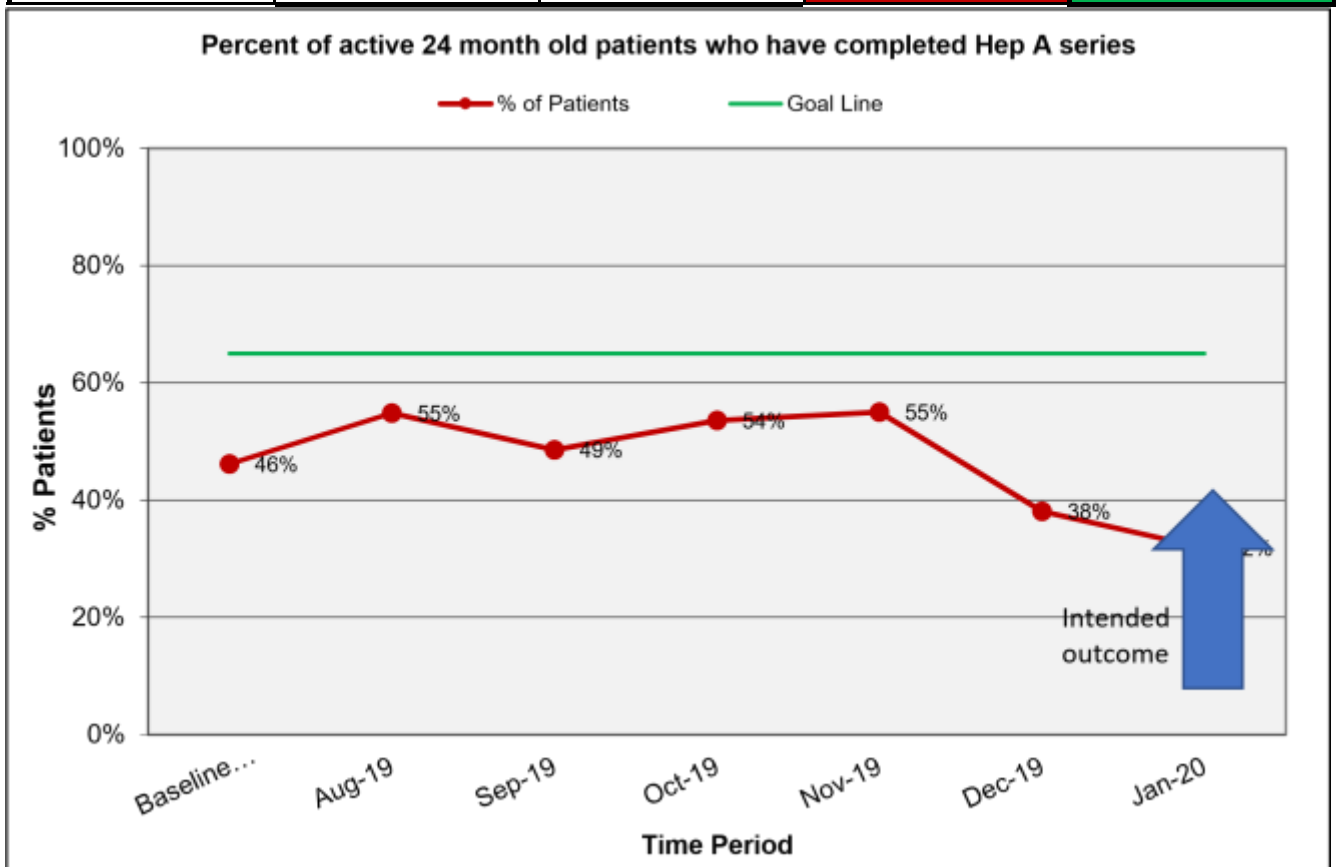


Percent of active 24 month old patients who have completed Hep A series

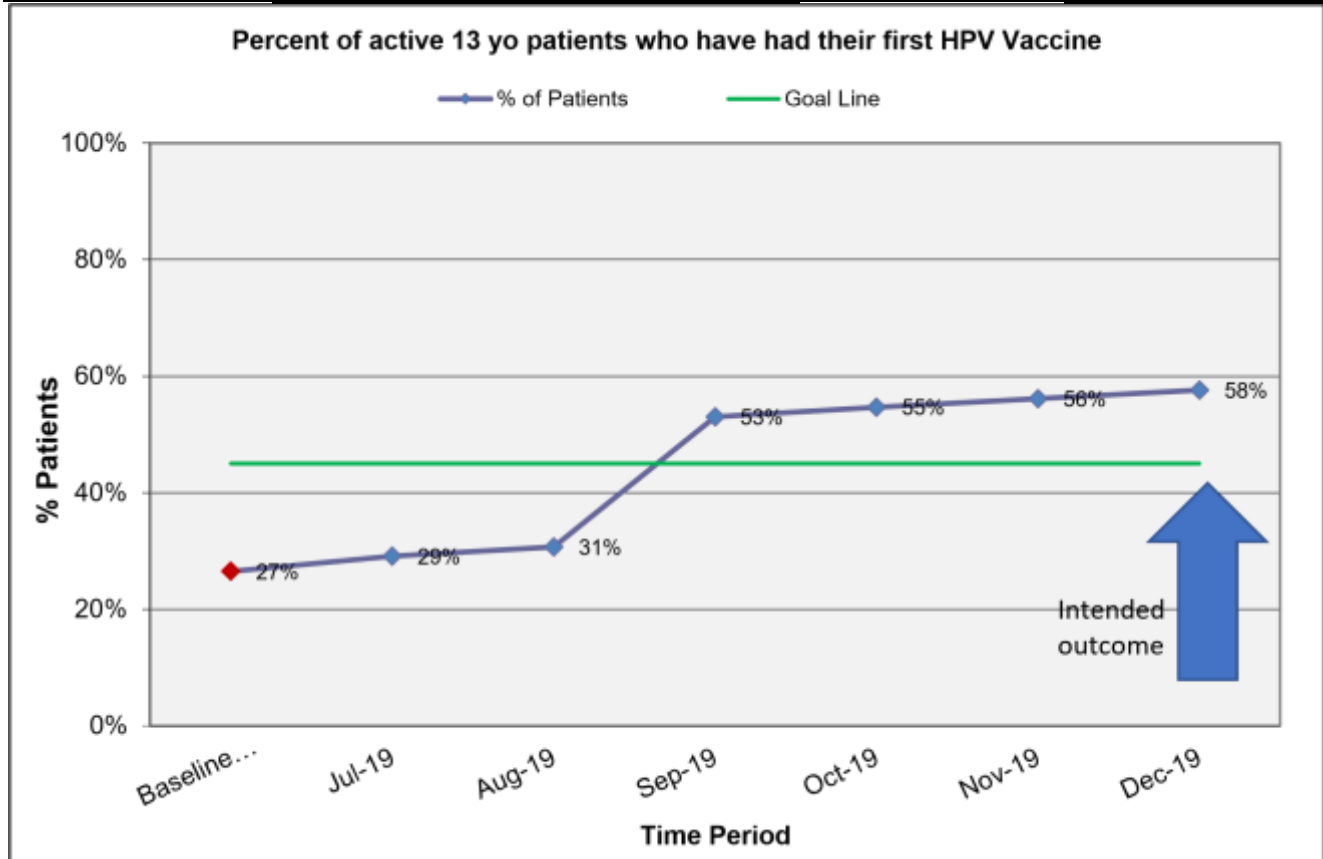
Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of active 24 month olds	# of denominator who completed series prior to 24 mos	% Patients	Goal Line
Baseline (July 2019)	26	12	46%	65%
Aug-19	31	17	55%	65%
Sep-19	35	17	49%	65%
Oct-19	28	15	54%	65%
Nov-19	20	11	55%	65%
Dec-19	21	8	38%	65%
Jan-20	22	7	32%	65%
			#N/A	65%
			#N/A	65%
			#N/A	65%
			#N/A	65%
			#N/A	65%



