



Improving Colorectal Cancer Screening Rates in North Dakota

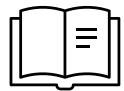


Quality Health Associates
of North Dakota

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>

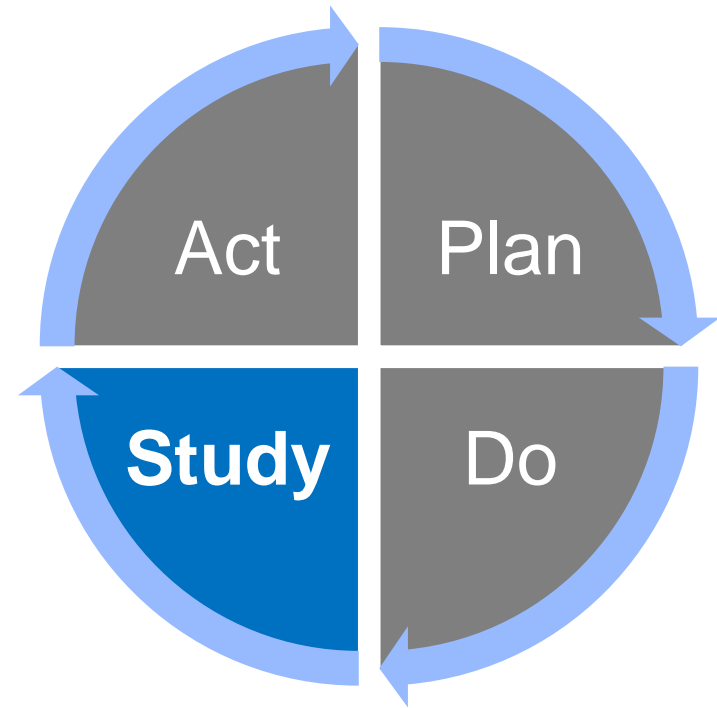
Using Data to Maintain a Quality Intervention

- Collecting Data
 - How is data being collected?
 - How will the data be reported?
- Data Quality Checks
 - Chart review
 - Monitoring data tools
- Data Monitoring
- Use 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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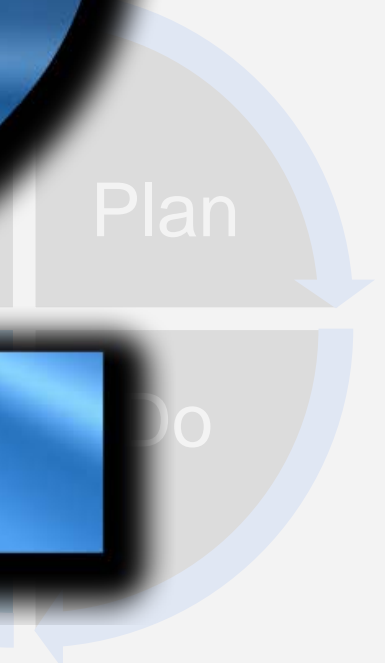


