



PRIMARY CARE
COALITION OF
MONTGOMERY COUNTY

Montgomery Cares
Primary Care Coalition of Montgomery County, Maryland

Quality Assurance
2010 Clinic Review Report

Mary's Center for Maternal and Child Care

Site Review conducted on March 9, 2010

By

The Grant Group, LLC

Table of Contents

Section I

Site Review type.....	3
Clinic Information	3
2010 Baseline Results	4

Section II

Executive Summary	5
2009 and 2010 Comparison Score Grid	6
2009 and 2010 Comparison Maximum Score Grid.....	7
Administrative Section Summary.....	8
Administrative Section Line Graphs	9
Administrative Section Box Grid	11
Financial Section Summary.....	13
Financial Section Line Graphs	14
Financial Section Box Grid	17
Clinical Section Summary	18
Clinical Section Line Graphs.....	20
Clinical Section Box Grid	22

Section III

2010 Recommendations	23
Summary Comparison Graph.....	24
Appendix A.....	25

Section I

1. **Site Review type:** The Primary Care Coalition (PCC) has been contracted by the Montgomery County Department of Health and Human Services to conduct Quality Assurance activities as outlined in Montgomery Cares Service Provider Agreements. The Grant Group, LLC was contracted to provide a half day QA review of the Administrative, Financial and Clinical functions of the clinics utilizing selected standards based on primary care clinic practices. Mary's Center for Maternal and Child Care review was conducted on site on March 9, 2010 by Ms. S Orlene Grant, RN, BSN, MSN, President of The Grant Group and Ms. Judith Levy, RN, BSN, MSHA, Senior Health Consultant.

2. Clinic Information

- Mary's Center for Maternal and Child Care
8709 Flower Avenue, Silver Spring, MD 20901
- Lead Contact Person:
Gina Pistulka, RN, PhD, Chief Nursing Officer

List of participating Senior Staff

Chief Medical Officer	Mark R. Fracasso, MD, MBA, CPE
QI and Outcomes Manager	Bethany Sanders
Human Resources Manager	Andreina Pradas

2009 and 2010 Baseline Review

2009 Baseline Full Day Review	2010 Comparison – Half Day Review
<p>Administration</p> <p>-Mary’s Center has a comprehensive operational policy and procedure manual. Some of the policies on public health reporting and Department of Health resources refer to Washington DC’s Department of Health. Those policies do not reflect Montgomery County’s Department of Health and Human Services requirements or resources.</p>	<p>Administration</p> <p>-Policies and procedures have been revised to reflect Montgomery County Department of Health and Human Services requirements and resources.</p>
<p>-While credentials of providers were approved by the former Chief Operating Officer, request for provider privileges have not been forwarded to the Board for approval.</p>	<p>-The Chief Medical Officer has received written authority from the Board of Directors to approve provider clinical privileges.</p>
<p>-There is an active Quality Improvement Program in place. QI Committee minutes and reports detail areas for improvements and recommendations; however, it was difficult to track those actions to determine if there was improvement and how policies or practices were ultimately impacted.</p>	<p>-QI minutes reflect 360 degree outcomes of recommendations and how policies and procedures have been modified based on those outcomes.</p>
<p>-Specific disaster drills for the Silver Spring site have not yet been put into practice.</p>	<p>-Staff reported participation in disaster drills on a routine basis.</p>
<p>Financial</p> <p>- The Silver Spring clinic is incorporated into the overall Mary’s Center budget.</p>	<p>Financial</p> <p>-The clinic budget continues to be incorporated into the overall budget.</p>
<p>Clinical</p> <p>- Eight electronic health records were reviewed based on criteria established by PCC. There is no evidence of orientation of staff regarding charting requirements.</p>	<p>Clinical</p> <p>- Three electronic health records of Montgomery Cares patients were reviewed based on criteria established by PCC (five available records were for patients not served under Montgomery Cares).</p>
<p>-EHR documentation does reflect the lag time in specialty referrals that may be delayed for 3 months. The 3 month waiting period contributes to delays in diagnosis and treatment until requested testing or consultation is provided.</p>	<p>- There continues to be a 3 month delay in specialty referral, and shortage of mental health services impact care coordination. EHR documentation does reflect the lag time which contributes to delays in diagnosis and treatment</p>

Section II

Executive Summary

Strengths

- EHR/Practice Management systems are fully implemented
- EHR documentation reflects consistency in care, tracking of clinical results and review of medication and treatment compliance
- Utilization of corporate policies/procedures; medical protocols; senior staff support; financial support for new site.
- New employee orientation and on-going education programs on HIPAA and OSHA compliance.

Challenges

- Three month appointment delays for specialty referrals to Providence Hospital, Holy Cross Hospital, Sibley Hospital, Catholic Charities, Project Access and the Crisis Center.
- Securing adequate mental health services continues to be a challenge.

2009 and 2010 Comparison Score Grid

I. Administrative Section	2009	2010	II. Financial Section	2009	2010	III. Clinical Section	2009	2010
Part A: Governance	48	17	Financial Section	42	39	Part A: Clinical Systems	100	67
	98.0%	100%		100%	100%		95.2%	100%
IA. 1: 501 c or Publicly Funded Facility		2	II. 1: General Policies		6	IIIA. 1: Medical Records		43
IA. 2: Board Membership		2	II. 2: Montgomery County Eligibility		4	IIIA. 2: Clinical Competency of Staff and Providers		9
IA. 3: Board Function		4	II. 3: Revenue and Cash Receipts System		16	IIIA. 3: Clinical Tracking Systems		10
IA. 4: Board Structure		2	II. 4: Grant Accountability		4	IIIA. 4: Pharmacy Services		2
IA. 5: Strategic Planning		3	II. 5: Financial Statements		9	IIIA. 5: Pharmacy Services Compliance		3
IA. 6: Quality Improvement		2				Part B: Provision of Services	138	83
IA. 7: Privileging		2					63.0%	100%
Part B: Access to Care	56	69				IIIB. 6: Routine Clinical Services		28
	88.9%	100%				IIIB. 7: Preventive Services		3
IB. 8: Access to Care		8				IIIB. 8: Immunization Screening		8
IB. 9: Cultural Competency and Language Proficiency		8				IIIB. 9: Dental Health Care		3
IB. 10: Patient Rights and Responsibilities		4				IIIB. 10: Care of Chronic and Acute Diseases		12
IB. 11: Hours of Operation		3				IIIB. 11: Obstetrics/Perinatal Transition		2
IB. 12: After Hours Coverage		2				IIIB. 12: Utilization Review Process		6
IB. 13: Scope of Services Provided		27				IIIB. 13: Services to Homeless		5
IB. 14: Emergency Medical/Dental Services		1				IIIB. 14: Hospital Care Transition		1
IB. 15: Triage, Walk-Ins, and Phone Triage		1				IIIB. 15: Emergency Services Transition		7
IB. 16: Management Information Systems		15				IIIB. 16: Radiology Services		2
Part C: Management of Human Resources	135.5	105				IIIB. 17: Care Management		4
	98.9%	100%						
IC. 17: Operational/Personnel Policies and Procedures		12				IIIB. 18: Behavioral Health Services		2
IC. 18: Personnel Manual		27				Part C: Clinical Performance	NA	NA
IC. 19: Personnel Files		12					NA	NA
IC. 20: Life Support Training		2				IIIC. 19: Mammography Screening		NA
IC. 21: Clinical Staff		12				IIIC. 20: Cervical Cancer Screening		NA
IC. 22: Medical Director		12				IIIC. 21: Colorectal Cancer Screening		NA
IC. 23: Quality Improvement Program		28				IIIC. 22: Diabetic Retinal Exam		NA
Part D: Risk Assessment	80.5	111				IIIC. 23: Diabetic Foot Exam		NA
	97.0%	100%				IIIC. 24: Diabetes A1c		NA
ID. 24: Facility Safety		11				IIIC. 25: Diabetes Urine Protein Screening		NA
ID. 25: OSHA		14				IIIC. 26: Diabetes Cholesterol		NA
ID. 26: ADA		6				IIIC. 27: Diabetes BP Control		NA
ID. 27: CLIA/Lab Compliance		16				IIIC. 28: Hypertension BP Measured		NA
ID. 28: Hazardous Material		10				IIIC. 29: Hypertension BP Controlled		NA
ID. 29: Infectious Waste		2						
ID. 30: Medical and Administrative		3						
ID. 31: Credentialing System-FTCA		17						
ID. 32: Privileging Process-FTCA		2						
ID. 33: Risk Management Policies and Procedures-FTCA		9						
ID. 34: HIPAA		8						
ID. 35: Patient Safety		5						
ID. 36: Approved Abbreviations		1						
ID. 37: Emergency Preparedness		7						
ADMINISTRATIVE:	320	302	FINANCIAL:	42	39	CLINICAL:	238	150
96.4% vs 100%			100% vs 100%			70% vs 100%		

NOTE: Eliminated/refined descriptors based on clinic feedback and review. Significantly streamlined MIS and Pharmacy sections. Consolidated descriptors for Credentialing, Privileging, CLIA, OSHA, HIPAA, ADA, Board of Directors, FTCA, Facility Risk and Patient Safety. 14 descriptors eliminated during review process (see Appendix A).

2009 and 2010 Maximum Score Grid

I. Administrative Section	2009	2010	II. Financial Section	2009	2010	III. Clinical Section	2009	2010
Part A: Governance	49	17	Financial Section	42	39	Part A: Clinical Systems	105	67
IA. 1: 501 c or Publicly Funded Facility		2	II. 1: General Policies		6	IIIA. 1: Medical Records		43
IA. 2: Board Membership		2	II. 2: Montgomery County Eligibility Documentation		4	IIIA. 2: Clinical Competency of Staff and Providers		9
IA. 3: Board Function		4	II. 3: Revenue and Cash Receipts System		16	IIIA. 3: Clinical Tracking Systems		10
IA. 4: Board Structure		2	II. 4: Grant Accountability		4	IIIA. 4: Pharmacy Services		2
IA. 5: Strategic Planning		3	II. 5: Financial Statements		9	IIIA. 5: Pharmacy Services Compliance		3
IA. 6: Quality Improvement		2				Part B: Provision of Services	219	83
IA. 7: Privileging		2				IIIB. 6: Routine Clinical Services		28
Part B: Access to Care	63	69				IIIB. 7: Preventive Services		3
IB. 8: Access to Care		8				IIIB. 8: Immunization Screening		8
IB. 9: Cultural Competency and Language Proficiency		8				IIIB. 9: Dental Health Care		3
IB. 10: Patient Rights and Responsibilities		4				IIIB. 10: Care of Chronic and Acute Diseases		12
IB. 11: Hours of Operation		3				IIIB. 11: Obstetrics/Perinatal Transition		2
IB. 12: After Hours Coverage		2				IIIB. 12: Utilization Review Process		6
IB. 13: Scope of Services Provided		27				IIIB. 13: Services to Homeless		5
IB. 14: Emergency Medical/Dental Services		1				IIIB. 14: Hospital Care Transition		1
IB. 15: Triage, Walk-Ins, and Phone Triage		1				IIIB. 15: Emergency Services Transition		7
IB. 16: Management Information Systems		15				IIIB. 16: Radiology Services		2
Part C: Management of Human Resources	137	105				IIIB. 17: Care Management		4
IC. 17: Operational/Personnel Policies and Procedures		12				IIIB. 18: Behavioral Health Services		2
IC. 18: Personnel Manual		27				Part C: Clinical Performance	16	9
IC. 19: Personnel Files		12				IIIC. 19: Mammography Screening		1
IC. 20: Life Support Training		2				IIIC. 20: Cervical Cancer Screening		NA
IC. 21: Clinical Staff		12				IIIC. 21: Colorectal Cancer Screening		NA
IC. 22: Medical Director		12				IIIC. 22: Diabetic Retinal Exam		1
IC. 23: Quality Improvement Program		28				IIIC. 23: Diabetic Foot Exam		NA
Part D: Risk Assessment	83	111				IIIC. 24: Diabetes A1c Management		2
ID. 24: Facility Safety		11				IIIC. 25: Diabetes Urine Protein Screening		1
ID. 25: OSHA		14				IIIC. 26: Diabetes Cholesterol Screening		1
ID. 26: ADA		6				IIIC. 27: Diabetes BP Control		2
ID. 27: CLIA/Lab Compliance		16				IIIC. 28: Hypertension BP Measured		NA
ID. 28: Hazardous Material		10				IIIC. 29: Hypertension BP Controlled		1
ID. 29: Infectious Waste		2						
ID. 30: Medical and Administrative Equipment		3						
ID. 31: Credentialing System-FTCA		17						
ID. 32: Privileging Process-FTCA		2						
ID. 33: Risk Management Policies and Procedures-FTCA		9						
ID. 34: HIPAA		8						
ID. 35: Patient Safety		5						
ID. 36: Approved Abbreviations		1						
ID. 37: Emergency Preparedness		7						
Mary's Administrative Total	332	302	Mary's Financial Total	42	39	Mary's Clinical Total	105	150

Administrative Section Summary

Governance Standards

- Organization meets legal requirements for 501(c)3
- Organization has a Board of Directors that meets regularly.
- Organization has by-laws.
- Organization has a strategic plan.
- Organization has a process to approve privileging and to review QI activities.

Comments: The Chief Medical Officer has received written authority from the Board of Directors to approve provider clinical privileges.

Access to Care Standards

- Organization is accessible to their target population physically, linguistically, and culturally.
- Hours of operation promote easy access to care.
- Scope of services aligns with Montgomery Cares vision and meets patient's primary care needs.
- Patients are easily able to reach and communicate with clinic staff by phone and in person.
- Policies address access to care after normal operation hours.
- Management Information Systems provides adequate data, documentation and information access.

Comments: EHR documentation reflects the lag time in specialty referrals that may be delayed for 3 months. The 3 month waiting period contributes to delays in diagnosis and treatment until requested testing or consultation is provided. Some clinical tracking issues exist around preventive care.