### QI 01A: HPV Vaccine

#### Percent of active 13 yo patients who have had their first HPV Vaccine

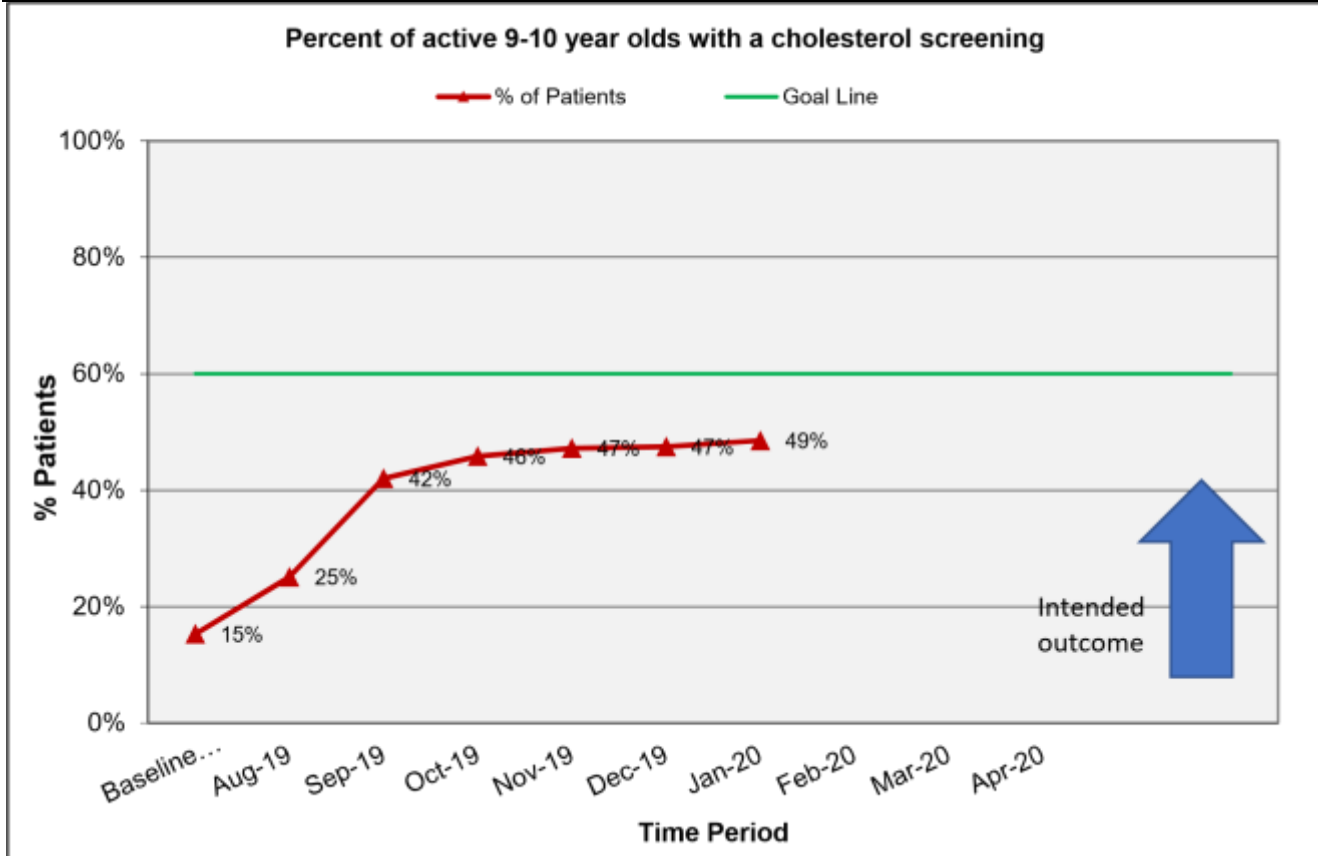
	Denominator:	Numerator:	Quality Measure:	Goal:
Time Period	# of active 13 yos	# of denominator who received first HPV vaccine	% Patients	Goal Line
Baseline 6/1/2019	332	88	27%	45%
Jul-19	340	99	29%	45%
Aug-19	329	101	31%	45%
Sep-19	198	105	53%	45%
Oct-19	192	105	55%	45%
Nov-19	187	105	56%	45%
Dec-19	184	106	58%	45%
Jan-20	187	111	59%	45%
Feb-20			#N/A	45%
Mar-20			#N/A	45%
Apr-20			#N/A	45%
			#N/A	45%



