

Improving Colorectal Cancer Screening Rates in North Dakota



Measuring Practice Progress

Back to Data: Using Data to Maintain a Quality Intervention

- Data (noun)
 - Factual information (such as measurements or statistics) used as a basis for reasoning, discussion, or calculation

Information (noun)

• Knowledge obtained from investigation, study, or instruction



Merriam-Webster.com Dictionary, Merriam-Webster, https://www.merriam-webster.com/dictionary

Using Data to Maintain a Quality Intervention

- Collecting Data
 - How is data being collected?
 - How will the data be reported?
- Data Quality Checks
 - Chart review
 - Monitoring data tools
- Data Monitoring
- <u>Use</u> your data for Continuous Quality Improvement



Use Your Data with PDSA Cycles

- Plan for small changes or interventions
- **Do** implement changes
- **Study** the results
- Act on the results make any adjustments and start the cycle again



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What can you measure?

Process Measures measure Implementation

Population Reach

Numerator: # of patients for which [intervention] was completed meeting priority population definition *Denominator:* Number of patients meeting the priority population definition.

Protocol fidelity

Numerator: # of patients who received all 6 topics in navigation protocol *Denominator:* # of patients who were assigned to a navigator

Time for Intervention

Numerator: Total # of minutes delivering intervention *Denominator:* number of patients who received the intervention

<u>Outcome Measures</u> measure <u>Outcomes or</u> <u>Results</u>

Screening Tests Completed

Numerator: Number of patients with completed screening *Denominator:* Number of patients scheduled for screening or received a stool test

Adequate Bowel Prep Quality

Numerator: Number of patients with adequate bowel prep *Denominator:* Number of patients with a performed colonoscopy

Results Communicated to Patient

Numerator: Number of patients who received screening results

Denominator: Number of patients with a completed colonoscopy

What can you measure?



Calculating Your Relative Improvement It was my understanding that there would be no math.

(Current rate - Baseline rate)

x100

Change

- Chevy Chase, ine Rate Saturday Night Live

Calculating Your Relative Improvement



Calculating Your Relative Improvement



Produce and Review Reports

- Meet as a team troubleshoot/reflect
 - All perspectives needed for accurate interpretation of data
 - Determine what interventions works and what didn't
 - Share the data with staff, leadership, the governing board

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ity.	Asthma Optimal Care (Children 5-17)	3/27/2021	62.48% 0.00%	48.78% 98.87%	62.75% 97.40%	98.22%	101.00% 83.06%	90.57% 92.78%	62.50% 98.30%	94.405	34.76%	1
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	Ambulatory care	Ambulatory Care Adolescent Immunization Compliance (Combo . Breast Cancer Screening			m00	4/3/2021	80.43%					
		Cervical Cancer Screening COAT Patients w/ Active Treatment Agreement Colorectal Cancer Screening Rate (MICM) Depression Remission Rate at Six Months Diabetic Pts Receiving Optimal Care Hypertensive Patients Receiving Optimal Care				4/3/2021	73.50%	√ 79.9	196 (+58)			
						4/3/2021	89.00% 75.41%		0096 (+3)		-	
						4/3/2021 4/3/2021	22.50%		296 (4)			
						4/3/2021	47.82%		696 (+9)			
						4/3/2021	81.09%	√ 84.72% (+36)				
	Patient Experience	CGCAHPS Recommend This Provider				an 2021 - Mar 202	1 91.80%	√94.9	9096 (+3)	-	_	
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	Patient Experience											

Produce and Review Reports



Benefits

- Set new goals
- Create cohesive team everyone's contribution matters
- Motivational/Hold each other accountable

Data Feedback and Benchmarking

- Use feedback to provide your clinic and teams information about both Processes and Outcomes
- Incorporate historical or timeline tracking to assess improvement
- Include benchmarks or goals to allow your providers or teams to compare their performance on select measures with each other, or with national targets.

Provider Feedback

- Report performance measures to each HCP
 - # of patients with completed screening / # of patients empaneled to the provider who meet eligibility criteria
- Could also report by team/facility within a system

Patient performance can not improve until provider performance does. Keys to making feedback actionable: (Hyson, Best, & Pugh, 2006)

- ✓ Timeliness MONTHLY (not quarterly)
- ✓ Individualization
- Non-punitive approach offer suggestions for improvement, case review for those that are outside the norm.
- ✓ Customizability



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I just wanted to say THANK YOU for your speediness with all requests!!! You have many roles and do such a great job. THANK YOU for being AWESOME!!!!!



Celebrating the LIFE Saved

Sharing Innovation

- How does your organization share progress across QI initiatives with staff, administration, board members, or the community?
- How do you celebrate successes?
 - How would you *like* successes to be celebrated?

Resources for the Journey Ahead

Resources

- Book: Hitchhikers Guide to the Galaxy
- Crush It Call Example
- QI Project Sustainability Checklist (ASTHO)

Next Steps

- TA Calls
- Provider Education:
 - June 4, 7 am
 - June 9, 12 noon
 - June 24, 12 noon
- Evaluation (required for CEUs)

Thank you for participating in the Rapid Action Collaborative! Please watch for upcoming learning opportunities!

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