

PERFORMANCE MEASUREMENT: USING DATA TO IMPROVE QUALITY

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Learning Topics

- ① The role of performance measurement (PM) in quality improvement
- ① Requirements for an effective PM Plan
- ① Domains or areas of PM data measurement for service providers and agencies
- ① Examples of performance measures relevant to serving victims of torture

First, some definitions

- ◎ Performance Measurement - the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals¹
- ◎ Outcomes – the desired goals or impact of service activities
- ◎ Targets – A threshold of acceptable outcomes (usually expressed as a percentage)—two types: population threshold and/or outcome threshold
- ◎ Indicator – Specific measurement strategy (“...as measured by...”)
- ◎ Data source(s) -- Methods of data collection, such as instruments, surveys, chart reviews, etc.

Role of measurement in improving care

- ① The purpose of measurement (setting measurement objectives, collecting data, interpreting the data) is *to bring new knowledge into daily practice*.
- ② Collect only the data that are required to be collected and analyzed (“just enough” data) to learn what is needed for the next cycle of implementing and testing system changes.²
- ③ The development of a PM Plan makes the quality improvement process *proactive* rather than *reactive*

How does the PM Plan fit in?

- ⦿ A PM plan is often tied to an agency's strategic plan
- ⦿ Stakeholders of the agency's PM Plan
 - Funders
 - Board of Directors
 - Consumers of services
 - Agency staff and managers
 - Internal or external evaluators/analysts
 - Those involved with advocacy and policy making
 - The community, as defined by the agency
- ⦿ Role of stakeholders

Requirements for a PM plan

- ⦿ Valid data – can you count unduplicated “episodes” (i.e. someone comes back for services)? Can you track ongoing care? Can you track follow up outcomes?
- ⦿ Strategic thinking about thresholds—how do you know when you’ve met a target?
- ⦿ “Buy in” from stakeholders such as providers who supply data
- ⦿ A minimum level of data management capacity
- ⦿ Start small (and conservatively with targets) and expand over time

Performance domains

- ⦿ Community and professional education, training, network development
- ⦿ Outreach – defined as the process of identifying and recruiting relevant clients for services
- ⦿ Referral-in process – receiving referrals from outside the agency
- ⦿ Assessment processes – measures related to accurate, timely, and reliable assessment data, including the successful completion of assessment reports
- ⦿ Provision and receipt of services

Performance domains, continued

- ⦿ Intervention process measures
- ⦿ Engagement – continuity of care, as relevant to the needs of clients and types of services provided
- ⦿ Follow up tracking – collecting and analyzing longitudinal data about clients (see also “Outcomes monitoring”)
- ⦿ Referral-out process and aftercare
- ⦿ Outcomes monitoring
- ⦿ Reporting and data management—data quality (valid & reliable); report generation; dissemination of findings

Examples: Community/ professional training

Outcome	Target	Indicator	Data source(s)	Reporting frequency
Complete online course “Legal Issues for Asylum Seekers”	85% of assessment providers	Signed completion certificate from online course	Online report	Quarterly
Increase network of community support services	25% increase	Signed MOU with new providers/agencies	Administrator’s report of completed MOUs	Annually

Examples: Intervention Processes

Outcome	Target	Indicator	Data source(s)	Reporting frequency
New clients receive assessment	85% completed within two weeks of referral; 100% within one month	Completed assessment form	Administrator's report on assessment forms	Monthly
Client satisfaction with service delivery	85% of clients	Overall number of "Satisfied" or "highly satisfied" responses	Client Satisfaction Scale	Bi-annually
Client has multi-disciplinary treatment plan	90% of clients	Treatment plan addressing more than one Tx domain	Treatment plan review report	Bi-annually

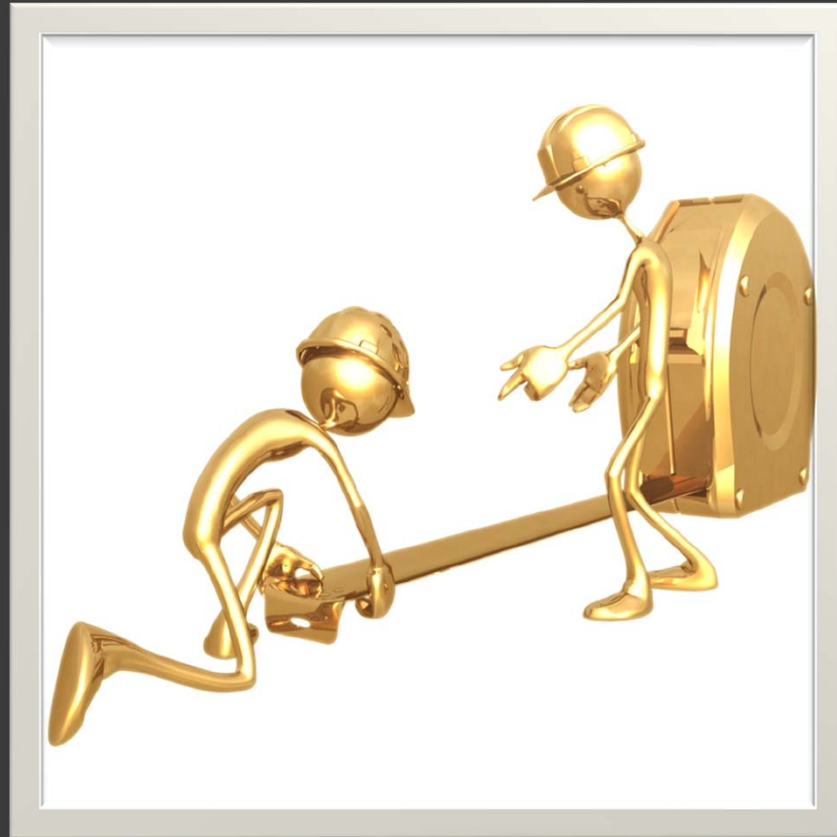
Examples: Provision and receipt of services

Outcome	Target	Indicator	Data source(s)	Reporting frequency
Implement new client psychoeducation groups	Two groups per week, within six months of implementation	Group attendance	Group attendance log; Outcome Data System open episodes	Bi-annually
Clients have primary care "home"	95% of all clients, within one month of intake	Primary care visit	--Primary care provider survey tracking form --Treatment plan	Quarterly
Clients receive benefits and/or employment counseling	85% of all clients, within one month of intake	Meeting with benefits/employment counselor	Progress notes— (progress note review tool)	Quarterly

Examples: Outcomes monitoring

Outcome	Target	Indicator	Data source(s)	Reporting frequency
Reduce anxiety symptoms	75% of clients, within 6 months of intake	Reduction of anxiety score	Hopkins Symptom Checklist	Bi-annually
Increase social functioning	75% of clients, within 6 months of intake	Attend at least 1 cultural/community or family event	Client self report, as documented in progress notes (progress note review tool)	Bi-annually
Improve income/ Employment status	75% of clients, within 6 months of intake	Increase in income (or stable income)	Client self report, as documented in progress notes (progress note review tool)	Bi-annually

Questions?



References Cited

1. U.S. Government Accountability Office. (2011). *Performance measurement and evaluation: Definitions and relationships*. GAO-11-616SP. Washington, D.C.: Author.
2. Institute for Healthcare Improvement. (2011). *Science of Improvement: Establishing Measures*. Retrieved from <http://www.ihp.org/knowledge/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx>