# Measurement in quality improvement

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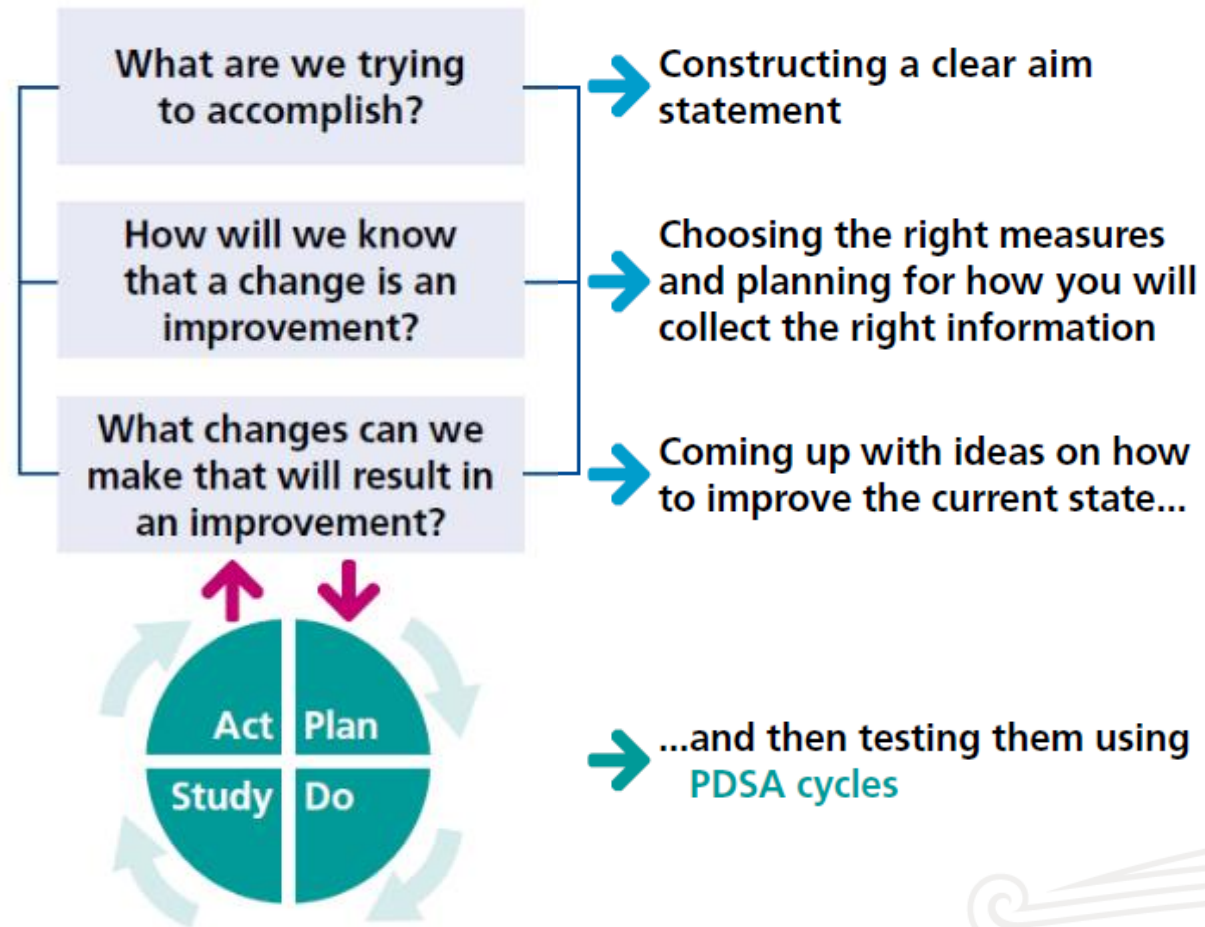Mental health and addiction quality improvement programme

28 February/2 March 2023

# Overview

- Measurement for quality improvement
  - how data fits within the Model for Improvement
  - data for learning not judgement
  - family of measures
- Outcome measure(s)
- Balancing measure(s)

# The Model for Improvement

What are we trying to accomplish? → Constructing a clear aim statement

How will we know that a change is an improvement? → Choosing the right measures and planning for how you will collect the right information

What changes can we make that will result in an improvement? → Coming up with ideas on how to improve the current state...

