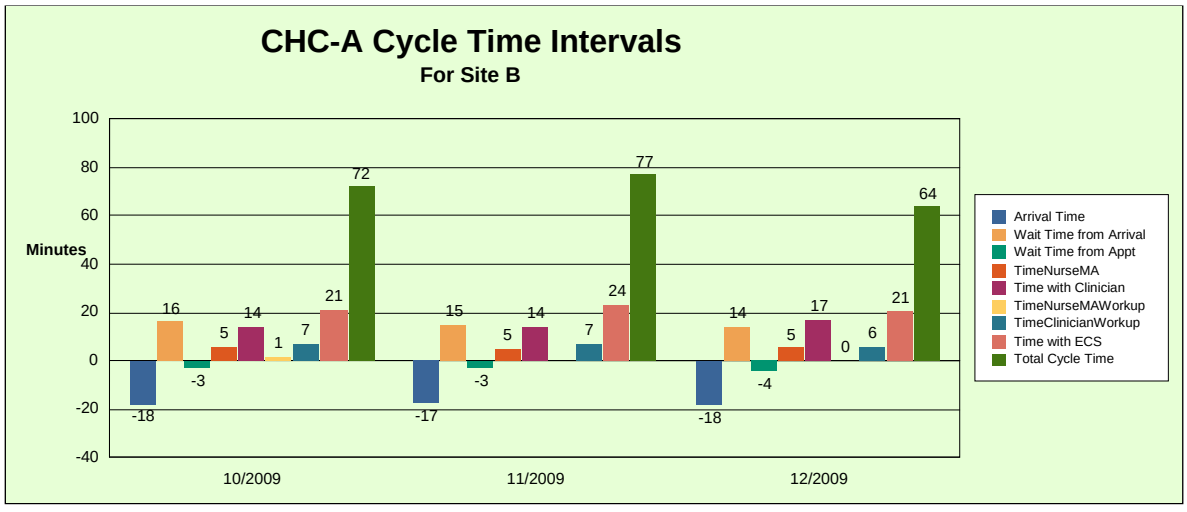

Diabetes HbA1c < 7
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09

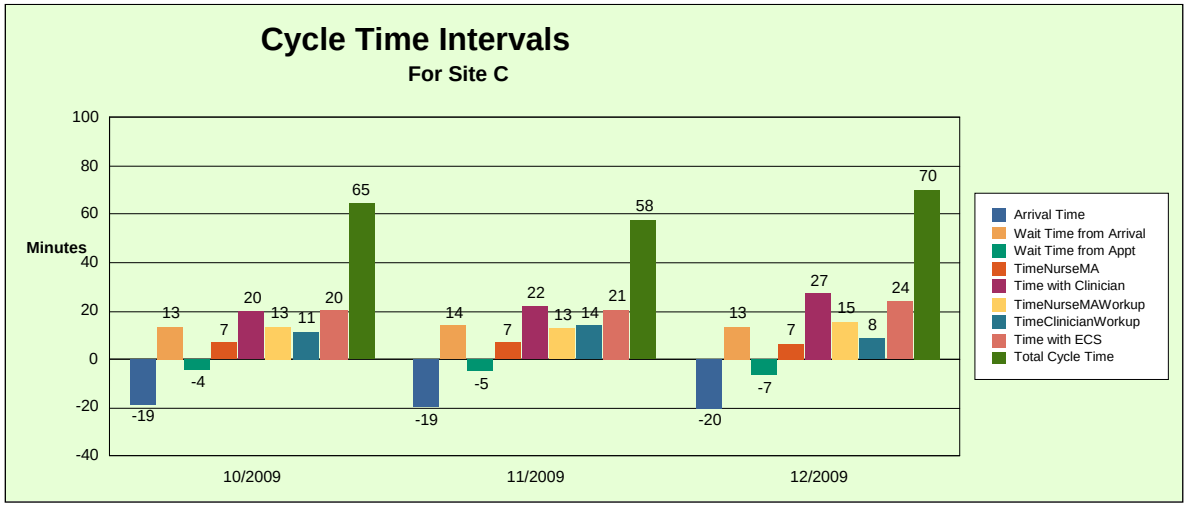
Item 3: Service Data

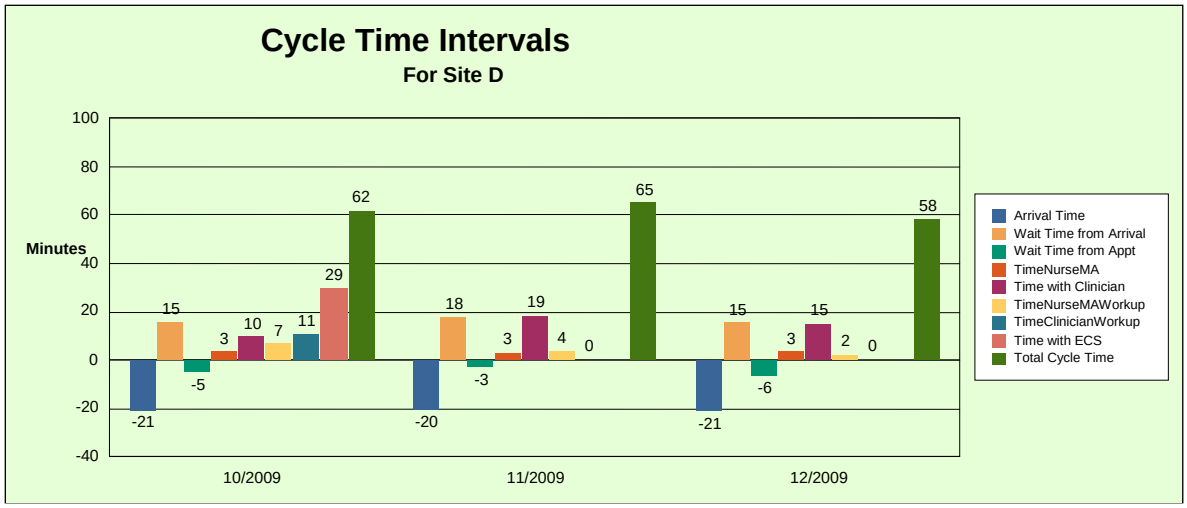
Cycle Time data is reviewed monthly at our Office Redesign Committee (ORDC). Data is reported at the Organization, Site, Pod and Provider level.

