The ABCs of QI:

Session 3: How Do We Know That a Change is an Improvement

June 1, 2022

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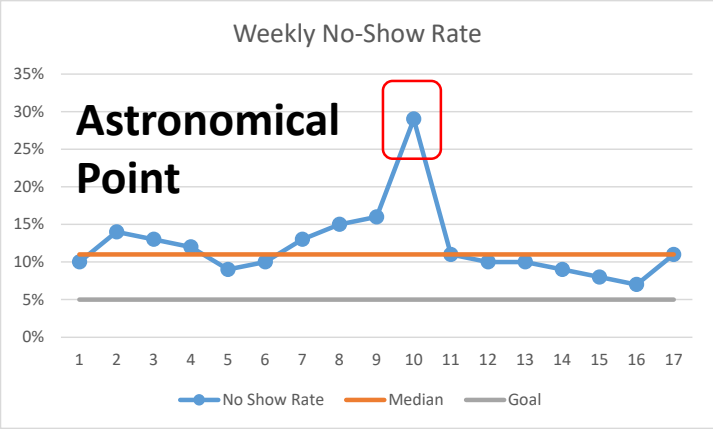
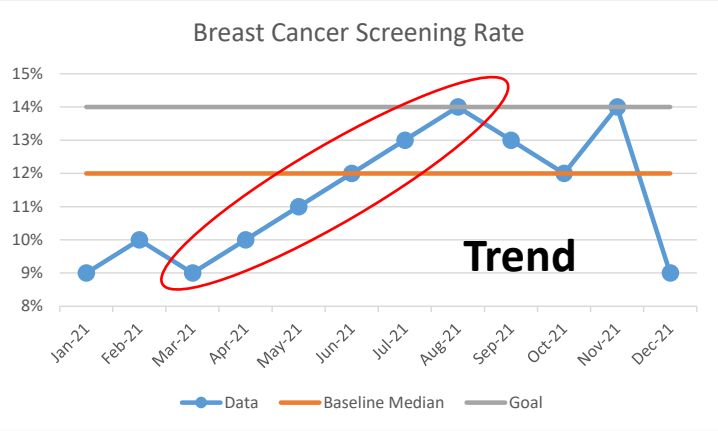
Review Session II - Data for QI

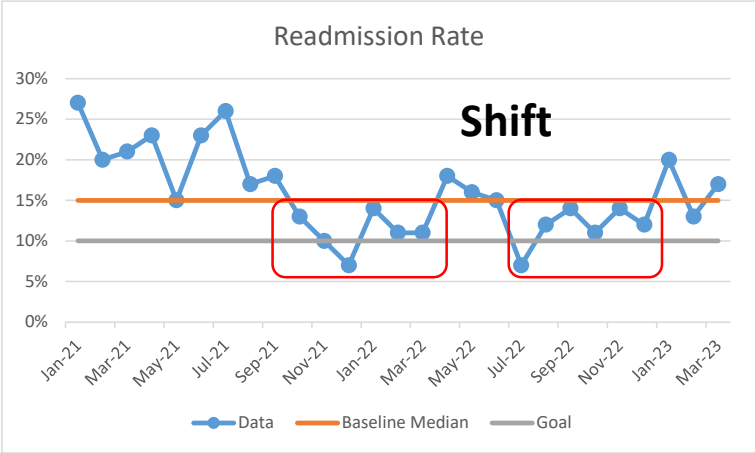
Understand	• How does the current system perform?
Predict	• What interventions might improve the performance of the current system?
Evaluate	• Did our interventions result in improvement?
Monitor	• Are our improvements sustained over time?
Engage	• What do stakeholders need to know?

Review Session II - Data for QI

All data exhibit variation, either common cause or special cause. There are 3 types of special cause variation: Astronomical Point, Shift and Trend



