

Focus the system  
on a common  
quality agenda

Catalyze  
Spread

Build  
Evidence &  
Knowledge

Broker  
Improvement

Evaluate  
Progress

## Understanding Measurement: Using Data in Primary Care QIPs

# Welcome and Introductions

## Presentation Team

Anne Speares  
QIP and Capacity Building Specialist  
Health Quality Ontario

Margaret Millward  
QIP and Capacity Building Specialist  
Health Quality Ontario

Trish Dwyer  
QIP and Capacity Building Specialist  
Health Quality Ontario

Gillian Batt  
Quality Improvement Coach  
Health Quality Ontario

Alice Strachan  
Quality Improvement Coach Health  
Quality Ontario

Jennifer Rayner  
Regional Decision Support  
Ontario Community Health Centres  
JRayner@lihc.on.ca

# Primary Care QIP Webinar Series

**Webinar 1 - Tuesday Feb 12 at 7:30am and 12:10pm:**  
*Completing Your QIP – Understanding Each Step*

**Webinar 2 - Wednesday Feb 13 at 7:30am and 12:10pm:**  
*Quality Improvement for Primary Care – An Introduction*

**Webinar 3 - Thursday Feb 14 at 7:30am and 12:10pm:**  
*Understanding Measurement – Using Data in Primary Care QIPs*

# Learning Objectives

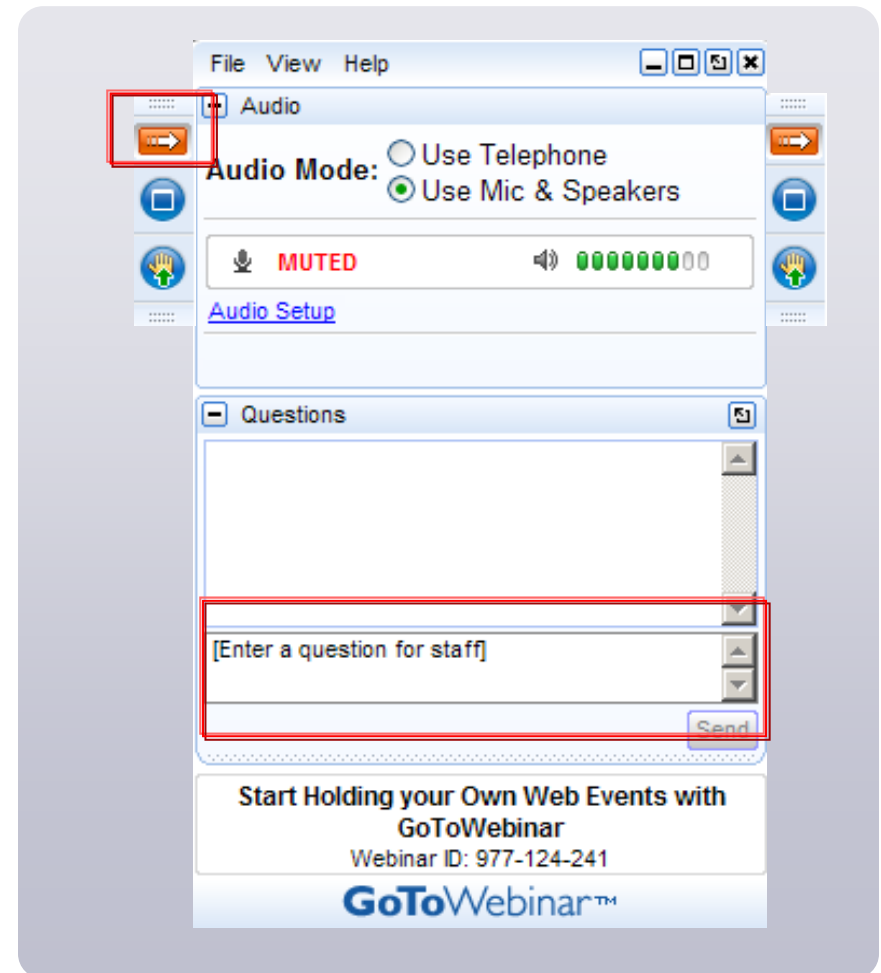
- Understand the differences between measurement for improvement, research and accountability
- Understand the importance of measurement with respect to Quality Improvement
- Understand the three priority indicators (Access, Integrated, Patient Centred) identified in the QIP template
- Identify methods to establish baseline data and targets

