

Crosswalk of All RHC Aligned Measure Sets											The structure of all of the RHC Aligned Measure Sets is aligned, regardless of the RHC's size, location, ownership, or other characteristics. The table is organized by RHC type.																
#	Measure Name	RHC Number	Server	Description	Domain	Control	Measure Type	Priority	Data Source	Data Frequency	Facility Based (Y/N)	Facility Based (Y/N) (if not specified)	Sub-domain	Special Notes	Early Assessment		Summary of Changes for FY 2021 - FY 2023	Type of Data (Y/N)	In Patient (Y/N)	ACD	Priority (Y/N)	Adult Care (Y/N)	Behavioral Health (Y/N)	Mental Health (Y/N)	Opioid Use (Y/N)	Other (Y/N)	
															Initial	Final											
1	30 Day 90 Day Expanded Postoperative Inpatient (EPIC) (Y/N)	2001	NA	For patients 18 years of age and older, the percentage of patients who were discharged to home or to a long-term care facility within 30 days of surgery.	Prevent Care	Facility Based	Outcome	Adult	Chart Review	Quarterly	Facility Based	Facility Based	EPIC (Y/N)	Initial: 90% Final: 90%	Final: 90%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	Adult Depression Disorder (MDD) Condition of Care of Patients with Specific Complaints	NA	NA	Percentage of medical records of patients aged 18 years and older with diagnosis of major depressive disorder (MDD) as a specific condition of care of patients with specific complaints.	Adult Care	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	Adult Depression Disorder (MDD) Suicide Risk Assessment	0104	NA	Percentage of patients aged 18 years and older with a suicide risk assessment completed within 30 days of diagnosis of major depressive disorder.	Prevent Care	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	Advance Care Plan	0108	0108	Percentage of patients aged 18 years and older with an advance care plan completed within 30 days of diagnosis of major depressive disorder.	Prevent Care	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5	Alcohol & Other Drug Use (Hazardous Treatment Received or at Discharge) (SUD) and Alcohol & Other Drug Use (Hazardous Treatment or Discharge) (SUD)	0104	0104	The percentage of patients aged 18 years and older with a hazardous alcohol or other drug use diagnosis at discharge.	Hospital	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6	American College of Surgeons - National Surgical and Injury Audit (NSA) (Surgical Mortality)	701	701	Percentage of patients aged 18 years and older with a surgical mortality diagnosis at discharge.	Hospital	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
7	Antidepressant Medication Management	0101	0101	Percentage of patients aged 18 years and older with an antidepressant medication diagnosis at discharge.	Medical	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
8	Behavioral Health Assessment Screening	NA	NA	Percentage of patients aged 18 years and older with a behavioral health assessment screening diagnosis at discharge.	Prevent Care	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
9	Breast Cancer Screening	2101	2101	Percentage of women 50-74 years of age with a breast cancer screening diagnosis at discharge.	Cancer	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
10	CAUTI - Catheter Associated Urinary Tract Infection (CAUTI)	0101	0101	Percentage of patients aged 18 years and older with a CAUTI diagnosis at discharge.	Hospital	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
11	Cervical Cancer Screening	0101	0101	Percentage of women 21-65 years of age with a cervical cancer screening diagnosis at discharge.	Cancer	Medical	Process	Adult	Chart Review	Quarterly	Medical	Medical	Initial: 85% Final: 85%	Final: 85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Item ID	Item Name	Item Type	Item Description	Item Status	Item Category	Item Sub-Category	Item Priority	Item Impact	Item Evidence	Item Source	Item Date	Item Author	Item Reviewer	Item Approval	Item Comments		
12	Current Data for Significant Disparities Report (P-08)	0871	The measure assesses the number of individuals with a diagnosed asthma who are hospitalized in a 12-month period. The measure is a ratio of the number of hospitalizations for asthma per 100 persons with asthma in a 12-month period to the number of persons with asthma in a 12-month period. The measure is calculated as follows: $\frac{\text{Number of hospitalizations for asthma}}{\text{Number of persons with asthma}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Health	Priority	Outcomes	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	No change	
13	Child and Adolescent Weight-Related Disparities	0863	Percentage of children who are obese (BMI ≥ 30) by race/ethnicity. The measure is a ratio of the number of children who are obese to the total number of children. The measure is calculated as follows: $\frac{\text{Number of obese children}}{\text{Total number of children}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
14	Child and Adolescent Birth-Weight Disparities	0864	Percentage of newborns 3.2 years of age who are obese (BMI ≥ 30) by race/ethnicity. The measure is a ratio of the number of newborns who are obese to the total number of newborns. The measure is calculated as follows: $\frac{\text{Number of obese newborns}}{\text{Total number of newborns}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
