

Using Data For Improvement

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Don Berwick

“All improvement
will require change,

but not all change
will result in an
improvement”



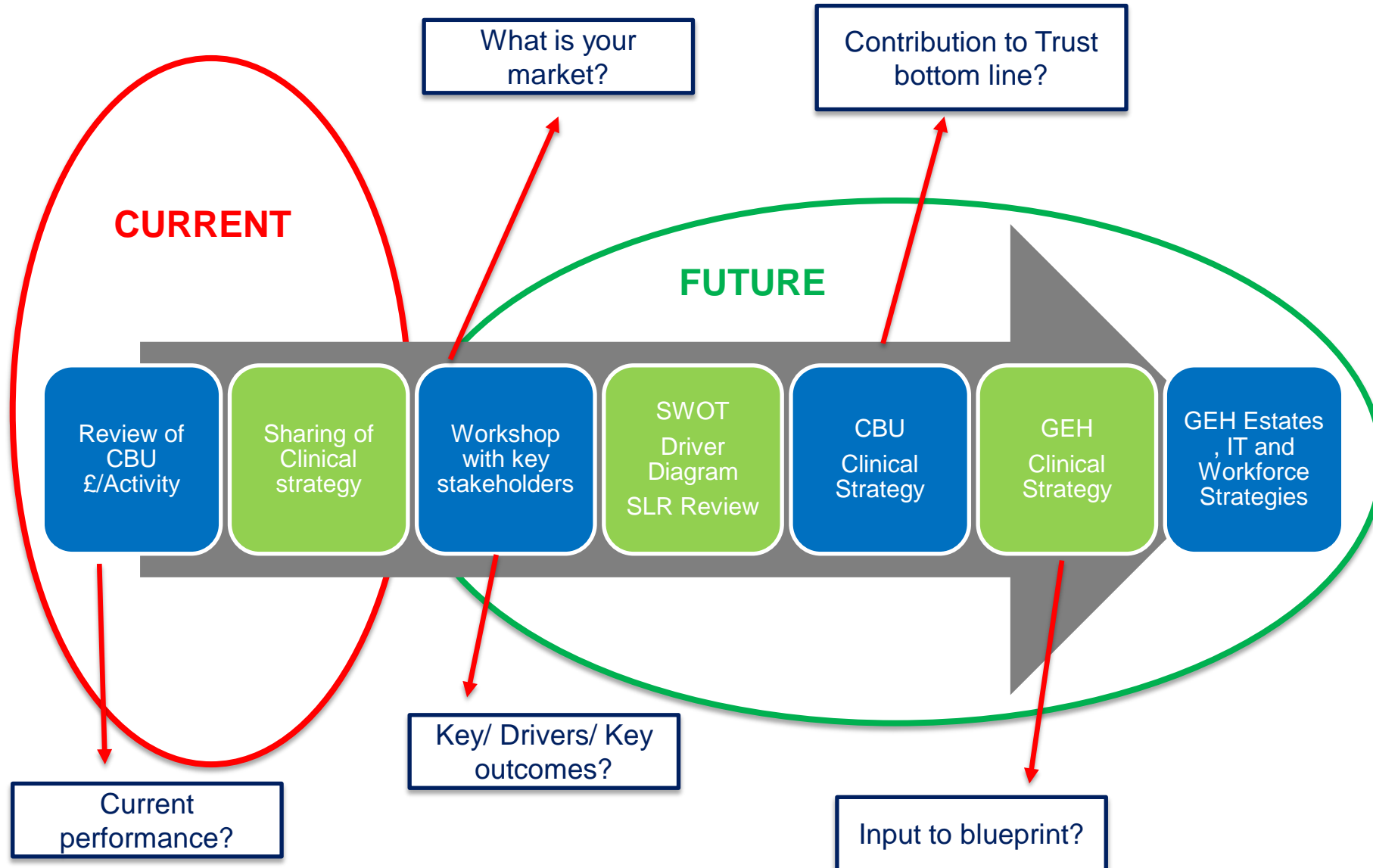
2013: Special Measures
Need for a Partner Organisation



CQC rated: Good (2014)
“Made Exceptional Progress”
TDA stopped search for new partner
New Clinical Business Units & strategy



New Clinical Strategy



Learning From Coding

- Monthly coding audits with consultants and coders
 - Identify error and opportunities
 - Build strong working relationships
- PLICS and Service Line Reporting
 - See variation between clinicians
 - Focus on improvement
- Quality and Value Workshop
 - Engaged all staff (doctors, nurses, admin, execs, CFO)
 - Data very powerful and surprising to all
 - Groups of clinicians and managers developed solutions



Understand Responses To Data

- There is no problem – ignore it and hope no one notices
- It cannot be measured
- There is no data showing a problem here
- The data is wrong
 - Sample size too small / data is unreliable / an isolated case
- The data is out of date (it is better now)
 - does not take into account the pressure we are under
- Prove there is a problem! (Shift the burden of proof to management)
- There is no evidence for xyz intervention
- My patients are sicker / different
- Game the data / mis-report / fraud / bully to hit target
- Own the data, understand it and co-create solutions



Recommendations

- CEO / CFO / Coding Lead share the big picture in person to team
- Show departmental data (Dashboard):
 - Performance / Quality / Finance
 - Ideally patient level information and costs (PLICS)
- Teach how coding works and how to improve
- Create a shared vision and purpose
- Focus on a few things
- Have monthly departmental updates
- Provide support and challenge
- Hold to account



W. Edwards Deming

"In God we trust;
all others bring data"

