

SBHC Quality Improvement Toolkit

For those ready to learn
(or teach!) quality
improvement methods in
the unique SBHC world.



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Introduction and purpose

This Toolkit builds on the work of School-Based Health Centers (SBHCs) and staff participating in the School-Based Health Services Collaborative Improvement and Innovation Network (CoIIN) hosted by the School-Based Health Alliance (SBHA) from 2015-2022, which focused on improving both performance and reporting abilities for the National Performance Measures for School-Based Health Centers. The Model for Improvement, popularized in health care by [the Institute for Healthcare Improvement](#) (IHI), is used throughout and serves as the framing of SBHA's quality improvement (QI) work. SBHCs can extrapolate the content to any continuous QI framework used across the sponsoring agency, such as Lean Management. The IHI model's framework (set aims, select measures, and identify changes that result in improvement) helps communities and organizations implement, adapt, and sustain best practices. Teams apply the framework through the use of a continuous QI process, known as Plan, Do, Study, Act (PDSA) cycles, to test changes on a small scale (e.g., piloting screening measures to inform ultimately a broader-scale implementation), evaluate and refine them quickly, then use data from the test to adapt the small tests until there are process steps that get results worth scaling up.

SBHCs serve the nation's vulnerable children and youth. As systems of prevention, health promotion, and wellness, SBHCs have a unique opportunity to provide high-quality care that can change the trajectory of health and education outcomes. Their proximity and regular access to children and adolescents make SBHCs a critical access point for continuous and comprehensive care. Sustaining and expanding SBHCs to keep more kids connected to health care requires staff to adopt sound business models and quality practices that can deliver valued outcomes.

This Toolkit supports SBHCs in improving health services and the health status of children and adolescents served by SBHCs. It serves as an introduction to quality improvement in school-based health care specifically related to SBHC National Performance Measures (NPMs) and sustainability practices. It aims to help SBHC QI teams identify potential change areas and how they will improve clinical performance and sustainability, test changes, refine and implement positive changes, and sustain and spread improvements across a network of SBHCs.

Who should use this Toolkit?

This Toolkit is designed for teams of staff from SBHCs and sponsoring organizations to use in active work to improve SBHC processes and outcomes of day-to-day care and clinical operations as part of their work providing primary and expanded care to students.

Individuals and organizations providing state-level support for SBHCs, such as SBHA State Affiliates and leaders of State Program Offices at departments of health or education, can use this Toolkit to tailor technical assistance and guide SBHCs in state-level QI collaboration and spread.

National Performance Measures

The standardized SBHC National Performance Measures (NPMs), developed with experts from the field and closely aligned with other national quality metrics, help SBHCs monitor and improve care delivery and demonstrate effectiveness compared with other child health delivery systems. These data can help make a compelling case that the SBHC model is uniquely suited to support the broader health and education systems to achieve their objectives.



Well-Child Visit

The well-child/adolescent visit (WCV) is the cornerstone of pediatric care. SBHC providers should conduct these visits annually. They are a chance to deliver comprehensive, evidence-based preventive care, allowing providers to identify health risks early and intervene. A comprehensive WCV can simultaneously improve performance in the four other national measures: annual risk assessment; body mass index measurement and nutrition and physical activity counseling; depression screening; and chlamydia screening. SBHCs should work with clients and other community providers to capture WCVs that occur outside of the SBHC. This collaboration allows SBHCs to accurately understand the WCV status in the school population. It makes it possible to identify and conduct outreach to students genuinely missing this critical touchpoint.



Risk Assessment

SBHC providers should regularly assess children and adolescents to gauge potential environmental, social, emotional, and behavioral threats to their well-being, create opportunities to intervene early, and organize a response for students at the highest or immediate risk for harm.



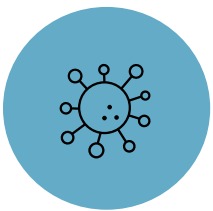
Body Mass Index with Nutrition and Physical Activity Counseling

According to the U.S. Preventive Services Task Force, children and adolescents should be screened at least annually for body mass index (BMI). Providers should counsel all patients on nutrition and physical activity to encourage a healthy lifestyle.



Depression Screening with Planned Follow-up

The U.S. Preventive Services Task Force recommends screening adolescents for depression using a validated questionnaire. Screening should only occur when systems are in place for diagnosis, treatment, and follow-up. Clients with a positive screen should have a follow-up plan documented, including a referral to a qualified practitioner, pharmacological interventions, or other appropriate support or follow-up.



Chlamydia Screening

The Centers for Disease Control and Prevention's [chlamydia screening recommendations](#) include testing all sexually active females under 25 years of age as well as sexually active men younger than age 25 in areas with a high number of chlamydia cases each year. In addition, all men 13 years and older who have sex with other men should receive annual screening.

Learn more about QI improvement ideas in our [Clinical Performance Measures QI Toolkit](#).

Business Sustainability

Business Sustainability in SBHCs is all about “keeping the lights on” so that students can continue to receive care in a place and way that is convenient for them. SBHCs should aim to serve as much of the student and school population as possible, have services reimbursed by third parties, and operate smoothly and efficiently. Demonstrating sustainability helps SBHCs convey long-term success and that they will be a reliable, ongoing resource to their school community.



