hscic Health & Social Care Information Centre

Criteria and considerations used to determine a quality indicator

Indicator Assurance Service

Version 3

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1. Clarity: Is it clear what the indicator will measure?	
a)	A unique name for the measure which is sufficiently descriptive to convey meaning when referenced or quoted without supporting meta-data and differentiates it from, or specifically associates it with, other indicators.
b)	A clear and unambiguous description of the measure, which is expressed both in plain English and the relevant clinical and/or statistical terminology of the particular subject in question, and which is suitable for a diverse audience.
c)	A clear statement about the measurement units, and reasons why that unit has been chosen as relevant.
d)	A clear statement about the scope of the indicator, which will typically include aspects such as detailed patient, population, disease group, geographical and geographical granularity coverage.
e)	All other major inclusions and exclusions should be stated in the indicator definition.
2. Rationale: Are the reasons and evidence for measuring this clear?	
a)	The sponsor for the measure should be clearly stated.
b)	A clear statement about the purpose of the measure.
c)	A clear identified gap or need for the indicator.
d)	Justification as to why this is a sufficiently important question/service that requires measurement.
e)	A clear statement about the evidence base for the measure such as clinical evidence or professional consensus, and if relevant it should be acceptable to those whose behaviour and practices this may be applied.
f)	A clear statement of the policy objective and/or critical business question that the measure is seeking to capture. The rationale must be clearly set out, be plausible, and capable of being understood by a diverse audience including the public.
g)	If the indicator fits into a framework, the rationale for the framework as a whole and an outline of how the indicator is included.
h)	Previous decision-making documents are included for reference.

3. Data: Is the data in the measure fit to support the purpose?	
a)	The source of the data is clearly identified with justification, including the extent of any intermediate processing steps which might predispose the data to errors or bias. How data will be extracted or collected is included, with justification if required.
b)	Whether the indicator data source is re-using a collection/extraction or is primarily being collected / extracted for the indicator is discussed.
c)	Alternative data sources have been considered with justification as to why they were not used.
d)	Data availability is discussed, including the form in which it is available, who has access to the data and evidence that it is available with sufficient frequency and timeliness to enable desired improvement actions to be visible. The availability of data long-term has been considered.
e)	The data used is robust enough to support the measure and its derivations. The quality of the data is above the threshold of acceptability, and this threshold is explicitly defined in the method, and accepted by all stakeholders. The effect of data quality issues upon the measure are explicitly known and declared.
f)	An explicit definition of any exclusions from the scope, (which might include specific instances, or be based on calculated or derived rules) along with justification as to why these have been excluded.
4. Construction: Will the methods used support the stated purpose? Is it clear what methods are used and how they have been tested and justified?	
a)	The measure construction, and/or relevant derivations from it are explicitly defined and justified, to the extent that it is possible to reconstruct the measure and/or derivations using the same base data.
b)	The construction of the indicator is fit for purpose and supports the stated rationale.
c)	The element of chance has been appropriately considered in the design of the measure, and in any associated derivations or statistical models.
d)	Indicator is sensitive to changes in true events.
e)	An assessment has been made of the relevance and significance of case-mix, risk, age and sex adjustments in the context of the business question / improvement objective, or any other adjustments relevant to the indicator. An explanation as to what extent these have been carried out and any testing used to inform choice of standardisation method used (if relevant) should be summarised.
f)	The use of confidence intervals or control limits has been stated, with the relevant methodology and justification.

5. **Presentation and Interpretation:** Is the presentation of the indicator suitable and are all potential users able to interpret the values? Can the indicator be used for quality improvements?	
a)	Consideration of whether any contextual information is required to accurately interpret the indicator. Construction of appropriate contextual information is presented.
b)	An explanation is provided as to whether targets or target ranges will be used with supporting evidence of how these are derived. Where targets are not used, how direction of travel should be interpreted by the user is provided.
c)	The indicator is capable of detecting variability that is important enough to warrant further investigation.
d)	Clear statement regarding how the indicator should be used and how it can be used for comparison. Clear explanation of when the indicator cannot be used, with justification.
e)	A list of caveats to be presented with the indicator has been included. A thorough investigation into limitations has been carried out and has been addressed as successfully as possible.
f)	Any biases resulting from scope, sample size or data collection/extraction factors have been clearly identified.
g)	Consideration has been given to the forms of presentation of the indicator for the intended stakeholder audience. These are appropriate and have been tested or verified in some way.
h)	Any common industry standard conventions for presentation have been adopted e.g. standard error bars, labelling, scale, limitations, exclusions etc.
i)	To what extent action can be taken to improve a 'bad' position suggested by an adverse indication is clearly stated, and what steps can be taken to improve the measurement. Providers and commissioners are able to improve the results of the measurement.

6. **Risks:** Are any limitations, risks or perverse incentives associated with the indicator explicitly stated?	
a)	A purpose and description of any similar existing indicators are presented alongside justification as to why an additional indicator is needed. Differences in purpose and construct are clear and appropriate.
b)	Methodology is consistent with other existing indicators or indicators within the same set, or justification is provided as to why this is not appropriate.
c)	Consideration as to whether results of the measurement would contradict other existing indicators and any resulting impacts of this.
d)	If the measure, or the process of measurement, introduces undesired behaviours by those being measured, these are clearly stated. If the extent of this is known or predictable, it does not invalidate utility of the indicator.
e)	To what extent the indicator is susceptible to the risk of 'gaming' is clearly stated, outlining whether the measure is capable of being manipulated in some way to influence the outcome without the intended improvement actions taking place.
f)	Issues around disclosure control have been considered.