Process Development
Patient, Family and Care-Giver Education
Policy and Procedures
For
Hospitals, Clinics and Communities

(STEP SEVEN)

ORYX INDICATORS

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**ORYX Indicators and Health Education,
Patient and Family Education (PFE)**

Dimensions of Performance
Performance has multiple dimensions that help to direct individual and team thinking about how to design, measure, assess and improve processes and outcomes. We can usually identify global process or system dysfunction with ease but have more difficulty conceptualizing specifically why processes or systems **may not be working.** What is consistently true across all the performance dimensions is that each is **definable, measurable** and **improvable.** Performance is **what** is done and **how** well it is done to provide health care.

The level of performance in health care is:
- The degree to which **what** is done is **efficacious** and **appropriate** for the individual patient; (Doing the right thing); and
- The degree to which it is **available** in a timely manner to patients, who need it, **effective, continuous** with other care and care providers, **safe, efficient**, and **caring and respectful** of the patient. (Doing the right thing **well**.)

In the past, JCAHO looked at all phases of the Hospital or Clinic but Health Education/Patient Education, was not an area of Review until a new JCAHO Standard, Patient and Family Education (PFE) was introduced in 1993. Since the introduction of that new PFE Standard the Indian Health Service's Health Education Program has been encouraging the active participation of the Health Education discipline with the Clinical disciplines. It is hoped that this partnership will assist IHS and Tribal Hospital and Clinics to work together to achieve higher JCAHO scores on PFE. The achievement of higher JCAHO scores is only one phase of good management and better health care. To prove that good management is occurring, statistical facts can reinforce good management practices. The statistical indicators of measurement for better patient education are proven through use of ORYX Indicators.

Health Educators, by training in education, should possess the expertise to assist the clinical disciplines to develop and offer better educational processes. Furthermore, Health Educators, in fact, all educators need to ensure that they receive credit for the community, group, or individual patient education they are conducting. They can only receive credit if they are documenting the Patient and Family protocols/codes on the PCC form. And only the documentation of patient and family education can prove that education is, in fact, taking place within the facility.

The JCAHO would like to see *spatulas and clinics without walls."* In other words, are your health services extending beyond the hospital/clinic and reaching the community at-large? Can all disciplines document the PFCE that is being provided in all healthcare settings, i.e., inpatient, outpatient, Community or Public Health Nursing, Community Health Education, Nutrition, Public Health Education, etc?

What is ORYX?
Moving into the computer information age, the JCAHO is looking at statistical Outcome Indicators for care. While JCAHO Surveyors can physically come on-site and look at programs, patient charts, etc., they now have asked all sites seeking JCAHO Accreditation to select some type of statistical Outcome Indicators system to provide to them factual, statistical numbers on patient care. Private companies and some hospitals have come up with their own method for statistical reporting for JCAHO. The Phoenix Area of the IHS developed a system for reporting statistical Outcome Indicators called ORYX. Each IHS Area had to make a decision to buy-into the ORYX System developed by the Phoenix Area or to purchase or participate in a different type of Outcome Indicator process. Some IHS Areas selected ORYX; other IHS Areas choose systems other than ORYX. Regardless of whether your site is participate in the IHS ORYX system or not, your site is using some type of Outcome Indicator system. IHS (and many Tribal Hospital and Clinics) continue to use the Patient Care Component (PCC). Even though your site may have chosen not to use the ORYX system, the information presented here continues to apply to your site by virtue of the fact that your site is probably using the PCC. The Outcome Indicators will help you obtain statistical data from the PCC.
ORYX meets the JCAHO requirements because ORYX is:
$　　　　a Data Driven accreditation process
$　　　　a Performance Measurement system
$　　　　and is unique to the Indian Health Service because the data comes from the PCC

Measurement

Purpose:
Ongoing measurement
Intensive Measurement
Measurement to determine improvement

Priorities for Measurement:
Important functions (individual-focused and organizational)
High volume, high risk, problem prone and high cost
Functions/processes of special concern (to patients, staff, organization mission)

Types of Measures:
Process
Outcome
Satisfaction (Patients and other needs)
Staff views

Measuring Success of Performance Improvement
Denominator defines the large number of patients or events that you are looking at.
Numerator defines the smaller number or the specific patients or events you are measuring.

