

Minnesota Health Plans and ICSI

Standard Quality Program Report 2009

Submitted by:	Date:
Phone:	E-mail:

Organization:			
Street Address:			
City:		State:	Phone:
# Clinic Sites:	Total # Physicians:	# Physician FTE's:	
# Hospitals:	Hospital Name(s):		Organization Web site address:
Total Available Beds:	Total Participating Beds:		

Physician Contact:		
Title:	Credentials:	
Phone:	FAX:	E-mail:
Street Address, if different from above:		
City:	State:	Zip:

Improvement Program 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:

This form was initially developed and approved by Blue Cross Blue Shield, HealthPartners, ICSI, Medica, Metropolitan Health Plan, PreferredOne, and UCare in May 2004. This form was reviewed and approved by Blue Cross and Blue Shield of Minnesota, HealthPartners, ICSI, Medica, Metropolitan Health Plan, PreferredOne, and UCare in October 2007.

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Organization:	
Topic 1:	
Original Aim/s (Goals):	
Revised Aim/s (Goals):	Rationale for Revision:
Original Measures/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	
Revised Measure/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	Rationale for Revision:
Actions and Their Effectiveness (+ or -): 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.	

Please return completed form to: HealthPartners Inc., Quality Measurement and Improvement, 21108X, PO Box 1309, Minneapolis, MN 55440-1309 FAX: 952 883-6150
Questions? (952) 883-5777 or quality@healthpartners.com

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

Phases of Success of an Improvement Initiative:

You will find these definitions on this page only. Please refer to this page when determining phase of success numbers when reporting additional improvement initiatives.

For this section please enter a number from 0 to 5 based on the scale below:

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.

Please submit graphs and charts that illustrate your results separately with this report. Please do NOT include data including doctor or patient names. PDF files are welcome.

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Organization:	
Topic 2:	
Original Aim/s (Goals):	
Revised Aim/s (Goals):	<hr style="border-top: 1px dashed black;"/> Rationale for Revision:
Original Measures/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	
Revised Measure/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	<hr style="border-top: 1px dashed black;"/> Rationale for Revision:
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Significant Insights: Did your organization learn anything from this initiative that may be helpful in future improvement efforts?	
Sustaining: How will your organization sustain the gains made with this topic?	
Phase of Success: How would you rate your success for this project? See scale below.	

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Please refer to topic number 1 for phase of success number definitions.

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Organization:	
Topic 3:	
Original Aim/s (Goals):	
Revised Aim/s (Goals):	Rationale for Revision:
Original Measures/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	
Revised Measure/s: <ul style="list-style-type: none"> • numerator • denominator • average sample size • frequency of data collection (monthly, quarterly, etc.) • source of data (chart review, administrative, etc.) 	Rationale for Revision:
Actions and Their Effectiveness (+ or -): 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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Significant Insights: Did your organization learn anything from this initiative that may be helpful in future improvement efforts?	
Sustaining: How will your organization sustain the gains made with this topic?	
Phase of Success: How would you rate your success for this project? See scale below.	

Please submit graphs and charts that illustrate your results separately with this report. Please do NOT include data including doctor or patient names. PDF files are welcome.

Please refer to topic number 1 for phase of success number definitions.

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Organization:	
Topic 4:	
Original Aim/s (Goals):	
Revised Aim/s (Goals):	Rationale for Revision:
Original Measures/s:	Rationale for Revision:
Revised Measure/s:	

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

Please submit graphs and charts that illustrate your results separately with this report. Please do NOT include data including doctor or patient names. PDF files are welcome.

Please refer to topic number 1 for phase of success number definitions.

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