

# QUALITY IMPROVEMENT ACTIVITY REPORT

Clinic Name \_\_\_\_\_ Reporting Period from \_\_\_\_\_ to \_\_\_\_\_

| Key Personnel   | Name  | Email Address |
|-----------------|-------|---------------|
| Nurse           | _____ | _____         |
| Physician       | _____ | _____         |
| Program Manager | _____ | _____         |
| Other           | _____ | _____         |

## OVERVIEW OF HANSEN'S POPULATION

**Treatment** Active is defined as the number of patients taking multidrug therapy (MDT) or reaction (RX) medications for the treatment of HD.

Number of newly diagnosed cases (this reporting period) \_\_\_\_\_ Total # of patients taking MDT \_\_\_\_\_

## Complications of Hansen's Disease

Total # of patients in Reaction \_\_\_\_\_ Total # of patients hospitalized due to HD complication \_\_\_\_\_

Total # of Referrals to NHDP \_\_\_\_\_

## Screenings Performed

|   | <u>Eye</u> | <u>Hand</u> | <u>Foot</u> |
|---|------------|-------------|-------------|
| Number of screenings performed  | _____      | _____       | _____       |
| Number with decreased function from initial or last screening         | _____      | _____       | _____       |
| Number of referrals due to decreased function or changes in Screening | _____      | _____       | _____       |

Number of surveillance forms completed \_\_\_\_\_ Number of annual follow-ups completed \_\_\_\_\_

Number of patients lost to follow up (did not complete prescribed MDT) \_\_\_\_\_

**Outreach Efforts** Number of Community Outreach Efforts performed this reporting period \_\_\_\_\_

Date Performed \_\_\_\_\_ List Activity

Date Performed \_\_\_\_\_ List Activity

Date Performed \_\_\_\_\_ List Activity