2022 AIM Data Support Community of Learning

Friday, January 07, 2022, 2:00PM-3:30PM, EST
Welcome

- 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 in an effort 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 Slides and Presentations will be available and sent via email.
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<th>Time</th>
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<td>2:00PM-2:15PM</td>
<td>Welcome and Introductions</td>
<td>Inderveer Saini</td>
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<td>3:05PM-3:20PM</td>
<td>Q/A Session</td>
<td>All</td>
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<td>3:20PM-3:25PM</td>
<td>Upcoming Data COL Events and Updates</td>
<td>Inderveer Saini</td>
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<tr>
<td>3:25PM-3:30PM</td>
<td>Closing</td>
<td>Inderveer Saini</td>
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</tbody>
</table>
AIM National Data Team

Inderveer Saini
AIM Data Specialist

David Laflamme
AIM Epidemiology Consultant

Isabel Taylor
AIM Data Program Supervisor

Please reach out to us with any questions related to the AIM Data Support COL at aimdatasupport@acog.org.
Marianne McPherson, PhD, MS
Senior Director and Improvement Advisor at the Institute for Healthcare Improvement
Planning QI Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For?

Marianne E. McPherson, PhD, MS
Senior Director, Institute for Healthcare Improvement
January 7, 2022
Learning Objectives

Rational Objectives (what we aim to learn / accomplish)
- Draft at least 3 potential evaluation/learning questions related to AIM processes and/or outcomes.
- Articulate the value of determining evaluation measures early as part of overall evaluation and learning plan.
- Identify the data (qualitative and/or quantitative) needed to evaluate at least 3 AIM processes and/or outcomes.

Experiential objectives (how we hope to feel)
- Energized about incorporating evaluation into our QI work
- Connected to each other and supports in this work
Welcome and Grounding

Think of a time when you participated in (either on the team leading the work or as a participant in / recipient of) a measurement, evaluation, or learning activity that was valuable to you.

What made it valuable?

Invitation to share your feedback in the chat along with where you’re calling in from
IHI Mission
To improve health and health care worldwide

IHI Vision
Everyone has the best care and health possible
What IHI Believes

That health and health care can and **must be better**.

There can be no quality without **equity**.

Improvement science and methods drive **results**.

- **Courage**
- **Love**
- **Equity**
- **Trust**
IHI's three areas of priority

Committed to the health care workforce

Committed to the people in our systems

Committed to creating value to society
How IHI Works

Innovate

Demonstrate Results

Educate

Inspire Change

My work's focus, today's focus
Would it help your work if you...

- Could confidently say that the measurement and data collection in your project was meaningfully helping to answer: “Whose lives are getting better because we are here [doing this work]”?
- Had a clear set of questions guiding your work and learning?
  - Questions that were broad enough to follow where the learning takes you and focused enough that you didn’t feel like you had to solve world peace to answer them?
- Shared what you were learning in your work – about the process and/or the content and results – with others in AIM, with partners and customers, and with the field?
  - And if you knew and could build upon and share what others were learning?
Meaningful, Equitable Measurement

Developing early, learning from often!
QI Measurement Considerations

- No quality without equity – as an approach and within measurement

- What is the family of measures that will help us understand our system over time? And whether we are achieving equity within that system over time?
3 common pitfalls of well-meaning improvers

- Assuming our good intentions will translate to good outcomes for the people we are here to serve.
  - We measure what matters to us
- Measurement for reporting to others rather than for improvement for ourselves
  - We continue programs as they are and chase funding rather than the outcome
  - We do not integrate measurement and reflection into our daily work
- Believing we are unbiased (remember Tuskegee?)
  - We do not look at our data through an equity lens or with the people who are most affected by an issue

Credit: Somava Saha, WE in the World
A model for learning and change

What was the last thing you measured?
How do we know that a change is an improvement?

