Applied Statistics and Data Analysis Tools

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Pre-conference Patient Safety Symposium

August 19, 2007

Alleged Research: P.A.R.C. Analysis

- Practical
- Accumulated
- Records
- Compilation
- Passive
- Analysis
- Regressions
- Correlations

- Profound
- Analysis
- Relying (on)
- Computers
- Planning
- After
- Research
- Completed

Everytown, USA

Established: 1892 Population: 15,330 Elevation: 1,583'

Why physicians get mad... "The target is for 90% of the bottom quartile to perform at the 2004 average by the end of 2008."

A tailor takes measurements...a doctor takes measurements...

• Is the purpose quantitative information...

• ... or a causal explanation?

"Data Torturing"

 Data not designed & collected specifically for the current purpose can generally be "tortured" to confess to a "hidden agenda" [NEJM October 14, 1993]

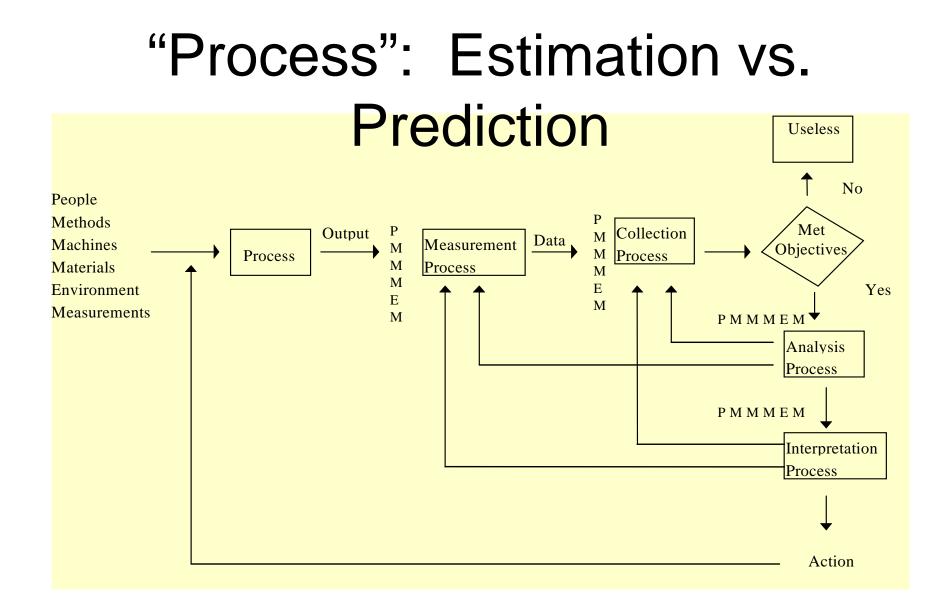
Causal analysis on "suit" data

Vague data collected in response to a...

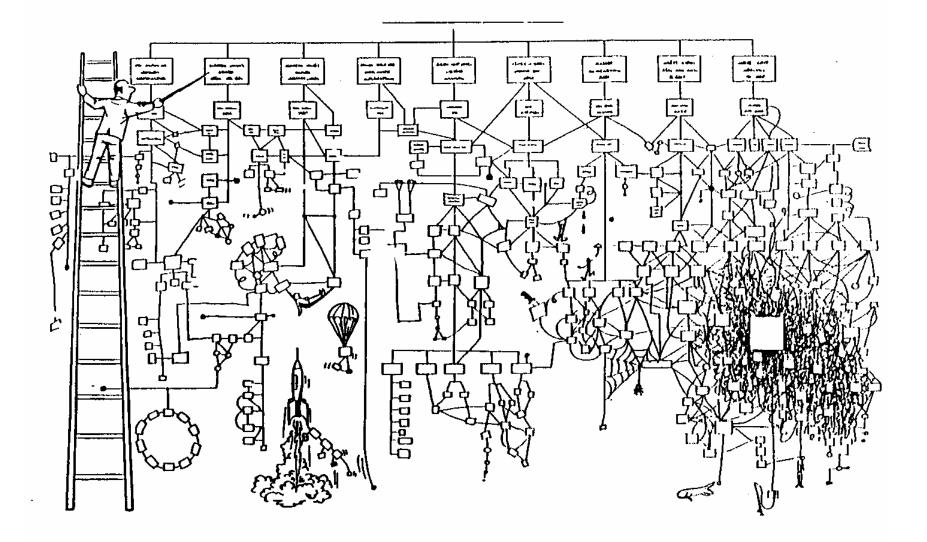
Vague problem will yield a...

Vague solution, which, in turn, will yield a

Vague result.



Clinical trial thinking: Control of "variation" vs. ...



... Manifestation of variation

Déjà vu? How many meetings?

bloolth System Minuespts K CHERNERY CASEVERIVE LISE KYCALIGNER:

Medicare Cases

ALC: N

Attachment B.