Act | Plan
Study | Do

→ ...and then testing them using PDSA cycles

# Link measures to theory

- Outcome measures
  - linked to the aim of the project

- Process measures
  - linked to the things you are going to work on to achieve the aim

- Balancing measures
  - to spot unintended negative consequences

# Data for quality improvement

- Focus on the **vital few measures** (need vs nice to have)

- Measures should be:
  - easy to collect
  - reported regularly

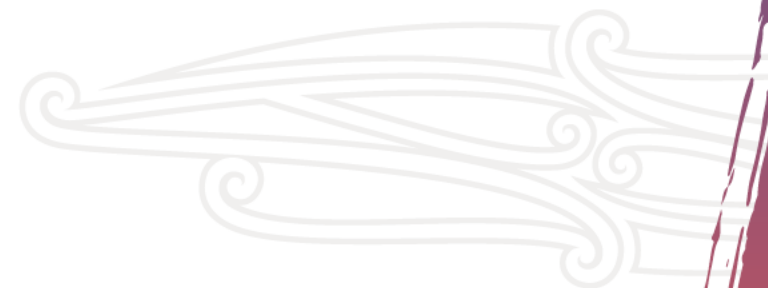- Data collection should be integrated into everyday practice.

# Why measure outcomes?

- Outcome measures remain the 'ultimate validators' of the effectiveness and quality of health care but sometimes may be difficult to define and/or have significant time lags.

NHS Elect, Guide to Measurement for Improvement

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- It is important to have both process and outcome measures because they connect your theory of change to your expected outcomes.

# Why measure outcomes?

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- It is important to have both process and outcome measures because they connect your theory of change to your expected outcomes.

- If you measure process without outcomes, you cannot be sure whether outcomes have changed, and there is a risk of **'hitting a target [improved process] but missing the point [no improved outcomes]'**

NHS Elect, Guide to Measurement for Improvement

# Outcome measures
## *Initial ideas only – final to be confirmed*

**Improving quality of care/safety**

**Proxy measures**

**Regular:** Rates of screening glucose and lipid levels.

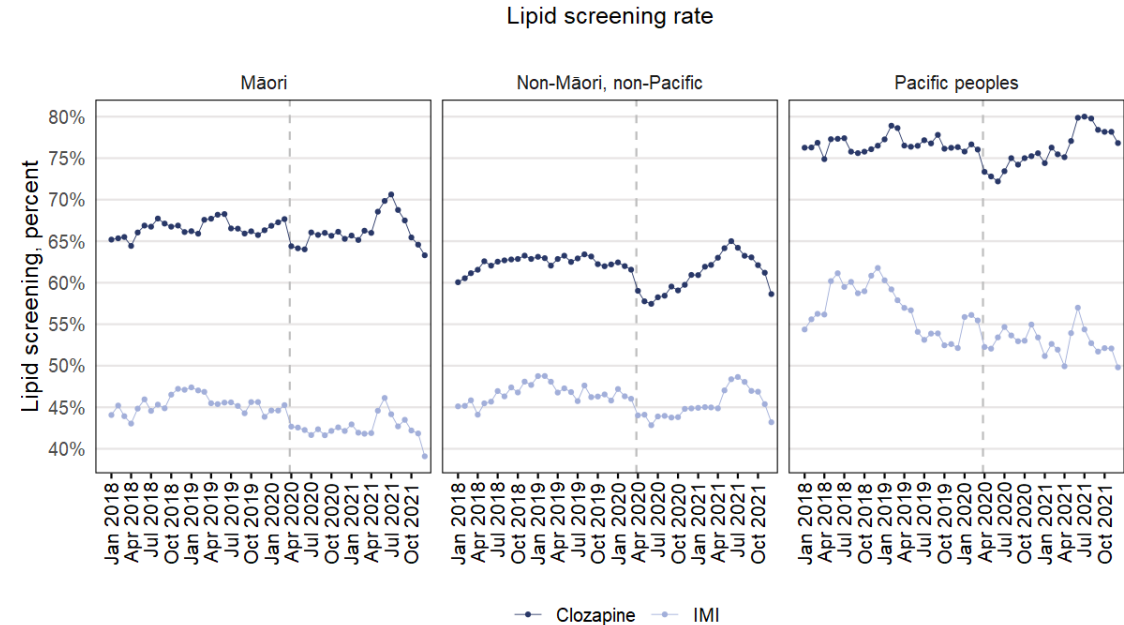**Snapshot:** Experience of care.

