2022-2023 Data Support COL Educational Offering #1

Getting Started With Data: Assessing and Choosing a QI Data Collection Platform

Wednesday December 7, 2022
3:00 – 4:30PM EST
The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives.

You can find more information at saferbirth.org.
Before We Get Started

- You are **muted** upon entry to the call.
- **You will have the ability to unmute** yourself during Q&A times.
- We encourage participants to **remain muted** to reduce background noise.
- If you are experiencing technical difficulties, please chat an AIM staff member or email aimdatasupport@acog.org

**This presentation will be recorded.**

Both the slides and recording will be available on the AIM Data Resources Webpage and shared in the follow-up newsletter.
1. Welcome
2. Upcoming Data COL Events and Additional Supporting Resources
3. Speaker Presentation: Dan Weiss; Amy Ladley; Stephanie Trusty
4. Breakout Session
5. Closing
Meet the National AIM Data Team

Isabel Taylor
Data Program Supervisor

Inderveer Saini
Program Data Analyst

Rekha Karki
Program Data Analyst

David Laflamme
Epidemiology Contractor
Upcoming Data COL Events and Additional Resources
Questions about REDCap?
Sign up for Office Hours with Dan Weiss
December 8, 2022
10:30PM-11:30PM (EST)

Questions about LifeQI?
Sign up for Office Hours with Amy Ladley
December 12, 2022
12:00PM-1:00PM (EST)

Questions about SimpleQI?
Sign up for Office Hour with Stephanie Trusty
December 13, 2022
11:00PM-12:00PM (EST)

Register at saferbirth.org/aim-data/resources/
Click Resource Type and Select 2023 Data Support COL
Data Coaching

- Have broader questions about using data for quality improvement and AIM data processes? **Sign up for data coaching!**

- Available to state, jurisdiction, and hospital teams

- Available December 2022 through August 2023

Register at saferbirth.org/aim-data/resources/
Click Resource Type and Select 2023 Data Support COL
AIM has dedicated supplemental funding available to support data and reporting projects.

Supplemental funding for data and reporting projects can be submitted via a project narrative through AIM’s Supplemental Funding Form.

Only states and entities with an executed subaward agreement with ACOG are eligible for COL supplemental funding.
Upcoming Educational Offerings

Register at saferbirth.org under Resources > Events

Too Many Measures and Too Little Time: Strategies for Prioritizing and Adapting QI Data Collection for Lower-Resourced Settings

January 2023
TBD

Using Data for QI: Interpreting Variation and Trends in Lower-Volume Facilities

February 3, 2023
3:00PM-4:30PM (EST)
How did you find us?
AIM Data Center

- A national data submission system and quality improvement tool
- Used by AIM state-based teams to report, monitor and benchmark maternal health clinical quality improvement data as part of AIM patient safety bundle implementation
- Available to AIM state-based teams upon execution of a subaward agreement, including a Data Use Agreement, with ACOG AIM
- The AIM Data Center does not:
  - Collect personal health information
  - Make available data attributable to identifiable facilities to the AIM National Team or HRSA MCHB
Decision Making About the AIM Data Center

Use the AIM Data Center When:

- You do not have the resources to develop and maintain your own data collection system
- You do not have the resources to regularly upload process and structure measures data on hospitals’ behalf

Explore or Use Another Data Collection Tool When:

- You are already (successfully) using a pre-existing data collection system
- You have the resources to maintain a data collection system and submit process and structure measures data to AIM
- You want more customizations than the AIM Data Center can accommodate
Before You Choose Another Data Collection Tool …

- Schedule some time with the AIM Data Team to review the most recently updated Data Center and assess if it will meet your needs.

- Ask if we have capacity to accommodate your requests for customizations.

- Reflect on whether a self-developed data collection system is sustainable in terms of:
  - Costs
  - Staffing required to support updates.