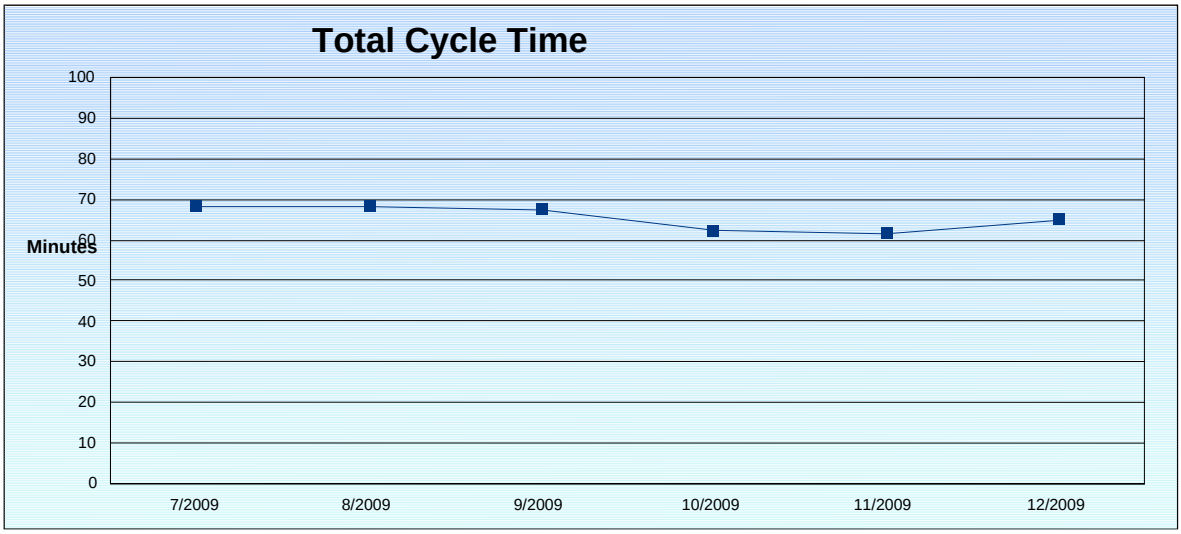


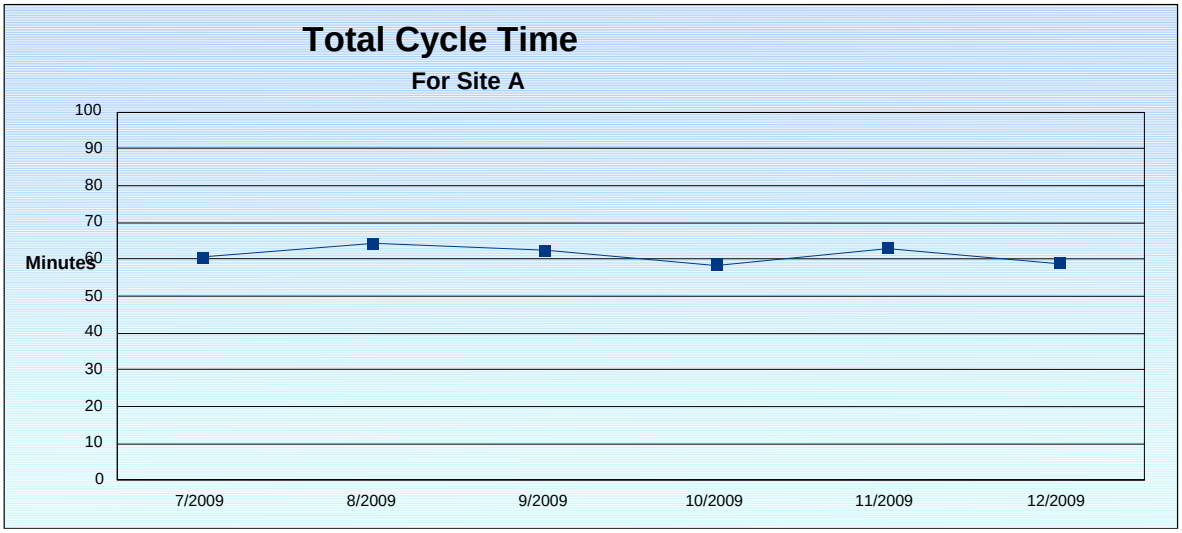


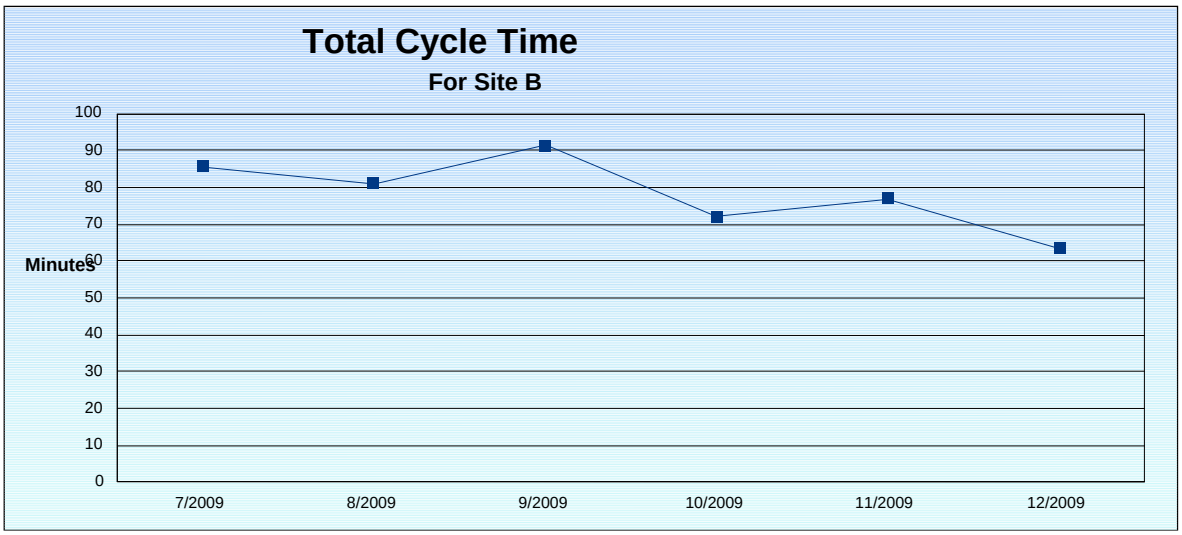


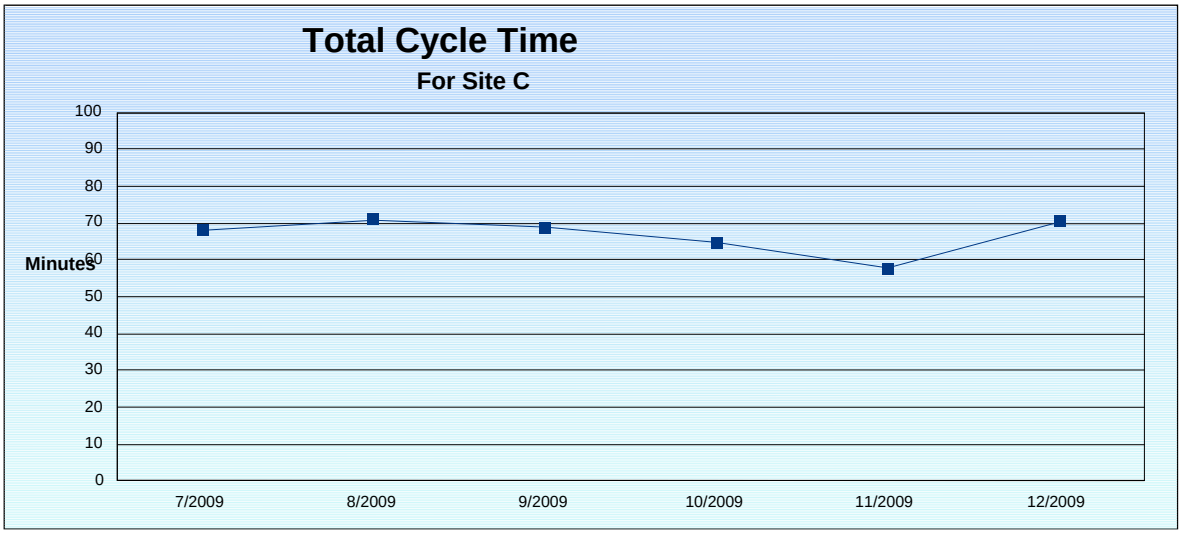

Cycle Time Intervals
For Site C
Minutes
100
80
60
40
20
0
-20
-40
-19
13
-4
7
20
13
11
20
65
-19
14
-5
7
22
13
14
21
58
-20
13
-7
7
27
15
8
24
70
10/2009
11/2009
12/2009
Arrival Time
Wait Time from Arrival
Wait Time from Appt
TimeNurseMA
Time with Clinician
TimeNurseMAWorkup
TimeClinicianWorkup
Time with ECS
Total Cycle Time

