



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
