

Thinking about Evidence- Based Care Management & Decision Making



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*Creating An Evidence-Based Care Management Culture in
an Evidence-Based Decision Making Environment*

Basic Definitions & Concepts

1. Evidence-Based Decision Making
2. Information Loops & Integrated Care Management
3. Introduction to Integration with Scorecard and Quality processes
4. "Pathways" within the EBCM Tools Set
5. The Indicator Challenge
6. Data to Decisions





Definition

Evidence-Based Decision Making:

“The systematic application of the best available evidence to the evaluation of options and to decision making in clinical, management and policy settings.”

Publications of the National Forum on Health. *Synthesis Reports and Issues Papers, Volume II, Evidence-Based Decision Making*” 1997. <http://www.nfh.hc-sc.gc.ca/publicat/finvol2/ebdm/ebdm.htm>
& quoted in: Canadian Health Services Research Foundation. “Growth Through Innovation”. *Annual Report* 1998





A Cautionary Note...

Measurement in the public sector is less about precision and more about increasing understanding and knowledge about what works in an area and thereby reducing uncertainty.

(Auditor General of Canada, 1996, p 21 *Report to the House of Commons: Matters of Special Importance*)





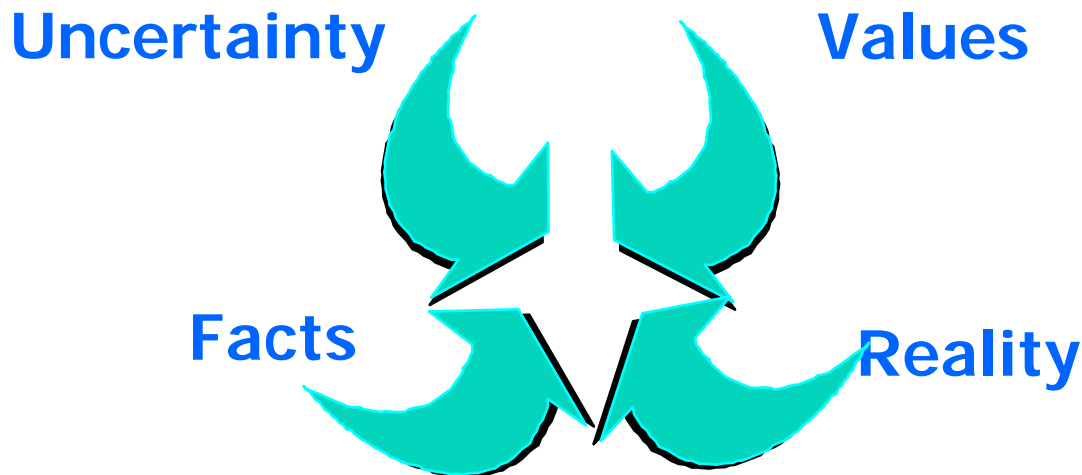
Decision Making *combines three elements:*

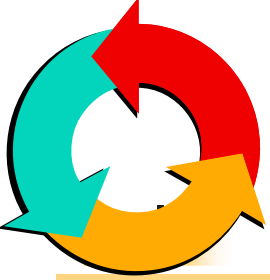
- Evidence from variety of sources: science, personal experience, theory, etc. (methods for evaluating evidence)
- Interests from individual to community level
- Context or situation factors



