

# Effective Use of Control Charts

**Purpose** This tool provides guidelines and tips on how to effectively use control

charts to communicate research findings.

**Format** This tool provides guidance on control charts and their purposes, and

shows examples of preferred practices and practical tips for control

charts.

**Audience** This tool is designed primarily for researchers from the Model Systems

that are funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). The tool can be adapted by other

NIDILRR-funded grantees and the general public.

The contents of this tool were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0012-01-00). The contents of this fact sheet do not necessarily represent the policy of Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

- The primary use of Control Charts is to monitor processes, events, and incidents of interest over time and to identify when such occurrences are higher or lower than desired or expected.
- The general intention is to reduce the number of undesirable events (or increase the number of desirable events).
- Frequently another goal of such monitoring is to reduce the variability of such processes, so as to improve quality.
- Control Charting frequently involves an initial period of process monitoring by which the baseline average and variability of the process or item of interest is established, followed by a targeted intervention or training which is intended to reduce the undesirable trends (or reduce the variability of the process), followed by continued monitoring to assure that the new process remains in control – or to seek further improvement in the process.



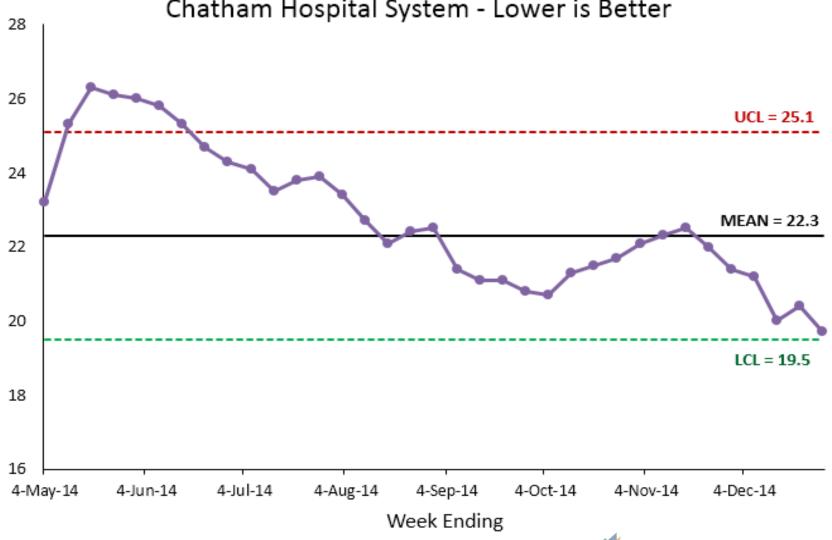
Health related examples of control monitoring include:

- Efforts to reduce the number of falls per 1000 hospital inpatient days
- Reduction in medically unnecessary low-risk C-sections.
- Reducing the rate of hospital acquired infections (or increasing the number of days since the last infection)
- Reducing average patient time prior to admission in emergency departments
- Reducing hospital blood lab processing times
- Reduce hospital re-admissions within 30 days of discharge



- Many varieties of control charts exist with slightly different calculations.
- But all control charts involve:
- Calculation of an average (typically the mean) for the process
- Calculation of a measure of variation in the process (typically the standard deviation).
- Calculation of the standard error using the standard deviation and sample size.
- Calculation of the Upper Control Limit (UCL) and Lower Control Limit
   (LCL) typically set at 2 or 3 standard errors above or below the mean.
- ▶ Data is collected on the process of interest (typically monthly, weekly) and plotted over time and compared to the baseline mean and the UCL LCL to detect performance improvement (beyond "normal" variability) or performance deterioration, or variability reduction etc.

C-Sections as a Percent of Low-Risk Deliveries Chatham Hospital System - Lower is Better



Source: Mock Data

Model Systems
Knowledge Translation
Center