CHCU Capstone Project
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Key Performance Indicator (KPI) and Quality Improvement (QI) Program for Western Tidewater Free Clinic 2026 - 2030

I. Identifying KPI and QI Measurements

Who?

- Executive Director
- Medical Director
- Clinical Services Manager
- Outreach Manager (Data)
- Director of Operations and Human Resources
- Key Stakeholders for Quality Health Improvements

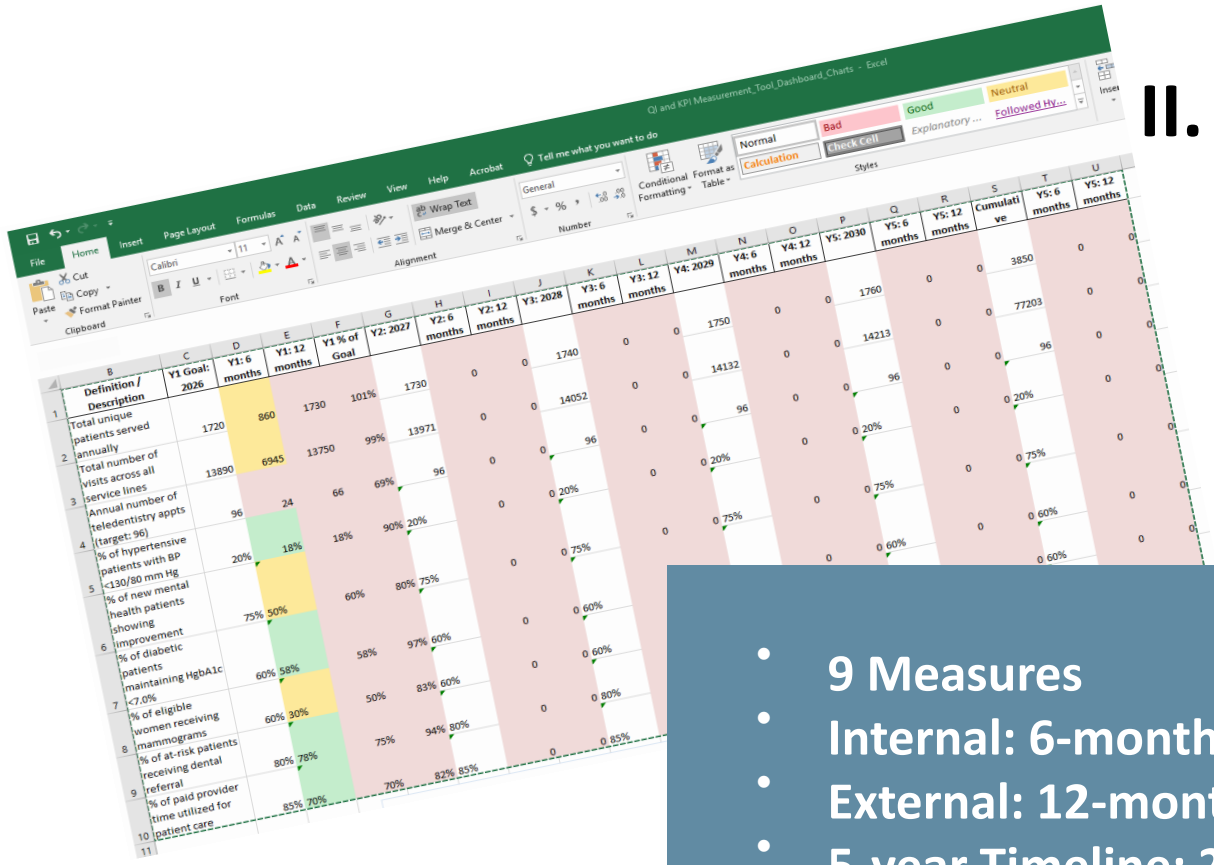
How?

- New KPI Identification for Efficiency and Effectiveness
- Expanded Access to Care Goals
- Top Multiple Chronic Illness Patient Diagnoses
- Ability to Pull Data from EMR
- HEDIS and ODPHP Healthy People 2030 Analysis
- WTFC Clinical Goals for Improved Outcomes

