Welcome!

Data Transparency Summit

June 5, 2017
Housekeeping
Individual Action Cards

Individual Actions

My individual actions from today are...

Using patient and staff experience to design better healthcare services

www.institute.nhs.uk/ebd
<table>
<thead>
<tr>
<th>Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>10:00-10:45 AM</td>
</tr>
<tr>
<td>Guest Speaker</td>
<td>10:45-11:15 AM</td>
</tr>
<tr>
<td>Roundtable Discussions</td>
<td>11:15-12:00 PM</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>12:00-12:45 PM</strong></td>
</tr>
<tr>
<td>Energizer!</td>
<td>12:45-1:00 PM</td>
</tr>
<tr>
<td>Dashboard Training</td>
<td>1:00-1:45 PM</td>
</tr>
<tr>
<td>Small Group Discussions</td>
<td>1:45-2:05 PM</td>
</tr>
<tr>
<td>What’s next?</td>
<td>2:05-2:10 PM</td>
</tr>
<tr>
<td><strong>Break</strong></td>
<td><strong>2:10-2:15 PM</strong></td>
</tr>
<tr>
<td>Wrap-up</td>
<td>2:15-3:00 PM</td>
</tr>
</tbody>
</table>
Data Dance
(and Quality Improvement too!)

• On a piece of cardstock write:
  » Your name
  » Your title
  » Clinic name
  » Clinic location
  » EHR used

• Have fun and get creative!
Data Dance
(and Quality Improvement too!)

Instructions:
» Split room in half
» Each half lines up in two rows facing each other
» OPCA will bring up a question
» You and the person you’re facing have 30 seconds each to answer the question
» When the bell chimes, rotate so that you are facing a new person
- Person in spot 1 stays in place
- Spots 2-9 move one spot to the left
- Spot 10 moves across
- Spots 11-19 move one spot to the left
- Spots 20 moves diagonally
Question #1

- What is your favorite thing about healthcare data/quality improvement?
Question #2

• What EHR reports/functions do you use most and for what purpose?
Question #3

- Describe a recent QI or data project you worked on. What did you learn?
Question #4

• Share a recent personal or team accomplishment. How did you acknowledge or celebrate this?
Question #5

- What is the biggest challenge you face in the next 3 to 6 months?
Implementing a Performance Excellence System: Management Systems (systematize, improve, and sustain)

Randy O’Donnell, Sr. Performance Improvement Consultant
Oregon Health & Science University

Some materials adapted from Joan Wellman & Associates, Inc
Our purpose is to excel in healing, teaching and discovery.

1. Value is defined by our patients.
2. To excel in creating value, we must constantly improve.
3. Improvement depends on standards and thoughtful innovation.
4. Standards require doing the same work the same way every time.
5. Innovation comes from planning, experimenting and observing.
6. Problems are opportunities: The only failure is not trying to improve.
7. For all of us to excel, each of us must learn, teach and lead.
Building OHSU’s Capability

2010-2011
Grass-Roots & Foundation

2012
Foundation & Consultation

2013
Basics

2014-2017
Integration & Reliability

Performance Excellence Capability (achieve and sustained excellence)

1. Leadership
2. Culture (Mindset)
3. Infrastructure
4. Methods
5. Measurement

Strategic approach to change → systematic

Project approach to change → not systematic

© 2016, Charles M. Kilo, MD
The Improvement Gears: OPEX Core Elements
OPEX core elements

- **Methods** are the most discussed, but least important part of improvement efforts

- **Management system** structures strategy deployment, operationalizes use of methods

- **Mindset** is the most challenging, but most important element; requires long-term effort
Management Systems

- **Strategy Deployment**: To focus the organization on a critical few breakthrough objectives.
- **Cross-Functional Management**: To organize and manage across functional silos for the benefit of the patient.
- **Daily Management**: To support the work of the front-line resulting in consistent process performance and continuous improvement.
### Strategy Deployment: Tier 1 Priorities

