

Stages of Data Acceptance

It is understandable when faced with data that shows underperformance that you may have difficulty accepting the results. However, you will need to move past this difficulty in order to make progress. Understanding the stages of data acceptance may help ease the process. The following stages are adapted from Institute for Healthcare Improvement.ⁱ

First Stage: “The data are wrong.”

- Acknowledge that the data are not perfect.
- Allow time for staff to say why they think it is wrong.
 - “We have always provided excellent care for our patients. Why are these numbers so low?”
 - It is most likely that the numbers are low because your staff is not used to documenting in detail at a high frequency as is required for these quality measures.
 - “Why is documentation so important as long as we are delivering excellent care?”
 - Documentation proves that you have completed a part of the patient’s plan of care.
 - More importantly, documentation serves as a means of communication between staff members working with the same patient.

Present your data during a staff meeting when most/all of your staff are present. Discuss the numbers and what they mean. Allow for an open and honest discussion of the results and be cognizant that staff members may perceive their performance differently than the numbers are showing.

- Explain how the data are collected and processed. This makes the process transparent and less mysterious. This should foster trust in the data and in the quality improvement team.
 - Many people tend to put the words data and manipulated together. Using the word manipulation implies that the data are run to suit the needs of the user.
 - For example, the raw data are collected on each patient for each question and compiled into an Excel spreadsheet. Show an example of the spreadsheet.
 - These raw data are then used to calculate the quality measures.
 - Provide a document describing how the measures are calculated. Most of the measures in this project are just simple percentages which are proportions.
 - Explain the numerators and denominators e.g., which patients are in the analysis for each measure.
 - Remember that most of the numbers are presented as percentages. As much as we like to think we understand how to

calculate a percentage, we really do not. Percentages are fractions, and **fractions are frightening! Remember fourth grade?**

- Instead convey to staff that the results simply reflect the underlying truth presented by the raw data. No one has manipulated it. The data simply have been processed into interpretable results.

Second Stage: “The data are right, but it is not a problem.”

- Acknowledge that staff may feel powerless or even helpless at this point.
- Ask staff if they really want to accept any off target results? Most likely, they do not.
- Ask staff why they believe that this result is not a problem.
 - “The patients and families are not complaining.”
 - Provide an example of how documentation would have improved communication between staff members.
 - “We did not select these measures. CMS did this.”
 - Remind the staff that these measures were chosen because they are important, reliable, valid, and feasible to hospice care. These measures also allow interventions to be designed and implemented to improve care.

Differing staff perceptions of the quality measure scores may be reflective of individual differences in what they consider high quality care. Discovering where these differences exist among staff may give insight to the types of education and/or training programs that would be most useful in your agency.

Third Stage: “The data are right. There is a problem, but it is not my problem.”

- This is “Dog ate my homework.” stage.
- Reiterate above strategies.
- Help staff move toward accepting responsibility by acknowledging that they have been delivering excellent care, but there is room for improvement.
- This new method of improved documentation or whatever intervention you have chosen will improve patient care and that is the focus and has always been the focus of your agency.
- Remind staff that all in the organization have the power to positively affect patient care.

Fourth Stage: “The data are right. There is a problem, and it is my problem.”

- Ideally, you would want everyone at this stage at the same time. That might not be possible, but with enough staff at this stage you can certainly put changes into place.
- This stage is similar to the leadership management stage of a participant being willing and able to move on in the process.

ⁱ <http://www.IHI.org/IHI/Topics/OfficePractices/Access/ImprovementStrategies>. Last accessed on September 20, 2010.