Final KPI and QI Measurements

Year 1 Goals

1	The number of total unduplicated patients served during the measurement year	1,720
2	The number of total visits provided during the measurement year (chart by service line to be reported as illustrated in proposal narrative)	13,890
3	2024 HEDIS Controlling High Blood Pressure(CBP): At least 20% of patients diagnosed with hypertension will have a Blood Pressure that is adequately controlled (<130/80mm Hg) during the measurement year. [Hypertension = #1 diagnosis at WTFC]	20%
4	Seventy-five percent (75%) of new patients that were referred to mental health services will improve their mental health status after access to WTFC mental health services during the measurement year, if they remain in treatment during the 12-month period. [Anxiety = #3 diagnosis; Depression = #5 diagnosis at WTFC]	75%
5	2024 HEDIS Glycemic Status Assessment (GSD): Sixty percent (60%) of patients diagnosed with diabetes that remain in the care of WTFC for a 12-month period will have a reduction in their HgbA1c and/or maintain a level <7.0% during the measurement year, an improvement from our current average of 58% with a level of <8.0%. [Diabetes = #6 diagnosis at WTFC]	60%
6	2024 HEDIS Breast Cancer Screening (BCS-E): Sixty percent (60%) of age qualified women or those at risk or symptomatic for breast cancer will have a mammogram screening during the measurement year, an increase from the current average of ~55%.	60%
7	ODPHP Healthy People 2030 OH-08: Of the new medical patients who have a Primary Care Oral Assessment Tool (PCOAT) completed during the measurement year that indicates a moderate or high risk of dental disease, 80% of those will receive a dental referral during that same measurement year, an increase from our current 73%.	80%
8	Improve paid provider productivity during the measurement year from the current average of 77% to 85% to improve access to care for patients. NOTE: Patient no-show rates will affect success.	85%
9	Implement teledentistry when indicated, likely post-extraction and post-denture delivery, to reduce barriers to care, improve and increase patient access to care and increase scheduling efficiency, with a goal of 8 appointments per month during the measurement year = 96 per year.	96

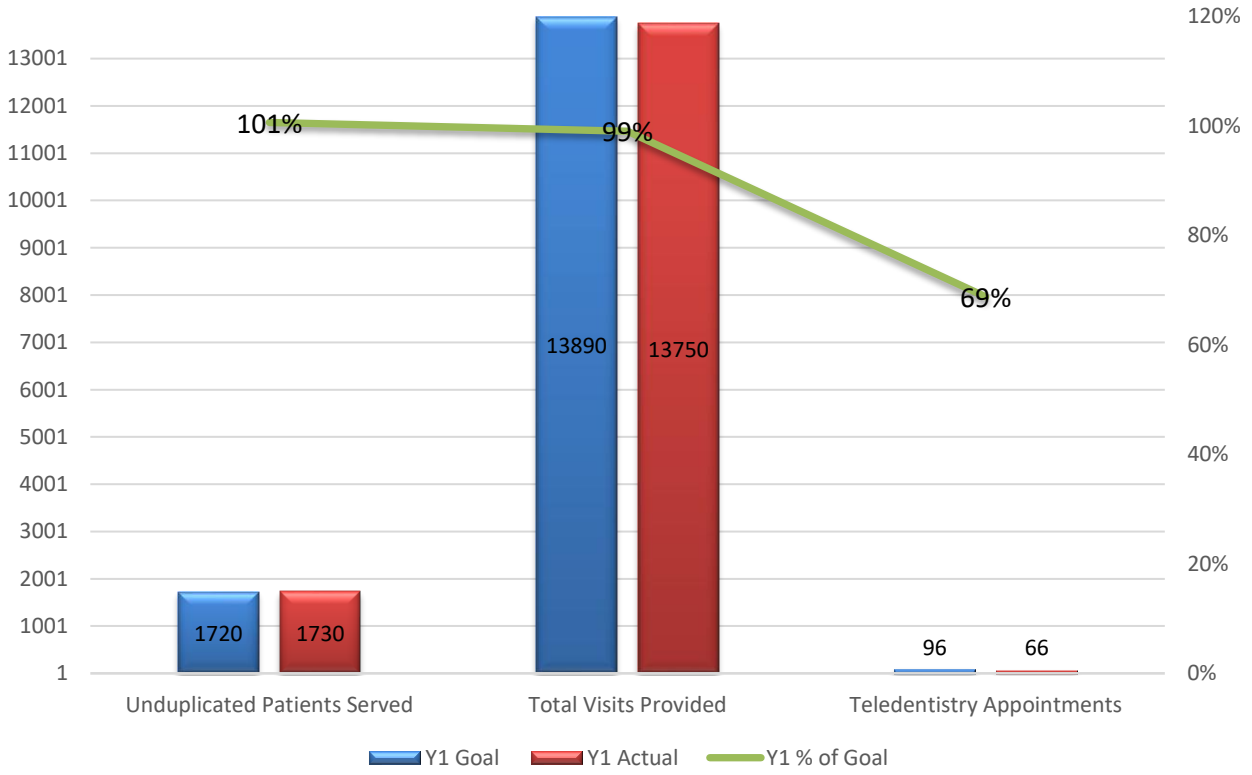


II. Tool Development

- 9 Measures
- Internal: 6-month Measurement
- External: 12-month
- 5-year Timeline: 2026 - 2030
- Illustrate Goal v. Actual = % of Goal

