



IQI Insights **Volume 3, Number 4, Fall 2011**
Additional Corrective Actions and Re-Measurement

A Note to the Reader:

IQI Insights is a series of brief informational pieces from the AAAHC Institute for Quality Improvement. Our focus is on enhancing quality and safety through educational activities. In this series, we hope to provide you with the opportunity to learn more about basic issues and concepts associated with quality improvement in ambulatory health care. These short documents are not meant to provide in depth or complete information; however, we hope that they will increase your comfort with these topics and perhaps, lead you to seek additional information. We welcome your feedback.

Sincerely,

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Introduction

What if you've found a significant quality issue, implemented a corrective action, and when you re-measure, you don't achieve the change that you need to meet your performance goal? Assuming that you do not need to re-consider your measures, give your corrective action(s) more time, or set a more appropriate goal [1], you will need to try *additional* corrective action and re-measure *again* (AAAHC Standard 5.II.B.9). In this *IQI Insights* we focus on how to proceed if your corrective action hasn't led to the improvement you planned. Please note that as with all of the *IQI Insights*, the goal of this one is not to examine this issue exhaustively, but to provide some basic concepts and examples.

Negative or No Change versus Not Enough Positive Change toward Your Performance Goal

There is a difference in how you will proceed if you have experienced negative or no change versus not enough positive change toward your performance goal. If you have had some positive movement toward your performance goal, it may be worthwhile to continue to your original corrective action and try additional corrective actions. However, if no real change occurs [1] or your performance has moved away from your goals, you should consider discontinuing the original corrective action. Here are a couple of examples.

Example 1: Your organization wants to increase the documentation of existence, types, and severity of co-morbidities (high blood pressure, diabetes, congestive heart failure, asthma, etc.) because this will help you select appropriate patients for a procedure (surgical/procedural care) or help you focus on patients' disease management needs (non-surgical care). You set a performance goal of documentation at 95%. For six months, you have used a form, which patients are supposed to complete to provide this information. The form is placed in the patient's chart or entered into the electronic medical record. Your performance has improved by 10% from 80% to 88% and held there for more than 1 month, but you haven't reached your performance goal of 95%. You probably should continue to use the form, examine more closely what is happening to discover what may increase your performance, and consider additional interventions.

Example 2: The purpose of the QI activity, corrective action, and goal is the same as above, but the results are very different. Your co-morbidity documentation decreases by 10% from 80% to 72% and has been hovering there for more than a month. You should examine what is happening and consider a different corrective action.

Example 3: The purpose of the QI activity, corrective action, and goal is the same as above. However, your co-morbidity documentation increases by 2% from 80% to almost 82% and has been hovering there for more than a month. You should examine what is happening and consider a different corrective action.

How to Develop a New or Additional Corrective Action

You will note that for all three examples above, there is a recommendation to examine what is occurring more closely. This can mean examining data, talking to providers/staff, gathering patient feedback, or other "investigation."

Delving into Data

It often pays to look more closely at your data.

When you look at data from the example described above, it may become clear that there are really three goals that the organization is trying to achieve:

1. Increase documentation of existence of co-morbidities
2. Increase documentation of type of co-morbidities
3. Increase documentation of severity of co-morbidities

These have been treated as one goal. All have been set at 95% and if one is not documented then the performance decreases as a whole. What if your data show that you have close to 95% documentation for Goals 1 and 2, but Goal 3 is pulling overall performance down?

Let's think about this. It is probably a lot easier for patients to indicate to you if they have asthma and/or diabetes or not than it is to describe the severity of these co-morbidities. How easy or difficult are you making it for patients to convey the severity of their co-morbidity(ies) using the form? Are you providing patients enough time to complete forms? Do patients respond less frequently to this section of the form because it is more difficult for them to answer the questions? Is this something that a health care provider must ascertain? Your answers to these questions may lead to your additional corrective action(s).

Talking to Relevant Staff/Providers

Relevant staff/providers may also offer considerable insight into what is occurring and how it may be corrected. For the example we are using in this *IQI Insights*, providers/staff may tell you that when they get the forms from the patients, the section of the form that has questions about severity is often incomplete or contains contradictory information (indicates different levels of severity for a single co-morbidity).

Providers/staff can show you where the forms are incomplete, as well as examples of contradictory information on severity of co-morbidities. They may be able to help you clean up the form so that patients can complete it more often and consistently or they may tell you that the providers are really the ones who have to complete this part of the form with patients. These are examples of new or additional corrective actions.

