

# Data Gathering for Quality Improvement

## Examples from Participant Clinics in HIVQUAL US

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### Panelists

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# Learning Objectives

At the conclusion of the workshop, participants will be able to:

- Identify several strategies that they could use for chart abstraction
- Identify data sources they can use in lieu of chart abstraction
- Describe how the data gathering process can strengthen a clinic's culture for quality



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# What is HIVQUAL National?

- A joint project of the New York State Department of Health AIDS Institute and HRSA, HIV/AIDS Bureau, Division of Community Based Programs, Part C and Part D
- The mission is to develop and sustain capacity of HIV clinical care programs for quality improvement
- The project provides onsite consultation to grantees and to regional groups
- The project gathers performance data from grantees annually and provides comparative data to participants



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## The HIVQUAL Framework

- Performance Measurement
- Quality Improvement
- Quality Management Program

*Implemented through*

- *Coaching and Mentoring*
- *Peer learning*
- *Involving patients*



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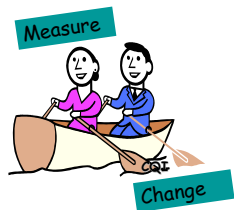
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## On Our Way to...

CQI Heaven



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## Basics of Performance Measurement

- Row with both oars-don't go in circles
- Consider how performance measurement and quality improvement activities affect the quality culture



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# Measuring performance



## Steps to measure performance:

1. Select a quality of care indicator.
2. Define the measurement population.
3. Define the measure.
4. Create a data collection plan.
5. Develop data collection tools and instructions.
6. Train medical record abstractors.
7. Run a pilot test.
8. Collect data.
9. Analyze data and plan QI activities.
10. Display and distribute data.
11. Evaluate the measurement process and determine how to improve it.




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# Why Grantees Gather HIVQUAL Data

- To benchmark program performance against that of other programs
- To Measure success of improvement projects
- To Measure progress over successive years
- To set priorities for action
- To satisfy funders / stakeholders




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HIVQUAL Performance Data Report  
Part C and D Programs  
2003, 2004, 2005 and 2006 Yearly Reviews

The HIVQUAL Project

	PCP		MAC		TB Testing		Pulse Exam		Mental Health	
	N	%	N	%	N	%	N	%	N	%
CD4 T/C 2003 (172 sites)	172	88.3%	172	88.3%	172	88.3%	172	88.3%	172	88.3%
2004 (172 sites)	172	90.1%	172	90.1%	172	90.1%	172	90.1%	172	90.1%
2005 (172 sites)	172	91.3%	172	91.3%	172	91.3%	172	91.3%	172	91.3%
2006 (172 sites)	172	92.5%	172	92.5%	172	92.5%	172	92.5%	172	92.5%
MEAN 2003-2006	172	90.6%	172	90.6%	172	90.6%	172	90.6%	172	90.6%
CD4 T/C 2003 (172 sites)	172	88.3%	172	88.3%	172	88.3%	172	88.3%	172	88.3%
2004 (172 sites)	172	90.1%	172	90.1%	172	90.1%	172	90.1%	172	90.1%
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2006 (172 sites)	172	92.5%	172	92.5%	172	92.5%	172	92.5%	172	92.5%
MEAN 2003-2006	172	90.6%	172	90.6%	172	90.6%	172	90.6%	172	90.6%
ALL SITES POOLED 2003	172	88.3%	172	88.3%	172	88.3%	172	88.3%	172	88.3%
2004	172	90.1%	172	90.1%	172	90.1%	172	90.1%	172	90.1%
2005	172	91.3%	172	91.3%	172	91.3%	172	91.3%	172	91.3%
2006	172	92.5%	172	92.5%	172	92.5%	172	92.5%	172	92.5%
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## What Grantees Measure

- HIVQUAL National, in concert with the HIV/AIDS Bureau Quality defines indicators for measurement
- The Program provides mandatory and optional indicators each year
- Categories include adult indicators, adolescent indicators, pediatric indicators and case management indicators



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## How Grantees Measured in 2008

- HIVQUAL defined the process for selecting a random sample
- HIVQUAL provided a data gathering tool and indicator definitions
- HIVQUAL provided software for entering data, generating reports and exporting data
- The grantee quality committee formulated the strategy for data gathering and submission
- The grantee quality committee oversaw implementation



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## Quality Committee Considerations

- What locations to include
- Who would select the random sample
- Sources to be used for gathering data
- Who would gather data from each source
- How data would be validated
- Who would enter data into the software
- How data entry would be validated



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## Common Sources for Quality Data

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- **Medical chart**
- **Clinical tracking system (EMR, CAREWare, etc)**
  - Lists may be produced of all patients meeting / not meeting an indicator
  - Individual patient form (Careware Encounter Form, Labtracker Decision Tree, EMR screen shot) may be produced that summarizes patient information
- **Billing system**
  - Lists may be produced of visit dates, all patients billed for specific screens, immunizations, etc
- **Logs**
  - Screening logs, immunization logs, referral logs, etc.


