Data Dashboard: Making the Electronic Medical Record Work for You

Erin M. Conahan RN, CNRN
Lehigh Valley Health Network, Erin_M.Conahan@lvhn.org

Claranne Mathiesen RN, MSN, CNRN
Lehigh Valley Health Network, Claranne.Mathiesen@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing

Published In/Presented At
Data Dashboard: Making the Electronic Medical Record Work for You

Erin Conahan, MSN, RN, ACNS-BC, CNRN, SCRN, PHRN and Claranne Mathiesen, MSN, RN, CNRN, SCRN, FAHA
Lehigh Valley Health Network, Allentown, Pa.

BACKGROUND
Stroke care is becoming increasingly complex in the 21st century. In order to assure optimal patient outcomes, our health network developed a stroke care pathway based on evidence-based practices and expert consensus. Overall goals for the project include increased adherence to practice standards and defined process metrics. This project is part of a larger institutional initiative for specific disease states. An integral aspect of the project was the development and implementation of a dashboard allowing for a global view of the stroke population as well as the ability to drill down to the patient or provider level.

PURPOSE
The purpose of the dashboard is to use data to evaluate trends and develop data driven interventions. This tool is available to key stakeholders including administration, quality, program leadership and care providers.

METHODS
The pathway initiative is a collaboration between quality, clinical, and data analytic teams. It used a multidisciplinary approach and included input from services throughout the care continuum. Clinical pathways for stroke alert, reperfusion, neurointerventional care, and nursing care were developed and recently launched. The dashboard auto-populates from discreet fields within the electronic medical record. It is an informational tool that allows for data transparency through the use of interactive charts and graphs which provides temporal trending.

RESULTS
Utilization of this approach supports system level data trending and analysis. Preliminary results demonstrate improved provider engagement, reduction in variability in several care processes, and data transparency through accessible real-time reporting.

CONCLUSIONS
Disease specific dashboards using automatic data feeds from the electronic medical record allow for evaluation of program efficiencies, population trends, and provider level data without additional manual abstraction or analysis. Evaluating data in real time allows for identification of variations in practice, real-time interventions targeting identified variances, as well as determining the effectiveness of interventions on quality and cost of care.

REFERENCES

ACKNOWLEDGEMENTS
We would like to acknowledge the contributions of the entire Stroke Care Pathway development and oversight committee.