# Agenda

- Overview of the webinar series
- Overview of measurement for improvement, research and accountability
- Measurement in the QIP Template
- The Quality Measurement Journey
- Question Period
- Overview of QIP Supports

# How to Participate

- The control panel, which allows you to participate in the conversation and control your sound, can be opened by clicking the orange arrow (pictured right)
- Please type any questions you may have into the question pane at the bottom of the control panel. If you ask a question and it is not answered, or if you would like more information following the webinar, please contact us at: [QIP@hqontario.ca](mailto:QIP@hqontario.ca)



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## Quality Improvement in Primary Care

### Supporting implementation of Quality Improvement Plans

[Guidance document](#)[Narrative](#)[QIP template](#)[Appendices](#)

# QUICK POLL

[http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi\\_primary.aspx](http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi_primary.aspx)

# Measurement helps you to...

- Build a case for change
- Learn about your system
- Progress towards your aim
- Sustain the aim

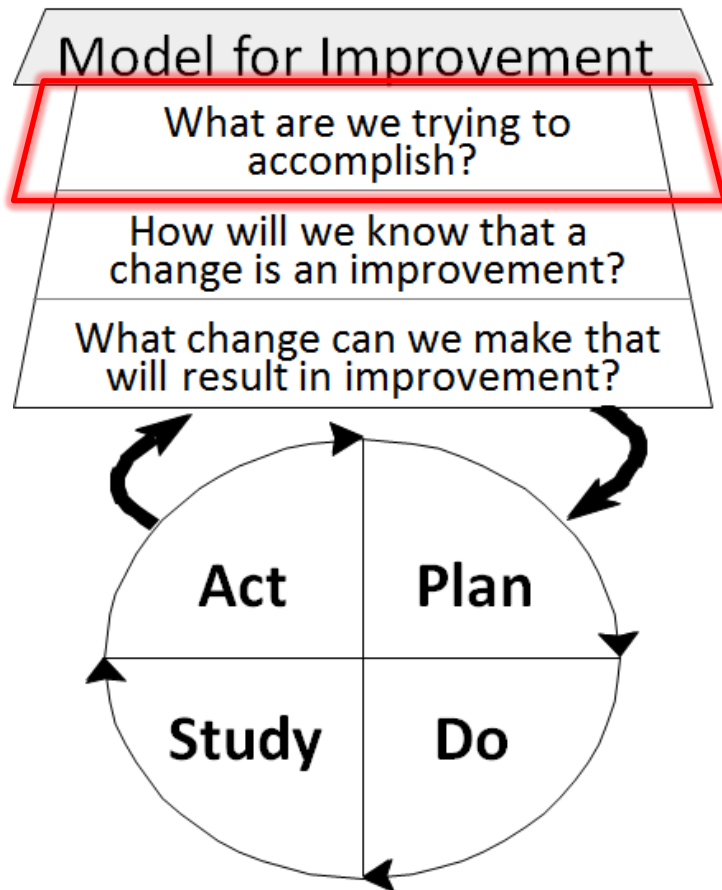


# Measurement for:

Aspect	Improvement & Learning	Research	Accountability
Purpose	To bring new knowledge into daily practice	To discover new knowledge	Comparison, choice, reassurance, spur for change
Tests	Many sequential, observable tests	One large "blinded" test	No tests
Biases	Stabilize the biases from test to test (accept consistent bias)	Control for as many biases as possible	Measure and adjust to reduce bias
Data	Gather "just enough" data to learn and complete another cycle (small sequential samples)	Gather as much data as possible, "just in case"	Obtain 100% of available, relevant data
Determining if change is an improvement	Run charts or control charts	Hypothesis tests (T-tests, F-tests, Chi-square), p-value	No change focus

Source: Solberg L, Mosser G, McDonald S. The three faces of performance measurement: improvement, accountability and research. *Joint Commission Journal on Quality Improvement*. 1997;23(3):135-147.