Utilization

Three interdependent strategies support high SBHC use: 1) strong school partnerships, 2) strong student and family engagement, and 3) effective marketing and awareness of SBHC services. The SBHC and school staff each play a critical role in maximizing utilization.



Reimbursement

SBHCs should seek to have the cost of services offset by reimbursement when possible. To make this effective, efforts should include staying up to date on 1) consent, 2) insurance status verification, and 3) coding, billing, and collections.



Efficiency

To maximize the percentage of total available appointments SBHCs should support staff working at the top of their licensure or job descriptions and the implementation of an effective appointment system that allows providers to be agile as priorities change.


Visit our [Sustainable Business Practices Toolkit](#) to explore more related to these topics.

What part of care do you want to improve? SBHC clinical quality measures

Standardized Performance Measures for SBHCs

The following tables explain each of the five performance measures selected and refined through a collaborative process with experts from the field. SBHA prioritized alignment with existing performance measures in the selection process in addition to their sensitivity to school-based health interventions; importance to the SBHC field; feasibility of data documentation and reporting; and usability to providers, families, educators, payers, and policymakers for quality improvement and advocacy. These definitions tailored to fit the SBHC context, particularly the school year calendar and student population turnover, were piloted and adopted by pioneering SBHCs before being adopted nationally. These measure definitions include student-patient population numerators and denominators, alignment with other data collection efforts, and claim/encounter codes relevant to each measure.



 Learn more about [Developing National Standardized Performance Measures for School-Based Health Centers: The National Quality Initiative.](#)

The following general definitions apply throughout:

- **School year:** 12 months from July 1-June 30 (i.e., the 2023-24 school year is July 1, 2023-June 30, 2024).
- **Unduplicated SBHC clients:** An unduplicated count of students who had at least one visit (of any type) to the SBHC during the school year.
- **SBHC visit:** A visit to the SBHC to receive any service. Include face-to-face encounters, telehealth visits, group services, and first aid/triage visits. Each SBHC client may have multiple visits to the SBHC.

Client and Visit Data

Client And Visit Data	
Unduplicated clients	The total number of unduplicated clients who had at least one visit (of any type) to the SBHC during the school year.
Unduplicated clients by age	The total number of unduplicated clients who had at least one visit to the SBHC during the school year stratified by age. Categories: 0-2 years; 3-11 years; 12-17 years; 18-21 years; and 22 years and over.
Unduplicated SBHC clients by gender	The total number of unduplicated clients who had at least one visit to the SBHC during the school year stratified by gender (i.e., male, female, other).
Total visits	The total number of visits provided to SBHC clients during the school year. These visits can include drop-in visits for first aid or triage, dental visits, health education, etc.

Annual Well-Child Visit

Annual Well-Child Visit			
Definition	Percentage of unduplicated SBHC clients ages 0-21 years with at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the school year, regardless of where the exam occurred, including documentation of: <ul style="list-style-type: none"> • Health and developmental history AND • Physical exam AND • Health Education/ anticipatory guidance. 		
Numerator	<table border="1"> <tr> <td>Number of unduplicated SBHC clients ages 0-21 with at least one comprehensive well-care visit provided by the SBHC during the school year.</td> <td>Number of unduplicated SBHC clients ages 0-21 with least one comprehensive well-care visit provided by a non-SBHC provider during the school year.</td> </tr> </table>	Number of unduplicated SBHC clients ages 0-21 with at least one comprehensive well-care visit provided by the SBHC during the school year.	Number of unduplicated SBHC clients ages 0-21 with least one comprehensive well-care visit provided by a non-SBHC provider during the school year.
Number of unduplicated SBHC clients ages 0-21 with at least one comprehensive well-care visit provided by the SBHC during the school year.	Number of unduplicated SBHC clients ages 0-21 with least one comprehensive well-care visit provided by a non-SBHC provider during the school year.		
Denominator	Number of unduplicated SBHC clients with at least one visit of any type to the SBHC during the school year.		
Source	HEDIS Child and Adolescent Well-Care Visits (W30, WCV)		
Age Range	0-21 years old		
Suggested Claim/ Encounter Codes	<ul style="list-style-type: none"> • CPT: 99381-99385, 99391-99395 • ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.05, Z00.08, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 		
Inclusion/ Exclusions	The numerator should not include standard or traditional sports physicals unless the sports physical is part of a comprehensive well-child visit.		