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>SAFETY</th>
<th>QUALITY</th>
<th>SERVICE</th>
<th>AFFORDABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zero preventable harm</td>
<td>The right care at the right time</td>
<td>Access to world class experience</td>
<td>10% cost reduction</td>
</tr>
</tbody>
</table>
| Adult Inpatient | - CLABSI  
               - CAUTI  
               - c. Difficile | - Mortality O/E  
               - ED Throughput (Admitted and Discharged Patients) | | - Length of Stay O/E |
| DCH | - CLABSI | | | |
| Ambulatory | - Accuracy of Medication Lists/Reduction of High Potential Harm Errors | | - Ambulatory Access  
               (seen within 28 days of referral)  
               - Inpatient Access/Capacity | - % low acuity ED patients |
|         |         |          |          |                |
StrategyDeployment: Strategic A3s

Display the historical performance and the gap. Determine the target and focus on the performance of the process metrics.

Show:
- Analysis of the causes of the gap
- Areas of greatest opportunity

Summarize why the major focus areas and tasks were chosen – draft a hypothesis

List major tasks and “who by when”

Use visual management and periodic reviews to track progress and surface and address barriers/issues.

OHSU Performance Excellence System (OPEX)
This Year's Action Plan

<table>
<thead>
<tr>
<th>Key Results/Issues</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create training video</td>
<td>Amanda Macy</td>
</tr>
<tr>
<td>2. Train staff through Compass</td>
<td>Lori Ellingson</td>
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<tr>
<td>3. Develop and deploy DMS</td>
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<td>Reduce CAUTI rate</td>
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<td>Improve adherence to standard work for central line maintenance to 90%</td>
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<tr>
<td>Central line associated bloodstream infection (CLABSI) prevention bundle standardized</td>
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<tr>
<td>vs. national Benchmark: 7.1</td>
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<tr>
<td>Improvement: 23.7 HAI's per month</td>
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<tr>
<td>Impact:</td>
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<tr>
<td>Gap:</td>
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<td>Background &amp; Problem Definition</td>
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Components of Daily Management Systems

LSW Checklist

Tier 1
- Daily Readiness
- Abnormality Response
- Standard Work Confirmation

Tier 2
- Improvement Rounds
- Metrics Review
- Problem Solving

Visual Management

Leadership Behaviors
Daily Readiness: Tiered Huddle Structure

**Nursing Divisions**
- By 8:15am

**Non-Nursing Departments**
- 8:45am

**Ambulatory Clinics**
- 9:15am

**Issue Escalation**
- Healthcare Admin Huddle

* Non-Nursing and Ambulatory clinic huddle times may occur at different times

**Professional Services, Support Services, and Logistics**
**Daily Readiness – MESSES**

<table>
<thead>
<tr>
<th>Is your MESSES ready today?</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong> Methods – Are we following standard work and is everyone trained?</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>E</strong> Equipment – Is our equipment in working order and do we have enough?</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>S</strong> Supplies – What are we running low on or are out of?</td>
<td>✗️</td>
<td>Running low on 20 gauge needles.</td>
</tr>
<tr>
<td><strong>S</strong> Staffing – Do we have sufficient staffing? Are there any people to orient?</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>E</strong> Experience (Patient) – Are we at risk for poor patient experience?</td>
<td>✗️</td>
<td>Loud construction on unit. Patient complaining.</td>
</tr>
<tr>
<td><strong>S</strong> Safety – Are there any patient safety risks that we’re aware of?</td>
<td>✔️</td>
<td></td>
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</table>
Adult Inpatient Nursing Division Huddle In Action

Members Present: Adult Nursing Division Directors, Managers, and Key Departmental Leaders (ex. Pharmacy, Facilities, Logistics, EVS, Transportation, AOD/Bed Flow, etc)

