

Measurement for Data Leads

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Framework & Objectives

1. How to Gather the Data
2. How to Submit the Data
3. How to Use the Data

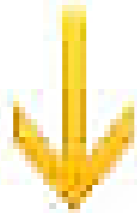
How to Gather the Data

- Define Numerator & Denominator
- Use the Excel Data Collection Tool
 - Obstetric Team Learning Collaborative Data Collection Tool
- Example Measure

New OB Patients	Number of new OB, non-transfer patients with a first OB visit during the reporting month with a gestational age of less than or equal to 12 complete weeks gestation (up through 12 weeks and 6 days gestation)	0	SUBMIT Numerator SUBMIT Denominator
	Number of new OB (non-transfer) patients with a first OB visit during the reporting month	0	
	% of new OB (excluding transfer) patients enrolled in prenatal care by \leq 12 complete weeks (i.e. by 12 weeks and 6 days) of gestation documented in the electronic health record (EHR)	#DIV/0!	

Numerator & Denominator

how many parts you have



numerator

denominator



how many parts of the whole

=

Number of new OB, non-transfer patients with a first OB visit during the reporting month with a gestational age of less than or equal to 12 complete weeks gestation (up through 12 weeks and 6 days gestation)

People that “actually” meet criteria

People that “might” meet criteria

Number of new OB, non-transfer patients with a first OB visit during the reporting month

Data Collection Example

how many parts of the whole

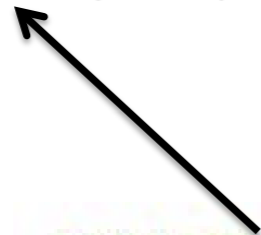


denominator



- What percentage of **new OB (non transfer) patients**, during the reporting month, **completed their initial prenatal care visit by 12 gestational weeks?**

