



NATIONAL QUALITY CENTER

Narrowing Your Focus – Using Data to Launch Improvement Activities

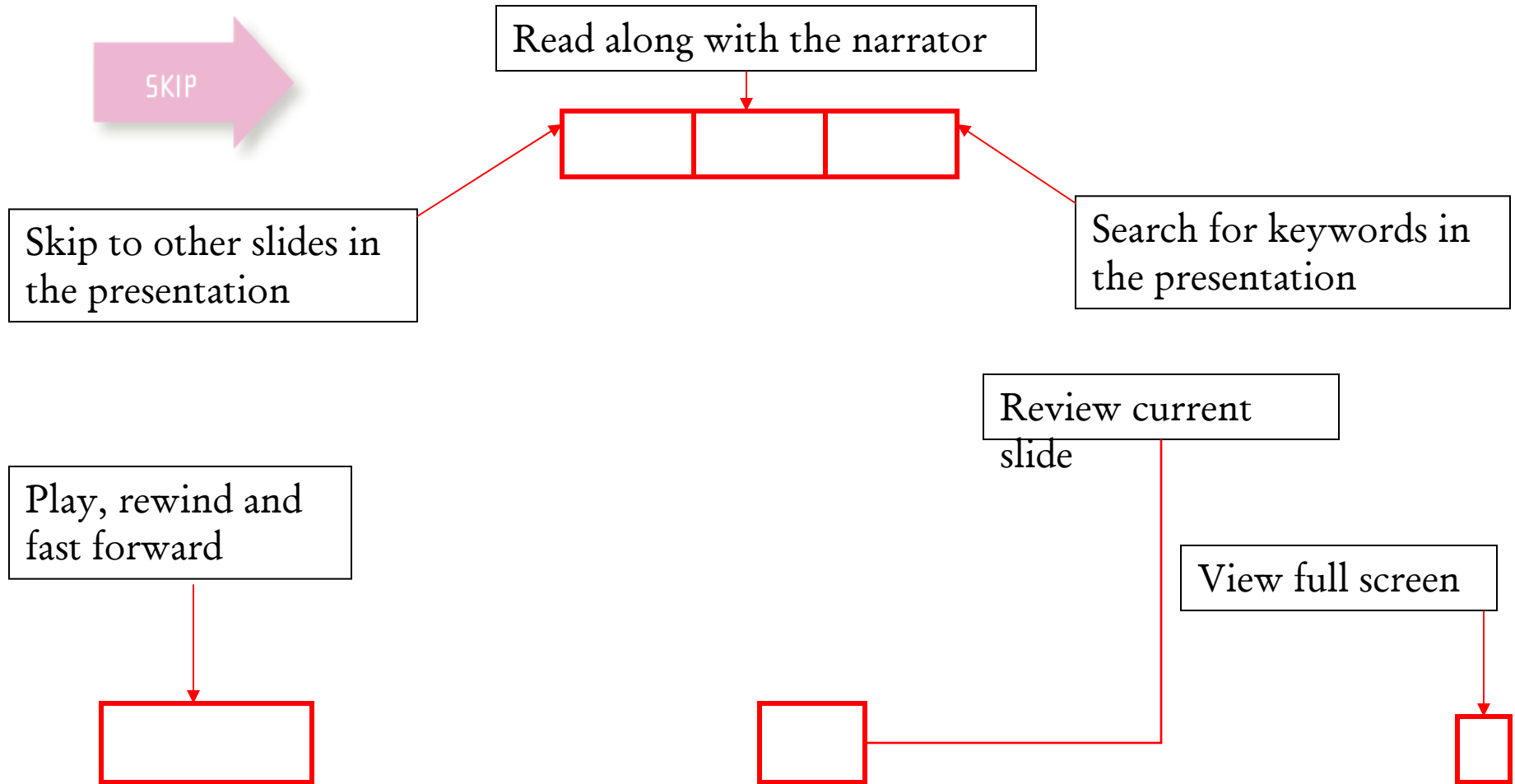
The Quality Academy
Tutorial 10



Learning Objectives: You Will Learn About...

- Importance of linking data to improvement activities
- Analyzing data
- Data sharing
- Data follow-up

Tips for Viewing This Presentation



What's Wrong with this Picture?



What's Wrong with this Picture?

- There are too much data...
- Don't get distracted from all the noise – focus on the core findings
- Set priorities – you can not do everything!
- Communicate clearly – tell folks what is important!

Why Measure?