15	Childhood Immunization Status (0-6)	0858	Percentage of children 2 years of age who are up to date on all recommended immunizations. The measure is a ratio of the number of children who are up to date on all recommended immunizations to the total number of children. The measure is calculated as follows: $\frac{\text{Number of up-to-date children}}{\text{Total number of children}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
16	Chronic Disease Screening	0853	Percentage of women ages 18 to 24 that have been screened for cervical cancer, breast cancer, and sexually transmitted infections. The measure is a ratio of the number of women who have been screened to the total number of women. The measure is calculated as follows: $\frac{\text{Number of screened women}}{\text{Total number of women}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
17	CLUES: Cervical Line Assessment About Cervical Cancer (0-6)	0838	Percentage of women ages 18 to 24 that have been screened for cervical cancer. The measure is a ratio of the number of women who have been screened to the total number of women. The measure is calculated as follows: $\frac{\text{Number of screened women}}{\text{Total number of women}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
18	Chlamydia Screening (0-6)	0812	Percentage of women ages 18 to 24 that have been screened for chlamydia. The measure is a ratio of the number of women who have been screened to the total number of women. The measure is calculated as follows: $\frac{\text{Number of screened women}}{\text{Total number of women}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
19	Colorectal Cancer Screening	0834	Percentage of adults 50 years of age who have been screened for colorectal cancer. The measure is a ratio of the number of adults who have been screened to the total number of adults. The measure is calculated as follows: $\frac{\text{Number of screened adults}}{\text{Total number of adults}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
20	Comprehensive Diabetes Care- Eye Exam	0855	Percentage of patients 18-75 years of age who have had an eye exam in the last 12 months. The measure is a ratio of the number of patients who have had an eye exam to the total number of patients. The measure is calculated as follows: $\frac{\text{Number of patients with eye exam}}{\text{Total number of patients}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
21	Comprehensive Diabetes Care- HbA1c (0-6)	0875	Percentage of patients 18-75 years of age who have had an HbA1c test in the last 12 months. The measure is a ratio of the number of patients who have had an HbA1c test to the total number of patients. The measure is calculated as follows: $\frac{\text{Number of patients with HbA1c test}}{\text{Total number of patients}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
22	Consent Use of Genetic and Biometric Data	2000	The measure assesses the percentage of individuals who have given their consent to the use of their genetic and biometric data for research purposes. The measure is a ratio of the number of individuals who have given their consent to the total number of individuals. The measure is calculated as follows: $\frac{\text{Number of individuals who gave consent}}{\text{Total number of individuals}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor
23	Controlling High Blood Pressure	0810	Percentage of patients 18-75 years of age who have had their blood pressure controlled (HbA1c < 9.0) during the measurement year. The measure is a ratio of the number of patients whose blood pressure is controlled to the total number of patients. The measure is calculated as follows: $\frac{\text{Number of patients with controlled blood pressure}}{\text{Total number of patients}} \times 100$. The measure is reported for the following groups: All, White, Black, Hispanic, and Asian.	Prevent	Early	Medical	Priority	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Addressed	Yes	Minor

Program	State	Year	Target Population	Intervention	Priority	Setting	Age Group	Gender	Race/Ethnicity	Disability	Other	Notes
Depression Medication in Six Months	MD	2011	Minority women with depression	Pharmacist-led intervention...	Minority	Home	18-64	Female	Black, Hispanic	Problems based	None	...
Depression Medication for Adolescents and Adults	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Depression Screening and Follow-Up for Adolescents and Adults	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Developmental Screening for the First Three Years of Life	MA	NA	Minority children	Pharmacist-led intervention...	Minority	Home	0-3	Female	Black, Hispanic	Problems based	Disability	...
Diabetes Screening for People with Intellectual and/or Physical Disabilities	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	18-64	Female	Black, Hispanic	Problems based	Disability	...
Exercise Delivery for 50 Completed Weeks (Continued)	MA	NA	Minority women	Pharmacist-led intervention...	Minority	Home	18-64	Female	Black, Hispanic	Problems based	Disability	...
Emerging Diabetes (ED) Visit per 100	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Fluoride Varnish With Filling (FCV)	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Florida Varnish	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Follow-Up Emerging Diabetes (ED) Visit per 100	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...
Follow-Up Emerging Diabetes (ED) Visit per 100	MA	NA	Minority children and adolescents	Pharmacist-led intervention...	Minority	Home	12-17	Female	Black, Hispanic	Problems based	Disability	...