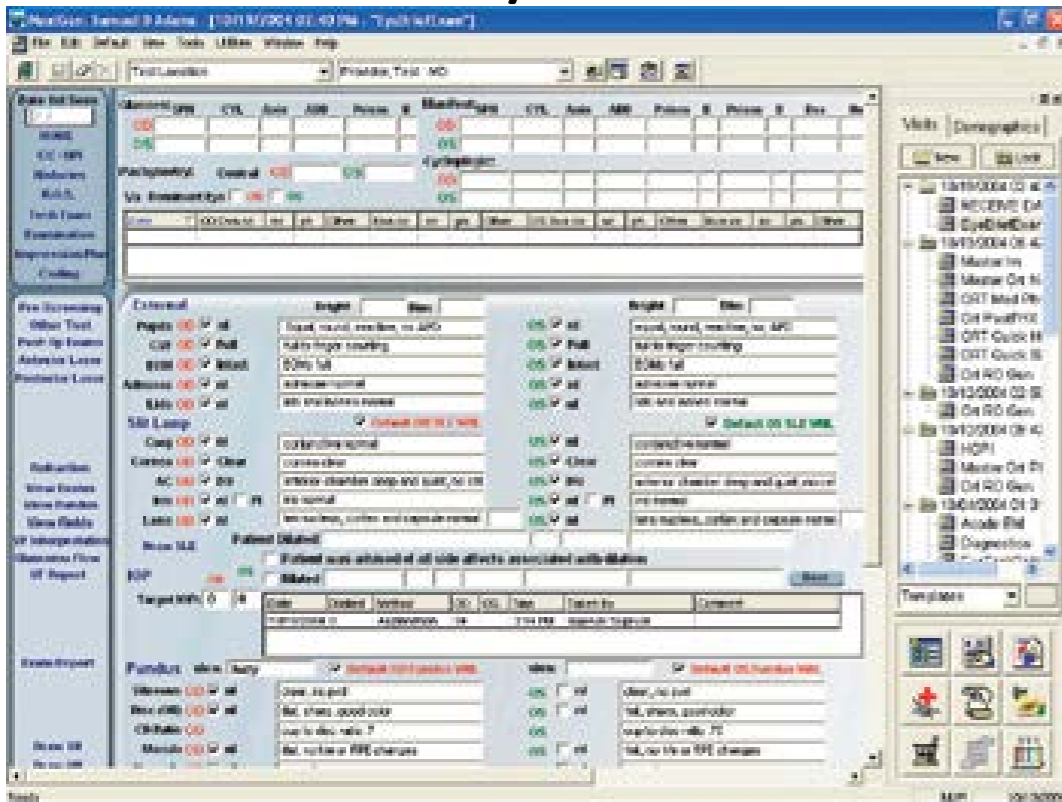
numerator



how many parts you have

Examples of Data Sources

EHR/EMR



Intake Form



Medical Form

Psychotherapy Progress Note
Revision Date: 02/21/2008

Person's Name (First MI Last): _____ Record #: _____ DOB: _____

Modality Individual Family Couple

List Names of Persons Present Person Present Explanation: _____ Others Present (please list name(s) and relationship(s) to Person): _____
 Person No Show Only shows when required to. Only appears if the checkbox above is checked.
 Provider Cancelled

Persons's report of progress towards goals/objectives since last session:

New Issue(s) Presented Today: None Reported CA Update Required
Only shows if the "None Reported" checkbox above is not checked

Person's Condition	Significant Changes Reported or Observed	Changes in Person's Condition
Mood/Affect:	None <input type="checkbox"/> Notable <input type="checkbox"/>	Only shows if the "None" checkbox for this row is not checked
Thought Process /Orientation:	None <input type="checkbox"/> Notable <input type="checkbox"/>	Only shows if the "None" checkbox for this row is not checked
Behavior/Functioning:	None <input type="checkbox"/> Notable <input type="checkbox"/>	Only shows if the "None" checkbox for this row is not checked
Medical Condition:	None <input type="checkbox"/> Notable <input type="checkbox"/>	Only shows if the "None" checkbox for this row is not checked
Substance Use:	<input type="checkbox"/> NA <input type="checkbox"/> None <input type="checkbox"/> Notable <input type="checkbox"/>	Only shows if the "None" and "NA" checkbox for this row is not checked

Risk Assessment None OR Check all that apply below and record actions taken in Therapeutic Interventions Section Below

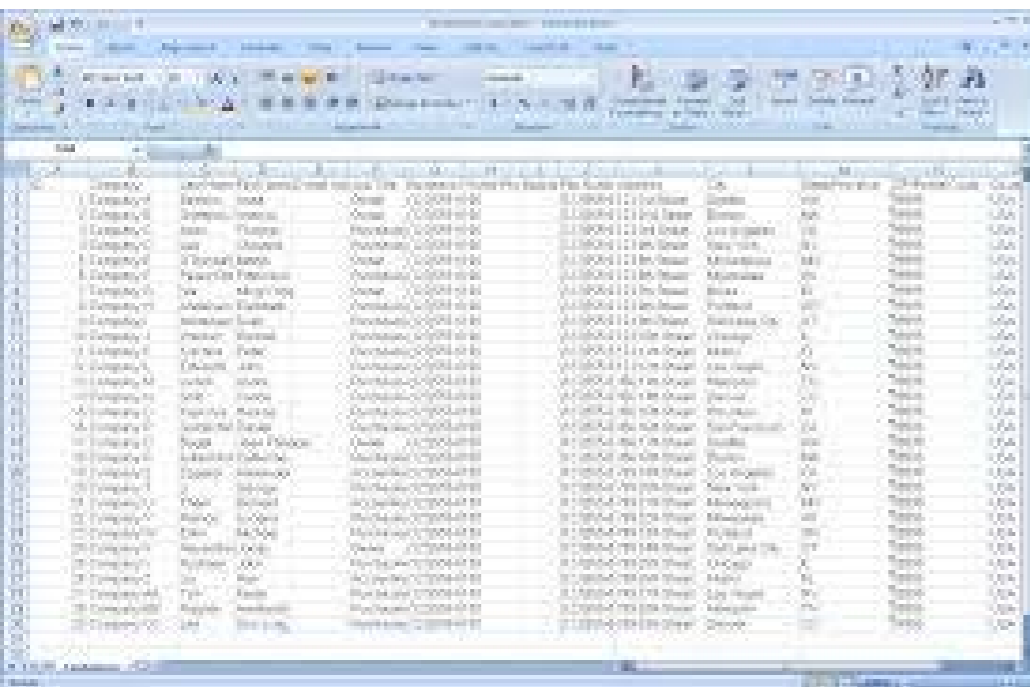
Danger To: Self: Ideation Plan Intent Attempt
 Property: Ideation Plan Intent Attempt
 Others: Ideation Plan Intent Attempt