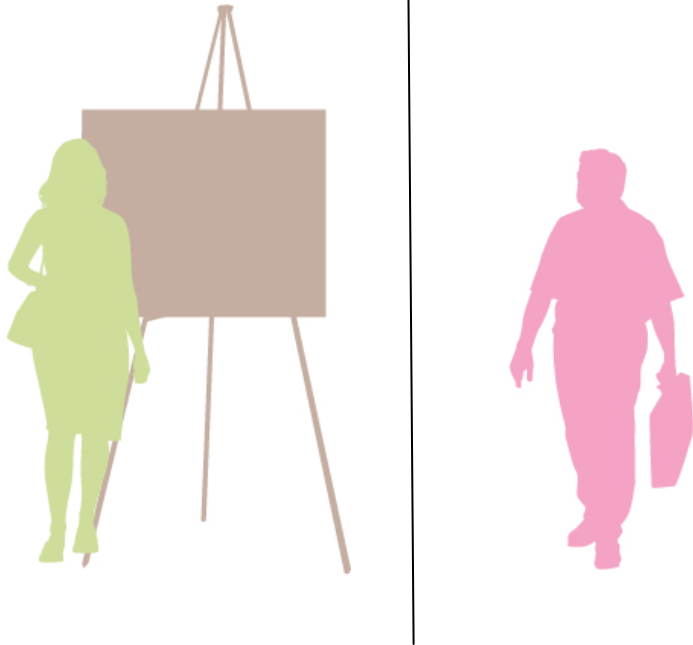
- Separating what you think is happening from what is really happening
- Establishing a baseline and allowing for periodic monitoring
- Determining whether changes lead to improvements
- Comparing performance with others
- Linking performance data to quality improvement activities

Information Into Action



Barriers To Putting Data Into Action

Information → Action

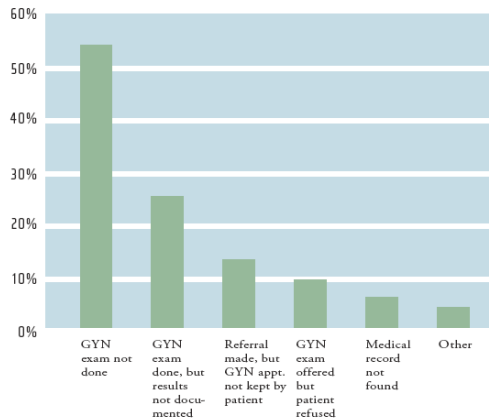


- Don't even know where to get data/info
- Paralysis by analysis
- No one is interested in it
- Defensiveness
- Too complex to understand
- Incorrect data collection and/or interpretation of data results

Stages of Coping with Data (*Don Berwick*)

Key Question

What action steps should you take once the data are collected?



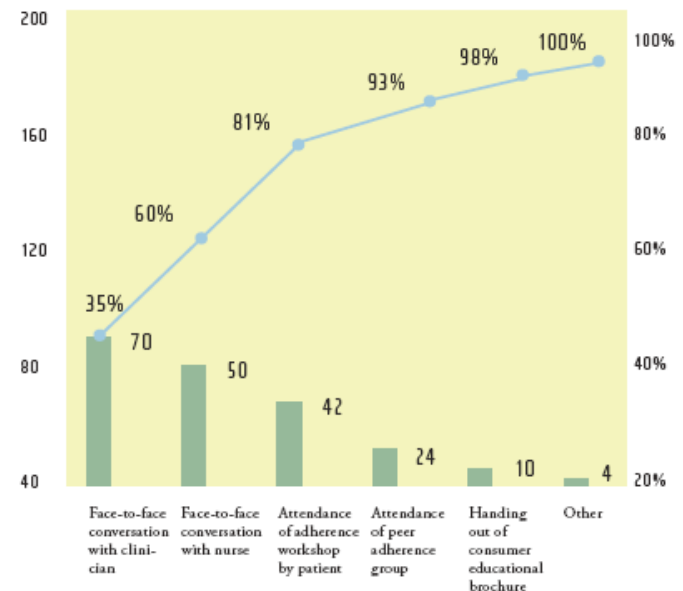
Data Analysis



- What are your key results?
- What are your major findings based on generated data reports and your data analyses?

First, Look at the Data - What Do the Data Tell Us?

- How bad is the problem?
 - How many?
 - How often?
 - How severe?
- Is the performance stable, or is there a trend?
 - Getting better?
 - Getting worse?



