Welcome! We will get started in a few minutes.

Drop an emoji into the chat to let us know how your week is going.

Measurement & PDSAs

Model for Improvement Fundamentals Webinar

PB GH California Quality Collaborative
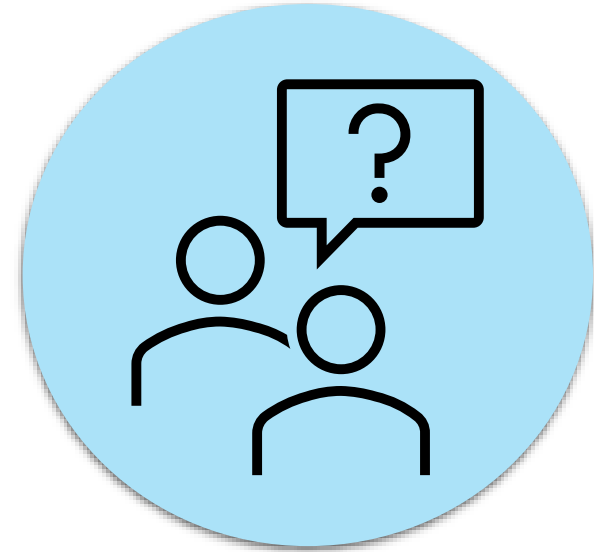
Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

- Share questions in the chat or come off mute

- Participate in breakout rooms and zoom polls

Need help?

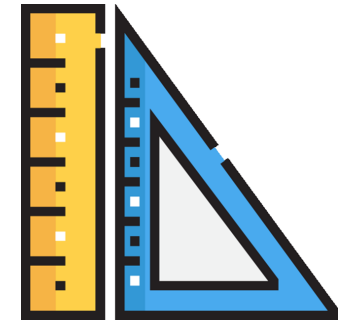Direct message Anna Baer if you have any technical issues

Our Agenda

Today, we'll:

Share SMARTIE Aim Statement progress and learnings

Analyze the PDSA cycle

Act | Plan
Study | Do

Practice developing measures based on SMARTIE Aim Statements

California Quality Collaborative

Learning Journey

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
3/18 – 3/22 Welcome & QI Overview	3/25 – 3/29 Setting Aims	4/1 – 4/5 Developing Measures	4/8 – 4/12 Using Data for Quality Improvement	4/15 – 4/19 Change Ideas in MFI	4/22 – 4/26 Change Ideas: Driver Diagrams	4/29 – 5/3 PDSAs and Course Wrap Up

Webinar #1 of 2
Setting Aims
Tues. 3/26
11am-12pm

Webinar #2 of 2
Measurement & PDSAs
Tues. 4/30
11am-12pm

Assignment #1
Aim Statement
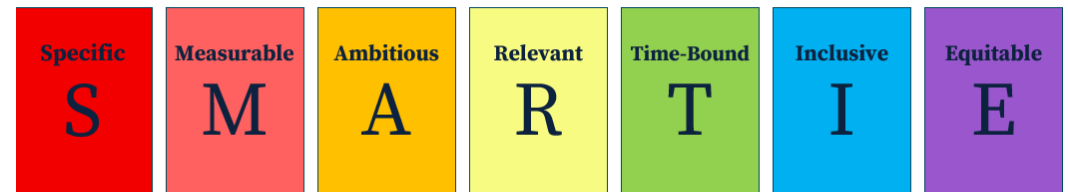Due by Tues. 4/30

Post-Program Survey
Due by Fri. 5/3

Aim Statement Journey

Tell us about your SMARTIE Aim Statement process!

How is it going?

What are you finding difficult?

Specific	Measurable	Ambitious	Relevant	Time-Bound	Inclusive	Equitable
S	**M**	**A**	**R**	**T**	**I**	**E**