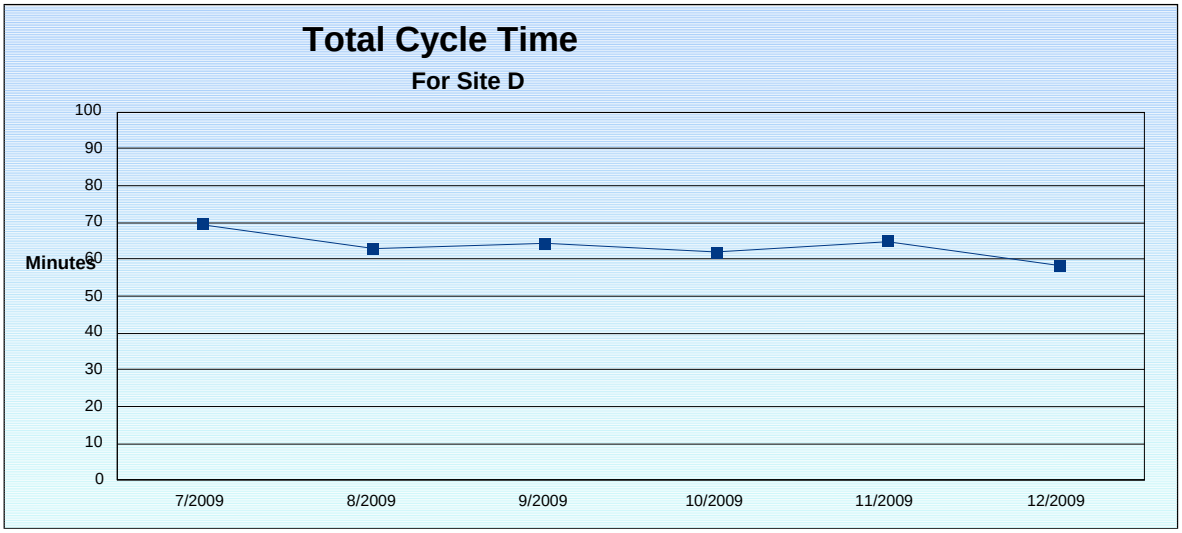

Cycle Time Intervals
For Site D
Minutes
100
80
60
40
20
0
-20
-40
-21
15
-5
3
10
7
11
29
62
-20
18
-3
3
19
4
0
65
-21
15
-6
3
15
2
0
58
10/2009
11/2009
12/2009
Arrival Time
Wait Time from Arrival
Wait Time from Appt
TimeNurseMA
Time with Clinician
TimeNurseMAWorkup
TimeClinicianWorkup
Time with ECS
Total Cycle Time

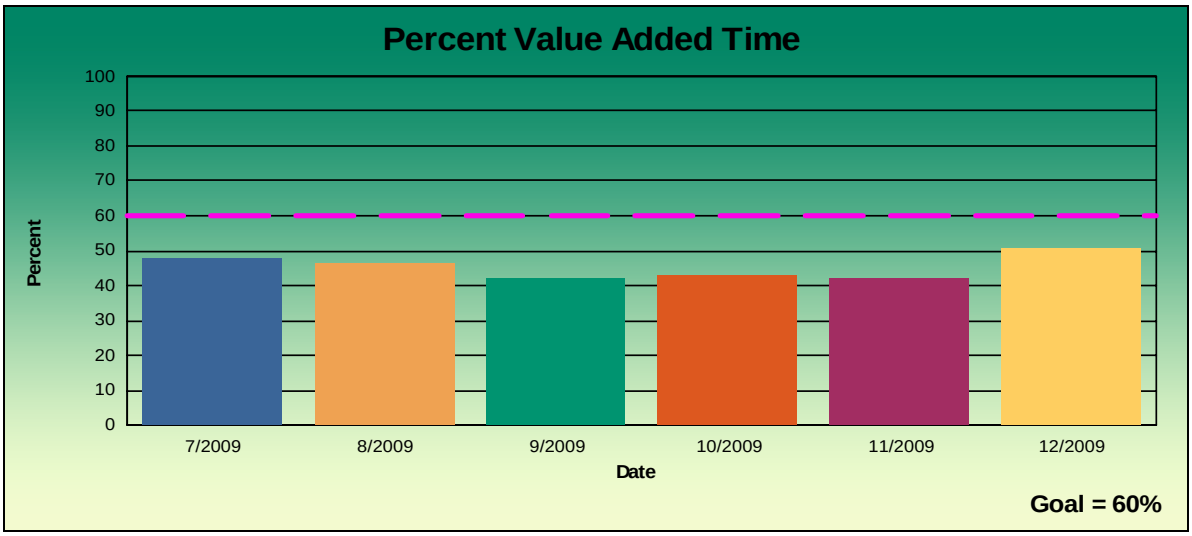

Total Cycle Time
Minutes
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009

