



HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY
IMPROVEMENT & INNOVATION



NASTAD

ADAP Clinical Quality Management

Session 2



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Learning Objectives

- Deeper discussion of data
- QI Tools
 - Run chart
 - Control chart
 - Fishbone diagram
- Prioritizing your improvement ideas

Data

“In God we trust, all others must bring data.”

- W. Edwards Deming

What is Drilling Down the Data?

It is a process of analyzing your ADAP data in increasing detail to understand if you are meeting your performance goals

Why Drill Down the Data?

- Helps identify barriers to care
- Helps look below the surface
- Helps identify areas for improvement
- Encourages involvement from all team members
- Helps to improve overall care

Five Steps to Drilling Down the ADAP Data

1. Develop a list of clients who did not meet a measure
Ex. – How many clients did not have their ADAP application resolved in 15 days or more
2. Drill down your data-examine it by age, race, location, etc. and look for problem areas
3. Display the data through different visualizations; choose the right QI tool
4. Try to understand why they did not meet the measure; what were the barriers if any?
5. Use QI tools to set your priorities for improvement

Benefits

1. You will be able to serve those most in need by tailoring activities to best meet those needs
2. You will be more likely to achieve improvement
3. You can target resources more wisely
4. Foster ongoing relationships with clients by meeting their needs
5. Improve overall engagement in care

QI Tools


- A QI tool is anything that assists you in data collection; displaying data, and processes; and setting priorities
- Tools help you look beyond the measures or the raw data
- Tools give you the opportunity to communicate your quality improvement work

Tools to Use with Your Data

Collection of Data

- A checklist is a very simple way of logging results from a test or recording observations
- The ADAP data system (such as CAREWare, or another data collection system)
- They can be very simple (yes/no type answers) or more complex

Collecting Data Checklist

 World Health Organization SURGICAL SAFETY CHECKLIST (FIRST EDITION)		
Before induction of anaesthesia	Before skin incision	Before patient leaves operating room
<p>SIGN IN</p> <input type="checkbox"/> PATIENT HAS CONFIRMED <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING	<p>TIME OUT</p> <input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE <p>ANTICIPATED CRITICAL EVENTS</p> <input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? <input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS? <input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?	<p>SIGN OUT</p> <p>NURSE VERBALLY CONFIRMS WITH THE TEAM:</p> <input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE) <input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
<p>DOES PATIENT HAVE A:</p> <p>KNOWN ALLERGY?</p> <input type="checkbox"/> NO <input type="checkbox"/> YES <p>DIFFICULT AIRWAY/ASPIRATION RISK?</p> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE <p>RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?</p> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED	<p>HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</p> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE <p>IS ESSENTIAL IMAGING DISPLAYED?</p> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE	

Displaying Data

- The first rule in displaying data is to know your audience
- The second rule is to know that your audience has a short attention span
- The third rule is to consider the first two rules in making a display choice

• Example:

