Checklist:

Prioritising Measures of Quality of Care

The Framework for Improving Quality (HSE Quality Improvement Division, 2016) comprises six drivers for improving quality in our health and social care services. Together, these six drivers create the environment and acceleration for improvement.

As one of the six drivers, 'Measurement for Quality' is a key aspect of any effort to improve the quality of care. Quality of care is improved by the routine use of the right information, being measured in the right way, to make better decisions.

Given the importance of measurement in quality improvement, this checklist has been developed as a tool to assist healthcare professionals at every level when they are developing or choosing measures (single measures or families of measures) to understand the quality of care they provide as professionals and as healthcare organisations. By considering carefully **why** we measure, **what** we measure and **how we use** the measure, we can maximise the learning from our data and use it to improve quality of care.

It is important to remember that as you go through this checklist, a specific measure may not meet all twelve criteria listed. The aim of the checklist is to help understand any possible limitations of individual measures under consideration, and therefore make an informed decision as to which measures are best suited for the task at hand. Furthermore, it is recommended that subject matter experts (those who work directly in, or use the services where the measures are being applied as well as those who collect and analyse the data) be included in the process of developing new measures of quality. These experts can help to answer important questions prompted by the checklist and ensure that the measures produced are both relevant for all staff and service users and a robust reflection of the aspect of care being measured.

This checklist begins by making sure that your measure is answering a question on an aspect of care important enough to warrant undertaking the effort of measuring it and that it is, in practice, measureable. Items 3-5 relate to the motivation, the '**why** we measure'. Items 6-8 on the checklist are based on ensuring good data quality ('**what** we measure') and items 9-12 are based on '**how we use** the measure'. These final four items on the checklist are included to ensure that, once you have identified measures that describe quality of care, you consider how best to present and use these measures to improve the quality of care.

Framework for Improving Quality in our Health Service

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Patient Safety First
Working together for quality services

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Initial Screening

1 ☐ The measure reflects an important aspect of quality of care.

The most important aspect of health and social care is that the service user has a good and safe experience with an effective outcome, which leads to better health and wellbeing. Consider how the measure relates to how service users respond when asked "what matters to you?"

2 ☐ It is measureable.

Data are already available, or it is feasible to collect data. It is not always possible to collect data that lead to meaningful information on a specific aspect of quality of care.

In order to proceed with the checklist, the answer to these first two items should be 'Yes'. If the answer to either of these first two questions is 'No', consider a different measure.

3 ☐ There is evidence that the measure focuses on an area where there is a need for improvement.

Evidence may include an incident report, feedback from service users, or an issue raised during a management walk-around etc. While having baseline data on the specific measure is ideal, it is not always necessary.

4 ☐ The measure is aligned to the mission or goals of the organisation.

Aligning to an organisation's mission or goals helps ensure that action will occur in response to any issues identified. Where this does not exist refer to 1.

5 ☐ It is possible to act on the measurement findings.

Measurement should lead to action. However, sometimes a measure may reflect an aspect of care that is difficult to influence or change. Where this is an issue, the measurement findings can be used as an advocacy tool to get buy-in when planning improvements.

6 ☐ The measure is based on data that are good enough to allow us to learn.

It is not necessary to collect complex or perfect datasets in all instances. However, the data need to be of good enough quality in order to be reliable in identifying if a change has resulted in an improvement.

Continued overleaf

7	☐ The measure is collected at a frequency that is suitable for driving and evaluating improvements and is as close to real time as possible.	It is recommended that the frequency of data collection be appropriate for the measure and as frequent as possible. Not only does this allow for more effective use of Statistical Process Control charts, it also facilitates more timely action where appropriate.
8	☐ Effort in developing and collecting the measure is minimised.	There are two aspects to this point: (a) If data already exist that are good enough to answer your question, use them, e.g. data collected for national KPIs or local projects. (b) If a new measure is needed, the collection system should not place an excessive burden on the organisation, e.g. a tick on a form that is already in use, rather than an additional form.

Using the measure

Once you have completed points 1-8 on the checklist, you will have identified a number of measures that you are confident give you valuable information on the quality of care. The next step is to bring information together to ensure that they are used to improve the quality of care.

9	☐ The intended recipient(s) of the information is ready to receive it.	It is essential that the recipient understands the measure, can interpret it and is in a position to take action. There is also a requirement that the type of measure being reported is appropriate, e.g. at Board level, there should be a focus on outcome data whereas for the executive, measures of the process and structure underpinning the outcome measures may also be appropriate.
10	☐ There is information available that supports the understanding of the measure, e.g. service user stories, staff feedback.	Qualitative information can enhance the understanding of quantitative information. It is recommended that information from stories and feedback from service users and staff be included when interpreting measurements of quality.
11	☐ Measures are prioritised that together, give a balanced, comprehensive view of the quality of care.	It is not possible to measure everything. In choosing measures for prioiritisation, aim for balance across the four domains of quality (HIQA: Person-Centred Care, Safe Care, Effective Care, Better Health and Wellbeing) and across the breadth of your service. Avoid having a lot of information in one domain at the expense of other domains.
12	The suite of measures are current and relevant.	Over time, the priorities of a service can change. It is recommended that the composition of the suite of measures be reviewed periodically in order to ensure they remain current and relevant.