<table>
<thead>
<tr>
<th>Improvement is not just about measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>However, without measurement you won’t know…</td>
</tr>
<tr>
<td>“have we made a difference?”</td>
</tr>
<tr>
<td>“is this change making a positive impact?”</td>
</tr>
<tr>
<td>“have we met the aim of our project?”</td>
</tr>
<tr>
<td>“what is the best next action to take?”</td>
</tr>
<tr>
<td>You need a balanced set of measures, linked to the team aim, to determine if the process has improved, stayed the same or got worse</td>
</tr>
</tbody>
</table>
Many measures can be drawn from a single concept

<table>
<thead>
<tr>
<th>Concept</th>
<th>Potential Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>- Number of days to the next 3rd appointment</td>
</tr>
<tr>
<td></td>
<td>- Demand for appointments each day</td>
</tr>
<tr>
<td></td>
<td>- Number of patients placed on waitlist for same day appointments</td>
</tr>
<tr>
<td></td>
<td>- The number of minutes a caller is on hold before talking to a staff person</td>
</tr>
<tr>
<td>Wait Time</td>
<td>- Wait time from check-in to discharge</td>
</tr>
<tr>
<td></td>
<td>- Time spent with doctor</td>
</tr>
<tr>
<td></td>
<td>- Time it takes to have follow-up work done in the office (labs, x-rays, ultrasound, etc.)</td>
</tr>
<tr>
<td>Management of Diabetes Patients</td>
<td>- Percent of diabetes patients with appropriate eye and foot exams done during an office visit</td>
</tr>
<tr>
<td></td>
<td>- Percent of all diabetes patients in glucose control</td>
</tr>
<tr>
<td></td>
<td>- Percent of patients engaged in self-management goals</td>
</tr>
</tbody>
</table>

# Types of Improvement Measures

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>Focus</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome (1-2)</strong></td>
<td>Voice of the customer/ resident/ student/ patient</td>
<td>How is the system performing? What is the result?</td>
</tr>
<tr>
<td><strong>Process (3-5)</strong></td>
<td>Voice of the workings of the system</td>
<td>Are the parts/steps in the system performing as planned?</td>
</tr>
<tr>
<td><strong>Balancing (1-2)</strong></td>
<td>Looking at a system from different directions</td>
<td>Are changes designed to improve one part of the system causing new problems in other parts of the system?</td>
</tr>
</tbody>
</table>

### Outcome Measures: Big and Little Dots

<table>
<thead>
<tr>
<th>Population Outcomes (BIG dot)</th>
<th>Project Outcomes (little dot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall goal of the whole initiative / system</td>
<td>Mark the goal of the project, which is carried out in pursuit of the population outcome</td>
</tr>
<tr>
<td>➢ Number of people in a region with preventable heart disease</td>
<td>➢ % of people served by program with heart risk factors in good control</td>
</tr>
<tr>
<td>Goal: 0%</td>
<td>➢ % of people with spinal injury who complete educational classes related to infection risk post injury</td>
</tr>
<tr>
<td>➢ % of people with spinal injury with 12 months infection-free</td>
<td>➢ % of babies participating in program who meet or exceed developmental targets in Year 1 of life</td>
</tr>
<tr>
<td>Goal: 100%</td>
<td></td>
</tr>
<tr>
<td>➢ % of babies who have a healthy first year</td>
<td></td>
</tr>
<tr>
<td>Goal: 100%</td>
<td></td>
</tr>
</tbody>
</table>
### Triple Aim Outcome Measures

- Population health & well-being
- Experience of care/services
- Cost


#### Table 5. Integrating Population Outcome Measures, Projects, and Project Measures: CareOregon Example of a Triple Aim Learning System

<table>
<thead>
<tr>
<th>Dimension of the IHI Triple Aim</th>
<th>Outcome Measures</th>
<th>Projects</th>
<th>Project Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Health</td>
<td>Total health risk assessment scores</td>
<td>Recuperative care program (RCP) for homeless</td>
<td>Number of patients enrolled in RCP</td>
</tr>
<tr>
<td></td>
<td>Proactive outreach to high-risk patients and enrollment in complex case management programs</td>
<td>Percent of high-risk patients with EQ-5D functional limitations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic pain programs</td>
<td>Number of members enrolled in chronic pain programs</td>
<td></td>
</tr>
<tr>
<td>Experience of Care</td>
<td>Global rating of health care</td>
<td>• Primary care empanelment</td>
<td>• Primary care empanelment and continuity rates</td>
</tr>
<tr>
<td></td>
<td>• Advanced access scheduling</td>
<td>• Time to third next available appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HEDIS effectiveness of care index</td>
<td>• Transparent panel-level clinical metrics</td>
<td>• HEDIS metrics dashboards by team</td>
</tr>
<tr>
<td></td>
<td>• Chronic condition clinical standards and reliability strategies</td>
<td>• Chronic disease care management caseload per care manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Disease management programs and training for staff</td>
<td>• Percent of patients enrolled in chronic disease management programs being contacted at least once every 45 days</td>
<td></td>
</tr>
<tr>
<td>Per Capita Cost</td>
<td>Health plan costs per member per month</td>
<td>Community-based outreach teams for high-cost members</td>
<td>• Average number of members outreached per month per team</td>
</tr>
<tr>
<td></td>
<td>Hospital costs and utilization rates</td>
<td>Transitional care follow-up</td>
<td>• Average number of members contacted per month</td>
</tr>
<tr>
<td></td>
<td>Emergency department (ED) cost and utilization rates</td>
<td>ED outreach by primary care</td>
<td>• Readmission rates</td>
</tr>
</tbody>
</table>