### QI 01B: 9 - 10 yos Cholesterol Screenings

#### Percent of active 9-10 year olds with a cholesterol screening

Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of active 9-10 year olds	# of active 9-10 year olds who have had a cholesterol screening	% Patients	Goal Line
Baseline (July 2019)	569	87	15%	60%
Aug-19	550	138	25%	60%
Sep-19	388	163	42%	60%
Oct-19	382	175	46%	60%
Nov-19	377	178	47%	60%
Dec-19	375	178	47%	60%
Jan-20	373	181	49%	60%
Feb-20			#N/A	60%
Mar-20			#N/A	60%
Apr-20			#N/A	60%
			#N/A	60%
			#N/A	60%

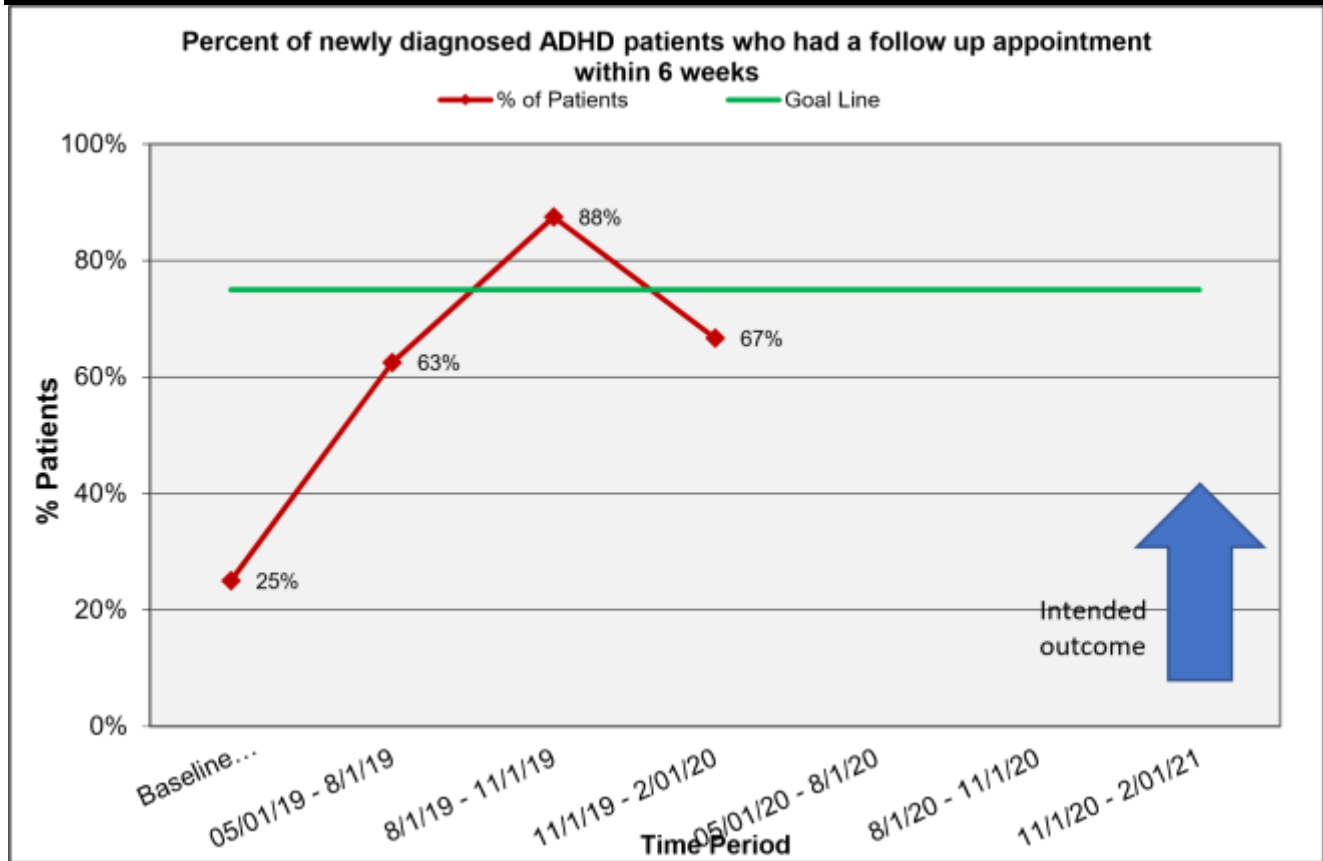