Agenda
• Review & Update Safety/Quality, Readiness, People Issues by Unit/Department (and document actions in Quick Hits/Big Issues)
• Review and Update Action Plans
• Quick Hits to get us back on track for today
• Big Issues to address that can't be solved today
• Status old Quick Hits/Big Issues
Members Present: COO, CMO, CHIO, CNO, CFO, VPs, Nursing Division Directors, Key Departmental leaders (Logistics, AOD, ITG, Quality, Patient Safety, Patient Experience, Case Management)

Agenda
- Report out Occupancy Section
- Review & Update Safety/Quality, Readiness, People Issues by Service/Division (and document actions in Quick Hits/Big Issues)
- Review and Update Action Plans
Visual Management

**KNOWING HOW WE’RE DOING/KPI BOARDS**

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<tr>
<th>SAFETY</th>
<th>PERFORMANCE</th>
<th>READINESS</th>
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<tr>
<td>OUTCOME METRIC</td>
<td>QUALITY</td>
<td>OUTCOME METRIC</td>
</tr>
<tr>
<td>PROCESS METRIC</td>
<td>SERVICE</td>
<td>OUTCOME METRIC</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>AFFORDABILITY</td>
<td>PROCESS METRIC</td>
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</table>

**MESSES**

**QUICK HITS**

**BIG ISSUES**

**SAFETY**

**OUTCOME METRIC**

**PROCESS METRIC**

**ACTIVITY**

**QUALITY**

**OUTCOME METRIC**

**PROCESS METRIC**

**ACTIVITY**

**SERVICE**

**OUTCOME METRIC**

**PROCESS METRIC**

**ACTIVITY**

**AFFORDABILITY**

**OUTCOME METRIC**

**PROCESS METRIC**

**ACTIVITY**
Current OHSU Examples

Knowing How We’re Doing

- Readiness
- Safety
- Quality
- Service
- Affordability

OHSU Performance Excellence System (OPEX)
Visual Display of Metrics

MONTHLY

Monthly: Review and problem solve (metric review, problem solving)

WEEKLY

Weekly: Review & address gaps (improvement rounds)
Daily: Update (daily readiness)

DAILY

Daily: Update (daily readiness, abnormality response)
Daily: Review SW and training (standard work confirmation)
Daily Management Systems

Performance

Daily Management System Improvements

PDSA #1

PDSA #2

Kaizen

Natural Degradation

‘False PDSA’ – no DMS

“Eyelash Effect”

Time
Improvement Kata

1. Get the Direction or Challenge
2. Grasp the Current Condition
3. Establish your Next Target Condition
4. Conduct Experiments to get there

©“TOYOTA KATA” BY MIKE ROTHER 2010
Improvement Kata

1. Get the Direction or Challenge
2. Conduct Experiments to get there
3. Establish your Next Target Condition
4. Grasp the Current Condition

OUTCOME METRIC

PROCESS METRIC

ACTIVITY

©“TOYOTA KATA” BY MIKE ROTHER 2010
The Coaching and Improvement Kata

The Five Questions
1) What is the Target Condition?
2) What is the Actual Condition now?
3) What Obstacles do you think are preventing you from reaching the target condition? Which one are you addressing now?
4) What is your Next Step? (Next experiment) What do you expect?
5) How quickly can we go and see what we Have Learned from taking that step?

*You’ll often work on the same obstacle with several experiments

Reflect on the Last Step Taken
Because you don’t actually know what the result of a step will be!
1) What did you plan as your Last Step?
2) What did you Expect?
3) What Actually Happened?
4) What did you Learn?

Return to question 3

Card is downloadable at:
http://www-personal.umich.edu/~mrother/KATA_Files/5Q_Card.pdf
Example: Standard Work & Confirmation- CLABSI

OHSU HEALTHCARE

Policy #: HC-NOC-189-POL
Title: PICC and Central Venous Access Site Assessment and Dressing Changes
Effective Date: 10/08/2014
Category: Nursing
Origination Date: 02/01/2005
Next Review Date: 10/08/2017
Pages 1 of 4

PURPOSE:
Instruction on Site Assessment and Dressing Changes for PICC and Central Venous Access

PERSONS AFFECTED:
All OHSU Healthcare workforce members providing patient care.

