Dashboards Drive Direction

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Dashboards Drive Direction
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ABSTRACT: Organizational approach to drive improvement and shared accountability for patient 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.

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.

RESULTS:

Capacity Weekly Variances
Data based on the prior Friday thru Thursday, Rolling 3 Week Variance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current Week</th>
<th>Budget</th>
<th>Week Variance</th>
<th>Var Week Variance</th>
<th>Monthly Var Var</th>
<th>Yr Var Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVH Acute, Observation &amp; Laboranges</td>
<td>1,050</td>
<td>1,011</td>
<td>-40.6</td>
<td>0.08</td>
<td>X -7</td>
<td>-22</td>
</tr>
<tr>
<td>LVH Acute, Observation &amp; Laboranges</td>
<td>265</td>
<td>209</td>
<td>4.5</td>
<td>1.52</td>
<td>✓</td>
<td>-15</td>
</tr>
</tbody>
</table>

LENGTH OF STAY
LVH Acute Length of Stay | 3.15 | 3.08 | 0.13 | 1.03 | ✓ | 0.11 | 0.13 | 0.04 |
LVH Acute Length of Stay | 0.93 | 0.89 | 0.04 | 0.03 | ✓ | 0.00 | 0.17 |

CAPACITY
Transfer Center Bed Alerts | 6 | 1 | 1.0 | ✓ | 2 | 2 | 8 |
LVH CC BD Discharges | 28.06 | 2.0 | -9.74 | 2.22 | ✓ | 21.8 | 20.9 | 21.8 |
LVH BD Discharges | 0.08 | 0.9 | 0.9 | ✓ | 1.2 | 1.5 | 8.0 | 368.3 |

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.