California Quality Collaborative

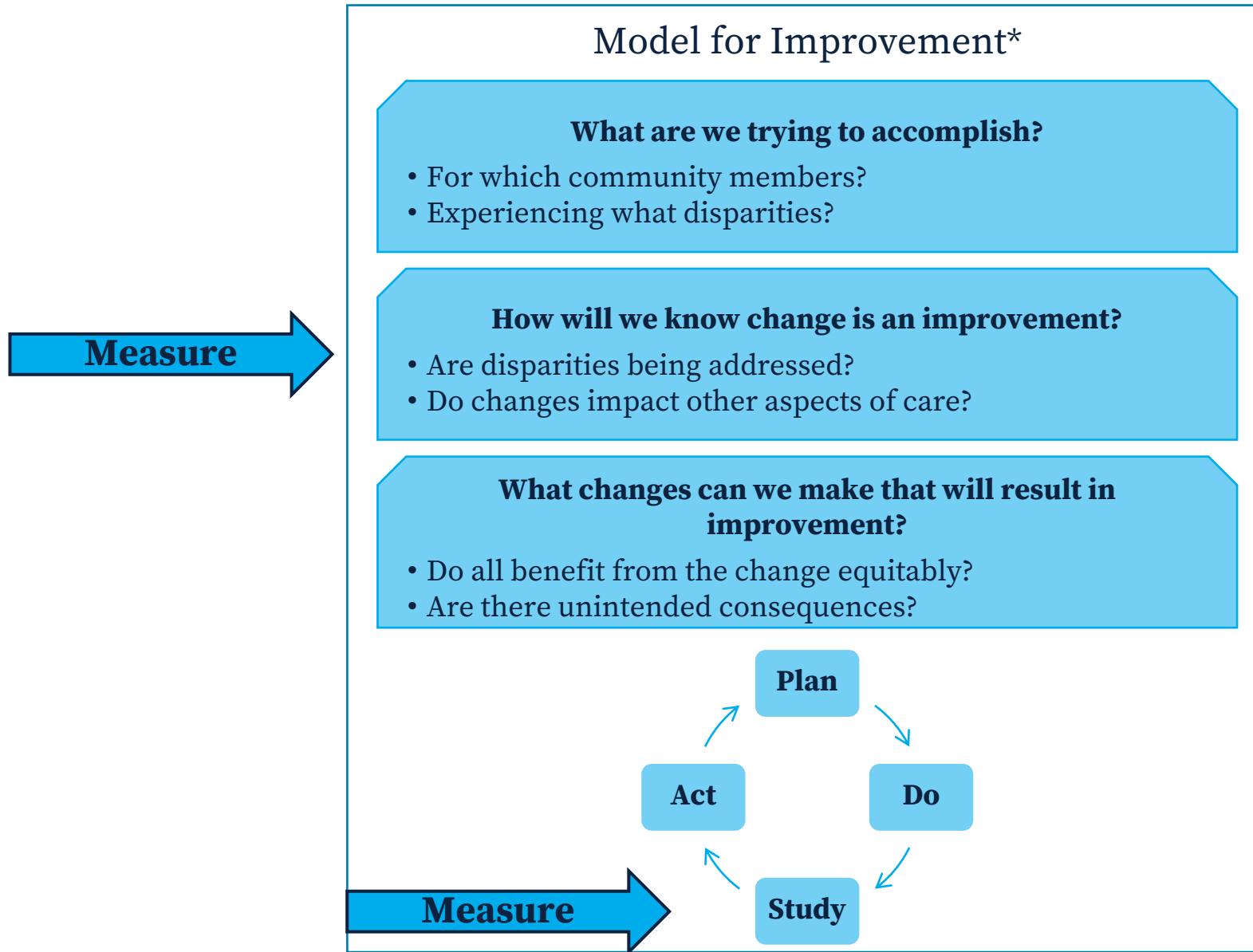# Measurement

What type of reactions can you expect when you share data?

Applying Health Equity within the Model for Improvement

Model for Improvement*

What are we trying to accomplish?
- For which community members?
- Experiencing what disparities?

Measure →

How will we know change is an improvement?
- Are disparities being addressed?
- Do changes impact other aspects of care?

What changes can we make that will result in improvement?
- Do all benefit from the change equitably?
- Are there unintended consequences?

Plan → Do → Study → Act → Plan (PDSA cycle)

Measure →

* Adapted from:
- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco: Jossey-Bass Publishers; 2009.
- Richie J. Rubio, Ph.D, San Francisco Department of Public Health CIN presentation, 2021

PBGH California Quality Collaborative

The Role of Measurement in 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? For all populations?

Monitor
- Are our improvements sustained over time?

Engage
- Are we considering what is important for others to know?

QI Measurement Characteristics

1

Focused on Learning

- Not for scientific research or provider feedback
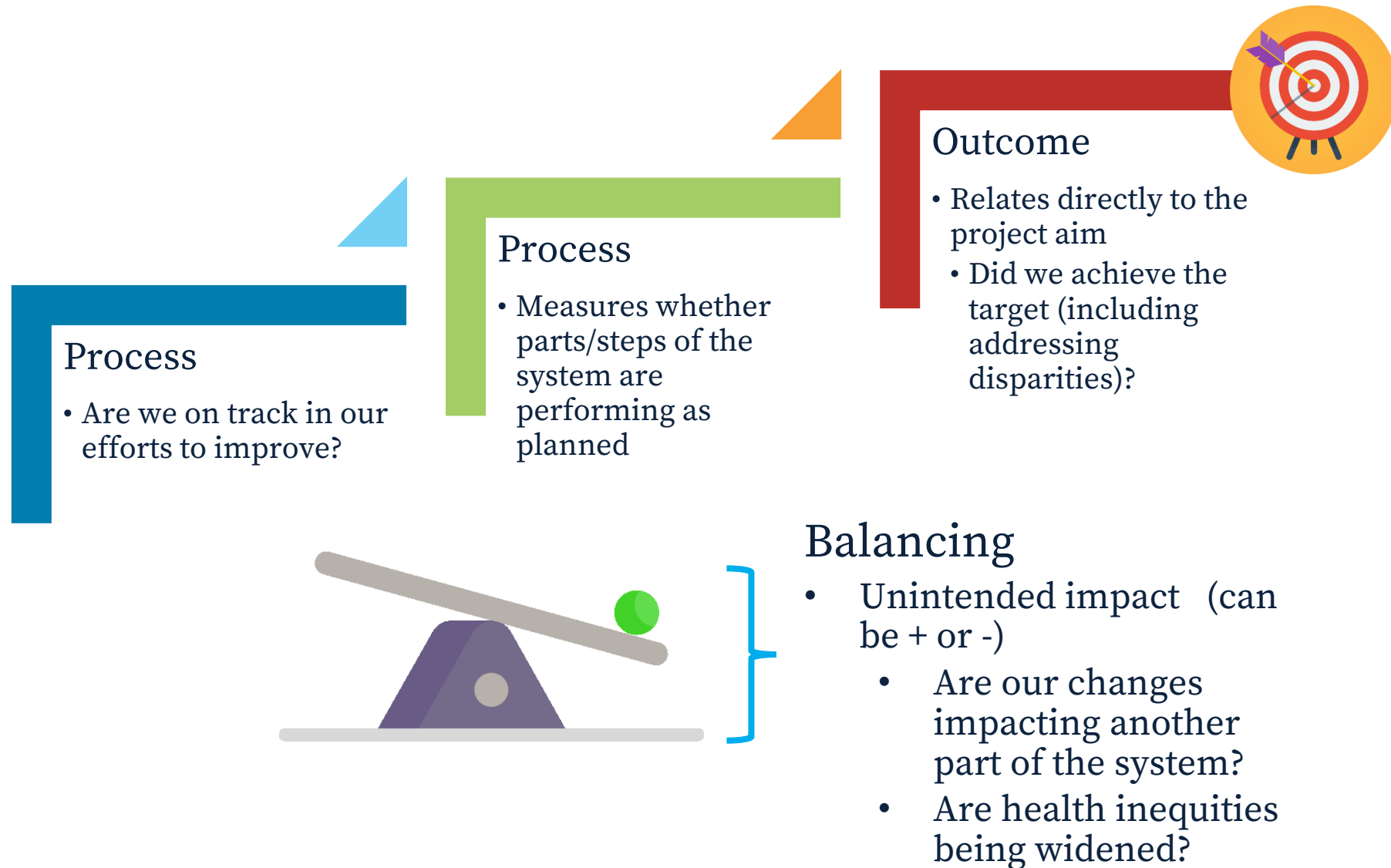
2