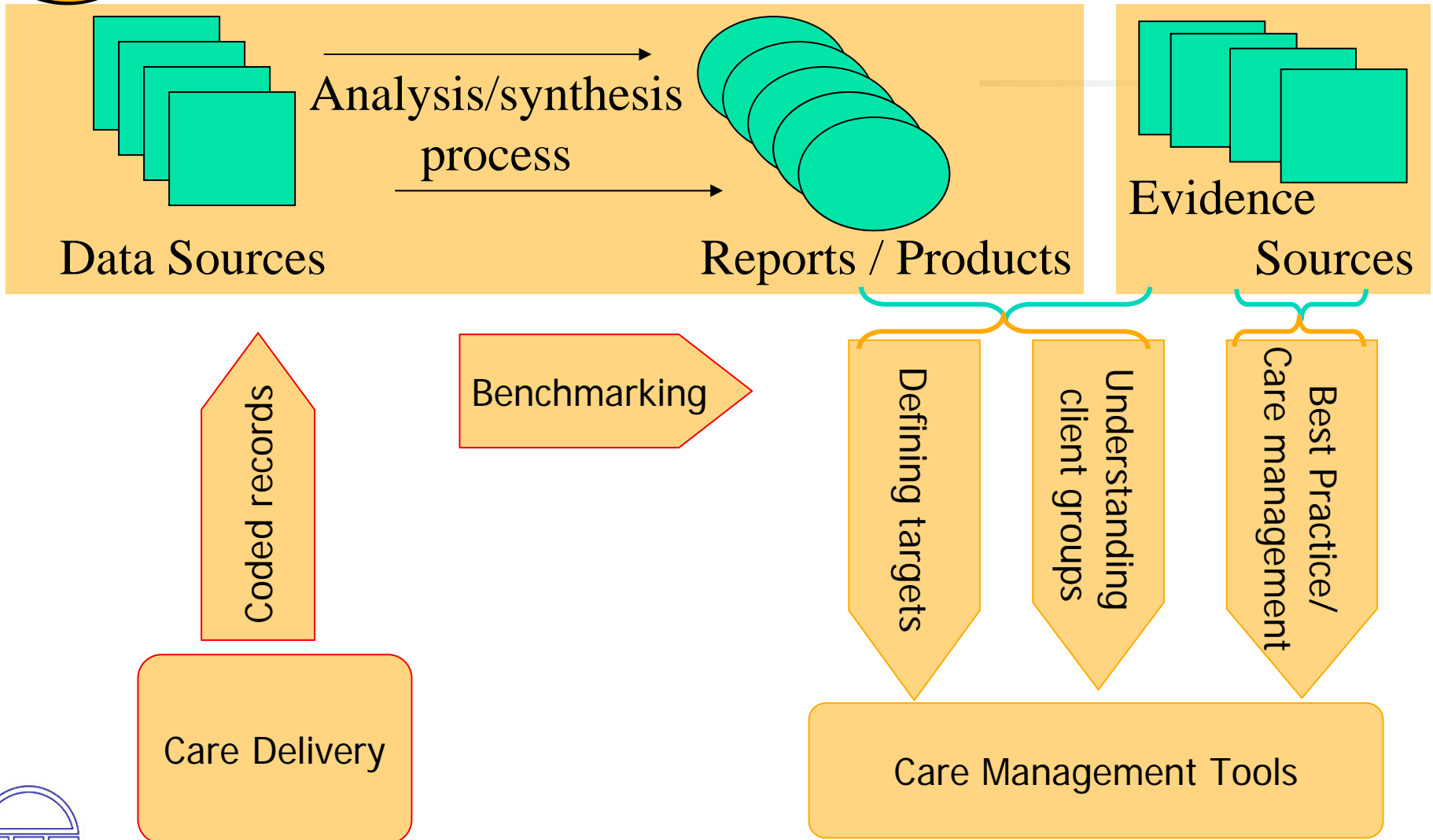
Evidence-Based Decision Making

- Are systematic methods applied?
- Do we understand tensions between..?



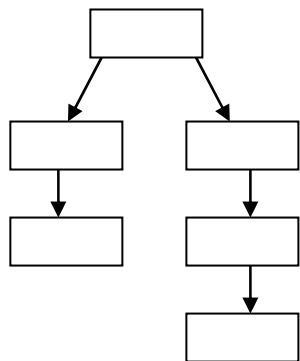


Integrating Quality & Utilization Management for Care Management



Clinical Management Tools & Relationships

Algorithms:
guide
assessments
for decisions



Prompts:
remind re
changes



Clinical Practice Guidelines:
take research
into guidance
for care decisions

OGH GUIDELINES FOR TRANSFUSION OF RED BLOOD CELLS (RBC)

THE FOUR SPECIFIC INDICATIONS FOR RBC TRANSFUSION ARE:

- *ANEMIA: Hb < 80 g/L
- *SYMPTOMS/SIGNS OF ORGAN ISCHAEMIA: presyncope, syncope, dyspnea, decreased O2 saturation, hypotension, tachycardia, angina
- *HYPOVOLEMIA: estimated blood loss > 500 ml
systolic BP < 100 mmHg
HR > 100 bpm
decreased oxygen saturation
- *PATIENTS PREDISPOSED TO HEMODYNAMIC INSTABILITY: surgical patients

PLEASE SEE GENERAL CONSIDERATIONS!