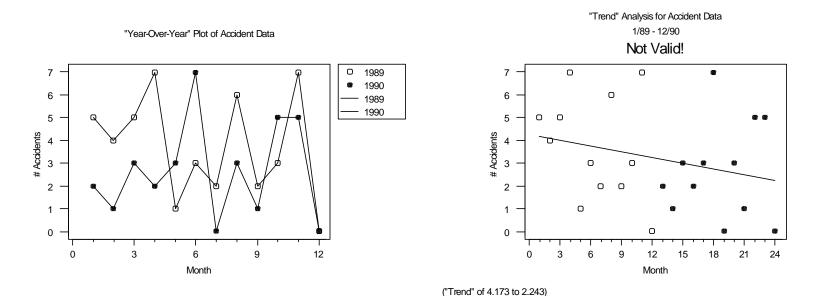
| Comparison of MDC botymen 1996 and | 1997 Elfer | | ي ويوني الم | | | Survey and | - | | Sort | | | | |
|------------------------------------|---------------|------------|--------------------|---------------------|----------------|-------------------|---------------------|--------|-------------------------|--------------|---------------|------------|-------------------------|
| APC MDD: Descriptions | 86 Cases | 29 TILVAS | Ave/1 month | Wal for Ave Ceses | HO MOX | 97 Qasee | 97 Til Wat | B/ Max | | a | Mar. 1. 199 | | |
| a b | | 3 | Evera - | (=43 | 9 <u>-0/</u> 6 | 07 (120000) (D | <u>10 10 100</u> | i=inta | Mir Chris | Clarge Cases | Mat Ches Case | | Tatal Wa <u>t Chris</u> |
| , 24 Multiple Trauma | . 6 | 15,6695 | 7 | 5,2288 | 2.6149 | ш. | 1 | | <u>ктія</u> (2 яная) | <u>H-n-e</u> | <u>m=d%</u>] | 0-ji ik | <u>sr=m+n</u> |
| 25 Human Inimunodeficiency | . 2 | 5.2293 | | 1.7431 | 2.8147 | | 16.41 | 1.8141 | (2.00006) | 123 | (5,2293) | | (5,2298) |
| 14 Pregnancy & Childberth | 5 | 2.0893 | . ; | 0.6954 | 0.4178 | . ' | 10.11 | 1.0141 | | | 0.8716 | (0 2009) | 0.0710 |
| 21 Polaening/Texic Drug | 33 | 40.0499 | 4 | 13,6199 | 1.2978 | - | 10,2879 | 1.0290 | (0 4173) | (2) | (0.6954) | - | (0,8954) |
| 7 Mepabolitary & Pancreae | 1EB, | 284 1856 | | AN 0319 | 1.6726 | 50° 64 | 65.0373 | 1,4075 | (0.2050) | 111 | (1.2376) | (2.0793) | (3.3177) |
| | ો | 23.8232 | ී | 7.5411 | 0.6623 | (28) | 21.124 | | (0 1050) (0 1050) | | 7 8927 | {10.0672) | (2 2046) |
| 17 Eyetoproidarabye & Nacolsein | 205 | 273,9109 | 60 | 91,3036 | 1.3362 | 75 | 91.8412 | 8.7244 | 00.15201 | 20 | 17.6464 | [4,4530] | 13,1636 |
| 13 Famale Republicative | 126 | 142.4130 | کھ ک | 47,4710 | 1.1126 | | 32,3349 | 1.2245 | (9.1116) | | 8 9977 | (6.3711) | 0 5366 |
| | 1,638 | | (013) | | 1,7306 | | | 1.0105 | (0.1021) | (11) | (11.6676) | [0.2686) | (15.1352) |
| 20 Alcohol/Drug Uge | 16 | 1:43HD | <u>(ai</u> a) 6 | 3,8127 | 0.3140 | | /1,105,4540 | 1.6329 | [0.0974] | -64 | 111.3375 | [66, 1992] | 46,1477 |
| e Digestive | 703 | 1.017.2700 | 284 | 349,0903 | 1,4897 | 244 | 2.5507 | 0.0397 | (0 0752) | §1} | (0 9552) | (0.300U) | (1 2540) |
| 16 Bloor | 41 | 43.3888 | 14 | 14 4929 | 1,0583 | 294 | 346.3624 14.1050 | 1 4195 | (0 070Z) | 10 | 14,4005 | 17.1386 | (2,7375) |
| 3 Ear, Nose, Moult & Three | 68 | 48.5987 | 22 | 15,5329 | U.)168 | 54 39 | 28,8953 | 1,0075 | (0.0508) | 0 | 0.3525 | 10,7507) | (0.3679) |
| 1D Enriccrine, Nubilional & Metab | | 478,7186 | 52 | 58,8062 | 0.9450 | 204 80 | | 0.6545 | (0.0324) | 17 | 12.4283 | {P.2038} | 11.1824 |
| 1 Menuous System | 537 | 002.1933 | 170 | 217,3998 | 1 2145 | | 73.6718 | 0.9210 | (0.0240) | 18 | 16.6963 | (1.9237) | 14,7716 |
| Z Eyo | 4 | 2,0594 | 110 | 0 9655 | 0.0091 | 158 | 298.7077 | 1.1955 | (0.0160) | 19 | 23.0760 | (8.7A00) | 19.3378 |
| 11 Kidney & Utinary | 258 | 330.0287 | 88 | 110,2766 | | 3 | 2.1837 | 0.7279 | (0.0117) | 2 | 4.2348 | (0.0336) | 1.1952 |
| | (Ť30 | 1,009.9691 | ्रक्षे | 110.2704 | 1.2823 | | 112.0693 | 1.2734 | (0.0069) | 5 | 2,5540 | (D.78x7) | 1.7629 |
| 8 Musculoskelejej | 894 | 1,118,5035 | 1_288 | | | (<u>284</u>) | 388.8340 | 1.3016 | (0.0020) | 37 | 60.7290 | {0.5514} | 50.1778 |
| 12 Mole Reproductive | 35 | 82.0519 | 288 | 472 4345 10 6840 | 1.6897 | \$26 | 523.5800 | 1.2953 | 0.0005 | 30 | 47.6006 | 3. 1047 | 50,7555 |
| 22 Burna | | 0 9.559 | 20 | | 1 0450 | 39 | 41.1927 | 1.0562 | . 0.0102 | 10 | 10.4118 | 0.3970 | 10.0087 |
| 19 Mental Health | 28 | 22.335/ | u a | 0.9423 | 0.9359 | - | 0.854/ | 0.9547 | 0.0174 | 1 | 0,6246 | 0.0178 | 0 8424 |
| 9 Skin, Subsulandous Tiesce & | | 129.1139 | | / 4459 | 0.7977 | 17 | 14.0079 | 0.0240 | 6 6250 | 4 | B. 1 166 | 0.4483 | 0.5623 |
| 18 Intections & Parasitio | 131 | | 51 | 43 0360 | 0.8494 | 59 | 52,1840 | 0.6445 | 0 0350 | a - | 7.0788 | 2.0574 | 5,1460 |
| 25 Associated w All MDCa | . 55 | 201.4335 | 44 | 67 1445 | 1,5377 | 58 | 88.1017 | 1.0110 | 0.0/4Z | 15 | 23.6775 | 4 3797 | 27.8572 |
| Grant Total | | 425.8209 | 22 | 141 9400 | 6.4518 | 18 | 144.9914 | 0.0661 | 1 6032 | (4) | (25.6073) | 28 6564 | 3.05+4 |
| Grane Foca | 8.313 | 9,560.0396 | 2,604 | 3,165 6599 | 1 51++ | 2,356 | 8,421.9195 | 1.4521 | , (0.0 555) | 252 | 317,4210 | [62 3914] | 286.0286 |

Pages & pages...

. .

<u>م</u>

Safety Data: Goal—reduce accidents by 25% 45 vs. 32



....

8 months are lower than previous year

Reduction is 46.2% !

Every month—Safety review of each incident...

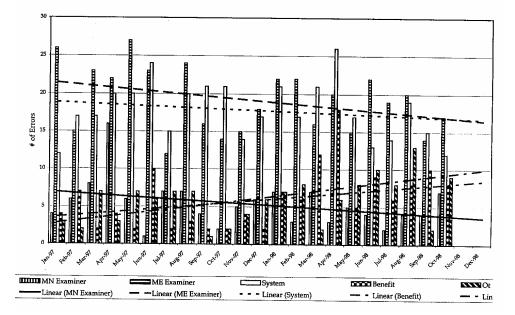
Goals a la Dilbert

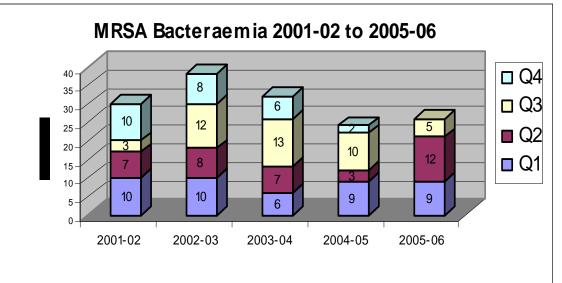
- Boss:
 - Our goal this year is ZERO disabling injuries.
 - Last year our goal was 25 disabling injuries;
 however, in retrospect, that was a mistake...

"Process-oriented" definition of accident

- "A hazardous situation that was unsuccessfully avoided."
- "But, Davis, these things shouldn't happen!"
- I know...but are you *perfectly designed* to have them happen?

