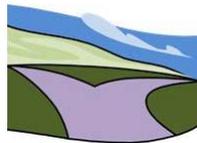


Using Data for Improvement

June 24, 2014



ARC
Advancing Recovery Collaborative



Fundamental Questions for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?

Material is from The Improvement Guide, Second Edition, Jossey-Bass, March, 2009

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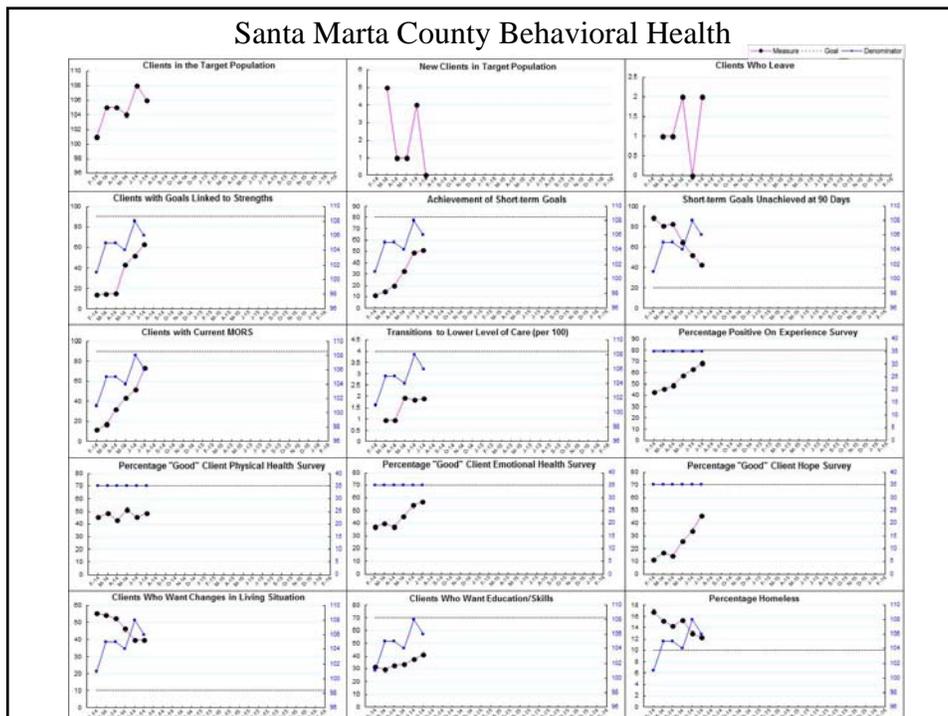
ARC Measures

1. Target Population
2. Goals Linked to Usable Strengths
- 3.a. Achievement of Short-Term Goals
- 3.b. Percentage of Client with short-term goals “unachieved” achieved after 90 days
4. Transitions in Recovery
5. Successful Transitions to Lower Level of Care or Into Community
6. ER, Hospital, and Urgent Care Utilization
7. Client Self Report
8. Housing Status
9. Employment
10. Primary Care
11. Field-Based Supervision

ARC Measures

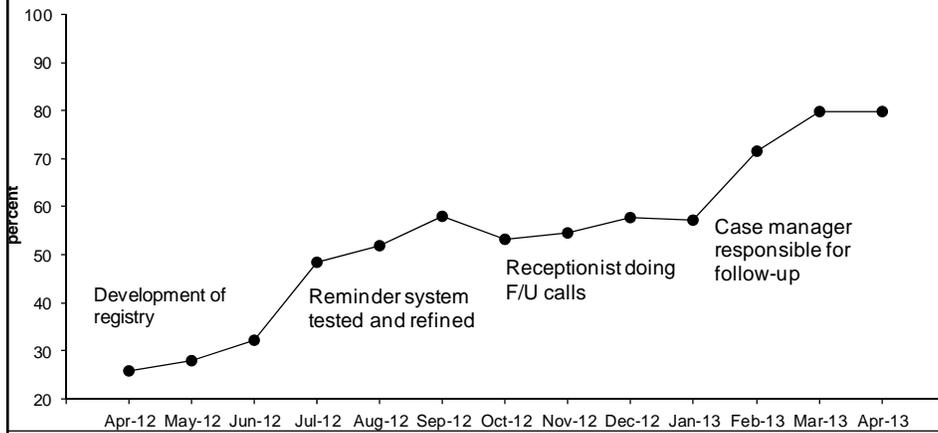
1. Target Population
2. Goals Linked to Usable Strengths
- 3.a. Achievement of Short-Term Goals
- 3.b. Percentage of Client with short-term goals “unachieved” achieved after 90 days
4. Transitions in Recovery
 - 4a. Clients with a MORS score
 - 4b. Clients who transitioned from a 2, 3 or 4 to a 5 MORS score
 - 4c. Clients who transitioned from a 3 or 5 to 6, 7 or 8 MORS score
 - 4d. Clients who are 'stuck' at MORS 5
 - 4e. Clients who transitioned from a MORS score of 5 to a lower score
 - 4f. Clients who transitioned from a 6, 7 or 8 to a 5
5. Successful Transitions to Lower Level of Care or Into Community
6. ER, Hospital, and Urgent Care Utilization
7. Client Self Report
 - 7a. Client Experience with Services Provided by the Program
 - 7b. Physical Health
 - 7c. Emotion Health
 - 7d. Hope
 - 7e. Client Engagement in Meaningful Activities in Their Communities
 - 7f. Clients Who Report They Would Like to Make Changes to Their Living Situation
 - 7g. Clients Who Report They Would Like Additional Education or to Learn New Skills
8. Housing Status
 - 8a. Homeless
 - 8b. Clients who Live in the Most Restrictive Settings
 - 8c. Clients who Live in the Least Restrictive Settings
9. Employment
 - 9a. Participation in Paid or Unpaid Employment
 - 9b. Average Hours Worked per Week
10. Primary Care
 - 10a. Designated PCP
 - 10b. Visit(s) to PCP
11. Field-Based Supervision

