EFFECTIVE GOVERNANCE
FOR QUALITY AND PATIENT SAFETY

STRATEGY AND MEANINGFUL MEASUREMENT

THE ROLE OF THE BOARD

Learning goal:
Be able to ask questions…

- help the Board know how well the organization is doing on its strategic priorities and guide action to further improve performance
- clarify how to target resources to affect performance on quality indicators (e.g. services, IT, education)
- lead to action and using "*good enough*" data

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Boards Continually Assess Value

- Are we getting closer to achieving our goals?
- What else do we need to do to achieve our goals?
- Are there some programs/services that are not getting us anywhere?
- Should we reallocate resources?
- How does our performance stack up against our peers?

Strategy and Measurement

- Strategy: Explicitly stated (i.e. strategic plan must exist)
  - ***specific*** goals
  - shared so everyone in the organization ***knows the goals***
- Measurement:
  - clearly ***related*** to strategic goals (i.e. meaningful)
  - based on indicators for which you have ***easy access to data*** to assess performance (i.e. measurable)
  - Reflects the ***work staff are doing*** (i.e. meaningful)

Step 1: Plan to perform

- Three levels of planning
  - Strategic plan:
    - outlines the priorities
  - Operational plan:
    - outlines what *to do* to achieve the priorities
  - Quality Improvement plan:
    - outlines what *to do better*

Step 2: Quality Improvement Plan

- Why do a QIP
    - <u>It's a good idea:</u> It provides direction to the ED and organization to ensure you all achieve your strategic priorities
    - <u>You have to:</u> FHTs, AHACs, NPLCs, CHCs are REQUIRED to submit Ministry QIP annually
- What is a QIP
    - Specific measures, timelines and targets related to the strategic priorities
    - Action-oriented and outcome-driven plan to guide activities of organization and focus attention of the Board on improving quality

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Support from AFHTO:
Data to Decisions: Advancing Primary Care

- Manageable meaningful measurement, consistent with Starfield principles of comprehensive, patient-centered team-based primary care
- Manageable
  - Minimize additional reporting effort
  - Encourage alignment in reporting requirements
- Meaningful:
  - Allow teams to compare themselves to peers
  - Enable teams to take local (individual) and collective (i.e. at the association-level) action
- See link to video coming soon to members only page

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D2D 1.0

- Data to Decisions 1.0 - a summary of primary care data that are currently available, comparable and mean the most to AFHTO members in their efforts to advance quality of care for their patients.

- The report displays data submitted anonymously by 50 teams.

- It can be used by ALL members – whether or not your team has contributed data.

- The report includes a suite of supporting materials to help teams use the data to advance their work to improve quality for their patients.

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D2D 2.0

- The next iteration of D2D – ETA mid-June 2015
  - pushed back by request of members due to year end work
- Intentionally mostly the same indicators as D2D 1.0
- Looking for all teams to participate
  - <u>Individual team impact:</u> Helps individual teams identify local priorities (through comparison to peers)
  - <u>Collective impact:</u> Helps all teams together demonstrate value of interprofessional team-based care and therefore helps AFHTO advocate for the needs of AFHTO members
- Resources are available to help teams contribute
  - See ebulletin, ask a QIDSS or contact QIDS program staff (http://www.afhto.ca/members-only/data-to-decisions-news/)

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CAPABILITY ASSESSMENT

- Think about your strategic priorities. Reflect on one that will help your organization to "do some thing better" (i.e. involve improving quality in some way)
- Think of some indicators that would demonstrate the organization is making progress

Step 3:
Track progress on your priorities

- Choose *JUST A FEW* indicators -- less is WAY more

- Make sure you can *EASILY* get the data: *measuring* progress should not distract from *making* progress

  - For help with choosing indicators and capturing data, refer to D2D, QIDSS, EMR Community of Practice and your peers

- Pay attention to stories as well as numbers (qualitative and quantitative data)

- Report often to see progress or lack thereof in time to make changes to improve (at least monthly, if possible)

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An option: Use D2D to help track progress

- Choose a priority based on D2D
  - Identify peers from D2D with better performance in an area of interest to your team – they might have useful ideas or suggestions
- Set up a local process to capture data on D2D indicators in near-real-time
  - D2D is produced at most twice a year, often with "old" data
- Set up a process for staff and board to review reports on these local data on an ongoing basis. SHARE STORIES!
  - Frequent small reports are more useful than big annual reports
- Compare to peers at next iteration of D2D (i.e. 3.0)

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Quality Improvement Plans

Example: Real QIPs

Samples from AFHTO member organizations

Alignment: QIP, PCPMF and manageable, meaningful measurement

D2D 2.0	D2D 1.0	PCPMF	QIP
Health care system cost	yes	yes	no
Same/next day appointments	yes	yes	yes
Reasonable wait for appointment	no	no	no
Patient involved in care	yes	yes	yes
Patient satisfaction with office staff	no	yes	no
Childhood immunization (rostered and all children)	yes	yes	no
Colorectal cancer screening	yes	yes	yes
Cervical cancer screening	yes	yes	yes
Readmissions to hospital	yes	yes	yes
Regular primary care provider (individual and team)	yes	yes	no
7-day follow-up (DEVELOPMENTAL indicator)	no	yes	yes

CAPABILITY ASSESSMENT

- What is ONE thing you can do to improve quality by Tuesday? (Don Berwick)
- Ideas
  - patient experience
  - patient transitions
  - small trials or best

LEADERSHIP – IT'S THE BOARD'S JOB

- Priorities

- Strategy

- Plan

- Improve