Management of Human Resources Standards

- Employee and Volunteer Policies are written and provided to each employee and volunteer.
- Written personnel policies comply with applicable local, state, federal labor regulations.
- Operational Policies cover all aspects of day-to-day operations.

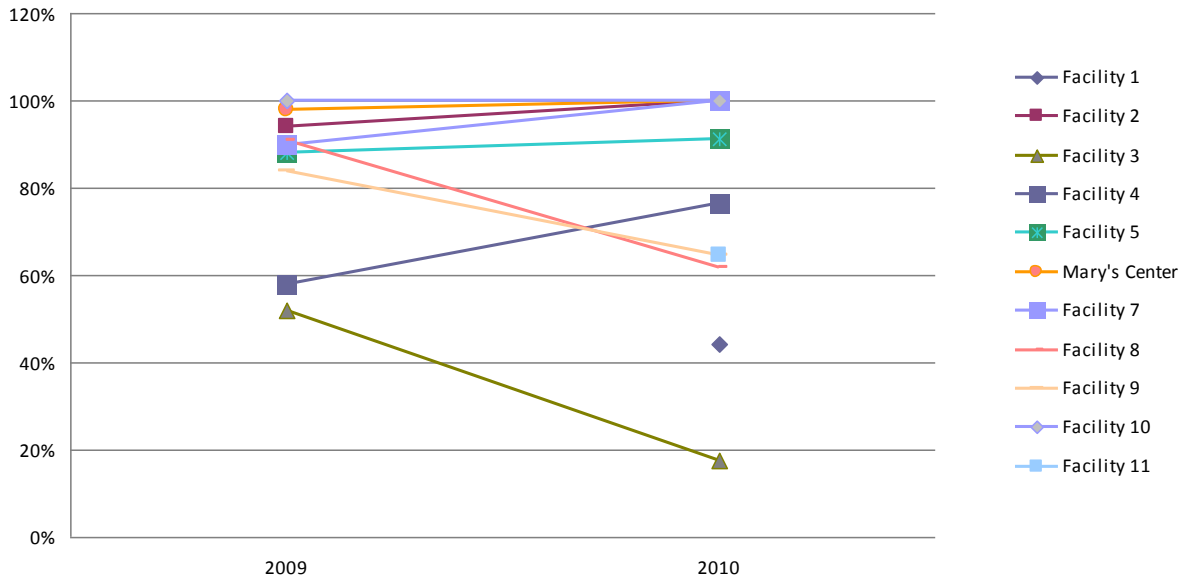
Comments: No comments

Risk Assessment Standards

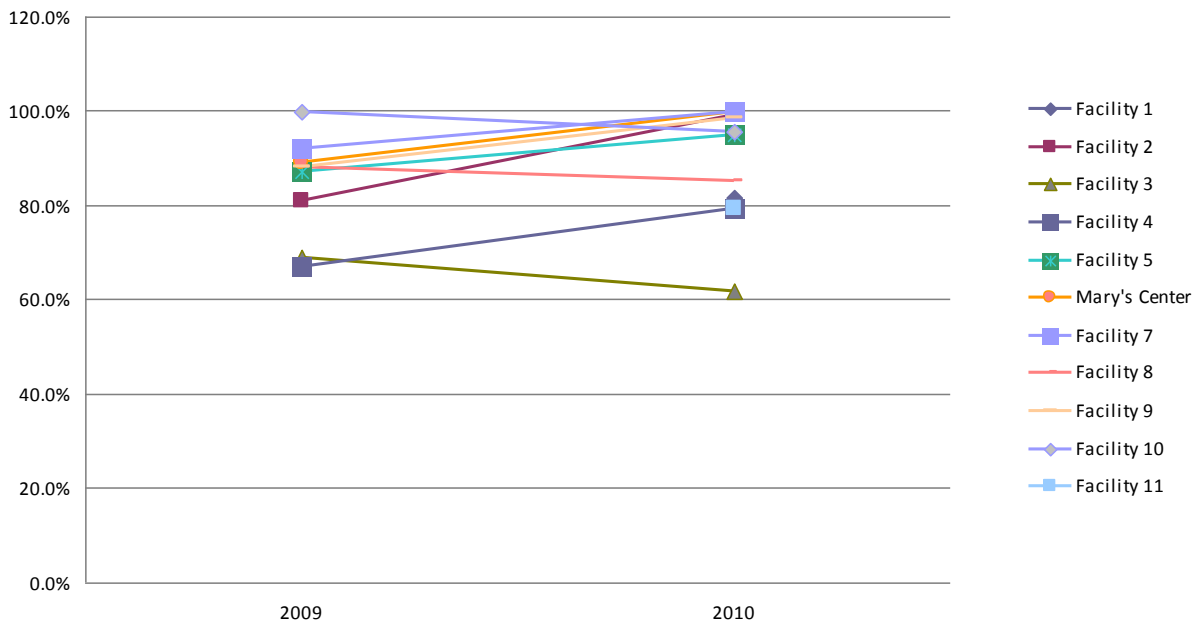
- Systems are in place to assure a safe work environment for patients, providers, and staff.
- Clinic complies with federal and local law.
- Environment is safe and conducive to high quality care.
- Staff is competent and qualified.

