Pillar 4

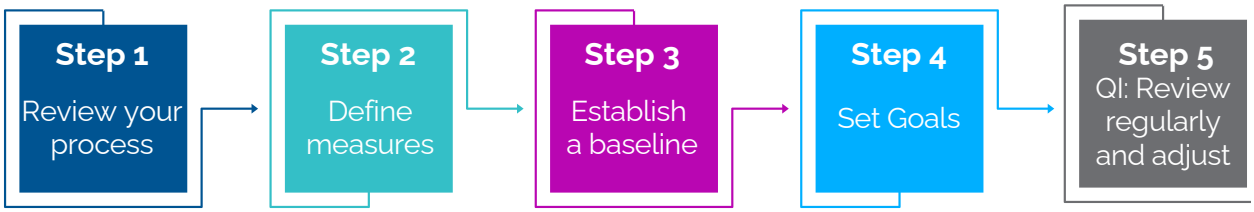
Measure and Monitor Improvement

Pillar 4: Measure and Monitor Improvement

> This pillar outlines ways to measure and maintain your efforts to have a lasting impression on patient care for years to come.

Documents you'll need to complete pillar 4	Supplementary resources
• Suggested Cognitive Screening Metrics and Measures • Project Plan Workbook for Cognitive Health Screening	• CMS defined measure types

Process Steps:



Though this pillar is listed last, it underlies the entire process and helps align process tasks with the purpose or intention of the service.

Whether you are starting from the ground up and adding the cognitive health assessment as a new clinical protocol or updating processes to be more comprehensive it is important to set goals, measure progress and adjust milestones to understand if and how you were successful.

ACTION STEP 1:

Review your Process.

You can't improve your process if you don't understand it. Before diving into quality improvement, it is important to have a good understanding of the process and what parts of the process you need to measure and ultimately improve.

Prior to establishing measures:

- identify who will be performing the process of interest,
- understand how data is currently collected,
- know where those data are stored and retrieved,
- and define how data will be analyzed.

> "Without data, you don't know if you have a problem, you don't know if you're making any headway in solving that problem, and you don't know whether the interventions that you're trying to test or implement are holding...
>
> For all of those reasons, measurement is at the crux of all quality improvement efforts."
>
> *-Michael Posencheg, MD*

ACTION STEP 2:

Define your Measures.

Now that you know what you can measure, it's time to narrow things down to what you should measure. **CMS has defined a handful of measure types,** but for the purpose of this toolkit we are going to focus on two primary types of measures:

- **Process:** measures the activity performed. An example might be % of eligible patients that received a screening or % of clinical staff completed the CHA training.

- **Outcome:** measures the final product or results. An example of this could be CHA positivity rates, rates of diagnosis for dementia related diagnosis (dementia, MCI, Alzheimer's) or provider confidence and compliance to protocols following training and support.

ACTION STEP 3:

Establish a Baseline

Once you establish your measures it is important to determine the baseline upon which you will measure change.

For example, if you were interested in measuring screening rates, or the number of screens per month, it would be important to know how many screens were conducted before the start of the project. If the number of screens is not well understood or able to be easily measured before the start of the project, the baseline can be defined after the first few months of the project.

ACTION STEP 4:

Set Goals

After establishing and defining the baseline, set goals using the SMART goal framework:

Specific	Goals should be straightforward and state what you want to happen. Be specific and define what you are going to do. **Ask:** Who needs to be involved? Where is the project going to occur? What actions will you take?
Measurable	If you can't measure it, you can't manage it. Choose goals with measurable progress and establish concrete criteria for measuring the success of your goal. **Ask:** What metrics will determine if you meet your goal?
Achievable	Goals must be within your capacity to reach. If goals are set too far out of your reach, you will not be successful. Accomplishing goals keeps you motivated. **Ask:** Is the goal realistic? Do you have the necessary skills and resources?
Relevant	Goals should be relevant. Make sure your goal is consistent with your other goals and aligned with the goals, purpose, and intentions of your company, manager, or department. **Ask:** Why is the project important? Does the project align with other efforts?
Time-bound	Set a time frame for the goal. Putting an end point on your goal gives you a clear target to work toward. Without a time limit, there's no urgency to start taking action now. **Ask:** What is the start date? What is the end date? When will the metrics be measured?

Examples of a potential SMART goals:

- **All clinic staff will be trained on the CHA by June 30, 2024**

1. Specific = all clinic staff gives a denominator
2. Measurable = Will be trained provides a tangible intervention or training and/or communications
3. Achievable = broad enough with a doable time frame
4. Relevant = educated and trained staff facilitates confidence and competence
5. Time Bound = clear end date of June 30, 2024

- **Increase current CHA screening rates by 15% by March 2025.**

1. Specific = Current CHA screening rates gives a denominator
2. Measurable = 15% provides a tangible measure
3. Achievable = broad enough with a doable time frame
4. Relevant = increasing screening rates represents action toward timely identification of cognitive concerns and potential dementia
5. Time Bound = clear end date of March 2025

ACTION STEP 5:

Review and Revise

Regularly review data, progress towards goals and make necessary adjustments. With data defined and goals in mind, work with appropriate staff such as your IT champion to build reports to allow for regular data review. Determine how often you want to review data; it will likely be monthly or quarterly for these processes.

Using the reports, visualize data whenever possible using tools like run charts or pie charts so that it is easy to understand and communicate the progress to team members. Use the visuals and reports to discuss the progress regularly in both staff huddles and relevant meetings with key executive stakeholders.

> During discussions with frontline staff, elicit ideas and feedback on how the process is working or not working for them, and request ideas for improvements, modifications, or updates. Transform these ideas into Plan, Do, Study, Act strategies (PDSAs) to test ideas and interventions (See this **Plan-Do-Study-Act (PDSA) Worksheet** for more information).
>
> During discussions with executive stakeholders, demonstrate progress towards goals, contextualize the benefit of the project relative to larger organizational goals and purpose, and update them on any improvements or course corrections in progress. Elicit their thoughts on how to better align the process with overarching organizational and care delivery goals.

Reports and visualizations should be used to monitor the impact of suggested improvements, interventions, and changes. Adopt changes that work, adapt those that need some additional work, and abandon those that had no impact on the goals and outcomes.

Use this checklist to establish measures and reports then add action items to your project plan:

- [ ] Define measure, metrics, milestones, and goals.
- [ ] Establish ways to regularly review data to track progress towards goals.
- [ ] Identify ways to actively engage staff in improvement efforts.