Using Personal Dashboards to Achieve Strategic Objectives

About the Presenting Organizations:

Androscoggin Home Care & Hospice cares for the health, independence, and quality of life of Maine residents and their families in the comfort of their home and community.

M.O.D.E.L Care is Patient Centered Care that is meaningful, organized, developed, effective/efficient and has lasting quality.

HealthWyse is a national software and services provider that has focused exclusively on serving home health, hospice and private duty agencies since 1998. HealthWyse’s fully integrated EMR solution enables agencies to address outcome, financial and regulatory challenges.
• Why are you at NAHC?
• Why have you chosen this session?

Agenda

• Select Dashboard metrics that drive the results you seek
  – The need for alignment with strategic objectives
  – One selected strategic objective: M.O.D.E.L. program

• Identify the organizational roles that matter and the metrics to focus upon

• Designing dashboards that are actionable
Alignment

The Human Connection to Patient Care

Patient Care to Strategic Goals

Strategic Goals to Dashboards

- http://www.youtube.com/watch?v=cDDWyj_q-o8

AHCH Selected Strategic Initiative

M.O.D.E.L. Care

- Meaningful
- Organized
- Developed
- Efficient/Effective
- Lasting Quality
Why Is It Important to Us?

- Consistently high quality standard of care
- Outstanding patient satisfaction
- Increased referral confidence
- If employees perform well, agency also does
- Helps us excel at all outcome benchmarks

Background

- AHCH embarked on M.O.D.E.L. care over a year ago
- All M.O.D.E.L. care projects are focused on improving the patient experience
- Data and reports committee formed
- Committee embarked on describing the work and gathering information
**Goals**

**Global Outcome Measures**

- Clinical Outcomes better than NDB by December 2013 and 10% above NDB by June 2014
- Patient Satisfaction better than NDB by December 2013 and 10% above NDB by June 2014

**Process Used**

- LEAN Methodology
- Determined Areas of Focus
  - M.O.D.E.L. Visit
  - Scheduling
  - Case Management
  - Communication
  - Data/Reports
Data/Reports/Dashboards

• Initial findings
• Identified weaknesses
• Overlays all other projects

M.O.D.E.L. Care
Data and Reports

Julie Porter, Information Services Supervisor, BS CIS
Problem Statement

There is too much information used in different ways without a clear understanding of why and the relationship to the “whole”.

- Multiple reports created/distributed by various departments, with data from multiple sources
- Duplication of reports and effort
- Too much information/too many data sources
- Different interpretations of information
- Inconsistent utilization of reports
- Various presentation styles of reports

Project Objective

To provide useful, accurate key indicator reports to improve management’s ability to impact patient care
Project Process

Committee embarked on describing the work and gathering information by:

- Conducting a survey
- Meetings, interviews and discussions with key constituents
- Research on data, reports and dashboards

Project Process: Analysis of Root Causes

PEOPLE
- Lack of feedback/incidents
- Time Management
- No Formal Training
- Not a Priority

COMMUNICATION
- Staff Miss Information
- Message not standardized across teams
- Different delivery methods for data/reports

POLICY & PROCEDURE
- HR Orientation Standard
- Expectation Lacking

TECHNOLOGY
- Too much information
- No standardized platform to present data, i.e. dashboard

Why don’t managers use key indicator reports to effectively improve patient care or effect change?
Results

• Consolidate current number of reports from 38 reports to dashboard views
  • Reduce # of data sources from Finance, Billing, PI, HHC, OCS, CMS, etc.
• Reduce PI Indicators
  • Overall 111 to 92
  • Intermittent 27 to 22
  • Hospice 43 to 38
  • Hospice House 40 to 38
• Finance: Reduce 7 reports to 1 screen
• Outcome Measure: KPI measures better than target by June 2014