If you choose to use another data collection tool, share your data collection plans and tools with the AIM Data Team early and often to ensure data collected are compatible with the AIM Data Center.
This presentation focuses on 3 frequently used data collection tools: SimpleQI, REDCap, LifeQI.

These are not the only tools available for data collection and reporting for AIM.

Do not take any discussion of these tools by AIM as endorsements. We want to share options and others’ successes. Do your research. Talk to the AIM Data Team or the educational offering’s faculty to help with decision making.
Data Collection for QI

There are a lot of systems you can use. Some you can purchase, some are free, some you can build...

We are going to talk about three through the lens of our decision-making process to give you some insight into our process.
At the Beginning of Your Journey, Ask:

- What are our data collection goals?
  - For the collaborative? For hospitals?
- What tools and resources do we need to achieve these goals?
- What are our equity-specific goals and what does that mean in terms of data collection?
- Where are our gaps in knowledge/capacity/time when it comes to data collection/analysis/visualization? What about hospitals?
The Iowa Maternal Quality Care Collaborative (IMQCC)

Stephanie Trusty, RN, BSN

Iowa Department of Health and Human Services
Iowa AIM Participation

- State population is 3.19 million
- 36,144 occurring births in 2021 (provisional data)
- 145 hospitals in the state
- 56 hospitals with open L&D units
- 1 freestanding birthing center
- 43 hospitals participated in Safe Reduction of Cesarean Birth.
- 56 hospitals (100%) participating in OB Hemorrhage Bundle
# Data Reporting Routine – Outcome Measures

<table>
<thead>
<tr>
<th></th>
<th>Denominator</th>
<th>Numerator</th>
<th>Reporting</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obstetrical Hemorrhage Rate</strong></td>
<td>All births at your facility</td>
<td>Births with cumulative blood loss &gt;1000mL</td>
<td>N/D monthly</td>
<td>Detect health disparities: Examine by primary payer and race/ethnicity</td>
</tr>
<tr>
<td><strong>Obstetrical Transfusion Rate</strong></td>
<td>All births at your facility</td>
<td>Births where any blood product was transfused related to a hemorrhage</td>
<td>N/D quarterly</td>
<td></td>
</tr>
<tr>
<td><strong>Severe Morbidity from Hemorrhage</strong></td>
<td>All births at your facility</td>
<td>Births where 4 or more units of blood products were transfused and/or ICU admission occurred following hemorrhage</td>
<td>N/D quarterly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>Reporting</td>
<td>Equity</td>
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<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Hemorrhage Risk Assessment</strong>*</td>
<td>All birth admissions (sampling strategy = 20 cases)</td>
<td>Number of birth admissions that had a hemorrhage risk assessment completed and risk level assigned at least once between admission and birth</td>
<td>N/D monthly</td>
<td>Detect health disparities: Examine by primary payer and race/ethnicity</td>
</tr>
<tr>
<td><strong>Quantified Blood Loss</strong>*</td>
<td>All birth admissions (sampling strategy = 20 cases)</td>
<td>Number of birth admissions that had measurement of blood loss using quantitative and cumulative techniques</td>
<td>N/D monthly</td>
<td></td>
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</tbody>
</table>
## Data Reporting – Process Measures