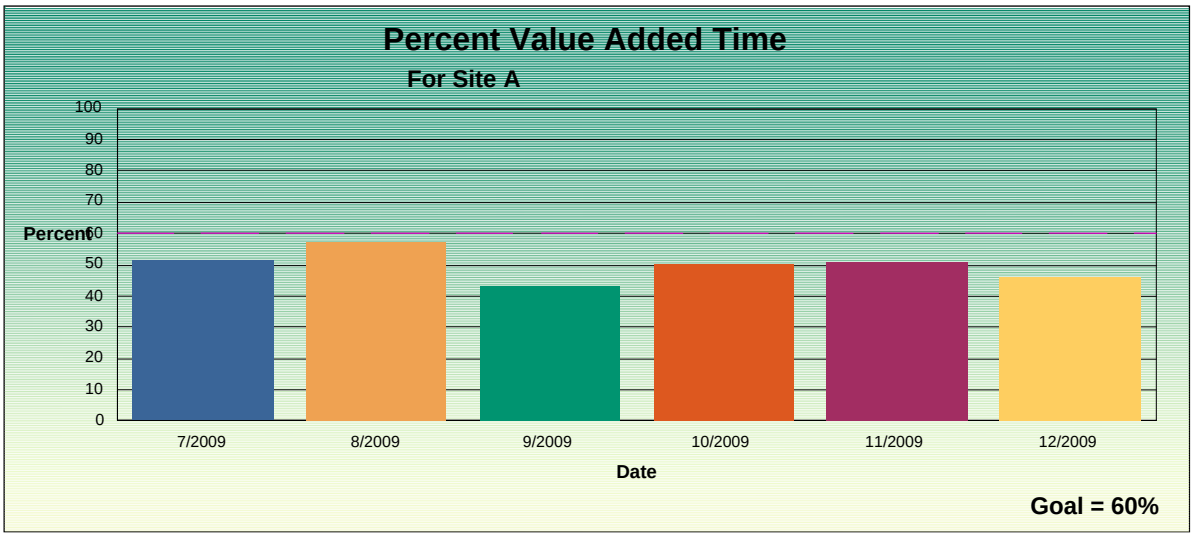

Total Cycle Time
For Site A
Minutes
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009

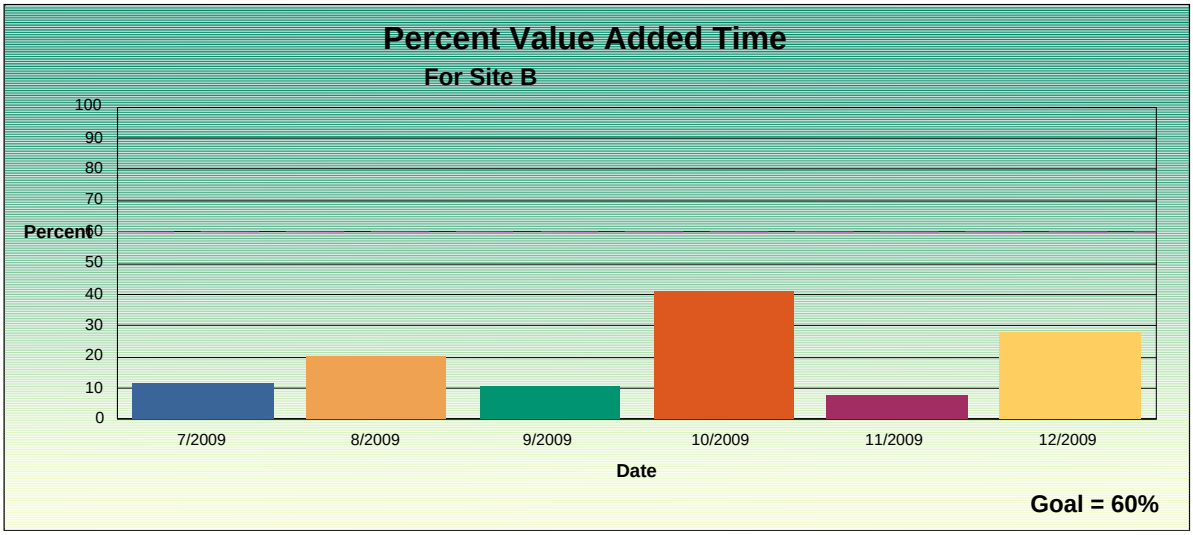

Total Cycle Time
For Site B
Minutes
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009