Risk Assessment

Risk Assessment		
Definition	Percentage of unduplicated SBHC clients with \geq one age-appropriate annual risk assessment during the school year.	Percentage of unduplicated SBHC clients ages 12 and above with \geq one age-appropriate annual risk assessment during the school year (<i>optional</i>).
Numerator	Percentage of unduplicated SBHC clients with documentation of \geq one age-appropriate annual risk assessment during the school year.	Percentage of unduplicated SBHC clients ages 12 and above with documentation \geq one age-appropriate annual risk assessment during the school year.
Denominator	Number of unduplicated SBHC clients with at least one visit (of any type) to the SBHC during the school year.	Number of unduplicated SBHC clients ages 12 and above with at least one visit (of any type) to the SBHC during the school year.
Source	AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule , and Coding for Pediatric Preventive Care, 2022	
Age Range	SBHC client population age range	
Suggested Claim/Encounter Codes	<ul style="list-style-type: none"> • CPT: 96160, 96127, 96160 • ICD-10: Z13.9, Z13.4 	

Body Mass Index (BMI) Screening with Nutrition and Physical Activity Counseling

Body Mass Index (BMI) Screening With Nutrition And Physical Activity Counseling		
Definition	Percentage of unduplicated SBHC clients aged 3-17 with documentation of the following at least once during the school year: <ul style="list-style-type: none"> • BMI percentile AND • Counseling for nutrition AND • Counseling for physical activity 	Percentage of unduplicated SBHC clients aged 3-17 with BMI \geq 85th percentile with documentation of the following at least once during the school year: <ul style="list-style-type: none"> • BMI percentile AND • Counseling for nutrition AND • Counseling for physical activity
Numerator	Number of unduplicated SBHC clients aged 3-17 with documentation BMI percentile AND counseling for nutrition AND counseling for physical activity during the school year.	Number of unduplicated SBHC clients aged 3-17 with a BMI \geq 85 percentile AND counseling for nutrition AND counseling for physical activity during the school year.
Denominator	Number of unduplicated SBHC clients aged 3-17 years who had at least one visit of any type to the SBHC during the school year.	Number of unduplicated SBHC clients aged 3-17 years with a BMI \geq 85 percentile during the school year.
Source	CMS Clinical Quality Measures (CMS155v12) , UDS Clinical Quality Measures 2022	
Age Range	3-17 years	
Suggested Claim/Encounter Codes	BMI Screenings (ICD-10): <ul style="list-style-type: none"> • BMI = >5% (underweight): Z68.51-Z68.54 AND R63.6 • BMI = 5-84% (normal weight): Z68.52 • BMI = 85-94% (overweight): Z68.53 AND E66.3 for Overweight • BMI = > 95% (obese): Z68.54 AND either E663.9 for Obese OR E66.01 for Morbid Obese Dietary Counseling: Z71.3 or 97802-97804 (CPT) Exercise Counseling: Z71.82	

Body Mass Index (BMI) Screening With Nutrition And Physical Activity Counseling	
Additional Definitions	BMI: A statistical measure of the weight of a person scaled according to height BMI Percentile: The percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the patient's BMI number among others of the same gender and age

Depression Screening and Follow-up

Depression Screening and Follow-Up			
Definition	Percentage of unduplicated SBHC clients aged ≥ 12 years with documentation of the following at least once during the school year: <ul style="list-style-type: none"> Screened for clinical depression using an age-appropriate standardized tool AND Follow-up plan documented if the screen is positive 		
Numerator	Number of unduplicated SBHC clients aged ≥ 12 years with documentation of screening for clinical depression using an age-appropriate standardized tool during the school year.	Number of unduplicated SBHC clients aged ≥ 12 years with a positive depression screen documented during the school year.	Number of unduplicated SBHC clients aged ≥ 12 years with a positive depression screen AND follow-up plan documented during the school year.
Denominator	Number of unduplicated SBHC clients aged ≥ 12 years who had at least one visit of any type to the SBHC during the school year.		
Source	CMS Clinical Quality Measures (CMHS2v13) , UDS Clinical Quality Measures 2022		
Age Range	≥ 12 years		
Suggested Claim/ Encounter Codes	ICD-10: Z13.89 CPT-II= 3725F; 99420; G8431 (positive screen); G8510 (negative screen)		

Chlamydia Screening

Chlamydia Screening		
Definition	Percentage of unduplicated SBHC clients (male or female) identified as sexually active who had \geq one test for chlamydia documented during the school year	
Numerator	Number of unduplicated male SBHC clients identified as sexually active who had \geq one test for chlamydia documented during the school year.	Number of unduplicated female SBHC clients identified as sexually active who had \geq one test for chlamydia documented during the school year
Denominator	Number of unduplicated male SBHC clients identified as sexually active during the school year	Number of unduplicated female SBHC clients identified as sexually active during the school year
Source	CMS Clinical Quality Measures (CMS153v12) , HEDIS Chlamydia Screening in Women (CHL) , CDC STI Treatment Guidelines	
Age Range	SBHC client population age range	
Suggested Claim/ Encounter Codes	ICD-10: Z11.8, Z11.3	

SBHCs play a unique role in health care delivery and often operate differently and with different metrics than other locations operated by the same organization. Some SBHCs have found new ways to “talk data” with their sponsoring agencies and health plans by leveraging the NPM measures to communicate the focus of SBHCs and the fundamentals of quality care for students. These measures capture how SBHCs are performing by centering performance around the total number of students in the school or eligible to receive services, those with permission to use (are enrolled in the SBHC), and those who are engaged in SBHC services with at least one visit during the school year (clients).

How do we do QI in an SBHC? (SBHA’s Approach to QI and Team Learning)

Start with a Strong Foundation

The first step to success is to form a team with members motivated to learn how to try new things to identify smoother work processes that deliver better results for staff and students. You’ll need to agree upon a shared vision about the importance of your work, garner buy-in at multiple levels, closely examine the measures’ definitions, and plan small experiments to see what works and what doesn’t. This groundwork will set you up for success from the outset!