REFERENCES: American College of Physicians. Practice strategies for elective red blood cell transfusion. Ann Int Med 116(5), 403-406, 1992

Pathways:
coordinate
resulting plans

■	■	■	■	
■	■			
■		■		
■				■
■	■		■	■
■		■		
■				■
■	■			
■	■	■		■

Doctors Order Sets



Key Indicators & D/C Criteria

MASTECTOMY		LAKERIDGE HEALTH CORPORATION	
KEY INDICATORS & DISCHARGE CRITERIA			
TARGET LOS = 0-2 DAYS			
Please delete and/or add indicators according to PHYSICIAN TREATMENT PLAN Consider use of PATIENT PROBLEM LIST if Target date not met			
<u>PATH</u>			
<u>DATE</u>	<u>GOAL #</u>	<u>PATH GOAL</u> (Key Indicator)	<u>DOCUMENT GOAL</u> (DATE MET/INITIAL)
_____	POST OP DAY 0		
	MAS0001 Stage 1 exercises		_____/____
	MAS0002 DATC referral		_____/____
_____	POST OP DAY 1		
	MAS0003 Stage 2 exercises		_____/____
_____	DISCHARGE CRITERIA (In-pt. or Day Surgery)		
	MAS0004 Pain & Nausea controlled		_____/____
	MAS0005 Afebrile		_____/____
	Pkg.instructions given,taught & reinforced re:		
	MAS0008 Wound/drain care Physio exercise book		_____/____
	MAS0009 Post op care		_____/____
	MAS0010 DATC arranged		_____/____
SEPT/99 Version # 4		TO BE RETAINED WITH THE HEALTH RECORD	

General Key Indicator

June 2000





Key Indicators

- Events or outcomes that show patient progress
- Developed systemically by the team
(congruence of expert opinion & evidence)
- Used to evaluate patient progress & identify variances





Scorecard & Quality Processes

Balanced Scorecard

1. Clinical Utilization & Outcomes
2. Financial Performance & Condition
3. Patient Satisfaction
4. Integration & Change
(OHA Scorecard)

CCHSA Framework

1. Responsiveness
2. System Compliance
3. Client/community focus
4. Work Life





The Indicator Challenge:

- Getting from bedside to organizational
- ? Match to required reporting structures
- Too many
- Data collection challenges
 - Accuracy
 - Timeliness
 - Ease / part of normal operations
 - Reflective of a real, changeable issue





Indicators & Multiple Uses

The Challenge:

- Aggregate / Specific,
Administrative / Clinical
- The Administrative Indicator Dilemma
 - Motivation with Moving Targets





From Data to Information

**Event/Data
/Question**

**Data Organized
/Examined**

**Information/
Report/Decisions**

Key Questions:

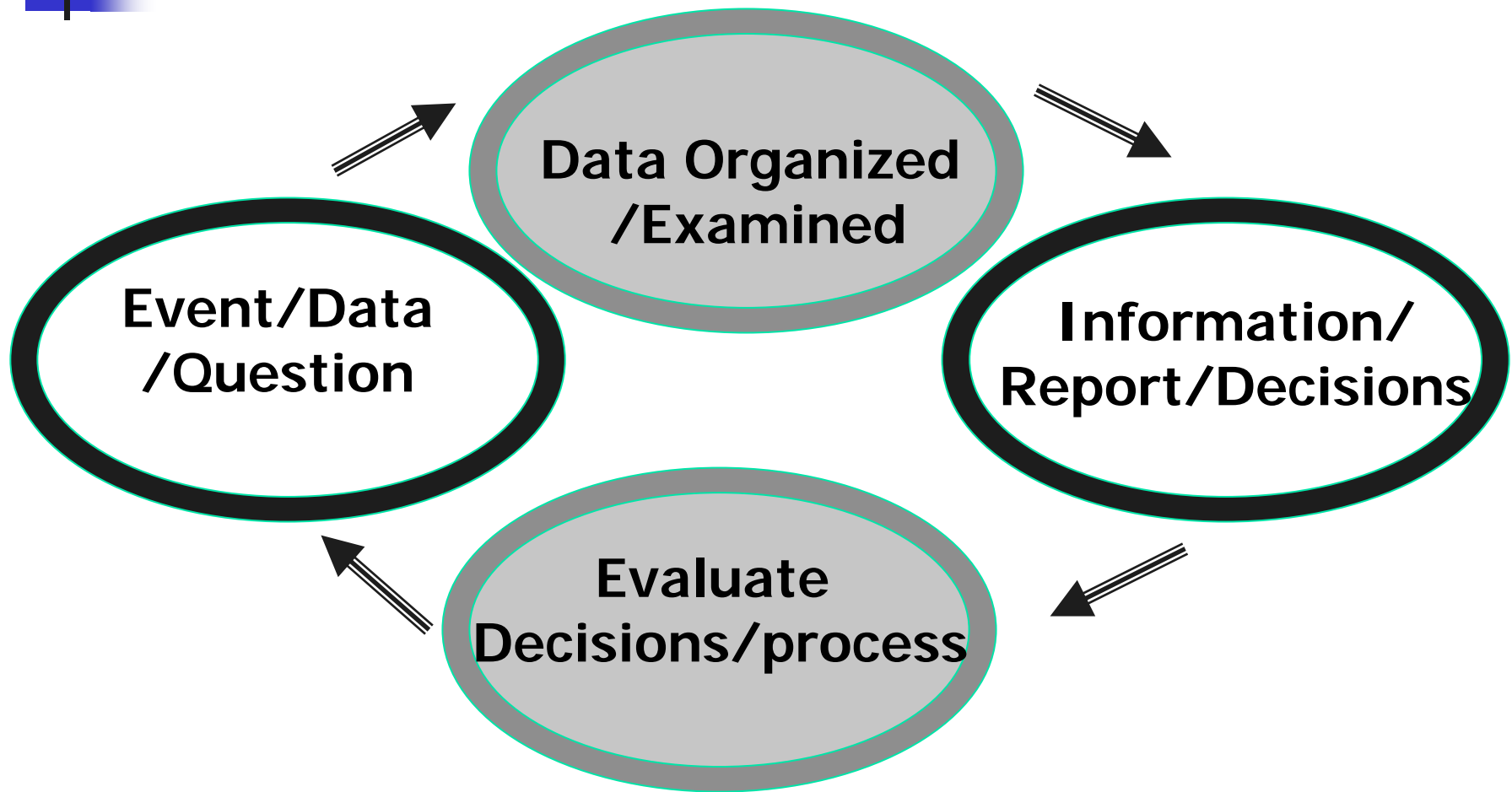
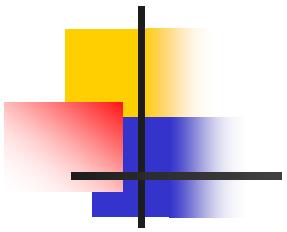
- Is the event worth examining?
- Does the data relate to the event?
- Is the data synthesized for the audience?
- Will information for decision makers result?

Decision Support - General Report Cycle*

	Q1 - April, May, June		Q2 - July, August, September		Q3 - October, November, December		Q4 - January, February, March		FY
Balanced Scorecard	Due Mid September		Due mid December		Due mid March		Due mid June		
Bed Map				Report due Jan/Feb				Report due July	
Activity Based Budget			Uses nonstandard periods, done Nov/Dec						
Organization Benchmarking	Uses FY, done Aug/Sept								
	DAD available	Reports complete	DAD available	Reports complete	DAD available	Reports complete	DAD available	Reports complete	
Site A – Trending	3 rd wk August	August 31	3 rd wk November	November 30	3 rd wk February	March 2	3 rd wk May	May 31	FY Cumulative
Site A – Physician				Specialists mid Dec.				All mid May	
Site B – Trending	3 rd wk September	September 30	3 rd wk December	1 st wk January	3 rd wk March	March 30	3 rd wk June	June 30	FY Cumulative
Site B – Physician				Specialists mid Jan.				All mid June	
Site C – Trending	3 rd wk August	August 31	3 rd wk November	November 30	3 rd wk February	March 2	3 rd wk May	May 31	
Site C- Physician				Specialists mid Dec.				All mid May	
Site D – Trending	3 rd wk August	August 31	3 rd wk November	November 30	3 rd wk February	March 2	3 rd wk May	May 31	
Site D – Physician				Specialists mid Dec.				All mid May	

* note: this cycle is planned to accommodate time for other analysis and reporting obligations.

Data & Decisions: Decision Support Process





Questions?



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