Source of NMIS Claims Errors





I HATE bar graphs & trend lines...

| SHA name | 30-Mar-03 | 6-Apr-03 | 13-Apr-03 | 20-Apr-03 | 27-Apr-03 | 4-May-03 | 11-May-03 | 18-May-03 | 25-May-03 | 1-Jun-03 |
|--|-----------|----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|----------|
| Avon, Gloucestershire & Wiltshire | 89.7% | 85.1% | 83.9% | 85.1% | 85.2% | 84.9% | 85.7% | 85.5% | 85.3% | 85.2% |
| Bedfordshire and Hertfordshire | 93.1% | 89.1% | 88.0% | 84.9% | 84.3% | 85.4% | 85.7% | 86.8% | 87.8% | 85.3% |
| Birmingham and the Black Country | 91.8% | 85.4% | 84.9% | 85.8% | 85.6% | 84.8% | 88.7% | 88.3% | 86.7% | 87.5% |
| Cheshire & Merseyside | 95.2% | 90.1% | 88.5% | 87.3% | 87.0% | 85.7% | 88.1% | 88.0% | 87.9% | 87.6% |
| County Durham & Tees Valley | 94.8% | 96.4% | 94.7% | 94.6% | 92.2% | 93.9% | 95.5% | 94.3% | 92.0% | 94.2% |
| Cumbria & Lancashire | 91.7% | 91.6% | 92.1% | 93.0% | 92.0% | 92.7% | 93.6% | 93.5% | 92.6% | 91.9% |
| Dorset & Somerset | 93.8% | 91.2% | 89.7% | 92.3% | 91.5% | 91.5% | 89.7% | 93.2% | 90.9% | 92.8% |
| Essex | 93.8% | 90.8% | 91.2% | 91.1% | 91.5% | 90.3% | 92.3% | 89.9% | 91.1% | 90.5% |
| Greater Manchester | 94.7% | 91.0% | 90.7% | 88.8% | 89.5% | 90.0% | 90.8% | 92.6% | 91.1% | 89.8% |
| Hampshire and Isle of Wight | 90.6% | 83.5% | 84.3% | 81.4% | 84.0% | 82.3% | 81.7% | 82.8% | 80.8% | 79.7% |
| Kent and Medway | 88.1% | 90.1% | 89.5% | 89.6% | 87.6% | 86.0% | 91.0% | 92.2% | 89.3% | 87.4% |
| Leicestershire, Northamptonshire & Rutland | 86.1% | 73.3% | 72.2% | 74.7% | 74.0% | 72.8% | 77.4% | 75.9% | 78.4% | 73.0% |
| Norfolk, Suffolk and Cambridgeshire | 93.6% | 88.4% | 86.6% | 86.0% | 85.8% | 87.9% | 87.6% | 87.3% | 85.9% | 86.0% |
| North and East Yorkshire and Northern Lincolnshire | 94.2% | 92.7% | 93.3% | 92.4% | 91.7% | 90.0% | 91.5% | 91.7% | 90.7% | 92.0% |
| North Central London | 93.7% | 83.7% | 86.6% | 84.4% | 86.1% | 84.9% | 84.9% | 85.4% | 85.1% | 83.9% |
| North East London | 93.7% | 84.4% | 80.8% | 79.7% | 78.8% | 78.8% | 81.9% | 81.6% | 79.6% | 80.1% |
| North West London | 94.6% | 86.7% | 86.2% | 86.4% | 83.7% | 83.1% | 81.9% | 82.2% | 81.4% | 82.6% |
| Northumberland, Tyne and Wear | 94.1% | 92.5% | 91.5% | 92.0% | 90.0% | 90.1% | 92.4% | 92.7% | 92.6% | 92.1% |
| Shropshire and Staffordshire | 95.4% | 88.0% | 89.0% | 84.0% | 85.6% | 83.9% | 84.2% | 85.8% | 87.4% | 83.0% |
| South East London | 96.1% | 89.7% | 90.9% | 91.5% | 89.0% | 88.7% | 89.2% | 90.0% | 88.9% | 89.2% |
| South West London | 95.5% | 80.5% | 83.4% | 81.4% | 80.6% | 81.9% | 82.0% | 81.0% | 80.1% | 80.3% |
| South West Peninsula | 95.7% | 90.9% | 90.1% | 89.5% | 89.4% | 89.1% | 92.5% | 92.8% | 88.6% | 90.1% |
| South Yorkshire | 95.1% | 86.6% | 85.4% | 86.0% | 84.8% | 86.0% | 87.9% | 91.0% | 89.9% | 87.7% |
| Surrey and Sussex | 88.4% | 84.4% | 85.0% | 85.7% | 84.3% | 83.7% | 83.4% | 85.0% | 83.7% | 83.5% |
| Thames Valley | 83.2% | 80.3% | 80.0% | 79.2% | 81.4% | 78.4% | 80.4% | 83.7% | 81.7% | 79.6% |
| Trent | 93.1% | 87.7% | 88.6% | 88.1% | 88.1% | 87.4% | 89.2% | 90.0% | 87.4% | 86.2% |
| West Midlands South | 93.7% | 89.1% | 92.0% | 91.6% | 88.5% | 87.9% | 89.3% | 89.5% | 91.8% | 94.3% |
| West Yorkshire | 93.6% | 90.8% | 90.2% | 90.1% | 91.8% | 90.7% | 90.1% | 91.7% | 89.7% | 89.8% |
| England total | 92.9% | 87.8% | 87.6% | 87.1% | 86.7% | 86.3% | 87.5% | 88.1% | 87.1% | 86.7% |

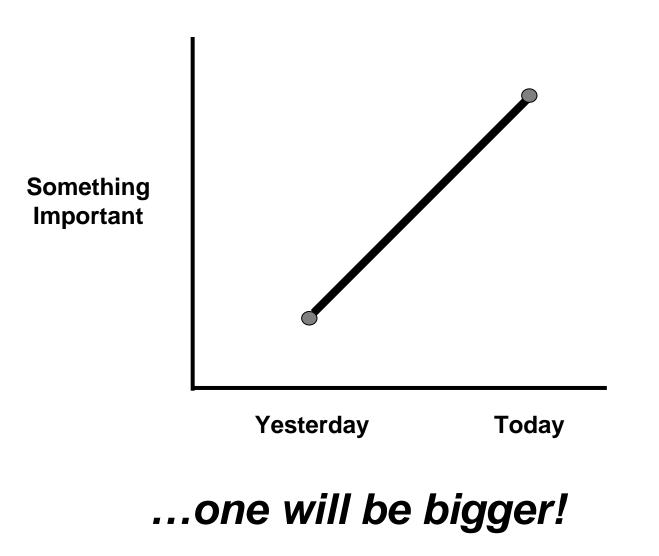
...and the traffic light plague...AND...

| Indicator | Trust Status | A&E | Cancer | Crit Care | Medicine | O&G | Paeds | SR&T | Surgery | T&O |
|---------------|-----------------------------------|-------------------------|----------|------------------------|-----------|------------------------|---------|----------|-------------------------|---------|
| IP Activity | \odot | \odot | \odot | \odot | \odot | $\underline{\bigcirc}$ | \odot | <u></u> | \odot | \odot |
| OP Activity | \odot | 8 | <u> </u> | <u> </u> | \ominus | (| \odot | \odot | \odot | \odot |
| A&E 4 hr Wait | $\overline{\boldsymbol{\otimes}}$ | $\overline{\mathbf{S}}$ | | | | | | | | |
| IP >6 months | $\overline{\boldsymbol{\otimes}}$ | \odot | \odot | \odot | \odot | \odot | \odot | \odot | $\overline{\mathbf{c}}$ | 8 |
| Op > 13 weeks | $\overline{\boldsymbol{\otimes}}$ | \odot | \odot | $\underline{\bigcirc}$ | \odot | \odot | \odot | (| \bigcirc | 8 |

Status KeyImage: Status KeyImage: On Target or AchievedImage: Status KeyImage: On Target or AchievedImage: Status KeyImage: Status Key</t

What the...?!