**Engagement with primary care**

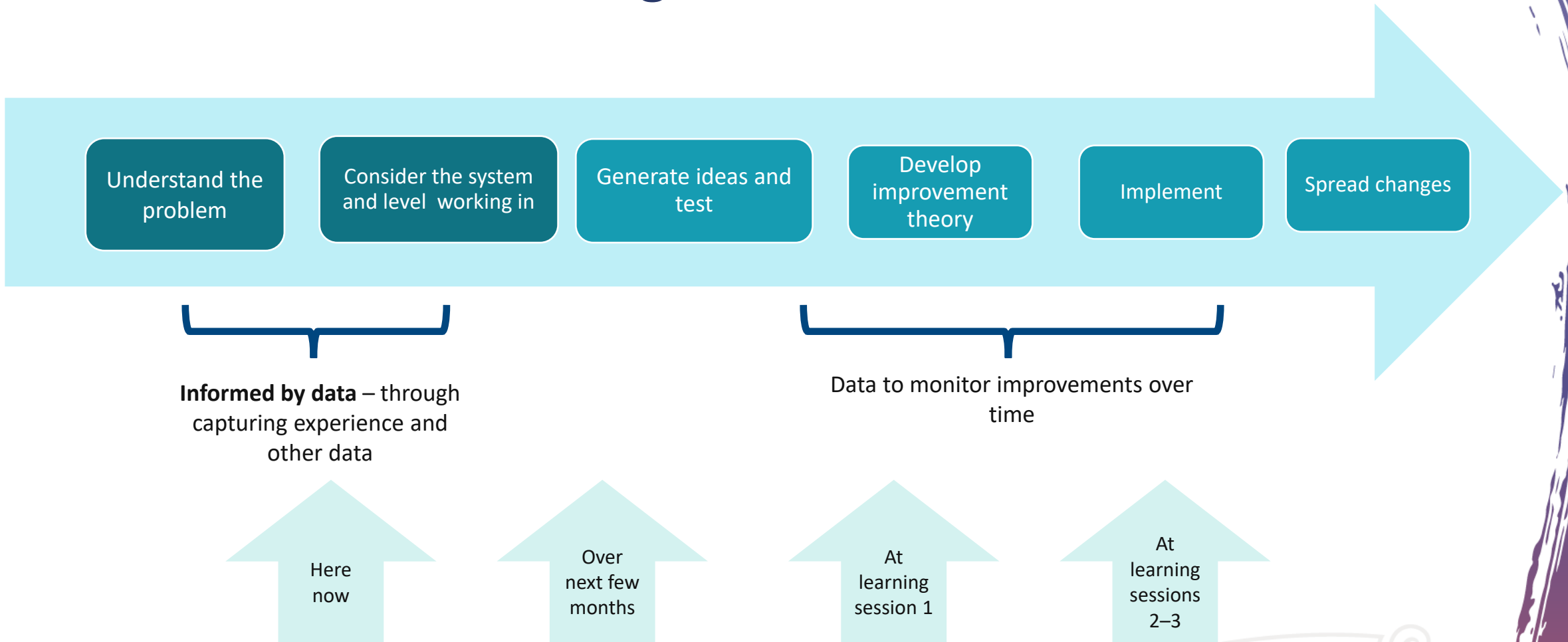**Proxy measures**

**Regular:**

- percentage of consumers with a primary care provider

- percentage of consumers with a shared care plan.

