



Setting Quality Improvement Goals to Great Success in Patient Clinics

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Introduction

In shaping a vision for a healthcare organization, leaders want to achieve high levels of clinical performance outcomes. Assessment of healthcare outcomes is key to improvement. To help organizations determine their performance goals, we have created a web application and open-source website to determine appropriate goals by using best practice research outcomes as benchmarks instead of setting all goals at 100%. This prompts the user to create organizational objectives based on best practice data, which provides an important context for improvement and/or evaluation.

Methods

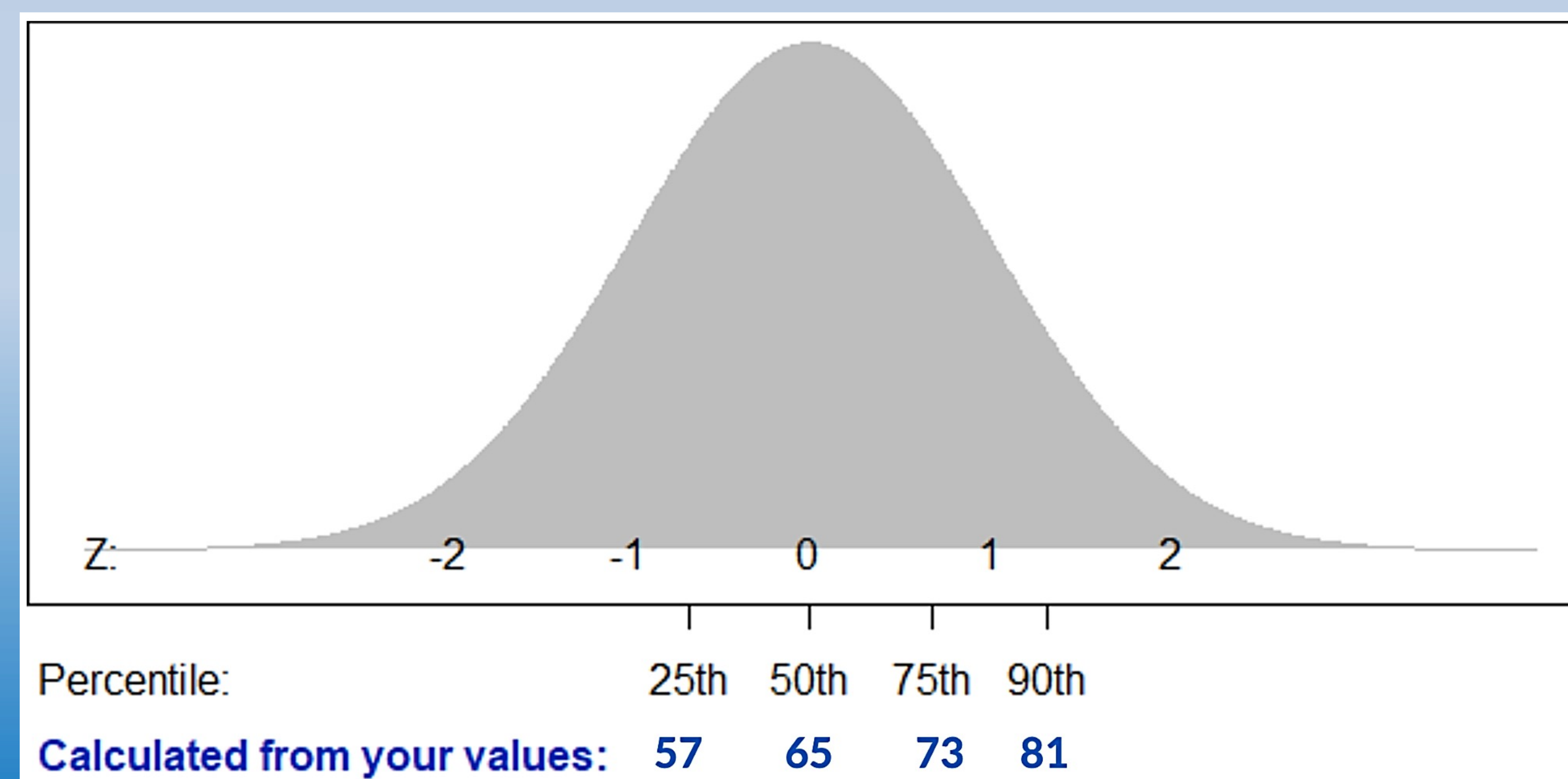
We determined a statistical method to calculate organizational goals within the context of the best practice rate, then devised an online calculator to output any chosen rate once baseline data is entered: <http://qitools.github.io/benchmarking>

Results

The calculator can be demonstrated with a clinical example: *percentage of population with control of blood pressure.*

- **Step 1:** Determine bounds of upper quantile.
I.e., Median to best reported rate of performance. The best reported rate may be found in the peer-reviewed literature. Medians may be found through MIPS or HEDIS benchmarks. (In our example, the best reported rate is 90%¹ while median is 65%.²)
- **Step 2:** Determine bounds of lower quantile (optional).
- **Step 3:** Determine range, standard deviation, interquartile range, or confidence interval.

Using the above values, the calculator will output the desired benchmarks.



Conclusions

Measuring clinical goals in healthcare is critical to evaluate quality and effectiveness of care. This calculator allows clinical sites to specify performance goals based on published benchmarks and their own current level of performance. Matching workforce capability can lead to maximized performance, also known as “flow,” to better assure that goals are neither too easy, which may lead to boredom, or too hard, leading to anxiety and decreasing performance. Future directions for this work would include expanding the website to include a library of best reported benchmarks from peer-reviewed studies.

References

1. Jaffe MG, Young JD. The Kaiser Permanente Northern California story: improving hypertension control from 44% to 90% in 13 years (2000 to 2013). *J Clin Hypertens Greenwich Conn.* 2016;18(4):260-261. doi:10.1111/jch.12803
2. MIPS electronic clinical quality measures (eCQM) Quality Payment Program. n.d. <https://qpp.cms.gov/mips/explore-measures/quality-measures>