**Illinois Free and Charitable Clinics**

**Quality Improvement Project**

**data 7.01.18-12.31.18**

Data Due- 1.31.19

Rationale:

The IAFCC quality improvement project is designed to begin the process of collecting and reporting outcome measurements for a few selected conditions for the purpose of:

1. Elevating quality improvement in all member clinics;
2. Aggregating data so that we can talk about the impact of free and charitable clinics in Illinois and
3. Assisting member clinics in collecting data that can be used individually in writing grants, reports, press releases, etc.

***What we are tracking***

*Patient Outcomes*

1. Diabetics – A1C <8, A1C >9.0, (or no test within the last 12 months)

***Any patient with a diagnosis of diabetes, regardless of co-occurring diagnoses***

1. Hypertensive – BP <140/90

***Any patient with a diagnosis of hypertension, regardless of co-occurring diagnoses***

We are tracking these measures because they are relatively easy to track, many clinics are doing it anyway, and there are national benchmarks that can be used as a comparison.

***Impact*** (New to the project)

Patient responses to the following question

1. Where would you have gone today if the [FILL IN NAME] wasn’t here?

· Emergency Room

· Doctor’s Office

· Urgent or Walk-in Clinic

· Retail Clinic (CVS, Walgreens)

·   FQHC/Local Health Department/Low-Cost Community Clinic

·   Nowhere

·   Don’t Know

We are tracking this to begin to understand the impact of receiving medical care to the patient and the community.

***Procedure***

***Patient Outcomes: Diabetics and Hypertensive***

If you can easily pull up data from using all of your patients, great. You should have at least 30 patients. Otherwise, you can do a random sample.

***RANDOM Sampling Procedure (if you need to use this rather than your whole database)***

Do a sample of patients that have the above diagnosis. For example, for 10%, if you have 320 patients with diabetes, you will need 32 results. If you can pull the data up on ALL your patients, that’s fine.

**Eligible clients are those with:**

*Diabetes*

Age 18-75

Have had at least 2 medical visits within the last 12 months **or** prescribed medications for diabetes

*Hypertension*

Age 18-85

Have a diagnosis of HTN for at least 6 months

Had at least one medical visit during the measurement year

If a patient has more than one value/reading in the time period, use the most current reading/lab value.

***Impact***

To capture this, clinics need to ask the above question, “Where would you have gone today if the [FILL IN NAME] wasn’t here?

* Clinics may ask this of every patient, or select a day, a week, or a month to ask patients this question.
* The clinics can determine how to capture patient’s responses to the question, for example there can be a fill in the blank and the clinic will code responses and send them to IAFCC. Another option is to list the all the responses of the project and the patients will check/mark off one answer***.***

***All clinics that submit their data by the reporting period deadline will get a clinic level dashboard.***

***Results***

Attached is the form for submitting your data, please type your results in the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome Measures**    **CLINIC Name:** | | | | | | | |
| **Date** | **A1C<8** | **A1C>9 (or no test within the last 12 months)** | **# of charts reviewed** | **Is this a total number? ( yes/no)** | **BP < 140/90** | **# of charts reviewed** | **Is this a total number? ( yes/no)** |
| July 1st, 2018 - December 31st, 2018 |  |  |  |  |  |  |  |
| Jan 1, 2019 - June 30 2019 |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| ***Impact Measures***    ***CLINIC Name:*** | | |
| ***Indicators*** | ***Patient response total***  *July 1st, 2018- December 31st, 2018* | ***Patient response total***  *January 1st, 2019- June 30st, 2019* |
| *Emergency Room* |  |  |
| *Doctor’s Office* |  |  |
| *Urgent or Walk-in Clinic* |  |  |
| *Retail Clinic (CVS, Walgreens)* |  |  |
| *FQHC/Local Health Department/Low-Cost Community Clinic* |  |  |
| *Nowhere* |  |  |
| *Don’t Know* |  |  |
| ***Process Question*** | | |
| *How often was this survey administered?* | * *Every 6 months* * *Every 3 months* * *Once a month* * *At every visit* * *Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_* | * *Every 6 months* * *Every 3 months* * *Once a month* * *At every visit* * *Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

Please send the completed data template form to IAFCC [info@illinoisfreeclinics.org](mailto:executivedirector@illinoisfreeclinics.org) I look forward to receiving your clinic data template by January 31, 2019.

For further questions contact Deborah Ilufoye at [dilufoye@oipcc.org](mailto:dilufoye@oipcc.org)

Thank you