**Data Measurement Plan:**

It is imperative in QI to have ongoing/continuous measurement. The measurement will provide your team objective information on your ‘tests’ of change to LEARN why and why not your intervention(s) was effective. It is this learning that will drive your interventions to be better over time with increasing probability that they will cause improvement as your project moves forward.

**Implications:** It is important to start QI with the understanding that you don’t know 100% what will be effective in bringing about improvement in your care process. Instead, you need to think about how to maximize your learning based on your ‘tests’. That learning depends on good measurement.

## Begin your data collection planning by answering these key questions:

* What question do we need to answer—that is, why are we collecting these data?
* What data analysis tools do we envision using to display the data after we have it? (Note: The run chart is the recommended tool for displaying data showing the performance of a process over time.)
* What type of data do we need in order to construct this tool and answer the question?
* Where in the process can we get this data?
* Who in the process can give us this data?
* How can we collect this data from these people with minimum effort and chance of error?
* What additional data do we need to capture for future analysis, reference, and traceability?

## Develop your plan by answering the following questions:

* Who will collect the data?
* What data will be collected?
* When will the data be collected?
* Where will the data be collected?
* How will the data be collected?

## Helpful hints:

* **Seek usefulness, not perfection!** Data for improvement is different from data for research. You need data that are “good enough” to permit your team to take the next step in improving a process. QI data is for LEARNING, not judgement.
* **Data recording must be easy**. Try to build it in to the process under study.
* **Use sampling as part of the plan to collect the data**. Can learn from 5-10 patients as much as from 100 patients.
* **Use existing data whenever possible**
* **If creating a data collection form, make it easily understandable, with clear directions to minimize possibility of errors.**

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| Aim Statement |  |
| Measure #1 |  |
| Measure Type | \_\_Outcome \_\_Process \_\_Balancing |
| Operational Definition | Numerator:  Denominator: |
| Source (Observation with form, EMR, Secondary database) |  |
| Who will collect data? |  |
| When will data be collected? |  |
| How will data be collected? |  |
| How will data be organized? (excel file) |  |
| Who will organize data? (RA, member of team) |  |
| Measure #2 |  |
| Measure Type | \_\_Outcome \_\_Process \_\_Balancing |
| Operational Definition | Numerator:  Denominator: |
| Source (Observation with form, EMR, Secondary database) |  |
| Who will collect data? |  |
| When will data be collected? |  |
| How will data be collected? |  |
| How will data be organized? (excel file) |  |
| Who will organize data? (RA, member of team) |  |

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| Measure #3 |  |
| Measure Type | \_\_Outcome \_\_Process \_\_Balancing |
| Operational Definition | Numerator:  Denominator: |
| Source (Observation with form, EMR, Secondary database) |  |
| Who will collect data? |  |
| When will data be collected? |  |
| How will data be collected? |  |
| How will data be organized? (excel file) |  |
| Who will organize data? (RA, member of team) |  |