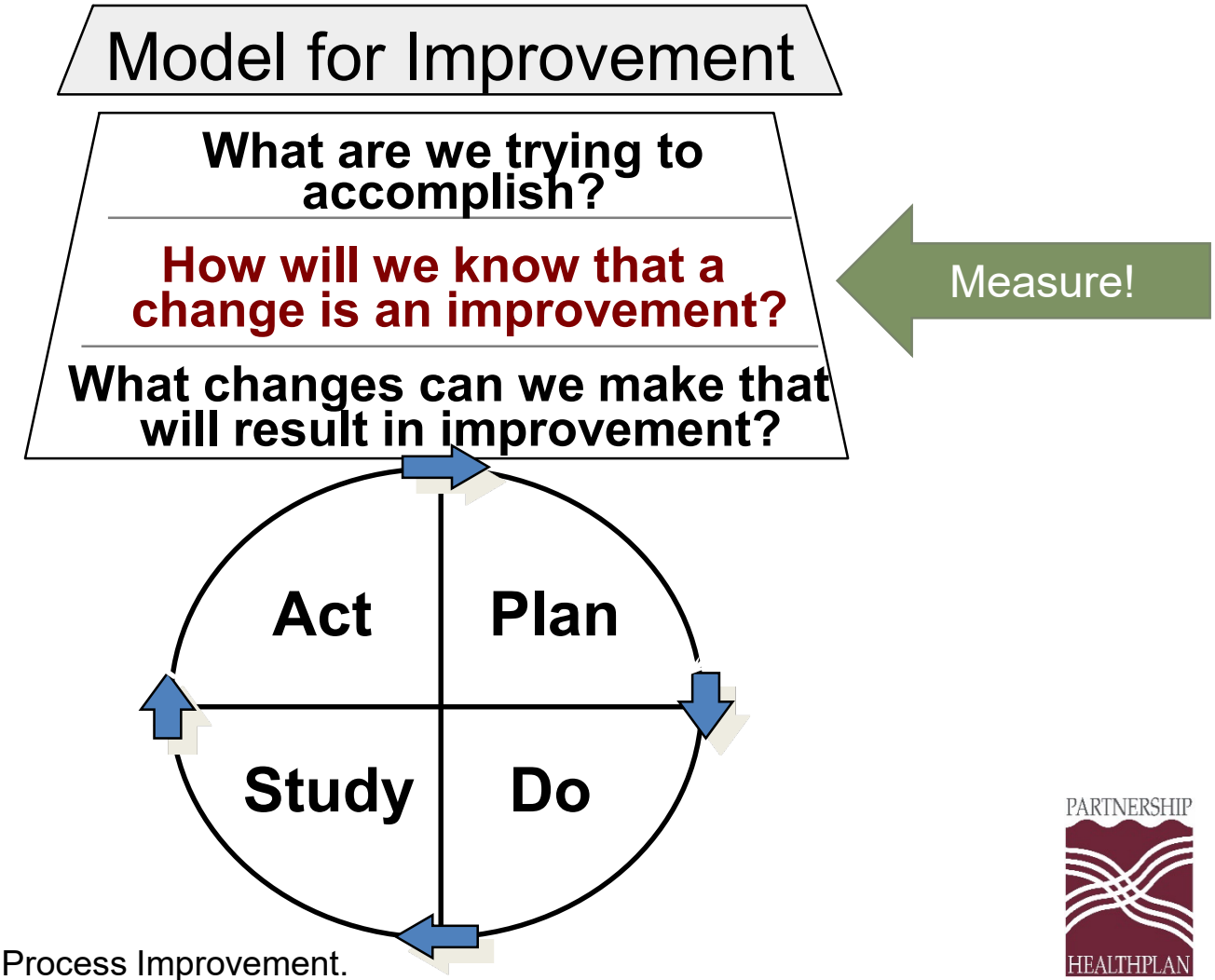




- Astronomical Point: One point that stands out from the rest
- Trend: Five points in a row (regardless of median)
- Shift: Six consecutive points that have moved to the other side of the median

Questions

"Measurement" within Model for Improvement



From Associates in Process Improvement.

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Learning Objectives

1

Understand the role of measurement for improvement

2

Learn and develop Outcome and Process measures

3

Be able to develop a data collection plan and strategies for implementing

Measurement for Improvement

Purpose: To track progress over time and to engage practice staff and leaders

Not for scientific research or provider feedback

Character

Simple (small samples)

Rapid (frequent sampling)

Motivating (immediate response)

Audience: QI Team, front-line staff and providers, senior sponsor, and leadership

PDSA Measures

Outcome Measure

Process Measures

Balancing Measures

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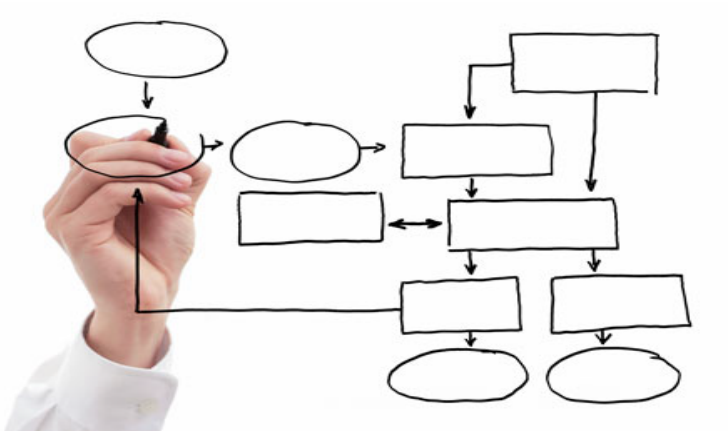
Outcome Measure

- Directly relates to aim ➞ what you want to change
- Answers the questions:
  - Did we achieve our aim?
  - Is anybody better off?