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Use Your **42** with PD

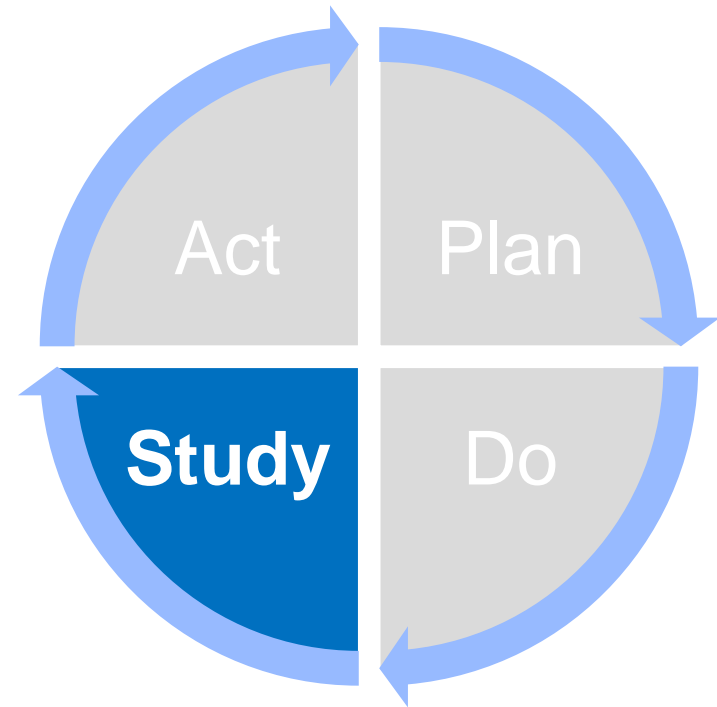
- Plan
- Do
- Check
- Act

ACT on the adjustments that you make. Start the cycle again.



Use Your Data with PDSA Cycles

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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

Outcome Measures measure Outcomes or Results

- **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



Change

It was my understanding that there would be no math.

(Current rate – Baseline rate)