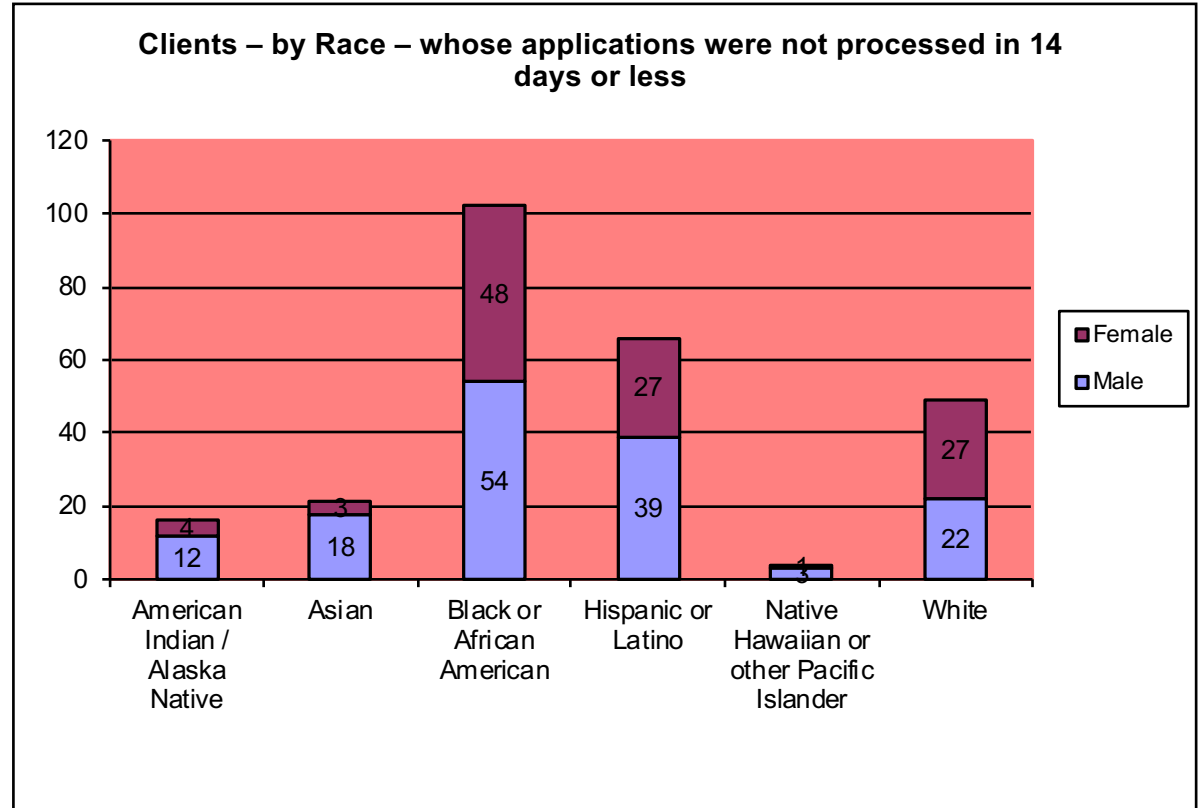
Center for Community Health		
Clients by Race		
	Male	Female
American Indian / Alaska Native	12	4
Asian	18	3
Black or African American	54	48
Hispanic or Latino	39	27
Native Hawaiian or other Pacific Islander	3	1
White	22	27

Is this as useful as....

Displaying Data

...this

- If you said no, you're right
- This graph shows a very clear picture of your demographics
- It gives you an idea on which demographic to concentrate
- This doesn't give answers per se, it only opens up deeper questions



