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Susan L. Lawrence MS, CMAC
Lehigh Valley Health Network, Susan.Lawrence@lvhn.org

Krista J. Casey MBA
Lehigh Valley Health Network, Krista.Casey@lvhn.org

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Published In/Presented At

Lawrence, S. L., & Casey, K. J. (2011). Dashboards Drive Direction. *LVHN Scholarly Works*. Retrieved from <https://scholarlyworks.lvhn.org/administration-leadership/10>

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Dashboards Drive Direction

Susan L. Lawrence, MS, CMAC; Krista J. Casey, MBA

Lehigh Valley Health Network, Allentown, Pennsylvania

ABSTRACT:

Organizational approach to drive improvement and shared accountability for inpatient flow and readmissions within a 951-bed academic community Magnet hospital utilizing: measurement, goal alignment and transparency.

PURPOSE:

Share methods to hardwire performance expectations related to patient flow and readmissions throughout the organization.

METHODS:

- Measurement - Dashboards
- Goal Alignment - Annual Goals / Performance Evaluations
- Transparency - Visibility Walls & Shared Success

MEASUREMENT:

Weekly Dashboard: Weekly alerts prompt immediate response by responsible managers and physician leaders when targeted metrics are not achieved.

Capacity Weekly Variances

Data based on the prior Friday thru Thursday.
Rolling 3 Week Variance

Measure	Current Budget	Current Week	Variance	Achievement		Prior Week Variance	2 Weeks Prior Variance	YTD Variance
ADMISSIONS								
LVH Acute, Observation & AMB Overnight	1,056	1,011	-45.00	0.96	✘	-7	-22	-763
LVHM Acute, Observation & Amb Overnight	264	269	5.00	1.02	✔	-15	17	254
LENGTH OF STAY								
LVH Acute Length of Stay	5.15	5.28	0.13	1.03	✘	0.15	0.13	0.04
LVHM Acute Length of Stay	4.80	4.40	-0.40	0.92	✔	0.32	0.09	0.17
CAPACITY								
Transfer Center Bed Aborts	0	1	1.00		+	2	0	6
LVH-CC ED Diversions	20.00	4.3	-15.70	0.22	✔	21.8	20.6	218.1
LVHM ED Diversions	0.00	19.7	19.70		+	11.0	0.0	369.3

Cohorting Dashboard: Updated weekly; provides data for each cohorted unit to monitor progress and trends. Allows for collaborative alignment of goals between physicians and nursing.

Cohorting Dashboard LVHN Rolling 6 Months

Measure	Current Month	Prior Month	-2 Months	-3 Months	-4 Months	-5 Months	FY11 YTD	FY10	Baseline
	Apr 2011	Mar 2011	Feb 2011	Jan 2011	Dec 2010	Nov 2010			
5K/LVHSCC & LVPGM									
#5K Discharges	147	149	131	145	182	177	1,631	2,183	3,281.00
Average 5K Acute LOS	5.13	4.97	6.17	4.42	4.41	5.40	4.99	4.73	5.78
Average Observation Hours	31	34	32	33	31	32	31	31	34.28
%5K Discharges before 11 am	2%	0%	4%	1%	2%	3%	3%	3%	3.50
Avg 5K ED Admit to Disposition Minutes	130	145	161	219	86	37	106	93	168.00
# Discharge Orders before 11 am	5	8	7	12	6	12	97	262	‡
% Discharge Orders before 11 am	5%	5%	6%	10%	4%	8%	7%	13%	‡
# Discharges with LOs 10 Days or Greater	17	10	11	6	13	16	124	169	352.00
Press Ganey-Physician Kept You Informed	‡	‡	‡	‡	100	82	85	86	81
Press Ganey-Staff Worked Together	‡	‡	‡	‡	92	93	92	91	88

GOAL ALIGNMENT:

Quality goals are linked to financial incentives for management and staff.

- **Visibility Walls** - Used throughout the organization (from the boardroom to the patient care unit) to align and cascade goals across the Network.

