Problem/Background:
Inadequate screening for measures stated below, as reflected in quarterly performance measure reports and HRSA site review.
Performance Measure report from 4/1/18 to 3/31/19 baseline data:
Lipid Screening at 51 %
Urinalysis at 7 %
TB screening at 54 %
Urine GC/Chlamydia Screening-not measured, but this was a negative finding in the HRSA site review.

Performance Goal:
At least 80% of patients to meet screening criteria for GC/Chlamydia, TB, lipids and U/A, as reflected in quarterly performance reports

Plan:
1. Develop new HIV annual lab panel (SCZ HIV Annual) to include Urine GC/Chlamydia, TB quantiferon gold, urinalysis and lipid panel.
2. Use newly developed annual HIV lab panel to help improve the outcomes of our above stated performance measures.
4. All HIV providers to agree to start using HIV annual lab panel once a year for all HIV patients on the clinic HIV roster. HIV Medical Director to
communicate new standard to providers and implementation date by 10/1/19.

5. Review and analyze quarterly reports in April, 2020 (ie after 6 months) to confirm anticipated improvement trends. Compare to baseline data. Re-assess course of action as needed.

6. Final analysis and action plan after 4 quarterly reports from initiation date (October, 2020).