Simple Methodology

- Small samples
- Frequent sampling (rapid)
- Motivate immediate action (what do we do with what we have learned)

3

Displayed Over Time

- Tells a story of progress-to-goal
- Highlights system performance

QI Measures Set Defined

Process

- Are we on track in our efforts to improve?

Process

- Measures whether parts/steps of the system are performing as planned

Outcome

- Relates directly to the project aim
- Did we achieve the target (including addressing disparities)?

Balancing

- Unintended impact (can be + or -)
  - Are our changes impacting another part of the system?
  - Are health inequities being widened?

Test Your Knowledge: Measurement Type

Central Clinic wants to increase their adolescent immunization rates. They decide to track the following measures:

- % of families that received reminder calls about overdue immunizations [process]

- % of eligible adolescents with a visit in the last year [process]

- % of adolescents that are up-to-date on their immunizations [outcome]

- Days to next available appointment [balancing]

- % of families that refuse adolescent immunizations [balancing]

For each measure, indicate whether the measure is an outcome, process, or balancing measure.

Using QI Data to Address Inequities

- Ensure you are monitoring any new **gaps in quality** between patients of focus and general popualtion

| Neutral	Narrowing	Widening
More of the same	Shows improvement	Gap worsens

Time to Practice

- Individuals will be assigned to random breakout rooms with one Aim Statement

- Read the assigned Aim Statement
  - Determine whether the Aim Statement could more SMARTIE
  - If so, re-write it

- Develop a set of possible measures
  - 1 outcome
  - 2 process
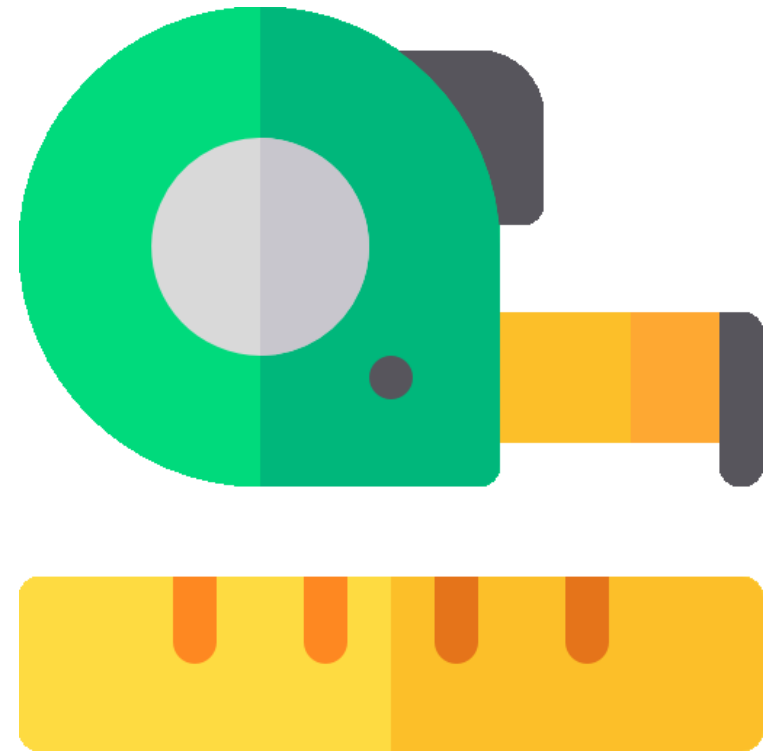 - 1 balancing