[www.ihi.org/tripleaim](http://www.ihi.org/tripleaim)
Your Turn

What might be important measures (or concepts) -- to use in your work?

Initial thoughts now on measures or measure concepts – we’ll revisit in a few minutes.
Considering qualitative & quantitative data
Think about a recent online shopping experience...

Online Shopping Experience: Rate on a 1 (terrible) to 5 (amazing) scale
What did you learn...

Based on the quantitative ratings (the 1-5)?

Based on the qualitative?

And how might that be relevant to improvement?
Guiding questions for meaningful measurement

Whose lives will get better because we are here? (and how do we know?)

Who is not thriving, and how can we partner to change that? (and how will we know if things are changing?)

How can we have measurement that will support us to understand the problem but not get stuck in either: “admiring” the problem, or analysis paralysis?
Some key features. Meaningful measurement overall and especially considering equity...

... includes the ability to see the system from multiple perspectives and levels

- Individual, organizational
- Overall and stratified

... provides a sense of the “what” (magnitude, big picture) and the “why” (stories, context, bring the big picture to life)

... is meaningful to those from whom the data are collected (e.g., patients) as well as to those collecting and reporting

... is feasible within / connects to other work, other initiatives

...can itself help advance equity
Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time?

On which step do you think you will stand about 5 years from now?
Person-reported well-being (Cantril’s ladder)

1. On which step of the ladder would you say you personally feel you stand at this time?
   - Worst possible: 0
   - Best possible: 10

2. On which step do you think you will stand about five years from now?
   - Worst possible: 0
   - Best possible: 10

- Two simple questions
- Administered 2.7 million times, highly validated
- Useful for risk stratification
- Predictive of morbidity, mortality, cost
- Moves within 3-6 months
- Works across sectors
- Recommended by OECD


Black Maternal Health: Reducing Inequities Through Community Collaboration in Detroit

Boston: Institute for Healthcare Improvement; 2021. (Available at www.ihi.org)

Findings from focus groups:
- Mothers were often unable to articulate key postpartum warning signs during the group discussions and noted that being “handed a bunch of papers” at discharge following delivery was not an effective teaching method.

Regarding respectful care, three primary themes emerged:
- Health care needs/concerns were often not given primacy by their providers
  - “Yeah, they don’t look at you. I’ve had doctors come in, open the door, call me somebody else’s name. Like, ‘Oh, I’m sorry,’ checking their phones…”
- Risk was situated at the level of the individual woman, implicating individual behaviors rather than societal structures as the cause of disparate outcomes
  - “They are trying to be the strong Black woman, not sharing their problems”; “Too much stress, not eating right”
- Respectful care could be achieved through specifically described collaborative interactions
  - “In this moment, make me feel that I am your only patient, be present”; “Treat me like family”; “Make me feel wanted”; “Make my concerns your concerns”; “Answer my questions”
“During an Unconscious Bias and Respectful Care Training session, [a provider] initially raised some concerns about the role unconscious bias plays in producing disparities in maternal and infant health compared to the role that personal responsibility of women plays in these disparities. The facilitators of the training discussed with the provider that while personal choices do play a role in health outcomes, systemic problems such as racism and bias play a pivotal role in disparities for Black women’s maternal health. The provider was very engaged throughout the session and followed up with the facilitator after the training. The provider explained that they had never had exposure to concepts such as unconscious bias prior to the training and that it opened their eyes to the issue. They requested the Birth Design Team’s collaboration on a project their department is working on to improve C-section procedures, to make them more modest and improve patient satisfaction, seeking our team’s input on aspects of bias and respectful care in the work. We are excited about the opportunity to collaborate in this way and for the opportunity to infuse concepts of respectful care and unconscious bias into the protocols in place throughout Women’s Health Services.”
## Qualitative versus Quantitative Data