<table>
<thead>
<tr>
<th></th>
<th>Denominator</th>
<th>Numerator</th>
<th>Reporting</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Support after Obstetric Hemorrhage</strong>*</td>
<td>All cases of Obstetric Hemorrhage (blood loss &gt;1000mL)</td>
<td>Among the denominator, those who received a verbal briefing on their sentinel event(s) by their care team prior to discharge</td>
<td>N/D quarterly (high volume facilities may want to report monthly)</td>
<td>Detect health disparities: Examine by primary payer and race/ethnicity</td>
</tr>
<tr>
<td><strong>Multidisciplinary Case Review</strong>*</td>
<td>All cases of Severe Morbidity from Hemorrhage (see outcome measures)</td>
<td>Number of completed structured case reviews among the denominator</td>
<td>Quarterly</td>
<td>Look for systems issues that may have unfairly disadvantaged low-income and racial minorities</td>
</tr>
</tbody>
</table>
# PQC Data Reporting Routine – Structure Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Event Debrief*</td>
<td>Has your department established a standardized process to conduct debriefs with patients after a severe event?</td>
<td></td>
</tr>
<tr>
<td>Clinical Team Debriefs*</td>
<td>Has your department established a standardized process to conduct formal debriefs with the clinical team after a case with major complications?</td>
<td></td>
</tr>
</tbody>
</table>
| Multidisciplinary Case Reviews*  | Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of maternal morbidity (including, at minimum, cases with ICU admission and/or transfusion of 4 or more units of blood)? | Report on 1-5 scale:  
1 (not started) to 5 (fully in place). |
| Hemorrhage Cart*                 | Does your facility have obstetric hemorrhage supplies readily available in a cart or mobile box? | Quarterly                 |
| Postpartum Warning Signs*        | Has your department developed/curated patient education materials on urgent postpartum warning signs that are culturally and linguistically appropriate? |                           |
| Quantitative Blood Loss*         | Does your facility have the resources and supplies readily available to quantify cumulative blood loss for both vaginal and Cesarean deliveries? |                           |
# PQC Data Reporting Routine – Structure Measures

<table>
<thead>
<tr>
<th>Unit Policies &amp; Procedures (Reviewed and updated in the last 2 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OB Rapid Response</strong></td>
</tr>
<tr>
<td>Does your hospital have an obstetric rapid response team appropriate to the facility’s level of care?</td>
</tr>
<tr>
<td><strong>Hemorrhage Management Plan</strong></td>
</tr>
<tr>
<td>Does your hospital have a standardized, stage-based obstetric hemorrhage emergency management plan with checklists and escalation policy?</td>
</tr>
<tr>
<td><strong>Massive Transfusion Protocol</strong></td>
</tr>
<tr>
<td>Does your hospital have emergency release and massive transfusion protocols?</td>
</tr>
<tr>
<td><strong>Bloodless Medicine</strong></td>
</tr>
<tr>
<td>Does your hospital have a protocol for patients who decline blood products but may accept some components and/or alternative approaches?</td>
</tr>
</tbody>
</table>

* Measures reported to AIM

Report on 1-5 scale:
1 (not started) to 5 (fully in place).

Quarterly
<table>
<thead>
<tr>
<th>Staff Education &amp; Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Education on Hemorrhage</strong>*</td>
</tr>
<tr>
<td>At the end of this reporting period, what cumulative proportion of OB nurses (including L&amp;D and Postpartum) has completed within the last 2 years an educational program on Obstetric Hemorrhage that includes the unit-standard protocols and measures?</td>
</tr>
<tr>
<td><strong>Nursing Education on Respectful Care</strong>*</td>
</tr>
<tr>
<td>At the end of this reporting period, what cumulative proportion of OB nurses (including L&amp;D and Postpartum) has completed within the last 2 years an educational program on respectful and equitable care?</td>
</tr>
<tr>
<td><strong>Provider Education on Hemorrhage</strong>*</td>
</tr>
<tr>
<td>At the end of this reporting period, what cumulative proportion of physicians and midwives has completed within the last 2 years an educational program on Obstetric Hemorrhage that includes the unit-standard protocols and measures?</td>
</tr>
<tr>
<td><strong>Provider Education on Respectful Care</strong>*</td>
</tr>
<tr>
<td>At the end of this reporting period, what cumulative proportion of physicians and midwives has completed within the last 2 years an educational program on respectful and equitable care?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit Drills &amp; Simulations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong>*</td>
</tr>
<tr>
<td>How many OB drills (in situ or simulation lab) were performed on your unit for any maternal safety topic?</td>
</tr>
<tr>
<td><strong>Topics</strong>*</td>
</tr>
<tr>
<td>What topics were covered?</td>
</tr>
</tbody>
</table>