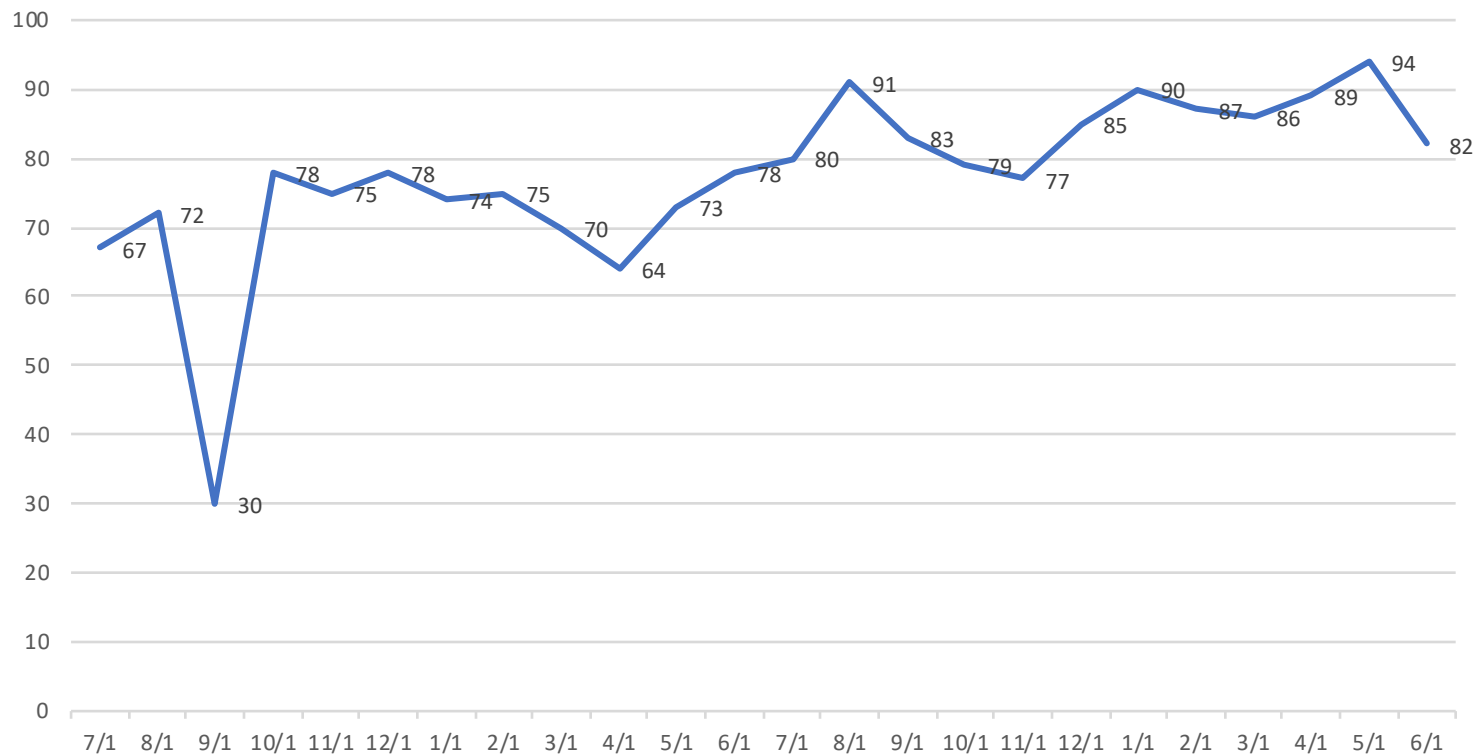
Displaying Data

- Lets track percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year over the last two years
 - We track the number of successful intakes every month
 - We decide to use a run chart to display the data
- Review the results on the next slide
- Think about what your seeing and record your observations

Displaying Data

Run Charts

Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year.



Displaying Data

Run Charts

- The value in the display of data is telling a story in as clear a way as possible
- This run chart allows you to see trends over time
- It alerts you to developing problems
- You can add level of complexity to run charts
 - Trend lines
 - Plot the average over time
 - Set upper and lower limits for performance