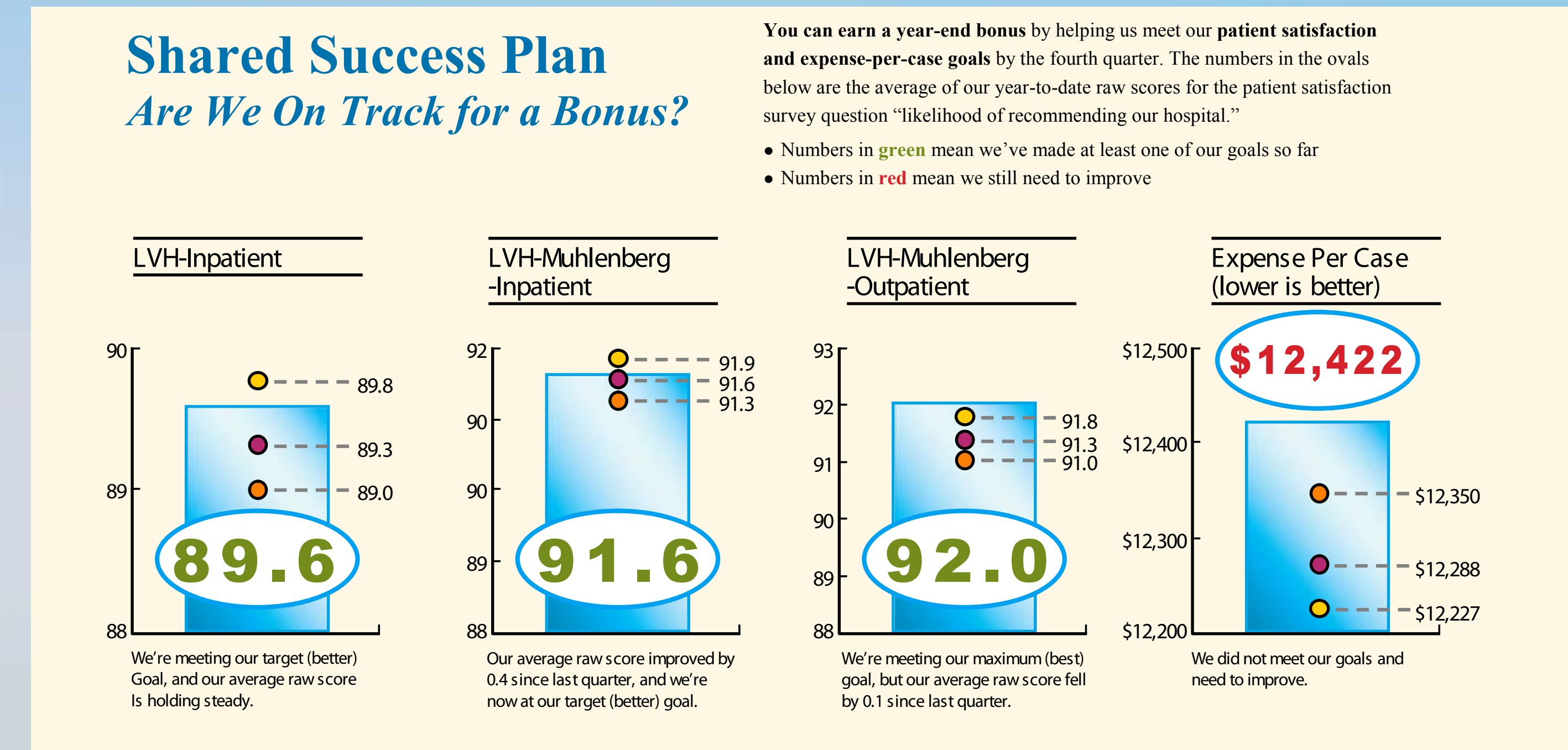
- **Boardroom** - Displays progress toward Network goal achievement for Board and Senior Management.

- **Departments and Nursing Units** - Displays progress and alignment toward Department/Unit goal achievement for front line staff and patients/families.