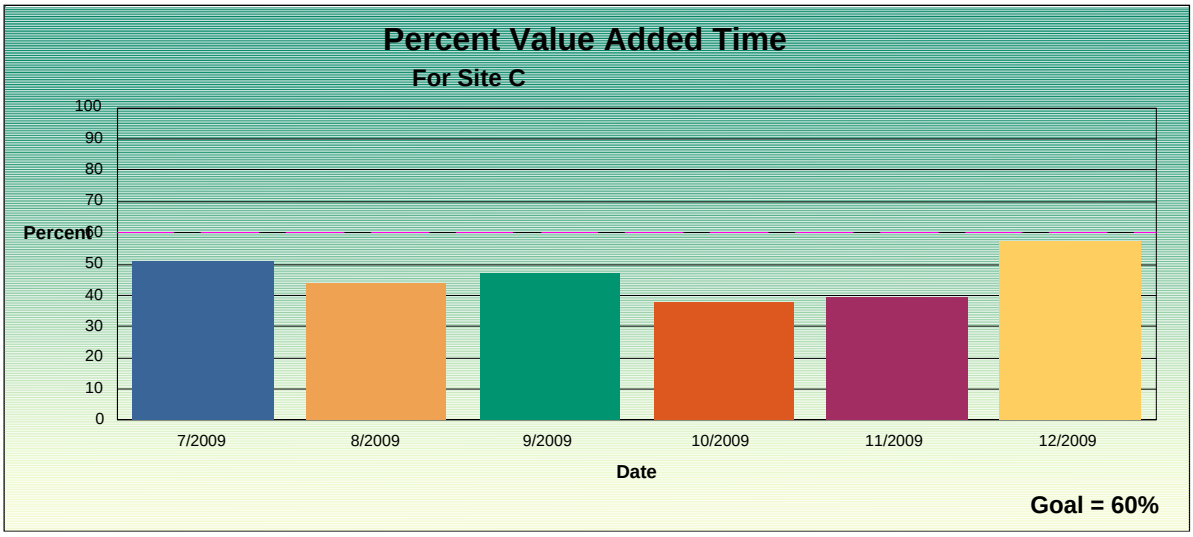

Total Cycle Time
For Site C
Minutes
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009

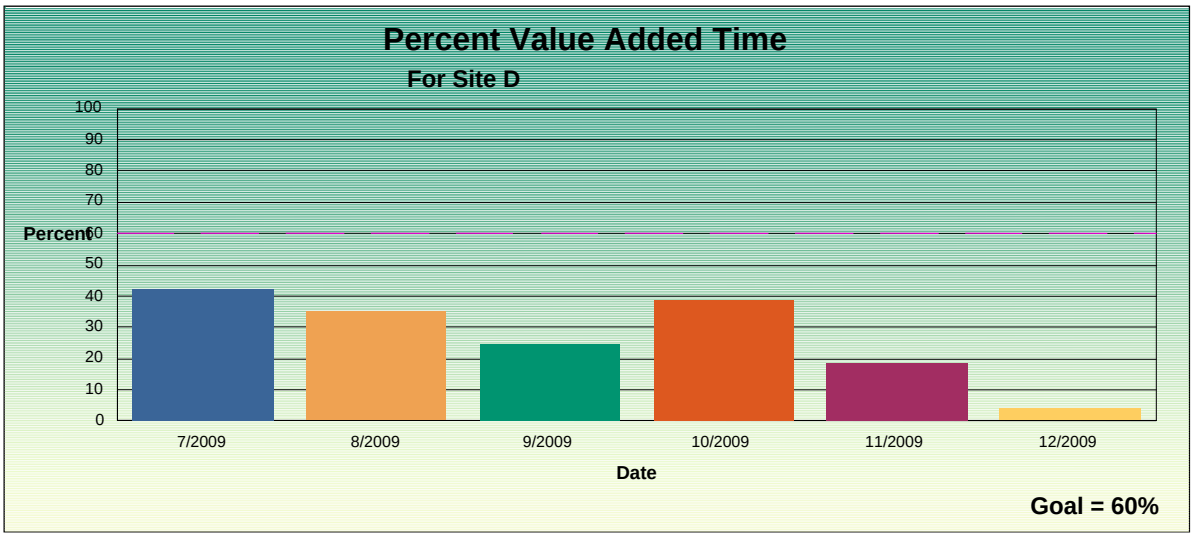

Total Cycle Time
For Site D
Minutes
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009


Percent Value Added Time
Percent
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009
Date
Goal = 60%