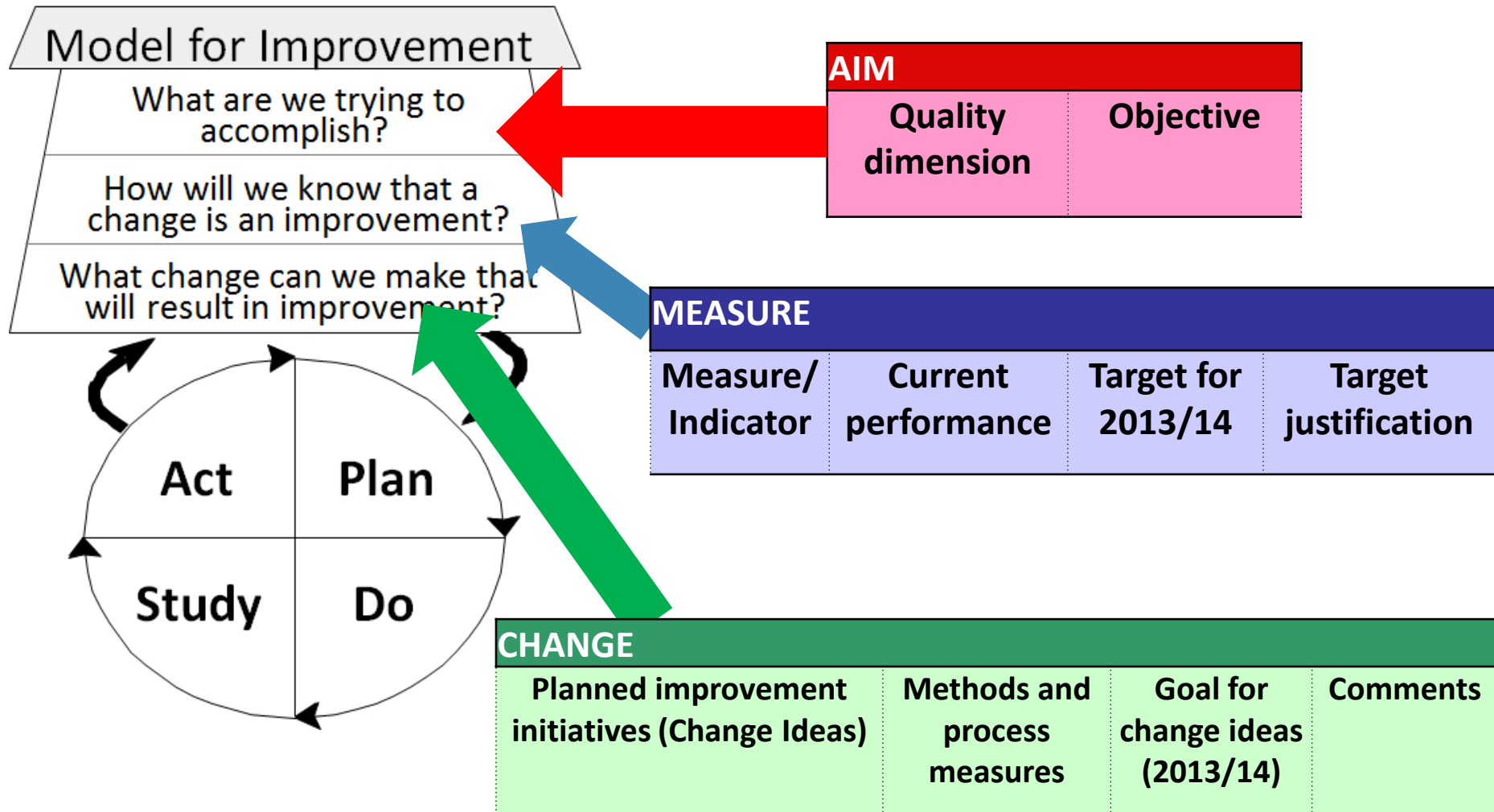
# Getting Started



AIM	
Quality Dimension	Objective
<b>Access</b>	Timely care when needed: Increase ability to reliably provide same day/ next day or day of choice to patients
<b>Integrated</b>	Improve patient follow-up (transitions): increase ability to schedule a primary care follow-up appointment after patient's discharge from hospital
<b>Patient Centred</b>	Improve patient experience
	<i>Space for additional indicators</i>

Langley, G.J., Moen, R.D., Nolan, K.M., Nolan, T.W., Norman, C.L., Provost, L.D. (2009). *The Improvement Guide: A Practical Approach to Improving Organizational Performance*. San Francisco: Jossey-Bass

# Quality Improvement Plan Template (Excel)



# The Quality Measurement Journey

## Identify Measures

- Link to AIM
- Types: Outcomes, Process, and Balancing

## Operational Definitions

- Description in quantifiable terms of what to measure and the steps to follow to measure it consistently

## Measurement Plan

- Need to determine what, who, why, when, how, data is collected. Consider sampling and stratification.

## Data Collection

- Try to use existing data, but may need to use some manual collection until changes are implemented.

## Analysis

- Many types of analyses such as statistical, capability, probability dependent on the types of data collected.

Lloyd, R. C. (2004). *Quality Health Care: A Guide to Developing and Using Indicators*. London: Jones & Bartlett Learning.

