




1D – Driving and Measuring Improvement

QHN Summer Camp for QI
July 14-15 • Alliston, ON
Richard Scoville, PhD
Jane Taylor, EdD

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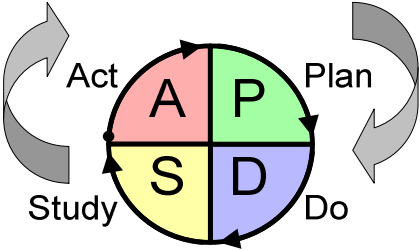
The Model for Improvement



AIM: What are we trying to accomplish?

MEASURES: How will we know if a change is an improvement?


CHANGE: What changes can we make that will result in improvement?



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What are We Trying To Accomplish?



- The Project AIM is
- Not just a vague desire to do better
- A commitment to achieve measured improvement
 - ✓ In a specific system
 - ✓ With a definite timeline
 - ✓ And numeric goals

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What are We Trying To Accomplish?



The Project AIM is

- Not just a vague desire to do better
- A commitment to achieve measured

“Hope” is not a plan

“Soon” is not a time

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Components of an Aim Statement



- *Boundaries*: the system to be improved (scope, patient population, key processes, drivers you will address, etc.)
- Specific numerical *goals* for outcomes
 - ✓ Ambitious but achievable
- Includes *timeframe*
- Provides guidance on sponsor, resources, strategies, barriers, interim & process goals

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The Measurement Paradox



“You can’t fatten a cow by weighing it”

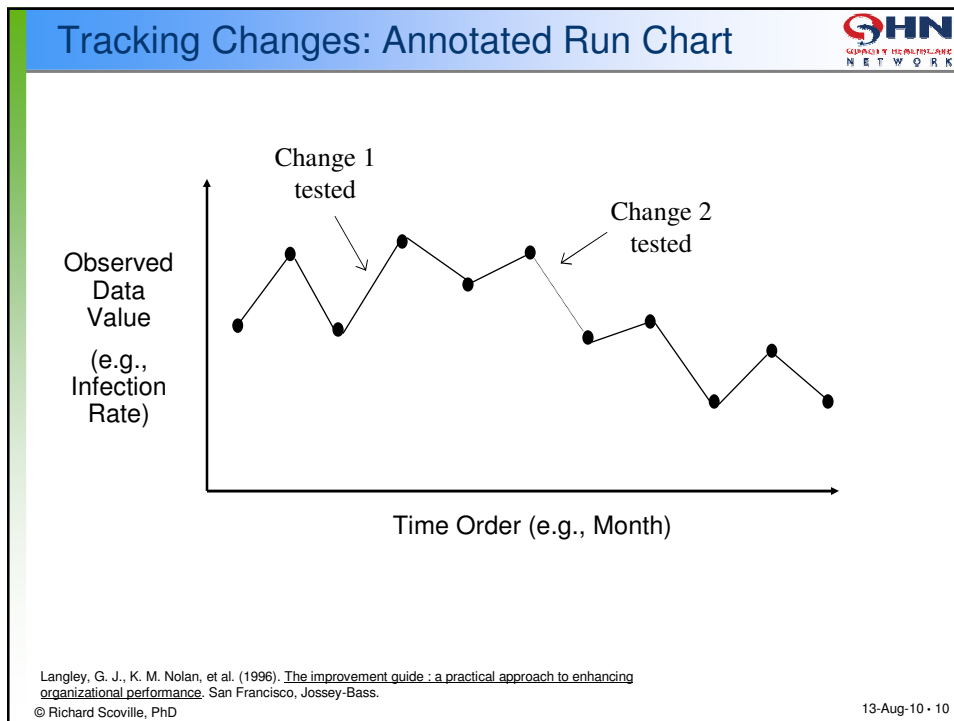
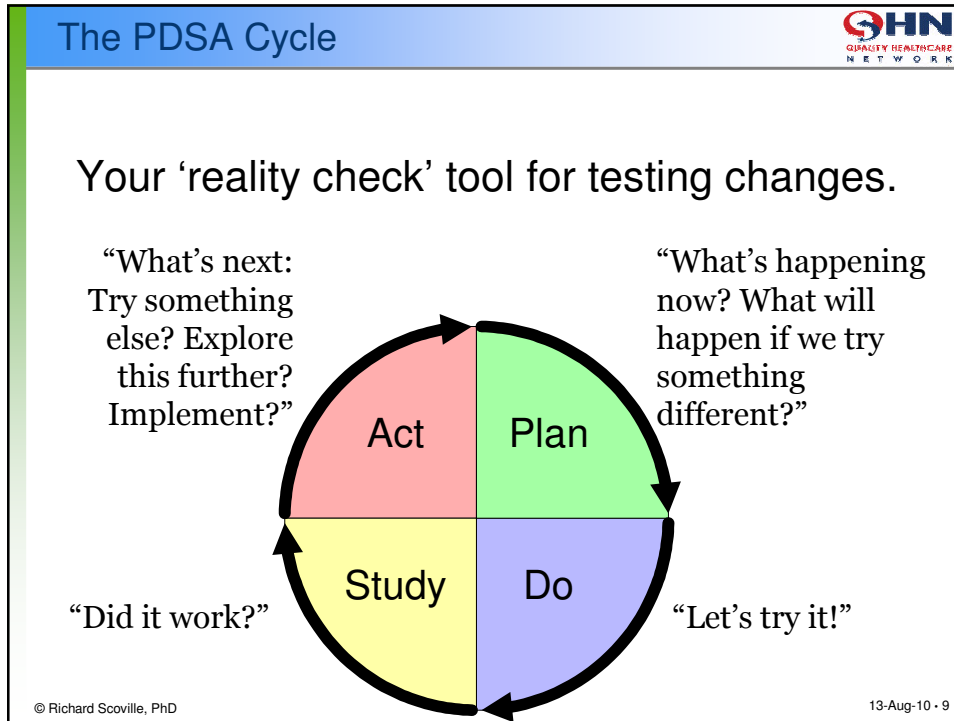
- Palestinian Proverb