* Measures reported to AIM
Choosing a Reporting System

**priorities**
- Data collection and some analysis
- Shared-learning and collaboration
- Project management
- Easy to use

**concessions**
- Willing to give up what we wanted to stay within our budget
SimpleQI -

- Using since: May 2021
- Why did you settle on this one? Matched most of our priorities and the price was within our budget.
- Adding users - The subscription price is based on number of teams, team can have unlimited users
- AIM interface? Not yet they are working on export that will be formatted in the way AIM wants the data.
- Click on their logo to visit their website
SimpleQI

**pros**

- One site for data collection and analysis, team collaboration and project management.
- User friendly
- Reasonable price

**cons**

- Currently have to reformat data before sending to AIM.
Data Collection, Analysis and Visualization

- Customized measure configuration
  - Multiple measure types
  - Pre-configured data collection frequencies to ensure consistent time periods
  - Project level measures - teams use the same configuration
  - Team level custom measures
  - Optional data stratification. For example, race and gender.
Data Collection, Analysis and Visualization

- Baseline data import from Excel
- Custom forms for measure data collection
- Data export with AIM+ hospital codes and measure codes to ease integration/importing
Data Collection, Analysis and Visualization

- **Automatic run-chart creation** and rule detection
- **Median configurations** to adapt to new levels of performance
- **Project level analysis** of measure data - aggregate and small multiples
Shared Learning and Collaboration

- **Shared driver diagrams and change package** to enable hospitals to rapidly learn from each other's improvement efforts.

- **Collaboration spaces** that provide focused hubs for each change concept.

- **Discussion areas** for real-time collaboration and focused communication.
Project Management and Coaching

- **PDSA tracking and reporting**

- **Hospital and Coach monthly reports** with integrated PDSA activity and measure data to support assessment of improvement work
Project Management and Coaching

- **Shared calendar** for meetings, deadlines and milestones
- **File uploads** for project and hospital level resources
Illinois Perinatal Quality Collaborative (ILPQC)
ILPQC

Active initiatives, teams submitting data

Abbreviations:
- Babies Antibiotic Stewardship Improvement Collaborative = BASIC
- Promoting Vaginal Birth = PVB

- Neonatal Nutrition 18 teams
- Golden Hour 26 Teams
- Early Elective Delivery 49 teams
- Birth Cert Accuracy 107 teams
- Maternal Hypertension 112 Teams
- Mothers and Newborns affected by Opioids (MNO) – Neonatal 88 Teams
- Mothers and Newborns affected by Opioids (MNO) – Obstetric 101 Teams
- Birth Equity 86 teams
- BASIC 82 teams
- Neo Equity & Safe Sleep
- PVB 94 teams

ILPQC Data System

Data collection

Data forms and report formulas created by ILPQC Staff

Data visualization

Data consulting group extracts and repackages data (analysis sql) into Zoho and develops reports based on formulas given

*Note: Option available to manually upload data into Zoho
ILPQC Data Reporting Routine: Data Reporting Frequency

- Monthly Process & Outcome Measures (per patient data & random sample of charts)

- Monthly Hospital Measures (structure measures, population level data)

Examples:
- Collection of all opioid-exposed dyads
- Collection of random sample of 10 charts a month from all delivering patients to assess for documentation of screening for OUD with validated tool

Examples:
- Structure measures: does hospital have standardized protocol in place to screen all pregnant patients with a validated tool for OUD on Labor & Delivery
ILPQC Data Reporting Routine: Stratification

- ILPQC creates formulas to stratify measures by race, ethnicity, and insurance status
- Implements a race and ethnicity stratification hierarchy to code multiple choice race and ethnicity questions into categorical variables

Examples:
- NTSV C/S data stratified by race and ethnicity
- Birth Equity Patient-Reported Experience Measure
ILPQC Data Reporting Routine: Data Cycle

1. **Data Collection**: Hospital teams collect data on structure, process, and outcome measures.