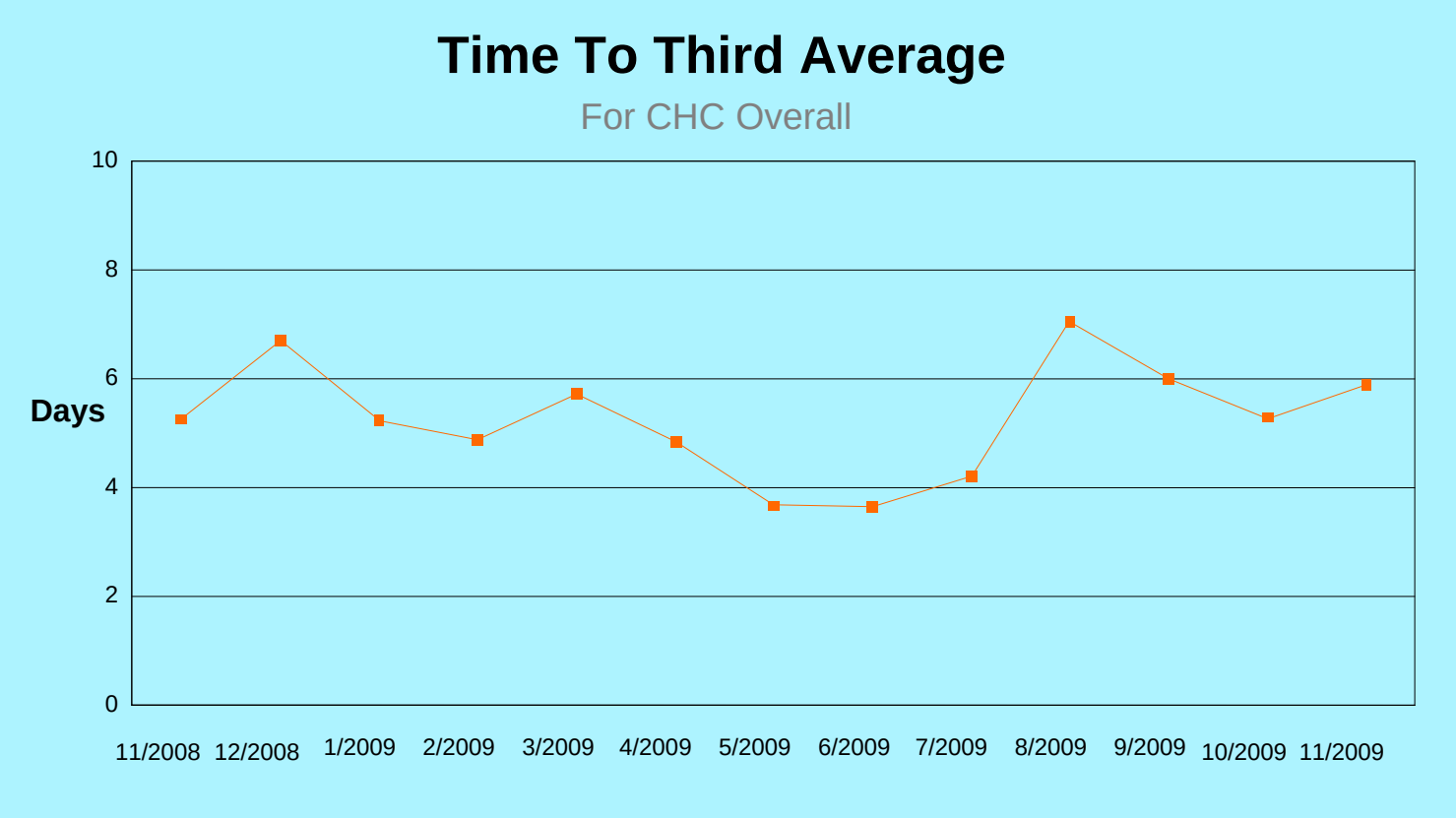

Percent Value Added Time
For Site A
Percent
100
90
80
70
60
50
40
30
20
10
0
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009
Date
Goal = 60%