Analyzing the Data (HAB's 9-Step QM Technical Assistance Manual)

- Analyze data and review the results
- Identify areas where additional data are required
- If historical data are available, compare for trends
- Display and distribute data to communicate findings and results
- Identify areas for improvement and select a quality improvement project

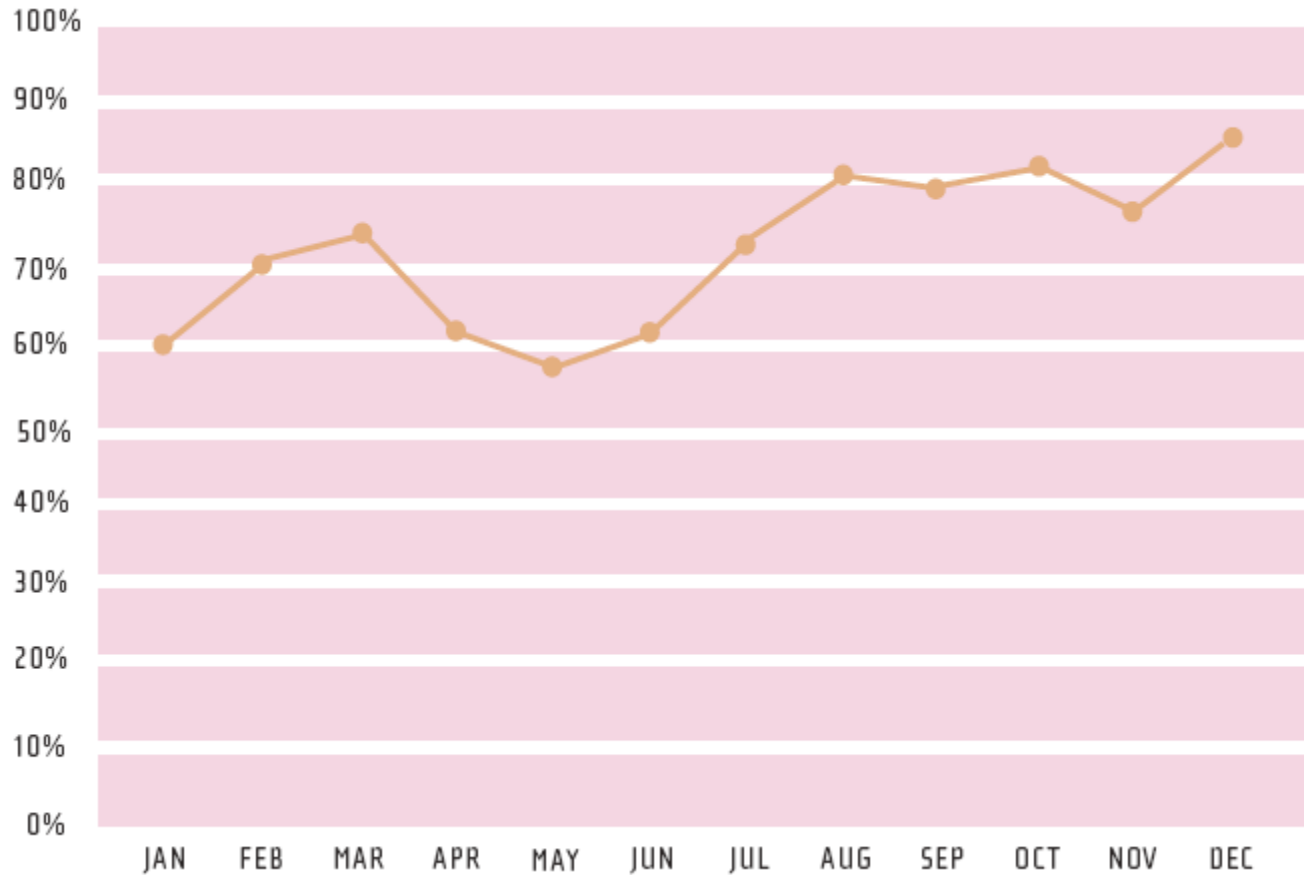
Tools to Analyze Data

- Run Chart
- Histogram
- Pie Chart
- Pareto Diagram

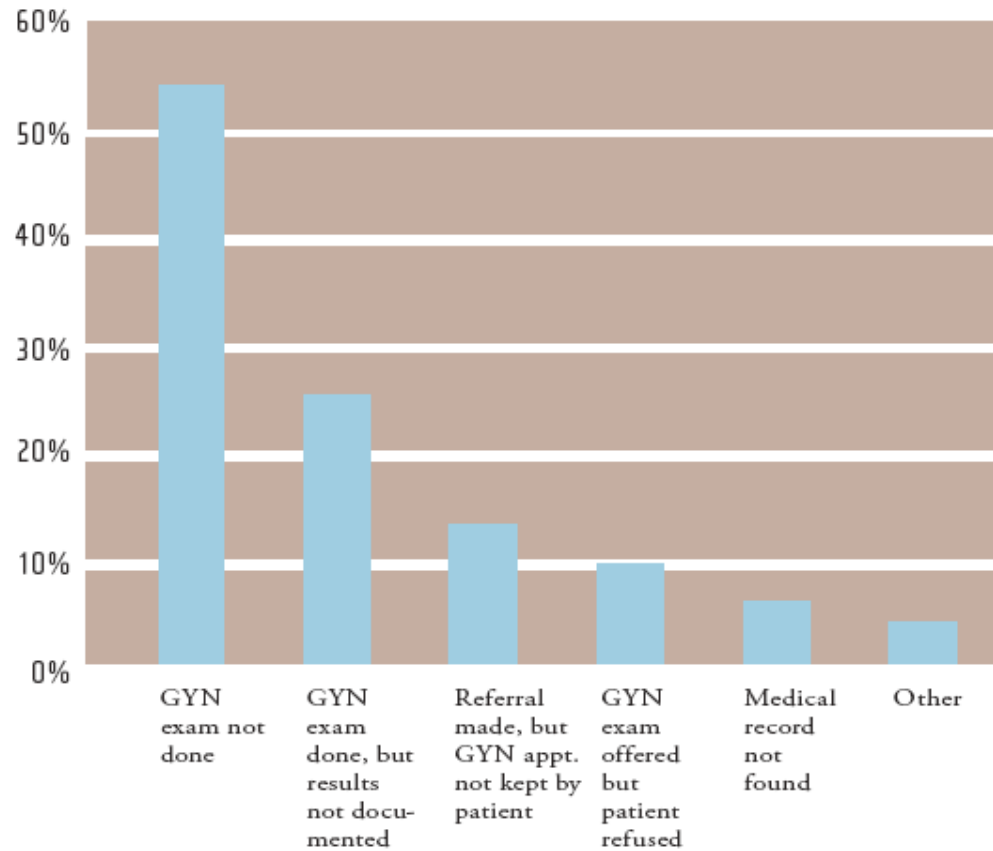
