

Dashboard Benchmark Evaluation

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Laws and policies set by government at the local, state, and federal levels have specific performance benchmarks related to care delivery outcomes that healthcare facilities need to reach and obtain. It is essential for the success of the healthcare facility to understand reports and dashboards that show performance and compliance benchmarks for the organization to be successful. Using the Vila Health application, various dashboards and other reports from Mercy Medical Center's performance was examined against local, state, and federal requirements. Using this information, a report was created for a senior leader that communicates your evaluation of the current state of organizational performance.

The evaluation

Mercy Medical Centers dashboard examines the readmission rates of their organization to the national readmission rates. The three conditions that contribute to the majority of readmissions include pneumonia, COPD, and heart failure. The national readmission rates are as follows: COPD, (20.2), pneumonia, (16.9), and heart failure, (22), (Vila Health, 2018). Mercy Medical Center's rates are as follows: COPD, (20.1), pneumonia, (18.7), and heart failure, (26.4), (Vila Health, 2018). Based on the data presented Mercy Medical Center is above the national average for each readmission rate category. The national readmission rate level is decreasing due to the national policy put into place with the affordable care act. "Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which requires CMS to reduce payments to IPPS

hospitals with excess readmissions, effective for discharges beginning on October 1, 2012” (CMS, 2018). Hospitals with excess readmissions after this date will receive penalties and even not receive payment for care of that patient. Further information on what Mercy Medical Center is currently using to help avoid readmissions could be helpful, in addition to trend values to determine if Mercy Medical is improving these rates over time or are not improving these rates over time.

Challenges

It can be challenging to meet the national standard set out for decreased readmission rates. Reducing the rates of readmission needs to be a collaborative effort across the interdisciplinary care team. Each patient requires a unique and personalized approach to their care and in order to prevent a readmission needs the physical, mental, and emotional tools necessary to manage their condition at home. A study was conducted by the Joint Commission that examined how eight minority-serving hospitals are reacting to the readmission policy and what challenges they are facing. “Each hospital had only a general awareness of its performance on readmissions metrics but placed a high priority on reducing readmissions, largely spurred by federal readmissions policy. Respondents reported that socioeconomic factors, rather than race alone, was a key factor in readmissions reduction. Salient barriers to reducing readmission rates included scarce resources, the variety of patient needs, limited ability to influence care in the community, and a misalignment of financial incentives” (The Joint Commission, 2014). It is assumed that health care professionals at Mercy Medical Center understand the readmission policy and that when a

patient with pneumonia, COPD, or heart failure is readmitted to the hospital, reimbursement is affected.

Underperformance

Based on the statistics presented in the Vila Health dashboard, Mercy Medical Center is underperforming in each category for readmission rates compared to the national standard. Working together as a collaborative healthcare team can not only significantly improve costs for the hospital but also decrease fatalities associated with pneumonia, COPD, and heart failure. “To lower readmissions, hospitals needed to better prepare patients and families for discharge and improve the integration and coordination of care from hospital to home. These interventions likely also reduced the risk of death. These better outcomes came about not from new medicines or devices, but from a willingness of hospitals and health care professionals to engage with patients and families to promote truly patient-centered, high-quality care” (Dharmarajan, 2017). The reasoning behind the choice of this benchmark is that this is a growing issue across the nation that has to continually be examined. Without continuous work and support the readmission rate will increase and patient with these chronic conditions will continually be back in the hospital. The interdisciplinary care team needs to work together every day to ensure patients have what they need at home to manage their conditions outpatient and stay out of the hospital.

Ethical Action/Conclusion

In order to prevent any additional increase in these readmission rates at Mercy Medical Center it is important for all stakeholders within the organization to not only understand the

national policy on readmission, but to understand how to prevent it from occurring. An ethical action proposed to the stakeholders of this organization is to train each health care professional to be a patient advocate/navigator. “At UPMC, you can't find anyone who's hired to serve as a care navigator for patients. Instead, everyone on the care team, including the patient's family members, function as navigators, says DiGioia "One of the things patients always say about our program is they can't believe that everyone is on the same page all the time, and that's from the office to the floor to the therapy office” (UBM, 2016). According to this study after utilizing the function of a patient navigator, there led to a 4% reduction in 30-day readmission rates. Each health care professional employed at the organization has specialized training and knowledge that benefits each of Mercy Medical Center’s patients. Collaboration and advocacy for patients needs not only in the hospital but once discharge is huge and needs to be done by the interdisciplinary care team each day, with each patient. In order to evaluate the effectiveness of this patient advocacy/navigation technique statistics should be obtained on readmission rates before and after this action has started. Together we can make a difference in the lives of our patients and keep them healthy and at home with their families.

References

CMS. (2018, April 27). Readmissions-Reduction-Program. Retrieved July 17, 2018, from

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html>

Dharmarajan, K., & Krumholz, H. M. (2017, July 18). Pushing Hospitals To Reduce

Readmissions Hasn't Increased Deaths. Retrieved July 17, 2018, from [https://](https://www.npr.org/sections/health-shots/2017/07/18/537696772/pushing-hospitals-to-reduce-readmissions-hasnt-increased-deaths)

www.npr.org/sections/health-shots/2017/07/18/537696772/pushing-hospitals-to-reduce-readmissions-hasnt-increased-deaths

The Joint Commission. (2014, October). Challenges in Reducing Readmissions: Lessons from

Leadership and Frontline Personnel at Eight Minority-Serving Hospitals. Retrieved July 17, 2018, from [https://www.jointcommissionjournal.com/article/S1553-7250\(14\)40056-4/pdf](https://www.jointcommissionjournal.com/article/S1553-7250(14)40056-4/pdf)

UBM. (2016, May 30). Ten ways to reduce hospital readmissions. Retrieved July 17, 2018, from <http://www.managedhealthcareexecutive.com/benchmarks/ten-ways-reduce-hospital-readmissions>

Vila Health. (2018). Log in to Capella. Retrieved July 17, 2018, from <https://media.capella.edu/CourseMedia/NHS6004/DashboardandHealthCareBenchmarkEvaluation/media.asp#conclusion-page>