

Attachment L - Measure Dx Declaration of Measurement Strategy

Pre-Training Declaration of Measurement Strategy (this instrument is adapted from the Selecting a Measurement Strategy of the Measure DX tool, page 9)

Measure Dx is a flexible tool that can be implemented at any health care site with the data and resources available; it does however require the use of data on diagnostic safety events.

To maximize opportunities to learn from each other, we will be tailoring our training sessions to have breakout sessions for groups of sites that are pursuing similar data measurement strategies. **Thus, we need to know what measurement strategy (or strategies) your site plans to pursue before the training.**

Overview of four Strategies to choose from:

- **Strategy A: Use existing data** -- Assuming leadership support and sufficient commitment of time and effort, most HCOs will at least be able to use a measurement strategy based on learning from cases that **have already been identified by risk management, quality and safety, or another entity in the organization (Strategy A).**
- **Strategy B: Event data from clinicians** -- However, some teams will opt to **solicit information about diagnostic safety directly from clinicians (Strategy B).**
- **Strategy C: Information from patients** -- Other sites will choose to **use information provided by patients (Strategy C).**
- **Strategy D: Events from EHR**-- Other sites will **leverage the capabilities of EHRs (Strategy D)** to identify previously undetected diagnostic safety events.

Although a robust measurement program incorporates multiple strategies, most organizations new to this work should begin with only one and expand their portfolio of strategies over time.

Completing this form should take no longer than 5 minutes.

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov.

Site: [dropdown of enrolled sites]

Current Role at Site: [dropdown of either *clinical champion* or *quality improvement leader*]

Name of person filling out this form: [text box] -> *This declaration is to be filled out by one site champion at each site: the clinical champion or the quality improvement leader*

Email address of person filling out this form: [text box] -> *Individuals filling out the form will receive a copy of their answers*

Declaration of Measurement Strategy

Please read and fill out the following four sections Question 1 through Question 4 as applicable. We will use this information to tailor training and to prepare materials for your site.

Data Collection Strategy A: Use Quality and Safety Data Already Collected by the Organization

1. Does your health care organization (HCO) plan to pursue data collection *Strategy A: Use Quality and Safety Data Already Collected by the Organization*?

- ☐ Yes
- ☐ No -> *Skip to 2*

1a. Does your HCO collect patient safety data for quality improvement purposes?

- ☐ Yes
- ☐ No

1b. Does your HCO perform root cause analyses or other forms of case reviews for specific safety events or adverse outcomes (e.g., mortality, sepsis, trauma)?

- ☐ Yes
- ☐ No

If 1a or 1b checked NO:

1c. Are you sure you want to pursue Strategy A? *Another strategy may be a better fit for your HCO.*

- ☐ Yes
- ☐ No

If 1a and 1b checked YES:

Great! Strategy A sounds like a great fit for your HCO.

Data Collection Strategy B: Solicit Reports From Clinicians and Staff

2. Does your HCO plan to pursue data collection *Data Collection Strategy B: Solicit Reports From Clinicians and Staff*?

- ☐ Yes
- ☐ No -> *Skip to 3*

2a. Does your HCO have an event reporting system for receiving input from frontline clinicians that includes (or could be modified to include) a dedicated category for diagnostic safety?

- ☐ Yes, already exists
- ☐ Yes, needs to be modified/currently being modified for this purpose
- ☐ No

If 2a checked NO:

2b. Are you sure you want to pursue Strategy B? *Another strategy may be a better fit for your HCO.*

- ☐ Yes
- ☐ No

If 2a checked YES:

Great! Strategy B sounds like a great fit for your HCO.

Data Collection Strategy C: Leverage Patient-Reported Data

3. Does your HCO plan to pursue data collection *Data Collection Strategy C: Leverage Patient-Reported Data*?

- ☐ Yes
- ☐ No -> *Skip to 4*

3a. Does your HCO collect and aggregate any patient experience data through routine surveys, a hotline, or another mechanism?

- ☐ Yes
- ☐ No -> *Skip to 3c*

3b. How does your HCO collect and aggregate patient experience data? Please check all that apply.

- ☐ Routine patient experience surveys (such as Press Ganey, Consumer Assessment of Healthcare Providers and Systems [CAHPS], etc.)
- ☐ Routine patient survey unique to our HCO
- ☐ Complaint or comment hotline or other collection mechanism
- ☐ Patient Family Advisory Council or similar Advisory Board meetings
- ☐ Other

If 3a checked NO:

3c. Are you sure you want to pursue Strategy C? *Another strategy may be a better fit for your HCO.*

- ☐ Yes
- ☐ No

If 3a checked YES: Great! Strategy C sounds like a great fit for your HCO.

Data Collection Strategy D: Electronic Health Record-Enhanced Chart Review

4. Does your HCO plan to pursue data collection *Data Collection Strategy D: Electronic Health Record-Enhanced Chart Review*?

- ☐ Yes
- ☐ No -> *Skip to end of survey*

4a. Does your HCO have an electronic health record (EHR) data warehouse or equivalent system for EHR queries?

- ☐ Yes
- ☐ No

4b. Is there a person who can access the data warehouse and can support the team with EHR queries?

- ☐ Yes
- ☐ No

4c. Is there a team member who understands clinical data quality/validation?

- ☐ Yes
- ☐ No

4d. Does the HCO have a coordinated process for requesting EHR data, running queries, and generating reports?

- ☐ Yes
- ☐ No

If 4a, 4b, 4c, or 4d checked NO:

4e. Are you sure you want to pursue Strategy D? *Another strategy may be a better fit for your HCO.*

- ☐ Yes
- ☐ No

If 4a, 4b, 4c, and 4d checked YES:

Great! Strategy D sounds like a great fit for your HCO.

Thanks for letting us know the measurement strategy or strategies your team will be pursuing. We look forward to working with you!