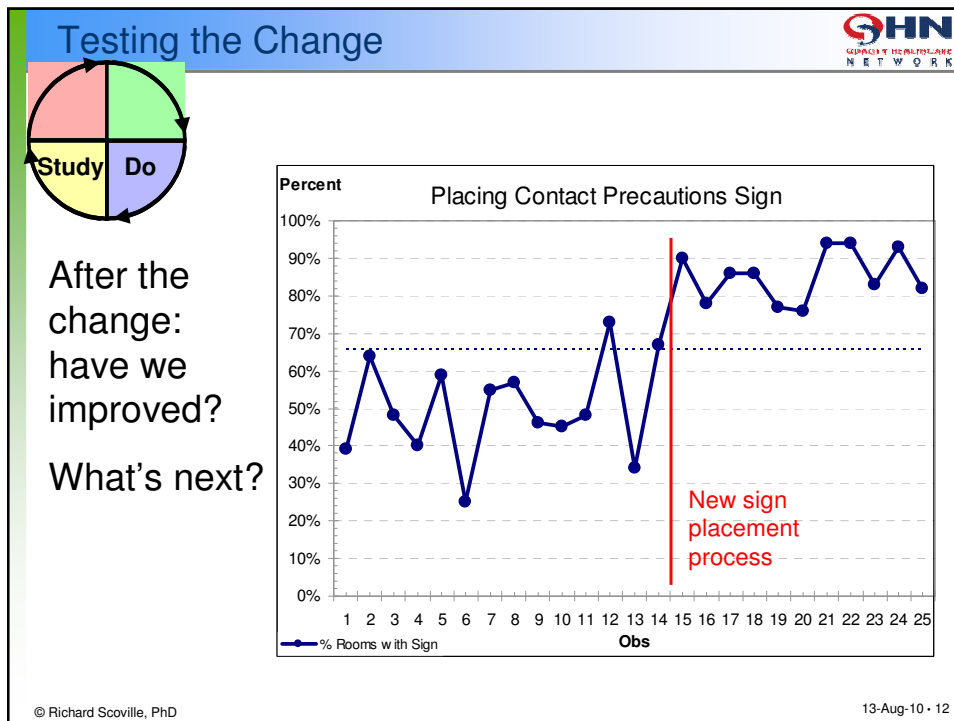
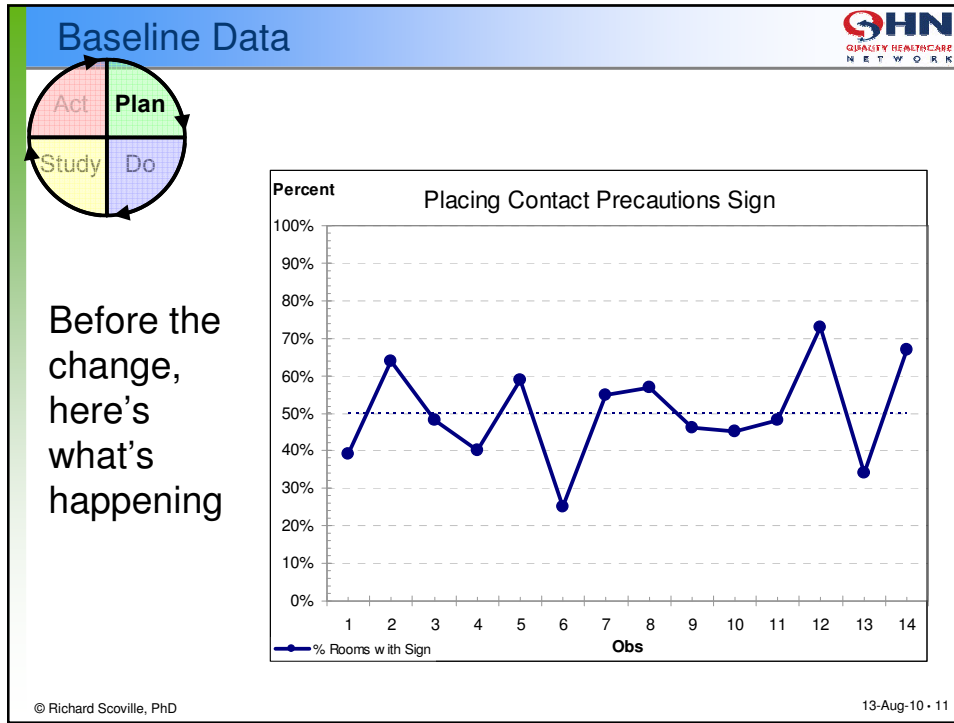


