

QIIP Learning Collaborative – Table of Measures – March 2008

Table of Office Practice Redesign Measures

Access Measures	Definition	Data Gathering Plan	Goal
Third next available appointment by provider	Sum the number of days between the day a patient makes a request for an appointment with a provider and the third available appointment for a routine visit (a short appointment or return visit) with that provider.	Sample the provider the same day of the week, once a week. Count number of days between a request for an appointment (e.g. enter a dummy patient) with a provider and the third next available appointment for a routine visit (e.g. a short appointment or return visit) for that provider. Count all calendar days, including weekends, holidays, and days off. Do not count any saved appointments for urgent visits.	0 days
Physician Continuity: % of patients seen by their usual family physician (instead of a different family physician)	Number of patients of Physician X that were seen by Physician X, divided by the total number of patients of Physician X that have been seen by a Physician in the practice. Multiply the result by 100.	On the first work day of the month, from direct review of scheduling system, obtain the number of patients of Physician X who were seen by Physician X in the past 30 calendar days. At the same time, obtain the total number of patients of Physician X who were seen by a physician in the practice in the past 30 calendar days.	>85%
Efficiency Measures	Definition	Data Gathering Plan	Goal
Cycle Time	The total elapsed minutes from patient arrival at the health centre to patient departure for patient visits sampled in the reporting period divided by the number of visits sampled.	Sample 15 patients per week on a pre-selected day and time. This is the ideal sampling process and will provide optimal data for your improvement efforts. Use the same day and time of day each week for four weeks. Select a time during the day that is often the busiest in the office (e.g., mid-morning for adult clinics, late afternoon for pediatric clinics) to ensure that the data capture the true capability of the system. At the agreed-upon start time, begin recording (by patient or clerk) the time each patient checks in to clinic registration, enters the clinic room, the provider enters the room, the provider leaves the room, the patient leaves the room, and the patient checks out. Stop collection when the data from 15 patients have been recorded. The clerk in the registration and/or check-out areas can record each person's name (or identifier) and time. If patient arrives early, time starts at scheduled time of appointment. Subsequent sampling will occur when changes are tested and implemented.	<=45 minutes
Red Zone Percent of Cycle Time that is direct (face-to-face) time spent with Care Team	The total minutes spent by patients sampled in the reporting period in direct (face to face) contact with the care team, also known as the 'Value added time' divided by the total cycle time	Using the sampling tool for cycle time, calculate the direct contact time for each patient sampled, also called the 'Value added time'. Sum these times to get total direct contact time (total value added time). Compute the total cycle time for the patients sampled.	67%

Table of Diabetes Measures

Note: The Canadian Diabetes Association released their update to Clinical Practice Guidelines in September 2008. The targets and measures have been reviewed in light of this publication.

The population of patients with DM will include all patients diagnosed with Type 1 or Type 2 DM, ages 18 to 75 years, inclusive (excluding patients resident in institutional care facilities)

Diabetes Measures	Definition	Data Gathering Plan	Goal
1. Total DM Population (ages 18 to 75 years)	The number of patients with a diagnosis of DM (Type I or Type II), ages 18 to 75 years, inclusive (excluding patients resident in institutional care facilities) in the roster of specified physicians.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM (Type I or Type II) in the roster of the specified physicians.	
2. Percent of DM pts with A1c ≤ 7	The number of patients with a diagnosis of DM in the clinical information system whose most recent HbA1c in the last 365 days is less than or equal to 7 divided by the total number of patients with a diagnosis of DM in the clinical information system with at least one HbA1c test result in the past 365 days. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM whose most recent HbA1c in the past 365 days is less than or equal to 7.0 and count them. At the same time, count the number of patients with a diagnosis of DM and at least one HbA1c in the last 365 days. (Reference 1, pg S30)	>60%
3. Percent of DM pts with A1c test in past six months	The number of patients with a diagnosis of DM in the clinical information system whose most recent HbA1c is within the past 184 days divided by the total number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM whose most recent HbA1c is in the last 184 days and count them. At the same time, count the number of patients with a diagnosis of DM in the clinical information system.	>90%
4. Percent of DM pts with documented Self-Management goals in last 12 months	The number of patients with a diagnosis of DM in the clinical information system with documented self-management targets in the past 365 days divided by the total number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have documented self-management targets set with a clinician in the past 365 days. At the same count the number of patients with a diagnosis of DM in the clinical information system. (Reference 1, pg S25-28)	>70%