2. **Input data into ILPQC REDCap Data System**: Team input data into ILPQC REDCap Data System for rapid response of real time data.

3. **Review of reports with team during monthly QI meetings**: Review reports on structure dashboards, process, and outcome measures to compare data across time and across hospitals.

4. **Decide next QI steps for team**: Team uses data to drive Quality Improvement at their hospital.

The cycle then repeats.
ILPQC Data Reporting Routine: Visualization

- Run Charts
- Area Charts
- Stacked Bar Charts
- Dashboards
ILPQC Data Reporting Routine: Data Used for 1:1 QI Support

ILPQC hospital teams work to implement evidence-based care guidelines to facilitate every provider, every nurse providing optimal care to every patient, every time, in every unit.

Monitor monthly QI data for teams not meeting goals

1:1 QI coaching calls with teams not reaching goals

Grand rounds speakers bureau presentations

Focused QI topic calls with mentor hospitals
Choosing a Reporting System

**priorities**

- Ability for hospital teams to access reports in real-time
- Ability for reports to be visualized in comparison to the collaborative

**concessions**

- The specific visualization platform, didn’t use “REDCap Reports”
REDCap & Zoho Analytics

- Using since 2013

- Why did you settle on this one: REDCap account separate instance at Northwestern University

- Adding users: add users to “Data Access Groups” to submit data to their hospital & view reports compared to collaborative in aggregate & hospitals of similar perinatal levels
Utilize the Aim Data Resources

- AIM Data Collection Plan: descriptions and definitions for bundle required measures for collection
- Activity for consideration: Conduct a crosswalk of the measures/definitions your state collaborative collects and how it aligns with the AIM measures.
- The closer they are in similarity; the less manual data maintenance needs to be conducted to recode!

DATA RESOURCES

- AIM DATA GUIDE
- 2021 AIM SMM CODES LIST
- AIM DATA COLLECTION PLAN
- AIM DATA COLLECTION PLAN CHANGE SUMMARY
ILPQC Data System

**pros**
- Ability for hospitals to view reports in real time compared to their peers
- Ability to have stratified reports by race, ethnicity, insurance status

**cons**
- ILPQC developed a strong relationship with a developer to code and create the reports- not always a sustainable model
Louisiana Perinatal Quality Collaborative (LaPQPC)
LaPQC

- Focused on systems and culture change that promotes **safe, equitable, and dignified** birth.

- **47** of **48** birthing hospitals in Louisiana participate in at least 1 LaPQC initiative.
  - covers >**98%** of births in Louisiana

- **4** initiatives
  - new coming in 2023 (emergency departments)
LaPQC Programs/Initiatives

- **The Gift**
  - Breastfeeding
  - Infant nutrition
  - Gift 3.0 Designation

- **Safe Births Initiative**
  - AIM bundles
  - Perinatal outcomes
  - Birth Ready Designation

- **ICSED**
  - SUD/OUD & NAS/NOWS

- **CPDS Pilot**
  - Caregiver depression screening in pediatric practices
Data Reporting Routine

- Participating teams report **process**, **outcome**, and **balancing** measures monthly.
  - **structure** measures are reported via REDCap quarterly/annually.
- **Stratification** of select process measures by race/ethnicity required.
- Teams also submit monthly **narrative** with data.
- LaPQC provides monthly **feedback**, and Collaborative-wide data-for-improvement **learning** opportunities.
Choosing a Reporting System

priorities
- Track PDSAs
- Monthly narratives
- Easy data entry with instant visualization
- Technical assistance
- User-friendly for PQC participants
- Manage without a fulltime epi

concessions
- Move from free to paid platform
- Continue to do more work on the LaPQC side in terms of tracking and AIM interface
- Short-term stratification visualization solution
Piloted in **2019**, moved all work to Life QI in January **2020**.