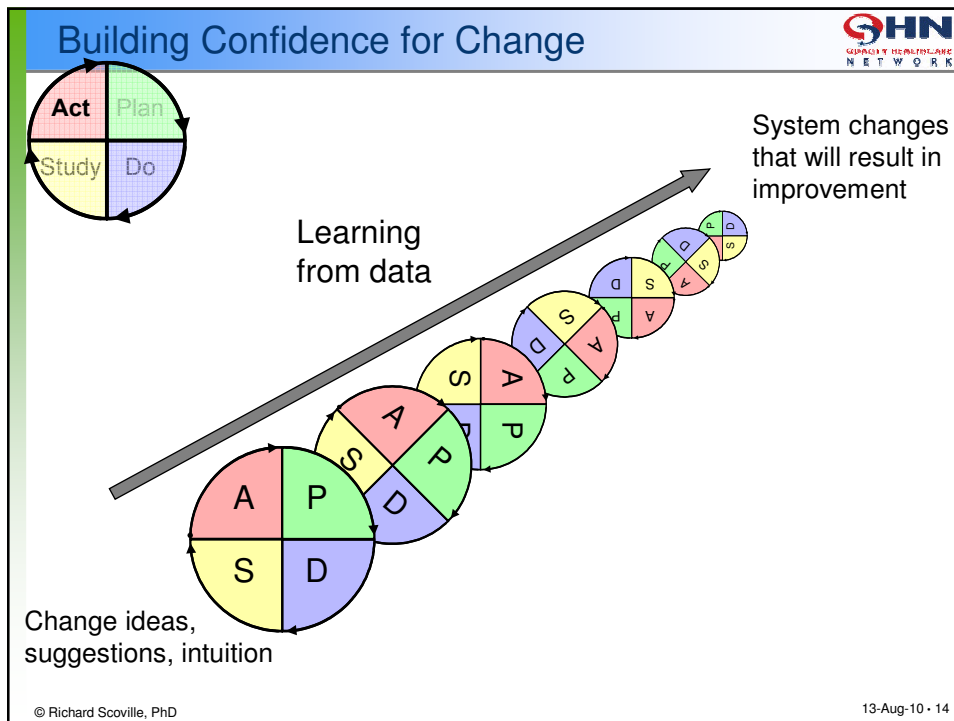
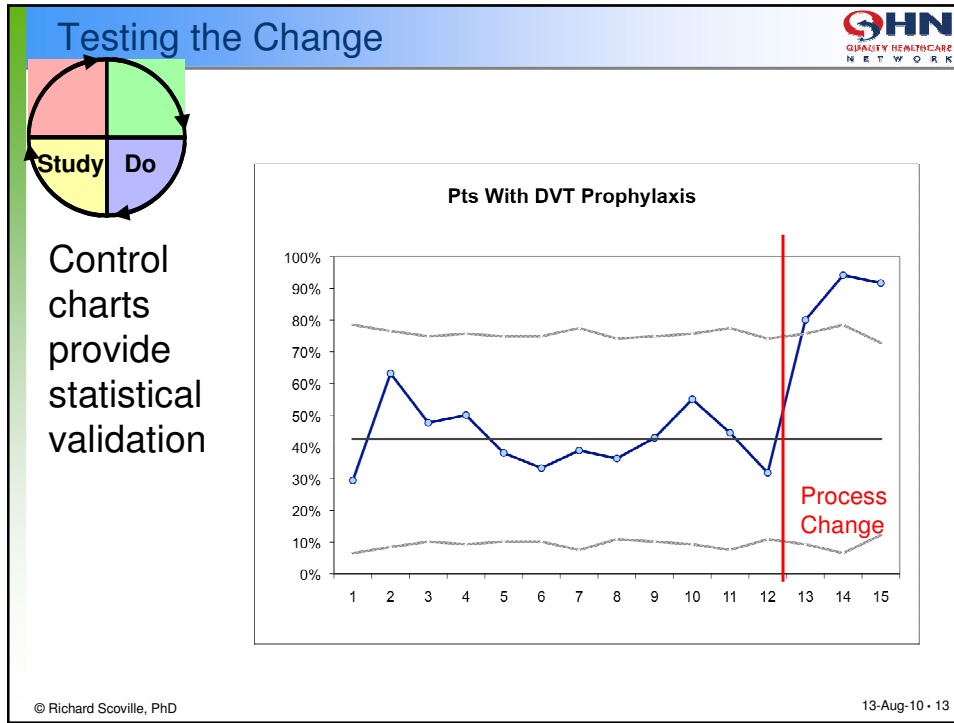
- Improvement is *NOT* about measurement
- However...

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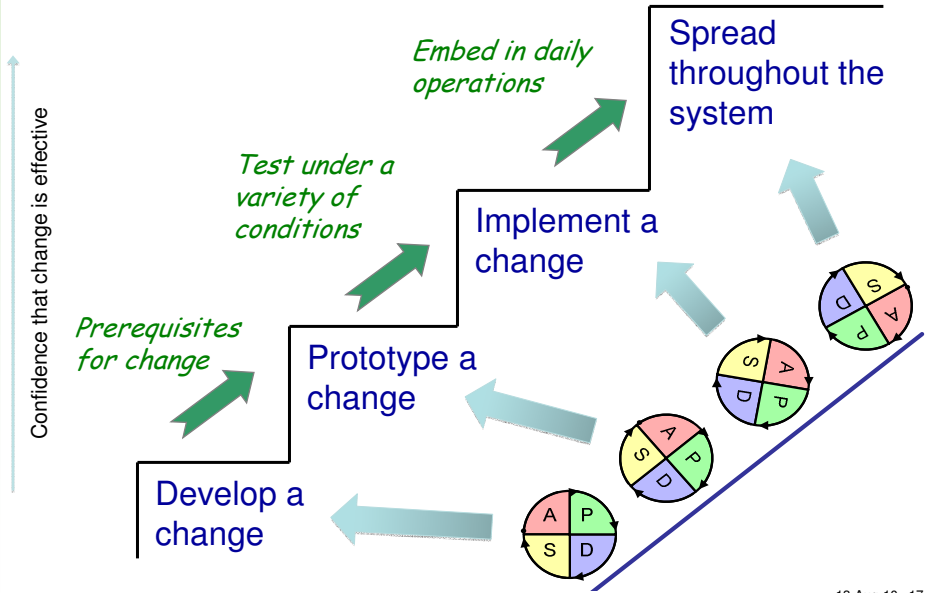

Testing v. Implementation



- **Testing** – Trying and adapting ideas and knowledge on small scale. Learning what works in your system.
- **Implementation** – Making this change a part of the day-to-day operation of the system – a permanent change in how work is done
 - ✓ Would the change persist even if its champion were to leave the organization?