Goal(s) Addressed As Per Individualized Action Plan:

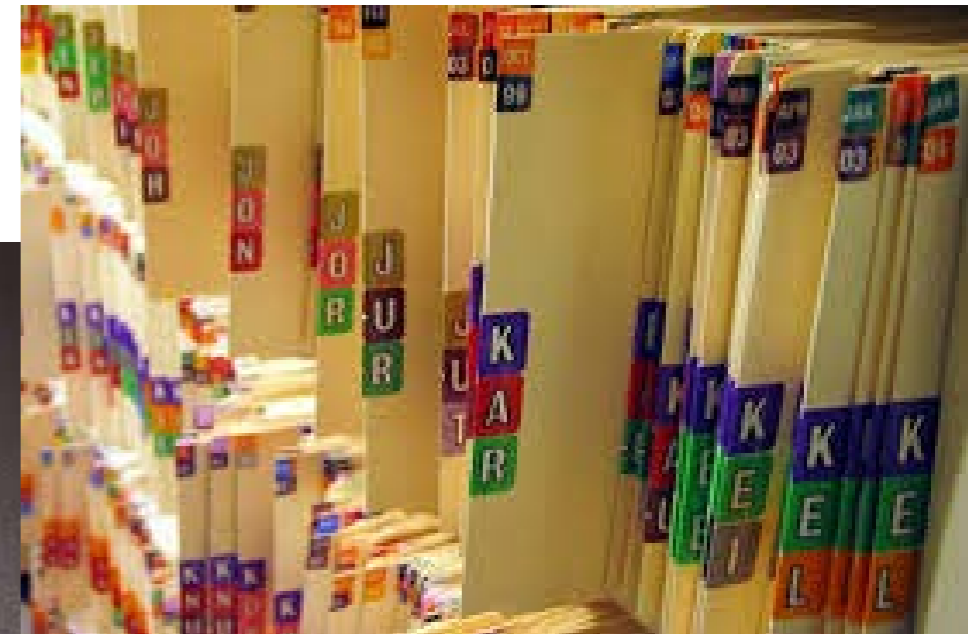
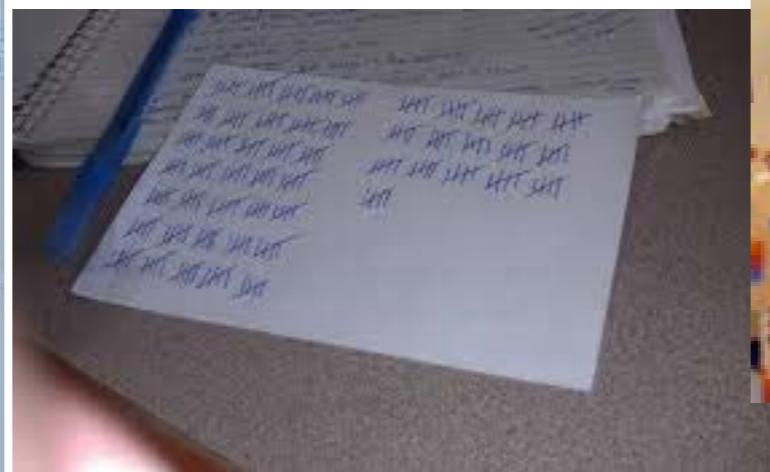
<input checked="" type="checkbox"/> S Explore Family Issue	<input checked="" type="checkbox"/> L Understand Alcohol	<input checked="" type="checkbox"/> L Stabilize Anxiety
<input checked="" type="checkbox"/> Identify Life Conflicts	<input checked="" type="checkbox"/> Apply Relaxation Skills	<input checked="" type="checkbox"/> Apply Relaxation Skills
	<input type="checkbox"/> Increase Daily Activity	
	<input checked="" type="checkbox"/> Identify Life Conflicts	

Patient Chart

Excel



Log Book



How to Submit the Data

[Home](#) [Contact](#) [Reports](#)

Hello, Matthew Frazier! [Logout](#)

CINCINNATI

Cincinnati Childrens Hospital and
Medical Center Data Collection Form

Entering Data For: May-2015



PerfectTheSystem

3Ss

2015

- 1-2015
- 2-2015
- 3-2015
- 4-2015
- 5-2015
- 6-2015

Live Demonstration Submitting Data

- Submitting data to the Web Form
 - <https://eliminateim.portal.cchmc.org/user>

Reporting Month	Data Entry Date
May-2015	Jul-2015
Jun-2015	Aug-2015
Jul-2015	Sep-2015
Aug-2015	Oct-2015
Sep-2015	Nov-2015
Oct-2015	Dec-2015
Nov-2015	Jan-2016
Dec-2015	Feb-2016
Jan-2016	Mar-2016
Feb-2016	Apr-2016