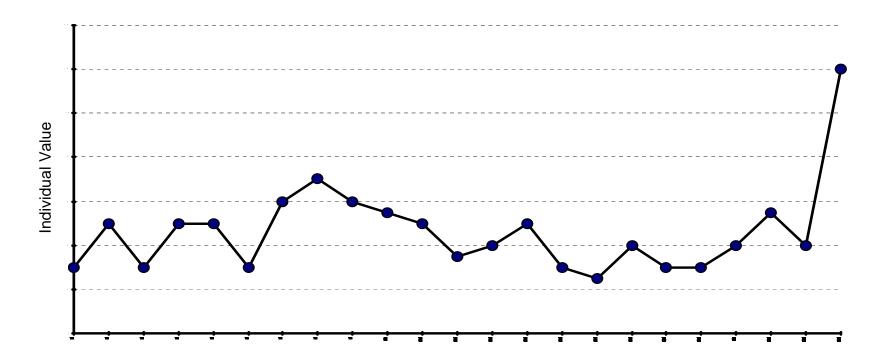
Given two numbers...



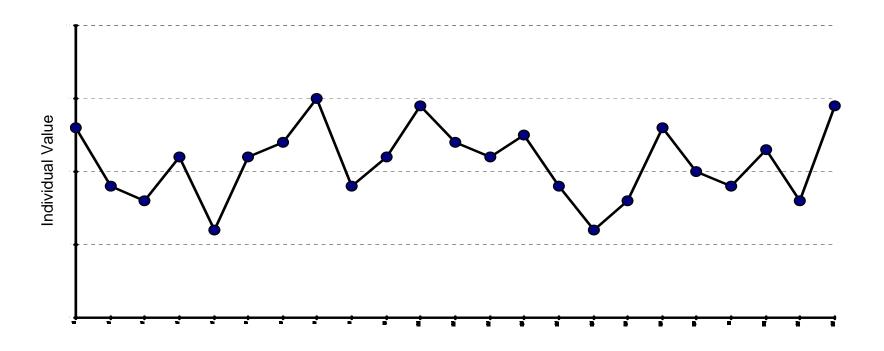
⇒Processes "speak" to us through data

--Is the process that produced the current number the same as the process that produced the previous number?

Does it look like this...?



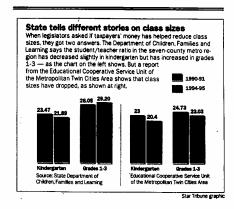
...or this?



Star Tribune

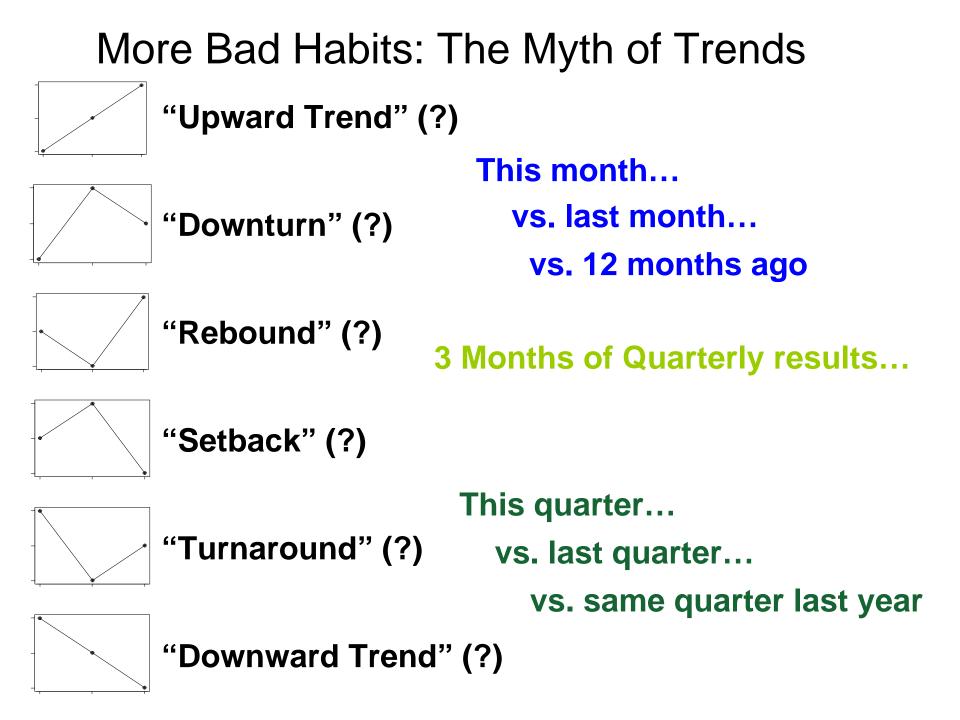
State reports say class sizes are down – and up

x spins on stats befuddle legislators



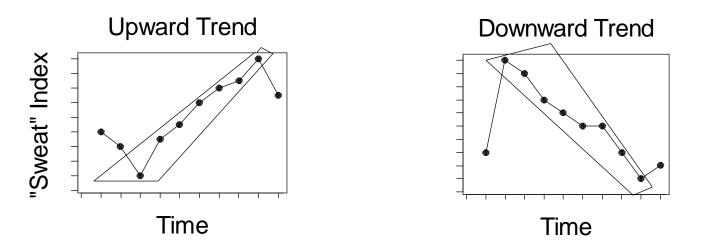
Weekend's 13 traffic deaths surpassed last year's total of 9

Officials seek reasons for rise in overall road deaths (600 vs. 576)



Whether or not you understand statistics, you are already using statistics!

"Statistical" definition of "trend"



Special Cause – A sequence of SEVEN or more points continuously increasing or continuously decreasing.

Note: If the total number of observations is 20 or less, SIX continuously increasing or decreasing points can be used to declare a trend.

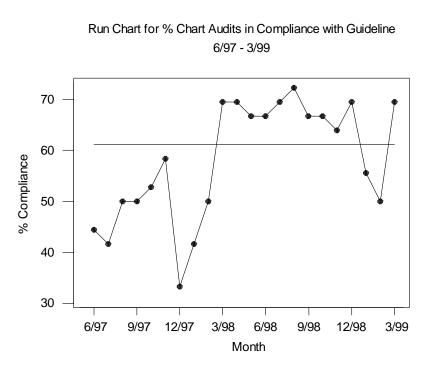
This rule is to be used only when people are making conclusions from a tabulated set of data *without any context of variation* for interpretation.