POLICY:
All patients with peripherally inserted central catheters (PICCs), central venous and tunneled catheters will have assessments of dressings at each shift and assessments of insertion sites with each dressing change. The site will be observed for redness, heat, swelling, tenderness, induration, drainage, or mechanical problems. The physician or other licensed independent practitioner responsible for the patient’s care will be notified for any of the above stated problems. The IV therapy team will be notified when complications of peripherally inserted central (PICC) or mid length catheters are observed.

RESPONSIBILITIES:
Nurse – Responsible for all central venous line dressing changes except:
- IV Therapist – Responsible for PICC line except in DNCC;
- RNs who have completed competency – responsible for PICC line dressing changes.

PROCEDURES:
NOTE: Patients admitted with a PICC or midline catheter warrant assessment by an IV therapy nurse. Please page IV Therapy prior to initiation of intravenous therapy. The assessment will be documented in Epic. A chest radiograph is strongly recommended prior to initiating intravenous therapy via PICCs. The IP is responsible for the patient, not the IV team, orders these chest radiographs. Midline catheters in which the catheter tip resides distal to the axilla do not require intravenous confirmation. The IP is responsible for the appropriateness of the order, noting that the PICC team’s decision.

CLABSI Maintenance

Process Validation
Identify a nurse caring for a patient with a central line.
Complete DISCUSSION, OBSERVATION, & ACCESS OR DRESSING CHANGE

Goal Met? Not Met

All elements in this box must be completed

RNI Discussion
Line necessity, functioning, or utilization was discussed in the previous 24hrs.

Patient Observation
Dressing is clean.
Dressing is dry.
Dressing is intact.
Dressing is NOT reinforced.
Dressing is NOT due to be changed.
(3 days gauge, 7 days transparent)
All tubing present is labeled.
All tubing present is NOT due to be changed.

Access Procedure
Appropriate Hand Hygiene (WHO 3 Moments)
Disinfect the needleless connector: 15 second alcohol scrub
Disinfect the needleless connector: Allow to dry

At any time during your observation was the catheter hub exposed? YES NO

Goal Met? Not Met

All elements in this box must be completed

Dressing Change
Appropriate Hand Hygiene (WHO 3 Moments)
Clinician wears a mask when insertion site is exposed
Scrubs skin around site with CHG for 30 seconds
Allows CHG to dry
Uses sterile gloves and sterile devices
Visual Management
DMS Example - CAUTI
Reliability....
Foundations of Lean Culture

Respect for People
- Developing individuals’ knowledge and problem-solving skills
- Going to the source to find facts to make correct decisions and build consensus
- Building mutual trust

Continuous Improvement
- Challenging the organization to achieve the best outcomes for our patients, people and hospital
- Solving problems well
- Achieving goals at our best speed
Improving Patient Flow – Internal Medicine

PAIGE PERRY, PRACTICE MANAGER
Why we needed Level Loading

- Significant variability in provider schedules
  - Unpredictable demand (sessions could have anywhere from 6 patients to 13 patients)
  - Variable waiting times in the waiting room
  - Medical assistants prioritizing all priorities

- To many rules
  - 57 different rules for PAS to keep in mind when scheduling patients
  - 29 different visit types
  - Variable visit lengths (15/30, 20/40, 25/50, 30/60)
Current Issues

• Lack of flexibility to accommodate for demand
  • Extended visits
  • Add-ons and overbooks
  • Particularly an issue with our lower FTE faculty

• We don’t have a consistent 1:1 MA : Provider ratio

• Andon system has not been fully implemented

• MyChart changed the Arrival Time feature at the last minute

• Created too many exceptions
Next Steps

• Expanded our Level Loading team to include specialty providers

• “Level Loading 2.0”
  • Working groups
  • “Trystorming”
  • Patient communication about Arrival Time
  • Specialty clinic considerations
Roundtable Discussion

- Self-facilitated (OPCA will scribe)
- One clinic lead per table
- Discussion points:
  » General overview of QI at the clinic
  » Any templates or tools utilized
  » QI challenges/success stories
LUNCH!
Dashboard Training

Brandon Lane, Data Specialist, OPCA
Troy Carpenter, Healthcare Metrics Analyst, OPCA
Akira Templeton, Quality Initiatives Specialist, OPCA
Why are we here?