Results

Intermittent Home Health:
Clinical Record Audit Indicators Removed

• Evidence of providing relevant information to the receiving organization
• Provider assessed patient/caregiver knowledge of complications of disease at SOC/ROC
• Provider assessed patient’s disease process and teaching every visit
• All fields in the OASIS are completed
**Results**

**Hospice Audit: Indicators removed:**

- Hospice Election
- Informed Consent signed by the patient
- All documents are legible
- Evidence of coordination with inpatient nursing facilities (Case Conference Form)
- Evidence of patient receipt of safe controlled drug disposal policy upon initiation of controlled drug. (QAPI)

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**Results**

**Hospice House Audit: Indicators removed:**

- All documents are legible
- Evidence of IDT meetings at least every 15 days
- Evidence a Discharge Summary was sent to physician (including patient discharges and revocations)
- Release of Body Form signed by staff and Funeral Home
- Fall Risk completed after a fall (QAPI)
- Evidence of physician orders for all treatments and procedures
- Documented updates from all disciplines evident on the IDT
- Hospice Aide Care delivered in accordance with established plan
- Documentation of Death
Course of Action

- Create DASHBOARDS (Collaborate with HealthWyse)
- Reduce indicators for PI and HealthWyse data
- Create Excel DASHBOARD reports for PI results

Goals for Course of Action

- **Reduce** duplication of reports
- **Reduce** number of reports and/or indicators within reports
- **Provide** simple and easily accessible information
- **Provide** useful, accurate and timely key indicator reports to improve management’s ability to impact patient care
- **Provide** education to those who need to utilize the reports
What is a Dashboard?

**Dashboard:**
Data visualization tool that displays a set of indicators about the state of a process or business metric at a specific point in time. *Like the dashboard in a car or cockpit in a plane but, instead of driving the car, the user is “driving” the process.*

![Dashboard Image]

These numbers are for presentation purposes and do not reflect Androscoggin’s actual results.

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Create Dashboards for Specific Roles

<table>
<thead>
<tr>
<th>Home Health Director/CEO</th>
<th>Chief Financial Officer</th>
<th>Clinical Operations/COO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Volume/Admissions/Visits</td>
<td>• Volume/Admissions/Visits</td>
<td>• Patient Outcomes</td>
</tr>
<tr>
<td>• PPS Statistics</td>
<td>• PPS Statistics</td>
<td>• Home Health Compare</td>
</tr>
<tr>
<td>• Case Mix Weight</td>
<td>• Case Mix Weight</td>
<td>• Hospital Utilization</td>
</tr>
<tr>
<td>• Visits per Episode</td>
<td>• Visits per Episode</td>
<td>• Patient Satisfaction Surveys (HHCAPS)</td>
</tr>
<tr>
<td>• Revenue per Episode</td>
<td>• Revenue per Episode</td>
<td>• Tier III Audits</td>
</tr>
<tr>
<td>• Productivity</td>
<td>• Productivity</td>
<td>• Incidents/Infections</td>
</tr>
<tr>
<td></td>
<td>• Revenue by Source</td>
<td>• Concerns</td>
</tr>
<tr>
<td></td>
<td>• Accounts Receivable</td>
<td></td>
</tr>
</tbody>
</table>

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Home Health CEO Dashboard

These numbers are for presentation purposes and do not reflect Androscoggin's actual results.

Dashboard Example: Hospital Utilization Outcome

- **PROBLEM:**
  Re-hospitalization rate exceeds target by 5%

- **GOAL:**
  Identify contributing factors, correct and modify as needed.
**Who Cares About This Data?**

**Patient:** Which agency should I choose for my care?

**CEO:** Outcomes are critical to success of organization.

**COO:** Patient care critical to success of agency; outcomes measure improvement, or lack thereof, drives agency overall performance

**Performance Improvement:** Are the OASIS scores accurate and where does focus of education need to be?

**Clinical Manager:** In which areas does my team need help with to improve?

**Clinician:** Do my outcomes compare with peers? Are they above agency goals?

**Accountable Care Organizations:** How does this agency measure up with others as a partner?

**Partners:** Should we partner with this organization, or choose someone else?

**Referral Sources:** What kind of improvement can I expect?

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**Hospital Utilization**

*These numbers are for presentation purposes and do not reflect Androscoggin's actual results*
Hospital Utilization

These numbers are for presentation purposes and do not reflect Androscoggin's actual results.