Comments: No comments

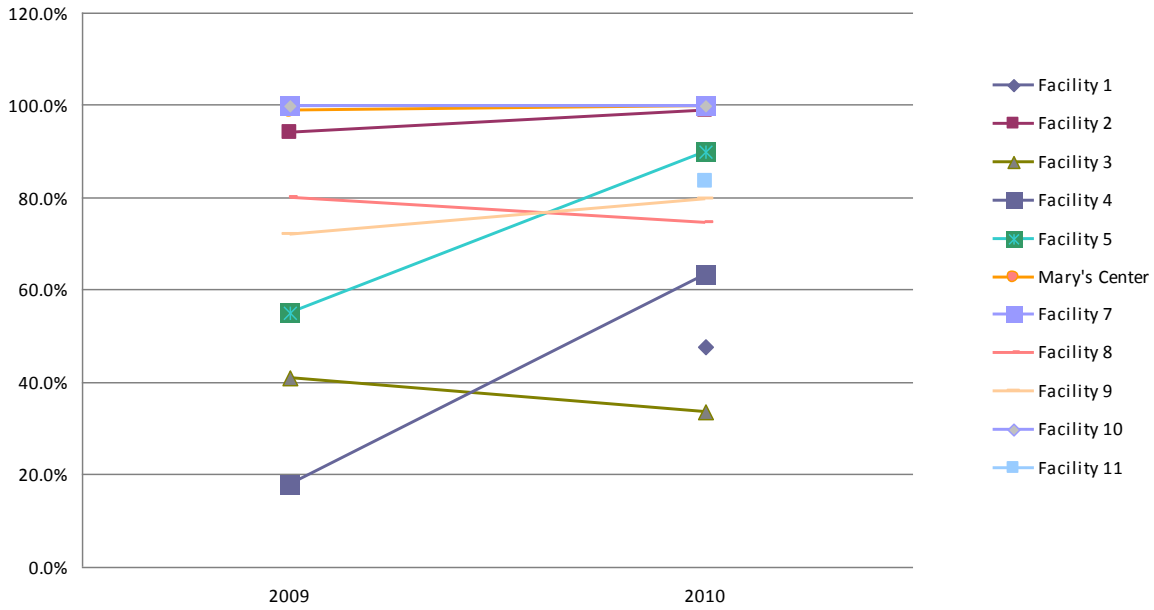
Administrative Section Governance



Administrative Section Access to Care



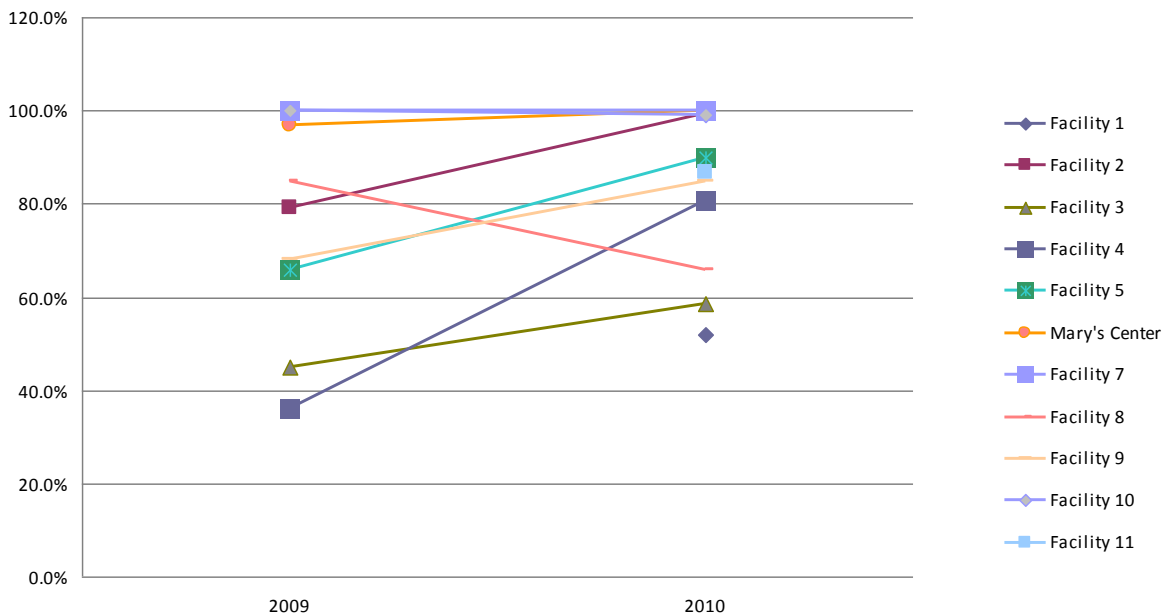
**Administrative Section
Management and Human Resources**



Notes:

Facilities 7 and 10 scored 100% in 2009 and 2010.
Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown

**Administrative Section
Facility and Safety Risk**



	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Mary's Center for Maternal and Child Care	Facility 7	Facility 8	Facility 9	Facility 10	Facility 11
I. ADMINISTRATIVE SECTION											
Part A: Governance	44.1%	100%	17.6%	76.5%	91.2%	100%	100%	61.8%	64.7%	100%	64.7%
501 c or Publicly Funded Facility	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Board Membership	50%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Board Function	50%	100%	12.5%	75%	100%	100%	100%	75%	100%	100%	100%
Board Structure	75%	100%	25%	75%	100%	100%	100%	50%	75%	100%	100%
Strategic Planning	33%	100%	0%	67%	100%	100%	100%	50%	50%	100%	33%
Quality Improvement	0%	100%	0%	25%	25%	100%	100%	50%	0%	100%	0%
Privileging	0%	100%	0%	100%	100%	100%	100%	0%	0%	100%	0%
Part B: Access to Care	81.6%	99.3%	57.4%	79.4%	94.9%	100%	100%	85.3%	98.5%	95.7%	97.8%
Access to Care	100%	100%	75%	68.8%	100%	100%	100%	62.5%	100%	100%	100%
Cultural Competency and Language Proficiency	68.8%	100%	18.8%	75%	75%	100%	100%	87.5%	100%	100%	100%
Patient Rights and Responsibilities	0%	88%	0%	100%	88.0%	100%	100%	13%	88%	25%	100%
Hours of Operation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
After Hours Coverage	0%	100%	75%	100%	100%	100%	100%	75%	100%	100%	100%
Scope of Services Provided	100%	100%	96.5%	82.7%	98.1%	100%	100%	100%	100%	100%	98.1%
Emergency Medical/Dental Services	0%	100%	0%	100%	100%	100%	100%	0%	50%	100%	100%
Triage, Walk-Ins and Phone Triage	0%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%
Management Information Systems	86.7%	100%	26.7%	66.7%	96.7%	100%	100%	100%	100%	100%	93.3%

	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Mary's Center for Maternal and Child Care	Facility 7	Facility 8	Facility 9	Facility 10	Facility 11
I. ADMINISTRATIVE SECTION											
<u>Part C: Management of HR</u>	47.6%	99%	33.5%	55.1%	89.8%	100%	100%	74.5%	79.8%	100%	83.5%
Operational/Personnel Policies and Procedures	79.2%	95.8%	54.5%	79.2%	95.8%	100%	100%	66.7%	87.5%	100%	75%
Personnel Manual	74.1%	100%	48.1%	53.8%	98.1%	100%	100%	50%	96.4%	100%	92.6%
Personnel Files	12.5%	95.8%	50%	29.2%	100%	100%	100%	87.5%	45.8%	100%	83.3%
Life Support Training	50%	100%	75%	25%	100%	100%	100%	100%	50%	100%	100%
Clinical Staff	59.1%	100%	27.3%	81.8%	87.5%	100%	100%	100%	95.5%	100%	100%
Medical Director	62.5%	100%	33.3%	87.5%	100%	100%	100%	83.3%	91.7%	100%	100%
Quality Improvement Program	12.5%	100%	5.4%	65.8%	69.2%	100%	100%	79.6%	64.8%	100%	63.0%
<u>Part D: Facility Safety and Risk</u>	51.8%	99.5%	57.3%	80.6%	90.8%	100%	100%	65.9%	84.9%	99.1%	86.7%
Facility Safety	72.7%	100%	81.8%	90.9%	100%	100%	100%	100%	100%	90.9%	81.8%
OSHA	7.1%	100%	42.9%	92.9%	100%	100%	100%	92.9%	84.6%	100%	100%
ADA	60%	91.7%	83.3%	83.3%	100%	100%	100%	100%	41.7%	100%	83%
CLIA/Lab Compliance	65.6%	100%	80%	75%	100%	100%	100%	78.1%	84.4%	100%	100%
Hazardous Material	100%	100%	80%	95%	80%	100%	100%	100%	85%	100%	100%
Infectious Waste	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medical and Admin. Equipment	100%	100%	0%	0%	100%	100%	100%	100%	100%	100%	100%
Credentialing System - FTCA	85.7%	100%	47.1%	84.4%	100%	100%	100%	93.8%	91.2%	100%	100%
Privileging Process - FTCA	100%	100%	75%	100%	100%	100%	100%	0%	100%	100%	0%
Risk Mgmt. Policies and Procedures - FTCA	27.3%	100%	27.8%	88.9%	94.4%	100%	100%	61.1%	88.9%	100%	72.2%
HIPAA	14.3%	100%	50%	62.5%	75%	100%	100%	100%	87.5%	100%	100%
Patient Safety	50%	100%	60%	100%	90%	100%	100%	90%	80%	100%	80%
Approved Abbreviations	0%	100%	100%	100%	0%	100%	100%	100%	100%	100%	0%
Emergency Preparedness	0%	100%	35.7%	35.7%	28.6%	100%	100%	50%	64.3%	100%	28.6%