• In November of 2016 we did a SurveyMonkey poll of Oregon CHCs on a number of topics related to the use of QI data within the clinics and how that data is shared among staff.
In what format do you review, communicate and display data to staff and leadership?

The dashboard is the most commonly used means of data communication.

Dashboard: 74%
Organizational scorecard: 29%
Run Chart: 29%
Electronically: 13%
QI Boards: 7%
We don't have a standard: 3%
Other: 13%
Don't Know: 3%

N = 31
Given the high degree of dissatisfaction with current dashboards, in your opinion, what specifically are their shortcomings at your clinic?

- **36%** of responses suggest that the dashboards do not meet the needs at this time.
- **32%** of responses indicate that the dashboards do not contain the right data.
- **19%** of responses suggest that the dashboards are not updated often enough.
- **16%** of responses indicate that the dashboards are difficult to read or interpret.
- **36%** of responses were categorized as "Other".
- **10%** of responses were marked as "Don't know".

N = 31
What topics or content areas would you find most valuable at a dashboard training?

Selected Verbatim Responses

- Keeping dashboards simple and focused
- How a true dashboard differs from "a bunch" of measures and data elements
- How to develop and update
- Actionable data, how to incorporate data into culture of decision making
- Best practices of other health centers to engage staff in achieving quality measures
- How to build/what programs there are to build dashboards
Data Display Tools
Run Charts

- Run Charts work well with time series data, where you want to track progress over time.
- You can track progress on more than one metric at a time with a single run chart as long as the scale of measurement is the same for each run.
- Run Charts should be familiar to everyone and are fairly simple to put together.
- Run Charts can get to be too “busy” looking if you try to crowd too many metrics onto a single chart.
Run Chart Example

Fasting Blood Sugar (mg/dl)

Days

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31
Pivot Charts

• Pivot Charts offer a way of displaying data that allows the user to easily switch the data being viewed, based on some pre-defined criteria. For example, you could have a chart that shows data pertaining to a particular care team, and have a switch that would allow you to instantly switch in data from another care team for quick comparisons.

• You can do these in Excel, which is a program nearly everyone has access to.

• It is possible to build something very close to a dashboard just using Pivot Charts.
Pivot Chart Example

Defect Rates in Various Components

Sum of Defects

- Switch (Electrical)
- Plug (Electrical)
- Cord (Electrical)
- Fuse (Electrical)
- Bulb (Electrical)
- Gear (Mechanical)
- Bearing (Mechanical)
- Motor (Mechanical)
- Pump (Hydraulic)
- Leak (Hydraulic)
- Seals (Hydraulic)
Bullet Charts

Background colors that encode ranges – Red, Yellow, Green or Quartiles, if comparing yourself to a larger group, etc.

Text Label

Quantitative Scale

Bar that encodes the performance measure

Symbol that shows the “target” or other comparative measure
Bullet Chart Example

**Profit and Loss**

- **Gross Profit Margin (YTD Percent)**
- **Revenues (Thousands of Dollars)**
- **Operating Margin (Thousands of Dollars)**
- **Net Profit Margin (Thousands of Dollars)**
- **Return On Equity (Percent)**

**Sales**

<table>
<thead>
<tr>
<th></th>
<th>Hats</th>
<th>Coats</th>
<th>Ties</th>
<th>Shoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>July, 2013</td>
<td>20</td>
<td>10</td>
<td>14</td>
<td>60</td>
</tr>
</tbody>
</table>