Display Variability

Hospital Utilization

These numbers are for presentation purposes and do not reflect Androscoggin's actual results.

Patient Demographics

Home Health Compare Reports this rate

Hospitals care about this rate

Hospitalization by referral source

Re-Hospitalization within 30 days for Heart Failure, Acute Myocardial Infarction, and Pneumonia during the most recent 30 days (13 week period). The table below displays the percentage of patients who were re-hospitalized within 30 days of their initial hospitalization. This information is provided to help hospitals improve patient care and prevent unnecessary hospitalizations. The table includes data for both inpatient and outpatient settings.

<table>
<thead>
<tr>
<th>Dx Group</th>
<th>% of Patients Re-Hospitalized</th>
<th>Acute Care Hosp Util</th>
<th>Acute Care Hosp Util within 30 days of inpatient DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients</td>
<td>1.470</td>
<td>(277 of 1470)</td>
<td>(128 of 1470) 8.5%</td>
</tr>
<tr>
<td>HF</td>
<td>42 of 1470</td>
<td>2.8%</td>
<td>(6 of 43) 14.3%</td>
</tr>
<tr>
<td>AMI</td>
<td>113 of 1479</td>
<td>7.5%</td>
<td>(25 of 113) 25.7%</td>
</tr>
<tr>
<td>Pneum</td>
<td>100 of 1470</td>
<td>6.7%</td>
<td>(25 of 100) 25.0%</td>
</tr>
<tr>
<td>HF,AMI,Pneum</td>
<td>137 of 1479</td>
<td>9.2%</td>
<td>(29 of 137) 21.2%</td>
</tr>
</tbody>
</table>

Referral Source: Select a Referral Source
Clinicians with good patient outcomes

Clinicians with poor patient outcome

These numbers are for presentation purposes and do not reflect Androscoggin’s actual results.

Rehospitalization rate by clinician

Active patient population risk score

These numbers are for presentation purposes and do not reflect Androscoggin’s actual results.
Insights from Re-hospitalization Dashboard

- Evaluate the performance of clinicians and supervisors
- Identify areas of re-training and best practice
- Compare your agency results with home health compare rates
- Discuss your agency’s 30-day re-hospitalization rates with key referral sources
- Identify areas to improve patient outcome
- Proactive focus on patients and clinicians

Dashboard Example: Patient Admissions

Goal:

- Identify improvement opportunities with:
  - Staff
  - Referral Sources
  - Specific NTUC categories
  - Programs, i.e. Hospice, Home Care, Private Duty
- Monitor changes in Not Taken Under Care
- Reduce non-billable visits
Who Cares About This Data?

CEO: Admissions gauge relationships with referral sources
CFO: Admissions related directly to revenue
COO: Admissions impact staffing in all areas
Clinical Manager: Admissions impact team and require staff available
Clinician: Schedule & productivity impacted
Referral Sources: How many of our referrals are not admitted, and why?
Marketing Department: Who do we need to visit, and why?

Dashboard Admissions Data

<table>
<thead>
<tr>
<th>Recent 13 Months</th>
<th>Metric</th>
<th>Indicator</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals (28 days)</td>
<td>Conversion Rate (SOC)</td>
<td>Current Census</td>
<td>1532</td>
<td>1600</td>
</tr>
<tr>
<td>Conversion Rate (SOC)</td>
<td></td>
<td></td>
<td>91.8%</td>
<td>95%</td>
</tr>
<tr>
<td>Current Census</td>
<td></td>
<td></td>
<td>1763</td>
<td>1600</td>
</tr>
</tbody>
</table>

These numbers are for presentation purposes and do not reflect Androscoggin’s actual results.
Dashboard Admissions Data

These numbers are for presentation purposes and do not reflect Androscoggin’s actual results.

