
Dashboard Benchmark Evaluation

Introduction

Hospital organizations utilize benchmarks to evaluate performance and to discover areas for improvement. Leaders within an organization utilize data from benchmarks to determine how their organization ranks amongst others. An organization's needs to know where they rank in comparison to their competitors and many leaders acknowledge the importance of benchmark data and creating improvement initiatives (HealthCatalyst, n.d.). Healthcare organizations evaluate the benchmark results and plan improvement initiatives based on the data. National benchmarks address various categories from patient safety to hospital readmissions.

Mercy Medical Center is a top performing hospital that has been praised for providing high quality care. They've received various awards for outstanding care and have been recommended as a top place to work in Minnesota. Currently, Mercy Medical Center has fallen below the national benchmark for hospital readmissions (Vila Health, n.d.). In 2012, the Centers for Medicare and Medicare Services began reducing payments for Medicare patients with excessive readmissions. Excess readmissions are based on a ratio that is determined by dividing the hospital's predicted admissions for conditions such as heart attacks, heart failure, and pneumonia by the amount of "expected" admissions. A ratio greater than 1 indicates that the hospital is having excess readmissions (Medicare.gov, n.d.) The Medical and Surgical area data has shown that there could be benefit from implementation of an improvement initiative.

The state of Minnesota has metrics for the measures that are "better than average", "average", and "worse than average". Minnesota has 133 measures of which more than 50% are above average (Agency for Healthcare Research & Quality, n.d.). Currently the United States readmission rate is 14.9% with a majority being elderly adults with Medicare insurance which impacts reimbursement for the hospitals. The total yearly cost for "unexpected" admissions in 2011 was \$41.3 billion, with more than half of the costs belonging to Medicare (America's Health Rankings, n.d.). Federal law requires that penalties be assigned to hospitals that have excessive readmissions within 30 days of discharge. Conditions such as Chronic Obstructive Pulmonary Disease (COPD) and heart failure (HF) are quality measures that hospitals must report as part of the Hospital Readmissions Reduction Program (HRRP) (AARC, n.d.).

Barriers to Benchmarks

Each organization faces challenges and barriers with implementing change initiatives based on metrics and dashboard data. According to the American Society for Quality (n.d.) benchmarking can be defined as "a process for measuring services, processes, and products against those of organizations known to be leaders in one or more of the aspects" (p.1). Organizations utilize benchmarks to identify areas or processes that would benefit from additional development and improvement.

Currently Mercy Medical Center's main barrier to overcome is the lack of diversity in the patient population they currently serve. As of 2016, Shakopee was comprised of 76% White ethnicity and less than 10% of their patients were of Hispanic-Latino or African American ethnicity (Vila Health, n.d.). Dreachslin, Weech-Maldonado, Jordan, Gail, & Epane, (2017) found

a positive relationship amongst hospital cultural competence and patient satisfaction which led to improved overall patient satisfaction and hospital ratings. There is no doubt that racial and ethnic disparities exist in healthcare and research has discovered that improved diversity management and improving staff cultural competence has made a positive impact on racial and ethnic disparities (p. 174). According to the Scott County Community Health Improvement Plan there is a community of Indian Americans that reside in the county and therefore it is essential to improve the Shakopee Mdewakanton Sioux community's access to healthcare (Brodsky, Aijala, Kleinfehn-Wald, & Stevens, 2018). Improving overall cultural competence will allow the staff to feel confident in providing care to this patient population.

Another potential barrier for Mercy Medical Center is the need for improvements in chronic disease management. Currently readmission rates for chronic conditions such as Chronic Obstructive Pulmonary Disease (COPD) and heart failure (HF) are higher than the overall average of Scott County. Mercy Medical Center's readmission rate for COPD is currently 31% while Scott County overall is around 28% and declining. Scott County's Community Health Improvement Plan (2018) stated that 67% of deaths in the county are due to chronic diseases. In the top five are heart disease and chronic respiratory disease, both of which are a concern at Mercy Medical Center. (Brodsky et al., 2018).

