# Measuring to Learn

February 25, 2020

# Agenda

Welcome, grounding

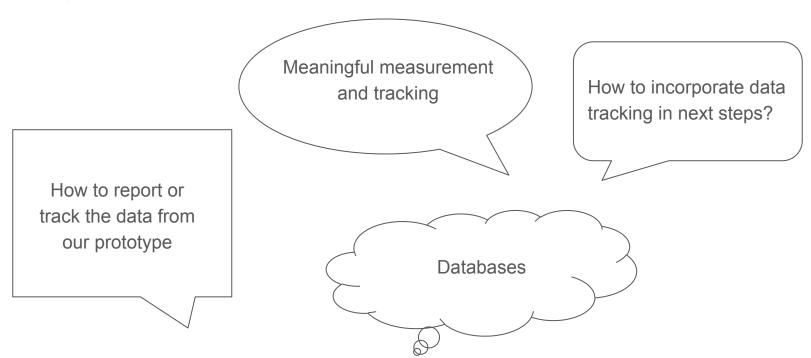
Measuring to learn from prototypes and PDSAs

Closing, next steps

Share one or two words to describe how your coalition work has been since we were together in Oakland

# Meaningful Measurement & Tracking

Questions you surfaced about measurement



# Measuring for learning as we go

Stage of design, systems thinking, improvement

Evaluation & measurement considerations

	Vision & Goal Setting	Frame the opportunity (seeing the system)	Brainstorm & prioritize	Prototype	Testing	Sustaining
6	How are we progressing towards our goals at a macro level? (May be long term measures)	How can we impact the system - within and across actors?	What is your hypothesis and which ideas will support it? What ideas will have systemic impact?	Is it desirable, viable, repeatable? Does it make a difference? (May be intermediate or short term measures)	What are your hunches behind the PDSAs? Are you building evidence to support further implementation and scaling (deep)?	Which key subset of measures will signal a process 'in control'? What will trigger any necessary actions?

# Measuring for learning as we go

Stage of design, systems thinking, improvement	Vision & Goal Setting	Frame the opportunity (seeing the system)	Brainstorm & prioritize	Prototype	Testing	Sustaining
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Examples of measures	Family of measures (macro): Outcomes Process Balancing	<ul> <li># actors involved</li> <li># power centers</li> <li># of strategies at landscape, regime, niche</li> </ul>	# of ideas that:      best address     hypothesis      we are well     placed to do      fill a gap in     system	Family of measures (micro): Outcomes, process, balancing	<ul> <li># of un/successful PSDSAs</li> <li>Staff/patient/coaliti on member satisfaction</li> <li>Depth of relationships</li> </ul>	<ul> <li># staff completing the process</li> <li>Threshold above or below which an intervention is warranted</li> </ul>
Example in practice - Decrease overdoses	O-% gap in overdose deaths between groups P-# MAT providers B-#s on waitlist	# primary care settings with MAT providers # EDs with MAT providers	# of items on brainstorm list addressing warm handoff process # of prioritized ideas involving new EDs/PCPs	O-# pts starting MAT in ED transferred to MAT in PC P-# MOUs btw ED and PCPs B-staff sat	# times an ED provider starts MAT # times warm handoff initiated	% of successful handoffs between ED and PCP Review triggered if dips below 80%

# Measuring for improvement "Quick Hit"

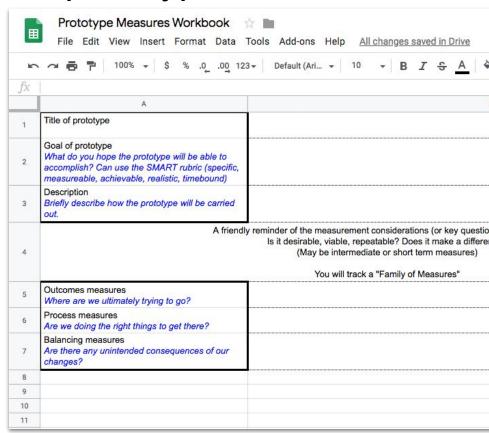
#### Family of measures

Type of measure	Goal of measure	Examples		
Outcomes	Where are we ultimately trying to go?	<ul> <li># of OD deaths</li> <li># of lives saved by naloxone</li> <li>% gap in overdoses between groups</li> </ul>		
Process	Are we doing the right things to get there?	<ul> <li># of MAT prescribers</li> <li># of school-based educational talks</li> <li># of people with lived experience are active members</li> </ul>		
Balancing	Are there any unintended consequences of our changes?	<ul> <li># of incidents of community backlash</li> <li>waitlists</li> </ul>		

