Keeping track... of your data

QIDA
Quality Improvement Data Aggregator

QIDA is the data system for Bright Futures
• AAP staff has/will be enrolling you
• Each practice must identify a Data Coordinator... (tell Lynn who by January 28th)
• Training will be provided
• Let us know of problems as they develop

CHOOSING A PreSIPS2 DATA COORDINATOR

Each PreSIPS2 practice team should select a Data Coordinator to serve for the duration of the project. This person will be responsible for entering their team’s data in the Academy’s Quality Improvement Data Aggregator (QIDA). QIDA training will be provided by each Chapter’s project manager prior to the start of data collection.

Choosing a Data Coordinator:
• The Data Coordinator should be the person on your PreSIPS2 core team most familiar with the practice’s data (e.g., electronic medical record or paper charts).
• It is helpful, but not required, for the Data Coordinator to have some data entry experience (again, training will be provided)
• The Data Coordinator is responsible for meeting data submission deadlines, and serving as the team’s primary contact for any data questions from PreSIPS2 leadership or staff.

What data?
• Electronic bubble sheets to enter your data
(See folder)
• DATA from the Lead Practitioner ONLY will be entered in QIDA
• When pulling charts from the lead practitioner, select from the last days of the previous month and move backward.
  - i.e. Data to be entered in March 2016, you will look for 9 and 24 month well child visits performed by the lead practitioner on February 28th, then 27th, 26th, etc. until you have your data.
• Data entry is due within the first 5 days of new month
  (reflecting previous month’s data)

NOTE: You will be given at least 15 days for baseline data entry. (Baseline data entry will be open on February 1, 2016.)

What data?
• DATA from the lead practitioner will reflect:
  - Baseline:
    • Audit last 20 charts of individuals who had a nine (9) month well child visit with the office’s lead clinician
    • Audit last 20 charts of individual who had a 24 month well child visit
    • Will be pulled from January 2016 visits (PRIOR to January 24th)
  - Subsequent data pulls: (March – September 2016)
    • Audit last 10 charts of individuals who had a nine (9) month well child visit with the office’s lead clinician during the previous month
    • Audit last 10 charts of individual who had a 24 month well child visit within the previous month
  - Final Data: (October 2016)
    • Audit last 20 charts of individuals who had a nine (9) month visit with the office’s lead clinician
    • Audit last 20 charts of individual who had a 24 month visit
    • This data will reflect September 2016 information
Data, Data, and more Data information

- **WHY** is data important?
  - Data identifies improvement and illustrates areas of challenge

- **What will I see?**
  - Each practice will only see their data
  - The Data Coordinator will be able to pull their own run charts for each measure
  - Dr. Rushton and Lynn will see an aggregated run chart for each measure that will allow us to see each SC practice team's run chart data.

- The AAP's National PreSIP2 Leadership Team QI Mentor (Marlian Earls, MD) and her project support staff are the only individuals who will be able to see data from all practices and all teams.

**WHAT IF:**

- I don't have enough charts for a full data pull:
  - THEN: notify Lynn — who will notify AAP. The AAP has the ability to “close-out” the month’s data entry with less than the required charts.

- I don’t want to do it or it does not work...
  - THEN: talk to Francis Rushton or Lynn Martin

- I don’t get a QIDA manual:
  - THEN: talk to Lynn

- I need additional help with QIDA
  - QIDA-specific questions
    - THEN: talk to the AAP Program Manager, Quality Improvement Projects
      qida@aap.org (847) 434-4380
    - Questions about chart review/list measures, etc.
    - THEN: talk to Francis Rushton, MD rushton@aap.net
    - Questions about the time frames or the Bright Futures Initiative
      THEN: talk to Lynn Martin martinly@nshs.gov

**WHAT IF:**

- I forget/unable to enter my data one month?
  - THEN: your run charts will not be able to accurately demonstrate your progress and will make interpreting change/improvement difficult.

- This is too much work:
  - We're working on that. Ultimately we think we can get your reporting down to less than an hour a month.

- The lead practitioner leaves the practice.
  - THEN: Talk with Dr Rushton and Lynn

**YOU WILL EARN:**

- Stipends will be provided for your participation/timely input of data.
FOR QTIP:
PDSA cycle logs and QI minute logs

Please continue to share with us (or begin to share with us) your QI minutes and PDSA cycles on the blog log.

We appreciate your support. Ultimately you will improve and give the children of South Carolina better outcomes!

Thank you!