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data</strong></td>
<td><strong>Non-numeric</strong>: Things we cannot measure or count: love, gaining maturity, mutual respect; experiences, feelings, perceptions, beliefs, insight</td>
</tr>
<tr>
<td><strong>Data provide</strong></td>
<td>Description</td>
</tr>
<tr>
<td><strong>Learn About</strong></td>
<td>Meaning, Experience, Context, Culture/Climate</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Depth</td>
</tr>
</tbody>
</table>

↔ Truth? Bias? Subjectivity? →

Slide adapted from Jane Taylor and Donna Luff
Tips and Tricks from the Trade

All data & methods

- **Purpose**: Deep understanding
- **Power** dynamics & context of the data collection, analysis, reporting
- **PDSA** thinking: Learn, plan, practice, improve... repeat!

Specific to qualitative

- Avoid quantifying the qualitative
- Open up the question
- Quality in qualitative inquiry
Purpose = Deep Understanding

Qualitative:
Depth, THIS situation, zoom in

Quantitative:
Generalizability, the bigger picture, zoom out
Power Dynamics & Overall Context of Data Collection, Analysis, Sharing

COLLECTION
- Who’s asking? How?
- Who was asked? How?

ANALYSIS
- Who is analyzing? How?
- Who is interpreting results?

REPORTING & RESPONSE
- Who will act on results?
- What will the data be used for?
There is no such thing as “objective.” Understand your biases and position.
PDSA thinking: Learn, practice, plan, improve... repeat!

Time
Training & Coaching
Resources (financial, human, technical)
Proceed with training, coaching, and practice!

Before you collect, analyze, or interpret data, get some training or coaching on the methods for how to so responsibly.
Tips and Tricks from the Trade

All data & methods

- **Purpose**: Deep understanding
- **Power** dynamics & **context** of the data collection, analysis, reporting
- **PDSA** thinking: Learn, plan, practice, improve... repeat!

Specific to qualitative

- Avoid quantifying the qualitative
- Open up the question
- Quality in qualitative inquiry
Avoid quantifying the qualitative

"Not everything that counts can be counted, and not everything that can be counted counts."

"All big changes of the world come from words."

-Marjane Satrapi
Open Up the Question

Try out...
For whom?

Why?

In which cases?

*Avoid binary questions (yes/no, either/or)*

Image: Erik Odiin via Unsplash
Additional Resources for Qualitative Analysis

**Brief articles & tips sheets**


**Deeper Dive Resources**

Evaluation & Learning Questions

And other keys to evaluation in QI
A model for learning and change

Model for Improvement is a model or framework in the broader context of the sciences of improvement.

It was developed by Associates in Process Improvement (API)

It’s composed of 3 questions and a learning cycle

If we have this, why do we need evaluation??
How do we know if our QI project, itself, is bringing about improvement? (aka evaluation of QI)

How might we...

- Track progress towards medium- and long-term goals
- Learn what it takes to bring about improvement
  - Overall and across different contextual factors
- Make informed, evidence-based adjustments during an initiative to maximize improvement
Keys to a QI evaluation plan: Learning Questions + 5 core components

0. Evaluation/Learning Questions
1. Aim
2. Content Theory
3. Execution Theory
4. Measures
5. Dissemination Plan

For more on the 5 core components: Cohen S, Reid A. What Does It Take to Bring about Improvement? Five Core Components for Learning from QI Programs. IHI Blog. Published September 11, 2014.

#0. Learning Questions

A brief set (approximately 3-5 questions, ideally) of questions that are:

- Meaningful to those most affected by the work, to those implementing the work (IHI, our partners), and to those funding the work. They guide what is most important to know.
- Balance between being specific enough to reflect the work of project, and broad/flexible enough to allow for learning (and what emerges) as work develops.