For detailed information about these tools, visit Tutorial 14.



Run Chart

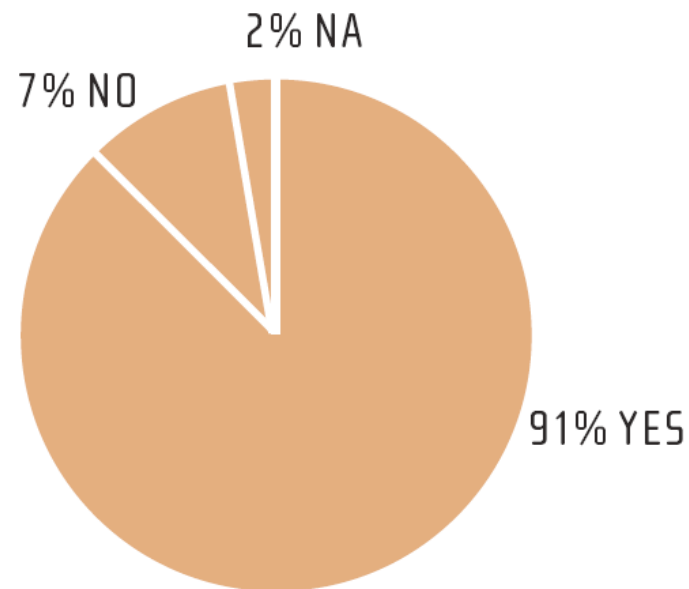


Histogram



Pie Chart

Pie Chart: Did the patient receive PCP prophylaxis?

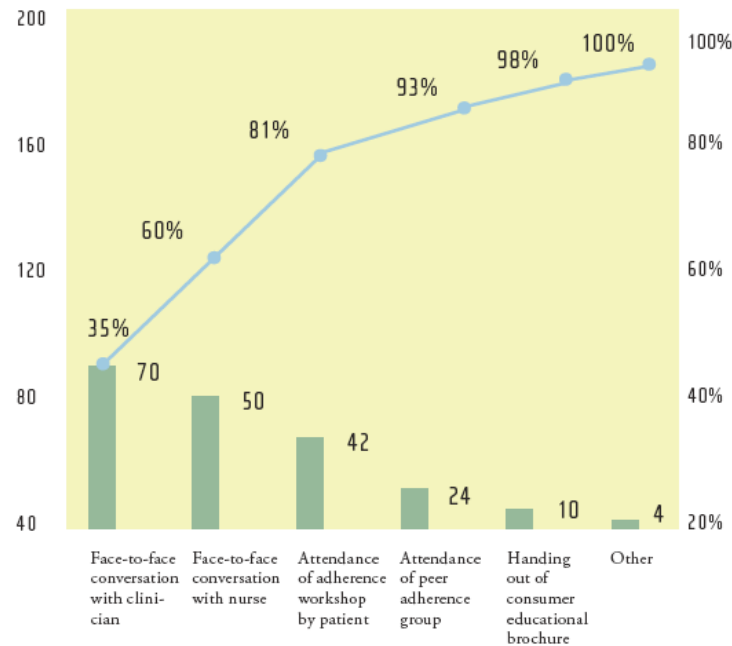


The Pareto Principle

- “Whenever a number of individual factors contribute to some overall effect, relatively few of those items account for the bulk of the effect”
- Identifying these “vital few” helps make our improvement work effective and efficient

Pareto Diagram

Pareto Chart: Which Adherence Interventions Work?



