Learning Guide: Calculating Performance

Collecting and using quality data for performance measurement is not a linear process. In fact, it’s quite the opposite. These three steps are essential and might be ideally done in this order, but in reality you are likely to work on several steps at once. For example, you may need to start training staff on how to collect data while you’re in the early stages of working out calculation details.

Best Practice

Work out calculations before you begin collecting data. You may realize there are additional elements needed to make the most precise measurement.

Best Practice

Create a clear and specific description of measures. Share description and preliminary data with stakeholders to ensure consensus, identify problems and consider all exclusions.

Best Practice

Work closely with your programmer, with requests for:
- A list of data fields they recorded, with translation if you don’t read code
- An uncoded version of the final report or results

Maintain thorough documentation of your calculation decisions in your Data Manual.
Real World Applications

In the sections below, you will find real world applications and how to successfully work through each step. Keep in mind, you will likely find yourself jumping back and forth between steps as you make progress in multiple areas simultaneously.

Calculation Decisions

Sample process measure: percentage of visits in which staff performed a specific assessment.

Measure includes

- Numerator: # of performed assessments
- Denominator: Total #

Deciding what to include in the denominator can actually be more challenging. What should be included and what should be excluded?

Report Planning

Consider these clearly worded measures in the federal government’s Meaningful Use measures of the use of electronic health records.

- Numerator: # of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred
- Denominator: # of patients, regardless of age, who were referred by one provider to another provider and who had a visit during the measurement period

Calculation Configuring

**For Example: DO THIS**

For a report that is supposed to include all publicly insured clients, the programmer and program staff confer every six months about whether any new insurance codes have been added into the system, and they update their performance reports accordingly to ensure that clients aren’t left out of the report.

**TROUBLESHOOTING**

Don’t wait for the final report to identify and correct a problem. Review results regularly and provide regular feedback to stakeholders.

1. **Conduct chart reviews**
   - Pull sample records and review them for accuracy and completeness

2. **Trace the data through every step of the workflow**
   - Start with how staff is asking a question and where and how the answer is recorded
   - Review how the report is programmed
   - Assess how results are calculated

3. **Be strategic about which staff assist with troubleshooting and resolving issues**
   - Workflow, data entry or clinical: work with front line staff and providers
   - Data gathering or displaying: engage IT or other software support staff

4. **Keep more rather than less documentation of calculations and keep it up to date**

5. **Remember these problems while troubleshooting**
   - System updates
   - Combining data from multiple organizational or electronic sources