

# Measuring Quality Improvement

Measuring quality improvement (QI) will assist your practice's QI Team with reviewing/demonstrating current performance, setting goals and monitoring the result/impact of changes.

The proper use of QI measurement can:

- motivate the team
- improve patient safety
- identify performance gaps and safety issues
- promote sustainability
- identify patterns and trends
- support decision making
- understand unintended consequences
- improve efficiency and reduce waste
- contribute to enhancing the understanding of population health needs
- allow for benchmarking.

## Benchmarking

Benchmarking is extremely helpful when assessing your practice's QI performance because it provides a comparison with other similar practices, which adds another dimension to analysing results.

Benchmarking should be undertaken across a number of similar practices, using a consistent measurement. Where practices are working on the same focus area, for example diabetes, specific benchmarking reports can be developed to help the team understand and analyse improvement results and trends.

In addition, benchmarking against other practices can be a great motivator for change. WA Primary Health Alliance's (WAPHA's) Quality Improvement Reports provide regional wide benchmarking comparisons.

## Measurement for learning

QI measurement is not a judgement-based approach and it should not be used to manage individual performance. QI measurement is a learning-based approach that helps engage your team and produce better outcomes by answering questions about the "why, how and what" of an activity.

## Key measurement attributes

Measurement in the QI context is not always perfect and differs from measurement in research activities. QI measurements need to measure accurately and reliably, but not necessarily precisely.

The key measurement attributes for QI should be:

- reliable
- valid
- responsive to change.

## Data and measurement

Primary care clinical information systems can collect a significant amount of data in relation to a patient. At a general practice level, the data set can be quite large and provide a rich data source for QI activities.

The term data generally means a raw or unorganised format (e.g. letters, numbers, symbols etc.). For use in QI, the data needs to be organised to produce relevant and accurate information, which is typically done using measures or quality improvement (QI) indicators.

Examples include:

- HbA1c under control.
- GP Management Plan claimed.
- Proportion of patients that responded to the recall.

There are numerous quality indicators available in clinical information systems and third-party software.

## Measurement types

### Baseline and progressive data

Measurement in QI almost always uses a trend or control chart style of presentation because measurement over time is essential.

Establishing your baseline should be done at the point of finalising your QI plan, after you have established an understanding of your population's profile and decided on a focus area.

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## Fact Sheet

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For example, if you are aiming to increase the number of health assessments completed, you should know how many assessments have been completed before the beginning of the activity.

You can then compare this baseline data with results during and after the activity. Identifying the long-term goal will help you determine what baseline data you might need to collect.

Your team can collect a variety of data in different ways from numerous sources, including:

- practice software
- CAT4
- manual measure worksheets
- tally sheets
- clinical audit worksheets
- patient feedback
- staff surveys.

### Process measures

Process measures measure process elements, such as the recording of blood pressure. Process measures allow you to identify whether changes to your system (or processes) are producing the desired effect.

### Outcome measures

Outcome measures identify if the various system elements are producing the desired result.

For example, improving care delivered for patients living with diabetes should improve the proportion of patients living with diabetes who have HbA1c under control. This will help identify if the QI plan's actual effect on patient outcomes has eventuated.

Examples include:

- HbA1c recording.
- HbA1c recording for patients that would regularly see a particular GP.

### Qualitative measures

Qualitative data refers to descriptive information that may help you identify patterns and gauge levels of satisfaction with the care given or received. For example, you could collect information from survey forms, Likert scales or meeting minutes.

When qualitative data is used in QI, there is generally a structured response framework provided, such as a choice of responses (as opposed to answering questions in free text) so that responses to the choices can be quantified across the survey instrument.

### Quantitative measures

Quantitative data refers to definitive information that is expressed in numerical terms as an amount or range, such as the number of diabetic patients with HbA1c recorded or the range of temperatures recorded on a thermometer in a vaccine refrigerator.

Clinical software can produce results that are quantitative (e.g. actual numerical changes in blood sugar or blood pressure).

### Sampling measure

If your QI activity targets a large population, using a sample of that population is a simple and realistic way to measure its effectiveness before scaling and implementing.

For example, you could sample just 20 patients over a two-month period to measure the effectiveness of a new recall system for testing HbA1c levels.

### Further information

If you would like further information about measuring quality improvement, refer to the [Continuous Quality Improvement Implementation Guide](#) developed by the Central Queensland, Wide Bay, Sunshine Coast PHN.

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