# Alexius M Bishop, MD, PSC

## QI 01C: ADHD

Percent of newly diagnosed ADHD patients who had a follow up appointment within 6 weeks

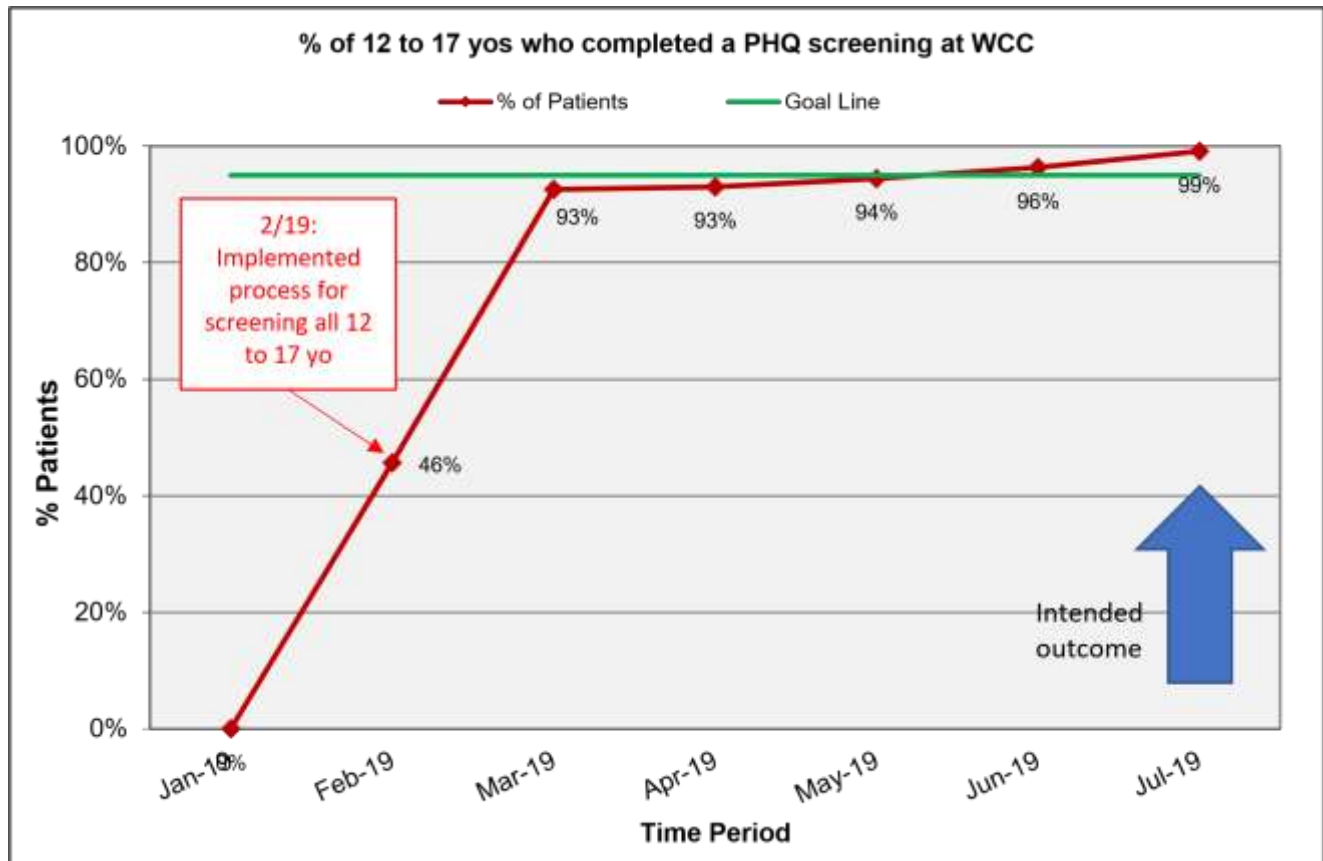
Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of newly diagnosed ADHD patient during timeframe	# of newly diagnosed ADHD patients who had a follow up visit within 6 wks	% Patients	Goal Line
Baseline (02/01 - 05/01/19)	8	2	25%	75%
05/01/19 - 8/1/19	8	5	63%	75%
8/1/19 - 11/1/19	8	7	88%	75%
11/1/19 - 2/01/20	12	8	67%	75%
05/01/20 - 8/1/20			#N/A	75%
8/1/20 - 11/1/20			#N/A	75%
11/1/20 - 2/01/21			#N/A	75%
			#N/A	75%
			#N/A	75%