Pareto Diagram



“Pareto diagrams are to quality improvement what triage is to emergency medical care.”

Paul Plsek

Basic Tips for When Reviewing Data Graphs

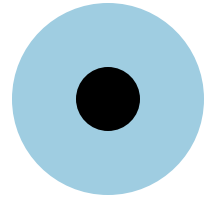
- Understand the numerator and denominator of the indicator
- When you look at a percentage, ask for the “n,” the number of cases involved
- Keep in mind, a significant data trend is defined as 8 data points in one direction
- Pay attention to units and scales to avoid misinterpretation

Making Sense of Data

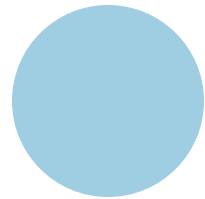
- Adherence counseling rates are 53%
- The percentage of women with GYN referrals who kept their appointments are 19%
- Recent reports by the GYN provider indicate high numbers of advanced cervical lesions
- The administrator wants to increase the number of average daily client visits by 40%

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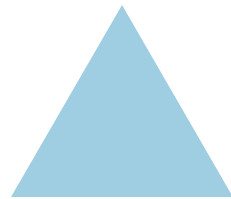
Useful Symbols for Rating Projects Against Criteria



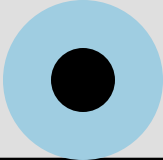
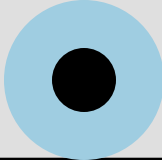


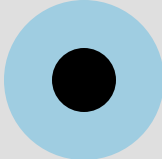
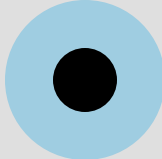


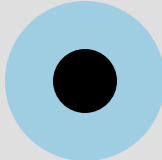






High Impact



Medium Impact



Low Impact

	Adherence Counseling	GYN Referrals	Client Visits
Improves patient care			
Data available			
Current priority			
Departments are willing			
Not adding work			

Data Sharing



- Did you discuss the data results and analysis with your quality management committee?
- How did you share the data results with your staff and consumers?
- How do you generate ownership among staff and consumers?

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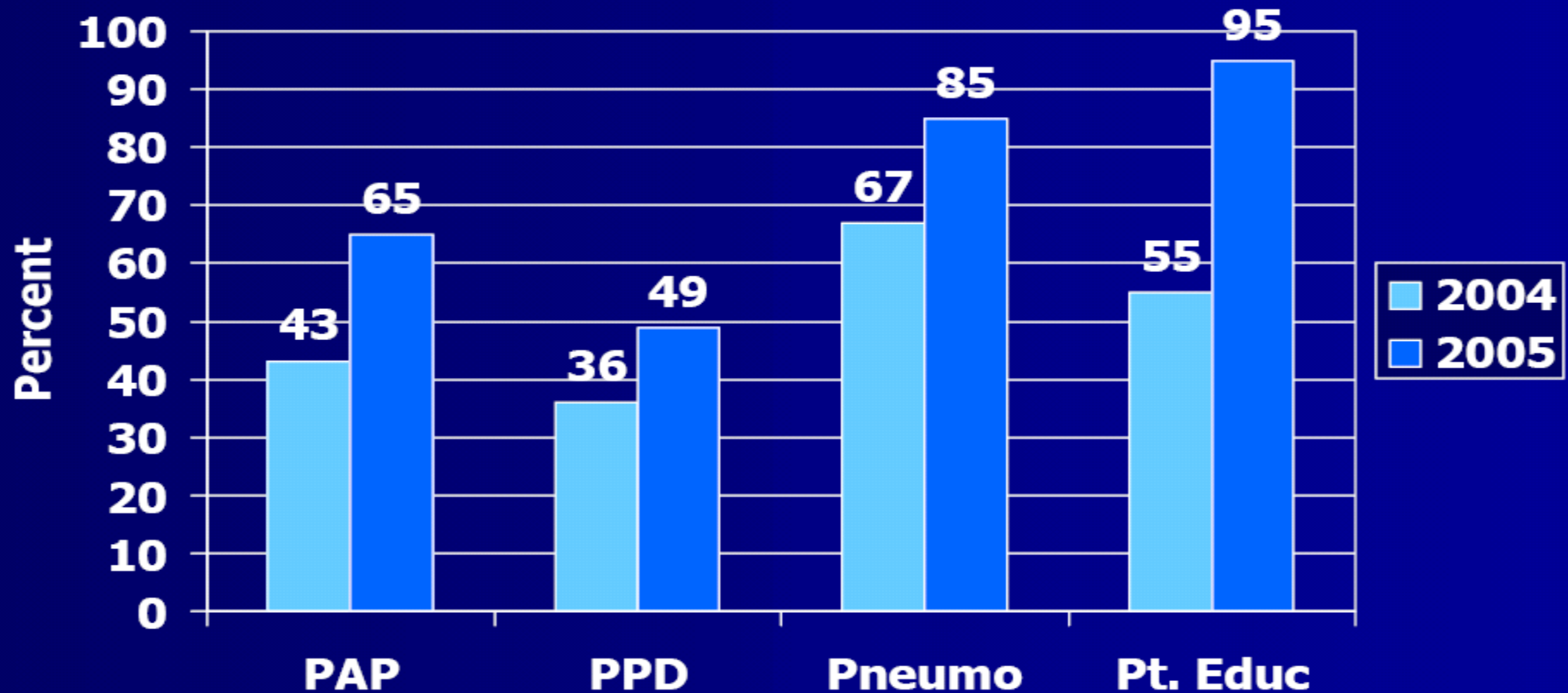
Tips to Format Your Report*