10 MINUTES

California Quality Collaborative

Aim: ABC Clinic will reduce appointment cycle time from 40 minutes to 30 minutes by December 31, 2024.
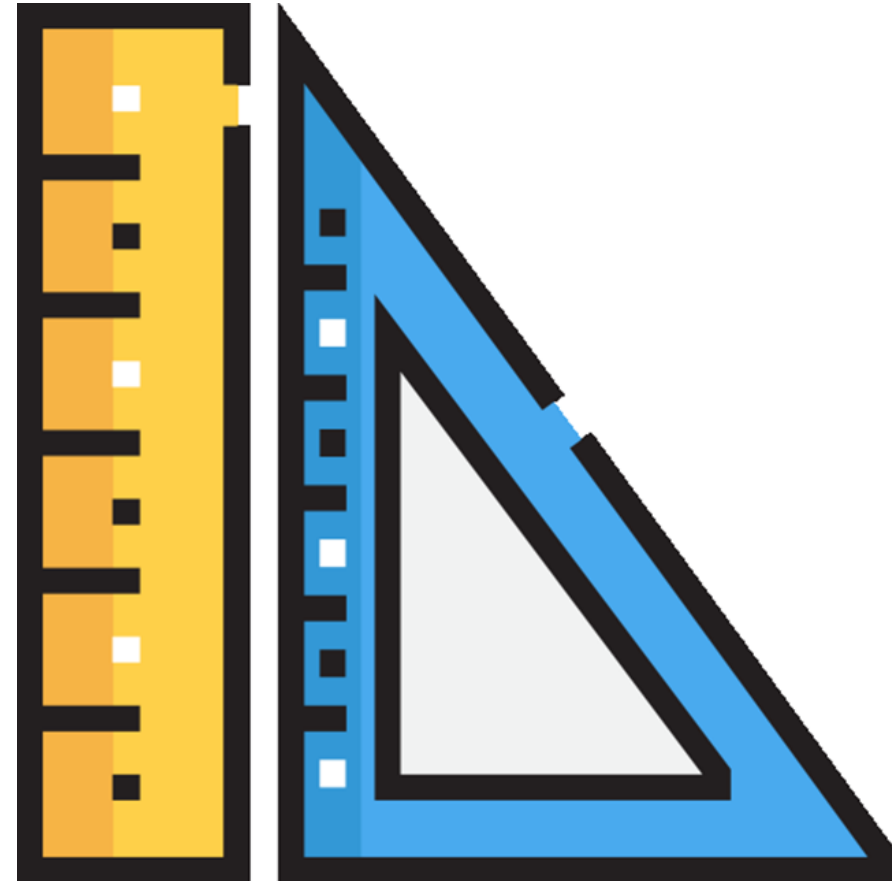
Considerations for Measure Selection

- Keep the number of measures manageable
  - 1 Outcome Measure
  - 2-3 Process Measures
  - 1-2 Balancing Measures

- Choose measures with accessible data

- Be specific

Measurement Plan

Measure	Measure Type (Outcome, Process, Balance)	Description/Stratification (include definition of numerator/denominator where appropriate; stratification)	Data Source	Measurement Frequency	Reporting Frequency	How will data be presented?	Responsible Person(s)	Baseline	Target

Project Name:

California Quality Collaborative

Elements of the Measurement Plan

Measure	**What** will be measured (conceptual name)?
Measure Type	Outcome, Process or Balancing
Description/ Specs	**How** will you measure it? Define proportions (numerator/denominator) and operational definitions ("lingo" and jargon); stratification
Data Source	**Where** is the data coming from?
Measurement Frequency	How often will data be collected or generated?

California Quality Collaborative

Elements of the Measurement Plan

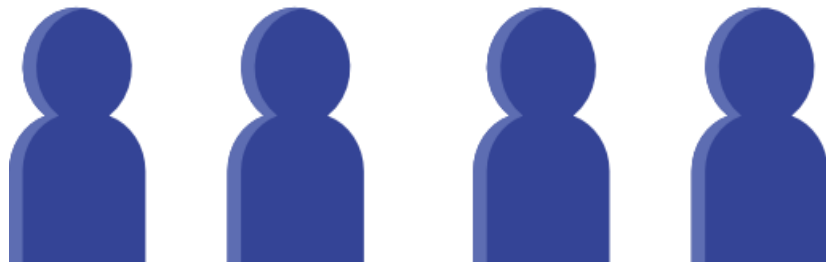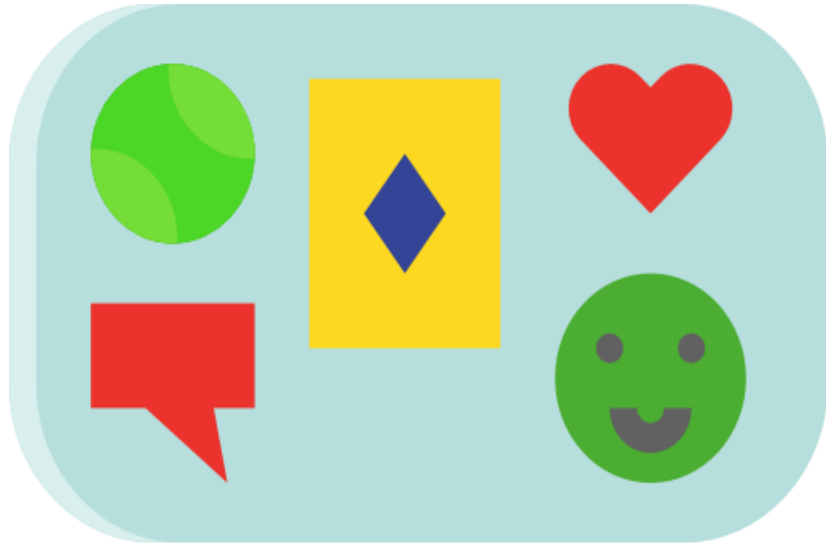|	
Reporting Frequency	How often will the data be shared and with whom?
Data Presentation	How will the data be organized for display and presentation?
Responsible Person(s)	**Who** is responsible for ensuring that data is collected/generated for this measure?
Baseline	Record the baseline
Target	Record the target

Engage the Practice with Measures that *MOVE*

- Outcome measures often do not *move* quickly enough to capture attention

- Consider focusing on a process measure to engage the practice
  - What is important to them?
  - What would get them most excited, if they were to see improvement?
  - What milestones will you celebrate?