Statistics = Understanding Variation

- There are TWO kinds of variation
 - Special cause (Unique occurrence, "One off")
 - Common cause (Inherent, "Systemic")
- Treating one as the other MAKES THINGS WORSE
 - The human tendency is to treat ALL variation as "one off"
 - Even if things "shouldn't" happen, you might be "perfectly designed" to have them happen
 - If something doesn't "go right" or "isn't supposed to happen," it is a process breakdown

How are they doing with guideline implementation? GOAL: 75%

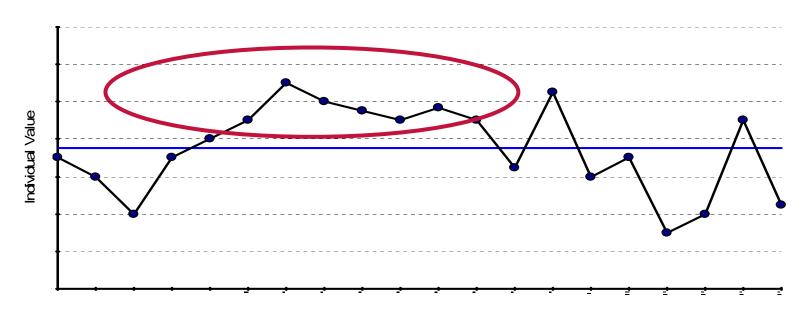
| <u>% Co</u> | <u>mpliance</u> | _ |
|-------------|-----------------|---|
| 6/97 | 44.44 | % |
| | 41.67 | |
| | 50.00 | |
| 9/97 | 50.00 | |
| | 52.78 | |
| | 58.33 | |
| 12/97 | 33.33 | |
| | 41.67 | |
| | 50.00 | |
| 3/98 | 69.44 | |
| | 69.44 | |
| | 66.67 | |
| 6/98 | 66.67 | |
| | 69.44 | |
| | 72.22 | |
| 9/98 | 66.67 | |
| | 66.67 | |
| | 63.89 | |
| 12/98 | 69.44 | |
| | 55.56 | |
| | 50.00 | |
| 3/99 | 69.44 | |



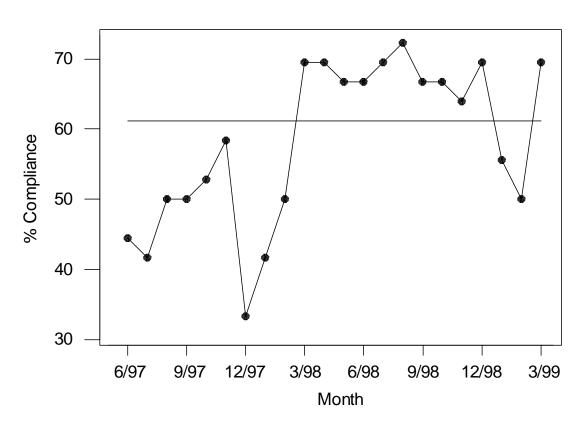
No "trend"

Special Cause: A consecutive sequence of 8 or more points on one side of the median





Note: Omit entirely any data points literally on the median—They neither add to nor break the current run.



Run Chart for % Chart Audits in Compliance with Guideline 6/97 - 3/99

Process changed "too fast" Note effect of feedback

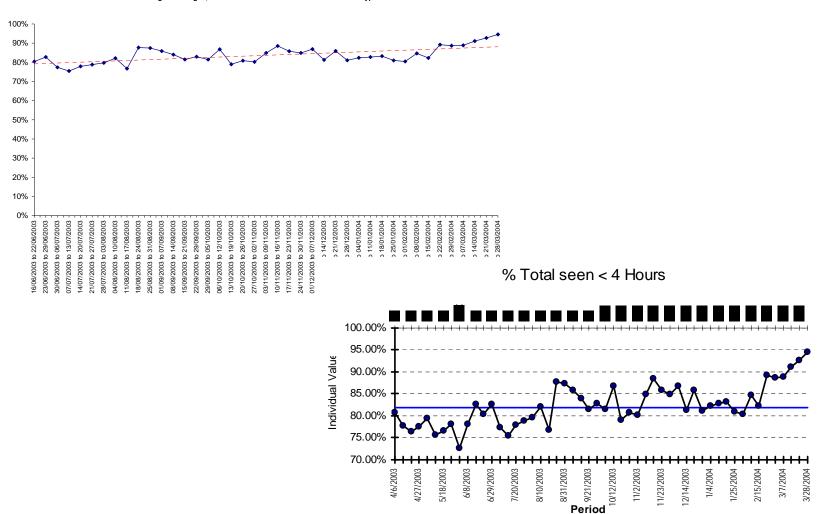
Wisdom from Jim Clemmer

"Weighing myself ten times a day won't reduce my weight. No matter how sophisticated our measurements are, they're only indicators. What the indicators say are much less important than what's being done with the information. Measurements that don't lead to meaningful action aren't just useless; they are wasteful." "Crude measures of the right things are better than precise measures of the wrong things."

Improvement strategy: *More frequent samples* (over time) of "good enough" measures

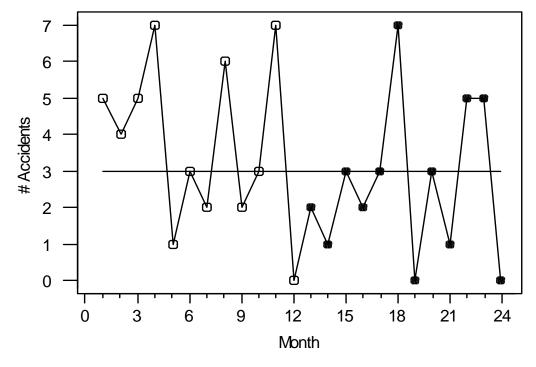
TREND?! I think NOT!!!

Percentage discharged, admitted or transferred within 4 hours - A&E Type 1+2



Safety Data Run Chart

Run Chart for Accident Data 1/89 - 12/90



1. Has it truly improved?

2. What about the monthly meeting going over every incident?

Need "common cause" strategy

- Statistics on the number of accidents does not improve the number of accidents
- You cannot treat data points individually
- You cannot "dissect" an accident individually
 - "Root cause" analysis
 - "Near miss" analysis
- You cannot compare two points
 - % change, "too big" a change...

"Common cause" strategy

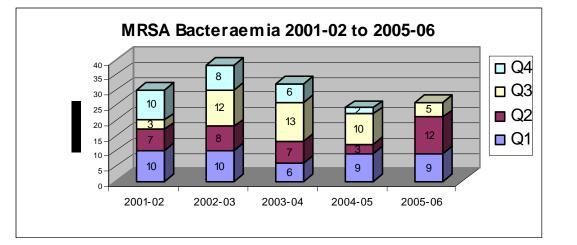
- So...how do we go about improving the Accident and guideline compliance "processes"?
- We need a common cause strategy.
- There is a misconception that if something is common cause, you need to "accept" the current level of performance.
- NOTHING COULD BE FURTHER FROM THE TRUTH!

Myth of Common Cause Helplessness

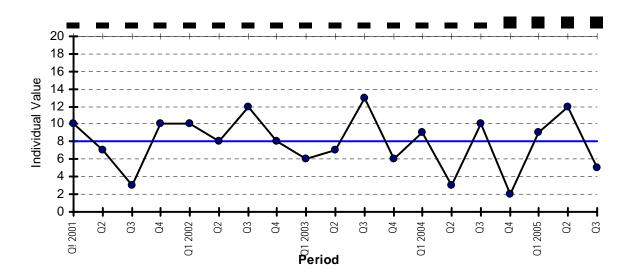
Matrix of Adverse Events

| Event | | | U | nit | | | |
|--------|---|----|---|-----|-------|------------|-------|
| Туре | А | В | С | D | Е | F | Total |
| 1 | 0 | 0 | 1 | 0 | 2 | 1 | 4 |
| 2 | 1 | 0 | 0 | 0 | 1 | 0 | 2 |
| 3 | 0 | 16 | 1 | 0 | 2 | 0 | 19 |
| 4 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 5 | 2 | 1 | 3 | 1 | 4 | 2 | 13 |
| 6 | 0 | 0 | 0 | 0 | 3 | 0 | 3 |
| | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | (less | s than 6 e | ach) |
| 29 | | | | | | | |
| Totals | 6 | 19 | 7 | 3 | 35 | 7 | 77 |

Remember this?



