


ANNUAL HEALTH CENTER PERFORMANCE MEASURE REPORTING TOOL

SS#1



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Form Approved
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Annual Health Center Performance Measure Reporting Tool

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Health Center Information

Date Completed (mm/dd/yyyy):

Reporting Period: Fiscal Year:

Health Center:

The first section of this reporting tool requests information about the fourth quarter of the fiscal year about which you are reporting, as well as items about the entire fiscal year. These are the same tables and questions that appear in the Quarterly Performance Measure Reporting Tool. The second section of this reporting tool includes items that are about the entire fiscal year only.

Please complete the following questions for each participating practice setting within your health center.

Practice Setting:

Operational Changes and Project Activities

1. Please describe operational changes or other activities (e.g., training, quality improvement team meetings) undertaken as part of this project that occurred during the fourth quarter.

Health Care Service Use by 15 to 19 year olds

Section One: Fourth Quarter and Fiscal Year

Table 1. Adolescent Clients Ages 15-19 (Unduplicated) Receiving Any Service within the Identified Practice Setting

# Female Clients Ages 15-19 (Unduplicated)		# Male Clients Ages 15-19 (Unduplicated)	
Fourth Quarter	Fiscal Year	Fourth Quarter	Fiscal Year

Table 2. Receipt of Reproductive or Sexual Health Services by Clients, Ages 15-19 (Unduplicated)

	Number of Female Clients Ages 15 to 19 Years who Received the Specified Service		Number of Male Clients Age 15 to 19 Years who Received the Specified Service	
	Fourth Quarter	Fiscal Year	Fourth Quarter	Fiscal Year
Received any reproductive or sexual health service				
Received STD screening/counseling/treatment and/or HIV testing/counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				

Table 3. Female Clients, Ages 15-19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception

	Number of 15-19 Year Old Clients who Adopted or Continued Use (Unduplicated)	
	Fourth Quarter	Fiscal Year
Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera®)		
IUD (e.g., Mirena® or ParaGard®)		
Contraceptive Implants (e.g., Nexplanon)		

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Table 4. Confidence in Data Reported After reviewing the data collected in Tables 1 through 3, please indicate your level of confidence in the accuracy of each type of data retrieved from your health center's electronic medical record. Please reflect on how confident your team is that the data reported for each of the items listed below accurately represents the extent of sexual and reproductive health services being provided in your practice setting.

	No Confidence	Low Confidence	Moderate Confidence	High Confidence	No Answer
Number of clients, ages-15-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received any reproductive or sexual health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received STD screening/counseling/treatment and/or HIV testing/counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened to determine if sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health assessment conducted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued pill, patch, ring, or injectable contraception (e.g., Depo Provera®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued IUD (e.g., Mirena® or Paragard®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued contraceptive implants (e.g., Nexplanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section Two: Fiscal Year Only

Table 5. Adolescent Clients, Ages 15-19, by Race/Ethnicity (Unduplicated) Receiving Any Service within the identified Practice Setting during the Fiscal Year

	Number of Adolescent Clients (Unduplicated) Ages 15 to 19 years old	
	Female	Male
	Fiscal Year	Fiscal Year
Hispanic/Latino-All Races	<input type="text"/>	<input type="text"/>
Black or African American (Non-Hispanic)	<input type="text"/>	<input type="text"/>
White (Non-Hispanic)	<input type="text"/>	<input type="text"/>
Other (Non-Hispanic)	<input type="text"/>	<input type="text"/>
Unknown/unreported	<input type="text"/>	<input type="text"/>

5a. Please describe any increases or decreases in funding or other resources(e.g.,staffing) for any type of clinical care (not just sexual and reproductive health care) for 15 to 19 year olds in the past fiscal year and indicate how this effected your practice setting's ability to serve teens.

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Table 6. Female Clients, Ages 15--19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception, by Race/Ethnicity during the Fiscal Year

	Number of 15-19 Year Old Clients who Adopted or Continued Use (Unduplicated) during the Fiscal Year		
	Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera®)	IUD (e.g., Mirena® or Paragard®)	Contraceptive Implants (e.g., Nexplanon)
Hispanic/Latino (all races)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>	<input type="text"/>	<input type="text"/>
White (non-Hispanic)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (non-hispanic)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown/unreported	<input type="text"/>	<input type="text"/>	<input type="text"/>

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7a. Does your practice setting provide contraceptive implants to 15-19 year old clients?

Yes
 No

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Table 7b. Female Clients, Ages 15-19 Years Old, Provided Contraceptive Implant (e.g., Nexplanon) on the Same Day Requested

The following data should be collected by reviewing the charts of the last ten 15-19 year olds provided a contraceptive implant during the fiscal year to determine if those clients received the contraceptive implant on the same day that they requested it.

Of the charts reviewed, number of 15-19 year olds provided contraceptive implants (e.g., Nexplanon) on the same day requested	<input type="text"/>
Number of charts reviewed (Typically ten, unless fewer than ten 15-19 year old clients received a contraceptive implant in the last year.)	<input type="text"/>

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8a. Does your practice setting provide IUDs to 15-19 year old clients?

Yes
 No

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Table 8b. Female Clients, Ages 15-19 Years Old, Provided IUDs (e.g., Mirena® or Paragard®) on the Same Day Requested

The following data should be collected by reviewing the charts of the last five 15-19 year olds provided an IUD during the fiscal year to determine if those clients received the IUD on the same day that they requested it.

Of the charts reviewed, number of 15-19 year olds provided IUD (e.g., Mirena® or Paragard®) on the same day requested	<input type="text"/>
Number of clients reviewed (Typically five, unless fewer than five 15-19 year old year old clients received an IUD)	<input type="text"/>

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Linkages

Table 9. Formal and Informal Linkages

Please indicate the total number of formal linkages that your health center has developed with organizations, providers, programs, and/or institutions for the purposes of increasing access to and utilization of contraceptive or reproductive health services among adolescents, as well as the numbers of new formal and informal linkages obtained during this reporting period. By "formal linkages" we mean written agreements to work with these providers or organizations to enhance access to contraceptive or reproductive health services that your health center provides; by "informal linkages" we mean no written agreement exists.

	# of Formal Linkages to date	# of New Formal Linkages obtained this past fiscal year	# of Informal Linkages to date	# of New Informal Linkages obtained this past fiscal year
Between health center and health center	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Between health center and youth serving organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Between health center and other organization (please specify below).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please specify the types of other organizations with which your health center partners formed linkages (e.g., mental health, food bank).

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This is the end of the survey. If you would like to review or change your response(s) click the Previous button now. Otherwise, click the Next button and you will submit and exit the survey.

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You have reached the end of the survey. Thank you for you participation.