Expanded Access to Care Goals – Year 1

Projected Values



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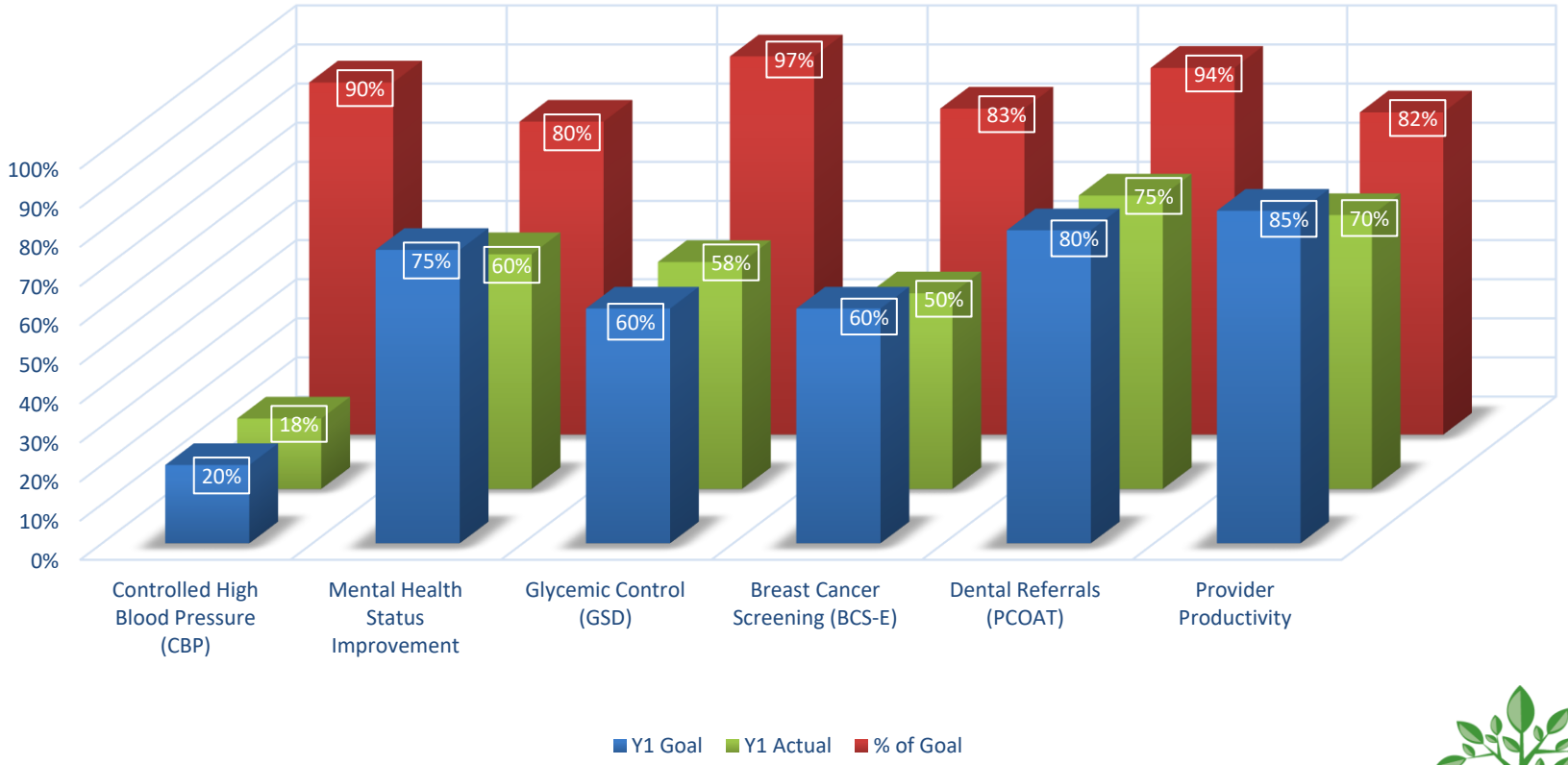
Helping Hands. Health. Hope.

Clinical Quality Improvements and KPI Goals – Year 1

Projected Values



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III. Stakeholders

- Patients
- Staff
- Volunteers
- Board of Directors
- Funders and Stakeholders
- Health System and Medical Partners

IV. Impact to Stakeholders and Reporting Plan




- Patients: Ongoing Benefit
  - Improved Health Outcomes
  - Medication Management
  - Specialty Care
  - Health Home Access
- Staff: 6-month Reporting
  - Clinical Care Improvement
  - Improved Efficiency and Effectiveness
  - Expansion of Services
  - Ownership and Pride
- Volunteers: 6-month Reporting
  - Retention
  - Ownership and Pride

- Board of Directors: 6-month Reporting
  - Advocacy Resulting in Community Contacts
  - Ownership and Pride
- Funders and Stakeholders: 12-month Reporting
  - ROI
  - Mission Fulfillment
  - Retention
- Health System and Medical Partners: 12-month Reporting
  - Cost Savings
  - Improved Understanding of Value of Free and FQHC Clinics
  - Corporate Case for Support

Final Takeaways

1. Collaboration
2. Identification Based on Capabilities
3. Patient-Focused
4. Clear Reporting Tools
5. Stakeholder Reporting for Accountability and Impact