# Part I EXAMPLE

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| **SBHC Site(s) for this CQI Objective** | *Crab County Elementary School SBHC**Mountainview Elementary School SBHC* |
| **CQI Objective:** Identify a clinical quality improvement objective for the 2021-2022 school year for each SBHC. State the sentinel condition and the markers to be used.  | *Sentinel Condition: Chronic Asthma**Markers to be Used: % of students with asthma plan* *% of visits in “green zone” or* *% of students who are stable (no symptoms of cough or wheeze, improved lung function, reduction in number of severe attacks, minimized sleep disturbance, improved school attendance, reduction in hospitalizations)* |
| **Data Collection Method:** Describe how you will collect data and evaluate the objective. If you have opted to use an existing data collection form, attach the form to Chart C. If you are developing your own form, attach a draft of the form to Chart C. | *The Chronic Asthma audit form from the NASBHC CQI tool will be used (see attached). In November 2019, enrollees in each SBHC who have chronic asthma will be identified and a list created, assigning a unique identifier to each individual. A random sample of 20 of these unique identifiers will be selected. Their charts will be reviewed for evidence of the markers listed above. Data will be recorded on the audit form.* |
| **Data Collectors:** List the person(s) or position(s) responsible for collecting the data. | *The SBHC Medical Assistant at each site will create the list of students with chronic asthma. The SBHC nurse practitioner will conduct the chart reviews for the clinical markers, with the assistance of the SBHC registered nurse.* |
| **Data Analysis**: Describe the process by which the data will be reviewed. Who will participate?  | *At the first monthly SBHC staff meeting following completion of the reviews, the data will be presented and discussed. All team members will be asked for input and reflections on what the data mean and how we can improve our markers.* |
| **Conclusions and Recommendations**: How will conclusions and recommendations be developed from the data analysis? To whom will these be distributed? What follow-up will occur? | *The Nurse Practitioner and SBHC Manager will write up the conclusions and recommendations of the staff team. If needed, SBHC policies or procedures will be revised.* *The chart review process will be repeated in May 2020 to see if we have improved!* |

Part II: Please identify a clinical quality improvement objective for the **2021-2022** school year for each SBHC (**for all programs, continuing and new**). Attach extra sheets, as needed.

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| **SBHC Site(s) for this CQI Objective** |  |
| **CQI Objective:** Identify a clinical quality improvement objective for the **2021-2022** school year for each SBHC. State the sentinel condition and the markers to be used.  |  |
| **Data Collection Method:** Describe how you will collect data and evaluate the objective. If you have opted to use an existing data collection form, attach the form to Chart C. If you are developing your own form, attach a draft of the form to Chart C. |  |
| **Data Collectors:** List the person(s) or position(s) responsible for collecting the data. |  |
| **Data Analysis**: Describe the process by which the data will be reviewed. Who will participate?  |  |
| **Conclusions and Recommendations**: How will conclusions and recommendations be developed from the data analysis? To whom will these be distributed? What follow-up will occur?  |  |