

Performance Measures in Action: Improving Quality and Clinical Care

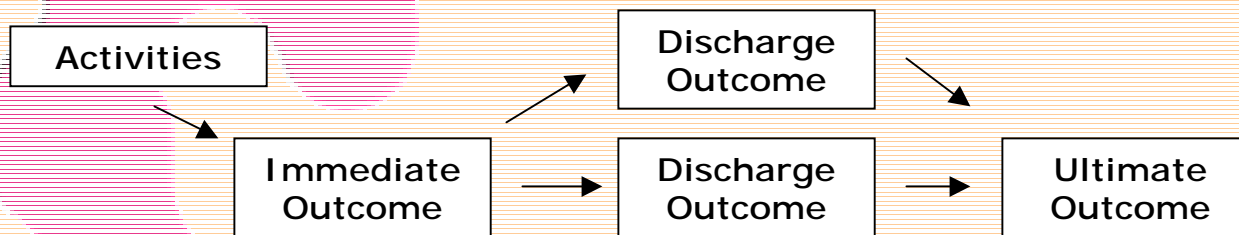
Practical Concerns

Plan, plan, plan . . .

- The Study Design
- The key players
- Resources available
- Costs to each level of player
- Benefits to each level of player
- Measurement tools
- Data entry
- Data management
- Training
- Pilot testing & Process reviews
- Data analysis
- Reports

The Study Design

- Conceptual model – Ultimate outcomes, immediate outcomes, mediating outcomes, and activities. Outcome lines. Logic Models.



- Quantitative vs. Qualitative – Experimental/ Quasi-experimental/ Case study/ Focus groups/ Semi-structured key-informant interviews.



Key Players

- Who wants the project.
- Buy in.
- Incentives.
- Barriers.



Resources available

- Human.
- Technical.
- Financial.



Costs & Benefits

- Clients.
- Staff.
- Administration.
- Personal.



Measurement tools

- Existing
- Creating new ones.
- Do they measure the desired outcomes?

Data Entry

- Impact on staff, clients, equipment, etc.

Data Management

- Who has the dataset?
- Ease of access for ease of analysis.

Training

- Use of assessment tools. Rater training for improved consistency.
- Study protocol
- Using results of assessment tools (scored reports).
- Use of data entry.

Pilot testing & process reviews

- Are the assessment tools appropriate? What's the real level of client/staff burden?
- Does the observation protocol work? Does it conflict with other existing procedures?
- Are the data entry systems working (no data corruption)?
- Do the training procedures work? Are raters consistent?
- Are there any unforeseen confounding variables?



Analysis

- Think about it during the planning process.
- Make sure that your study design and analysis will allow you to answer your overarching questions. (a correlation design will not allow you to infer causal relations)



Reports

- Results of completed questionnaires to staff.
- Process reports about implementation.
- Summary reports about programs/populations.