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SCDTDP Quality Improvement Instrument

This survey asks for information regarding your participation in the SCDTDP Hemoglobinopathy Learning Collaborative. The survey will be completed on a monthly basis throughout the duration of the Collaborative.

➤ **Quality Improvement Questions:**

- For your specific network sites, please provide the following patient-related information:
- Percent of SC individuals with treatment plan reviewed in past 12 months _____
- Percent of newborns screened for SC trait _____
- Percent of positive screens with timely follow-up _____
- Percent of SC individuals with up to date immunizations _____
- Percent of SC individuals with documented PCP visited in past 12 months _____

➤ **Improvement Project Questions:**

- For your specific Learning Collaborative Team, please provide the following site team-related information:
- Percent of teams that meet at least bi-weekly _____
- Percent of teams participating in calls _____
- Percent of teams rated 4 or above on project assessment _____
(1 to 5, where 1 is poor, 2 is fair, 3 is good, 4 is very good, 5 is excellent)