Quarterly MRSA Bacteraemias



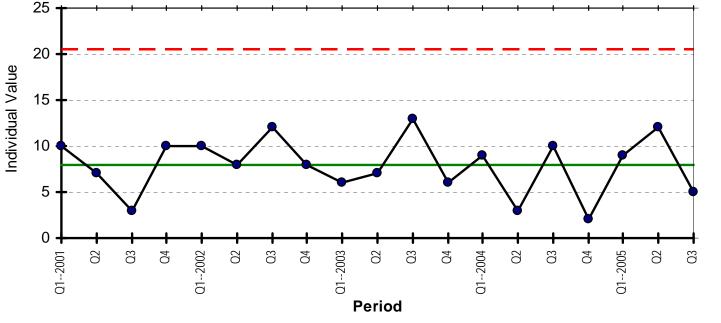
| Period | # Bacterae mias | Moving Range | Sorted Moving Ranges |
|--------|-----------------------|-----------------|----------------------------|
| Q12001 | 10 | * | 1 Canges |
| Q2 | 7 | 3 | 1 |
| Q3 | 3 | 4 | 2 |
| Q4 | 10 | 7 | 2 |
| Q12002 | 10 | 0 | 3 |
| Q2 | 8 | 2 | 3 |
| Q3 | 12 | 4 | 3 |
| Q4 | 8 | 4 | 4 |
| Q12003 | 6 | 2 | 4 |
| Q2 | 7 | 1 | 4 |
| Q3 | 13 | 6 | 6 |
| Q4 | 6 | 7 | 6 |
| Q12004 | 9 | 3 | 7 |
| Q2 | 3 | 6 | 7 |
| Q3 | 10 | 7 | 7 |
| Q4 | 2 | 8 | 7 |
| Q12005 | 9 | 7 | 7 |
| Q2 | 12 | 3 | 8 |
| Q3 | 5 | 7 | |

Median moving range = 4: KEY number

FYI: (And the math is so simple, it would astound you)

Bacteraemias

Special Cause Flag



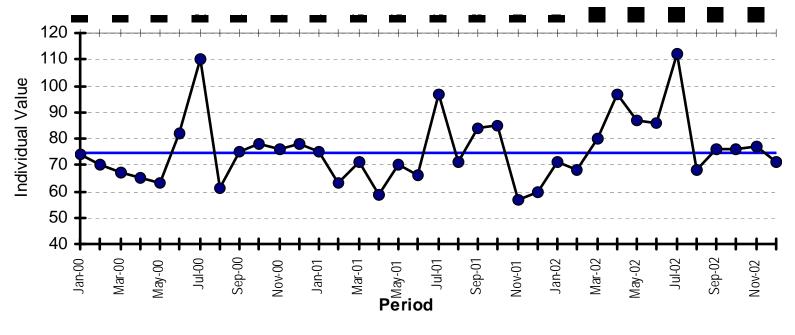
Quarter-to-quarterdifference: ≤ 15 What's changed in 5 years?

How about a "matrix analysis" of the 150 bacteraemias?

| Medication Error Meeting—Constructed from 24 reports of "This monthlast month12 months | | | | | | | | | | | |
|--|---------------|-----------------|----------------------|----------------|-----------------|------------------|-----------|-------------|-------------|--|--|
| 2000 | | | ago…" 2001 | | | 2002 | | | | | |
| Errors | | | | Erro | nre | | Errors | | | | |
| | Jan 00 74 | | | 01 7 | | | Jan 02 71 | | | | |
| | 70 67 | | | 63 71 | | | | 68 80 | | | |
| | | | | | | | | | | | |
| 65 63 <u>82</u> | | | 59 70 | | | | 97 | | | | |
| | | | | | | | | 87 | | | |
| | | | | 66 | | | | 86 | | | |
| | Jul 00 110 | | Ju | Jul 01 97 | | | Jul 02 | 112 | | | |
| | 61 | | | 71 | | | | 68 | | | |
| 75 78 76 78 | | | | 84 85 | | | | 76 | | | |
| | | | | | | | | 76 | | | |
| | | | 57 | | | | 77 | | | | |
| | | | | 6 | | | 71 | | | | |
| Descriptive Statistics | | | | | | | | | | | |
| N 36 | Mean 75,72 | Median 74.50 | TrMean 74.63 | StDev 12.91 | SE Mean 2.15 | Minimum 57.00 | Maximum | Q1 67.25 | Q3 81,50 | | |
| 36 | 75.72 | 74.50 | 74.63 | 12.91 | 2.15 | 57.00 | 112.00 | 67.25 | 81.50 | | |

VERY common misconception

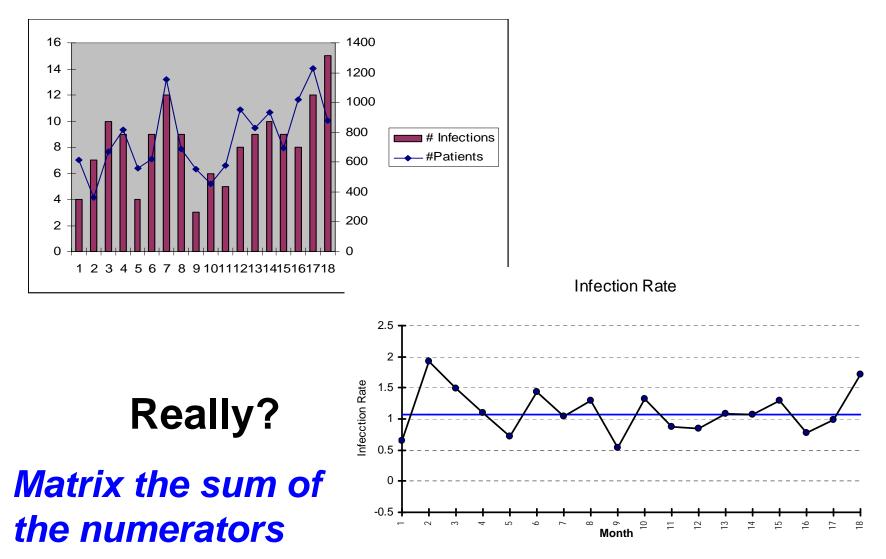
Medication Errors



"Matrix" analysis of **July** errors vs.

"Matrix" analysis of other 11 months

"We made a difference!"—Reduced NICU Infections



Exhaust in-house data Get a BASELINE of the extent of the problem

- Does everyone agree on definitions of key terms and how to assess a situation?
 - Get a "number"
 - Decide that something "did" or "did not" occur
- MAYBE do some high level stratification
 - Try to LOCALIZE the "20%" of the process causing "80%" of the problem
 - Proceed to "Study Current Process"
- Stop collecting useless data

Operational Definition a la Dilbert

- Dilbert (to date): I'm so lucky to be dating you, Liz. You're at least an "8."
- Liz: You're a "10."
- Dilbert: (Pause)...Are we using the same scale?
- Liz: Ten is the number of seconds it would take to replace you.