Dashboard NTUC Data
Insight from Admissions Dashboard

• Track number of referrals and resulting admissions conversion rate
• Detailed information on referral population
• Identify areas in which patients are not being taken under care

Future State
PART THREE: DESIGNING DASHBOARDS THAT ARE ACTIONABLE

Jim Kazmer, Senior Developer, HealthWyse

The Standard Example...

When driving, we all have the same role and responsibilities (therefore, this dashboard works for everyone).
Problems with This Example...

• Our business has:
  – Numerous disparate roles
  – Many more indicators
  – indicators rarely have an obvious result action

The Many Roles in Your Organization:

[Diagram showing various roles in an organization including: Board of Directors, CFO, Billing, Compliance Officer, Director of IT, Director of HR & Recruitment, Director of Marketing, Director of Nursing, Director of Therapy, Director of non-clinical Services, Director of Inpatient, etc. Patient at the center is connected to various roles like RN, LPN, MA, EMT, PCA, HHA, Volunteers, etc.]
Actionable Information

Actionable information: (personal)
- has meaning to me.
- is something I care about.
- I know how to act on it.

Actionable information: (business)
- has a purpose that
- supports a responsibility that
- is (often) defined by a person’s role.

A good (actionable) dashboard is customized to each person’s roles and responsibilities.

Designing Actionable Dashboards:

Designing Actionable Dashboards is, foremost, about identifying the information that will provide the greatest ROI to the individual and the organization.

Two recommended approaches:

1. Focus on an individual role

   --or--

2. Focus on a critical business metric
Approach #1: Focus on an Individual

Who is the recipient?  Jim Kazmer

What is their role?  Quality Manager

What are their responsibilities?

What information do they need to monitor and manage their responsibilities?

Focus on Quality Manager Role (listing responsibilities)

- Manages clinical and administrative staff who support the QI process.
- Manages output and volume of cases assigned to each QI team member.
- Responsible for the clinical and administrative quality of the QI review team.
- Reviews performance of staff members and provides feedback as appropriate.
- Collaborates with Recruitment to identify and hire QI team members.
- Coaches, mentors, and trains QI reviewers to improve performance.
- Represents QI in work groups, multi-departmental task forces, etc.
- Coaches and mentors QI staff to support efficient, effective coding review. Assures completion of reviews in a timely, consistent manner.
- Conducts new provider training in accordance with company policies and regulations.
- Completes reports as required by QI Committee, focused studies, and special projects.
- Conducts ongoing training and education for field employees.
- Supports case review efforts of QI staff by providing clinical back-up and interface with leadership team.
- Reviews departmental performance, identifies opportunities for improvement and develops plans to support goal achievement.
- Provides staffing support for QI Committee.
- Completes activities as assigned to support timeliness of QI work plan activities.
- Collaborates effectively with members of Clinical Services leadership team and other departments.
- Engages staff through monthly QM staff meetings.
- Represents department both internally and externally.
- Provides oversight and direction to QI employees to support accomplishment of QI goals and objectives in accordance with policy and procedure.
- Develops procedures to support effective communication with CMO, Senior Medical Director, NPs, Managers, and Directors regarding QI outcomes in terms of content and escalation procedure.
### Focusing on Quality Manager Role