Displaying Data

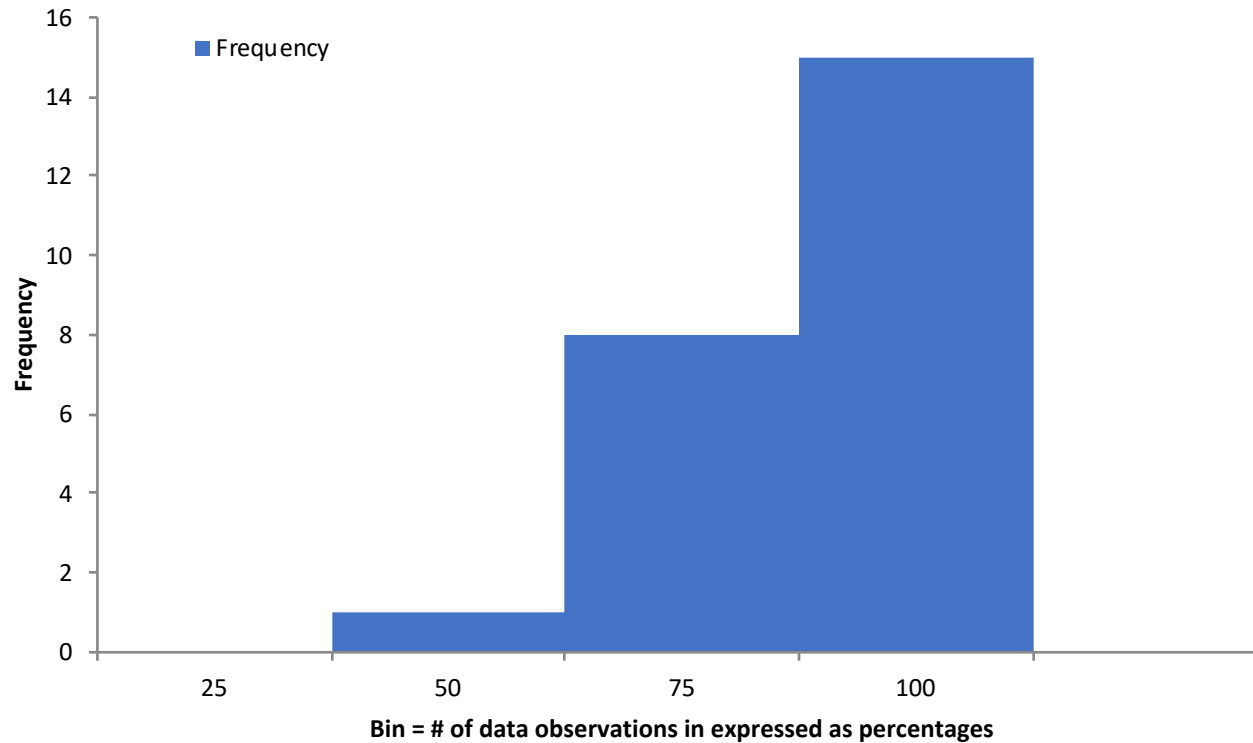
Histograms

- Groups data observations into common themes
 - Common themes are called bins
 - Data intervals must be the same (ex. 0-9, 10-19, 20 – 29, etc.)
- Histograms are used for one variable (ex. # of times we did not enroll a complete application within 14 days)
- They can be constructed in a number of ways; most people use frequency
 - Example: Bin X has 5 members, bin Y has 9 members, bin Z has 4 members
 - The height of the bars change but not the width in this method.

Displaying Data

Histograms

This uses the data from the Run Chart slide



Displaying Data

Histograms

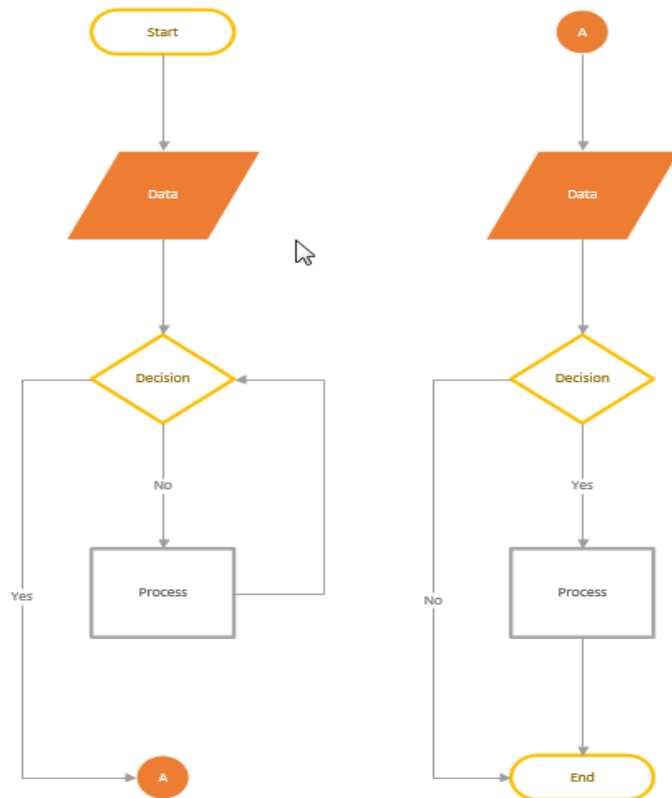
- Notice this about bins
 - They are usually expressed as the top limit of a range of numbers
 - Ex. – there were no data observations between 0% to 25% and 1 observation between 26 to 50%
 - They are equal in their intervals
- These data observations are about one variable (viral suppression)
- Histograms can be useful in spotting deviations in data
 - Ex. – your expected outcomes in an intervention do not look like your actual outcomes
 - This helps to flag something for further investigation