If you’re in a state with a State Affiliate and/or state government office that funds SBHC programs, let them know you’re engaging in QI work. They may be able to provide additional support to your team.

Who should be on your QI team?

Each QI team is unique, bringing together the insights and experiences of its members. It’s critical to engage the people who are excited by and want to be involved in the project. At the same time, keeping the QI team small, effective, and manageable is beneficial. A typical QI team has between five and seven people filling the following roles who interact with your SBHC in different ways and contribute various perspectives and areas of control. Many SBHCs have few staff members overall; a team of three can still get much done. Sometimes, one person fills more than one of these roles, but someone must fill each for the team to succeed and enjoy themselves.

1. **Clinical Leader:** Teams need someone with enough authority in the organization to test and implement a change suggested by the QI team. The team’s clinical leader understands the clinical implications of proposed changes and the consequences that such a change might trigger in other parts of the system.
2. **QI Team Leader:** A QI leader drives the project, assuring that tests are implemented and overseeing data collection. This person must understand the system’s details and the various effects of making change(s). They ensure that changes and tests happen and oversee data collection to see what changes are working and which are not. This person also needs to work effectively with the clinical leader(s).
3. **Sponsor Representative:** A sponsor representative brings the authority to implement change and approves allocating time and resources necessary to help the QI teams implement change and achieve their aim. The sponsor representative supports those boots on the ground doing the QI work, troubleshoots, and helps determine which changes the SBHC should implement. They may lead the spread of improvement to other areas in their program.

4. **Data lead:** This team member is responsible for managing relevant data extraction, evaluating performance data each month, and sharing findings with the QI team. The data lead also collects indicators that implemented changes are working. This person identifies what information exists in an established data collection mechanism (EHR) and what teams must track in another system or another way. They help determine the best and most efficient way to measure if the changes are driving improvements.
5. **Technical experts:** These are other staff who know the topic areas well and understand the care processes at the SBHC. They help execute tests of change. Consider the SBHC’s front desk staff, medical assistants, and others involved in daily work processes and patient interaction.
6. **SBHC Clients/Users:** You should also consider how to engage youth and/or parents in your QI process, depending on the population your SBHC serves. While they may not be involved in testing a clinical change, their voice can help ensure that changes will meet the needs of students and may save you from implementing something that works for staff but not for those served by your SBHC. Some SBHCs regularly involve their Youth Advisory Council members or parent members of their SBHC Advisory Committee throughout their QI work. However, in many SBHCs, taking an “ask one now” approach may make more sense, casually running the change idea by a student in the waiting area or the next student appointment. This approach helps your QI team get immediate feedback so that they quickly test or modify their idea. Learn more about involving youth in your SBHC in [Lead the Way: Engaging Youth in Health Care](#).

“One of the things that we'd like to do more of is going back to our frontline staff ... they are the ones that do the work they are the ones that are hands on and sometimes they see things that we overlook ... we're in this together. – SBHC Sponsor Representative, California”

Thought or Discussion Questions
<p>Whose buy-in do you need to prioritize Quality Improvement at your SBHC? Who will OK the time and resources needed to engage in QI work?</p>
<p>Who should be on the SBHC QI team? Who will fill each of the roles above?</p> <ul style="list-style-type: none"> • Clinical Leader: • QI Team Leader: • Sponsor Representative: • Data Lead: • Technical Experts: • Other:
<p>How will the client’s voice be represented?</p> <ul style="list-style-type: none"> • How have clients (students or parents) been engaged in your SBHC previously? What worked well? What was challenging? • What are the advantages or disadvantages of involving advisory council/committee members in SBHC QI? • What are the advantages or disadvantages of using an “ask one now” approach?

What does your current data tell you?

Dig into your sustainability and quality measure data for the last school year. The data will give you a sense of how many students have permission to use the SBHC, how many of those your SBHC is seeing, and for what services. Consider a brief SWOT analysis to gather details from your team regarding Strengths, Weaknesses, Opportunities, and Threats related to your work.

Thought or Discussion Questions

What is going well?

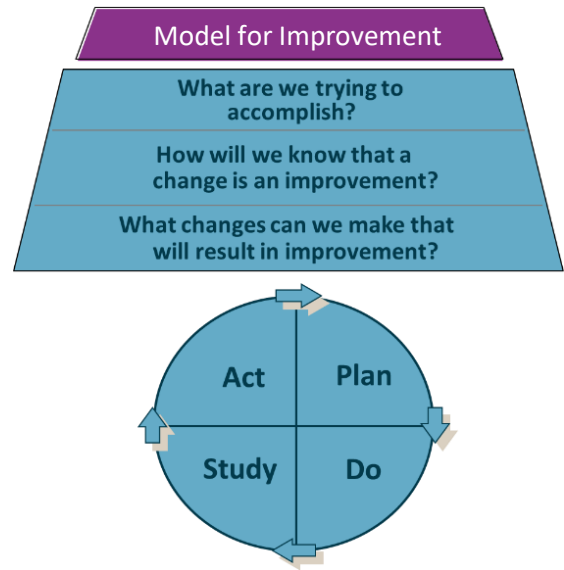
- What measures are going well for us?
- Are measures better for specific populations than others?

