**Key Metrics**

As you are investigating your problem, you want to ensure you have data that documents the problem while allowing you to track over time to show your improvement. There are 4 types of metrics that we use in process improvement. Each of these metrics will become part of your Data Acquisition plan.

* **Step 1: Identify Outcome Metrics**
  + This is the metric that captures the ultimate outcome of your project. It is usually something that directly impacts patients, such as experience, mortality, or safety events. As a result, it can take a long time (typically months to years) to see a change in this type of metric. While you should be tracking outcome metrics, you’ll also want to track other metrics that give you a more rapid sense of if the intervention is working.
    - *Examples:* Number of DVTs, deaths from sepsis, strokes in patients with hyperlipidemia, admissions to the hospital for asthma patients.
* **Step 2: Identify Process Metrics**
  + This metric captures a step that we know, or think, leads to the desired outcome, but is usually easier to measure in real time, or at a more rapid frequency. This allows you to know if your intervention is working more quickly than an outcome metric. As a result, these commonly become part of the aim statement.
    - *Example:* If we want to prevent DVTs in the hospital, the percentage of time we prescribe DVT prophylaxis is a process metric, because we KNOW that more DVT prophylaxis prevents DVTs. DVTs (outcome metric) take longer to measure because they are a rare event, but every day you can measure how many times DVT prophylaxis is prescribed.
* **Step 3: Identify Structural Metrics**
  + This metric captures structures that are needed to provide optimal care, such as number of beds or number of staff members. Not all projects have structural metrics. Like process metrics, these often make up the aim statement.
    - *Example:* For the DVT problem – you need to ensure you have enough access to heparin (the medication used for DVT prophylaxis) and enough nursing time to administer the medication. These are structural metrics. Other structural metrics for different projects could include the presence of 24/7, in-house intensivists or a diabetic educator in clinic.
* **Step 4: Identify Balancing Metrics**
  + This metric captures the potential unintentional negative consequences of your project work.
    - *Example:* If the goal is to increase DVT prophylaxis with blood thinner medications, ensure you are not causing a higher bleeding rate. The rate of bleeding is your balancing metric.