

Key Performance Measures and Self Injury Screening Practices

October 8, 2009

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Self Injury Behaviors

- Non-suicidal physical self injury
- Rare prior to puberty
- Relieves tension, unbearable emotions
- Higher risk of suicide

Screening Behaviors

- Dismissive, judgmental cues associated with increased client trauma along with lower self esteem perception

OREGON DHS SBHC KEY PERFORMANCE MEASURES (KPMs)

Goal: SBHCs are committed to high-quality, age appropriate, accessible health care for school-age children. To ensure this goal, SBHCs are targeting KPMs.

Implementation:

Year 1 (SY 2006-2007) introduction to the tool and will be time for sites to identify local system issues that may challenge completion and/or accurate data collection.

Year 2 (SY 2007-2008) will be used to identify baseline targets for sites and Statewide goals will be set accordingly.

Year 3 (SY 2008-2009) will be full KPM implementation and % compliance will be tied to county contracts. Progress should be demonstrated yearly and meet statewide target goal by 2009, otherwise funding may be reduced.

Method:

Random Chart audit of 20% of total charts of students seen 3 or more times this SY **OR** 30 charts of students seen 3 x or more this SY – *whichever number is greater*

Sentinel Condition	State Goal	Resources Needed	Markers	Measurement
1. Risk Assessment ¹	Complete risk assessment done <i>every service year (SY)</i> after 3 visits	<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. 	15% of charts with completed risk assessment done during this service yea. 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 SY	<ul style="list-style-type: none"> ➤ Age appropriate comprehensive physical exam form². ➤ Necessary equipment available to complete exam. 	15% 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. BMI	At least 1 recording of BMI for children seen at least 3 times in the SBHC in <i>one SY</i> .	Standard height for weight charts and CDC Standard Growth Charts with BMI calculations (may be downloaded from CDC website)	25% of charts with 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 with calculated BMI completed divided by the number of charts audited, equaling the percent in compliance.

¹ **Age appropriate risk assessment (AARA)** includes 12 categories: dental; injury; diet and exercise; substance abuse and passive exposure; abuse; family relationships; school; friends; emotional health, and sexuality.

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.



Oregon SBHC

Key Performance Measures

■ AARA

- Age Appropriate Risk Assessment

■ CPE

- Complete Physical Exam

■ BMI

- Body Mass Index



Adolescent Assessment – 11-24 year olds

Name: _____ Sex: _____ Grade: _____ Birthdate: _____

This health profile is confidential. Your answers will only be seen by the health center staff. Please fill out to the best of your ability.

1. Do you have any questions about your health? Yes No
2. Do you eat some fruits and vegetables every day? Yes No
3. Do you brush and/or floss your teeth at least twice a day? Yes No
4. Do you exercise or play hard (e.g. running, dancing, basketball, swimming, etc) for at least 30 minutes 3 times a week? Yes No
5. In the past 12 months, have you ever taken diet pills or laxatives, vomited, or used starvation to lose weight? Yes No
6. Do you always wear a lap/seat belt when in a car, truck or van? Yes No
7. Do you ever smoke cigarettes or chew/use smokeless tobacco? Yes No
8. Does anyone you live with smoke cigarettes, cigars, or chew tobacco? Yes No
9. Has anyone ever abused you physically (hit, slapped, kicked) or emotionally (threatened or made you feel afraid)? Yes No
10. Have you ever seen a violent act take place at home, school, or in your neighborhood? Yes No
11. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself? Yes No
12. Have you ever ridden in a car with a driver who was drunk or using drugs? Yes No
13. Have you ever gotten drunk or high on beer, wine coolers or other alcohol? Yes No
14. Do you ever drive after you drink alcohol? Yes No
15. Do you ever smoke marijuana, use other street drugs, steroids, or inhalants? Yes No
16. Do you ever use nonprescription drugs (drugs that can be bought at a store) to sleep, stay awake, calm down or get high? Yes No
17. Have you ever had any type of sexual intercourse (oral, anal or vaginal sex)? If no, skip to question #19. Yes No
18. If you do have sex, do you always use a method to prevent pregnancy and/or sexually transmitted infections (condoms, birth control, etc)? Yes No
19. Has anyone ever forced you to have sex or be involved in sexual activities against your will? Yes No
20. Do you want to know more about abstinence (saying no to sex), HIV/AIDS, or other sexually transmitted diseases? Yes No
21. Are you interested in boys/girls/both? Yes No
22. During the past month, did you often feel very sad or down, as though you had nothing to look forward to? Yes No
23. Do you have any serious issues or worries at home or school? Yes No
24. Have you ever seriously thought about killing yourself, made a plan to kill yourself, or tried to kill yourself? Yes No
25. Do you have at least one family member or other adult that you can talk to about anything? If yes, who? _____ Yes No

Provider section:Evaluation: at risk/counseled at risk/needs f/u not at risk currently

Referred to: _____

Provider Signature: _____ Date: _____

Twelve KPM Risk Categories

- Dental
- Injury
- Diet
- Exercise
- AOD exposure
- AOD abuse
- Abuse
- Family relationships
- School
- Friends
- Emotional health
- Sexuality (OSHP)



Systematic Self Injury Screening

- Includes direct questioning & follow up
- Associated with:
 - Improved coping skills
 - Increased potential to save lives



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- For more information about
Oregon's School-Based Health Centers:

<http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.sh>