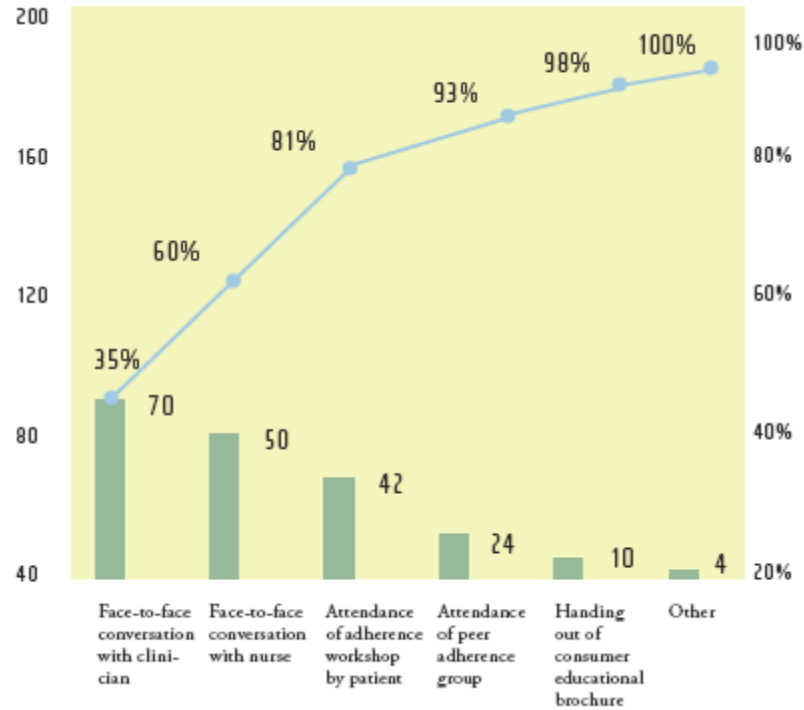
- Keep it simple
- Include a summary
- Avoid technical jargon
- Show the indicator definition
- Highlight points of interest
- Color highlight key findings
- Label charts clearly
- Source your information
- Provide comparisons

* Using Outcome Information—Making Data Pay Off, The Urban Institute, p. xiv, 2004.

Clinic Performance 2004-2005



Creating Data Ownership



Tips to Create Data Ownership

- Involve stakeholders when reports are generated and disseminated
- Share reports with staff promptly & listen to variance explanations
- View performance improvement as a management tool
- Watch out for defensiveness
- Watch out for paralysis by analysis

Test Question

What would be the best graph to display this data? For a small program with only three social workers, the percentage of the total clients counseled by each social worker?

- A) Pie chart
- B) Run chart
- C) Bar chart

Test Question

Which of these is NOT a recommended criterion to use in evaluating potential improvement efforts?

