

## KNOW YOUR POPULATION. . .

The population that you care for changes continually, but an overall understanding of your population is critical to knowing what resources you need to care for them.

For example, you need to know how many active duty Soldiers need care and for what injuries and illnesses they are most likely to seek care. You should know how many retirees use your MTF and what conditions are most common among them. Knowing how many asthmatic children and diabetic adults you have in your population helps to plan for personnel and program planning.

## KNOW YOUR PROVIDERS. . .

Know how many Primary Care versus Specialty providers you have and when PCS and deployments are likely to happen. Knowing who you have to take care of whom will help in strategic planning.

## DATA AND TJC. . .

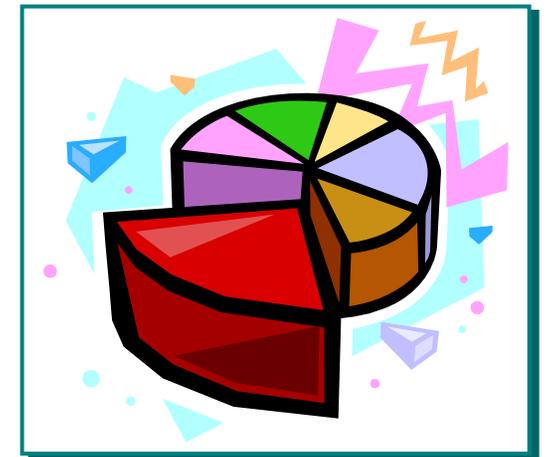
You have data supplied through the Command Management System and the Military Health System Population Health Portal that can inform your strategic planning and quality improvement efforts. Organizing your data and addressing the Joint Commission Standards can be easy, informative, and productive. Know your population, ask questions, aggregate, analyze, and take action. Your evaluation of your efforts will take care of itself and you will enjoy great success with patient care.



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# Quality and Data



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## AGGREGATION



What questions do you have about accessibility and quality of care for your population? Know what answers you need from your data.

### KNOW WHAT DATA ARE AVAILABLE

Health care data are provided on the Military Health System Population Health Portal (MGSPHP)

<https://pophealth.afms.mil/tsphp/login/login.cfm>

Grouping data into sets that answer questions is AGGREGATION. Some of the data aggregation is completed and available.

Data are aggregated on the Command Management System (CMS)

<https://cms.mods.army.mil/cms/secured/index.aspx>

MTF Comparison charts are available at:

[www.mhs-cqm.info](http://www.mhs-cqm.info)

ORYX data are aggregated on the HCD web site:

[www.hcdinc.com](http://www.hcdinc.com)

Aggregation allows you to find patterns or trends in performance to guide clinical quality improvement efforts and to identify metrics to track progress in problem solving. ORYX data allows comparisons with civilian organizations.

Aggregate individual data sets and use multiple data sets if multiple measures would assist you in answering questions about your population and your processes.

## ANALYSIS

Without analysis, numbers are data, not information. What is needed for problem-solving is information. Analysis is interpreting numbers to answer questions.

Analyze aggregated data sets separately. HEDIS® data are available on the Portal and longitudinal and comparative data are available on CMS. Use of a spreadsheet and graphs are helpful in analysis.

Aggregated data from single and multiple data sets can be used to answer questions such as:

- When are asthma patients using the ED and who are they? Do we need a Saturday pediatric asthma clinic?
- How many CHF patients are being admitted to the hospital and did they receive complete discharge instructions during their last admission? Do we have a system for them to receive telephone counseling or drop-in appointments to treat weight gain before it becomes problematic?
- How many non-insulin-dependent diabetes patients have A1C levels over 9 and also LDL-C levels over 100? Do we need a dedicated lipids clinic for patients diagnosed with diabetes?
- How many retirees are enrolled but not receiving care in the Direct Care System? Are they being seen in the ED for episodic care? Can we improve access for this population?
- What is our capacity for mammography testing and reading? Are we maximizing our potential? Are all active duty women current?

## ACTION

Having data is not enough. It must be shared, applied, and used to improve performance. Keep in mind that while leadership is critical, those who do the work know the work. Data must be present on the front lines; the creative ideas for making the numbers look better will come from those invested in daily patient care processes, perhaps including the patients themselves.

Once you have analyzed data to answer questions, an interdisciplinary team can design process changes to improve patient care. Success will be evident in the data and metrics that are already at your disposal.

### AVOID DESIGNING PROJECTS FOR WHICH DATA ARE NOT PRESENTLY AVAILABLE

If you find out that you have capacity to do 35 mammograms per day through creative scheduling and best use of your radiology personnel, seek patients to fill those slots and watch your mammography compliance data soar. Offer patient self-referral and assess changes in patient satisfaction. Be honest about your capacity and think of new ways to maximize use of personnel and processes. Ask your patients what they would like.

If your data indicate a need, consider scheduling evening and Saturday drop in clinics and see how ED use is affected. Put on a women's health fair and target Active Duty women so readiness' is maximized.

THE SKY IS THE LIMIT