

Bottom Up Measurement

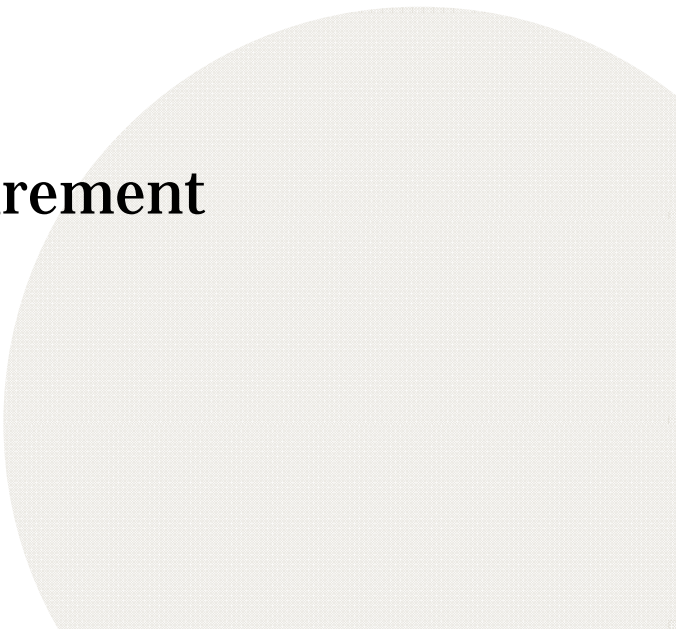
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**Data Integration Measurement and Reporting – Alberta
Health Services**



Outline

- **Alberta Health Services Measurement Plan**
 - **Bottom up Measurement**
 - **AHS experience with bottom up measurement**
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Alberta Health Services Measurement – Current Challenges

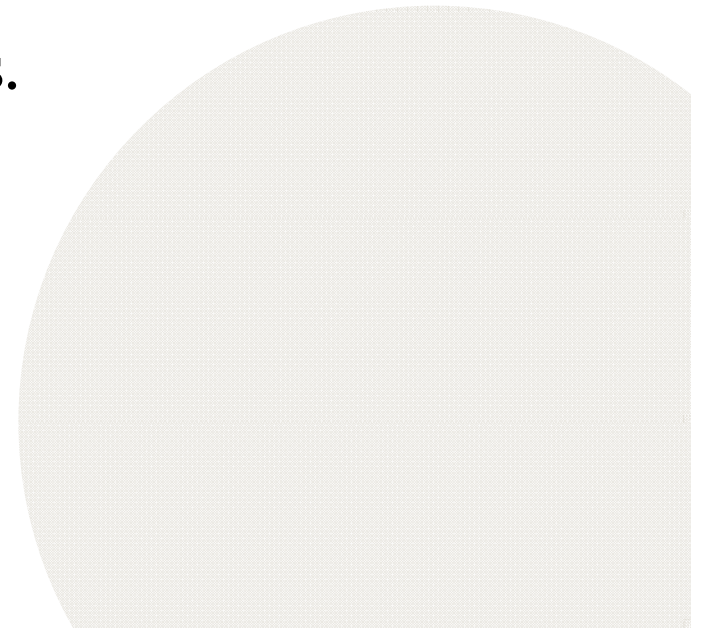
- Measurement Madness – initiatives not connected.
- Measure what we can not what we should
- Largely administrative in nature – high level count data.
- Very little measurement resources devoted to the core business – health services delivery.
- Data all over the place
- External reporting – everybody wants data, but in a slightly different
- Largely irrelevant

Alberta Health Services Measurement Plan Vision

- Unite analytical/measurement resources across the province.
- Develop one data repository to meet multiple needs.
- Attach measurement resources to clinical programs – our core business.
- Collect data once, at the most granular level and use it for health services delivery management and external reporting purposes.
- Develop measures from the bottom up.
- Measure outcomes and process

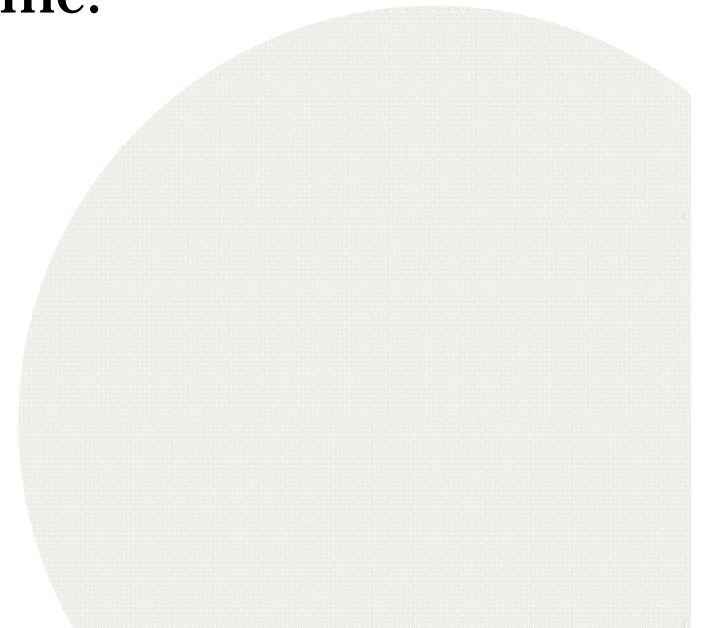
Bottom Up Measurement - Benefits

- Engaged front line staff.
- Measures can roll up to higher level measures (not necessarily true with top down measurement).
- More actionable/meaningful information
- More likely to promote improvements.
- Forces the focus on outcomes
- Natural Alignment



Bottom Up Measurement - Disadvantages

- Can only measure parts of the system.
- Need to prioritize in an objective manner.
- Time consuming – lots of work and time.



Bottom Up Measurement - Lessons Learned So Far

- Need a clinical champion
- Need a well defined process (IHC model)
- Clinicians / IT / Quality Mangers
- Very difficult and time consuming work.
- Need to engage affected clinical areas that in the beginning.
- Need to work at the micro clinical system level.
- Most of the data is not available.
- Need to integrate the data collection into the EHR to be sustainable.

APPI Care Pathway

SUSPECTED APPENDICITIS CARE MAP – Adults URBAN

Goal – Triage to Decision < 6 hrs