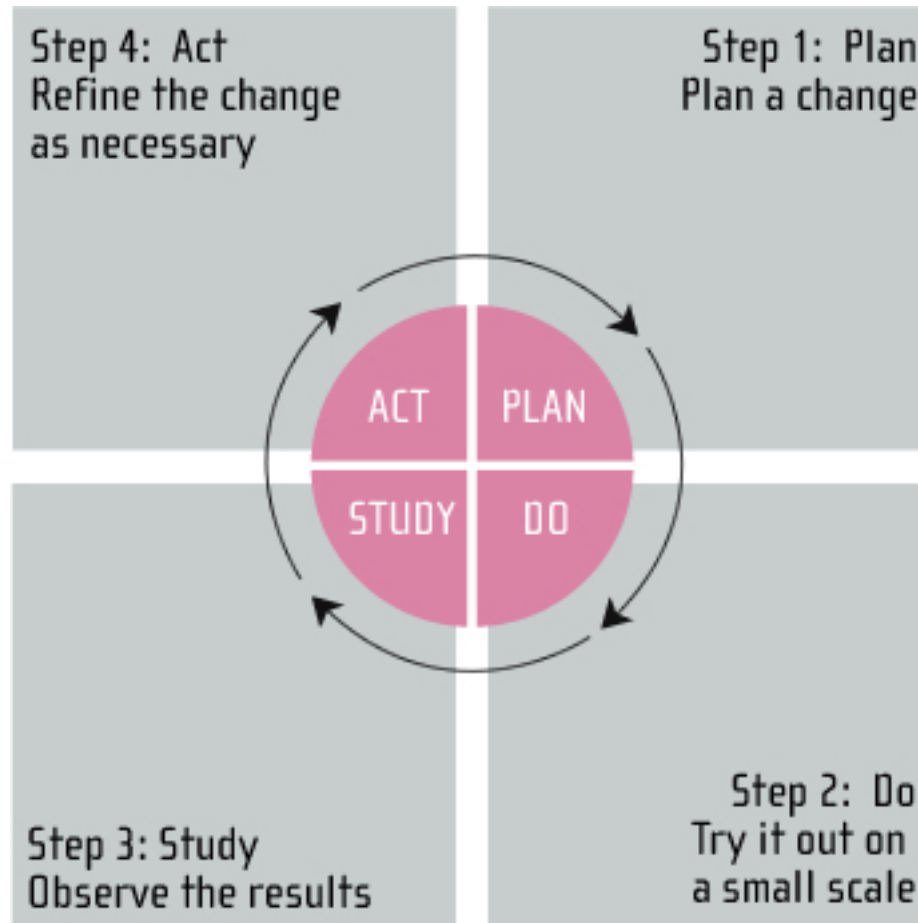
- A) Likely team members will have time to work on the project
- B) The project will receive support from staff and leadership
- C) The project will require minimal resources to implement
- D) The performance of the process to be improved has been stable for a long time
- E) This process is able to be changed

Data Follow-up

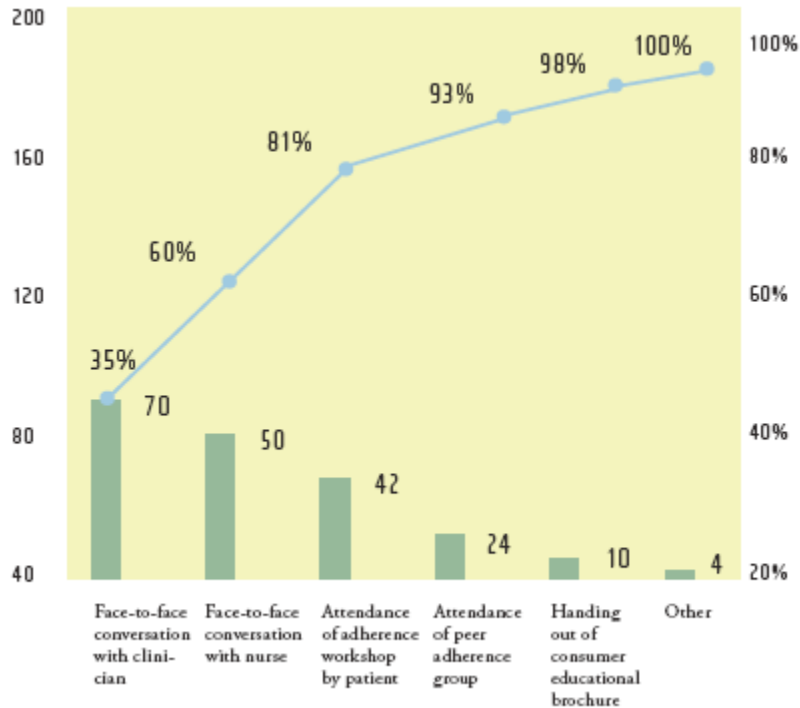


- What immediate changes will you make based on the key findings?
- Are you considering initiating a quality improvement project to address the data findings?

PDSA Includes: DO and ACT!!



Options for Actions



- Do nothing
- Take immediate individual action
- Quick PDSA
- Launch QI project

Data Follow-up Sheet

Data Follow-Up Sheet

Site Name: _____ Year of Performance Data: _____

A) Data Analysis:

What are the results for key clinical indicators?

What are the major findings based on generated data reports and your data analyses?

B) Data Sharing:

Did you discuss the data results and analysis with your QI committee? Facility-wide QI committee?

How did you share the data results with your staff and consumers (CAB, etc.)?

C) Data Follow-up:

What immediate changes will you make based on the key findings?

Are you considering initiating a QI project to address the data findings? Who will be responsible and what are the next steps?

Continue

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- What are the results for key clinical indicators?
- What are the major findings based on generated data reports and your data analyses?