"Confucian" Operational Definition

- "Person with one clock knows what time it is..."
- "...person with two clocks not so sure!"

Study Current Process

 Better traceability to process inputs with current data collection methods

- Sometimes called "Stratification"

- Capture and record potentially available data that is virtually there for the taking
- Data definitions that are agreed-upon and bettersuited to objectives
- **Reduce data contamination due to "human" variation
- **Establish extent of problem(s)

**Pareto analysis to localize

- **Establish baseline for measuring improvement efforts
- (Tolerable "jerkaround")

"Cut New Windows"—Process Dissection (Also called "Disaggregation")

- Collecting data not needed for routine process operation
- Process is split into sub-processes, which are individually studied
- Data collection process may be awkward and disruptive to routine operation
- **Intense focus on a major isolated source of localized variation (Isolated "20%")
- (Uncomfortable "jerkaround")

Designed Experimentation

- Test of a process redesign suggested by first three levels of data collection
- **Use of run / control chart to assess success
- (MAJOR "jerkaround"...and vulnerable to HUMAN variation!)

Rare events

Another data set

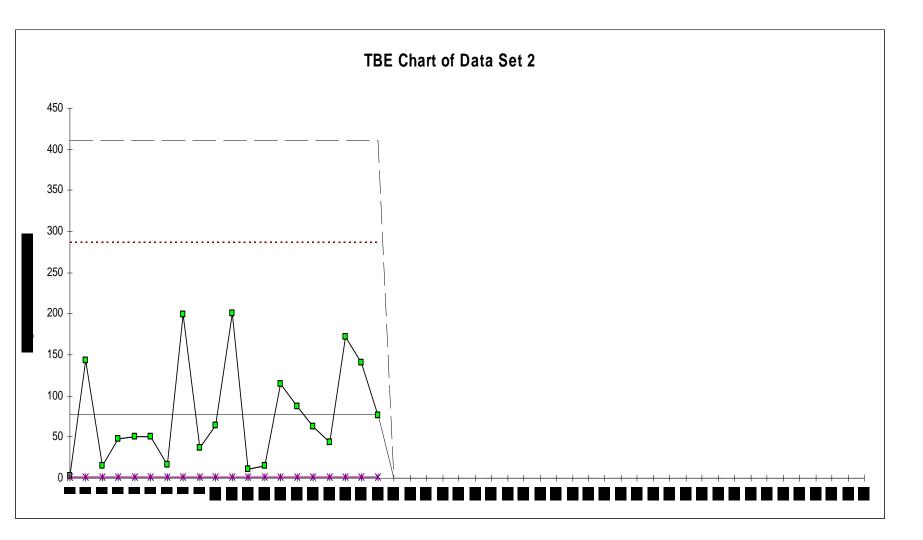
| | Day of | Days Between Deaths for Large Babies (over | Deaths | Mortality Rate for Large Babies (over |
|---------------|--------|---|---------|---|
| Date of death | vear | 1500g) | per day | 1501g) |
| 2/25/1998 | 56 | | 1 7 | |
| 2/28/1998 | 59 | 3 | 0.3333 | 121.67 |
| 7/21/1998 | 202 | 143 | 0.0070 | 2.55 |
| 8/5/1998 | 217 | 15 | 0.0667 | 24.33 |
| 9/22/1998 | 265 | 48 | 0.0208 | 7.60 |
| 11/12/1998 | 316 | 51 | 0.0196 | 7.16 |
| 1/1/1999 | 1 | 50 | 0.0200 | 7.30 |
| 1/17/1999 | 17 | 16 | 0.0625 | 22.81 |
| 8/4/1999 | 216 | 199 | 0.0050 | 1.83 |
| 9/10/1999 | 253 | 37 | 0.0270 | 9.86 |
| 11/3/1999 | 317 | 64 | 0.0156 | 5.70 |
| 5/21/2000 | 142 | 200 | 0.0050 | 1.83 |
| 6/1/2000 | 153 | 11 | 0.0909 | 33.18 |
| 6/16/2000 | 168 | 15 | 0.0667 | 24.33 |
| 10/9/2000 | 283 | 115 | 0.0087 | 3.17 |
| 1/4/2001 | 4 | 87 | 0.0115 | 4.20 |
| 3/8/2001 | 67 | 63 | 0.0159 | 5.79 |
| 5/10/2001 | 130 | 44 | 0.0227 | 8.30 |
| 10/29/2001 | 302 | 172 | 0.0058 | 2.12 |
| 3/18/2002 | 77 | 140 | 0.0071 | 2.61 |
| 6/3/2002 | 154 | 77 | 0.0130 | 4.74 |

Average time between deaths: 77.5 days

"Time between events" theory

- Exponential distribution
- Data in table above: Average = 77.5
- 99% limits
 - Lower limit: 0.005 x Average (0.4)
 - Upper limit: 5.30 x Average (411)
- Special cause signals (p < 0.01):
 - 5-in-a-row above the average (Improvement)
 - 10-in-a-row below the average (Worsening)
 - 2-out-of-3 consecutive events between 95% and 99% limits (Improvement)
 - 95% point = 3.69 x Average (286)

First data point of "3" has a p = 0.04



An alternate, simpler method?

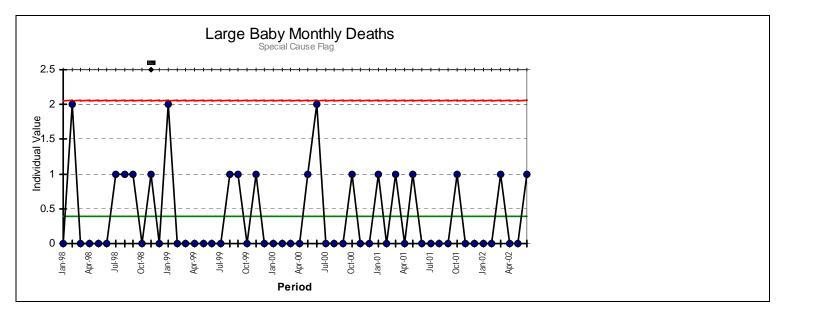
Find a period where the average occurrence is "1"