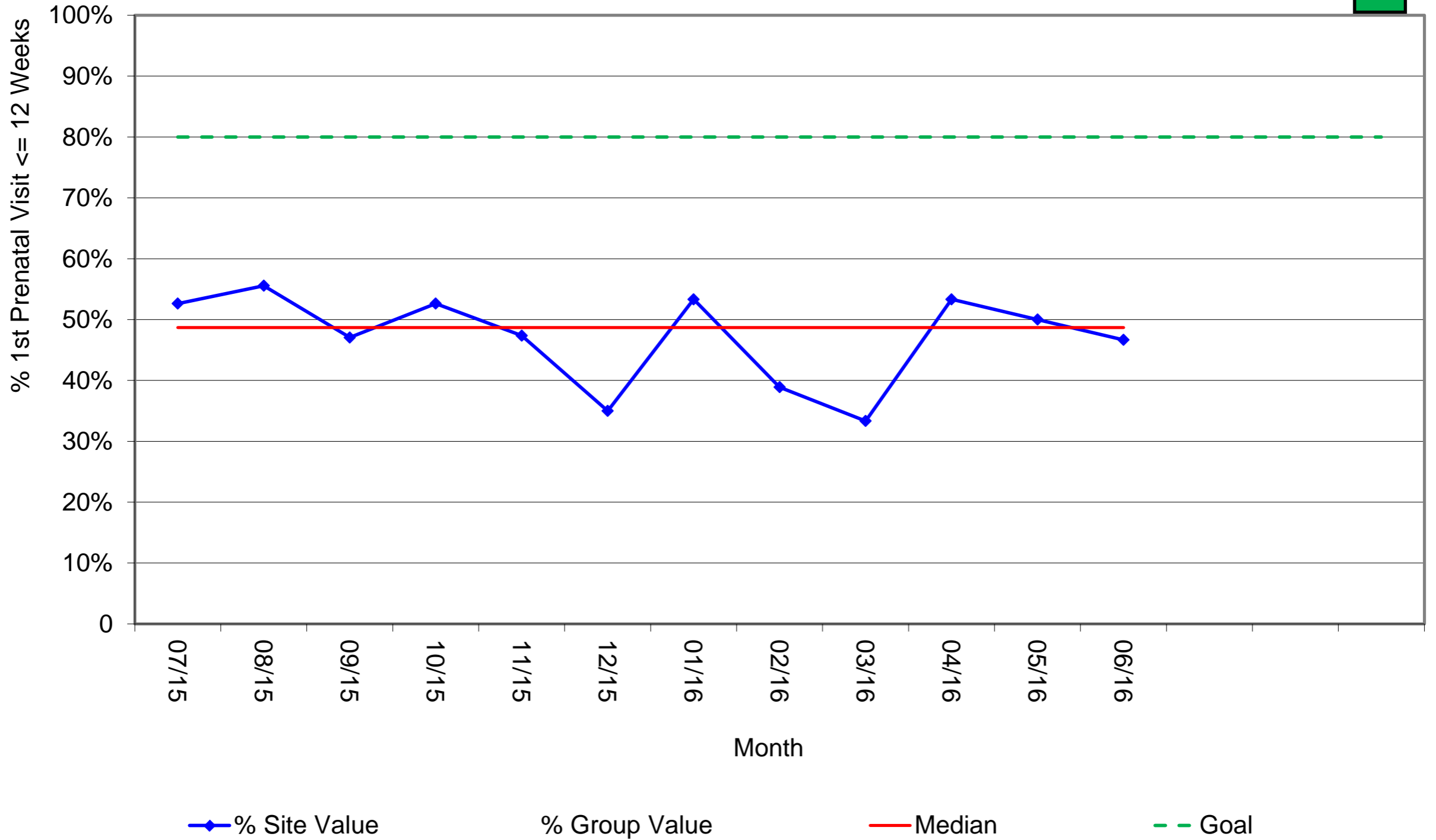
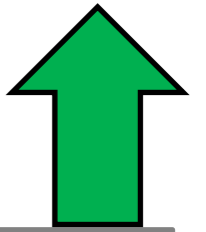
How to Use the Data