The Selection of five (5) Patient and Family Education ORYX Indicators
The Outcome Indicators selected for Patient and Family Education (PFE) needed to meet or were defined by the following criteria:
$ Are the Indicators measurable?
$ Are the Indicators retrievable?
$ Is the Indicators specific?
$ Indicators must be high volume, high-risk, problem-prone
$ If one element of the equation (numerators/denominators) falls out, the opportunity to improve cannot be identified which results in useless data
$ Inpatient and outpatient indicators have been separated for the same reason
$ ICD-9 codes must be available for the indicator
$ Taxonomies will need to be built according to drugs used at each facility
$ The Indicator selected must reach/affect 20% of the population at your Service Unit.

The five Outcome Indicators that were selected for Patient and Family Education (PFE) were selected because they met the above criteria *and* met:
$ either a JCAHO Standard,
$ a GPRA Objective,
$ clearly reflected a health problem/area where Health Educators were/should be working

Every Health Provider (physicians, nurses, nutritionists, pharmacists, CHR, physical therapists, health educators, Public health nurses, EVERYONE) should use the Patient and Family Education (PFE) Protocols and Codes.
If everyone will use the IHS Patient Education Protocols/Codes, it is hoped that comprehensive, multidisciplinary patient education will ensure that our clients are receiving the best care possible!

**Draft* PATIENT AND FAMILY EDUCATION INDICATORS
TO MEET JCAHO ORYX REQUIREMENTS**

INDICATOR #1: Tobacco
Number of Patients with Patient Education (PED) TO-Quit or TO-LA (1 Year)
Number of Patients with ICD-9 Code(s) of Health Factor (HF) Tobacco/Passive Smoker (1 Year)

Pts. With PED TO-QUIT or TO-LA (1 Year)
Pts. With ICD-9 Code(s) HF

INDICATOR #2: Diabetes
Number of Patient Education (PED) DM/DM2-Exercise (1 Year)
Number of Patients with ICD-9 Code(s) 250.00-250.93

# of Pts. With PED DM/DM2 - EX
# of Pts. With ICD-9 Code(s) 250.00-250.93

INDICATOR #3: Breast Self-Exam
Number of Patients with Patient Education (PED) Code Women Health (WH)-Breast Self-Exam(BSE) (2 Years)
Number of Women Patients with Clinical BSE (2 Years)

# of Pts With PED WH-BSE
# of Pts With BSE

INDICATOR #4: Breast Feeding
Number of Patients with Intrauterine Pregnancy AND Breast Feeding Patient Education Code
Number of Patients with ICD-9 Codes for Intrauterine Pregnancy or Post-Partum (6 Weeks)

# of Pts. IUP and BF PED
# of Pts. With ICD-9 Codes for IUP or Post Partum 6Wks

# of Pts. BF PED
# of Pts. With ICD-9 Codes for Post Partum 6Wks

INDICATOR # 5: Medications
Number of Patients with Medications (M) Patient Education (PED) Codes
Number of Patient who receive Medications

Pts with M-PED
Pts. Who receive Medications

* Draft: Subject to JCAHO approval and acceptance

STEP SEVEN
CHECK LIST
ORYX INDICATORS

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___   Are the Indicators measurable?

___   Are the Indicators retrievable?

___   Are the Indicators specific?

___   Indicators must be high volume, high-risk, problem-prone

___   If one element of the equation (numerators/denominators) falls out, the opportunity to improve cannot be identified which results in useless data

___   Inpatient and outpatient indicators have been separated for the same reason

___   ICD-9 codes must be available for the indicator

___   Taxonomies will need to be built according to drugs used at each facility

___   The Indicator selected must reach/affect 20% of the population at your Service Unit.