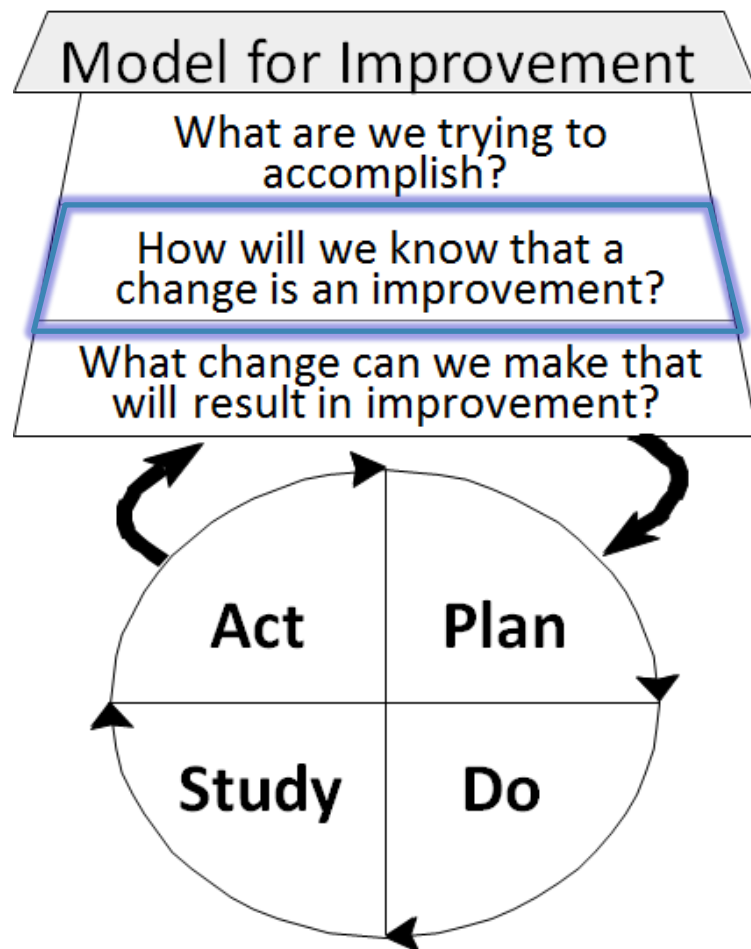
# Identify Measures: Outcomes

AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments
Access	Access to primary care, when needed	<b>Timely access to primary care, when needed:</b> Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed				Consider selecting initiatives such as: 1) Implement Advanced access principles	Consider selecting process indicators such as: Time to third next available appointment		
						2)			
						... N)			
Space for additional indicators									



<b>Measure/Indicator</b>	<p>This column has been pre-populated with a core set of indicators (see <a href="#">Appendix 1, Detailed Information to Complete Your QIP</a>, for more information on these indicators).</p> <p>Additional indicators can be added to address organizational priorities. When selecting additional indicators, please consider the importance of focusing on meeting the needs of your roster and/or community.</p>
<b>Current Performance</b>	<p>What is your organization's current performance associated with the indicator? Suggested information and reporting periods have been included for each of the core indicators to guide completion of this section (see <a href="#">Appendix 1, Detailed Information to Complete Your QIP</a>, for more information).</p> <p><i>Note: some primary care organizations are already measuring these and other indicators. For many others, this will be the beginning of the quality journey, and data for "current performance" is currently not available. In these cases, it is appropriate to describe current performance as "not available" and to indicate methods of gathering data in your change plans.</i></p>

# Identify Measures



## Measures

- Access
- Integrated
- Client/Patient Experience

[Appendix 1: Detailed Information to Complete Your QIP](#)

# ACCESS

**1) The last time you were sick, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?**

- a) same day
- b) next day
- c) 2-19 days (enter number of days: \_\_\_\_\_)
- d) 20 or more days
- e) Not applicable

**Analysis:**

- Numerator: Add up the number of respondents who responded "a) same day" + "b) next day"
- Denominator: (Number of respondents) minus (Number of respondents who selected "e) not applicable")



# INTEGRATION





# PATIENT / CLIENT CENTRED

2013/14 Quality Improvement Plan Guidance Document for Ontario's Primary Care Organizations