**Final decision:**
- interactive control charts, narratives/PDSAs, support
- Limit users to **2 licenses, per initiative, per facility**
- Ladley General, participating in 3 initiatives, can have 6 unique licenses
Sample Team - LaPQC Safe Births Initiative

Only members can view

<table>
<thead>
<tr>
<th>General</th>
<th>Driver diagram</th>
<th>Measures &amp; charts</th>
<th>Phases</th>
<th>Discuss</th>
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<tr>
<td>4.0</td>
<td>KR ALI</td>
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<tr>
<td>Change score</td>
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<tr>
<td>Project team</td>
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<td>Driver diagram</td>
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<td>Measures</td>
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<td>30 Charts</td>
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Details

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<th>Status</th>
<th>Start date</th>
<th>End date</th>
<th>Location</th>
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<tr>
<td>Sample Team - LaPQC Safe Births Initiative</td>
<td>Active</td>
<td>01/01/2021</td>
<td>31/12/2022</td>
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</table>
Search...

Timely Treatment of Severe Hypertension
Monthly Data due within the next 2 days

Timely Treatment of Severe Hypertension (non-Hispanic white)
Monthly Data due within the next 2 days

Timely Treatment of Severe Hypertension (non-Hispanic Black)
Monthly Data due within the next 2 days

Timely Treatment of Severe Hypertension (Hispanic/Latinx)
Monthly Data due within the next 2 days

Timely Treatment of Severe Hypertension (non-Hispanic other)
Monthly Data due within the next 2 days

<table>
<thead>
<tr>
<th>Month</th>
<th>May 2022</th>
<th>Jun 2022</th>
<th>Jul 2022</th>
<th>Aug 2022</th>
<th>Sep 2022</th>
<th>Oct 2022</th>
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<tr>
<td>March 2022- Stocked Antepartum emergency kits, &amp; warmers</td>
<td>3 pdsa cycles</td>
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<tr>
<td>Nightly Antepartum Logs</td>
<td>1 pdsa cycle</td>
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<tr>
<td>May 2022- Safe Surgery Checklist - AL</td>
<td>1 pdsa cycle</td>
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</tr>
<tr>
<td>May 2022- Sign up for Quarter Drill - AL</td>
<td>1 pdsa cycle</td>
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<tr>
<td>June 22- Debrief on Checklists</td>
<td>1 pdsa cycle</td>
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</tbody>
</table>
**LifeQI**

**pros**
- Simple data entry
- Control and run charts
- Narrative
- Annotation!
- PDSAs and narratives
- Help: chat, page, team
- Report feature
- Feedback

**cons**
- No overlaid strat. charts (coming in next version)
- Discussion feature not used often
- Limited number of people can access ($$)
- Can’t filter work in long-term projects
Final Thoughts
## Thinking About Important Features

<table>
<thead>
<tr>
<th></th>
<th>run charts</th>
<th>analysis</th>
<th>stratify data</th>
<th>discussion or listerv</th>
<th>AIM interface</th>
<th>PDSA tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Simple QI</strong></td>
<td>✔️</td>
<td>some</td>
<td>✔️</td>
<td>✔️</td>
<td>working on it</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>REDCap + Zoho (ILPQC)</strong></td>
<td>✔️</td>
<td>some</td>
<td>✔️</td>
<td></td>
<td>recoding required</td>
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Thinking About Cost

Do you invest in the time to build capacity? To own the work and build for long term? What do you not work on while you are working on your data system?

Is it worth spending more, if you get time back you don’t have? If you fill a gap in PQC staffing? If you fill a data-for-improvement need for your participants?
Questions?
Breakout Discussions
Thank you!

The recording will be emailed to all attendees once ready.

Be sure to complete the evaluation survey! It will pop up in your browser as you exit the session.

Any questions about this COL or the series can be sent to aimdatasupport@acog.org

Remember to register for upcoming educational offerings!