What opportunities exist?

- What measures show a low reach/student impact?
- Is this accurate for your SBHC? If not, does this indicate errors or inconsistencies in coding and reporting?

Which improvement areas should you prioritize?

Based on your previous data, prioritize one or two measures your SBHC would like to improve. The decision is clear for some teams, but others may need time to discuss and settle on where they'd like to start. Using your previous data, explore what opportunities and barriers exist to improvement on each measure.



What improvement area will be the focus of your QI work?

- How much motivation is there to address each measure? (QI work requires effort and commitment—what topic is a priority for the team?)
- Which measure would have the most impact if improved?

This year we are going to work on (pick one or two):

<input type="checkbox"/> Well-Child Visit	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> BMI w/ Nutrition and Physical Activity Counseling	<input type="checkbox"/> Depression Screening	<input type="checkbox"/> Chlamydia Screening
<input type="checkbox"/> Utilization (Registered Users, Visit Volume)	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Efficiency		

Set an Aim

Commit clearly to what your SBHC team will achieve over the school year. Consider using the **SMARTIE** approach to setting your aim. Refer to the Appendix for an Aim Statement worksheet if your team is new to aim setting or draft your aim in the table on page 12.

Aim Setting

What measure are you focused on?

For which students?

By how much?

By when?

Our QI aim is to:

Example Aim Statement:

By the end of the school year on June 10 (eight months from now), we will improve care compared with last school year by:

- Increasing the number of enrolled students by 25%, and
- Increasing the percentage of enrolled and eligible students with a documented Risk Assessment from last year's 43% to 65% or more and a Well-Child Visit from last year's 37% to 65% or more.

Note: Your aim statement doesn't need to follow this formula exactly and does not need to encompass this many performance measures.

Set Up Your EHR

Adapting your EHR to capture the data you'll need to report performance measures can be challenging for SBHC programs. Besides becoming friendly with your EHR/IT department, here are some tips to help you navigate that process.

- **Verify that procedure/diagnosis codes are in the EHR:** Entering performance measure data into an EHR allows SBHC programs to query and later extract the data. The first step is to verify that all necessary Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes are in the EHR. View the recommended CPT and ICD codes for the National Performance Measures [here](#).
- **Convert text fields** such as notes, narratives, free text, and comment fields **to discrete fields or observational terms so you can query and tabulate your data:** The performance measure definitions include some data points typically entered as free text. These include:
 - Well-child visits provided by non-SBHC providers
 - Depression follow-up plans and dates
 - Sexual activity data
- **Build customized reports and data queries:** With customized reports and accurate queries, you can extract data for analysis in Excel and other software programs. Rather than requesting a report that tabulates the performance measures, request data elements broken down into small, separate items, including all CPT and ICD codes associated with a visit. From here, the team can easily adjust parameters and dig into a specific population or service type if needed. The QI team will likely want to explore data by setting up service dates, client age ranges, and client gender so you can specify various data ranges and sub-groups.

You know that some of these numbers and some of this information is just eye opening and it really allows us to see you know the areas that we really need to kind of you know to work on.

– SBHC provider, California

Does this change work? (Test a change)

The next step is to test a change related to your aim for one of your improvement measures. This test should be something small, soon, short, and specific. Rather than completely modifying the SBHC's service model, narrow down the focus of the test to something with an impact that is clear. This process enables your SBHC QI team to identify if something works and then tweak and retest as needed before implementing broadly.



I have always considered like a QI project to be like *a project* but now we can do you know little quality improvement projects throughout our (SBHC) program so I was really excited about that. – SBHC Staff, New York



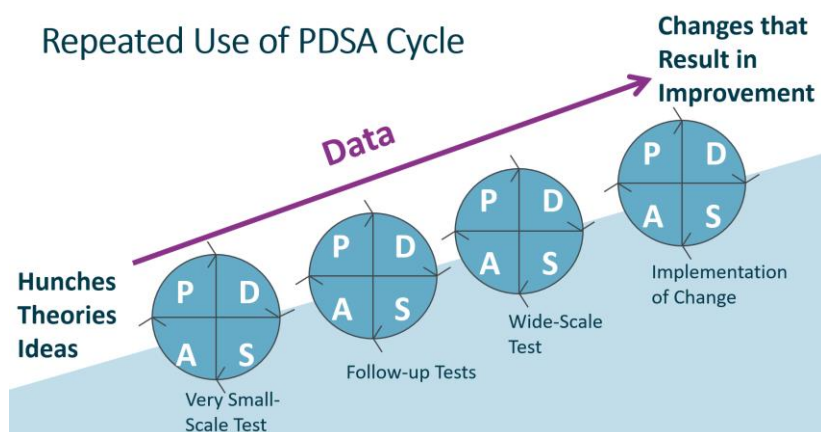
Most QI teams struggle initially to understand how small and short a good test is: Start with one patient visit or one day. If your QI team is testing a response to student outreach, you may need a week to capture the response. The idea of a PDSA test is that it does not disrupt regular care. It's a real-world experiment to see if something works. If it works, your team can decide to change care processes for everybody for all visits, all outreach efforts, or the topic of interest.