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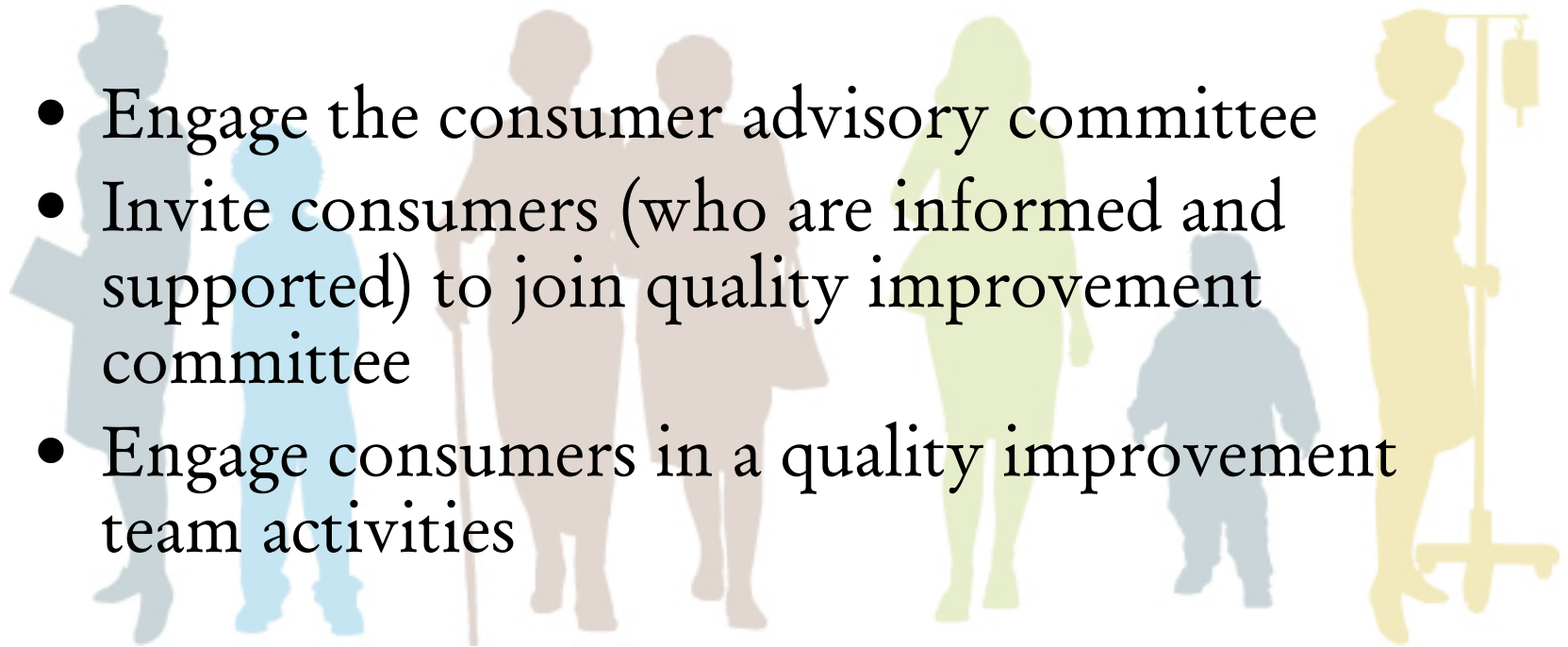
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- What immediate changes will you make based on the key findings?
- Are you considering initiating a QI project to address the data findings? Who will be responsible and what are the next steps?

Data Follow-up with Consumers

- Engage the consumer advisory committee
- Invite consumers (who are informed and supported) to join quality improvement committee
- Engage consumers in a quality improvement team activities



Key Points

- Once you have performance data, you need to review it to make decisions about possible areas to improve
- Simple graphs can help clarify the information provided by the data
- Other criteria to consider in selecting improvement work include strategic importance, level of buy-in, and likelihood of success
- The Pareto principle and diagram will help your organization to know what specific part of a process to focus on, for improvement

Resources

- *Measuring Clinical Performance: A Guide for HIV Health Care Providers*. A publication of the New York State Department of Health, AIDS Institute, 2002. The guide can be downloaded at: <http://nationalqualitycenter.org/index.cfm/6127/13908>
- The Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. Section 17: Data Presentation. New York State Department of Health AIDS Institute. <http://nationalqualitycenter.org/index.cfm/5928/13400>
- Berwick, Donald M. et. al. *Curing Health Care*. Jossey-Bass, 1990. See especially Resource B, “A Primer on Quality Improvement Tools.”

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Yes, a lot *Yes, a little* *Neutral* *No, not very much* *No, not at all*

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- To learn more about defining quality improvement tools, study Tutorial 14
- To learn more about the PDSA Cycle, study Tutorial 13



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