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## Pros and Cons of Data Sources

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**Medical chart**


- Should incorporate all quality information BUT
- Time consuming, data may be found in more than one section or volume, data may be misfiled, flow sheets and medication lists may be incomplete, progress notes may be difficult to read

**Clinical tracking system (EMR, Careware, etc)**

- Faster than chart reviews for many indicators BUT
- All data may not be entered. Entry may be inaccurate

**Billing system**

- Faster than chart reviews BUT
- Screenings and labs completed elsewhere may be left out.
- Data may be inaccurate


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## Common Strategies for Data Gathering / Entry

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- The Quality Assurance Approach
  - Quality Nurse / Administrator is responsible for data gathering, entry and submission
- The Clerical / Data Staff Approach
- The Chart Party Approach
- A Mixed Approach


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### Strategy 1: Quality Assurance Model

**Pros**

- Data usually is accurate, as QA nurse is familiar with charts, indicators and medical terminology
- Staff is free for other work
- Staff resistance is not a problem

**Cons**

- Team is not involved in the process
- Many programs do not have this resource
- Data / data entry may not be validated



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### Strategy 2: Clerical/Data Staff

**Pros**

- Other staff is free for other work
- Staff resistance is not a problem

**Cons**

- Team is not involved in the process
- Data may not be accurate, as data gatherers may not understand indicators, may not be familiar with charts, may not understand medical terminology
- Data / data entry may not be validated



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### Strategy 3: Chart Party

**Pros**

- All staff learn quality indicators
- All staff experience problems with chart organization, other data sources
- Work is spread over many people, speeding the process
- Culture of shared responsibility for quality is reinforced

**Cons**

- Professional staff may resist doing the work
- Consistency in data gathering is harder to achieve



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## Evaluating the Process

- What data sources did you use? What steps did you take to overcome the drawbacks of each?
- What strategy did you choose? What steps did you take to overcome the drawbacks?
- How did your strategy affect the quality culture of your organization?
- Do you consider your strategy to be successful?
- How do you plan to change your data gathering strategy for next year?



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## HIVQUAL National Contact Information

HIVQUAL National  
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[www.hivqual.org](http://www.hivqual.org)



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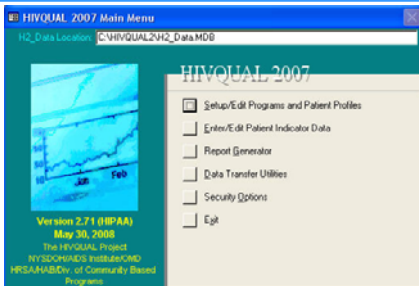
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## HIVQUAL Software



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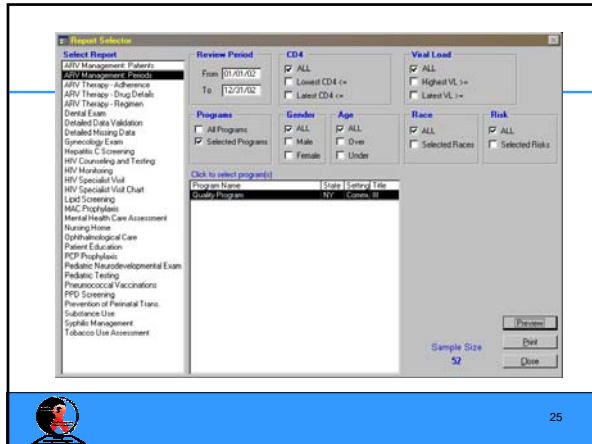
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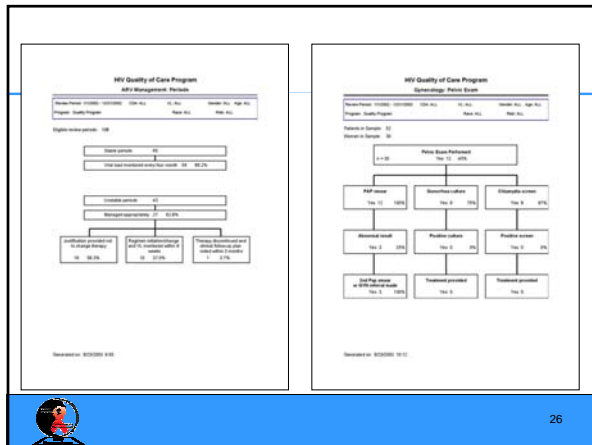
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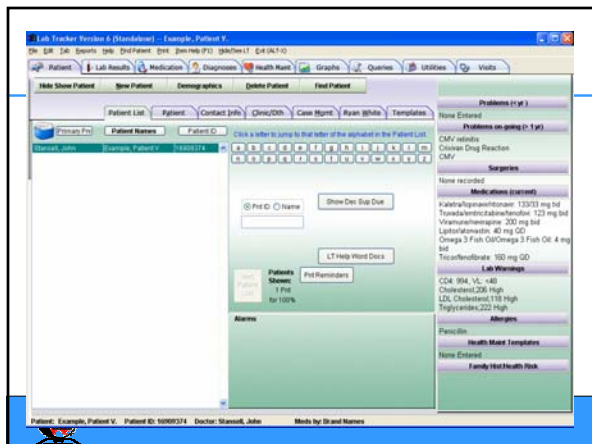
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