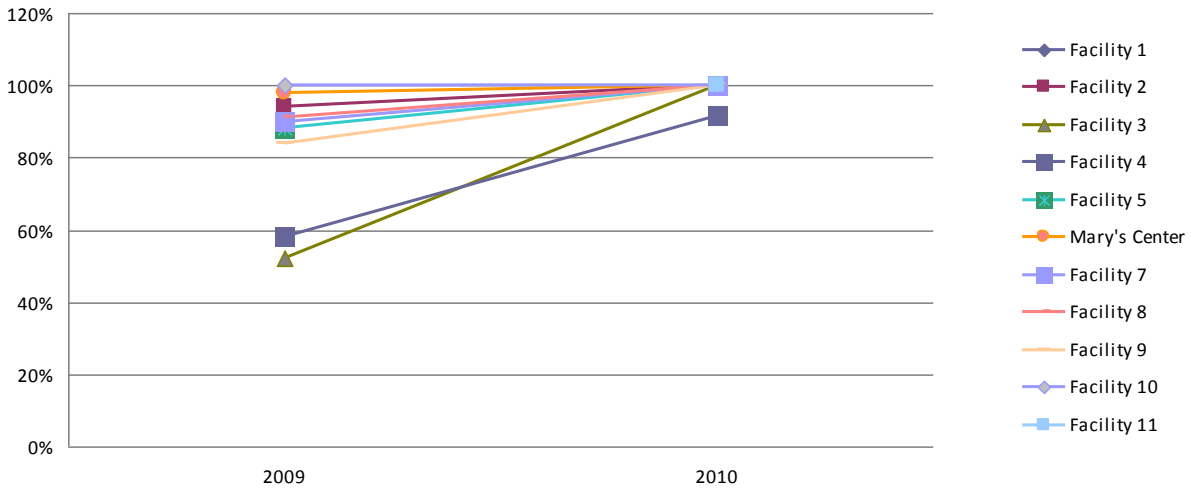
Financial Section Summary

Financial Systems Standards

- Appropriate financial staff and controls are present
- Documentation of patient eligibility for Montgomery Cares is maintained.
- Patient payments/donations, where applicable, are tracked appropriately.
- An annual financial audit is conducted by an independent auditor.

Comments: No comments.

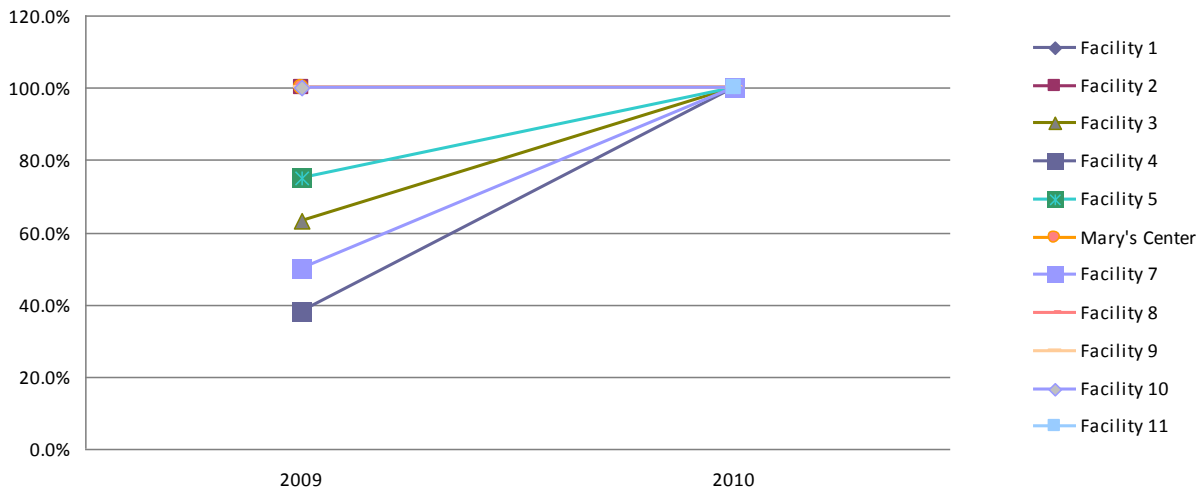
**Financial Section
General Policies**



Notes:

Facilities 2, 6, 8, 9, and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.
 Facilities 1 and 11 both scored 100% in 2010.

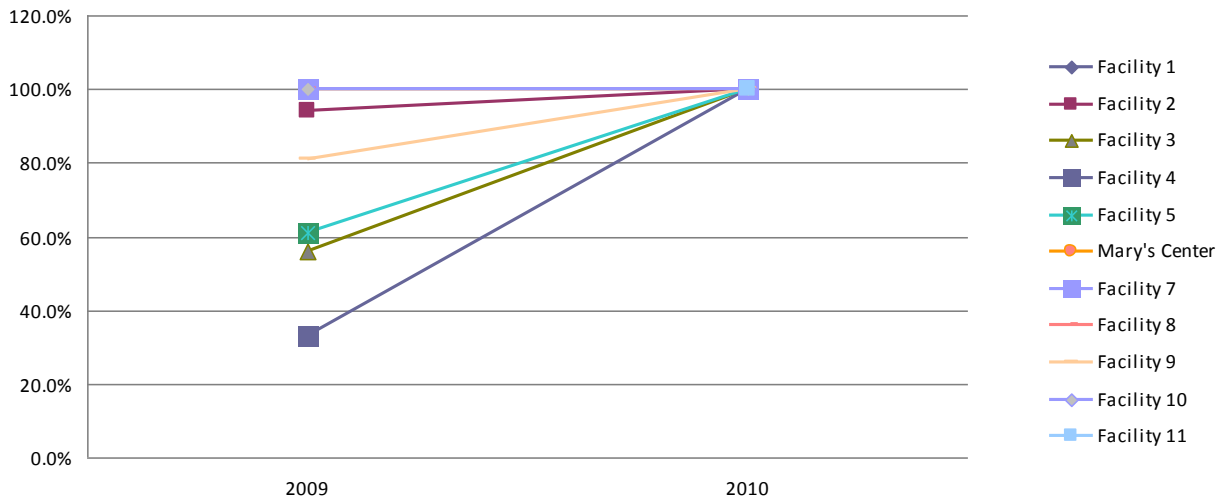
**Financial Section
Montgomery Cares Eligibility Documentation**



Notes:

Facilities 2, 3, 4, 5, 6, 7, 8, 9, and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.
 Facilities 1 and 11 both scored 100% in 2010.