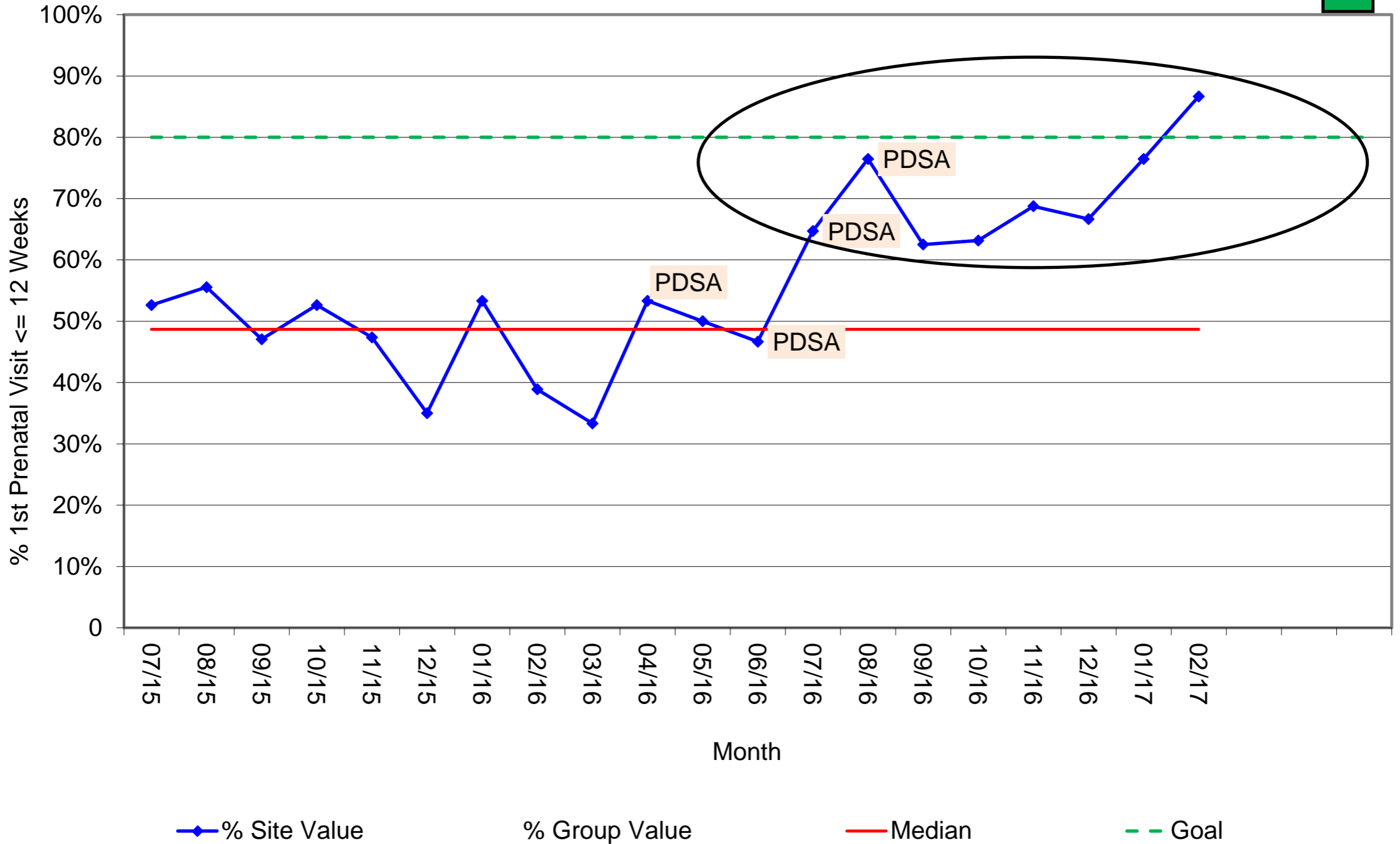
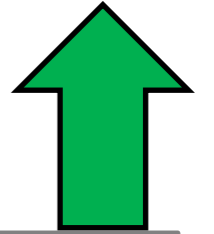
Cradle Cincinnati Learning Collaborative