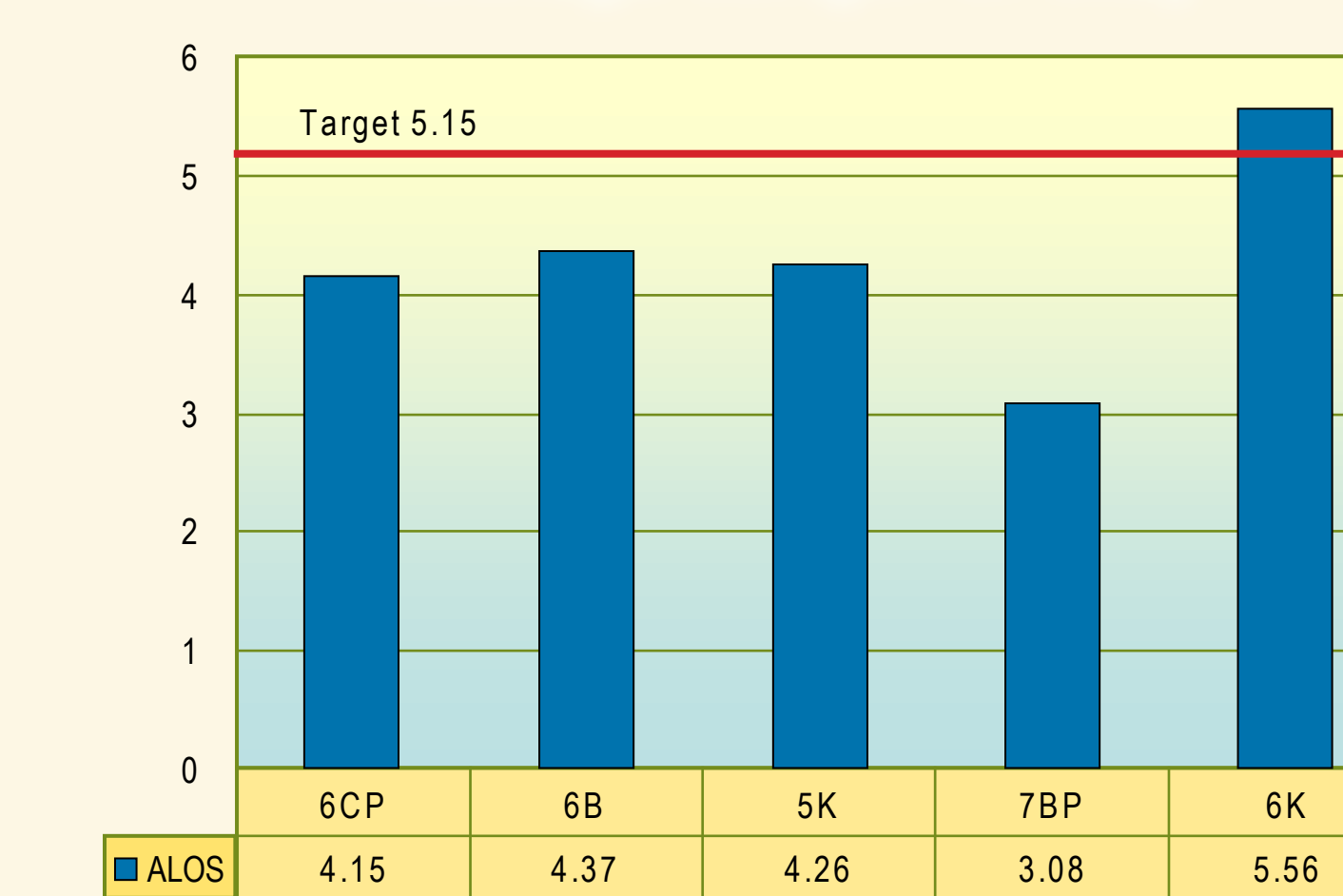
5K QUALITY BOARD													
Unit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Admission	1	0	3	2	3	0	4	2	4	2	1	1	1
Pressure Ulcers	0	1	2	0	1	1	0	1	2	1	0	1	1
CLABSI	0	0	1	0	0	0	1	1	0	0	0	0	0
Avg LOS	5.15	4.53	4.89	5.44	5.56	5.43	4.59	5.11	5.71	4.96	5.13	5.13	5.13
Nursing Satisfaction	91	91.5	93.1	91.9	91.7	93.6	93.9	90.7	93.6	93.4	93.4	93.4	93.4
Observed Compliance	13	7.5	5.5	9.7	10.6	3.6	3.3	6.5	7.6	6	12	6	12
Observed Compliance - 100%	97	95.0	94.3	95.1	95.6	94.6	94.3	97.3	95.6	95.6	95.6	95.6	95.6
Press Ganey (Phys Informed)	90	90.8	89	87.5	90.2	88.9	91.7	88.3	86.4	89.8	89.3	89.3	89.3
Press Ganey (Staff Worked Together)	88	86.3	91.7	90.6	93.5	86.8	80	83.3	89.5	86.4	85.7	85.7	85.7

- **Shared Success Plan:** Network goal achievement regarding patient satisfaction and cost per case.