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The Steps To Change



Confidence that change is effective

Develop a change

Prerequisites for change

Prototype a change

Test under a variety of conditions


Implement a change

Embed in daily operations

Spread throughout the system

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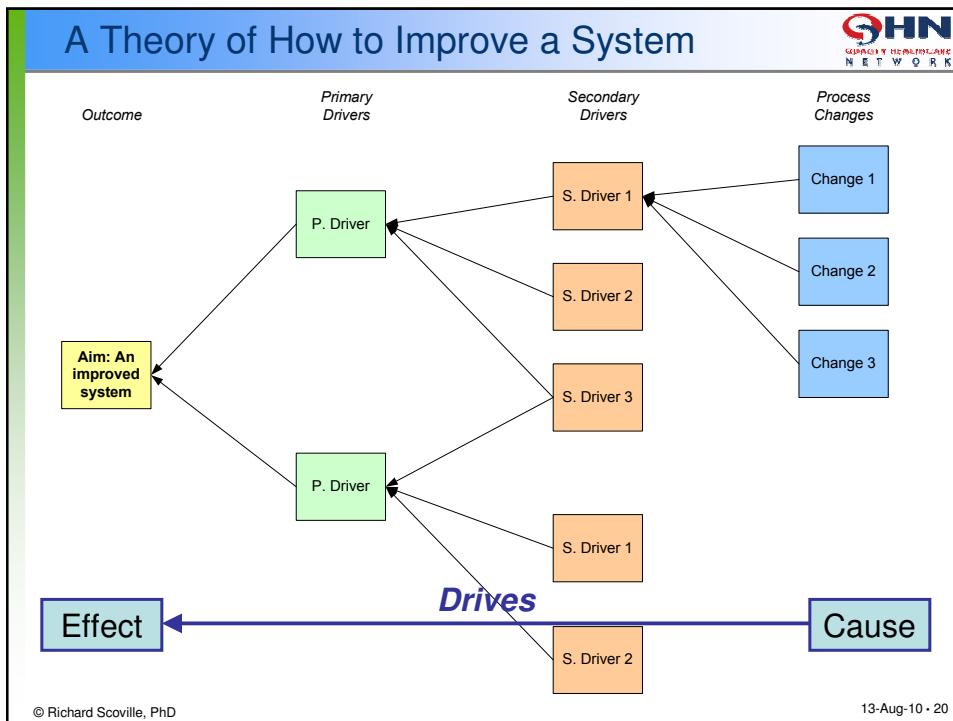
What Changes Can We Make?

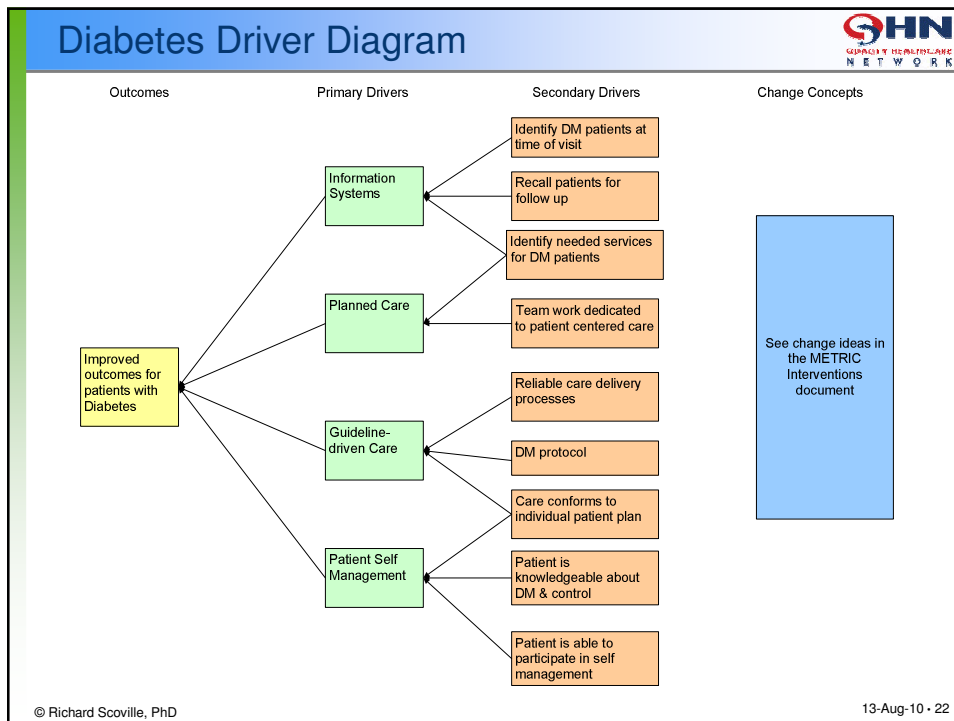
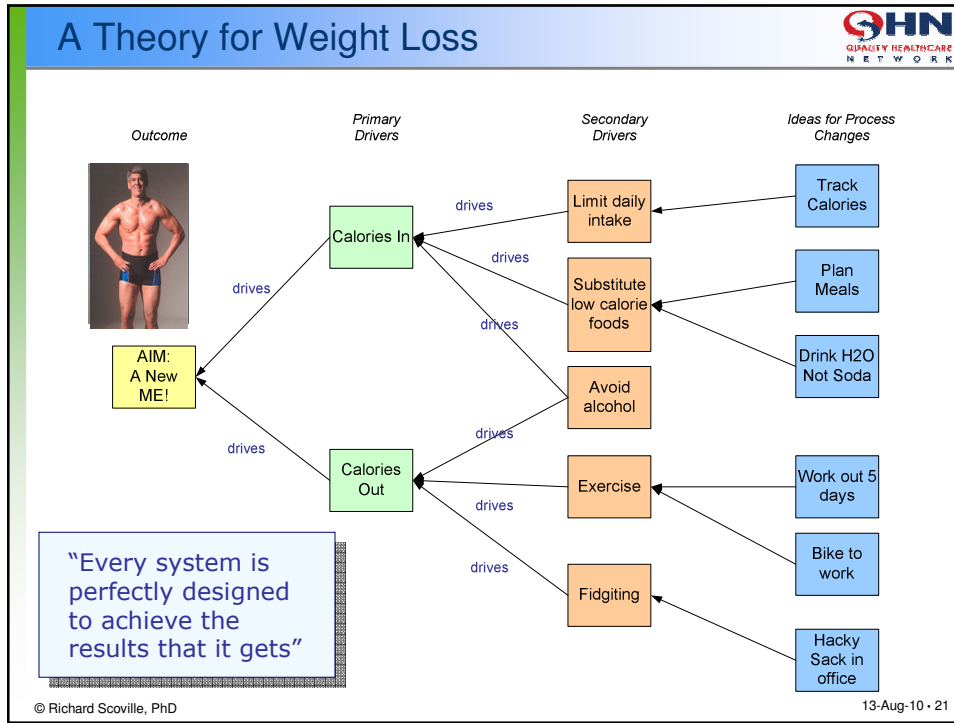