A potential issue that may arise with implementing improvement initiatives to aid Mercy Medical Center in improving benchmarks will be gaining staff support with new changes. Improvements in care areas requires extra time to ensure documentation is correct. Brickman (2013) acknowledges that change in healthcare is harder than in other industries and the frontline workers are often suspicious of the strategic agendas of senior administrators (p. 1). It will be pertinent for the administrators of Mercy Medical Center to be transparent with their improvement initiatives and keep the patient wellbeing as a top priority.

Benchmarking and Underperformance

In the literature it is evident that Mercy Medical Center has great potential to improve their rankings and overall patient care. The metrics were reviewed and analyzed in each department to determine the specific needs of each area but also to determine the best improvements to make overall. According to the Hospital CEO Dashboard the main area of focus for improvement is in patient safety specifically in medication errors, patient injuries, falls, and documentation errors (Vila Health, n.d.).

From 2015 to 2016 there was an increase in medication errors in the medical and surgical areas as well as a rise in patient injuries and documentation errors (Vila Health, n.d.). Other areas within the hospital underperformed in the fact that they did not see a decrease in the areas of falls, medication errors, patient injuries, and documentation errors (Vila Health, n.d.). Patient safety is a key benchmark that requires improvement in order to improve the overall patient outcomes. In order to improve these statistics an interprofessional team comprised of hospital leadership, nurses, and quality personnel will need to collaborate and develop improvement initiatives (Vila Health, n.d.). Ghazisaeidi, Safdari, Torabi, Mirzaee, Farzi, & Goodini (2015) stated that high-quality performance dashboards need to address key performance indicators (KPIs) and the impact they have on improvement initiatives (p. 318). Setting a plan into motion will ultimately take time and resources but will give the best probable outcomes in the future.

Readmissions to the hospital are costly to the patient and the hospital especially when those readmissions occur within 30 days of discharge. Mercy Medical Center's readmission rate

is 40% for heart failure and 31% for COPD. The National readmission rates for HF is 37% and 31% for COPD (Vila Health, n.d.). Minnesota as a state performs better than the National average for readmission rates. Minnesota's readmission rate is 17.4% and remains better than the nation for 30 day readmission rates for Medicare patients (StratisHealth, n.d.).

Not achieving performance benchmarks set by the state and federal government will negatively impact the hospital in various ways. Reimbursement and the cost for caring for patients readmitted to the hospital is astronomical. If underperformance continues the hospital could face financial strains. Pay-for-performance programs add pressure to hospital leadership to find a way to decrease readmissions and improve patient outcomes (Gamble, 2014).

The interprofessional team will need to evaluate staffing models to support nursing that will allow nurses time to educate their patients and prepare them for discharge. Education and comprehensive discharge planning is a potential strategy to reducing readmissions to the hospital. A structured needs assessment allows for patient specific discharge instructions to be given to the patient. A follow-up phone call would allow for education reinforcement and to monitor patient progress outside the hospital (Kripalani, Theobald, Ancil, & Vasilevskis, 2015).

Ethical Improvements to Benchmark Underperformance

An initiative that is ongoing in Scott County is "Delivering What Matters". This phrase defines the goal and priority that the county has made to provide care that matters to the community. Delivering care that matters and has a positive impact to everyone, including those of different cultural backgrounds will improve the underperformance that exists in the area of patient safety (Scott County Public Health Reports, n.d.). As mentioned above the need for improved cultural competence is evident in the data from Vila Health on the patient population served at Mercy Medical Center but also in Scott County. It would be beneficial for Mercy Medical Center to expand their outreach in the community and county. Keeping patient safety as a top priority but also expanding outreach into the community will aid in improving overall cultural competence and the diversity of the county.

Conclusion

According to Dreachslin et al., (2017) diversity improvement must be managed in order to have a positive impact on organizational performance. Studies have proven that culturally diverse groups tend to perform well or better than homogenous groups. The benchmark data for Mercy Medical Center demonstrates that they're a high performing organization but there is always room for improvement. Amalberti, Auroy, Berwick, & Barach (2005) shared that increased pressure has been placed on patient safety by identifying and reducing preventable events (p. 756). The issues of patient safety at Mercy Medical Center are all preventable events that with improvements can be reduced. Patient safety should always be of the utmost importance and improvement in safety will ultimately improve patient satisfaction which in return will improve overall hospital rankings and benchmark ratings.

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