% of 12 to 17 yos who completed a PHQ screening at WCC

Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of patients 12 to 17 yos seen for a WCC during the reporting period	# of patients in the denominator who completed a PHQ at WCC	% Patients	Goal Line
Jan-19	33	0	0%	95%
Feb-19	46	21	46%	95%
Mar-19	54	50	93%	95%
Apr-19	43	40	93%	95%
May-19	54	51	94%	95%
Jun-19	164	158	96%	95%
Jul-19	228	226	99%	95%
Aug-19	206	203	99%	95%
Sep-19	65	64	98%	95%
Oct-19	70	70	100%	95%
Nov-19	50	49	98%	95%
19-Dec	41	41	100%	95%

**Intervention: February, 2019 -- lowered screening age to 12 yo. Implemented process for screening all 12 to 17 yos, not just symptomatic patients**

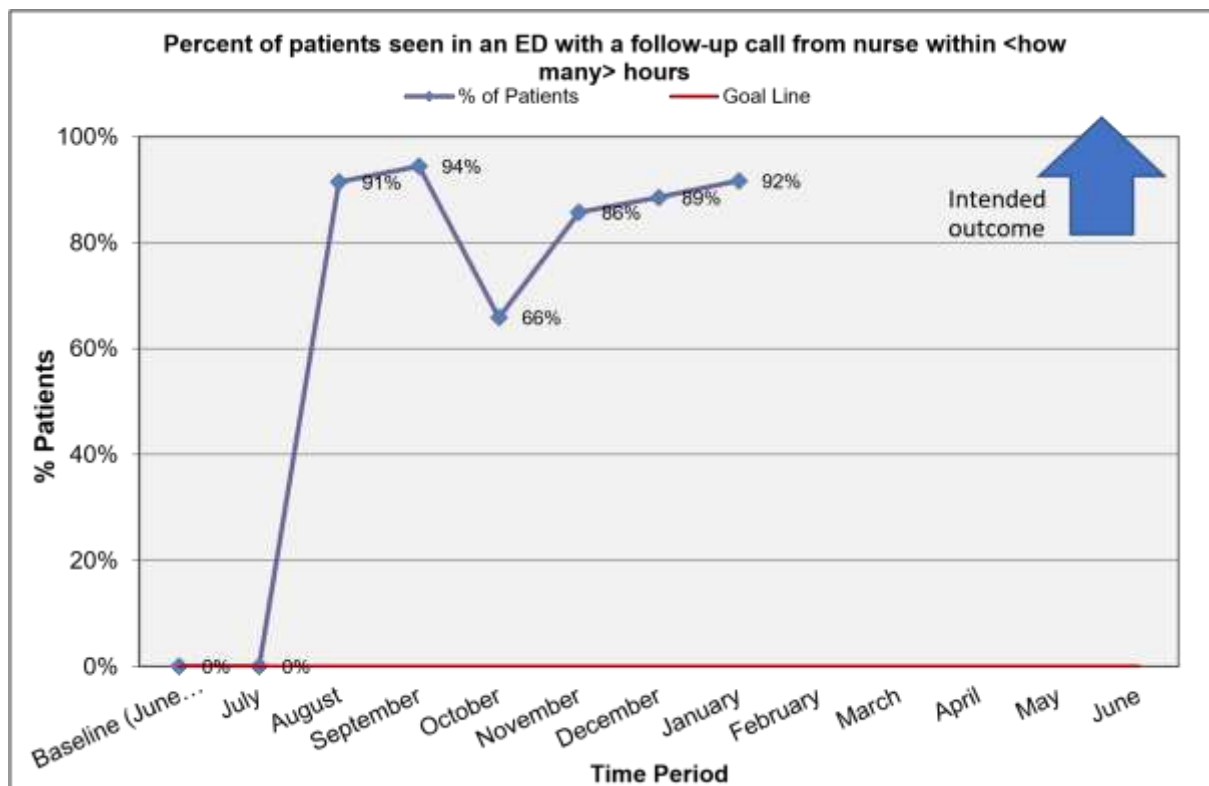


## Alexius Bishop, MD, PSC QI 02B: ED Follow-Up

Percent of patients seen in an ED with a follow-up call from nurse within <how many> hours

Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of patients seen in ED	# of patients seen at ED who received a follow-up call within 72 hrs of visit	% Patients	Goal Line
Baseline (June 2019)	41	0	0%	TBD
