

QSEA Quality Measurement & Pitfalls in Data Interpretation

Form groups of 2 or 3 at your tables. Read the scenario and discuss the questions which follow. We will ask small group members to report on their discussion during a large group debriefing.

You have been asked to engage internal medicine residents in a QI project. The residents want to work on improving care for diabetic patients in their clinic. A diabetic care improvement team is assembled and includes 5 residents, 2 clinic nurses, 2 clinic certified nurse assistants (CNAs – they room the patients in this practice), an information systems manager, and an attending general internist. You wish to have the residents take the lead on the project as much as possible and their schedule allows them to do so.

1. What process, outcome, and balancing measures are needed to evaluate performance? For this exercise, you may wish to limit the number of measures you choose to 3. Assuming there is room for improvement, what measures might help you identify drivers of suboptimal performance?
2. How will you acquire this data? Does it need to be manually abstracted from charts, generated as a report from an information system, etc? Which patients are included in your measures? Are there exclusion criteria?
3. How will you analyze and interpret the data and performance over time? Will you use certain types of charts?

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Form groups of 2 or 3 at your tables. Read the scenario and discuss the questions which follow. We will ask small group members to report on their discussion during a large group debriefing.

You have been asked to engage internal medicine residents in a QI project. The residents want to work on reducing nosocomial venous thromboembolism (VTE). A VTE reduction team is assembled and includes 3 residents, 2 staff nurses, a nurse manager, a hematology fellow, a pharmacist, an information systems manager, and a hospitalist. You wish to have the residents take the lead on the project as much as possible and their schedule allows them to do so.

1. How would you guide residents (and other project team members) into determining what process, outcome, and balancing measures are needed to evaluate performance? Similarly, how would you guide residents in determining which measures might explain drivers of suboptimal performance?
2. How will residents acquire this data? Does it need to be manually abstracted from charts, generated as a report from an information system, etc? Who will obtain the data? Which patients are included in the measures? Are there exclusion criteria?
3. How will you guide residents in analyzing and interpreting the data and performance over time? Will residents use certain types of charts and how might you teach them which to choose?