Process Measures

- Measures whether a change has been accomplished
- Helps us understand why we did or did not achieve our aim
- Should be sensitive to changes



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Balancing Measures

- Directly relates to aim - what you want to change
- Answers the questions:
  - Did we achieve our aim?
  - Is anybody better off?

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Arrival Time PDSA Measures

Aim: Improve my arrival time to work from 70% to 95% by December 31, 2022.

Outcome

- % of days with arrival to work at or before 8:30 a.m.

Process

- % of days kids are ready by 7:45 a.m.

Balancing

- Hours of sleep each night.

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Colorectal Cancer Screening Measures Set

Aim: Center #1 will improve early detection of colorectal cancer for patients 50 - 75 years of age by increasing colon cancer screening from 23% to 40% by September 30, 2022.

Outcome

- % of patients who are compliant with colorectal cancer screening requirements

Process

- % of patients with screenings ordered
- % of patients provided with health education on colon cancer screening

Balancing

- No-show rate for colorectal screening

Well-Child Visit Measure Set

Aim: Center #2 will increase the percentage of well-child visit compliance in the first 15 months of life, from 40% to 50% by December 31, 2022.

Outcome

- % of members that have completed 6 or more well-child visits

Process

- Number of well-child visits scheduled within the next month

Balancing

- Next available appointments for well-child visits

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Exercise 1

Aim: ABC Clinic will increase asthma medication ratio compliance from 74% to 85% by November 1, 2022.

Measure: # of asthma-specific appointments scheduled.

a. Outcome

b. Process

c. Balance

Exercise 2

Aim: We will increase the percentage of Dr. Seuss' diabetic patients' A1C control compliance (A1c Value < 9.0) from 62% to 70% by December 31, 2022.

Measure: Percent of diabetic patients whose A1c is < 9.0%.

a. Outcome

b. Process

c. Balance

Exercise 3

Aim: Clinic Hope will increase well-child visits rates from 14.5% to 50% by September 30, 2022.

Measure: Rate of childhood immunization compliance by two years of age.

a. Outcome

b. Process

c. Balance

Exercise 4

Here is an aim statement and a list of measures for each. Categorize each measure as an:

- Outcome Measure (O)
- Process Measure (P)
- Balance Measure (B)

Aim statement: We will improve the cervical cancer screening rate for women ages 24 - 64 from 45% to 65% by September 30, 2022.

Measures:

- % of women who scheduled a CCS appointment
- % of women with cervical cancer screening completed
- % of women due who received a CCS reminder
- Third next available appointment

Recap of Measures

Outcome

- Relates directly to aim
- Answers question – did we achieve our aim?

Process

- Measures whether a change has been accomplished
- Helps us understand why we did or did not achieve our aim

Balance

- “Unintended” impact
- Can be + or - impact

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Considerations When You Are Selecting Measures

- **Improvement Topic**
  - Manageable number of measures
  - Define patient population
- **Methodology**
  - Sample size
  - Frequency
  - Sources
- **Key Players: Data selection/data collection**
  - QI team
  - Involve “front line” in the selection of measures
  - Involve the data collectors in planning collection
  - Get senior leader support for your measures

Once You Have Selected Your Measures

- **Define them**
  - Numerator and denominator criteria
  - "Lingo" definitions
- **Create a data collection plan**
  - Where will the data come from?
  - Who will collect and analyze data?
  - How often will data be collected and reported?

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How Big is this Elephant?

Defining Your Measures

- **Conceptual definition** or the measure "name"
  - Tells **what** will be measured
  - For example: Patient wait time

- **Operational definition** – "Specify and Quantify"
  - Tells **how** it will be measured
  - For example: Time elapsed from the scheduled appointment time until time patient enters exam room, in minutes
    - Could also look at a balancing measure to define the difference between the patient arrival time relative to the scheduled appointment time (i.e., Minutes arrived before or after scheduled appointment time)

Adopted from the Dartmouth Institute for Health Policy & Clinical Practice

Defining Your Measures

Specify	Define	Create
Be specific. The more specific your measure definitions, the better!	For proportions and percentages: Define numerator and denominator criteria	Create operational definitions (common language definitions) for all "lingo": • No-show rate • Wait time, cycle time, etc. • Patient satisfaction