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Desired Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manages output and volume of clinical cases assigned to each QI team member.</td>
<td>• Average Oasis Reviews per person</td>
</tr>
<tr>
<td>Coaches and mentors QI staff to support efficient, effective Dx coding review.</td>
<td>• 48S/POC Reviews per person</td>
</tr>
<tr>
<td>Assures completion of reviews in a timely, consistent manner.</td>
<td>• Coding reviews per person</td>
</tr>
<tr>
<td></td>
<td>• Combine above three activities into one productivity measure.</td>
</tr>
<tr>
<td>Responsible for the clinical and administrative quality of the QI review team.</td>
<td>• # Rejected OASIS per person</td>
</tr>
<tr>
<td></td>
<td>• # Billing Adjustments per person</td>
</tr>
<tr>
<td></td>
<td>• # ADRs per reviewer.</td>
</tr>
<tr>
<td>Reviews performance of staff members and provides feedback as appropriate.</td>
<td>• Above measures.</td>
</tr>
<tr>
<td></td>
<td>• Detail from Drill-downs</td>
</tr>
<tr>
<td>Conducts ongoing training and education for field employees.</td>
<td>• # Staff needing cert credits in the next few months.</td>
</tr>
<tr>
<td></td>
<td>• Quality Measure Risk Factors with high correlations with negative outcomes.</td>
</tr>
</tbody>
</table>

### Focusing on Quality Manager Role

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Desired Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews departmental performance, identifies opportunities for improvement and</td>
<td>• Average delay for Oasis Reviews</td>
</tr>
<tr>
<td>develops plans to support goal achievement.</td>
<td>• Average delay for 48S/POC Reviews</td>
</tr>
<tr>
<td></td>
<td>• # Rejected OASIS (most recent 50)</td>
</tr>
<tr>
<td></td>
<td>• Billing Adjustments (most recent 50)</td>
</tr>
<tr>
<td>Oversees improvements in Strategic Quality Measure Performance</td>
<td>• Specific QMs (for example, Hospital Utilization)</td>
</tr>
<tr>
<td>Provides oversight and direction to QI employees to support accomplishment of</td>
<td>• Provide personal dashboard to team members</td>
</tr>
<tr>
<td>QI goals and objectives in accordance with policy and procedure.</td>
<td></td>
</tr>
<tr>
<td>Develops procedures to support effective communication with CMO, Senior</td>
<td>• Add QI outcomes components to (CMO, Senior Medical Director, NPs, Managers, and</td>
</tr>
<tr>
<td>Medical Director, NPs, Managers, and Directors regarding QI outcomes in terms</td>
<td>Directors) personal dashboards.</td>
</tr>
<tr>
<td>of content and escalation procedure.</td>
<td></td>
</tr>
</tbody>
</table>
Quality Manager Dashboard

Scatter Plot of Avg. Days to Review Oasis vs. Variation by Oasis Reviewer
Quality Manager Dashboard  
(Drilldown from Hospital Utilization)

Scatter Plot of Avg. Acute Care Hospital Utilization Rate vs. Avg. Risk Score by Case Manager
Clinicians must have at least 10 patient discharges during the most recent 13 weeks to be shown in the graph below.

Approach #2: Focus on a Business Metric  
(Days To RAP)
Approach #2: Focusing on Days To RAP

Regulatory requirements for submitting a RAP:
1. After the OASIS assessment is complete, locked or export ready, or there is an agency-wide internal policy establishing the OASIS data is finalized for transmission to the State;
2. Once a physician’s verbal orders for home care have been received and documented;
3. A plan of care has been established and sent to the physician; and
4. The first service visit under that plan has been delivered.