July	64	0	0%	TBD
August	35	32	91%	TBD
September	54	51	94%	TBD
October	41	27	66%	TBD
November	56	48	86%	TBD
December	61	54	89%	TBD
January	48	44	92%	TBD
February			#N/A	TBD
March			#N/A	TBD
April			#N/A	TBD
May			#N/A	TBD
June			#N/A	TBD

*Intervention: (date TBD) staff will call patients recently seen in the ED who require appropriate follow up*



## Alexius M Bishop MD PSC: QI 02A: Labs and Imaging Test Follow Up

**Percent of referrals for labs, images, where followed up within 24 hours of receiving results**

Time Period	Denominator:	Numerator:	Quality Measure:	Goal:
	# of lab, imaging, ordered during reporting period	# of denominator followed up on within 24 hours	% Patients	Goal Line
Baseline (July 2019)	51	15	29%	TBD
August	66	49	74%	TBD
September	49	44	90%	TBD
October	58	50	86%	TBD
November	64	56	88%	TBD
December	56	52	93%	TBD
January	74	65	88%	TBD
February			#N/A	TBD
March			#N/A	TBD
April			#N/A	TBD
May			#N/A	TBD
June			#N/A	TBD

**Intervention: (date TBD) Implemented process for tracking, flagging and following up on lab, imaging and referrals**