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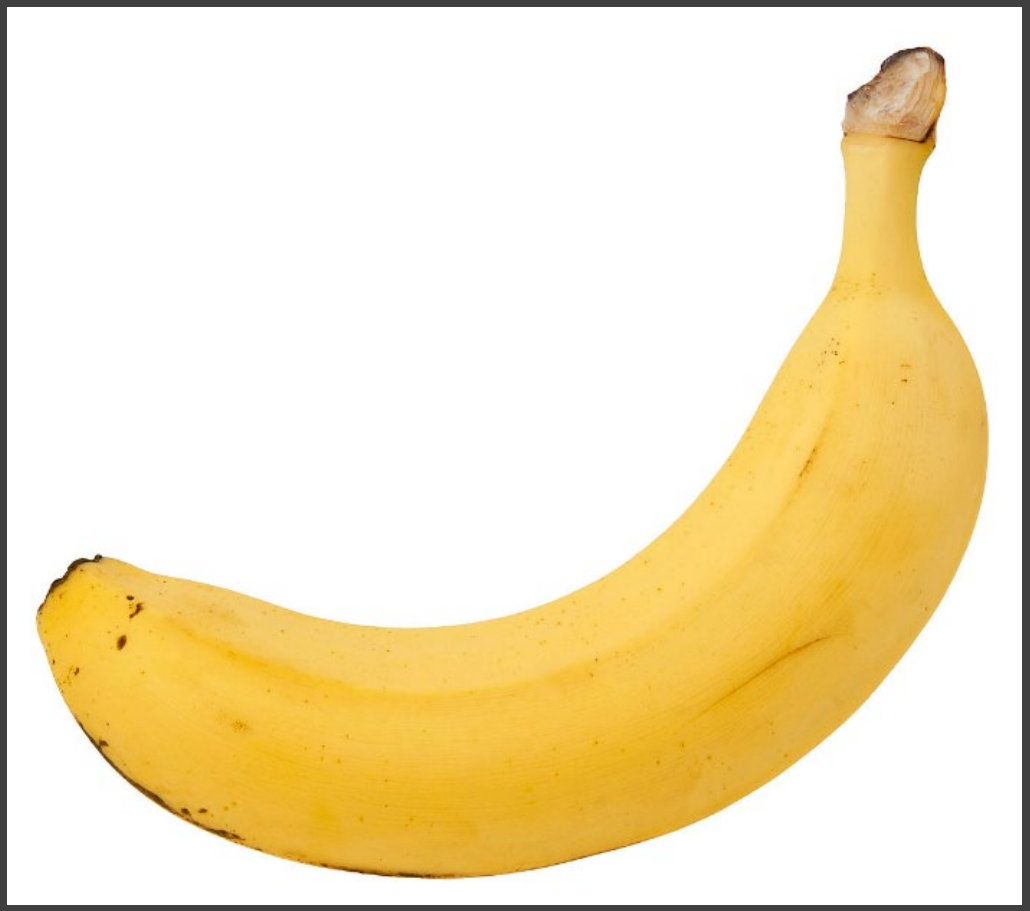
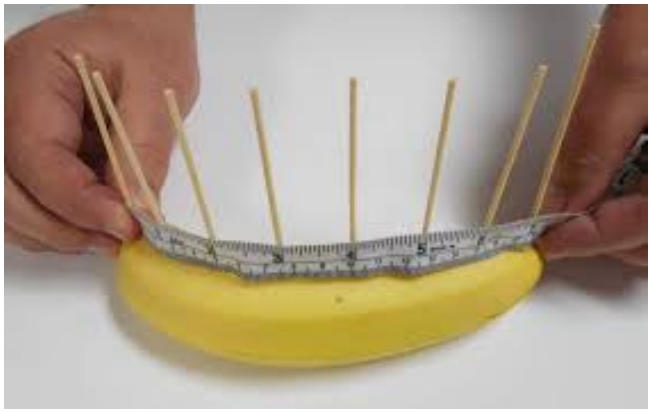


How to Measure a Banana?