5. Percent of DM pts with BP<=130/80	The number of patients with a diagnosis of DM in the clinical information system with most recent blood pressure reading less than or equal to 130/80 within the past 365 days, divided by the patients with a diagnosis of DM in the clinical information system with a documented blood pressure in the past 365 days. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM with a BP <= 130/80 on the most recent reading in the past 365 days. At the same time count the total number of patients with a diagnosis of DM in the clinical information systems and a documented blood pressure in the past 365 days. (Reference 1, pg S115)	>55%
6. Percent of DM pts on ACEI or AARB	The number of patients with a diagnosis of DM in the clinical information system who have a current prescription for ACE inhibitors or ARB medication divided by the number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have a current prescription for ACE inhibitors or ARB medication. At the same time count the number of patients with a diagnosis of DM. (Reference 1, pg S103)	>60%
7. Percent of DM pts with LDL<=2.0 nmol/l	The number of patients in the clinical information system with a diagnosis of DM, a lipid level in the past 365 days and with LDL < =2.0 divided by the number of patients in the clinical information system with a diagnosis of DM and a lipid test in the past 365 days. Multiply by 100 to get a percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have had a lipid level tested in the past 365 days and with LDL < =2.0. At the same time count the total number of patients with a diagnosis of DM who have had a lipid level tested in the past 365 days (Reference 1, pg S112, Reference 4)	>65%
8. Percent of DM pts with retinopathy screening in past 24 months	The number of patients in the clinical information system who have had retinopathy screening in the past 730 days, divided by the total number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to get percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have had a retinopathy exam in the last 730 days. At the same time count the total number of patients with a diagnosis of DM in the clinical information system. (Reference 1, pg S134)	>90%
9. Percent of DM pts with comprehensive foot exam in past 12 months	The number of patients in the clinical information system who have had an annual foot exam documented in the past 365 days, divided by the total number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have had a documented annual foot exam in the last 365 days. At the same time count the total number of patients with a diagnosis of DM in the clinical information system. (Reference 1, pg S144).	>90%

10. Percent of DM pts with microalbuminuria (ACR) screening in past 12 months	The number of patients in the clinical information system who have had a microalbuminuria screening test in the past 365 days, divided by the total number of patients with a diagnosis of DM in the clinical information system. Multiply by 100 to get percentage.	On the first workday of each month, search the clinical information system for all patients with a diagnosis of DM who have had a microalbuminuria screening test in the last 365 days. At the same time count the total number of patients with a diagnosis of DM in the clinical information system. (Screening for microalbuminuria should be performed using the random urine test for albumin to creatinine ratio (ACR), Reference 1, pg S128. See "Type 1 Diabetes in Children and Adolescents," pg S150 - 157 , for considerations regarding the pediatric population).	>65%
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References

1. Canadian Journal of Diabetes – Volume 32, Supplement 1 – Canadian Diabetes Association 2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada
2. Yusuf S, Teo KK, Pogue J, et al for the ONTARGET investigators. Telmisartan, ramipril, or both in patients at high risk for vascular events. N Engl J Med 2008; 358:1547-1559.
3. ACCORD study Questions and Answers, http://www.nhlbi.nih.gov/health/prof/heart/other/accord/q_a.htm
4. CDA CPG Expert Committee. Can J Diabetes. 2006;30:230-240

Table of Colorectal Cancer Screening Measures

The population of patients will include all patients >=50 and <=74 years old, inclusive. Pts > 74 years old are excluded from the screening measure calculation but should be tested as appropriate for case finding.

Colorectal Cancer Screening	Definition	Data Gathering Plan	Goal
1. Fecal occult blood test (FOBT) for those >=50 and <=74 years within the preceding 2 years OR colonoscopy screening in the past five years.	The number of adults in the clinical information system >=50 and <=74 years with an FOBT in the past 730 days OR with a colonoscopy or referral for colonoscopy in the past 1826 days divided by the number of adults >=50 and <=74 years in the clinical information system.	On the first workday of the month, search the clinical information system for all adults >=50 and <=74 years who have been screened with FOBT in the past 730 days OR with a colonoscopy or referral for colonoscopy in the past 1826 days. At the same time count the total number of adults >=50 and <=74 years in the clinical information system.	>60%
2. Percent of screened adults with positive stool for occult blood with notification of results and referral for colonoscopy within two weeks of the test results.	The number of adults in the clinical information system >=50 and <=74 years with an FOBT in the past 730 days with positive results and notification within two weeks of the test results that follow-up colonoscopy is needed and referral is made divided by the number of adults >=50 and <=74 years with an FOBT in the past 730 days with positive results in the clinical information system.	On the first workday of the month, search the clinical information system for all adults >=50 and <=74 years who have been screened with FOBT in the past 730 days, had positive results and got notification and referral for colonoscopy within two weeks of the test results.. At the same time count the total number of adults >=50 and <=74 years with a positive stool for occult blood on FOBT in the past 730 days.	>85%

Reviewed: June 2009