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>Definition</th>
<th>Who wants this?</th>
<th>What role(s) are involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DaysToRAP</td>
<td>Days between first visit and RAP</td>
<td>Home Health Administrator</td>
<td>All roles listed below.</td>
</tr>
<tr>
<td>DeltaFromSOC</td>
<td>Time between prescribed SOC and SOC visit.</td>
<td>Intake Mgr, Clinical Mgr</td>
<td>Scheduler, Clinician</td>
</tr>
<tr>
<td>TimeToOasisComplete</td>
<td>Time between SOC and Oasis signed by clinician.</td>
<td>Clinical Mgr</td>
<td>Clinician</td>
</tr>
<tr>
<td>TimeToVerbalOrders</td>
<td>Time between referral and verbal orders.</td>
<td>Clinical Mgr</td>
<td>Clinician (Case Manager)</td>
</tr>
<tr>
<td>TimeToOasisReview</td>
<td>Time between Oasis signed by clinician and supervisor review.</td>
<td>Clinical Mgr</td>
<td>Oasis Reviewer</td>
</tr>
<tr>
<td>TimeToPlanOfCare</td>
<td>Time between SOC (or cert period) and 485 review sign-off.</td>
<td>Clinical Mgr</td>
<td>Case Manager, QA Reviewer</td>
</tr>
<tr>
<td>TimeToSendPOC</td>
<td>Time between 485 review sign-off and sent to physician.</td>
<td>Office Mgr</td>
<td>Office Staff</td>
</tr>
<tr>
<td>TimeToRapSubmission</td>
<td>Time between last pre-requisite completed and RAP submission.</td>
<td>Billing Mgr</td>
<td>Biller</td>
</tr>
</tbody>
</table>
Roles Touching Days To RAP:

Days to RAP: Dashboard Metrics by Role

<table>
<thead>
<tr>
<th>Role</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHA</td>
<td>Days to RAP (28 days)</td>
</tr>
<tr>
<td>Intake Mgr</td>
<td>DeltaFromSOC, TimeToOasisComplete, TimeToVerbalOrders,</td>
</tr>
<tr>
<td></td>
<td>TimeToOasisReview, TimeToPlanOfCare (most recent 7 days)</td>
</tr>
<tr>
<td>Clinical Mgr</td>
<td>DeltaFromSOC, TimeToOasisComplete, TimeToVerbalOrders,</td>
</tr>
<tr>
<td></td>
<td>TimeToOasisReview, TimeToPlanOfCare (most recent 7 days)</td>
</tr>
<tr>
<td>Scheduler</td>
<td>DeltaFromSOC (20 most recent)</td>
</tr>
<tr>
<td>Clinician</td>
<td>DeltaFromSOC, TimeToVerbalOrders, TimeToOasisComplete (20 most recent)</td>
</tr>
<tr>
<td>Oasis Reviewer</td>
<td>TimeToOasisReview (20 most recent)</td>
</tr>
<tr>
<td>Case Manager</td>
<td>TimeToVerbalOrders, TimeToPlanOfCare (20 most recent)</td>
</tr>
<tr>
<td>QA Reviewer</td>
<td>TimeToPlanOfCare (20 most recent)</td>
</tr>
<tr>
<td>Office Mgr</td>
<td>TimeToSendPOC (most recent 7 days)</td>
</tr>
<tr>
<td>Office Staff</td>
<td>TimeToSendPOC (20 most recent)</td>
</tr>
<tr>
<td>Billing Mgr</td>
<td>TimeToRapSubmission (most recent 7 days)</td>
</tr>
<tr>
<td>Biller</td>
<td>TimeToRapSubmission (20 most recent)</td>
</tr>
</tbody>
</table>
Days to RAP: Dashboard Metrics by Role

- **Home Health Administrator**
  - Days to RAP (30 days): 7.2, 7.5

Days to RAP: Dashboard Metrics by Role

- **Clinical Manager**
  - Delta from SOC (1 day): 0.52, 0.0
  - Oasis Completed (7 days): 1.43, 1.0
  - Verbal Order Compl. (7 days): 2.2, 1.0
  - Oasis Reviewed (7 days): 8.2, 3.0
  - POC Completed (7 days): 6.1, 3.0
Days to RAP: Dashboard Metrics by Role

