

OREGON DHS SBHC KEY PERFORMANCE MEASURES (KPMs) – Start date July 1, 2012

Goal: SBHCs are committed to high-quality, age appropriate, accessible health care for school-age children. To ensure this goal, SBHCs have implemented KPMs which are tied to county contracts. Progress must be demonstrated yearly and meet statewide targeted goals, otherwise funding may be reduced.

Method:

Random Chart audit of 20% of total charts of students ages 5-19 seen 3 or more times this SY **OR** 30 charts of students seen 3 x or more this SY – *whichever number is greater*. KPM data must be collected for each individual School-Based Health Center. Aggregated system data will not be accepted.

Sentinel Condition	State Goal	Resources Needed	Markers	Measurement ³
1. Risk Assessment ¹	Complete risk assessment done for children seen at least 3 times in the SBHC in <i>one SY</i> .	<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. 	60% of charts with completed risk assessment done during this service year.	Number of completed risk assessments divided by the number of charts audited, equaling the percent in compliance.
2. Comprehensive Physical Exam ²	Complete Physical exam for children seen at least 3 times in the SBHC in <i>one SY</i> .	<ul style="list-style-type: none"> ➤ Age appropriate comprehensive physical exam form². ➤ Necessary equipment available to complete exam. 	65% of charts with completed comprehensive physical exam done by SBHC or completed release of information and receipt of primary care provider's exam notes for a CPE conducted within the last year . ⁴	Number of comprehensive physical exams completed divided by the number of charts audited, equaling the percent in compliance.
3. BMI	At least 1 recording of BMI for children seen at least 3 times in the SBHC in <i>one SY</i> .	Standard height / weight charts and CDC Standard Growth Charts with BMI calculations (may be downloaded from CDC website)	90% of charts with BMI calculated during this service year.	Number of charts with calculated BMI completed divided by the number of charts audited, equaling the percent in compliance.

¹ **Age appropriate health assessment (AARA)** includes 6 categories to assess health, and an additional 6 areas to assess strengths: physical health, nutrition & activity, oral health, emotional well-being, school & friends, safety & injury prevention, risk reduction. Strengths: family support, achieving developmental milestones, positive self-esteem & sense of accomplishment, healthy weight, nutrition & activity, healthy sexuality, self-protection, community involvement. These categories are based on Bright Futures: <http://brightfutures.aap.org/>

² **Comprehensive Physical Exam (CPE)** includes medical, family and social history; review of systems; vital signs; EENT, cardiovascular, respiratory, abdominal, GU, musculoskeletal (including scoliosis check as appropriate) and gross neurological examinations. Laboratory and other diagnostics as indicated; Review of immunizations; Complete summary assessment and plan (if child is healthy, document this) include anticipatory guidance/health education/counseling as indicated. STD screening and/or Pap, should either be performed or referred as history and/or exam determines.

³ **If any of the charts within the audit reflect that one or more of the Sentinel Conditions was not completed but that the service was offered and refused or the SBHC attempted but was unable to obtain a copy of the client's Comprehensive Physical Exam, the chart is excluded from the audit. The SBHC does not need to pull additional charts for the audit. Instead, the SBHC notes the number of charts it has excluded by decreasing the total number of charts used in its measurement for the Sentinel Condition. For example, SBHC pulls 30 charts and finds that 29 charts reflect a Risk Assessment and 1 chart reflects a Risk Assessment was offered but declined. The SBHC would record that 29 of 29 charts met the Risk Assessment Sentinel Condition.**

⁴ Based on American Academy of Pediatrics periodicity schedule: Pediatrics Vol. 105 No. 3 March 1, 2000 pp. 645 -646.