California Quality Collaborative

What Questions Do You Have?

PDSA Cycle

Applying Health Equity within the Model for Improvement

Model for Improvement*

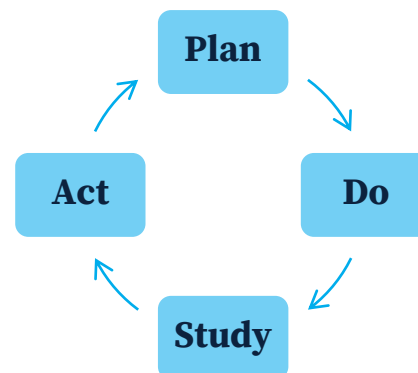**What are we trying to accomplish?**
- For which community members?
- Experiencing what disparities?

How will we know change is an improvement?
- Are disparities being addressed?
- Do changes impact other aspects of care?

What changes can we make that will result in improvement?
- Do all benefit from the change equitably?
- Are there unintended consequences?

Plan → Do → Study → Act (cycle)

* Adapted from:
- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco: Jossey-Bass Publishers; 2009.
- Richie J. Rubio, Ph.D, San Francisco Department of Public Health CIN presentation, 2021

PB GH — California Quality Collaborative

Why Do Small Tests of Change

- Learn from a temporary situation
- Understand whether the change WILL result in improvement
- Understand limitations of change
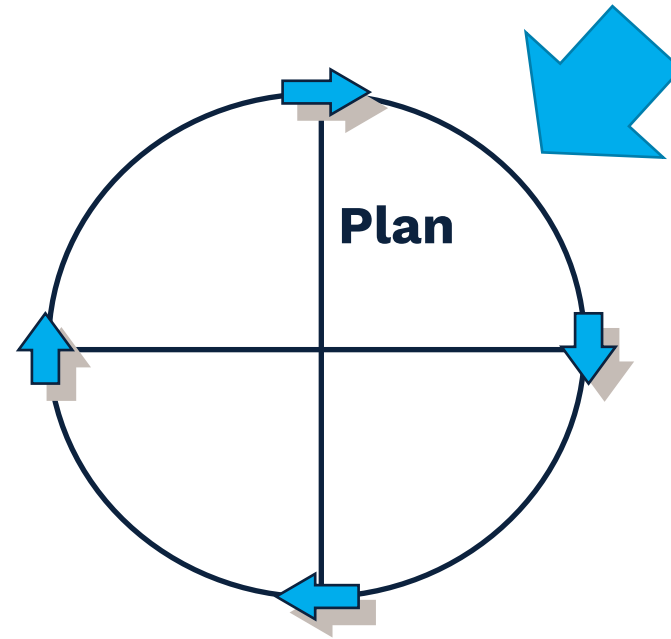- Address unexpected consequences EARLY
- Gain buy-in

Testing Changes

- Small scale tests = BIG changes

- Experimentation is required
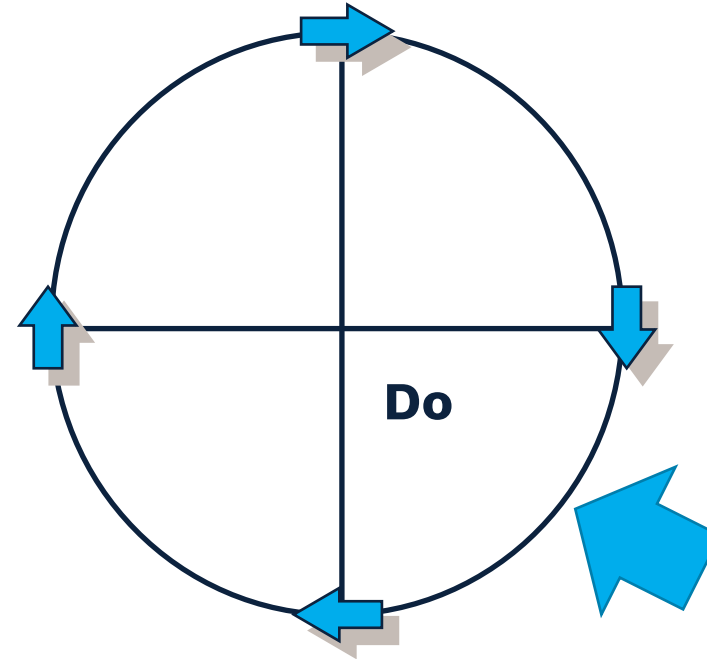
- Small, rapid tests of change
  → PDSA cycle
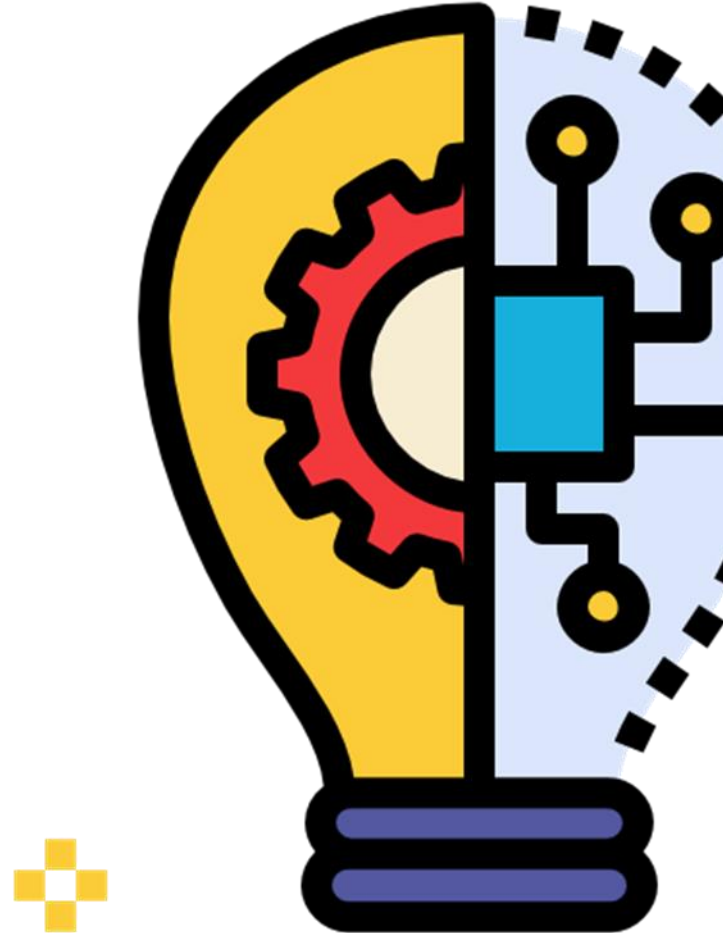
- Record details of the test
  - Who, what, where, when