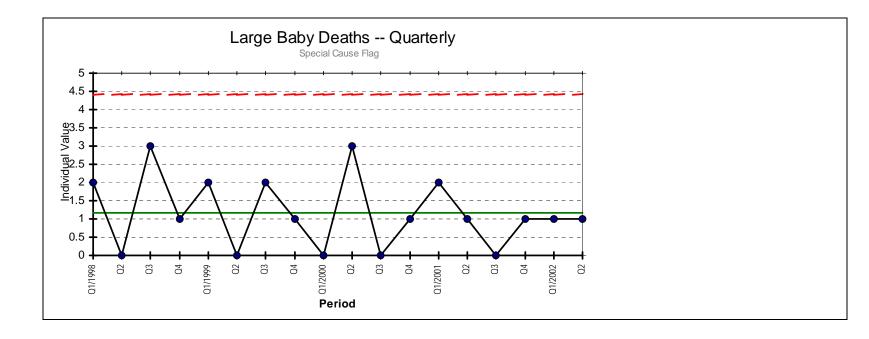
Special cause: 7 zeroes in-a-row

Poisson counts: Average count = 1,

7 "zeroes" in-a-row: $p = (0.368)^7 = 0.0009$

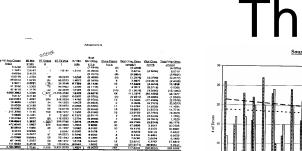
 $[(0.368)^6 = 0.0025].$





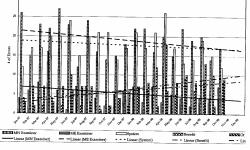
Transition to More "Advanced" Skills

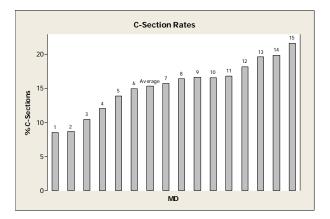
- From:
 - Colors & Faces & Drawing circles
- To:
 - Counting up to "8"
 - Subtracting two numbers
 - Sorting a list of numbers
 - Asking better questions!
 - Reacting appropriately to variation
 - Common cause vs. special cause strategy
 - Reducing inappropriate & unintended variation
 - Better prediction











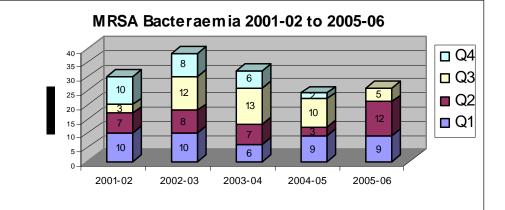
| Indicator | Trust Status | A&E Cancer | Crit Care | Medicine | O&G | Paeds | SR&T | Surgery | T&O |
|---------------|--------------|-----------------|-----------|----------|----------|---------|----------|----------|---------|
| IP Activity | \odot | \odot \odot | \odot | \odot | Θ | \odot | (| \odot | \odot |
| OP Activity | \odot | 8 | (| \odot | (| \odot | \odot | \odot | \odot |
| A&E 4 hr Wait | 8 | 8 | | | | | | | |
| IP >6 months | 8 | 0 0 | \odot | \odot | \odot | \odot | \odot | (| 8 |
| Op > 13 weeks | 8 | 0 0 | (| \odot | \odot | \odot | (| (| 8 |

| Kent and Medway | K&M | 98.4% | 96.7% | 98.4% | 97.3% | 96.9% | 96.4% | 4 |
|--|------------|-------|-------|-------|-------|-------|-------|--------------|
| County Durham & Tees Valley | CDTV | 96.7% | 95.6% | 96.5% | 96.3% | 94.7% | 96.4% | |
| Trent | Trent | 96.7% | 95.3% | 96.7% | 95.5% | 94.0% | 96.6% | |
| Shropshire & Staffordshire | SASHA | 97.9% | 97.1% | 98.1% | 97.3% | 97.5% | 96.6% | $\mathbf{+}$ |
| Hampshire & the Isle of Wight | H&IOW | 96.6% | 95.9% | 96.0% | 96.7% | 95.1% | 96.7% | |
| West Midlands South | WMS | 97.0% | 96.4% | 97.6% | 97.4% | 96.1% | 96.7% | |
| Bedfordshire & Hertfordshire | Beds&Herts | 96.6% | 96.0% | 96.7% | 96.4% | 95.2% | 96.8% | |
| Leicestershire. Northamptonshire & Rut | an LNR | 96.3% | 96.2% | 97.3% | 96.9% | 95.6% | 96.8% | |
| Birmingham & the Black Country | BBC | 96.8% | 95.8% | 96.4% | 96.6% | 94.7% | 96.9% | |
| Surrey & Sussex | Sy&Sx | 96.7% | 96.7% | 96.7% | 97.0% | 95.9% | 97.5% | |
| Greater Manchester | GM | 96.7% | 96.7% | 96.5% | 96.6% | 95.9% | 97.6% | |
| Cumbria & Lancashire | C&L | 98.0% | 97.7% | 98.1% | 97.9% | 97.7% | 97.8% | |
| South West Peninsula | SWP | 97.2% | 97.8% | 97.2% | 98.0% | 97.8% | 97.8% | 仓 |
| Avon. Gloucestershire & Wiltshire | AG&W | 96.8% | 97.0% | 96.4% | 97.2% | 96.2% | 97.8% | |
| Norfolk, Suffolk & Cambridgeshire | NSC | 97.2% | 97.7% | 97.6% | 98.0% | 97.4% | 98.1% | |

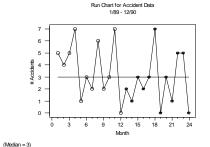


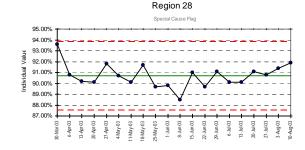
4 55,6703 15,2283 2,6703 22,6703 27,9715 2

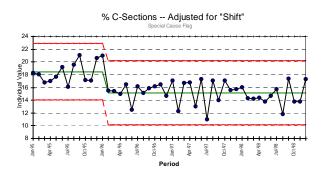
- #B# - 3 # # - # - # B# # - -



...or this?

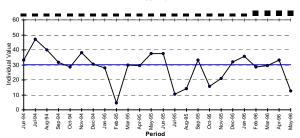


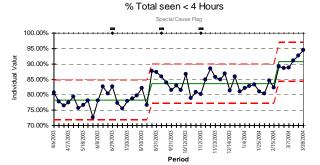


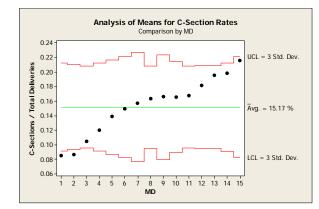






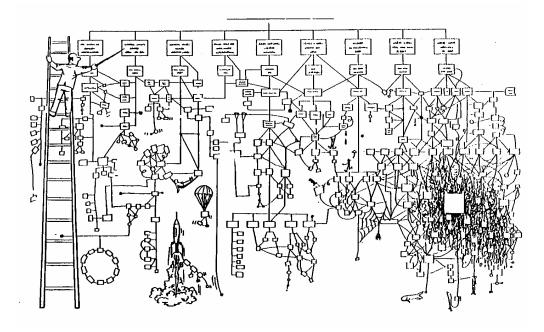






It's not the problems that march into your office...

- ...It's the problems no one is aware of that you are *perfectly designed* to get
- Reducing *inappropriate* & *unintended* variation for purposes of *better prediction*



Six Statistical Traps

- 1. Treating **all** observed variation in a time series data sequence as special cause.
- 2. Fitting inappropriate "trend" lines to a time series data sequence.
- 3. Unnecessary obsession with and incorrect application of the Normal distribution.
- 4. Incorrect calculation of standard deviation and "sigma" limits. [Note: NO "spreadsheet calculations of Std. Dev.]
- 5. Choosing **arbitrary** cutoffs for "above" average and "below" average.
- 6. Improving processes through the use of arbitrary numerical goals and standards.

"For every problem, there is a solution: simple...obvious...and wrong!" --W. Edwards Deming

"If we're actually trying to do the wrong thing, the only reason we may be saved from disaster is because we are doing it badly."

--David Kerridge