Refer to the Appendix for a PDSA form:

- Limit the test to a **small** group of players actively involved in the work. Usually, this means one to three SBHC staff members trying something with one to 10 clients.
- Use **specific** questions to evaluate what you're testing. You might ask:
 - Did the task get done?
 - Did the client find it helpful?
 - Did it fit into the visit flow and time available?
- **Soon:** "What can we test (or get started) by next Tuesday?"
- **Short:** One SBHC, one day, one week


Use Plan-Do-Study-Act (PDSA) cycles as the process for testing a change. The components of this are to:

1. **Plan** the test, including why this test is happening and the expected outcomes, along with which SBHC staff are involved, what they'll be doing and when, and the data that will be collected so you know if the change was a success.
2. **Do** the test. Keep notes of any barriers, realizations, or observations.
3. **Study** the results. Consider what your team learned from this test, what the data show, and how it aligns with the expected outcome from the Plan stage.
4. **Act** on what you learned. Does it make sense to adopt this change? Are there adaptations that would make this change more successful for the SBHC staff and clients? Should you never do this again and go in a completely different direction?




The QI team needs time, space, and flexibility to test and learn during this process. It is just as important, if not more, to learn what does *not* work as well as what does. Provide regular updates about the testing, but don't train everybody until you know the change works. Enlist more people in late-stage PDSAs: "Will you try this and let us know how it works before we implement it fully?"

QI Process
What went well for your QI team?
What barriers or challenges did you experience?

 Find more resources on PDSAs and the Model for Improvement from the Institute for Healthcare Improvement [here](#).

Is this change an improvement? (Track findings)

As the SBHC implements PDSAs, the QI team should track data related to the aim and performance improvement area to understand the big-picture impact of the implemented changes. One way to do this is by using run charts to graph the data over time and looking at trends and patterns around the median. This approach will allow the QI team to explore whether the changes are actual improvements. While the results of PDSA might indicate improvement at the time of the test, it is essential to step back and see if that change holds over time. For most changes, anywhere between 15 and thirty-time points will be enough to visualize changes. When choosing a period for measurement, consider the nature of your change. The more direct the change is to your service offering and aim, the more likely you will see the change quickly. Changes to marketing or consent processes will take longer to impact the NPM related to your aim.

 Use our [Run Chart Template](#) to sketch your data by hand, or download an [Excel Template from IHI](#) for more detailed output.

What does your data tell you?
How much closer or farther are you from your aim?
How do you know the change has or has not resulted in continued improvement?
What are some possible reasons the change did or did not work long-term?
What are some possible reasons why the team did or did not adhere to the change?

How can you sustain and spread changes?

Once the QI team has determined that a change is an improvement, the next challenge is sustaining the gain, which relies on spreading and adapting existing knowledge to multiple settings to accomplish a common aim. **Keep changes going. Create habits to establish a new normal** of new care processes and perhaps new roles **while communicating progress** to keep your team motivated and proud of the impact on student health and well-being.

Next, **spread** changes to scale. Take changes tested and implemented in one team or SBHC to all staff within an SBHC and/or to additional SBHCs. Follow these steps:

“

... we all had this one and goal, which was ultimately to serve students.
– SBHC sponsor representative, DC

”

1. Gain commitment from the team or SBHC that is adopting the spread ideas.
2. New teams test only implemented changes to see how they work and tweak them for their specific environment. Do NOT start over with a complete list of ideas.
3. SBHC Leadership (usually the Sponsor Representative) monitors changes and decides what to standardize versus what variation is

good. While SBHCs must have standard policies and procedures based on promising practices, each SBHC is different. Allowing some flexibility with operationalization is essential for letting SBHCs meet their needs and those of their school and student population.

4. Then, move into Sustainability practices among the new team or at the new SBHC.

To optimize the impact of spread:

- Get specific with a Spread Aim, then make a plan.
- Recruit a champion at each new SBHC who can liaise with their team to implement changes smoothly.
- Have measurement under way as you begin spread changes to demonstrate collective and SBHC-level impact.
- Prepare for difficult conversations. When employees are invested deeply in their work and efforts, they may perceive exploring the opportunities for quality improvement as threatening, dismissive, or unnecessary. Be comfortable acknowledging this discomfort, finding opportunities for input, or using a focused conversation method to recognize concerns, align values, promote buy-in, and develop tangible action steps. SBHC staff often have a common goal of serving students better.



Change Concepts

If your QI team is having difficulty determining an aim or identifying changes, consider the change concepts beginning on page 16 and test the implementation of a tiny idea related to these changes.

How can our SBHC be sure we're meeting health care needs? (Complete Care)



By converting acute care visits to comprehensive well-child visits, we are providing better care to children. More importantly, myself and my colleagues are getting so much more out of work personally because we are spending more time with patients and learning more about their challenges. A win-win for all.

