

Measure, Share, Improve: Using Performance Dashboards to Impact Home Health Documentation Times and Quality



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IN the fall of 2014 a pilot project was initiated at Sparta Community Hospital (Sparta, IL) to study the impact of a new clinical dashboard that displays timely performance measurements for its field clinicians. Recognizing that “you can’t improve what you don’t measure” the organization worked with its home care software vendor to develop a new tool for capturing and displaying key performance indicators, like the percentage of TP9 (discharge) visit notes as well as regular visits notes completed during the visit. The results were dramatic: Sparta’s home health agency increased the rate of in-home completion of regular visit notes by more than 35% (from 60% to over 95%). Moreover, they reported a marked improvement in documentation quality, including a significantly lower error rate during the plan of care process. And these were not short-lived gains. Sparta’s improvements in the timeliness and accuracy of their home health documentation have been lasting (> 2 years). In essence, they have set a “new normal” and established a significantly higher baseline for quality, accuracy, and timeliness that has made them one of the top-performing agencies in their region. Upon learning about these results, SwedishAmerican (Rockford, IL) agreed to participate in a follow-up study to validate the impact of real-time clinical dashboards on clinician performance. This expanded study focuses on an agency with more than 5,000 regular visits per quarter, with a current completion rate of end-of-day-shift documentation near 68%.

Methods: Swedish-American will discuss with its staff its desire to improve in-shift visit note documentation rates as a means of improving quality and clinician job satisfaction. Four pairs of clinicians, each with similar documentation completion rates, will participate in a blind study with a control group. Under the guise that they are testing a software update, one clinician from each pair will have access to a web-based dashboard displaying their current performance results. The rates of in-shift documentation completion will be calculated on a weekly basis through the acquisition and analysis of visit metadata, and transferred to a dashboard that renders overall agency results as well as individual performance results for the four clinician test subjects. The results will be compared between the partners in each cohort/pair to determine if the mere presence of a performance dashboard improves their in-shift documentation completion rate.

Results: As in the pilot study, we expect to see measurable, statistically-significant improvements in performance even amongst the clinicians without dashboards, as a result of the Hawthorne Effect (also known as the “observer effect”) wherein improvements in performance result simply because the individuals know their performance is being observed. We will also compare performance improvements between those with access to performance dashboards and those without access to this data. The study duration will be one calendar quarter (three months), after which time the dashboards will be adopted by all clinicians. Improvements in documentation timeliness and quality will continue to be measured after completion of the official study.

Conclusion: Improving quality and efficiency requires first measuring what you wish to improve, then sharing the data with those in a position to affect the improvement. This study aims to validate positive preliminary findings that suggest significant quality and efficiency gains are possible when home care field clinicians’ have access to timely personal and organizational performance data. Data from both studies will be presented along with conclusions about the value and impact of real-time performance feedback on performance improvement.