Quality Measurement
For Sepsis Performance Improvement Work

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Key Concepts in Quality Measurement

• **Outcome Data vs. Process Data**
  – Are you achieving your high level goals?
  – Are you improving the processes that you expect to lead to reaching your goals?

• **Coding vs. Clinical Data**
  – Coding (financial) Data is based upon specific elements of Provider Documentation
  – Clinical Data likely richer but far less standardized
  • Data Quality and Fidelity are Critical
Key Concepts in Quality Measurement

• Mean vs. Median Times
  – The Mean is the Average
  – The Median is the Midpoint

• Threshold assessments vs. Directionality
  – How often you got it right vs.
  – How well you are moving in the right direction

• Control Charts
  – Actual improvement or random variation
Key Concepts in Quality Measurement

• Hawthorne Effect
  – Real improvement but not sustained once focus elsewhere

• Denominator Effect
  – Questionable improvement
  – Increased recognition of less ill cases will decrease the mortality rate without actually representing improvement
Data Collection Design Standards

- 1) A concurrent mechanism to identify Sepsis (and suspected sepsis) cases at the point of care
- 2) A notification process to the person(s) responsible for data abstraction that is concurrent
- 3) Adequate staffing to keep up with chart abstracting in near real time
- 4) Routine Physician Leadership review of metrics compliance
- 5) Retrospective comparison to financial data to assure completeness
Thank You