- Formulate predictions

- Determine data collection needs for test evaluation

Plan

PDSA - Do

- Carry out the plan

- Document problems and observations

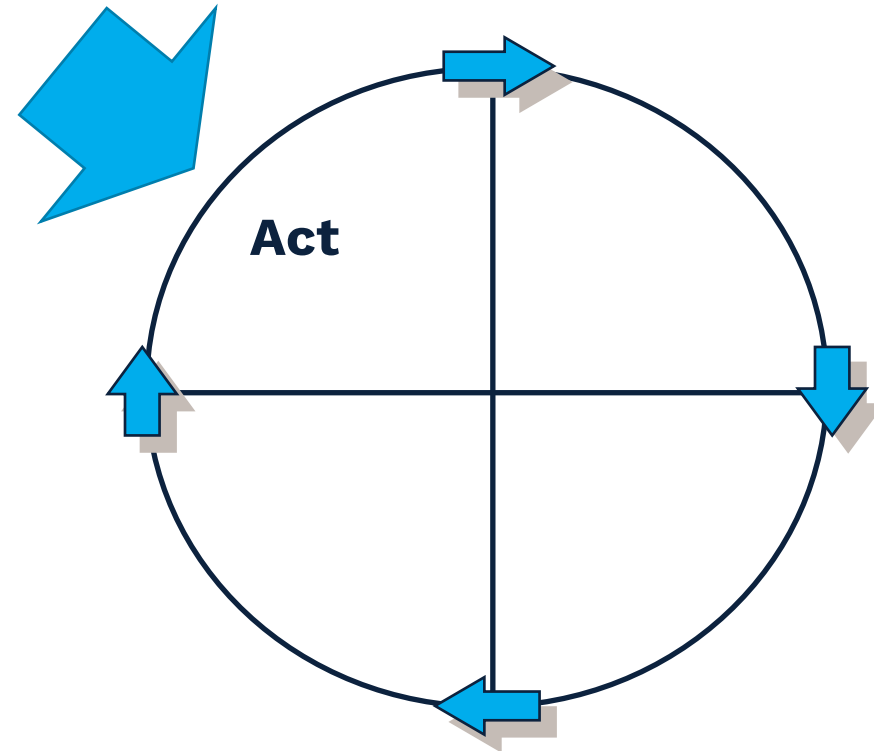- Collect data and begin analysis

PDSA - Study

- Complete data analysis
  - Leave time for reflection about the test
    - What is your "gut" reaction?

- Compare data to predictions
  - What happened?
    - Did you get expected results?
    - Did anything unexpected happen?