## Appendix 2 Patient/client surveys in primary care: Recommendations

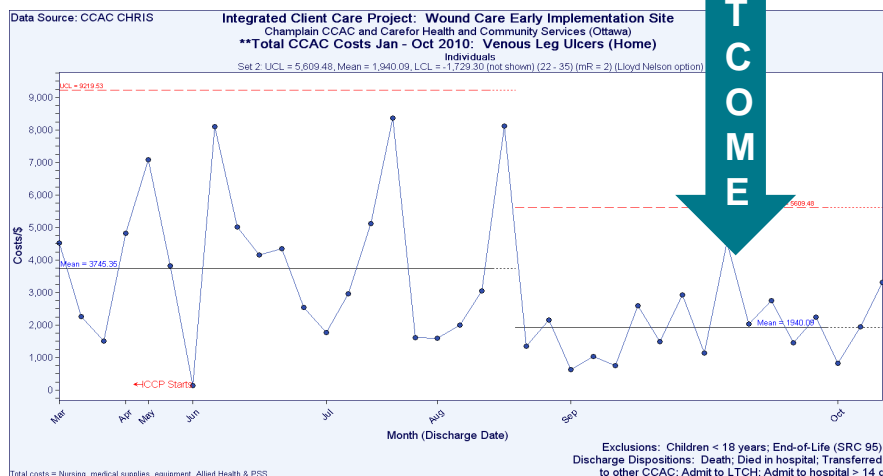
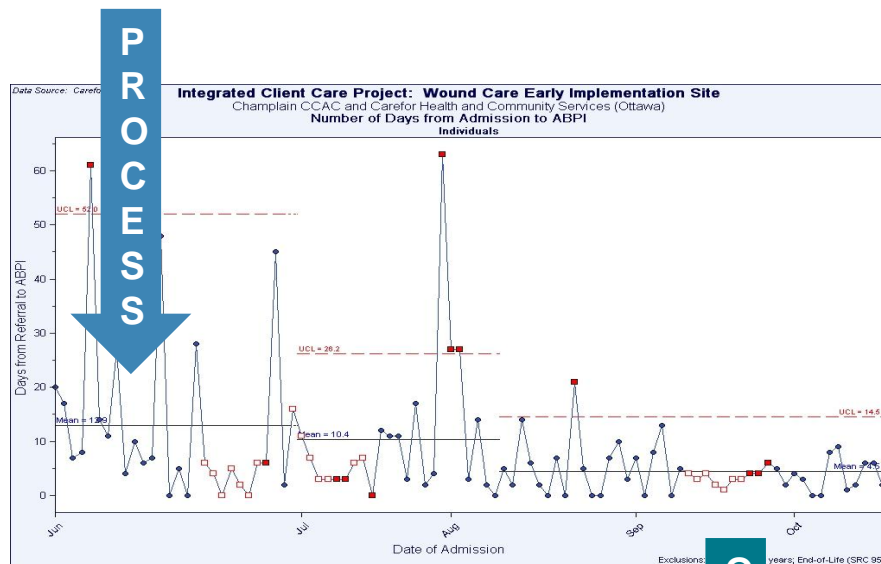
# Identify Process Measures

AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Primary care visits post discharge*: Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions				1)			
						2)			
						... N)			
Space for additional indicators									



## Methods and Process Measures

This column identifies the methods the organization will be using to track progress on its planned improvement initiatives and the process measures in place that can be used to evaluate progress of the initiatives in meeting target goals. Please see [Appendix 1, Detailed Information to Complete Your QIP](#), for more information on process measures for change ideas.



# Process Measures: Leading Indicators

When will my data start to move?

- Process measures will start to move first
- Outcome measures will most likely lag behind process measures
- Balancing measures – just monitoring – not looking for movement (pay attention if there is movement)

# Operational Definitions

Take an indicator and develop “*a description in quantifiable terms of what to measure and the specific steps required to measure it consistently*”

- Gives communicable meaning to concept or idea
- Is clear and unambiguous
- Specifies method, procedures and equipment required
- Provides decision making criteria
- Enables consistency in data collection

Lloyd, R. C. (2004). *Quality health care: a guide to developing and using indicators*. Jones & Bartlett Learning.

# Measurement Plan TOOL

What?			How?	When?	Where?	Who?
What is being measured? How is it related to other measures? What related data will be captured? Is it a process measure or an outcome measure? What type of data is being gathered (e.g., a process time, a defect count, etc.)?			How will the related data be captured? What data is produced by a computer and what is collected manually? If manually, which Data Collection Sheet is used?	When and how frequently will the data collection take place (e.g., day of week, time of day, frequency)?	On which unit, area, department will the data be collected e.g., medication room unit 4F.	Who is responsible for <ul style="list-style-type: none"> <li>capturing the raw data?</li> <li>aggregating/collecting the data sheets?</li> <li>updating the quality board?</li> </ul>
Process or Outcome Measure?	Measure	Type of Data				

# Tips for Data Collection

- Collect useful data, not perfect data
- Use existing data if available, but use a pencil and paper until the information system is ready
- Use sampling as part of the plan to collect the data to reduce workload
- Use qualitative data (feedback) rather than wait for quantitative data
- Build data collection into day-to-day processes.

**Make data visible!**  
**Especially to those involved**

# QUICK POLL

Are you using run charts in your organizations?

