The Definitive Quality Dashboard

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The Definitive Quality Dashboard

Creating meaningful, board-level quality dashboards can be a challenging task. But, if done right, these dashboards provide boards with easily digestible information that allows them to see exactly what they need to be monitoring. This in turn, allows them to set goals, make improvements, and continually move the organization in the right direction.

With an overload of data, it is critical that boards strategically think through what is included on the quality dashboard. While much of this work is done by the board-level quality committee in conjunction with the quality improvement staff and management team, boards need to be involved in identifying the metrics they are tracking and participating in education to fully understand the datapoints they receive.

This publication provides some guidelines for developing or revising your board-level quality dashboard, as well as recommended metrics to monitor.

The Governance Institute includes ***outcomes, safety, experience, and value*** in its definition of quality. Every board should agree, up front, on their organization's definition of quality, but most boards also must be reviewing metrics that address each of these four areas in all care settings, including metrics related to population health such as chronic disease management and social determinants of health that might affect the organization's ability to keep populations healthy and meet performance targets in accordance with value-based payment contracts.

Helpful Tips for Elevating Quality Dashboards

Below are some guidelines to consider when creating or updating quality dashboards:

1. **Create a list of 10 to at most 15 *outcome* measures** (not operational process measures) that the board and quality committee should see. It is important to avoid creating a comprehensive dashboard; the quality improvement (QI) staff has to track *all* quality measures, but the board should only be looking at high-level, strategically chosen metrics that provide the board with a transparent, easily understandable picture of how the organization is really doing.
2. **Base metrics on yearly priorities that are connected to the long-term strategic plan**. Each year, management should present the board with three to five focus areas for the organization, as well as a rationale as to why these are priorities. The dashboard should then align with these goals to ensure prioritization has occurred and the organization is working towards continuous improvement and excellence in areas where there is opportunity. For example, your health system's long-term goal (five or 10 years out) may be to get to zero patient harm. To get there, the organization may have targeted focus areas such as implementing high reliability practices and reducing unwarranted variations in care. For reducing unwarranted variations in care, there should be annual metrics and goals.
3. **Set clear, well-thought-out targets**. Think through what targets make sense based on the organization's current position, improvement capabilities (current and desired), and the population it serves.[1]
4. **Reconsider color-coding**. While color-coding can be visually appealing, the dashboard should go beyond the typical red/yellow/green coloring. This can provide a very misleading picture at first glance. Generally, occurrences of most of the events on the dashboard are very low (which is good!), so a high-performing system could easily look red, creating a situation where the board might drill down into an area that might appear urgent to address on paper, but that might not actually be where the board should be focusing to make the most impact. Data graphed over time is much more effective for communicating information and ensuring the board isn't coming to any false conclusions. Boards should also have an understanding of the number of events in any given category (e.g., CAUTI, CLABSI, falls).
5. **Look at trends by using a run chart on key metrics.** Many people declare trends in performance inappropriately, by looking at only the first and last points or only the last two points and assume a trend in a positive or negative direction. Boards and leaders must be cautious about this. A run chart (plotting data over time, such as monthly) can help identify a true trend or shift in performance, which takes several data points. Some organizations create small/micro run charts on the board dashboard itself; others create an appendix (via a live link on digital dashboards) or a set of graphics located behind a printed dashboard that displays the data in run chart format.

1 The Governance Institute cannot provide recommended targets to set because every organization's performance (current and historical), improvement capabilities and resources, and patient acuity are different. Your quality improvement staff can provide the board their rationale for why targets are being set and what actions are being put in place to meet those targets, using internal resources and historical performance data to set such targets. Comparing against top quartile or decile external benchmarks is important so that the board can understand how the organization's performance tracks against peers. The most important question for the board to ask is whether the current level of performance on any given indicator would be acceptable to patients.

Questions to Consider:

- What are the important quality and safety results we should be monitoring?
- How good do we want to be?
- Where is our performance now?
- Where should our performance be?
- When should we expect results?
- How does our strategy move this measure?
- What resources are we committing to this effort?

Recommended Metrics to Measure: What Story Are You Telling?

While there is no specific collection of outcome measures of hospital quality or safety that all boards should include, below are some recommended metrics to measure. Keep this question in mind at every step of the way: What story do these metrics tell us?

