Introduction to Measurement for Quality Improvement


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Learning Objectives

Understand	Understand the difference between warranted and unwarranted variation.
Describe	Describe the rationale and importance of measurement as a fundamental component of the Model for Improvement.
Identify	Identify 3 types of measures used to measure improvement.
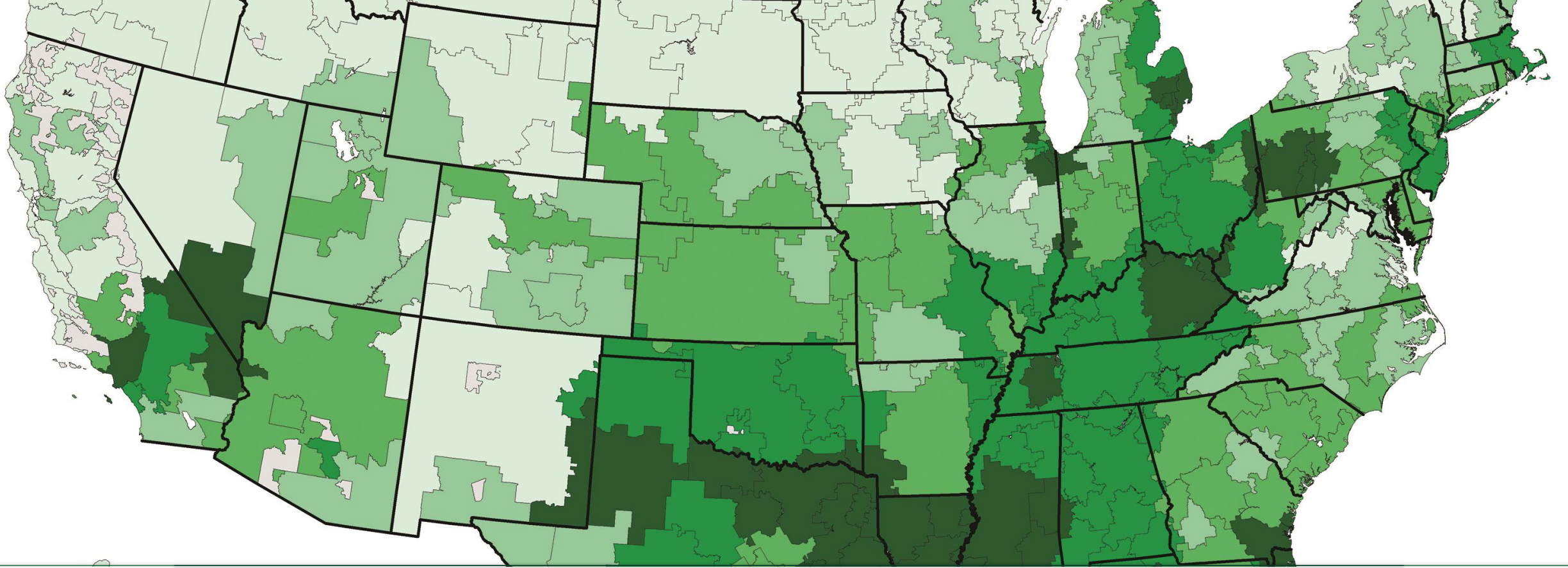
*"If I had to reduce my message for management to just a few words, I'd say it all had to do with **reducing variation.**"*

-W. Edwards Deming
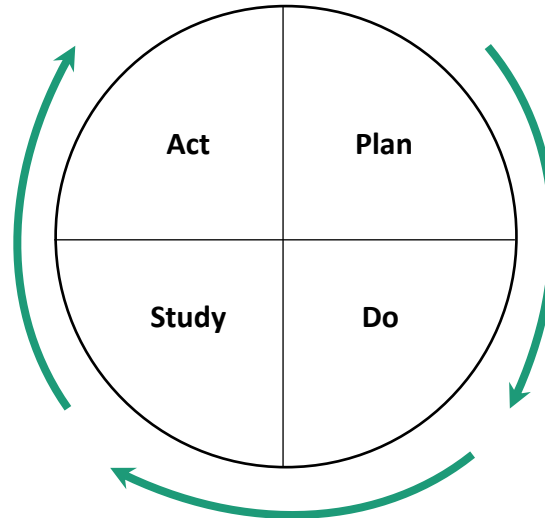
MEASUREMENT
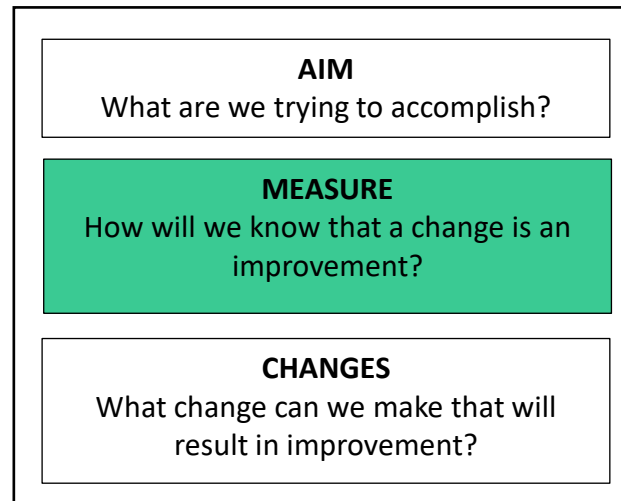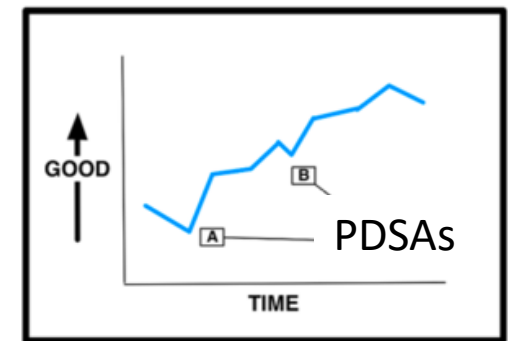## Three Different Approaches