# Elements of a Run Chart





# Run Charts – An Overview

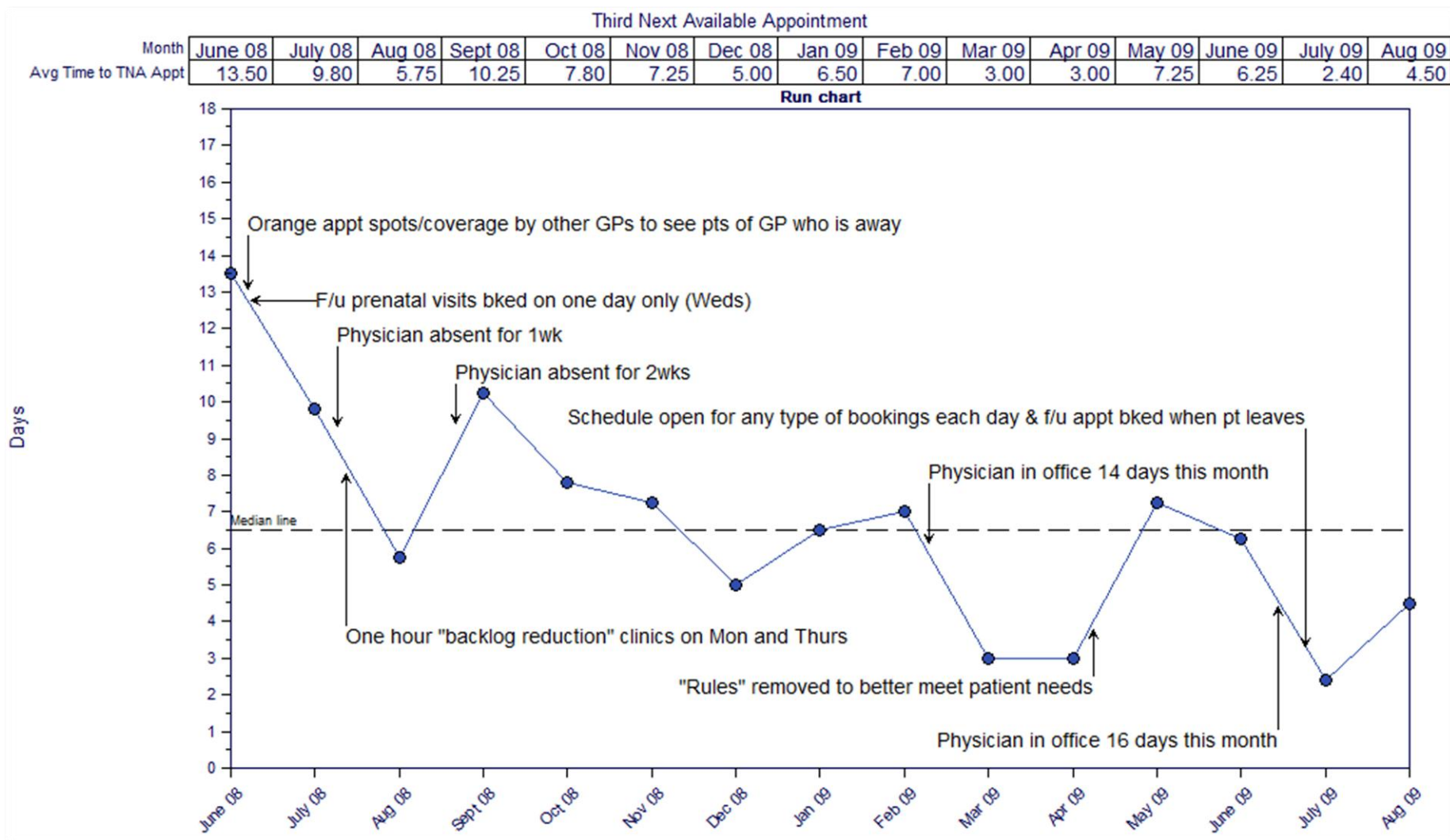
## What Is It?

