

OREGON DHS SBHC KEY PERFORMANCE MEASURES

Goal: SBHCs are committed to high-quality, age appropriate, accessible health care for school-age children. To ensure this goal, SBHCs are targeting key health performance measures (KPM).

Approach: Year 1 of implementation (SY2006-2007) is an introduction to the tool and will be time for sites to identify local system issues that may challenge completion and/or accurate data collection. Sites must resolve these issues prior to the start of Year 2. Year 2 (SY 2007-2008) will be used to identify baseline targets for sites and Statewide goals will be set accordingly. Year 3 (2008-2009) will be full implementation of the key performance measures and will be tied to county contracts. Because many services are included within the comprehensive exam, they will remain ongoing KPMs. The third KPM may alternate based on emerging adolescent health issues. Sites who are unable to meet the goal KPM will need to complete KPM Improvement Forms to identify and implement an action plan to improve practice. Progress must be demonstrated from year to year and meet Statewide target goal within 2 years, otherwise funding may be reduced.

Universal resources needed to meet conditions

- Physical space is adequate for confidential screening/exams.
- Medical record forms available.
- Policy on adolescent confidentiality and receipt of health services.
- Consent in compliance with state law and local policy.
- Parent or other responsible adult present or available by phone: unless visit is deemed and charted as confidential.

Sentinel Condition	State Goal	Resources Needed	Method of Measure	Markers	Measurement
1. Risk Assessment ¹	Complete risk assessment done <i>every service year</i> after 3 visits (Baseline or __%)	<ul style="list-style-type: none"> ○ Risk assessment tool (may be embedded in other clinic forms)¹. ○ Written process on how to complete risk assessment including positive and negatives for each ○ May add question on if PE done in last 2 years. 	Random audit of XX charts of students who have been seen 3 times this service year.	% of charts with completed risk assessment done during this service year. If a patient declines this service despite education, the chart will be excluded from the measurement calculation for this measure.	Number of completed risk assessments completed divided by the number of charts audited, equaling the percent in compliance.
2. Comprehensive Physical Exam ²	Complete Physical exam <i>every 2 years</i> after child has been seen 3 times in one service year (Baseline or __%)	<ul style="list-style-type: none"> ○ Age appropriate comprehensive physical exam form². ○ Necessary equipment available to complete exam. 	Random audit of XX charts of students who have been seen at least 3 times this service year.	% of charts with completed comprehensive physical exam done by SBHC or completed release of information and receipt of primary care provider's exam notes that was conducted within the last 2 years. If failed attempts have been made and documented x3 to get the notes OR a patient refused services, these patient charts will be excluded from the measurement calculation for this measure.	Number of completed comprehensive physical exam completed divided by the number of charts audited, equaling the percent in compliance.
3. Height, weight, & BMI	At least 1 recording of each measure for children seen at least 3 times in the SBHC in <i>one service year</i> (Baseline or __%).	<ul style="list-style-type: none"> ○ Standard height for weight charts and CDC Standard Growth Charts with BMI calculations (may be downloaded from CDC website) 	Random audit of XX charts of students who have been seen 3 or more times in the SBHC this service year.	% of charts of child seen at least once with recorded height, weight, and BMI calculated during this service year. If a patient declines this service despite education, the chart will be excluded from the measurement calculation for this measure.	Number of charts that child has been seen at least once with recorded height, weight, and calculated BMI completed divided by the number of charts audited, equaling the percent in compliance.

¹ Age appropriate risk assessment includes: injury, safety, and violence screening; diet and exercise; dental; substance abuse and passive exposure; abuse; family and friend relationships and school; mood and emotional health, and sexuality. Sample OMA GAPS screening available for 11-13 and 14-18 year olds.

² Critical Elements of a Comprehensive Physical Exam: medical history; family history; social history (including risk assessment); review of systems; complete physical exam including vital signs (height, weight, temperature, blood pressure, pulse, and respirations); vision, hearing, mouth/throat, skin, cardiovascular, respiratory, abdomen, genitalia, musculoskeletal (including scoliosis check as appropriate), gross neurological, and developmental screening (up to 5 years old); laboratory work if indicated; immunizations; assessment (summary of findings, if child is healthy, document this); anticipatory guidance/health education/counseling; treatment plan if indicated. If indicated, an STD screening and/or Pap, should either be performed or referred.