ARC Measures (January 19, 2014)				
Name	Numerator	Denominator	Data Collection Plan	Goal
Core Measures				
3. a. Achievement of Short-Term Goals "Short-Term Goal Achieved": Defined by data recorded in the encounter note and through a consensus between client and clinician	Number of clients in the target population who have achieved a short-term goal this month.	All clients in the target population	Data Collection: On the last business day of the month, collect data on the total number of clients in target population who have achieved a short-term goal this month. Worksheet Calculation: The number of clients who have achieved a short-term goal in the last month is divided by the count of clients in the target population - and then multiplied by 100 to get a percentage. NOTE: Short Term Goals should result in improvements in client's functioning and progress the client toward their long term goal. Short Term Goals should be measurable and behavioral – and achievable in no longer than 90 days.	80%
3. b. Percentage of Client with short-term goals "unachieved" achieved after 90 days	Number of clients in the target population who have not achieved a short-term goal in the last 90 days.	All clients in the target population	Data Collection: On the last business day of the month, collect data on the total number of clients in target population who have not achieved a short-term goal in the last 90 days. Worksheet Calculation: The number of clients who have not achieved a short-term goal in the last 90 days is divided by the count of clients in the target population - and then multiplied by 100 to get a percentage.	20%
4. Transitions in Recovery				
4a. Clients with a MORS score	Number of clients in the target population who have a new MORS score this month.	All clients in the target population	Data Collection: On the last business day of the month, count the number of clients with a new MORS score this month. Worksheet Calculation: The number of clients with a new MORS score this month is divided by the count of clients in the target population - and then multiplied by 100 to get a percentage.	90%



Minimum Standard for Data Display in the Collaborative:
Annotated Time Series

Coordination of Labs and Vitals for Clients with Diabetes



Case Study for ARC LS 3, Session: "Data for Improvement"

Background: The Santa Marta Team

The Santa Marta County ARC Team ("The Team") was organized in October, 2013, consisting of:

1. Two clinicians (Bob and Maria)
2. A clinical supervisor (Ingrid)
3. A data person/clerk (Marc)
4. The director (Nadia)

The focus during December 2013 was primarily on the prework for ARC. The Team met weekly and developed their aim around advancing recovery. Executive leadership made it clear to the Team how important this improvement effort is to the county. The Director set up routine meetings with the Team Lead and Data Lead to discuss progress.

Change Ideas and Testing

The team decided to test the following changes during Action Periods 1 and 2:

1. Build hope for recovery in both clients and staff through creation of a Tree of Hope, using the Value Card sort and working with staff about their understanding and belief in recovery
2. Actively engage each client in recovery through introducing a peer during intake and starting Strengths Assessments
3. Use Strengths Assessments and Personal Recovery Plan to develop short-term goals that support the client's aim
4. Use a number of methods to help clients achieve short-term goals (Personal Recovery Planning, Strengths-Based Group Supervision)
5. Use the Recovery Tracker to evaluate progress and update the plan at each visit

Exercise

Below are dates when team worked to test and implement some of the changes mentioned above. For each ramp, answer the following questions and complete the annotation.

- a. What measures/run chart graphs would you look at to determine if there was an impact on client's recovery progress?
- b. Do the data show there was an impact?
- c. Annotate the graph to indicate the changes that impacted the run chart or not, as appropriate.

PDSA Ramps on SA: February 5-May 30: Team ran multiple tests on using peer providers to introduce hope for recovery. Some of the testing involved peers as the first person that a new client would meet with. Other tests involved peers introducing recovery as a potential for every client (tested both individually and in groups). They learned about different strategies to introducing Hope and Recovery. The peer "Welcoming" was implemented the first of May and the peer led "Recovery Groups" were implemented in May.

PDSA Ramps on Engagement and Goal Achievement: February 14 – June 18: During these months the Santa Marta team ran multiple PDSA cycles to test the use of strengths assessment. By the first of June, the Team was convinced that they understood the value of strengths assessment in supporting clients' recovery. During June they implemented the use of strengths assessment throughout the target population.

PDSA Ramp 3, March 10- July 25: Santa Marta Team ran 6 PDSA cycles to test using Personal Recovery Planning and Strengths-Based Group Supervision to develop and support clients' recovery goals. The team felt they learned a lot about using language in a way that promotes clients strengths and utilizes their 'active ingredients' behind their goals. They trained all staff in PRP techniques in June and began using and Group Supervision across the agency in July.

Data for Improvement Exercise

- **Read through the "Team Background"**
- **As a team, complete the 3 steps in the exercise for the three PDAS cycle ramps. Answer questions "a" and "b" for each ramp and perform task "c" [30 minutes]**
- **Report out**