



## Understand the Problem

### **STEP 4.1 Graphically present data**

Review the current performance data for your selected clinical measure or other QI opportunity. To better understand the process elements that comprise performance for the selected opportunity, consider collecting data for those elements. This can be done either retrospectively by pulling relevant patient charts and abstracting relevant information, or prospectively by following a small number of applicable patients over the next few days and noting the steps taken to satisfy the measure.

Once you have a number of observations, present them in the form of a chart or graph. Some common formats for presenting data include: control chart (recommended), bar chart, histogram, line graph, or run chart.

### **STEP 4.2 Identify patterns of variation**

Look at the variation in performance between providers and/or for one provider for your selected measure. Describe all your observations, particularly patterns of variation.

### **STEP 4.3 Conduct a root cause analysis**

Brainstorm the possible causes to explain the variations in care.

Sort the causes into broad categories (e.g., people, materials). Recheck and make sure the list of causes is complete. You may want to draw a fishbone diagram to create a picture of your root cause analysis. Attach it to this worksheet. (For more information, see the Root Cause Analysis tool in the QI Toolbox.)

Of all the causes identified in your fishbone diagram, narrow them down to what you believe are the three most important causes of the problem/process your team has chosen to address:

Cause # 1.

Cause # 2.

Cause # 3.