Inpatient Metrics

Healthcare boards need to understand how they compare across multiple hospital and physician public rating and ranking systems (Leapfrog, CMS Value-Based Purchasing, CMS Hospital Compare, Health Insight, etc.). While these are not a perfect indicator of success, they can be useful and directional. Boards should receive annually a comprehensive analysis of the publicly available rankings and ratings for their organization. Be sure to look at how the organization compares across multiple rankings, not just a single site.

Some high-level metrics to include on the quality dashboard include:

- Risk-adjusted mortality
- Healthcare-associated infections (HAIs)
- Patient experience (would recommend and net promoter score)
- Safety event reporting trends (serious safety events trended over time, including near misses/"great catches," total event reports, or percent of total event reports that are great catches). Setting targets for safety events will always lead to a target of zero, which may not be achievable. Therefore, trending is important.
- Measures to address disparities/equity of care (e.g., patient experience metrics between demographic groups)
- Workforce turnover rates (first year turnover or vacancy rates, others as needed)

Specific metrics for systems include those related to:

- Professional liabilitiy claims per adjusted occupied bed (consider how your organization is doing on hiring of physicians, peer review, transparency and disclosure, early resolution, and service recovery).
- Root-cause analysis (RCA) program (measuring this shows how serious the organization is about safety). The National Patient Safety Foundation RCA2 program should be considered a standard of care. Consider tracking the lead time (time from an event until an RCA begins). Consider tracking the percentage of RCAs that result in at least one strong action item.

- Value-based purchasing contracts (the board should be kept abreast of where the organization is in those programs).
- System boards (or the system-level quality committee) also need to have a dashboard that clearly shows variations in performance across hospitals and other care settings system-wide.

Outpatient Metrics

- Patient experience metrics broken out for ambulatory vs. in-hospital care (Physician CAHPS vs. HCAHPS); scores across the entire network.
- Employed physicians vs. non-employed outcomes and experience.
- MIPS (Is the physician group meeting the external standard? What percentage of providers/practices have met 90 percent or more of quality standards?).
- Relevant outpatient metrics that need to be tracked for value-based contracts and population health initiatives (the board should see only big-picture metrics).

Strong dashboards categorize improvement initiatives by the area that is being targeted for improvement, goals that can be measured consistently in and across departments, long- and short-term targets, and the executive responsible for performance improvement.

Finally, it is important to remember that the board quality dashboard is a dynamic, living document that changes over time due to changes in performance and corresponding changes in what the board needs to be looking at. Metrics may come onto or fall off of a dashboard over time as performance improves or focus areas change (just a reminder: the QI staff will always monitor all metrics, and bring to the board the most critical areas of focus that tell the big picture).

Remove Everything You Can, and Nothing Else

Excess information, confusing graphics, and unnecessary features can make a dashboard difficult to use and understand. Creating the ideal board dashboard should involve an iterative process where the board has the opportunity to ask questions and provide feedback, perhaps viewing different options side by side.

A Critical Piece: Board Education

Once the quality dashboard is set, ensure that the board participates in education to fully understand the dashboard metrics. Quality measurement is complex, and often something not all board members are comfortable with. Education is key to the board being able to successfully monitor and measure the organization's results. Healthcare quality and safety measurement and benchmarking are very complex and are easily misunderstood and misinterpreted. Therefore, it is preferable to assign board members with a strong analytics and operations background to serve long terms.

Takeaways and To Dos

- Ensure that board dashboards only show a small grouping of metrics that the board *needs* to know and that the information is easy to digest.
- Choose quality metrics to monitor that align with your strategic plan.
- Simplify reporting and dashboards. Color-coded dashboards tend to be overly complex making it difficult for boards to understand true levels of performance.
- Take time to review the organization's current quality scores against its own historical performance; make sure the dashboard demonstrates this clearly.
- Have the board participate in education to fully understand the dashboard metrics.

The following are some example dashboards from Governance Institute members that best represent the recommendations in this publication. These are provided as examples of ways to present information visually rather than examples of specific metrics. They are not intended to be copied or used as templates, but rather to bring to your quality improvement team for consideration if you feel your board's quality dashboard needs to be revamped or improved.