# Measuring at national/local levels

- **Outcome** measure: set and measured nationally

- **Process** measures: unique to each Te Whatu Ora district + balancing measures
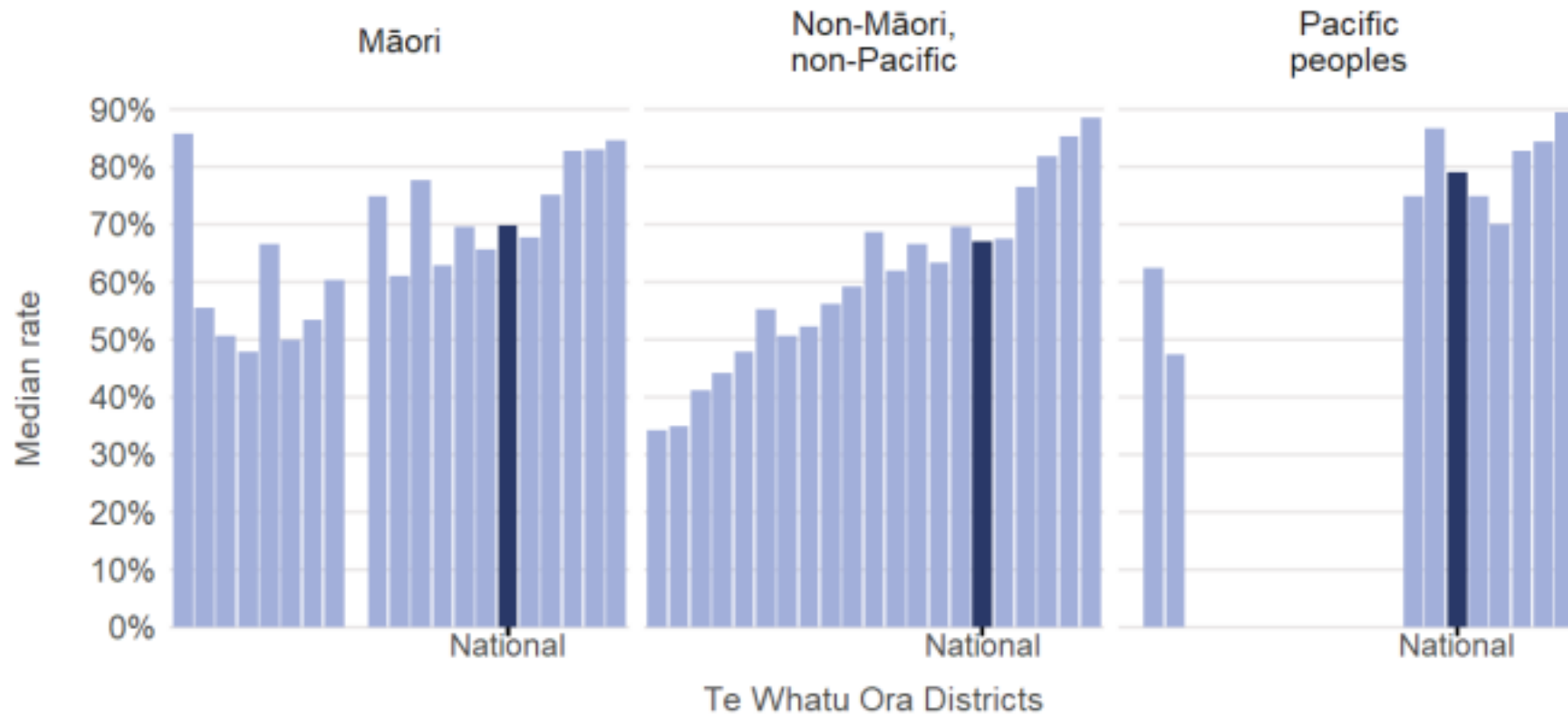


Lipid screening rate

# Where we are heading with measurement



Understand the problem | Consider the system and level working in | Generate ideas and test | Develop improvement theory | Implement | Spread changes