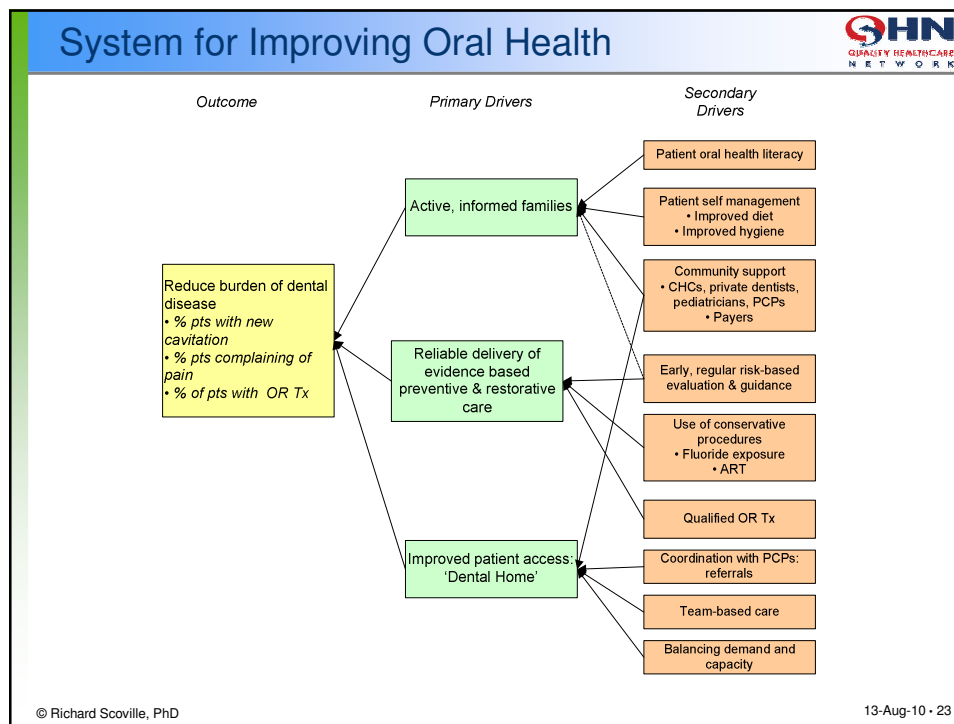
Activities that lead to ideas for change:

- Understand the system.
 - ✓ Front-line knowledge about drivers generates insights for useful changes.
- Use change concepts & directed creativity to generate additional change ideas.
 - ✓ Techniques for taking a fresh look at the issues!
- Copy from successful colleagues.
 - ✓ Who does this best? Who has successfully improved? How did they do it?
 - ✓ Is there a change package available?

