

Readiness to Implement Quality Measurement Checklist

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Completing the checklist will provide practical information about your organization's readiness to do quality measurement. The outcome is not a 'readiness score', but rather a starting point for discussion and planning. The checklist statements are organized into categories that prompt you to assess your organization in terms of its stage of planning for quality measurement, the characteristics and promotion of the quality measures, implementation strategies, available resources, staff readiness, operational readiness and external factors.

Quality measures (or quality indicators) are norms, criteria, standards, and other direct qualitative and quantitative measures used in determining the quality of health care. Examples include: 'the percentage of mental health clinicians with appropriate skills in cognitive behavioral therapy' and 'the percentage of patients being treated for depression receiving the appropriate dosage and duration of treatment for antidepressants'.

Instructions: Read each statement and indicate your response with a check mark. Complete the checklist based on your perspective in the organization. Try to respond to every statement with an answer of yes, no, or N/A (not applicable).

What are your organization's plans regarding quality measurement?	Yes	No	N/A
1. <u>Has no plans to implement quality measurement</u>			
2. <u>Intends to implement quality measurement in the next 6 months</u>			
3. <u>Intends to implement quality measurement in the next 30 days</u>			
4. <u>Has been using quality measures for a short time (less than 6 months)</u>			
5. <u>Has been using quality measures for 6 months or longer</u>			
If you checked YES for statements 2 or 3, please complete the remainder of the checklist. Otherwise, you may stop now.			
What are the characteristics of the Quality Measures you wish to implement?			
A1. The measures are evidence based.			
A2. The terms comprising the measures have recognized definitions.			
A3. The measures have recognized norms/benchmarks.			
How are the Quality Measures being promoted?			
B1. The measures are published in a respected source.			
B2. The measures are endorsed by a credible source, such as physician licensing body or professional association.			
B3. Measures are promoted as an efficient solution to quality assurance.			
B4. Quality measurement is promoted through the use of incentives.			
B5. The measures are championed by a leader.			
B6. Local stakeholders participated in adapting measures to local circumstances.			
What implementation strategies are available to your organization?			
C1. Collecting measurement data is part of documenting care.			
C2. The measures are kept to the minimum number necessary.			
C3. There is an implementation plan to follow.			
C4. Academic detailing/outreach by a trained professional			
C5. Practice based group learning with a facilitator and a specialist			
C6. A consultant is available to help the staff to implement the measures.			

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Which statements BEST describe your organization's resources?	Yes	No	N/A
D1. The office has internet access.			
D2. The office computer system can support an Electronic Health Record.			
D3. Documentation is compatible with the Electronic Health Record.			
D4. There is a budget for quality improvement activities.			
D5. There is a staff member with quality measurement skills.			
D6. Using quality measures does not add extra time or work load to staff.			
Which statements BEST describe the individuals in your organization?			
E1. Staff comply with the current documentation method			
E2. Staff have good computer skills			
E3. Physicians adhere to practice protocols			
E4. Physicians think measures could be used to monitor and reward good performance			
E5. Physicians believe implementing measures will lead to improved practice.			
E6. Quality measurement is a personal interest of a staff member or physician.			
Which statements BEST describe the current operation of your organization?			
F1. There is positive leadership in the organization			
F2. The decision making authority is clear.			
F3. Organization leaders understand the impact of their decisions on patient care.			
F4. Clinicians from different professional groups work as a team			
F5. Physicians are able to allocate time for quality measurement activities.			
F6. Frontline staff are involved in planning for change or innovation			
F7. There is team agreement on the purpose and benefits of quality measures			
F8. There is a staff member who is responsible for data entry			
Which of these external factors affect your organization?			
G1. There is a shortage of specialists for timely mental health referrals			
G2. The political environment is open to new healthcare innovations			

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Reference:

Kyle, T., Desai, S., Wang, J.L. & Addington, D. (2006). The facilitators and barriers to implementing quality measurement in primary mental health care: A systematic review.

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