

# Minnesota Health Plans and ICSI

## Standard Quality Program Report

**Due:**

**Submitted By:**

**Phone Number:**

**E-mail:**

### Section 1: Contact Form

Organization:		
System Affiliation:		
# Clinic Sites:	# Hospitals:	Hospital name/s:
Total # Physicians:	# Physician FTE's:	
Phone:	FAX:	Organization website address:
Street Address:		
City:	State:	Zip:

QI Medical Director:	Title:	
Credentials:		
Phone:	FAX:	E-Mail:
Street Address, if different from above:		
City:	State:	Zip:

Quality Improvement Contact:	Title:	
Credentials:		
Phone:	FAX:	E-Mail:
Street Address, if different from above:		
City:	State:	Zip:

Administrator:	Title:	
Credentials:		
Phone:	FAX:	E-Mail:
Street Address, if different from above:		
City:	State:	Zip:

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### Section 2: Year End Report

<b>Organization:</b>	
<b>Topic:</b>  Complete one report per topic.	
<b>Original Aim/s (Goals):</b>	
<b>Revised Aim/s (Goals):</b>	<b>Rationale for Revision:</b>
<b>Original Measures/s:</b> <ul style="list-style-type: none"> <li>• numerator</li> <li>• denominator</li> <li>• average sample size</li> <li>• frequency of data collection (monthly, quarterly, etc.)</li> <li>• source of data (chart review, administrative, etc.)</li> </ul> <b>Revised Measure/s:</b> <ul style="list-style-type: none"> <li>• numerator</li> <li>• denominator</li> <li>• average sample size</li> <li>• frequency of data collection (monthly, quarterly, etc.)</li> <li>• source of data (chart review, administrative, etc.)</li> </ul>	<b>Rationale for Revision:</b>
<b>Actions and Their Effectiveness (+ or -):</b> Use a plus sign (+) to indicate that the action was effective or a minus sign (-) to indicate that it was not. If it is too soon to make a judgment or it does not fall into either the plus or minus categories, leave it blank.	

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### Section 2: Year End Report

<b>Results:</b> Attach graphs or data.	
<b>Significant Insights:</b> Did your organization learn anything from this initiative that may be helpful in future improvement efforts?	
<b>Sustaining:</b> How will your organization sustain the gains made with this topic?	
<b>Phase of Success:</b> How would you rate your success for this project? See scale below.	

### Phases of Success of an Improvement Initiative

**0 – No activity or activity but no process changes**

**1 – Process changes but no documented success**

**2 – Limited Success** – For example, little to no improvement in overall aims (goals) across the organization but some improvement in an intermediate aim or process step in some or all of the organization.

**3 – Moderate Success** – Limited success across much of the organization or moderate success in a more limited area. For example, limited improvements in overall aims (goals) across the organization or moderate improvements in intermediate aims or process steps in some or all of the organization.

**4 – Substantial Success** – Moderate success across much of the organization or substantial success in a more limited area. For example, moderate success across much of the organization for the overall aims (goals) or substantial success for intermediate aims (goals) or process steps across some or all of the organization.

**5 – Benchmark Success** – Benchmark success across much or all of the organization. For example, national benchmark rates or intermediate aims (goals) or benchmark rate in overall aims (goals) across the organization.

# **Minnesota Health Plans and ICSI**

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### **Section 3: Guideline or Improvement Implementation**

**Clinical Practice Guidelines:** Below is a list of clinical practice guidelines. Please review the list and indicate if your organization is pursuing the implementation of these guidelines. If you have implemented a guideline that is not on the list or implemented other improvement projects, please complete the “Other” section at the end of the form including the source of the guideline i.e., ACOG, AHCPR, etc.

**Implementation Status:** G – guideline is generally implemented, i.e., is in regular use in all or nearly all of the medical group’s sites.

R – Reference guideline, i.e. guideline is used primarily by providers as a reference or for education.