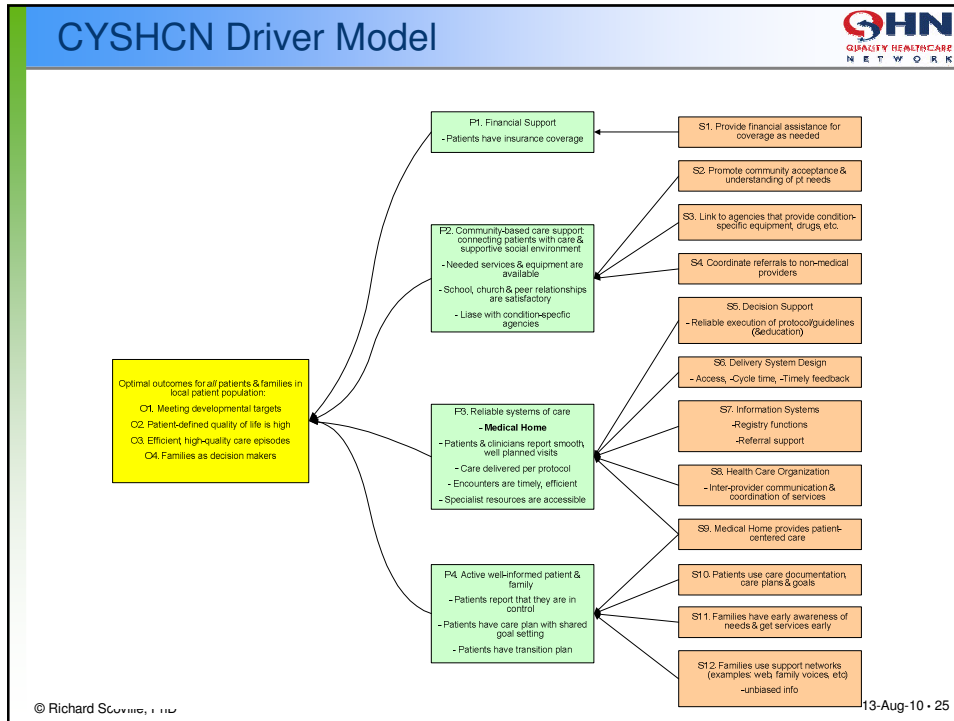
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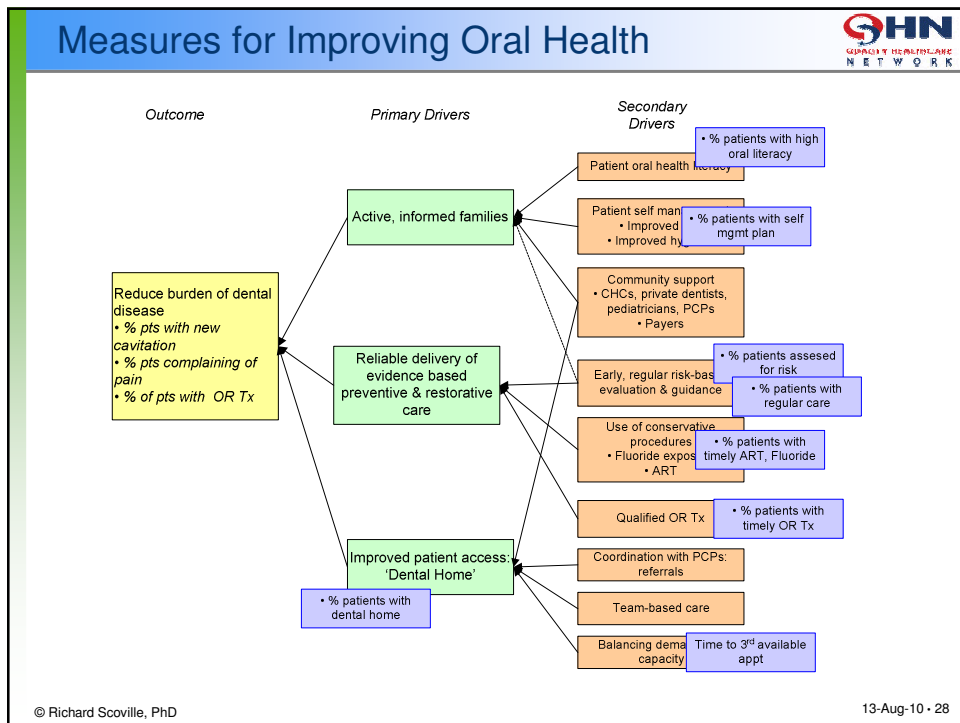
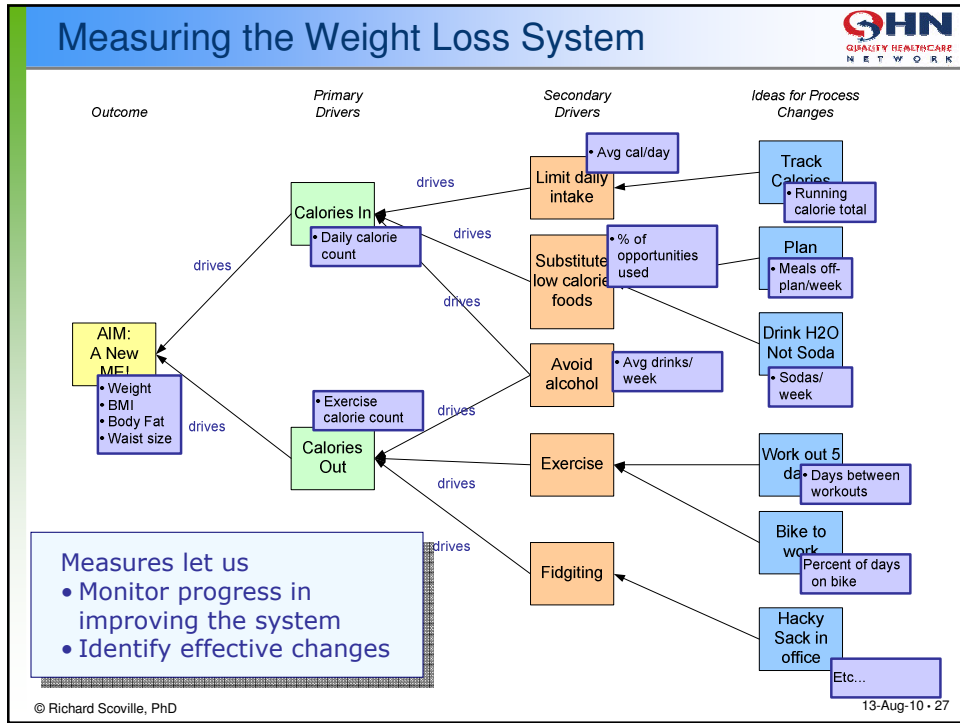
- ### About Drivers
- **Secondary Drivers**
 - ✓ Processes, structures, or aspects of culture that contribute to desired outcomes
 - ✓ Evidence based: clinical or improvement
 - ✓ Necessary and sufficient for improvement
 - **Primary Drivers**
 - ✓ Groups of secondary drivers with common resources, manager, equipment, patients, etc.
 - ✓ Could be assigned to a team to improve
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Exercise: Drivers of Improvement