Exhibit 1. Jefferson Health Quality and Safety Scorecard

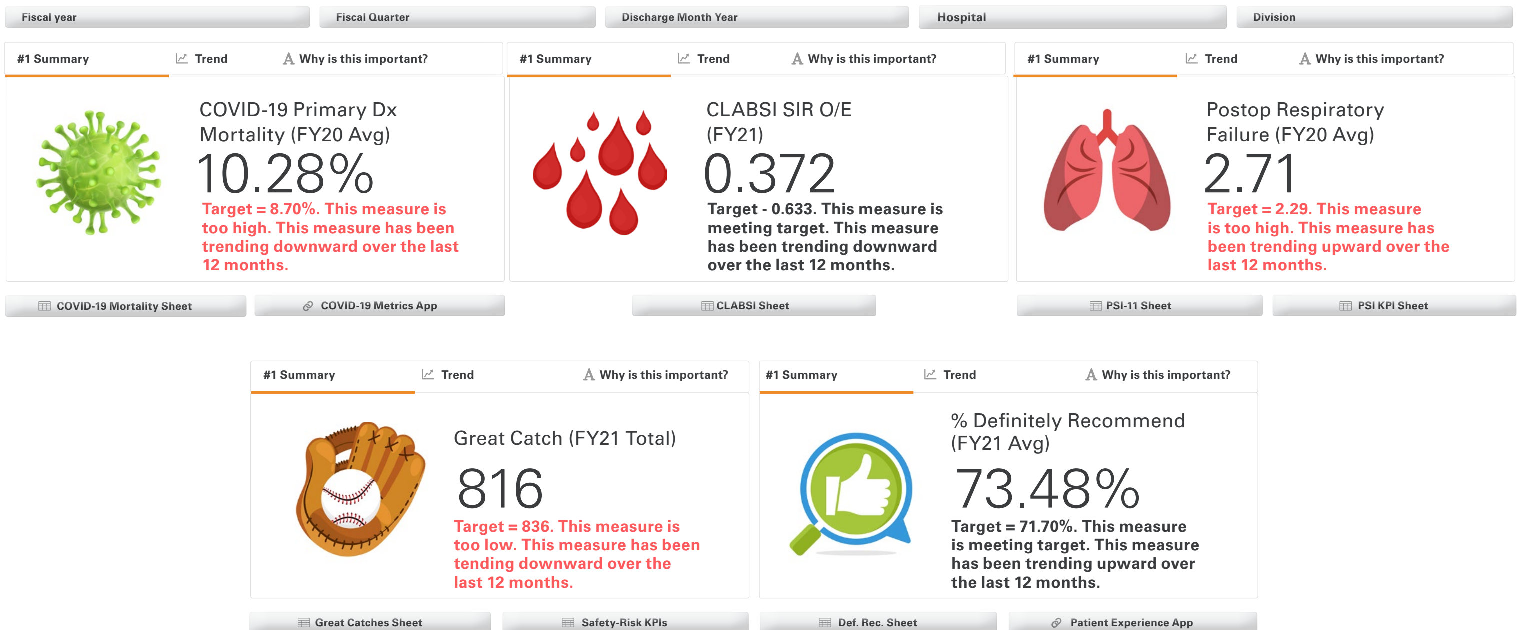

Exhibit 2. Main Line Health System Quality & Safety Dashboard Quality Year—2021

Year To Date * Baseline Period January 2019–December 2019

Data for illustration purposes ONLY
NO actual hospital values used

	Desired Direction	System Goals for QY2021 Apr20-Mar21			Results for YTD Compared to System Goals										*QYTD Period
					Sytem		Hospital 1		Hospital 2		Hospital 3		Hospital 4		
		Threshold	Annual Target	Superior	Baseline	YTD	Baseline	YTD	Baseline	YTD	Baseline	YTD	Baseline	YTD	
Safe															
Safety															
① **Preventable Harm Events SSE1-5**	▽	10	5	0	10		2		1		5		2		Apr20-Feb21 (11mo.)
Procedure Related Adverse Events	▽	N/A	N/A	N/A	6		2		1		2		1		Apr20-Feb21 (11mo.)
Inpatient NDNQI Falls - Any Harm Score per 1,000 patient days - Acute	▽	2.30	1.63	1.03	1.70 (409)		1.55 (88)		1.49 (132)		2.06 (115)		1.92 (74)		Apr20-Feb21 (11mo.)
Inpatient NDNQI Falls with Harm Score E or Worse - Acute	▽	N/A	N/A	N/A	10		2		3		4		1		Apr20-Feb21 (11mo.)
Pressure Injury Incidence - Hospital Acquired, Stage II , III or IV, per 1,000 patient days	▽	0.13	0.13	0.11	0.14 (27)		0.23 (9)		0.11 (8)		0.11 (5)		0.15 (5)		Apr20-Feb21 (11mo.)
Employee exposure events (Blood Borne Pathogens)	▽	193	183	162	203		42		78		32		20		Apr20-Feb21 (11mo.)
Employee injury related to patient handling	▽	149	116	83	208		47		42		36		32		Apr20-Feb21 (11mo.)
Percent of Failed Phishing Tests	▽	0	0	0	N/A		N/A		N/A		N/A		N/A		Apr20-Feb21 (11mo.)
Non-procedural Specimen Labeling Errors	▽	174	87	0	174		39		95		26		14		Apr20-Feb21 (11mo.)
Procedural Specimen Errors - Lost	▽	11	6	0	2		1		1		0		0		Apr20-Feb21 (11mo.)
Procedural Specimen Errors - Mishandled	▽	77	39	0	77		12		12		30		23		Apr20-Feb21 (11mo.)