$\frac{\text{Change}}{\text{Baseline Rate}} \times 100$

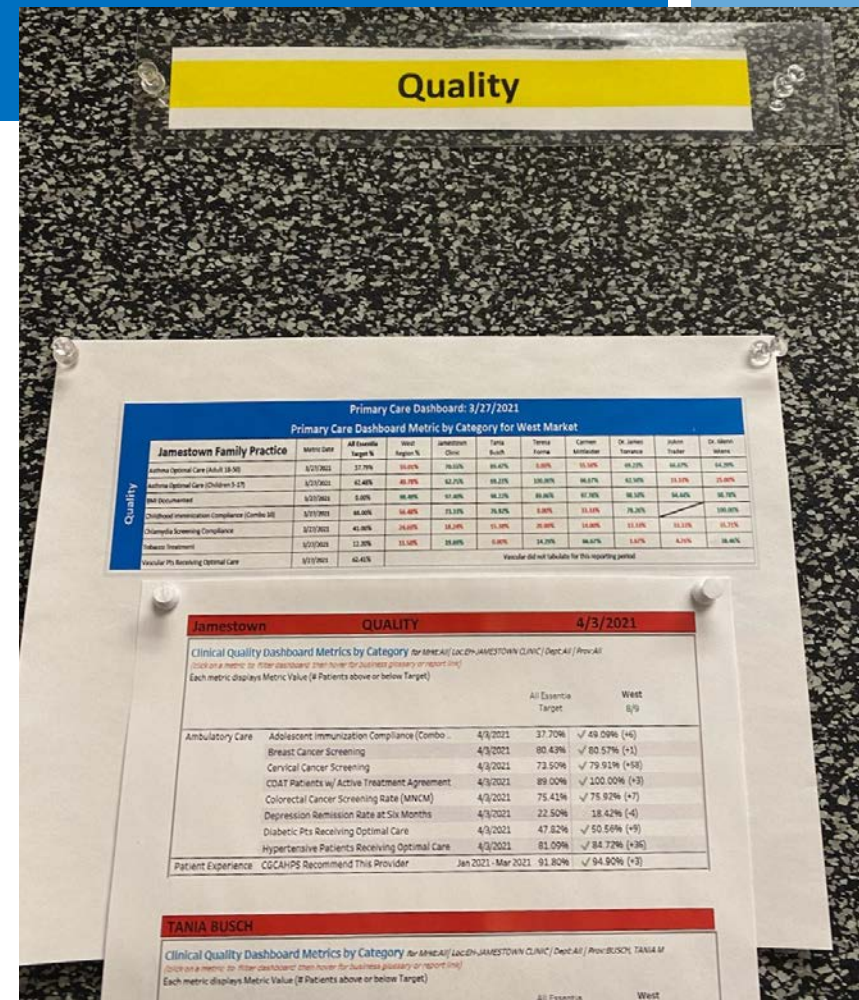
**- Chevy Chase,
Saturday Night Live**

Calculating Your Relative Improvement

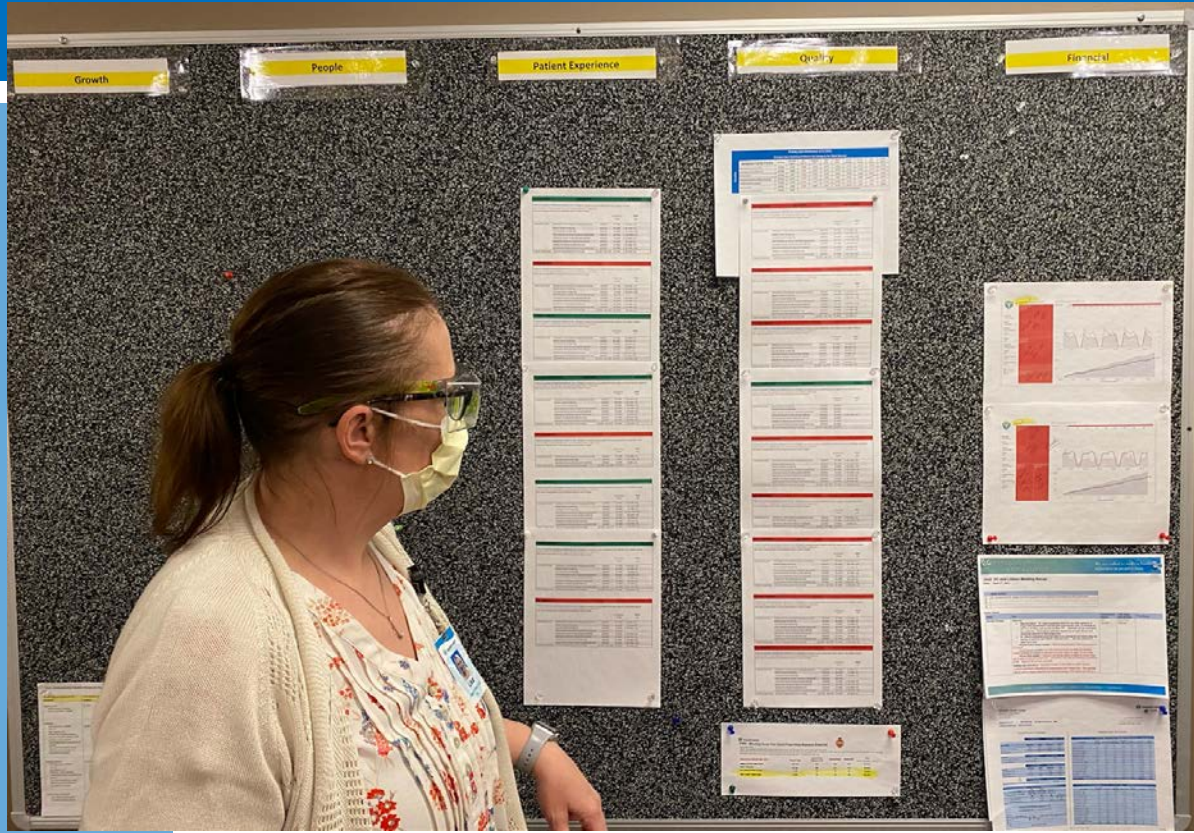
$$\begin{array}{l} \% \\ \text{Relative} \\ \text{Change} \end{array} = \frac{(\text{Current rate} - \text{Baseline rate})}{\text{Baseline Rate}} \times 100$$

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



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



Crush It Call

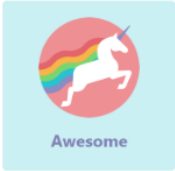


**Celebrating
the LIFE
Saved**

Praise

Natasha Green sent praise to

Christi Hoffman



Christi,

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!!!!



Sharing Innovation

How does your organization share progress across QI initiatives with staff, administration, board members, or the community?

- Do you have a dashboard or other mechanism to share your progress on QI initiatives?
- Who is it shared with?
- How does it get to the staff level?
- Do you share QI info with patients or the public? How?

How do you celebrate successes?

- Do you celebrate small successes along the way to your goal?
- What do you find the best way to celebrate with staff?

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
- Evaluation (required for CEUs)

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

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