- Based on your continuum storyboard and your assessment of system performance, draft an aim statement to improve your system. Include:
 - ✓ System description: What we will improve”
 - ✓ Timeframe: By when?
 - ✓ Goals: How much?
 - ✓ For whom?
- Create a 2-level driver diagram for your system
 - ✓ Outcomes
 - ✓ Key drivers of improvement

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Exercise: Measuring Improvement



- Using your driver diagram, identify the key measures you will need to track improvement in your system

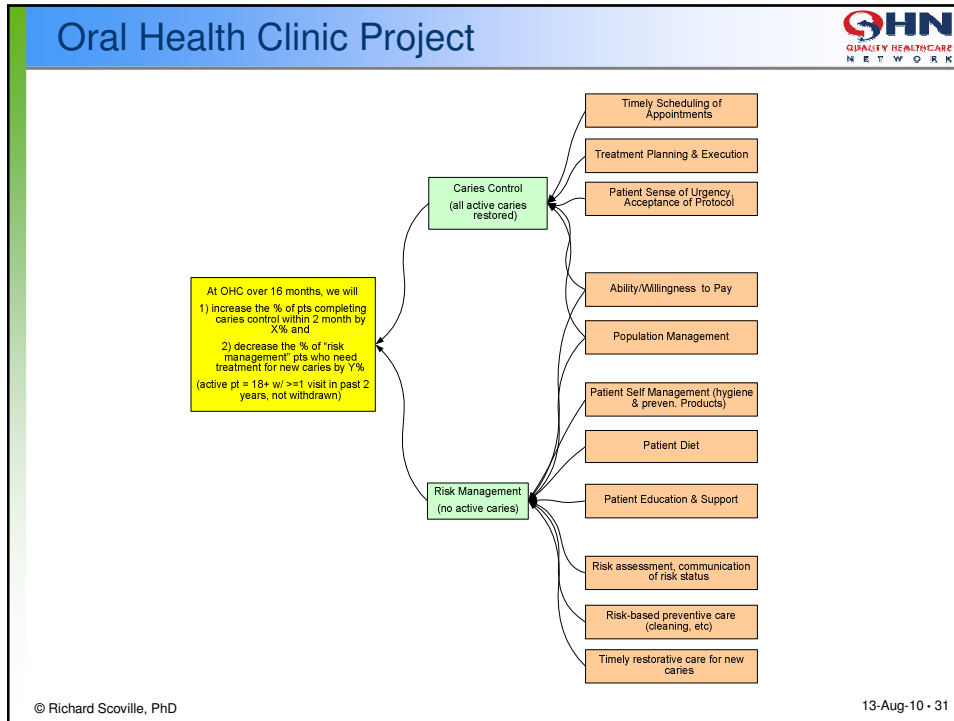
Prioritizing the Drivers




What to Measure? What to Change?

- Where is the 'Bang for Buck?' Which drivers do we believe will deliver the biggest impact?
- Which ones will be easiest to work on? Are some 'beyond our control'?
- What is our current level of performance on these drivers?

Limitations of resources, attention, and will usually mean we cannot work on everything.



What's The Status of This Driver/Process?




DRIVER STATUS		
LEVEL	DEFINITION	APPROXIMATE RELIABILITY
0	Driver is not defined or status is unknown	
1	There is an informal understanding about the driver by some of the people who do the work. No widely recognized or formal written description of the driver.	50%
2	Driver is documented. driver description includes all required participants (including families where appropriate). The driver is understood by all.	80%
3	The driver is well-defined, and enacted reliably. Quality measures are identified to monitor outcomes of the driver and may be in use by few/some.	90%
4	Ongoing measures of the driver are monitored routinely by key stakeholders and used to improve the driver. Documentation is revised as the driver is improved.	95%
5	driver outcomes are predictable. driveres are fully embedded in operational systems. The driver consistently meets the needs and expectations of all families and/or providers.	99%

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What Is It's Predicted Impact on Your Aim?



PREDICTED IMPACT	
LEVEL	DEFINITION
0	This driver has no impact or does not apply to our system of care
1	This driver has only minimal or indirect impact on patient services and outcomes
2	This driver will improve services for our patients, but other driveres are more important
3	This driver has significant impact on outcomes for our patients
4	This driver is necessary for delivering patient services It has a major, direct impact on the outcomes.
5	This driver is absolutely essential for achieving results. Improvement in this driver alone will have a direct, immediate impact on outcomes

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Prioritizing Oral Health Drivers