Mapping Processes

Flowcharts

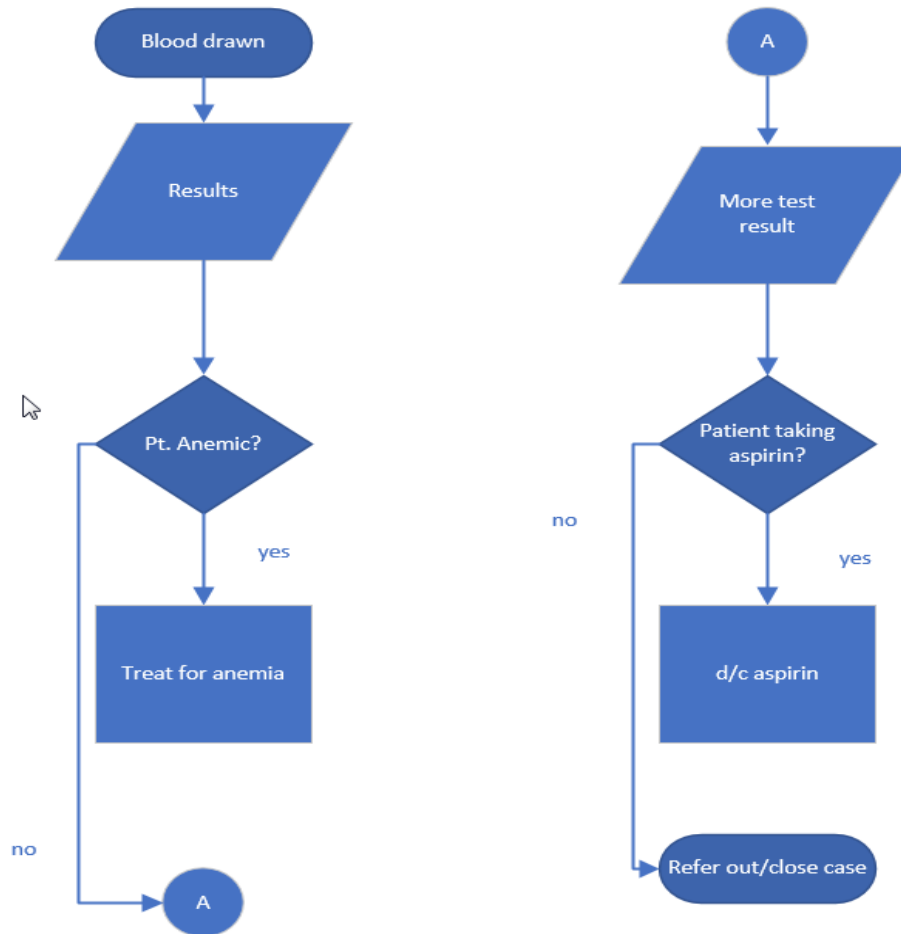
- Think of a flowchart as a set of directions laid out in a diagram
 - Driving to someone's place of residence
 - Step by step instructions on making a pizza
- Flowcharts use specific symbols to denote specific actions

Flowcharting Symbols



- The flowchart on the left has a:
 - Starting point
 - Data
 - A decision point with branches for possible decisions
 - A process step
 - Page connectors to connect one page to the next (A)
 - An end point
- In most cases, these are the only symbols you will need

Let's Look at a Flowchart Example



Collecting Ideas and Setting Priorities

The Brainstorm

- An inclusive exercise meant to solicit ideas from all stakeholders
- Must be run by a skilled facilitator
- All ideas are welcome and no idea is judged
- Every idea is recorded; like ideas are grouped when the session runs out of new ideas
- Stay focused on the topic
- Vote, vote, vote