- A run chart is a graphical display of data plotted in chronological order
- It is very easy to develop and simple to interpret
- Its simplicity makes it a powerful tool and one of the most useful for understanding and communicating variation

## When/Why Would I Use It?

- To help us understand **baseline** performance and identify opportunities for improvement
- To determine if a change resulted in improvement
- To determine if we are holding the gains made by our improvement
- To determine readiness for spread

# Example: Access & Annotation



# Analyze Data

- Analyze your data and review the results.
- Assign a reporting lead and report results on a quarterly basis to your board and staff, and on an annual basis to HQO.
- Identify areas where additional data is required.
- If historical data is available, compare for trends.
- Display and distribute data to communicate findings and results.
- Identify areas for improvement and select a quality improvement project.

# Analyze Data in the QIP Template: Measure Section

Current performance	Target for 2013/14	Target justification
<i>Example 1:</i> Unknown	Identify baseline	Not currently conducting patient surveys
<i>Example 2:</i> 26%	39%	Will aim to improve by 50% each year

See [Appendix 4: Target Setting for the Primary Care QIP](#) for more details

# Setting Targets

- Aiming for a theoretical maximum
- Matching a known best performer and implementing best practices where this information is available
- Cutting defects/waste in half



- Achievement of the average or median performance
- Matching the rate of improvement achieved by others.

# Questions?



# REFERENCES:

- Langley, G. J., Moen, R., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide: a practical approach to enhancing organizational performance*. Jossey-Bass.
- Provost, L. P., & Murray, S. (2011). *The Health Care Data Guide: Learning From Data For Improvement*. Jossey-Bass.

# Resources for Capacity Building

- HQO Quality Improvement Framework
- 2012/13 Quality Improvement Plan analysis report
- HQO QIP Specialists ([QIP@hqontario.ca](mailto:QIP@hqontario.ca))
- Live web-based learning opportunities from HQO
- Institute for Healthcare Improvement Open School
- HQO Quality Compass
- Signing up for bestPATH, Advanced Access & Efficiency & CDM, or other locally based initiatives



# Advanced Access, Efficiency & Chronic Disease Management for Primary Care Wave 6 Learning Community

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- Application deadline is March 1, 2013 (rolling application process)
- Wave 6 begins March 20, 2013
  - Six months of AA&E & three months of Chronic Disease Management (as well as three months of data collection for sustainability)
- Supports available to primary care practices:
  - QI Coaches
  - Resources such as: road map, workbook, tools, new & improved user-friendly Gateway, webinars
- For more information or to apply, visit: [www.hqolc.ca](http://www.hqolc.ca)
- Questions? Contact: [learningcommunityinfo@hqontario.ca](mailto:learningcommunityinfo@hqontario.ca)

# Primary Care QIP Webinar Series

Next webinar in series:

**Webinar 3 – REPEATS- Thursday Feb 14 at 12:10pm &  
Thursday Feb 28 at 7:30am and 12:10pm :**

*Understanding Measurement – Using Data in Primary  
Care QIPs*

**Webinar 1 - Tuesday Feb 26 at 7:30am and 12:10pm:**

*Completing Your QIP – Understanding Each Step*

**Webinar 2 - Wednesday Feb 27 at 7:30am and 12:10pm:**

*Quality Improvement for Primary Care – An Introduction*

Recordings of all webinars will be available on Health  
Quality Ontario's website: [www.hqontario.ca](http://www.hqontario.ca)

# Contacts:

- **Support completing QIP**  
**[QIP@hqontario.ca](mailto:QIP@hqontario.ca)**
- **Administrative Data**  
**AOHC-**  
**[J.Rayner@lihc.on.ca](mailto:J.Rayner@lihc.on.ca)**
- **Administrative Data**  
**Rostered Patients:**  
**[DDMSupport@ontario](mailto:DDMSupport@ontario)**





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