**Informed by data** – through capturing experience and other data

Data to monitor improvements over time

Here now

Over next few months

At learning session 1

At learning sessions 2–3
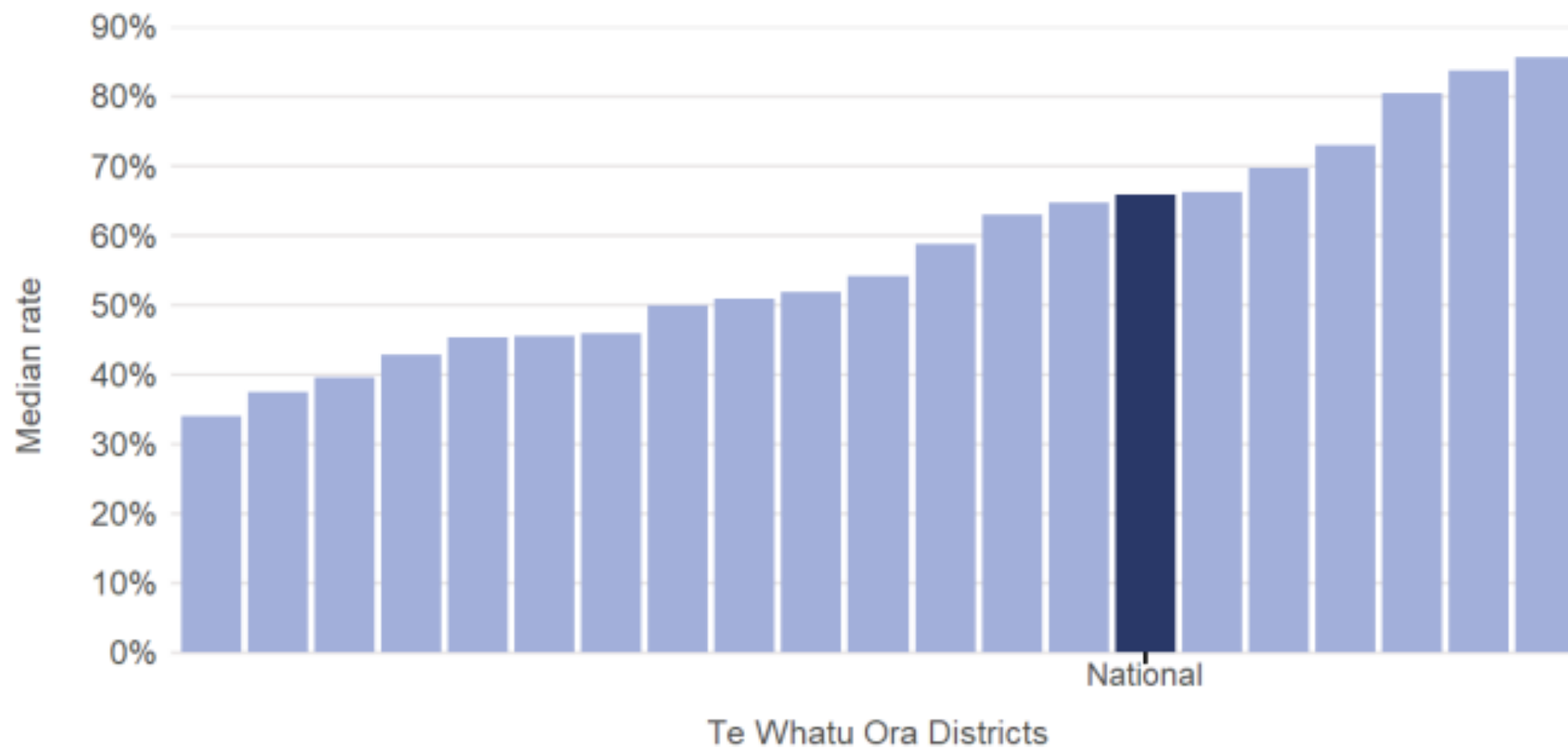
Source: Carnegie Foundation