- Intake Manager

- Scheduler

- A different Scheduler
Days to RAP: Dashboard Metrics by Role

- Clinician
  - Delta from SOC (20 most recent): 0.05 0
  - Oasis Completed (20 most recent): 0.75 1.0
  - Verbal Order Compl. (20 most recent): 0.68 1.0

- A different Clinician
  - Delta from SOC (20 most recent): 0 0
  - Oasis Completed (20 most recent): 2.48 1.0
  - Verbal Order Compl. (20 most recent): 2.39 1.0

Days to RAP: Dashboard Metrics by Role

- Oasis Reviewer
  - Oasis Reviewed (20 most recent): 4.8 3.0
Days to RAP: Dashboard Metrics by Role

- Case Manager
  - Verbal Order Compl (20 most recent)
  - POC Completed (20 most recent)

- QA Reviewer
  - POC Completed (20 most recent)
Days to RAP: Dashboard Metrics by Role

- Office Manager

Days to RAP: Dashboard Metrics by Role

- Office Staff
Days to RAP: Dashboard Metrics by Role

• Billing Manager

Days to RAP: Dashboard Metrics by Role

• Biller
Process Steps in order to submit RAP

Days to RAP
Avg. Days for Clinician to Complete OASIS
Avg. Days for Care Plan to be Reviewed
Avg. Days for Supervisor to review OASIS
Avg. Time to Submit RAP (once everything is ready)
Avg. Days to first Visit (re-certs only)

Days to complete OASIS by Clinician (02/01/2012 - 07/31/2012)
Laying Out the Dashboard

Selecting the right (actionable) information to be on your dashboard is more important than making the information look impressive or pretty.

- Design tips:
  - Less is more. Use fewer pixels.
  - Color is distracting. Use muted colors, except...
  - Quick and simple is better than elaborate and fancy.
  - The more information there is, the longer it will take people to review and act on it.
    - Don’t display everything.
    - Use summary measures.

Design Example: Information Density

[Diagram showing payer mix and summary measures]

- 180,000 pixels (480 x 375)
- 150,000 pixels (750 x 200)
Design Example: Information Density

- Recent 13 Months
  - Metric: Referrals (28 days)
  - Indicator: 450
  - Actual Target: 717

- 145,000 pixels (500 x 290)

Design Example: Minimize Distractions

- Hospital 3Q Dashboard
- Part 12 Months: Metrics, Indicator, Actual Target
- 56,250 pixels (750 x 75)

- 38
Design Example: Minimize Distractions

QUESTIONS?
What Are the Common Barriers to Creating Actionable Dashboards?

1. **Not focusing on the individual.**
   This can lead to generic results that are of no interest.

2. **Too much effort to identify every individual’s actionable information.**
   Do one individual role at a time, don’t try to do everyone at once.

3. **Difficulty to collect data and effort to create actionable information.**
   This is a reality... Focus on fewer metrics, and those that offer the highest ROI and/or are aligned with your organizational objectives.

4. **Expensive technology and/or large effort to deploy and manage dashboards.**
   It can be... your best solution depends on your existing infrastructure and team’s existing skills.

Does My Business Really Need Dashboards for Each Person?

**No...**
- Very few business process indicators require immediate action that will produce an immediate result (like moving your foot from the gas to the brake).
  - “If I know where to look, I can find everything I need to decide what I need to do. I almost always have enough time to find it.”
- If your business clearly communicates to each of its constituents what information/metrics they need to focus on, and gives it to them, then a dashboard project isn’t warranted.

**Yes...**
- Presenting all the “information that each team member needs to act on” in one easy to find glance is very empowering, and aligns each person with their priorities within your organization.
- Dashboards are an example of an information technology trend: making (actionable) information readily available.
  - This is really what we are talking about.
Dashboard Design Reference

• Information Dashboard Design: The Effective Visual Communication of Data by Stephen Few
• Stephen Few’s website: http://www.perceptualedge.com/

• The many books by Edward Tufte
  http://www.edwardtufte.com/tufte/