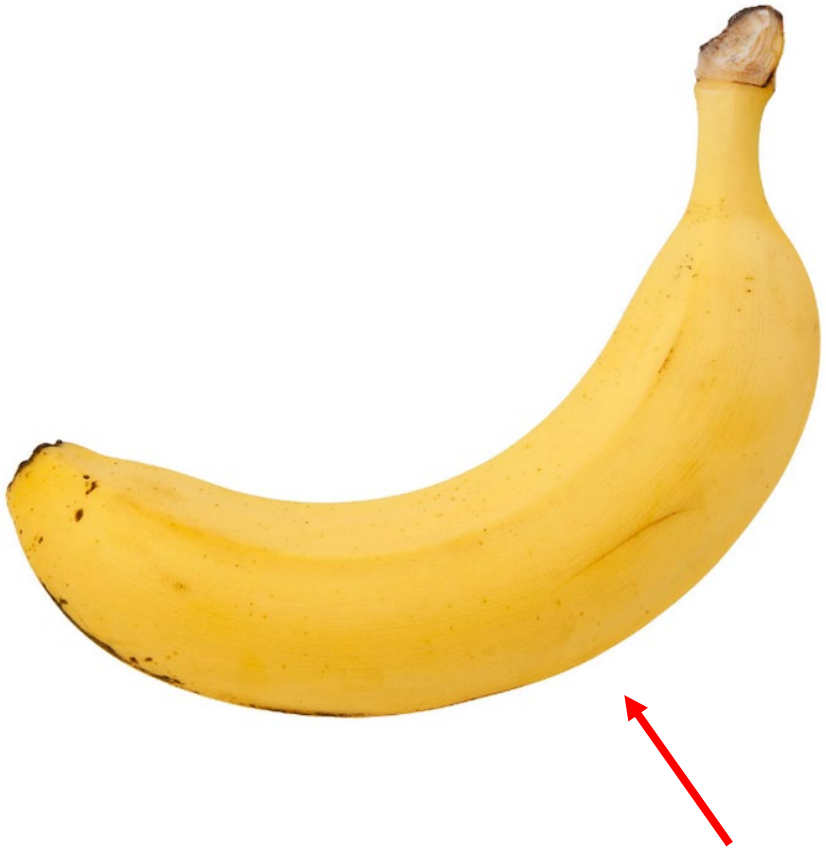
Measure the banana from top to bottom.



How to Measure a Banana?

How to Measure a Banana?

Measure the banana curve side out in inches from top of the stem to the black tip.



Measures Definition Worksheet

Project Name: Increasing breast cancer screening									
Measure	**Measure Type** *(Outcome, Process, Balance)*	**Description/Specs** *(include definition of numerator/denominator where appropriate)*	**Data Source**	**Measure Frequency**	**Reporting Frequency**	**How will data be presented**	**Responsible Person(s)**	**Baseline**	**Target**
Percentage of women 50-74 who had one or more mammograms within the measurement period	Outcome	Numerator: Women in the denominator who had one or more mammograms in the last 27 months Denominator: Women 50-74 years of age Exclusions: patients with bilateral mastectomy, patients with a history of both a right and a left unilateral mastectomy	Registry	Monthly	Monthly	Run chart at team meetings and QI committee	Data collection: MA Data presentation: PCP champion and/or QI Manager	52%	65% by 6/30/19

Example Data Collection Tool

Patient Identified as Needing Screening	Date/Time of Outreach Call Script	Call Events					Appointment Scheduled?			Appointment Kept?		
		Left Message	Phone Disconnected	Wrong Number	Spoke with Patinet or family member	Comments	Yes	No	Date	Yes	No	Rescheduled (Date)

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Recap – Measurement for Improvement

Purpose: To track progress over time and to engage practice staff and leaders.

Set of Measure

- **Outcome** – relates directly to the aim
- **Process** – measures whether a change has been accomplished
- **Balance** – "unintended" impact

When Defining your Measure

- Be specific
- Create operational definitions (common language)

Questions

ABC's of QI - Upcoming Sessions

Session 4: What Changes Can We Make That Will Result in Improvement

Date: Wednesday, June 8 **Time:** Noon - 1 p.m.

Session 5: Testing Change Ideas - Plan-Do-Study-Act (PDSA)

Date: Wednesday, June 22 **Time:** Noon - 1 p.m.

Quality Improvement Trainings

Accelerated Learning Education Program

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Date: June 7 **Time:** Noon - 1:15 p.m.
Pediatric Health - A Cluster of Services for 0 – 2 Year Olds

Date: July 12 **Time:** Noon - 1:15 p.m.
Pediatric Health - Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents

Using Lean and A3 Thinking to Manage Improvement Projects

This course will provide an introduction to Lean Thinking and how improvement teams can use the A3 tool to manage the full cycle of an improvement project from planning, monitoring, and sharing what you are learning.

Date: June 15 **Time:** Noon - 1:15 p.m.

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Evaluations

Please complete your evaluation.

Your feedback is important to us!

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Thank You!

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