% New OB Patients (non-transfer) First Prenatal Visit <= 12 Weeks

OB Team #1



Cradle Cincinnati Learning Collaborative
% New OB Patients (non-transfer) First Prenatal Visit <= 12 Weeks
OB Team #1

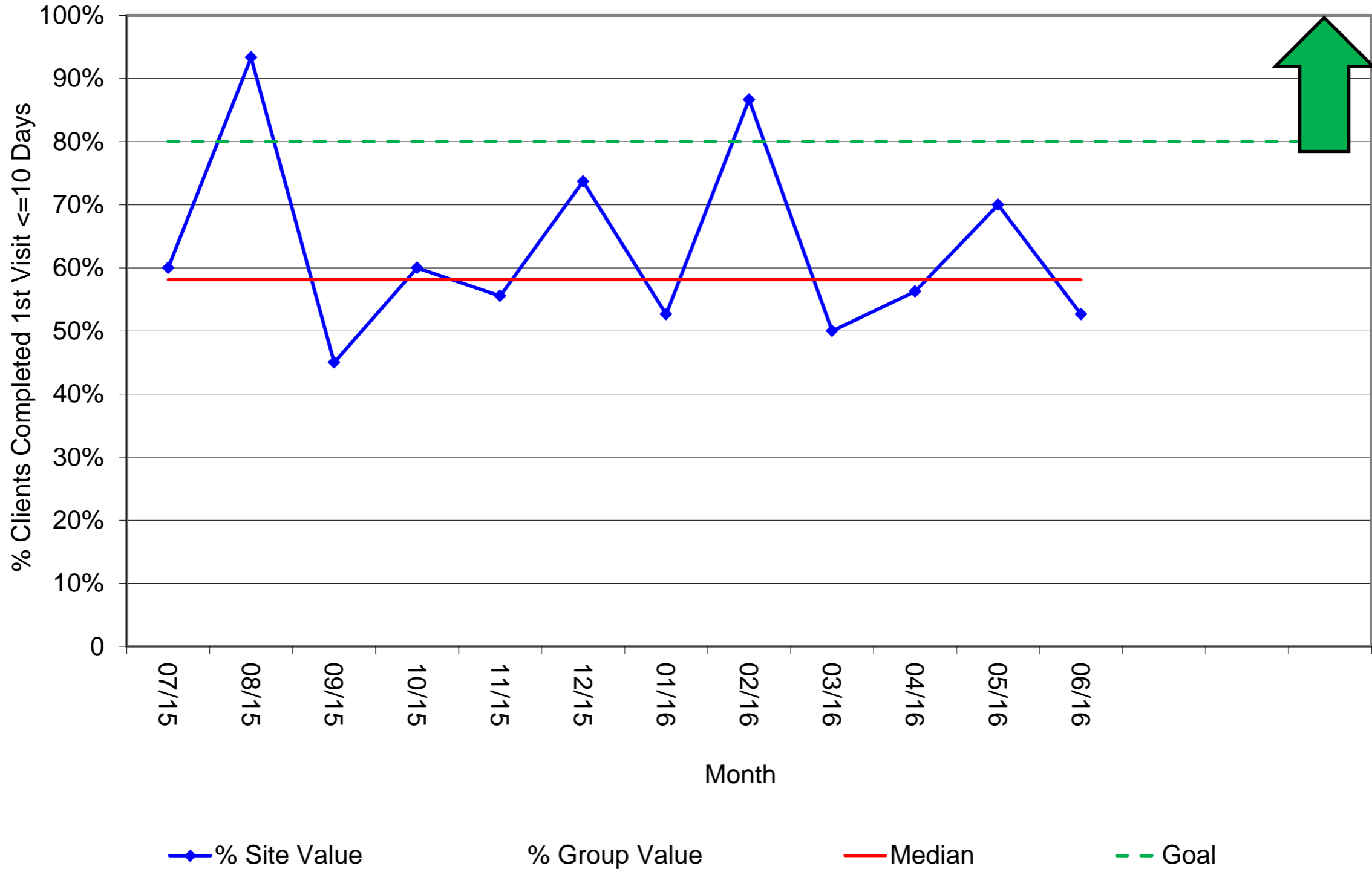




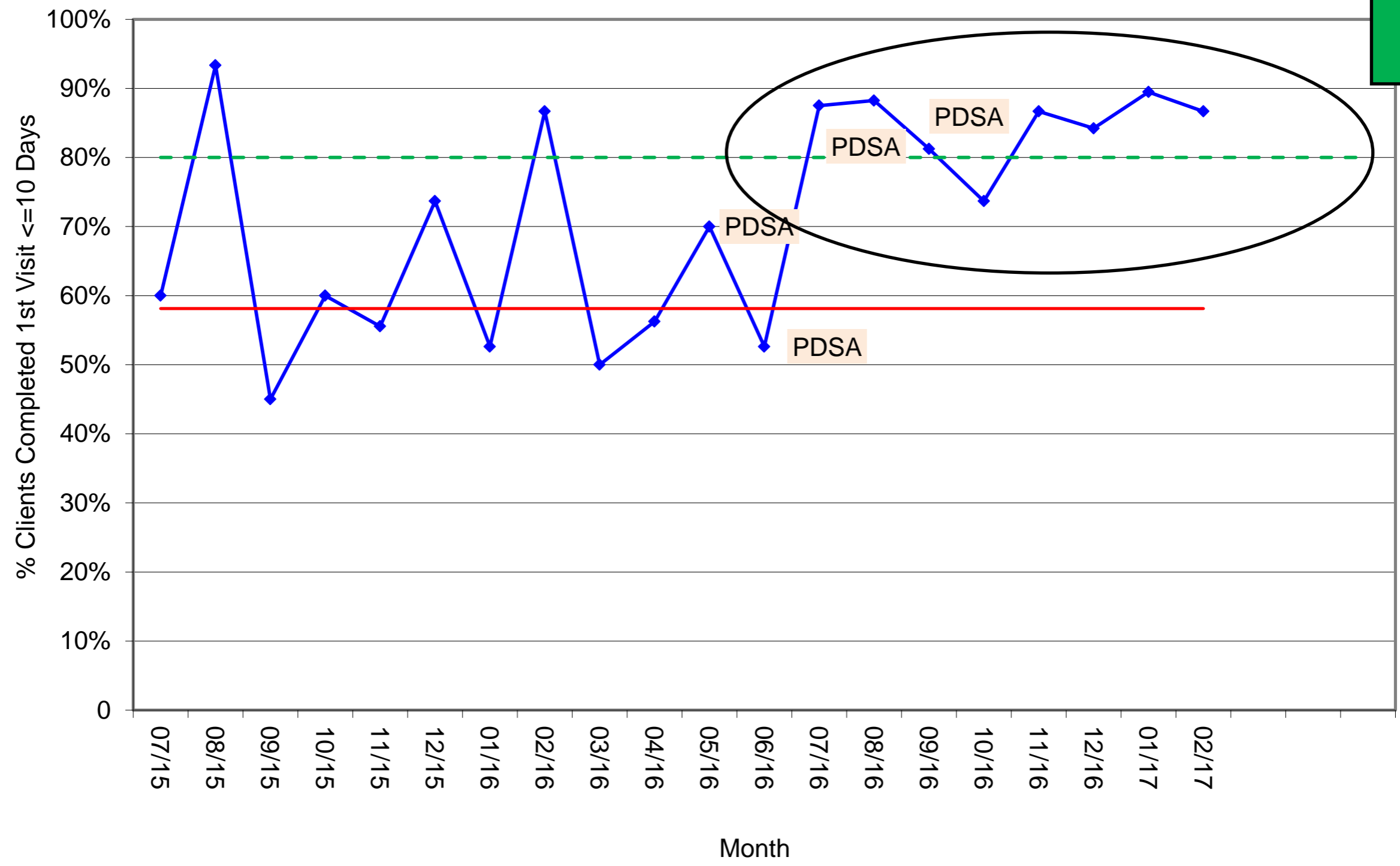
Cradle Cincinnati Learning Collaborative

% Clients with Completed First CHW, HV, or CM Visit <= 10 Days of Receipt* of Referral

CommunityTeam #1



Cradle Cincinnati Learning Collaborative
% Clients with Completed First CHW, HV, or CM Visit <= 10 Days of Receipt* of Referral
CommunityTeam #1

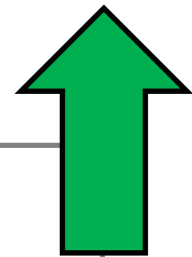


◆ % Site Value

□ % Group Value

— Median

- - - Goal



Q & A

Contact Matt Frazier for data help:

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