

LPCA QM Template instructions

The Quality Matrix (QM) Template is a color-coded data file. Each sheet focuses on 4 major colors;

- The **green** color in which data should be reported on a 12 months registry basis.
- The **pink** color section is visible when you scroll down your cursor and in which data should be reported on a monthly basis. This can be pulled from EMR or 50 charts audit.
- The **purple** color has information on the name pertaining to each main section such as cardiovascular disease, diabetes, tobacco measures, UDS measures, and your choice measures. Let's note that "**your choice**" measures are the chronic diseases most occurring in your health center. You must tell us the 3 chronic diseases you choose and we will send the Healthcare Effectiveness Data and Information Set (HEDIS) measures for you to use in tracking and trending.
- The **yellow** color is the "**total registry**" column in which measures should be reported from the top to the bottom. By its side is the "**average**" column where the percentage is automatically calculated once a measure is introduced in the subsequent yellow cells (do not place numbers in the white cells located by the side of each yellow cell).

The "**notes**" section is the set where the quality improvement coordinator through health center surveys, provide critical need analysis, assist in establishing priorities for training and technical assistance and aid with the implementation of proper protocols for such priorities. This is also the place where discussions and commentaries can occur between the quality improvement coordinator and the health center(s) representative(s).

This is a 12 months QM template and the center name should be provided on each single sheet along with each measure requested. For any unavailable measure, an explanation should be given on the "**notes**" side. On the summary and graphs' sheets, a progression of the measures can be followed up on a monthly basis.

The QMR is due on the 5th of each month and should be emailed to quality@lpca.net. The whole sheet including LPCA response will be send back within 5 working days to the CEOs, Medical Directors, and the sender of the report. We encourage each FQHC to share the LPCA report input with their staffs, board of directors, and employees for appropriate consequent actions.

Should any center need additional information, please contact the Quality Improvement Director through **phone**: 225.927.7662; **fax**: 225.927.7688 or **email**: quality@lpca.net.