

# **ADPH HEALTH SYSTEMS CHANGE PROJECT: MONTHLY PROGRESS AND DATA REPORT**

**Instructions for Health Center/Practice:** Please complete and submit the following worksheet for each Evidence Based Intervention (EBI) or Supporting Activities (SA) that your clinic has implemented *prior to your scheduled call with ADPH*. Note: There should be one worksheet per EBI or SA implemented. (i.e., if you are implementing two EBIs please submit two worksheets; one for each EBI). Please submit progress reports **by the 15th of each month** highlighting EBIs and SA **implemented the previous month**. Please submit completed progress reports via email to [Kay.mathews@adph.state.al.us](mailto:Kay.mathews@adph.state.al.us) .

**Clinic Name:**

**Date:**

**Completed by:**

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## **EBI or SA this worksheet applies to:**

**Client Reminders**

**Provider Assessment & Feedback**

**Small Media**

**Patient Navigation**

**Provider Reminders**

**Reducing Structural Barriers**

**Professional Development/Provider Education**

**Community Health Workers**

**Electronic Health Record (EHR) Enhancements**

**EBI or SA Successes and Challenges**

<p><b>1. Summarize successes related to implementing this EBI or SA. What is working? What were the results?</b></p>	
<p><b>2. Summarize challenges and barriers. What are you finding difficult?</b></p>	
<p><b>3. List possible solutions or changes.</b></p>	
<p><b>4. List resources needed for success.</b></p>	
<p><b>5. Are you having any problems with EHR/Registry data?</b></p>	

**Goals and Next Steps**

<p><b>1. List activities or short-term goals that you would like to complete by our next meeting.</b></p>	
<p><b>2. List any questions or concerns that you would like to have discussed at the next meeting.</b></p>	
<p><b>3. List any additional strategies/ideas that you would like to keep in a parking lot for future use</b></p>	

# Monthly Data Submission

Please provide the number of women who received breast and/or cervical cancer screenings during the previous month.

**Measure:**

**Breast Cancer Screening**

**Measure Description:**

Percentage of women 50 through 74 years of age who had a mammogram

**Numerator (N):**

# of women 50 – 74 who were screened for breast cancer

**Denominator (D):**

# of women 50 – 74 who were eligible to be screened for breast cancer

**Percentage ( %):**

% of women 50 – 74 up to date with breast cancer screening

(numerator/denominator X 100)

Measure	N	D	%
<b>Breast Cancer Screening</b>			
# of women who received a mammogram			
# of women who had an abnormal mammogram			
# of women who were referred for follow up			
# of women who were referred for cancer treatment			

**Measure**

**Cervical Cancer Screening**

**Measure Description**

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed

**Numerator (N)** # of women 21 – 65 who were screened for cervical cancer

**Denominator (D)** # of women 21 - 65 eligible to be screened for cervical cancer

**Percentage (%)** % of women 21 – 65 who were screened for cervical cancer  
(numerator/denominator X 100)

<b>Measure</b>	<b>N</b>	<b>D</b>	<b>%</b>
<b>Cervical Cancer Screening</b>			
# of Women age 21-64 who received cervical cytology			
# of Women age 30-64 who received cervical cytology/human papillomavirus (HPV) co-test			
# of women who received an abnormal cervical cytology			
# of women who received an abnormal cervical cytology/human papillomavirus (HPV) co-test			
# of women who were referred for follow up			
# of women who were referred for cancer care			