For measures not reported as counts, refer to definition for values reported in parentheses.

① Preventable = Serious Safety Events with deviation from Generally Accepted Performance Standards (GAPS)

② The indicator results are not final when we produce the report each reporting period. Results are final 3 months after discharge.

N/A - Not Applicable

^ -System YTD includes Add'l entities

~ - Refer to Hospital Specific goals listed below YTD value for coloring requirements

Threshold Not Met	Threshold Met	Target Met	Superior Met

Where only Target is available, goal will either be met (green) or not (red). Where Superior is not available, result will be green if Target is met.

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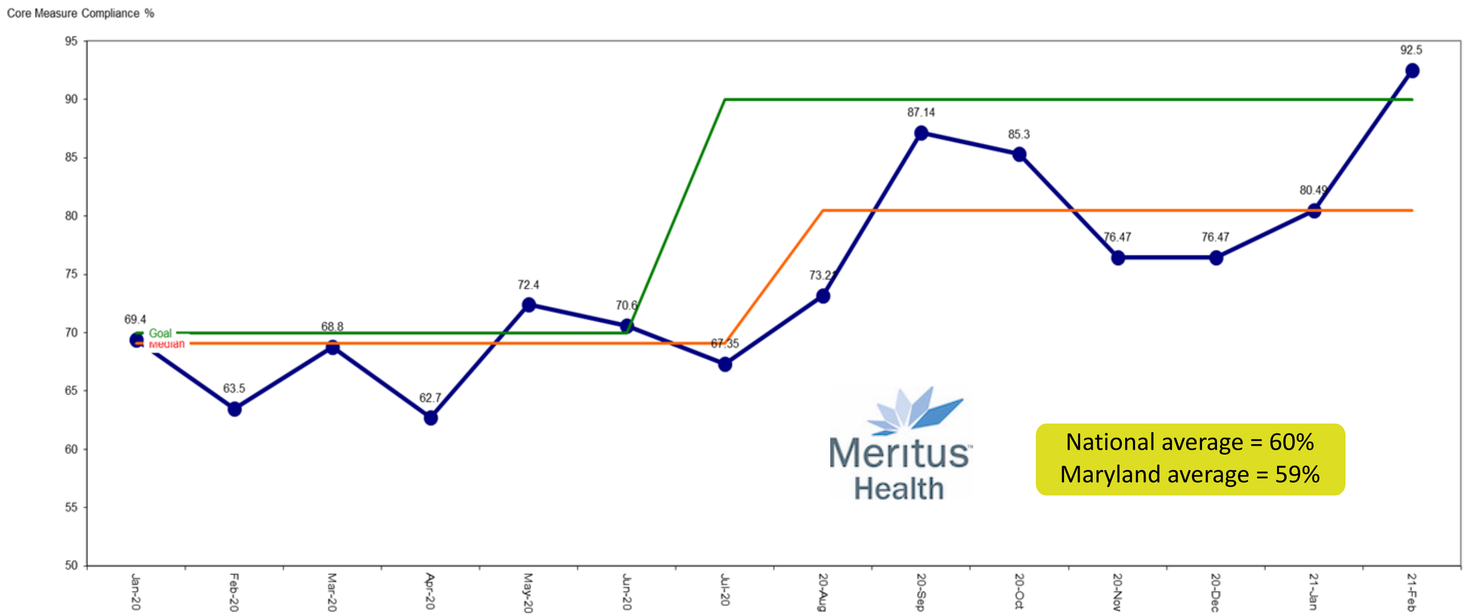
Exhibit 3. Meritus Health Sepsis Run Chart



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