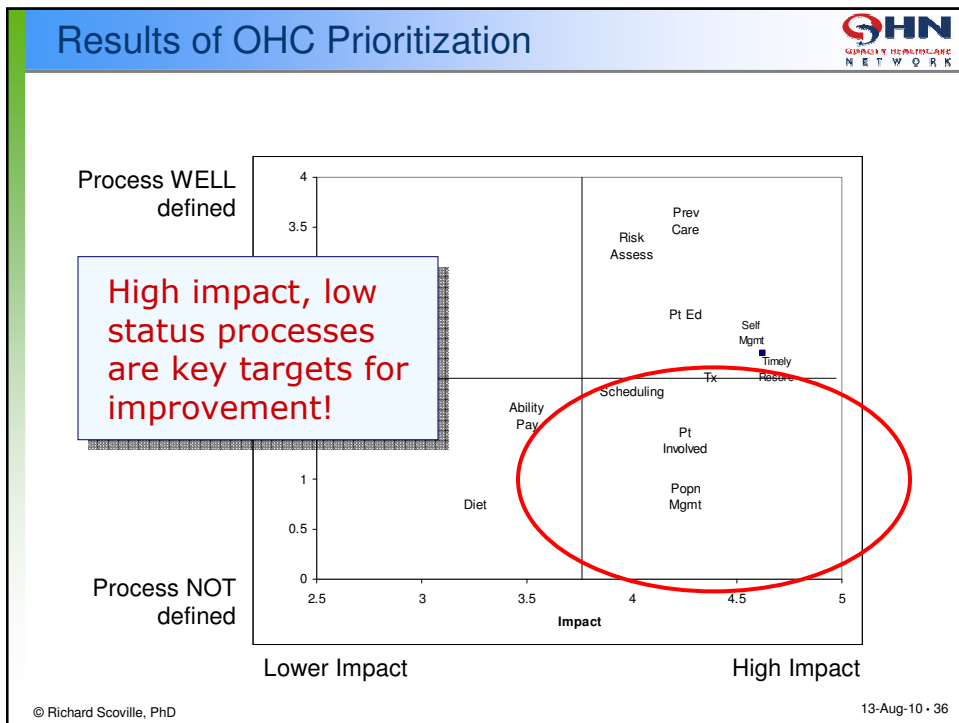
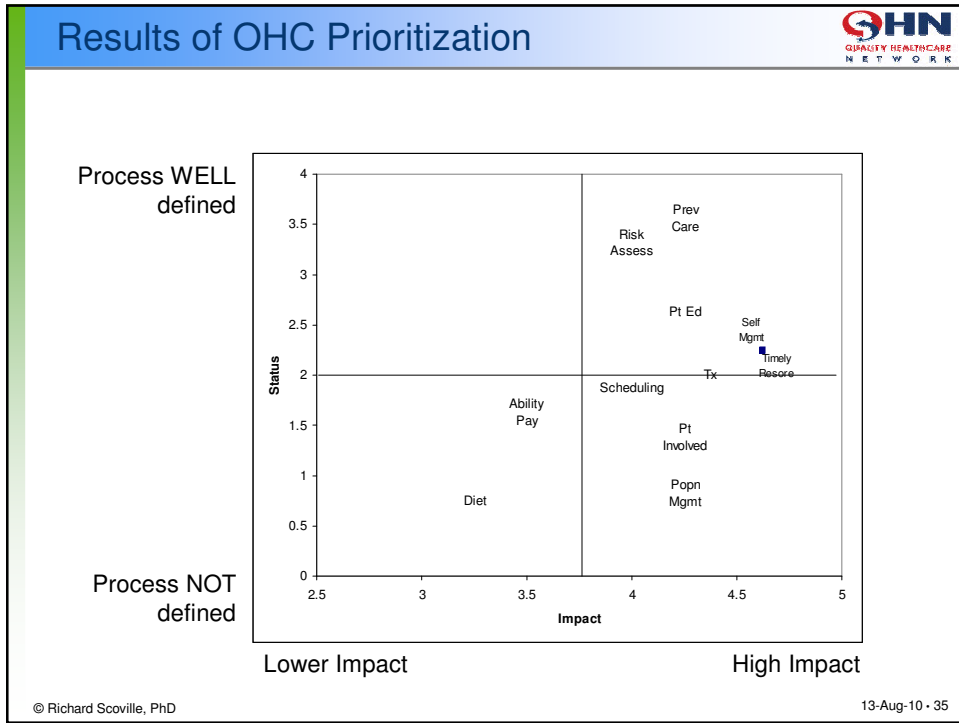
OHC improvement team was asked to rank order the drivers on impact and current status

Please rate the secondary drivers in the table at right on their predicted impact on the outcome, and their current status at the OHC.

OUTCOME
 At OHC over 16 months, we will
 1) increase the % of pts completing caries control within 2 month by X% and
 2) decrease the % of "risk management" pts who need treatment for new caries by Y%
 (active pt = 18+ w/ >=1 visit in past 2 years, not withdrawn)


	Secondary Driver	Impact	Status
Caries Control	Timely Scheduling of Appointments		
	Treatment Planning & Execution		
	Patient Sense of Urgency, Acceptance of Protocol		
	Ability/Willingness to Pay		
	Population Management		
Risk Management	Patient Self Management (hygiene & preven. Products)		
	Patient Diet		
	Patient Education & Support		
	Risk assessment, communication of risk status		
	Risk-based preventive care (cleaning, etc)		
	Timely restorative care for new caries		

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Importance of Timely Data



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SHN
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Measurement: How Often?

Match the frequency of measurement to the rhythm of events and of your improvement activities

Measurement Concept	Suggested Frequency of Measure
Monitor calorie intake to achieve weight loss with daily adjustments to habits, menus	Daily
Monitor time to next available appointment in a six month health clinic project to improve care access	Weekly
Monitor hand hygiene compliance in a major hospital system in a two-year drive to reduce infections	Monthly

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