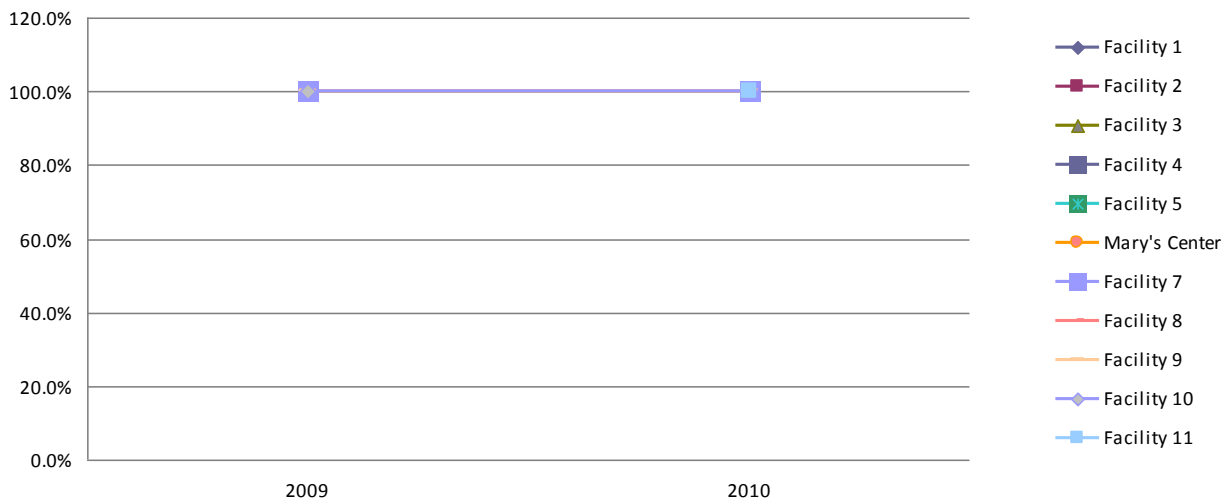
**Financial Section
Revenue and Case Receipts System**



Notes:

Facilities 6, 7, 8, 9, and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.
 Facilities 1 and 11 both scored 100% in 2010.

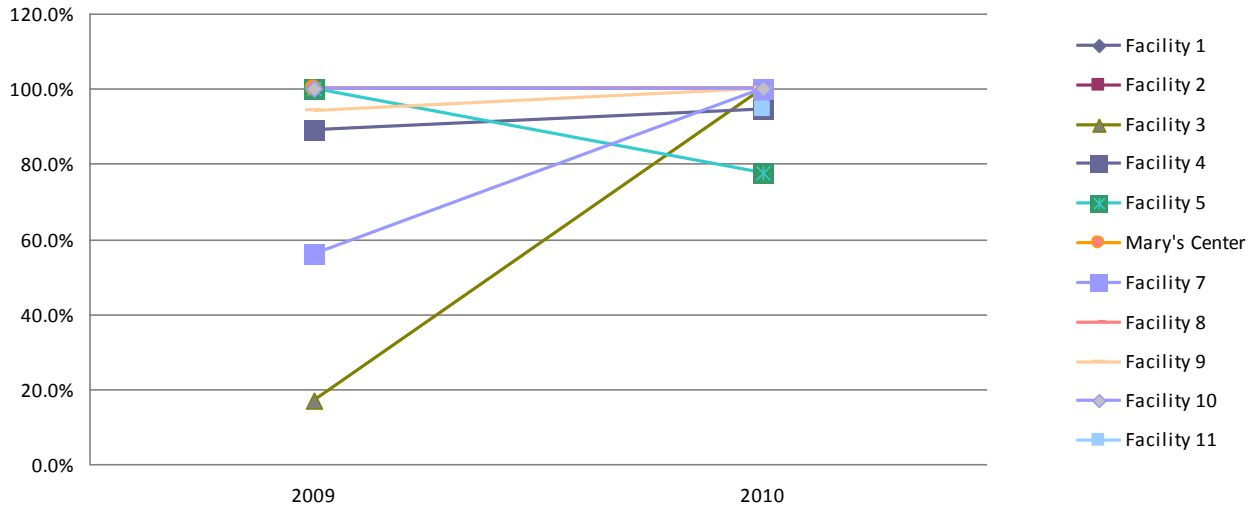
**Financial Section
Grant Accountability**



Notes:

Facilities 2, 3, 4, 5, 6, 7, 8, 9, and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.
 Facilities 1 and 11 both scored 100% in 2010.

**Financial Section
Financial Statement**



Notes:

Facilities 2, 6, 8, and 10 scored 100% in 2009 and 2010.

Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.

Facilities 1 and 11 both scored 100% in 2010.

II. Financial Section	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Mary's Center for Maternal and Child Care	Facility 7	Facility 8	Facility 9	Facility 10	Facility 11
Financial	100%	100%	100%	97.1%	95%	100%	100%	100%	100%	100%	98.6%
General Policies	100%	100%	100%	91.7%	100%	100%	100%	100%	100%	100%	100%
Montgomery Cares Eligibility Documentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Revenue and Cash Receipts System	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Grant Accountability	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Financial Statements	100%	100%	100%	94.4%	78%	100%	100%	100%	100%	100%	94.4%

Clinical Section Summary

Clinical Systems

- Medical Record Review
- Clinical Competency of Staff and Providers
- Clinical Tracking Systems
- Pharmacy Services
- Pharmacy Service Compliance

Comments: Three electronic health records for Montgomery Cares patients were reviewed based on criteria established by PCC. Five available records were not reviewed because these clients are either from Prince George's County or are covered by other funding sources.