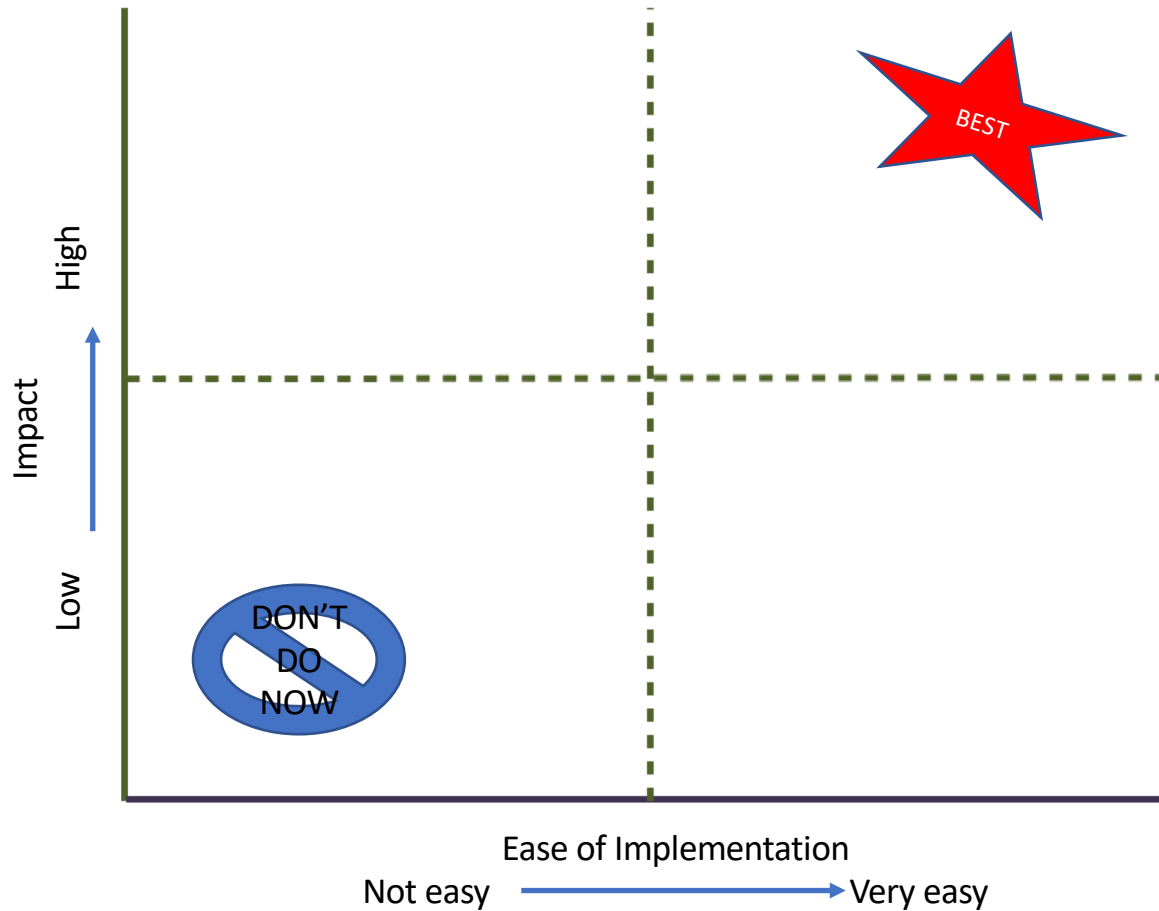
The Brainstorm

- Did I mention voting?
 - You can use either the “Fists of Five” or “one person, one vote”
 - “Fists of Five” give a person the opportunity to use up to five fingers on each item from the brainstorm
 - One person, one vote gives someone the opportunity to cast one vote on each item brainstormed
- Now everything is ordered, now what?
 - You have a list of priorities
 - There are probably multiple priorities with high scores
 - You cannot do them all
 - One more step is probably needed

Priority Matrix

- Assigning things to the Matrix is also a group activity
- The Matrix takes into account the impact that your improvement idea will have **AND** the ease of its implementation
- There is no easy heuristic or formula to determine improvement priorities
 - What you work on will be dictated by the resources you have
 - Your clients are your ultimate focus

Priority Matrix



How the Matrix Works

- It is best to use “sticky notes” for mobility of ideas
- “Low hanging fruits” may not deliver the greatest benefit to your clients
- Consensus is important; everyone has a stake in improvement
- The Matrix is for organizing your ideas; other factors may enter into your decisions as well that are not as obvious; ex. financial

Summary

- Data is the key element to any improvement effort
- It moves your perception of what's happening to the reality of what's happening
- Measurement is one of the key elements of a robust quality management program
- The visual display of data is an important way to communicate your progress toward your goals

Summary

- Tools to analyze your data are one of the core elements of a robust clinical quality management program
- There are a number of resources available that have these tools and more. Two of the more popular ones are:
 - ASQ.org
 - IHI.org
 - TARGETHIV.org
- You can also search the web for information on specific tools