INSTRUCTIONS FOR
DIHS Performance Improvement Study Worksheet
and
Reporting Form
DIHS QMD 003

As the title of this form implies, this form should be used when your facility is initiating a new study and need to get baseline data. It can be used for an ongoing study or when presenting data to either the local performance improvement committee or the national committee. Below are the instructions, with some examples, of how to use this form.

Scope of Service: This is the broad area in which you plan to focus a particular performance improvement activity. For example, if you were going to look at cost of a particular test, the scope of service would be financial. If you were going to assess the waiting time for a detainee in your sick call system, the scope of service would be sick call. There are no hard and fast rules about what belongs in what category—it is simply here to help you access in which areas you have been, concentrating your performance improvement activities.

Indicator: An indicator is that particular item which you are going to measure during a performance improvement study. If we use the example from above with regards to sick call, our indicator might be the waiting time between when the detainee completes their sick call slip to when a provider actually sees them. No matter what item you are looking at an indicator needs to be measurable.

Baseline Data: Baseline data is the starting point of your study. If you were using this form for an ongoing study, then you would not be concerned with this data element since you would have collected baseline data prior to the initiation of the study. If however, you are using this form to initiate a performance improvement study, then you will have to collect some baseline data. It is critical to have some type of baseline data. Baseline data tells you how well you are doing with the present processes in place. It will be your baseline data that you will try to improve upon in your performance improvement activities.

Data Collection: This is the who, what, when and where of data collection. **Source of data**—is the item that will be examined in order to get data. This may be the clinical record, x-rays, lab report sheets, financial ledger, etc. **Data Collector**—this is the who. Who is going to be responsible for getting the data that is needed. This does not always have to be one particular person. It could be a team or a department that will take the lead on getting the data. **Time frame of study**—this is the when. How long are you going to run a study? The length of time that you collect data is sometimes determined by what type of data you are going to collect. For example, if you are looking at data that is only retrieved quarterly, you probably want to collect data for at least two or three quarters. If you are looking at data, which is collected daily, you may only need to collect data for a few weeks. In general, the longer you collect data the more reliable the data. **Criteria**—the criteria for a study are like the instructions to the data collector.

They are the items that you are going to look at so you can properly evaluate your indicator and get the results that you need in order to create change.

If we keep with our example that we have been using, you might have developed the following criteria in order to do your sick call study:

1. You are only going to look at sick call slips from those detainees who have been at your facility for more than one week—this criterion is necessary since most detainees don't have complete orientation to sick call procedures until 5-7 days after arriving to the facility.
2. You are only going to review sick call slips from those individuals who get triaged in the clinic—minor sick call is actually done by nursing directly in the pod at our particular facility.

These of course are only examples. It is critical to develop some type of criteria so that you can assure yourself that you are only collecting the data that impacts the particular problem you have decided to address. If we take criteria one above, it only makes sense to look at those detainees who have been properly oriented towards the procedure in obtaining sick call. If you looked at all detainees who are in the facility your data would be skewed since those individuals who have not had proper orientation might get delayed care since they had no idea what the correct procedure is in obtaining sick call care.