

# Using Existing Monitoring Activities to Generate a Quality Improvement Study

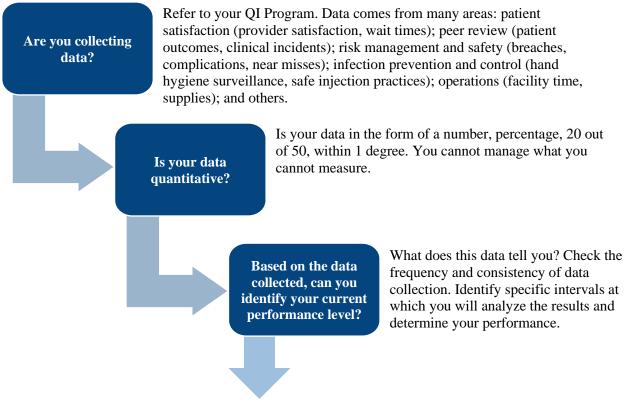
In the AAAHC Standards, v43, the Quality Category outlines the expectations for organizations to improve the quality of care, while promoting effective and efficient use of facilities and services. In striving to improve clinical quality outcomes, promote effective care delivery, and provide efficient utilization of health care services, organizations maintain a multidimensional, multidisciplinary quality management and improvement program based on comprehensive data analysis of clinical needs, risk levels, and opportunities for interventions and improvements. Quality management and improvement in an organization accounts for all stakeholders and intersects clinical and service performance indicators with risk management in an organized, systematic manner.

Organizations seeking accreditation are expected to maintain an active, integrated, organized, ongoing, data-driven program of quality management and improvement. The chart below is intended to help you use existing monitoring activities to generate a Quality Improvement (QI) study that will result in meaningful organizational improvement.

The AAAHC does not specify the model or method for monitoring activities that may result in identification of an improvement opportunity. This tool is one of many resources available to facilitate your QI efforts.

### Data Collection

Answering "No" to any of the following questions requires you to stop and evaluate your process before moving to the next step.



# Compare Performance

Do you have a performance goal?

What is your target? Setting a performance goal helps determine if current performance is acceptable or not.

Did you use a benchmark to determine your goal? Benchmarking compares your current performance measure to a specific metric. Internal benchmarking is the comparison of performance within an organization, such as an internal metric, e.g., the same measure from last month or year, or the result from another physician or department. External benchmarks compare performance with similar processes outside of the organization. External benchmarking can come from nationally recognized guidelines, federal quality measurements, a professional organization for your medical specialty, a literature review, the AAAHC Institute for Quality Improvement, or other sources.

## Solve the Quality Equation

Is your current performance better than or equal to your performance goal?

Yes

No

#### Congratulations!

Your performance is better than or equal to your goal. This measure would not qualify for a QI Study because there is no gap requiring improvement. Continue to monitor and celebrate your success!

Your monitoring activity indicates a potential for improvement. Ask yourself:

Is this problem or opportunity important enough to warrant an improvement effort by the organization?

Move forward with building a useful QI study.

See "Documenting a Quality Improvement Study Using the AAAHC 6-Component Criteria"