Clinical Services

- Routine Clinical Services
- Preventive Services
- Immunization Screening
- Dental Health Care
- Care of Chronic and Acute Diseases
- Obstetric/Perinatal Transition
- Utilization Review Process
- Services to Homeless
- Hospital Care Transition
- Emergency Services Transition
- Radiology Services
- Care Management
- Behavioral Health Services

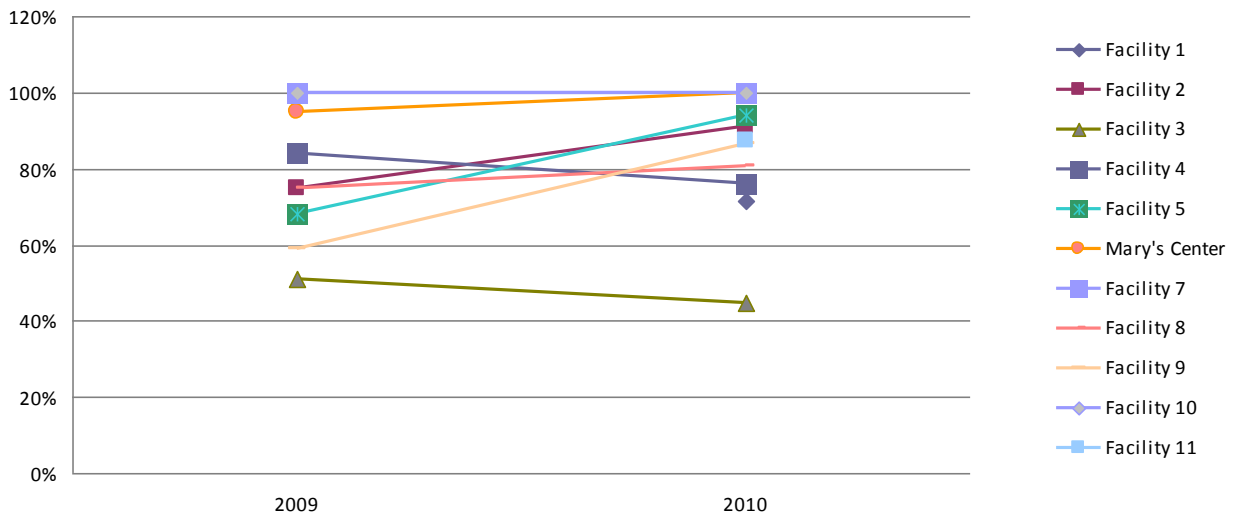
Comments: Two of the three medical records reviewed were for clients with diabetes. Both records had problem lists and complete immunization records. Medical and family histories were also complete. Specialty visit notes were scanned to include in the EHR. Mary's Center provides comprehensive services to the diabetic clients. The clinic is participating in the Montgomery Cares Emergency Room Utilization Project.

Clinical Performance

- Mammography Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diabetes Retinal Exam
- Diabetes Foot Exam
- Diabetes Alc Management
- Diabetes Urine Protein Screening
- Diabetes cholesterol screening
- Diabetes BP Measured
- Diabetes BP Control
- Hypertension BP Measured
- Hypertension BP Control

Comments: For purposes of this report, Clinical Performance is evaluated utilizing data from CHLCare or otherwise provided to PCC. Mary's Center utilizes eClinicalWorks and does not report clinical data in CHLCare or to PCC; therefore, no clinical data was reviewed. Of note, however, is that Mary's Center reports annual HEDIS measures for all of their sites combined.

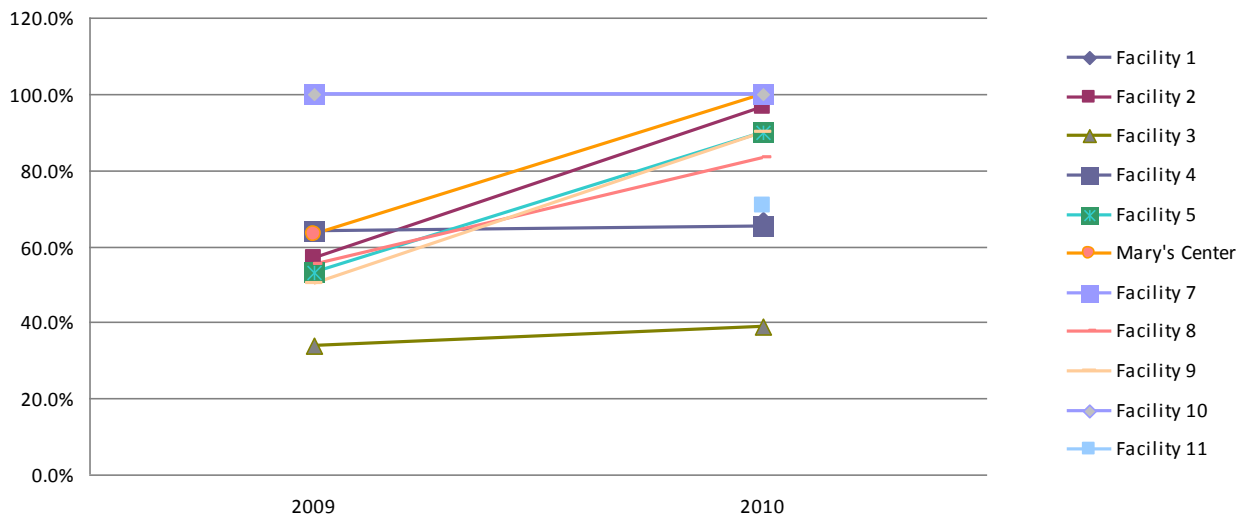
**Clinical Section
Clinical Systems**



Notes:

Facilities 7 and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.

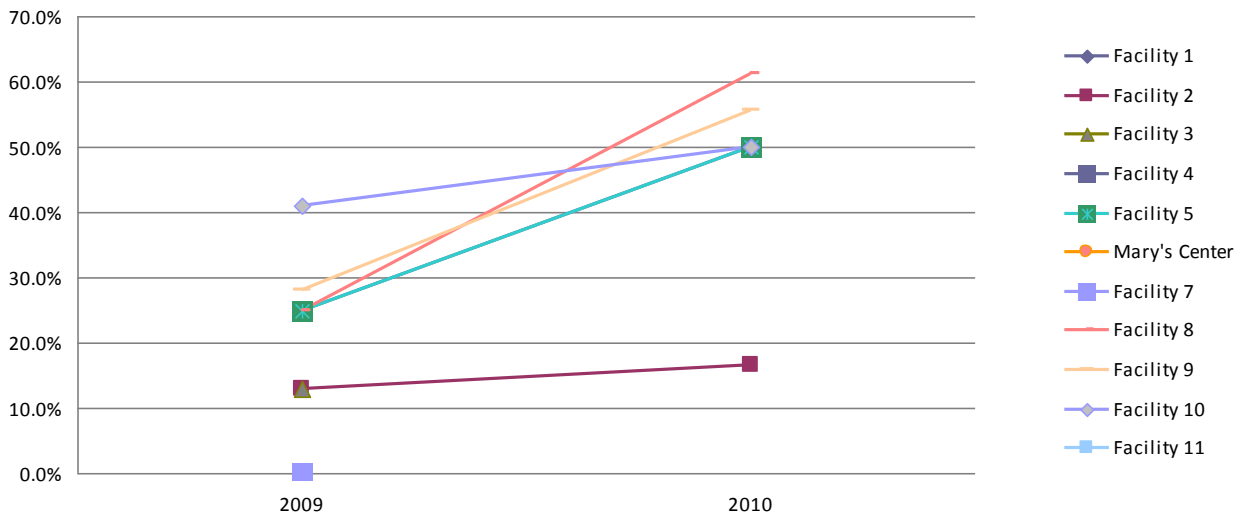
**Clinical Section
Provision of Services**



Notes:

Facilities 7 and 10 scored 100% in 2009 and 2010.
 Facilities 1 and 11 were not reviewed in 2009 therefore only data for 2010 are shown.