Patient Feedback

Patients may provide helpful feedback. Solicited or unsolicited, patients may complain that they do not have enough time to complete the form. They may ask what questions on the form mean or just tell you that they don't understand what you are trying to ask. They may even offer wording that they understand better than the wording you have on the form. All of this feedback can help you develop new or additional corrective actions.

Other Information Sources

It may be worthwhile to *observe* the staff providing the form to patients, seeing how long patients have to complete the form and whether they appear to have difficulty completing the forms. Do staff members or providers check to see that forms are complete? If forms are not complete, do staff or providers encourage patients to complete them? This information may also help you frame your new or additional corrective actions.

Re-Measurement Again

As with your initial re-measurement [1]:

- You should give your organization sufficient time to adopt corrective actions and let them “stick.”
- It is all right to refine/redefine your measures during the re-measurement period:
 - When there are additional factors you need to measure and you wish to use the information you collect to interpret your results more accurately.
 - When measures may lead to unintended negative consequences/rewards for poor quality.
- However, you should not change your measures to make your organization look better.
- *Additional* corrective action and re-measurement is not necessary if you have met your performance goal.

What does this last bullet mean? From the example we have been using in this *IQI Insights*, for which of the following is *new or additional* corrective actions and re-measurement *again* necessary and which not?

1. Increase documentation of existence of co-morbidities and/or
2. Increase documentation of type of co-morbidities and/or
3. Increase documentation of severity of co-morbidities

If you find that you have been meeting the goal for number 1 and number 2, you are welcome to consider additional corrective actions and monitor these over time. However, you could split these two goals out and indicate that they have been met via the first intervention and AAAHC Standard 5.II.B.9 is not applicable to them.

What you really need to do is address goal number 3. You should complete the information for AAAHC Standard 5.II.B.9, including the following. Examples are given for all but the first.

- Indicate that this standard applies.
- Describe your new or additional corrective action(s). For example: review of data, feedback from providers, staff, and patients, and observation led our organization to have providers review co-morbidity forms with patients to ensure that the severity sections of the forms were completed and consistent (not-contradictory).
- Describe how these were implemented: The form included instructions for the patient to give the provider the form so that the provider and patient could review the form together. Providers also received an in-service about the need to review the form with the patient. Providers have chart reminders to review forms with patients and pay special attention to the severity section's completion and consistency.
- Describe the additional data you collected and how you collected it: When patients completed the form, with providers, the data were entered into the electronic medical record. Records were examined for every third patient for every provider for a period of six months and reviewers noted whether severity information was included/consistent.
- Compare your new performance against the performance goal: Documentation of severity of co-morbidities has met the 95% goal.

What if You Still Haven't Met Your Goal?

If you haven't met your exact goal, but your performance hovers very near to your goal (from the example used in this *IQI Insights*, your performance stays within 5% [4+%] of your 95% goal over several months), it is probably best to move on to another quality issue.

If you cannot achieve or maintain performance at or near (within about 5% of) your performance goal, and you still agree that the performance goal is appropriate, you should continue with the quality improvement activity. The University of Michigan University Health Services (UM), which is one of the 2011 AAAHC Institute for Quality Improvement Bernard A. Kershner Innovations in Quality Award winners, went through four cycles of corrective action and re-measurement to improve documentation of compliance with Centers for Disease Control and Prevention (CDC) recommendations for patients requesting sexually transmissible infection (STI) assessment. UM: (1) implemented a patient completed form, (2) increased the use of the form across their clinics, (3) reworded part of the form and had staff put the form in the patient chart for STI assessment requests, and (4) reminded clinicians to review the form to ensure it was completed—re-measuring after each corrective action. As of their last measurement, UM had met but not maintained two of their three documentation goals and they have a significant way to go (from 60% to 80%, 60% to 90%, and 90% to 100%). UM is now working on additional corrective actions: reinforcing the need to use of the form with clinicians, making the template available to clinician offices, and having staff put the form in the charts for both walk-in patients and those with appointments.

Additional Resources —*please note: references are not endorsements.*

[1] Please see *IQI Insights*, Volume 3, Number 3, Summer 2011, *Re-Measuring: Did Corrective Action(s) Work?*

[2] van Bokhoven MA, Kok G, van der Weijden T. Designing a quality improvement intervention: a systematic approach. *Qual Saf Health Care*. 2003. 12:215-220:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1743716/pdf/v012p00215.pdf>