Project ID	Project Name	Year	Lead	Organization	Location	Priority	Phase	Category	Impact	Notes	Start Date	End Date	Status	Comments
35	Follow-up After Hospitalization for Mental Health Crisis	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High rates of readmission for mental health crises.</p> <p>Intervention: Post-discharge follow-up calls, medication management, and crisis intervention services.</p> <p>Measures: 30-day readmission rate, patient satisfaction, and crisis service utilization.</p>	10/2017	10/2018	Completed	<p>Readmission rates decreased by 15%.</p> <p>Patient satisfaction scores improved.</p> <p>Crisis service utilization increased.</p>
36	HCAHPS	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Facility based	<p>Problem Statement: Low patient satisfaction scores.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: HCAHPS scores, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>HCAHPS scores improved by 10%.</p> <p>Staff engagement scores increased.</p> <p>Patient satisfaction scores improved.</p>
37	Hospital-wide Review (HCAHPS)	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Facility based	<p>Problem Statement: Low patient satisfaction scores.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: HCAHPS scores, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>HCAHPS scores improved by 10%.</p> <p>Staff engagement scores increased.</p> <p>Patient satisfaction scores improved.</p>
38	Hours of physical restraint use (HPRU)	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High hours of physical restraint use.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Hours of physical restraint use, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Hours of physical restraint use decreased by 20%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
39	Hours of restriction use (HPRU)	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High hours of restriction use.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Hours of restriction use, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Hours of restriction use decreased by 20%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
40	Interventions for Adolescents (ICAD)	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High rates of adolescent hospitalizations.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Adolescent hospitalization rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Adolescent hospitalization rates decreased by 15%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
41	Initiation and Engagement of Adult and Older Patients in Disposition Treatment	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: Low initiation and engagement in disposition treatment.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Initiation and engagement rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Initiation and engagement rates improved by 10%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
42	Implement Walk-pat 1000 Hospital Outcomes - General Hospitalization	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Facility based	<p>Problem Statement: High general hospitalization rates.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: General hospitalization rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>General hospitalization rates decreased by 15%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
43	Kidney Health Evaluation for Patients with Diabetes	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High rates of kidney disease in patients with diabetes.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Kidney disease rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Kidney disease rates decreased by 10%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
44	Lead Screening in Children	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Facility based	<p>Problem Statement: Low lead screening rates in children.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Lead screening rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Lead screening rates improved by 10%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
45	Maternal Depression Screening	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High rates of maternal depression.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Maternal depression rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Maternal depression rates decreased by 15%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>
46	Mastitis Care Post-Partum Follow-up and Care Coordination	2018	Medical Center	Medical Center	Medical Center	Priority	Phase 1	Clinical	Problem based	<p>Problem Statement: High rates of mastitis in postpartum women.</p> <p>Intervention: Staff training, process improvement, and patient education.</p> <p>Measures: Mastitis rates, patient satisfaction, and staff engagement.</p>	10/2017	10/2018	Completed	<p>Mastitis rates decreased by 10%.</p> <p>Patient satisfaction scores improved.</p> <p>Staff engagement scores increased.</p>

Project ID	Project Name	Year	Lead	Location	Priority	Phase	Impact	Category	Status	Key Findings	Next Steps	Timeline	Other Info
17	Metabolic Monitoring for Children and Adolescents on Antipsychotics	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 80% of patients had normal metabolic panels. 20% of patients had abnormal metabolic panels. 	<ul style="list-style-type: none"> Implement a protocol for metabolic monitoring. Implement a protocol for patient education. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor metabolic health in children and adolescents on antipsychotics. There is a need to monitor metabolic health in children and adolescents on antipsychotics.
18	Metabolic Monitoring for Adults on Antipsychotics	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 75% of patients had normal metabolic panels. 25% of patients had abnormal metabolic panels. 	<ul style="list-style-type: none"> Implement a protocol for metabolic monitoring. Implement a protocol for patient education. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor metabolic health in adults on antipsychotics. There is a need to monitor metabolic health in adults on antipsychotics.
19	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
20	PCMH Care for Patients with Specific Conditions	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 85% of patients had PCMH care. 15% of patients did not have PCMH care. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor PCMH care for patients with specific conditions. There is a need to monitor PCMH care for patients with specific conditions.
21	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
22	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
23	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
24	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
25	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
26	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
27	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.
28	Patient Discharge on Multiple Antipsychotics Medication	2018	Medical Center Quality Improvement	Chicago, IL	Medical Health	Phase 1	Class	Problemat	Completed	<ul style="list-style-type: none"> 90% of patients were discharged on multiple antipsychotics. 10% of patients were discharged on single antipsychotics. 	<ul style="list-style-type: none"> Implement a protocol for patient education. Implement a protocol for patient monitoring. 	2018-2019	<ul style="list-style-type: none"> There is a need to monitor patient discharge on multiple antipsychotics. There is a need to monitor patient discharge on multiple antipsychotics.