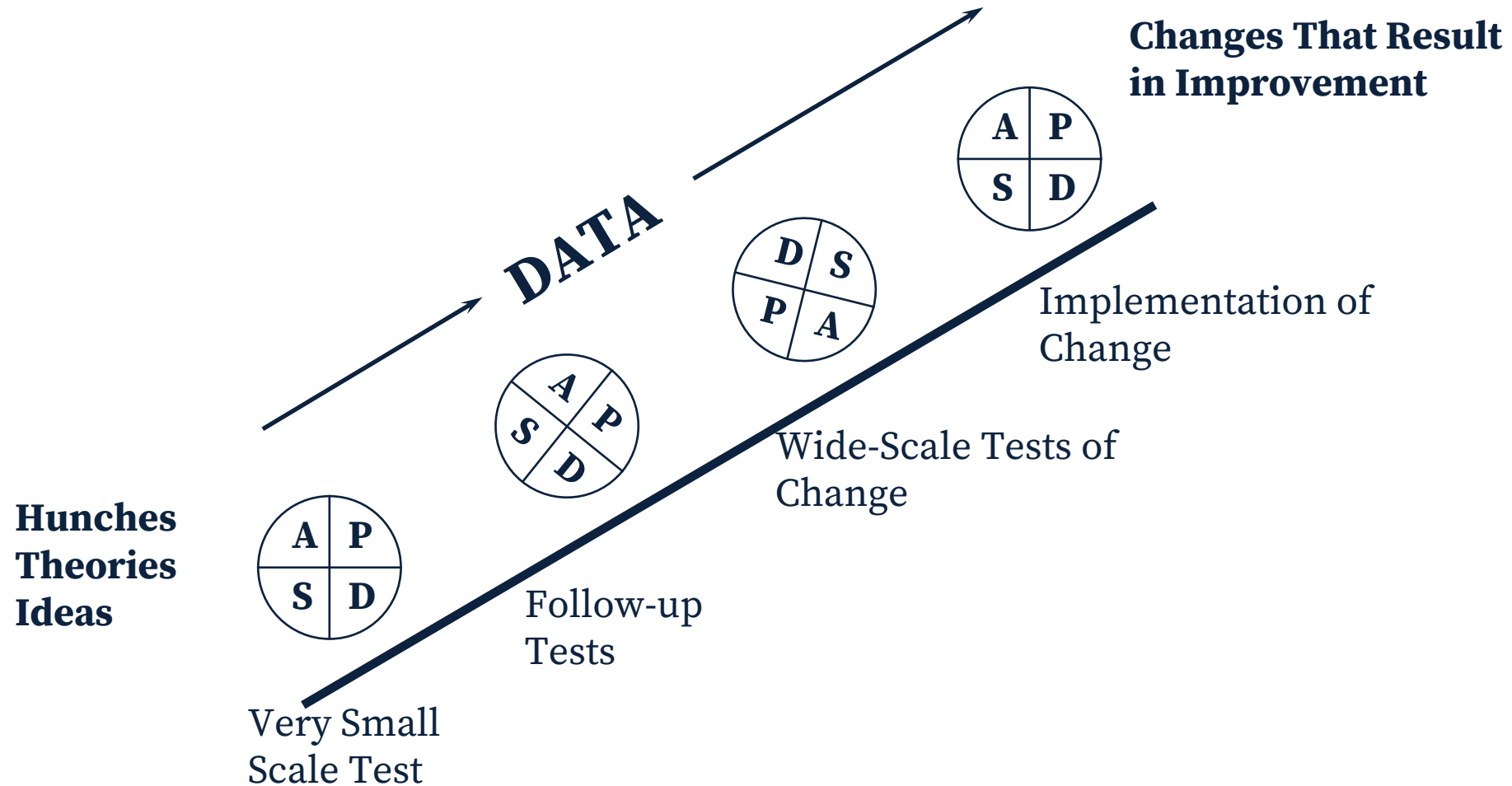- Summarize what was learned

Study
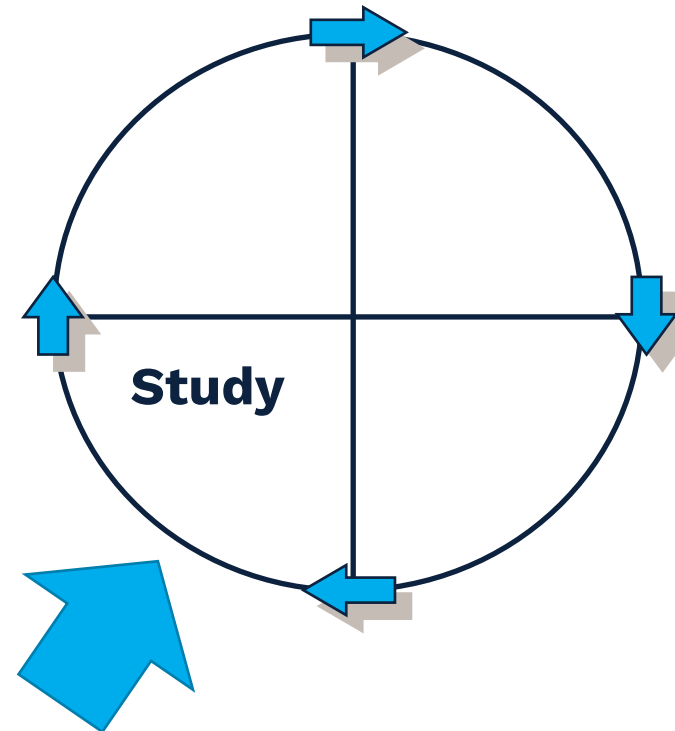
PDSA - Act

- What will you do next?
  - Adopt
  - Adapt
  - Abandon

- Plan the next cycle or test iteration
  - Refine changes
  - Try it on a larger scale