– SBHC Provider, Colorado



1. Convert acute visits and sports physicals to WCV.
2. Establish due date alerts at the patient level.
 - Calls and target outreach to those overdue for WCV/vaccinations.
3. Exchange screenings data with community PCPs.
 - Create a discrete field in EHR to track external WCVs.
4. Within a WCV, include a risk assessment, BMI screening with nutrition and physical activity counseling, and depression and chlamydia screening as appropriate. For students receiving community based-WCV, consider integrating these services into their SBHC-delivered care.
5. Identify an area within the EHR where a provider can quickly reference previous screening dates and related outcomes during any visit.
6. Offer drive-through visits as feasible when in-person services are limited.

How can our SBHC reduce barriers to SBHC enrollment and visits? (Access to Care)

1. Set up an SBHC email address to streamline communications and create a consistent communication channel.
2. Promote the SBHC and services on social media.
3. Use online forms for consent documents and other paperwork.
4. Explore changing hours. If you work with high school students, consider offering appointment times later than the SBHC's typical hours to better align with teens' extracurricular schedules.
5. Use email and texting to remind students about appointments.
6. Offer virtual individual and group behavioral health visits.
7. When needed, complete all possible care virtually, with in-person second encounters, e.g., Well-Child Visits.



... to serve our students, we're connecting via social media with them. And you know that's one of those things that we have not tapped into and with young people it's what's in right now and it's the way to communicate with them and so we're exploring those options." – SBHC Manager, California



How can our SBHC integrate into the school community? (Engagement and Partnership)

1. Create videos or other engagement resources highlighting SBHC impacts, like [Seat Time Saved](#), to share with students, school staff, and caregivers
2. Engage in school teams and professional development.
3. Offer tours of the SBHC at the beginning of the school year.
4. Include consent forms in back-to-school paperwork.
5. Administer [Client Experience Surveys](#).
6. Visibility at open houses and other school-sponsored events, including sporting events, plays, and art shows.



Conclusion

Remember that making changes, even small ones, to SBHC service delivery is big work. Finding and creating joy in Quality Improvement makes the process easier and more enjoyable.

- Celebrate successes as a whole SBHC team.
- Rewards and recognition for individuals and teams.
- Use youth voice from your Youth Advisory Council or Client Experience Surveys as a guide and motivator.

Return to your QI aim and the mission of your work as needed. Stay focused on common ground and keep the work student-centered. The lessons learned throughout this process, especially the failures, help your SBHC effectively reach more youth with the health care that keeps them healthy and in school.



When I first started, I had no idea what I was doing, and no idea how to do a PDSA ... I thought it had to be some kind of big, huge change that I had to do and I was terrified of that, but these are little changes that can make such a big difference in the overall program. – Missouri SBHC Director



Learn more about QI improvement ideas in our [Clinical Performance Measures QI Toolkit](#) and [Sustainable Business Practices Toolkit](#).

Acknowledgement

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Appendix

SBHC SWOT ANALYSIS

STRENGTHS	
1.	
2.	
3.	

WEAKNESSES	
1.	
2.	
3.	

OPPORTUNITIES	
1.	
2.	
3.	

THREATS (CHALLENGES)	
1.	
2.	
3.	

SBHC QI Aim Statement Worksheet

We will improve _____
(High-level area, e.g., the health of our patients, operational efficiency, patient experience, etc.)

By _____
(Reducing/decreasing or raising/increasing, etc.)

(What will you reduce/decrease, raise/increase?)

From _____ to _____
(Baseline) (Target goal)

By _____
(Target date)

Example: *We will improve operational efficiency by decreasing visit cycle time from 65 minutes to 45 minutes by June 30, 2016.*


Improvement measures tracked monthly to measure progress toward Aim:

- 1.
- 2.
- 3.
- 4.
- 5.

SBHC QI Planning Worksheet

School-Based Health Center:			Date:
Category	Current	Goal	Comments
Sound Business Practices			
Total SBHC Enrollment – consents			
Total SBHC users (Unduplicated – at least one SBHC visit in the year)			
Total Number of Visits			
National Performance Measures			
Well-Child Visit			
Risk Assessment			
BMI			
Depression Screening			
Chlamydia Screening			