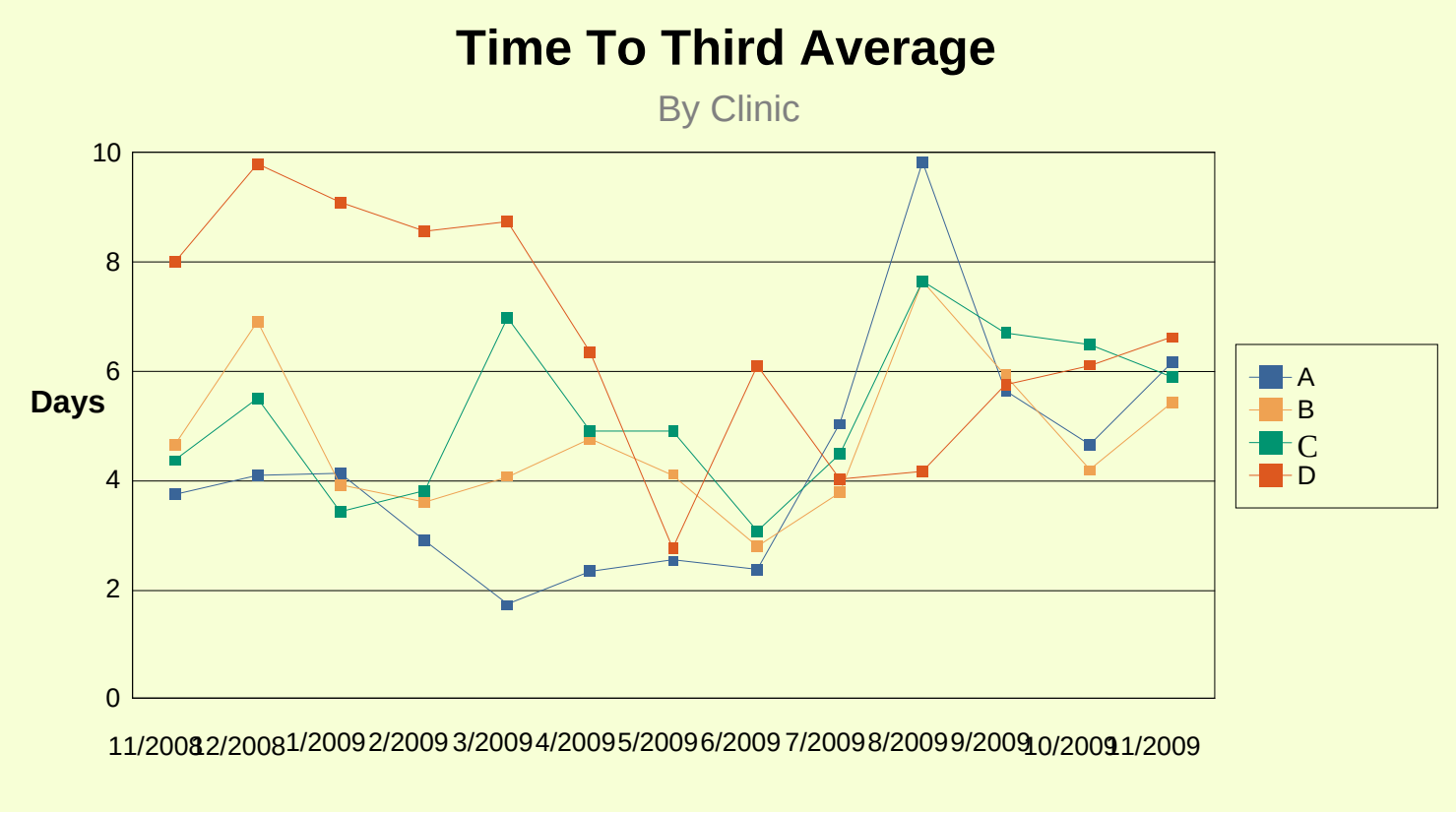

Percent Value Added Time
For Site B
100
90
80
70
60
50
40
30
20
10
0
Percent
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009
Date
Goal = 60%


Percent Value Added Time
For Site C
100
90
80
70
60
50
40
30
20
10
0
Percent
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009
Date
Goal = 60%


Percent Value Added Time
For Site D
100
90
80
70
60
50
40
30
20
10
0
Percent
7/2009
8/2009
9/2009
10/2009
11/2009
12/2009
Date
Goal = 60%

Time to third data is reviewed monthly at our Office Redesign Committee (ORDC). Data is reported at the Organization, Site, Pod and Provider level.





Item 4: Patient Safety Issues

Patient medication errors are reported to our Pharmacy Committee and our Total Quality Management Committee.

QIP #310 MEDICATION ERRORS to Report ( )

JANUARY 28, 2009		CAT
I	12/3 Pharmacy tech confused Rx coming through fax with another Rx provider informed her would be coming through. Wrong med was dispensed to patient. When PT noticed error she went to pt's home, medication was retrieved, patient had taken no doses.	
F	10/27 Sig was for Bid dosing but pharm tech transcribed it as QD. Label was corrected and Rx was filled correctly. Patient had already left pharmacy but they were contacted and returned the unopened Rx to the pharmacy.	
T		
I		
Dental:		
Comments:		

FEBRUARY 2009		CAT
I		
I		
T		
Dental:		
Peoples:		
Comments:		

MARCH 2009
SPRING BREAK – MEETING CANCELLED

APRIL 22, 2009		CAT
I	4/13 12y/o patient was given DTaP instead of Tdap. DTaP was ordered by provider. MA did not discover error and gave wrong is. Is schedule was reviewed with provider/MA. Other NTMs were reminded to review this with their MAs.	
I pharmacy:	2/9 Rx was filled w/ wrong dosage. Nurse at the hospital identified difference when pt returned for appointment. Pharm was notified and correct dose dispensed. The different dose did not cause harm to the patient. Pharm staff were counseled to double check meds 100% of the time. 2/9 Rx for Lipitor was filled w/ Lovastatin. Pt noticed difference and returned med to pharm w/out taking any doses. Rx was filled correctly. Staff were counseled to double	

Hematocrit critical values are reported to our Total Quality Management Committee.

Hematocrit Critical Values Audit					
Hematocrit	Person Number	Race	Srvc Date	Responded Immediately?	Corrective Action
20.5 %	2060	Hisp(White)	11/11/09	Yes	
22.5%	2097	Other	11/6/09	Yes	
28	182592	Hispanic	11/19/09	Yes	
28	420878	Hisp(White)	11/11/09	Yes	
28%	441074	White	11/19/09	Yes	
29	295723	Hisp(White)	11/25/09	Yes	
29	436704	Hispanic (White)	11/5/09	Yes	
29%	424684		11/5/09	Yes	
29%	438792	Hispanic (White)	11/5/09	Yes	
29.5	419139	Hispanic (White)	11/5/09	Yes	
29.5 %	2060	Hisp(White)	11/18/09	Yes	
29.5%	80892	Hispanic	11/24/09	Yes	
		Percent Compliant: 100%			