RESEARCH

ACCOUNTABILITY

IMPROVEMENT

The Cornerstone of Our Methodology: The IHI Model for Improvement

AIM
What are we trying to accomplish?

MEASURE
How will we know that a change is an improvement?

CHANGES
What change can we make that will result in improvement?

Act   Plan

Study   Do

Use Your Key Driver Diagram to Develop Measures
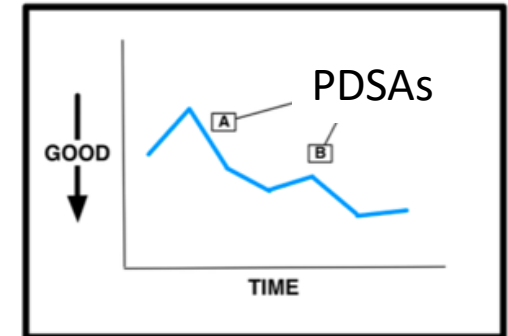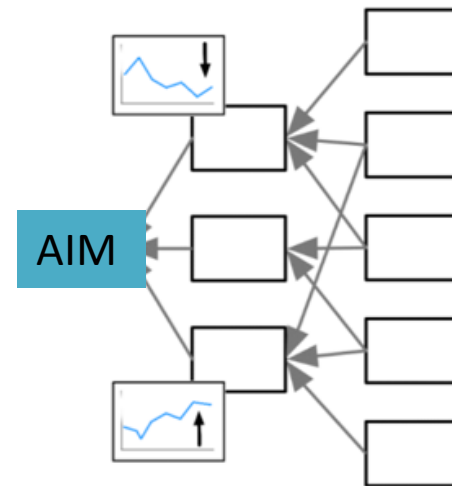
What Data Do We Need To Measure Improvement?

What is our baseline state?

How much does practice vary?

Are things getting better, worse, or the same over time?

Are the changes we are making an *improvement*?

Reference: Provost LP, Murray S. The Health Care Data Guide: Learning from Data for Improvement. Jossey-Bass; 2011.

Choosing Your Measures: It's a Family Affair!

Provost LP, Murray S. The Health Care Data Guide: Learning from Data for Improvement. Jossey-Bass; 2011.

Outcome	Are we achieving our SMART Aim?
Process	What are upstream steps that must occur in the process to achieve the SMART Aim?
Balancing	What could go wrong if we made this change? What are the unintended consequences?

Urgent Care Project Level Key Driver Diagram

Aim:

To decrease IBD related ER visits

Goals:

- Create a patient packet with contact information and urgent IBD care plan
- Have an on call IBD staff member who can direct urgent issues after hours
- Create an ER visit log for IBD patients and monitor it quarterly for ongoing trends

Primary Drivers

Patients are activated, well informed, and engaged in self-management and care planning.

Care is available and accessible when needed.

Care is collaborative, evidence-based, and consistent.

Care processes are patient-centered, with the right staff and resources to deliver the right care when needed.

Outcome

Decrease IBD related ER visits.

Process

Care processes are patient centered, with the right staff and resources to deliver the right care when needed.

Balancing

Care is available and accessible when needed.

Tap into the Collective Wisdom of Your Team & Patient Partners

Summary

Understanding variation in your micro-system (the place you do your work) is critical to improving it.

To understand if your changes are an improvement, you must measure, linking your measures to your Key Driver Diagram and SMART Aim.

Build your measure set with your team using a family of measures framework.

📖 Resources

Chapter 5: Measurement Part 1: Data Analysis for Decision Making in Health Care Objectives. In: Gregory S. Ogrinc, MD, MS; Linda A. Headrick, MD, MS, FACP; Amy J. Barton, PhD, RN, FAAN, ANEF; Mary A. Dolansky, PhD, RN, FAAN; Wendy S. Madigosky, MD, MSPH; Rebecca S. (Suzie) Miltner, PhD, RN, CNL, NEA-BC. *Fundamentals of Health Care Improvement: A Guide to Improving Your Patients' Care.* 3rd ed. Joint Commission Resources. 2018:67-85

Provost LP, Murray S. *The Health Care Data Guide: Learning from Data for Improvement*. Jossey-Bass; 2011.

Scanlon DP, Darby C, Rolph E, Doty HE. The role of performance measures for improving quality in managed care organizations. *Health Serv Res.* 2001;36(3):619-641.

Next Steps

ACTIVITY	MATERIALS
Review this lesson and share with key members of your team.	Measurement Part 1 micro-lesson powerpoint
Meet with your team and start brainstorming measures starting with your aim statement and primary drivers	Your SMART Aim Your Key Driver Diagram