SBHC PDSA Worksheet

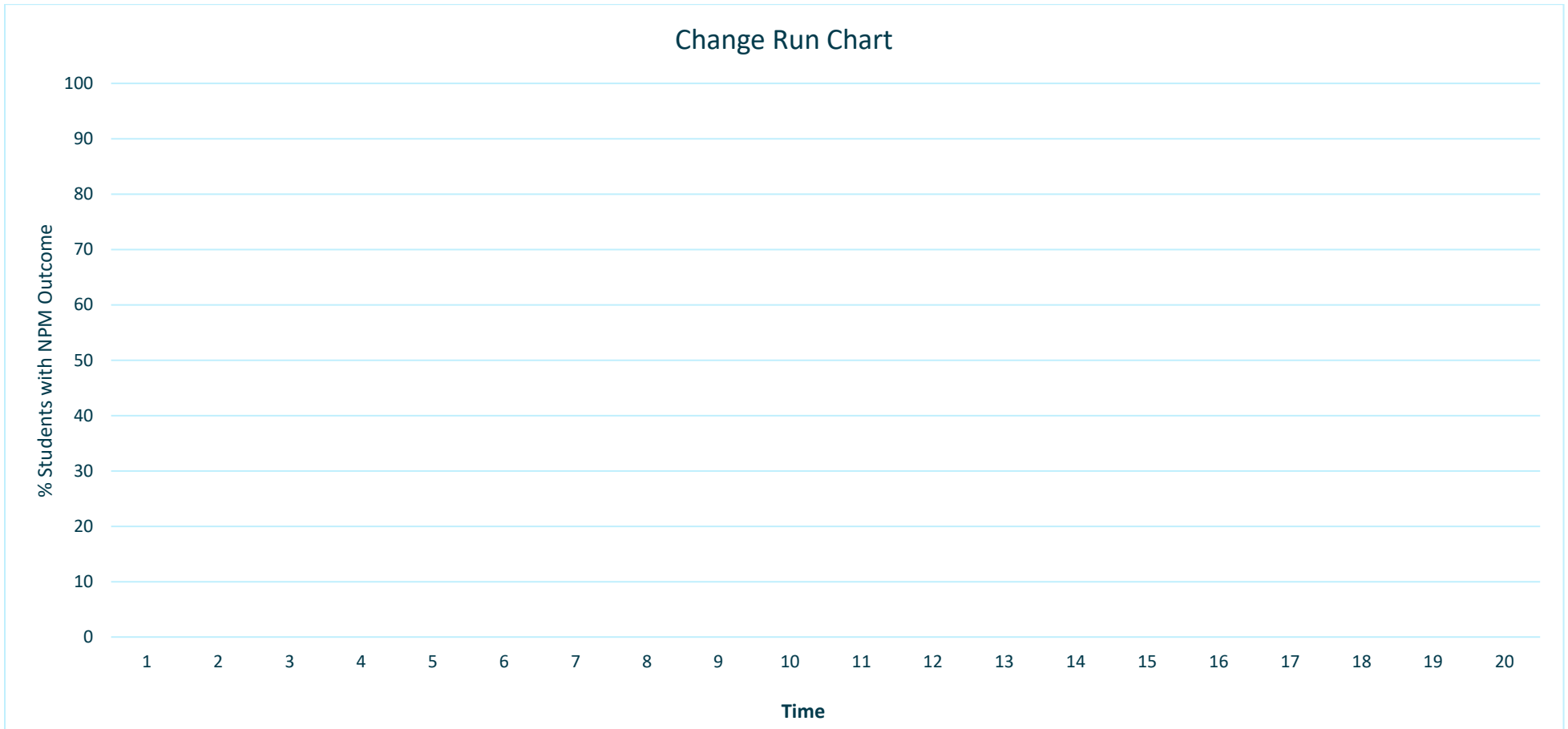
	<u>SBHC Name</u>	<u>Date of Test</u>	<u>Test Completion Date</u>																								
	Which change idea does this test?																										
	Which quality improvement priority (National Performance or Sustainability Measure) is the test related to?																										
<p>PLAN: What questions do you want this test to answer?</p> <p>Briefly describe the test:</p> <p>What do you predict will happen?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">List the tasks necessary to complete this test (what)</th> <th style="width: 20%;">Individual(s) responsible (who)</th> <th style="width: 20%;">When</th> <th style="width: 30%;">Where</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>How will you know that the change is an improvement? Plan for collection of data:</p>		List the tasks necessary to complete this test (what)	Individual(s) responsible (who)	When	Where	1.				2.				3.				4.				5.				<p>DO: Test the changes. Was the cycle carried out as planned? <input type="checkbox"/> Yes <input type="checkbox"/> No Record data and observations.</p> <p>What did you observe that was not part of our plan?</p> <p>STUDY: Did the results match your predictions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Compare the result of your test to your previous performance:</p> <p>What did you learn?</p> <p>ACT: Decide to Abandon, Adapt, Adopt</p> <p><input type="checkbox"/> <u>Abandon</u>: Discard this change idea and try a different one.</p> <p><input type="checkbox"/> <u>Adapt</u>: Improve the change and continue testing. Describe what you will change in your next PDSA.</p> <p><input type="checkbox"/> <u>Adopt</u>: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability</p>	
List the tasks necessary to complete this test (what)	Individual(s) responsible (who)	When	Where																								
1.																											
2.																											
3.																											
4.																											
5.																											

SBHC PDSA Tracker

	PLAN			DO		STUDY	ACT
PDSA Cycle No.	Change Idea	What do you predict will happen?	How will you assess the results?	Date(s) of test	Notes	What did you learn about the value of this idea?	What now? Adapt? Adopt? Abandon?
1							
2							
3							
4							
5							

SBHC Run Chart Template

1. Plot the percentage of SBHC clients with the NPM related to your aim (on the Y axis) at several time points (on the X axis) appropriate for the change you are implementing.
2. Calculate the median percentage of SBHC clients with the NPM of interest. Draw this as a straight line across the chart.
3. Draw a straight line across the chart at the value of the goal from your aim statement.



SBHC Change Status Worksheet

Use this table to keep your QI focused and informed about the progress of different changes. What ideas are your SBHC testing, workshopping, and refining? Which are ready to become part of your standard practices? Are there ideas other SBHCs or groups in your network should test and implement to improve service delivery? Discuss as a QI team when to move to different stages of implementation.

Change Idea	Test through PDSAs	Sustain as standard practice	Spread to other teams/SBHCs	Notes