Act

Repeated Use of PDSA Cycle

Changes That Result in Improvement

DATA

Implementation of Change

Wide-Scale Tests of Change

Hunches Theories Ideas

Follow-up Tests
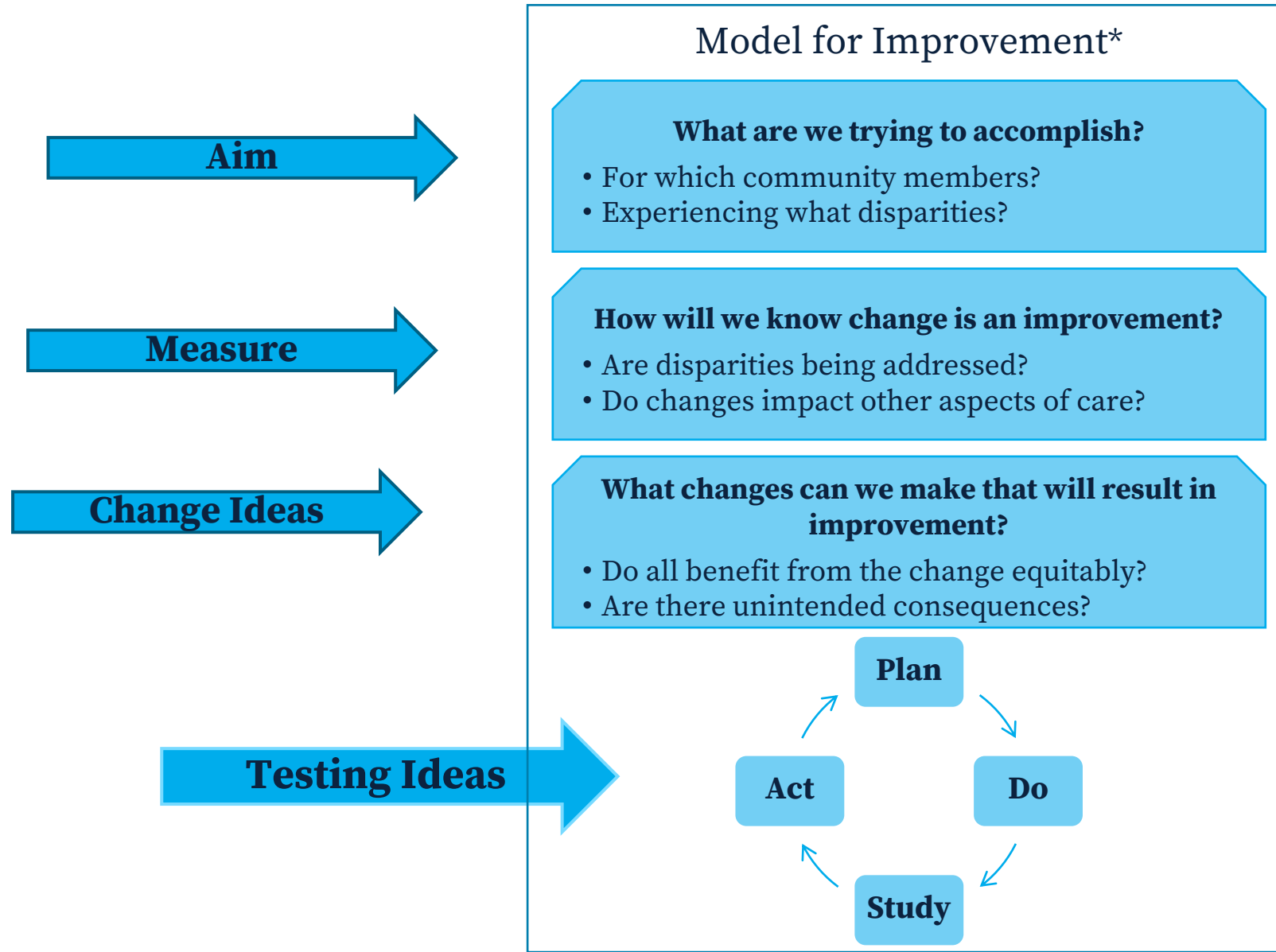
Very Small Scale Test

PDSA Cycle Considerations

- Conducting simultaneous tests can be done
  - Keep testing populations separate

- Bundling tests can be done
  - If your prediction is that BOTH elements are necessary for improvement

Model for Improvement: Equity Lens

Aim →

Measure →

Change Ideas →

Testing Ideas →

Model for Improvement*

What are we trying to accomplish?
- For which community members?
- Experiencing what disparities?

How will we know change is an improvement?
- Are disparities being addressed?
- Do changes impact other aspects of care?

What changes can we make that will result in improvement?
- Do all benefit from the change equitably?
- Are there unintended consequences?

Plan → Do → Study → Act (PDSA cycle)

34

What Test of Change Will You Launch First?

California Quality Collaborative

What's Next

Submit Aim Statement to CQC by Tues. 4/30

Wrap up work in Ruzuku by Fri. 5/3

Complete course survey in Ruzuku by 5/3

California Quality Collaborative

Stay Connected to CQC

- Visit our website to access webinar materials:

  pbgh.org/program/california-quality-collaborative

- Sign-up to receive the CQC Newsletter:

  pbgh.org/cqc-newsletter-sign-up-page

- Join in on the conversation on social media:

  LinkedIn | Twitter

- Email us with questions or feedback:

  cqcinfo@pbgh.org

California Quality Collaborative

Feedback please!

Today's webinar was useful for me and my work
[select one]

- Strongly agree

- Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

Of the topics we covered today, what was especially helpful? *[select multiple]*

- Share SMARTIE Aim Statement progress and learnings
- Analyze the PDSA cycle
- Practice developing measures based on SMARTIE Aim Statements

Thank you!

Anna Baer

Program Coordinator, Care
Transformation

PBGH

abaer@pbgh.org

Kristina Mody

Director,
Practice Transformation

PBGH

kmody@pbgh.org