# Tracking measures from your prototype

#### Prototype Measures Workbook

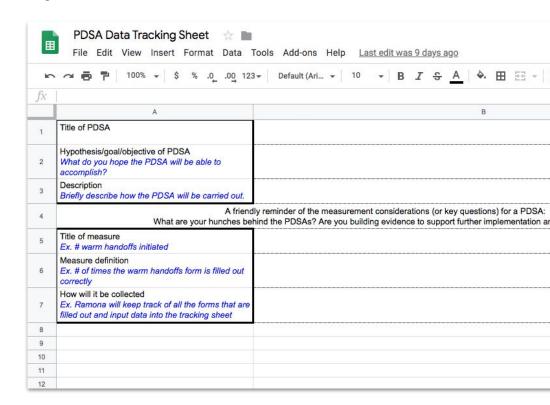
- Title of prototype
- Goal of prototype
- Description
- Measurement considerations: Is it desirable, viable, repeatable? Does it make a difference?
- Family of measures (numerators, denominator, source, who will collect)
- Run chart



### Tracking measures from your PDSAs

#### PDSA data tracking sheet

- Title of PDSA
- Hypothesis/goal/objective of PDSA
- What piece of data will help you know whether your PDSA is meeting its goal? This should be easy to track.



#### **Annotated Run Charts**

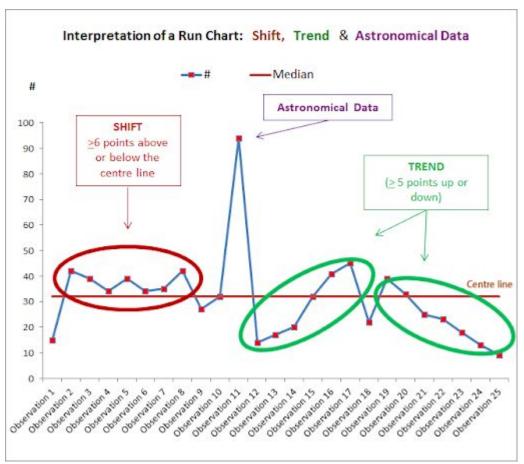
IHI's run chart template

#### Simple steps:

- Plot the data in a graph over time
- Plot the median (aka as center line)
- Apply 3 of the run chart rules
- Annotate the chart with PDSAs, explanation
- [Extra step for one of the rules: count the # of runs, i.e., consecutive data below or above the median]

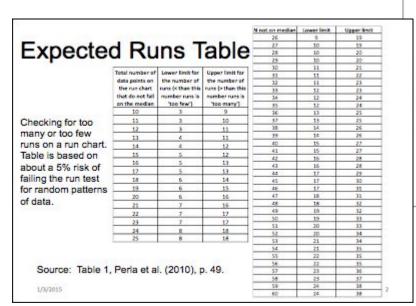
#### Run Chart Rules

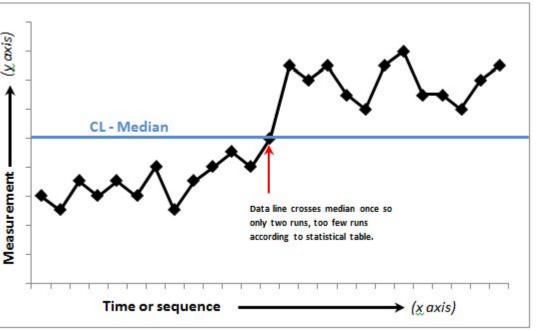
Does your data show "common cause variation" or are there signals of non-random patterns of variation?



Source: IHI

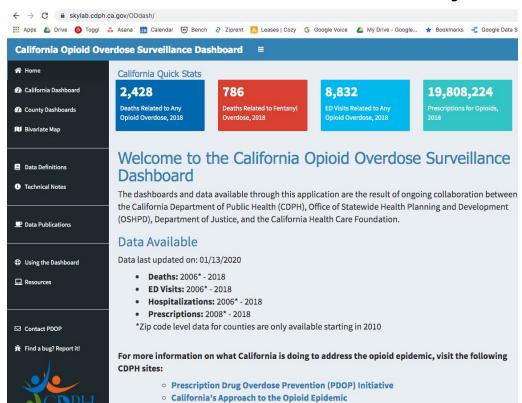
### Too few or too many runs

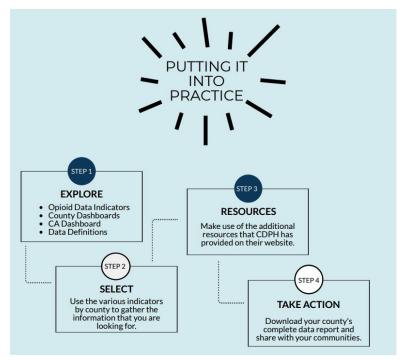




Source: IHI

# Databases - What would you like to learn?





Source: CA Opioid Safety Network