**Clinical Section
Clinical Performance**



Notes:

Facilities 4 and Facility 5 both scored 25% in 2009 and 50% 2010.

Facility 3 had data for 2009 only.

Facilities 6 and 7 did not have data for 2009 or 2010.

Facilities 1 and 11 were not reviewed in 2009 and have no data for 2010.

Facilities with no data available are not shown.

III. CLINICAL SECTION	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Mary's Center for Maternal and Child Care	Facility 7	Facility 8	Facility 9	Facility 10	Facility 11
<u>Part A: Clinical Systems</u>	71.6%	91%	44.8%	76.1%	94%	100%	100%	80.9%	86.6%	100%	87.5%
Medical Records	83%	98%	51.2%	91%	93%	100%	100%	76%	87.2%	100%	88%
Clinical Competency of Staff and Providers	33.3%	66.7%	11.1%	16.7%	94%	100%	100%	94.4%	66.7%	100%	75%
Clinical Tracking Systems	75%	80%	20%	55%	95%	100%	100%	85%	95%	100%	85%
<u>Part B: Provision of Services</u>	66.7%	96.4%	38.9%	65.2%	90.1%	100%	100%	83.3%	89.9%	100%	70.7%
Routine Clinical Services	62.5%	96.4%	66.1%	78.6%	89.3%	100%	100%	78.6%	85.7%	100%	77.8%
Preventive Services	17%	100%	0%	0%	83%	100%	100%	100%	83%	100%	33%
Immunization Screening	0%	81%	0%	0%	100%	100%	100%	100%	100%	100%	100%
Care of Chronic and Acute Diseases	70%	100%	22.7%	75%	70%	100%	100%	75%	75%	100%	72.7%

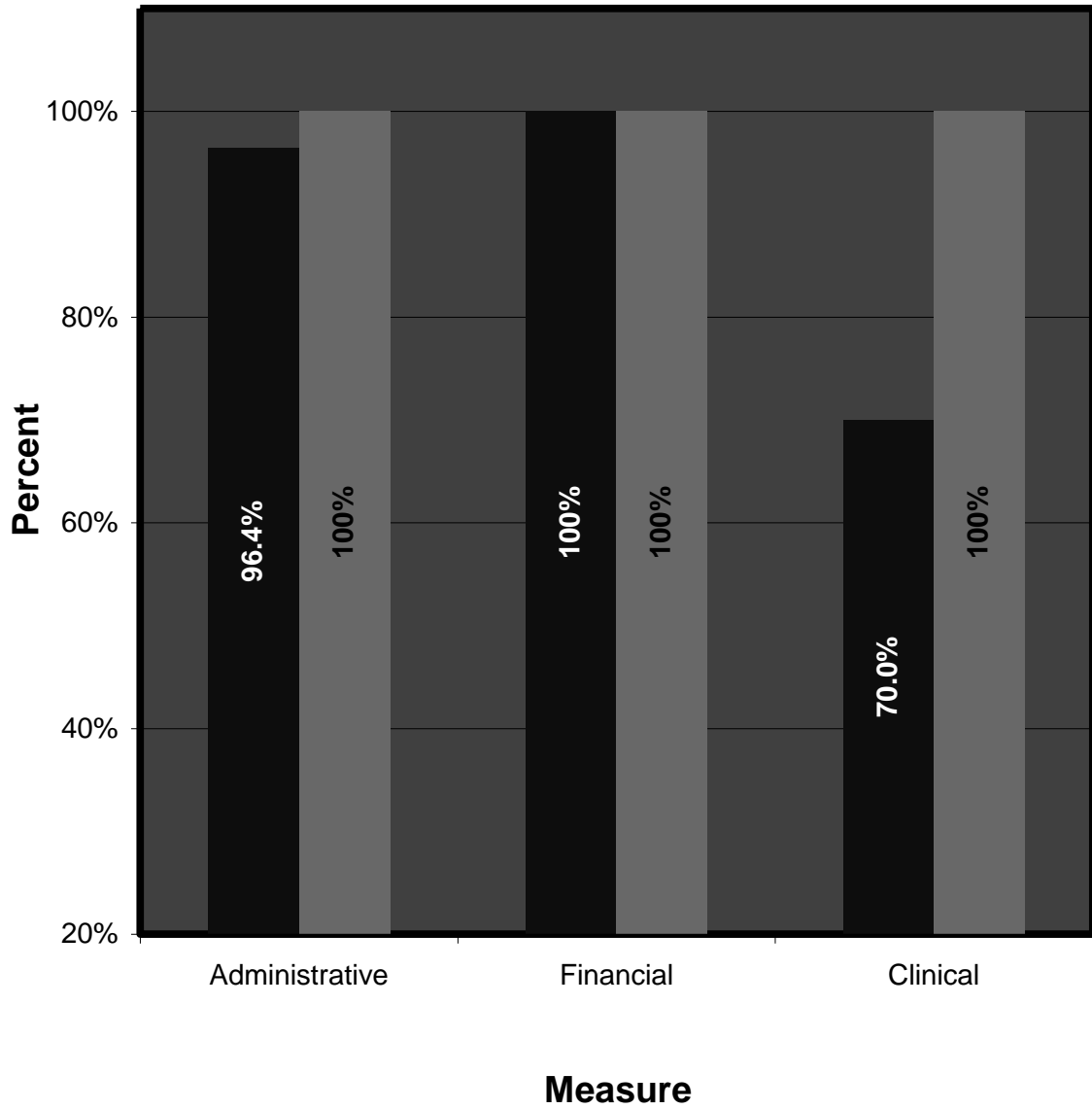
Section III

2009 Recommendations	2010 Comparisons and Recommendations
1. The Board of Directors should undertake the following strategic steps :	
a) Develop a plan to bring privileging requests before the board on a routine basis.	a) Fully met.
2. The Vice President of Medicine and Senior Director of Clinical Services should undertake the following immediate steps:	
a) Establish mechanism to forward provider privilege requests to the Board on a routine basis.	a) Fully met.
b) Routinely document follow-up actions and outcomes in QI Committee minutes and reports.	b) Fully met.
c) Post interpreter services availability in the waiting area.	c) Fully met.
d) Establish plan to address 3 month delays in specialty referral sources by alternative resources or addition of services through grants.	d) Three month delays in specialty referral sources continue to be a challenge.
e) Complete the clinic's QI plan that is reflective of its operations and integrate current QI activities such as the staff satisfaction surveys and chart audit.	e) Fully met.
f) Establish regular and surprise emergency preparedness drills at the Silver Spring site.	f) Fully met.

Summary Comparison Graph

■ 2009

■ 2010



Please note the following standards (total 14 points) were not applicable for this review:

Issue for which there have been no explicit requirements shared

- Patient Safety Programs
- Verbal Orders
- Affirmative Action

Clinical measures for which there are no HEDIS benchmarks

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diabetic Foot Exam
- Diabetic A1c Good Control
- Diabetes Cholesterol Screening- LDL-C less than or equal to 100mg/dl
- Hypertension BP Measured