**Implemented Date:** Indicate the month and year that the guideline was generally implemented.

<b>Clinical Practice Guideline</b>	<b>Implementation Status</b>	<b>Implemented Date</b>
Acne	<input type="checkbox"/> G <input type="checkbox"/> R	
ADHD Dx and Management of ADHD in Children	<input type="checkbox"/> G <input type="checkbox"/> R	
Ankle Sprain, DX and Treatment of	<input type="checkbox"/> G <input type="checkbox"/> R	
Anticoagulant Therapy	<input type="checkbox"/> G <input type="checkbox"/> R	
Asthma, Dx and Management in Adults and Children	<input type="checkbox"/> G <input type="checkbox"/> R	
Atrial Fibrillation	<input type="checkbox"/> G <input type="checkbox"/> R	
Breast Cancer Diagnosis	<input type="checkbox"/> G <input type="checkbox"/> R	
Breast Cancer Treatment	<input type="checkbox"/> G <input type="checkbox"/> R	
CAD, Stable	<input type="checkbox"/> G <input type="checkbox"/> R	
Cardiac Stress Test	<input type="checkbox"/> G <input type="checkbox"/> R	
Chest Pain, Diagnosis of	<input type="checkbox"/> G <input type="checkbox"/> R	
CHF, Ambulatory Management in Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> G <input type="checkbox"/> R	
Colorectal CA Screening	<input type="checkbox"/> G <input type="checkbox"/> R	
Deep Vein Thrombosis (DVT)	<input type="checkbox"/> G <input type="checkbox"/> R	
Degenerative Joint Disease (DJD) DX and TX of Adult	<input type="checkbox"/> G <input type="checkbox"/> R	
Depression (major) in Primary Care	<input type="checkbox"/> G <input type="checkbox"/> R	
Depression (major) in Specialty Care in Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Diabetes, Management of Type II DM	<input type="checkbox"/> G <input type="checkbox"/> R	
Domestic Violence	<input type="checkbox"/> G <input type="checkbox"/> R	
Dyspepsia	<input type="checkbox"/> G <input type="checkbox"/> R	
Failure to Progress in Labor, Prevention, DX & TX	<input type="checkbox"/> G <input type="checkbox"/> R	

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Clinical Practice Guideline	Implementation Status	Implemented Date
Fetal Heart Rate Management, Intrapartum	<input type="checkbox"/> G <input type="checkbox"/> R	
Hormone Replacement Therapy	<input type="checkbox"/> G <input type="checkbox"/> R	
Hypertension Diagnosis and Treatment	<input type="checkbox"/> G <input type="checkbox"/> R	
Hypertension, Worksite	<input type="checkbox"/> G <input type="checkbox"/> R	
Immunizations, in Children and Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Infertility, Female, Diagnosis and Management of	<input type="checkbox"/> G <input type="checkbox"/> R	
Lipid Disorder Treatment, in Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Lipid Screening, in Children and Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Low Back Pain (LBP), Adult	<input type="checkbox"/> G <input type="checkbox"/> R	
MI, Acute, Treatment of	<input type="checkbox"/> G <input type="checkbox"/> R	
Migraine Headaches	<input type="checkbox"/> G <input type="checkbox"/> R	
Osteoporosis	<input type="checkbox"/> G <input type="checkbox"/> R	
Otitis Media, Dx and Treatment of in Children	<input type="checkbox"/> G <input type="checkbox"/> R	
Pain Management	<input type="checkbox"/> G <input type="checkbox"/> R	
PAP Smear, Follow-up of Abnormals	<input type="checkbox"/> G <input type="checkbox"/> R	
PAP Smear Screen, Cervical	<input type="checkbox"/> G <input type="checkbox"/> R	
Pharyngitis, Acute	<input type="checkbox"/> G <input type="checkbox"/> R	
Pneumonia, Community Acquired	<input type="checkbox"/> G <input type="checkbox"/> R	
Prenatal Care, Routine	<input type="checkbox"/> G <input type="checkbox"/> R	
Pre-Op Evaluation	<input type="checkbox"/> G <input type="checkbox"/> R	
Preterm Birth Prevention	<input type="checkbox"/> G <input type="checkbox"/> R	
Preventive Counseling and Education	<input type="checkbox"/> G <input type="checkbox"/> R	
Preventive Services, For Adults and Children	<input type="checkbox"/> G <input type="checkbox"/> R	
Rhinitis	<input type="checkbox"/> G <input type="checkbox"/> R	
Sinusitis, Acute in Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
Sleep Apnea	<input type="checkbox"/> G <input type="checkbox"/> R	
Stroke	<input type="checkbox"/> G <input type="checkbox"/> R	
Tobacco Prevention and Cessation	<input type="checkbox"/> G <input type="checkbox"/> R	
UTI, Complicated in Women	<input type="checkbox"/> G <input type="checkbox"/> R	
VBAC, Vaginal Birth After Cesarean	<input type="checkbox"/> G <input type="checkbox"/> R	
Viral URI (VURI), in Children and Adults	<input type="checkbox"/> G <input type="checkbox"/> R	
VTE Prophylaxis in Hospitalized Patients	<input type="checkbox"/> G <input type="checkbox"/> R	
<b>Other- Improvement Projects:</b>		
Guideline Title:	<input type="checkbox"/> G <input type="checkbox"/> R	
Source:		
Guideline Title:	<input type="checkbox"/> G <input type="checkbox"/> R	
Source:		
Guideline Title:	<input type="checkbox"/> G <input type="checkbox"/> R	
Source:		