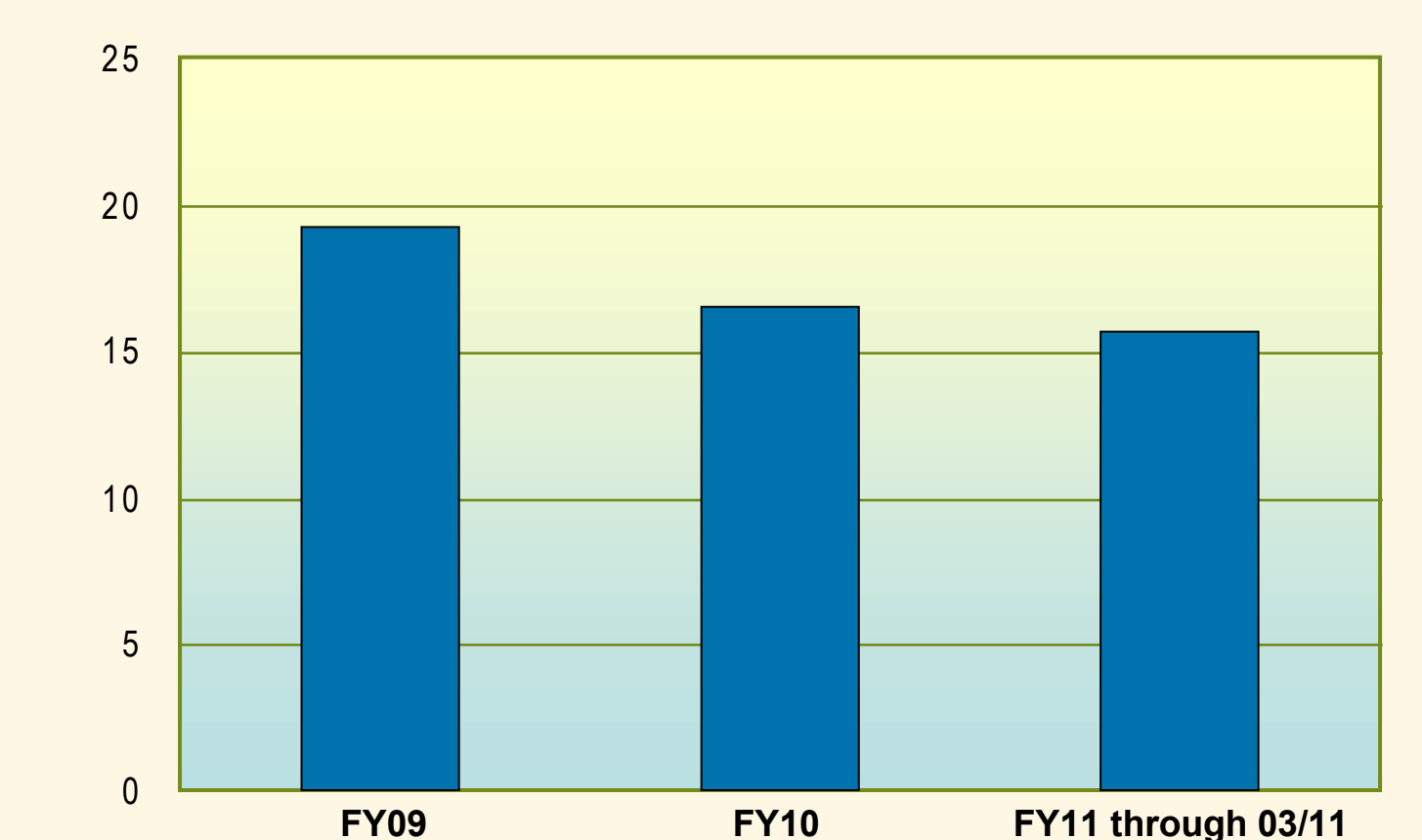


RESULTS:

Cohorted Units Average Length of Stay



Cohorted Units Readmission Rate



CONCLUSIONS:

- A culture of measurement, goal alignment and transparency can contribute to organizational improvement.
- Organizationally prominent and unit-based visibility walls containing key quality and efficiency metrics (length of stay, readmits, patient falls, pressure ulcers etc.) are publicly available for staff, leadership and patients/families contribute to the culture of accountability.
- Quarterly progress reports published in employee newsletters reflecting employee shared success potential are useful in promoting individual accountability.