# Glucose screening rate, Clozapine

Baseline median rate of glucose screening in individuals dispensed Clozapine across Te Whatu Ora Districts, by ethnicity
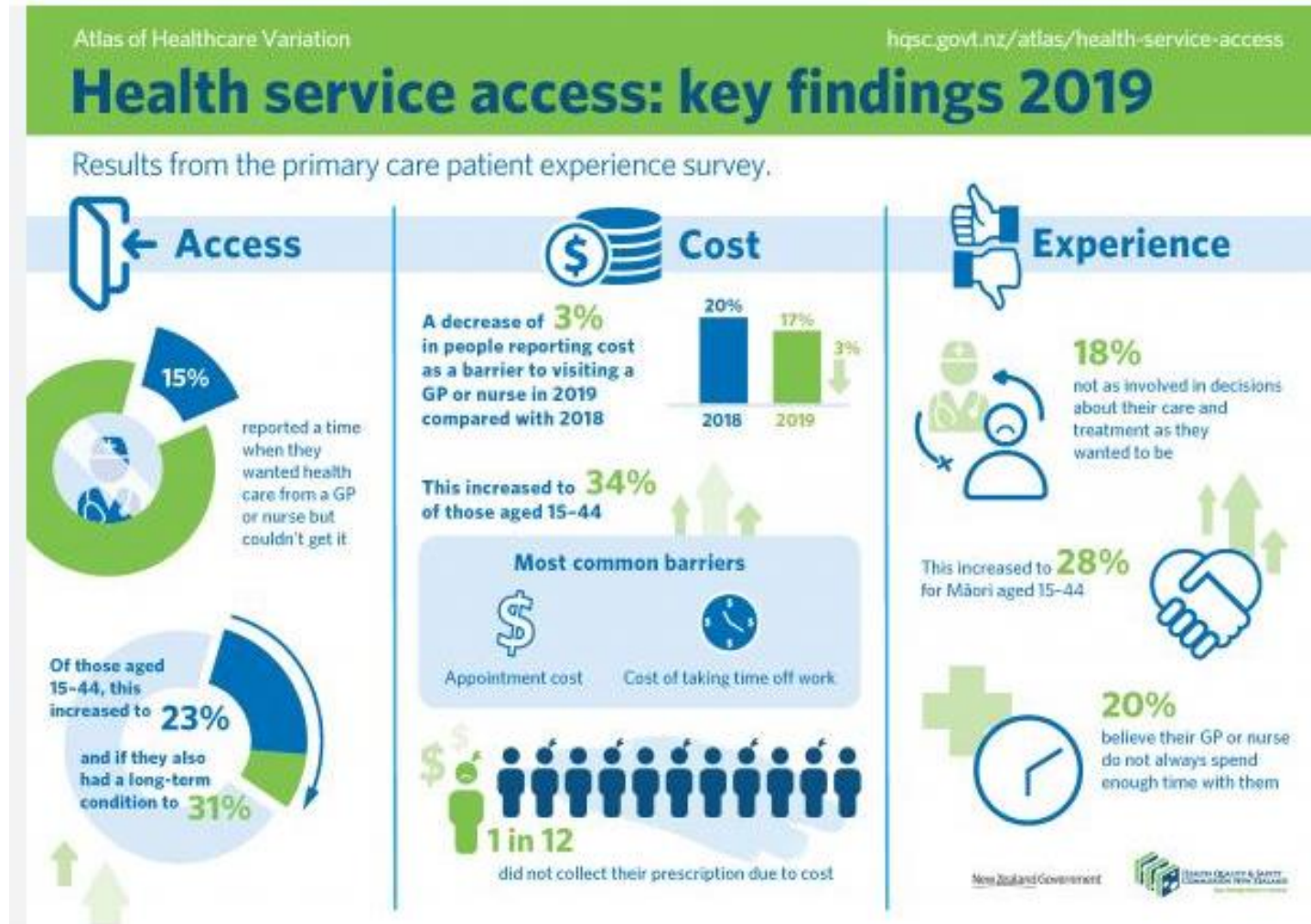
Lipid screening rate, Clozapine

Baseline median rate of lipid screening in individuals dispensed Clozapine across Te Whatu Ora Districts, all ethnicities

# Qualitative measures

- What matters
- Co-design

# Thank you – reflections or questions