

Introduction

- Retrospective program evaluation of a pilot project, utilizing dashboards and monthly feedback, effectiveness on improving quality and administrative data on two medical surgical units
- Determine if pilot program successfully improved the quality data and administrative data, as compared to other medical surgical units during the same time periods

Purpose Statement

The purpose of this project was to complete a thorough and comprehensive retrospective program evaluation on the two medical-surgical units which piloted a manual dashboard and monthly feedback model with staff and compare it to non pilot group.

Background & Significance

- Staff have a difficult time understanding their individual performance in relation to unit-specific goals (Ayers, 2016)
- Leaders struggle to make data usable and impactful for change, and relate data to the individual performance (Kinely & Ben-Hur, 2017)
- Staff and leader accountability is key to unit and organizations performance (Genoveses et al., 2017).
- Translating data to drive change is successful when individual users understand the data (Clark, 2013)
- Empowerment of staff comes from the ability of the leader to be transformational (Spencer & McLaren, 2017)
- Consistency in feedback to staff, helps to align staff performance to unit or organizational goals (Yue et al., 2019)

Clinical Questions

Does a manual dashboard with key administrative and quality indicators, and monthly individualized feedback to staff, improve unit performance when compared to units that do not have a dashboard or monthly feedback?

Methodology

Design: Retrospective program evaluation of a pilot process of conducting monthly leader to staff meetings, this meetings reviewed individual staff performance on a report card. The report card data was gathered from a manual dashboard.

Setting: Acute care hospital in northern NJ

Population: All data on unit performance from the two medical surgical units involved in the pilot and the four other medical surgical units not involved in the pilot

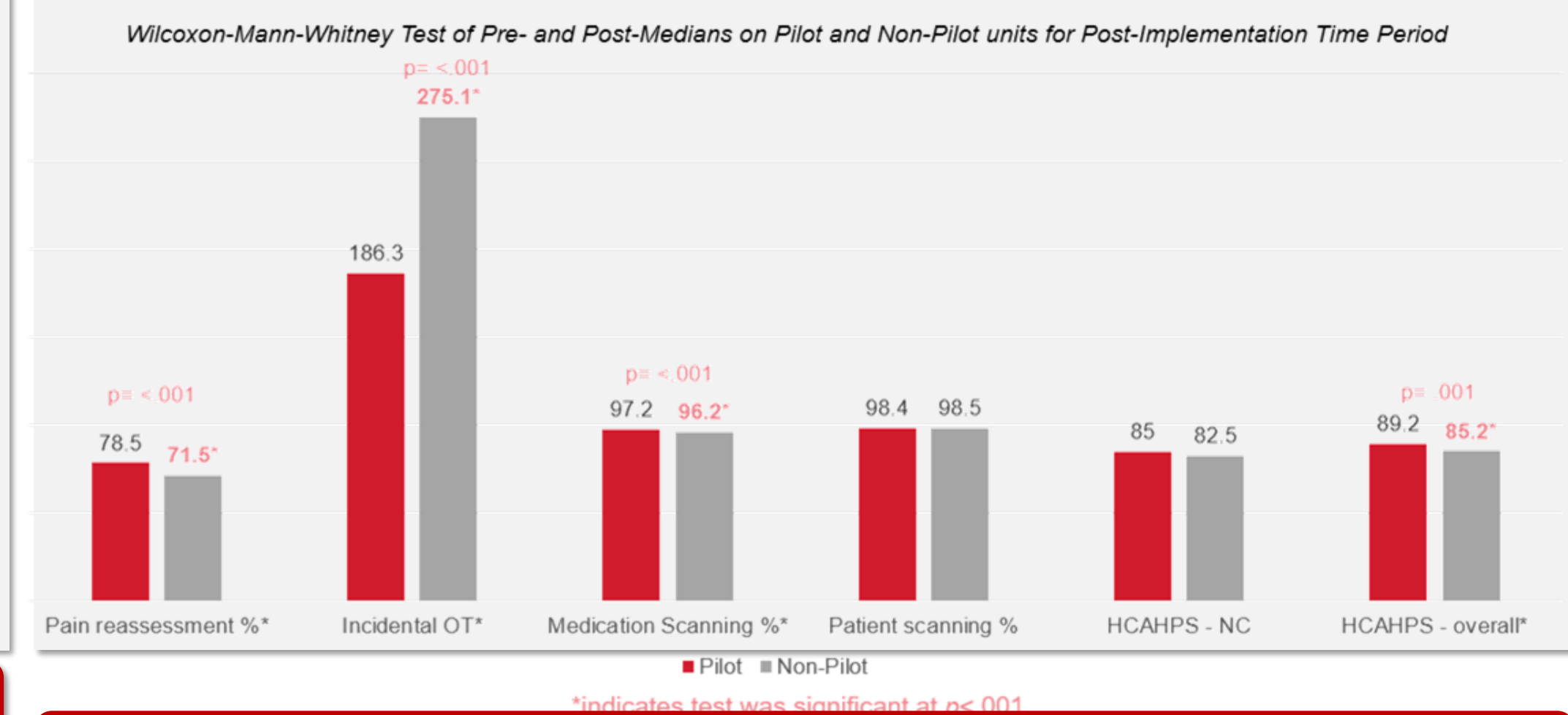
- Data included: quality, budget and HCHAP scores
- No patient identifiers or staff identifiers in the data

Results

- Since the data did not meet the normality assumption of the parametric statistics, non-parametric inferential statistics were used to determine differences between groups and whether or not the differences were meaningful.
- Pain reassessment, HCAHPS-Overall, Incidental Overtime and Medication scanning had statistically significant improvement in the pilot units as compared to the non-pilot units for the same time period
- An onboarding/new manager toolkit was also created in response to the success seen in the pilot units. This toolkit was used to help managers understand the data, set up the dashboard and implement the process. Through leadership feedback, a 1:1 leader training session was the most effective method to help leaders learn and implement this process.

Results, Continued

- In the post implementation time period four (pain reassessment, incidental OT, medication scanning, and HCAHPS overall) of the six outcomes were significant in the pilot units as compared to the non-pilot units
- *Therefore, the pilot units outperformed the non-pilot units during this time period.*



Implications – Quality, Policy and Clinical Practice

Impact on Healthcare Quality and Safety

Directly addresses and improves patient quality and patient safety measures

Policy Implications

Provide policy on how staff are given feedback as well as a framework for leadership accountability. This can inform guidance to HR for policies and training practices.

Practice Implications

Directly impacts practice change at the bedside – improves patient safety and quality of care.

Discussion

- Monthly feedback, derived from dashboard data, on individual performance related to the unit performance, had a positive effect on overall unit performance. The pilot units outperformed the non-pilot, non- intervention units
- The project findings align with literature about HRO, leadership and dashboards:

HRO

- The project was able to illustrate that by using HRO practices outcomes can be improved. This is consistent with the literature focused on HRO practices (Gaw et al., 2018)
- This project also showed that leaders could connect the HRO framework and concepts to the impact of patient safety at the unit level

Leadership

- This process engaged the leaders in changing the culture to a supportive learning environment focused on individual needs as well as improvement of overall goals

Dashboards

- A finding of this project was that an automated dashboard would be highly beneficial to the leaders across the organization
- This dashboard had limitations, as it was manually compiled each month, which could prevent it from helping achieve long-term compliance

References

- Please scan the QR code for access to references.