Ideally, developed during project design, refined at project launch, and revisited at key milestones in the project.

Provide connective tissue across the 5 core components of your work.

#1. Aim Statement

*How much, by when, for whom?*

An aim statement describes what we expect to achieve in the timeframe of the project, taking the form of “how much, by when, for and with whom.”
Essential Components of an Aim Statement

- **What?** State the focus of your improvement effort.
- **How good?** Declare a Numerical Goal for outcomes; ambitious but achievable.
- **By when?** Specify the timeframe.
- **For whom?** Name the customers or population of focus. Primary persons to receive benefit?
- **Where?** Define the process or system you want to improve. What is the scope? Boundaries? Starts/ Stops?

Source: Robert Lloyd and Phyllis Virgil
Aims and Learning Qs: Relationship?

Learning questions should align with your aims, and they may extend beyond or explore different, important aspects of the work.

Such as...

Uncover of the elements behind achieving an aim: How do we do it? What does it take? What facilitates / impedes it?
- If a project aims to: “Support teams to make progress on their clinical and strategic equity projects by March 2022,” then a learning question might be... What types of support are most valuable to teams? What is common across many teams and what needs to be customized based on teams’ context, focus of work, or readiness? Whose lives got better in the communities where teams are working?

Get specific about a particular aspect of the content or execution theory that is of particular interest or importance. Example:
- What are we learning from this initiative that can support scale up of this model to a much larger network of health care organizations?

Focus on an aspect of the experience of the work.
- In what ways did our implementation/facilitation of the initiative incorporate equity at multiple levels? Where did teams experience inequitable impacts, and how might we learn from those?
#2. Content Theory (The What)

**What changes will teams make that will result in improved outcomes?**

Content theory describes the processes or behaviors that, if adopted, we predict will improve outcomes. The prediction should be supported with a brief rationale. A driver diagram is one visualization of this shared theory, depicting areas in the system that improvement teams can modify to drive improvement.
#3. Execution Theory (The How)

What will the improvement initiative do that will lead teams to adopt process changes?

Execution theory is defined as the rationale for how the experience provided by the improvement initiative, the teaching and other activities delivered, and the learning accomplished leads to improvement in the process or outcome measures.
Measurement Plan

*How will we know that a change is an improvement?*

A measurement plan outlines what data we will collect, how (and when) it will be collected and how (and when) it will be analyzed.

...more on data and measures in the next sections!
Dissemination Plan

How will we spread what we are learning?

It’s essential to the work to summarize what was done, where it was done, what impact it had and how it was achieved. With these outputs, our partners, and others are better informed in how to spread the work in their settings. The Dissemination Core Component is focused on developing a plan to increase the chances that learning from your project can be shared widely.
<table>
<thead>
<tr>
<th>Core Component</th>
<th>Output</th>
<th>Core Component Details</th>
<th>Alignment with MFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goals</td>
<td>Aim statement</td>
<td>• State what we expect to achieve in the timeframe of the project. This should take the form of “how much, by when.”</td>
<td>What are we trying to accomplish?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Predict what progress is expected over time (e.g. monthly, quarterly) in order to regularly assess tracking toward goals.</td>
<td></td>
</tr>
<tr>
<td>2. Content Theory</td>
<td>Driver diagram; Change package</td>
<td>• Description of new processes or behaviors that organizations, teams, and individuals will use to improve outcomes.</td>
<td>What changes will we make that will result in improvement?</td>
</tr>
<tr>
<td>3. Execution Theory</td>
<td>Logic model</td>
<td>• What will the improvement initiative do that will lead teams to adopt the process changes?</td>
<td></td>
</tr>
<tr>
<td>4. Results and Learning</td>
<td>Measurement plan</td>
<td>• What data will we collect (quantitative and qualitative)?</td>
<td>How will we know that a change is an improvement?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How will we collect data?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• By what methods will we assess progress toward goals?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How will we use these results to improve in real-time?</td>
<td></td>
</tr>
<tr>
<td>5. Publishing and Communication</td>
<td>Dissemination plan</td>
<td>• What results or stories from this work should be shared?</td>
<td>(Not aligned) How are we sharing results and learning to inform the QI field?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Who is the target audience (internal and external)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What communication outputs will be produced?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What resources are needed/can be allocated for publication?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• When do we plan to start and complete these outputs?</td>
<td></td>
</tr>
</tbody>
</table>

Cohen S, Reid A. What Does It Take to Bring about Improvement? Five Core Components for Learning from QI Programs. IHI Blog. Published September 11, 2014.
Your Turn

As you consider your current AIM work – including what among the core components feels most relevant to you in this moment – jot down some notes on your current thinking related to a few (3) potential evaluation/learning questions related to AIM processes and/or outcomes.
Additional Take Home Tips:

- Remember you are measuring for learning and improvement
- Ideally, use existing measures if/when you have them
- Align measures to your learning questions and theory (especially driver diagram) to ensure you have a “family” that measures different parts of the system
- Use qualitative and quantitative data
- Use race, ethnicity and language (REaL) data when you can, or consider how you will stratify your data in service of equity
## Example: Organizing Your Measures Worksheet

**Topic for Improvement:** Increase the % adherence to mask wearing from 20% to 95% over a period of 6 months among all HCF staff (Dec 2020-May 2021)

<table>
<thead>
<tr>
<th>Concept</th>
<th>Potential Measure(s)</th>
<th>Operational Definition</th>
<th>Type of Measure (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Access/Availability</td>
<td># of staff provided with local/fabricated masks</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td># of masks supplied to the HCF</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>How much of interest goes to mask supplies</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Improve Knowledge and Understanding among staff members</td>
<td># of workstations with job aids/visual reminders on the use of masks</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Training provided to staff on the need to wear masks</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Champions and unit heads to model the desired change</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Type of Measure (check one):
- **Outcome**
- **Process**
- **Balancing**
Your Turn, Part 2

What might be important measures (or concepts) -- to use in your work?

Consider the connections with your draft evaluation & learning questions and other core components

<table>
<thead>
<tr>
<th>Measure Concept</th>
<th>Potential Measure(s): Consider Qualitative &amp; Quantitative</th>
<th>Operational Definition</th>
<th>Type of Measure (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcome (1-2)</td>
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<tr>
<td></td>
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<td>Process (3-5)</td>
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<tr>
<td></td>
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<td>Balancing (1-2)</td>
</tr>
</tbody>
</table>

Worksheet page 2
Please feel free to turn on your mic to ask questions or type one out in the chat box.

Thank you!
Upcoming Data COL Events and Due Dates
Office Hours: Planning QI Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For?

- For one-on-one technical assistance, please signup for office hours with Dr. McPherson

- Date and Time: January 19, 2022 @ 3:30PM-5:00PM (EST)

- Registration Link: https://us02web.zoom.us/meeting/register/tZwofuqvpzgtGtjXLxAVkzKVJaKvdN5O Hfmd

- Please Register By: January 17, 2022
## Upcoming Educational Offerings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Educational Offering Data and Time</th>
<th>Guest Speaker/Faculty member</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Collection Strategies &amp; Tools for Facility-Reported Measures</strong></td>
<td><strong>Session:</strong> February 8, 2022 (3:00PM-4:30PM) (EST)</td>
<td>Dan Weiss, MPH</td>
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<tr>
<td></td>
<td><strong>Office Hours:</strong> February 10, 2022 (3:00PM-4:30PM) (EST)</td>
<td>Patricia Lee King, PhD</td>
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<td><strong>Illinois Perinatal Quality Collaborative (ILPQC)</strong></td>
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<td><strong>Severe Maternal Morbidity</strong></td>
<td><strong>Session:</strong> March 16, 2022 (1:00PM-2:30PM) (EST)</td>
<td>Ashley Hirai, PhD</td>
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<td><strong>Office Hour:</strong> TBD</td>
<td>Laurence Reid, PhD, MPH, MPH</td>
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<td>Elliot Main, MD</td>
</tr>
</tbody>
</table>

The registration link for Educational Offering #2 will be shared in the follow-up email.
Report-outs

- States that have been selected to receive the Data COL Supplemental Funds, are **required to do report-out at 2 educational offerings** for peer learning and feedback.

- Sign up* for report outs by January 31, 2022

- Link: [AIM Data COL Report-out Signup](#)
  
  *Only Two slots per educational offering are available.
Any Questions?

aimdatasupport@acog.org