(All sales data in Thousands of Dollars)
Balanced Scorecards

- Strategic planning - identifies measures that drive the organization
- Cascade for departments, teams and individuals
- Management system, not measurement system
- Includes a goal, current performance and target performance for each measure
- Consider your mission, vision, organizational strategy when developing, customers and partners
Four Fundamental Perspectives

1. **Financial** – To succeed financially, how should we appear to our payers, grantors or other stakeholders?
2. **Customer** – To achieve our vision, how should we appear to our patients and staff?
3. **Process** – To satisfy our customers, at what processes must we excel?
4. **Learning** – To achieve our vision, how will we sustain our ability to change and improve?
### Data Key

**Date of last update:** 3/25/2015  
All data reported at the network level (in aggregate).

**Data Sources:**  
1. Quarterly Data Transparency report  
2. 2015 LUDS report  
3. Quarterly APCM report

### Quality

To promote improved population health, what clinical processes and health outcomes must we excel at?

<table>
<thead>
<tr>
<th>Measure</th>
<th># Clinics</th>
<th>Current Performance</th>
<th>Target</th>
<th>Status - change since 1yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening¹</td>
<td></td>
<td></td>
<td>52%</td>
<td>+5%</td>
</tr>
<tr>
<td>Diabetes Poor Control¹</td>
<td></td>
<td></td>
<td>18%</td>
<td>+3%</td>
</tr>
<tr>
<td>Hypertension Control¹</td>
<td></td>
<td></td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

### Providers of Choice

To achieve human-centeredness, how should we appear to our patients and staff?

<table>
<thead>
<tr>
<th>Measure</th>
<th># Clinics</th>
<th>Current Performance</th>
<th>Target</th>
<th>Status - change since 1yr ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average % of pts that would recommend health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Transformational

To prepare for value-based pay, what do we need to do to anticipate changes in our health care system?

<table>
<thead>
<tr>
<th>Measure</th>
<th># Clinics</th>
<th>Current Performance</th>
<th>Target</th>
<th>Status - change since 1yr ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touches - ratio of touches to visits²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of pts receiving enabling service in last year²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vision and Strategy

### Financial

To succeed financially, how should our fiscal performance appear to stakeholders?

<table>
<thead>
<tr>
<th>Measure</th>
<th># Clinics</th>
<th>Current Performance</th>
<th>Target</th>
<th>Status - change since 1yr ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Medical Cost Per Visit²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Dental Cost Per Visit²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits per Medical Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please do not distribute this document to those outside of your Executive Leadership team.
Balanced Scorecard Resources

- [http://www.dummies.com/how-to/content/build-your-strategic-planning-scorecard.html](http://www.dummies.com/how-to/content/build-your-strategic-planning-scorecard.html)
- [http://www.slideshare.net/mgrtbox/really-simple-balanced-scorecard/12-The_fundamental_questions_Financial_perspective](http://www.slideshare.net/mgrtbox/really-simple-balanced-scorecard/12-The_fundamental_questions_Financial_perspective)
- [http://www.wikihow.com/Create-a-Balanced-Scorecard](http://www.wikihow.com/Create-a-Balanced-Scorecard)
- [https://balancedscorecard.org/Resources/The-Nine-Steps-to-Success](https://balancedscorecard.org/Resources/The-Nine-Steps-to-Success)
- [https://balancedscorecard.org/training/BSC_Overview_Private/player.html](https://balancedscorecard.org/training/BSC_Overview_Private/player.html)
Visual Boards

**Benefits:**

» Promotes data display and transparency

» Fosters team work and communication across all organizational levels

» Identifies key areas of focus and efforts in progress

» Provides an at-a-glance view of organizational performance

» Others from group?
Performance Board: Tool for Situational Awareness

- **Quality/Safety**
  - History
  - Performance Over Time
  - Example: Run Chart

- **Patient Experience**
  - Pareto
  - Key Drivers of Performance
  - Example: Pareto Chart

- **Cost of Care**
  - Problem Solving
  - Example: [Diagram]

- **People and Partners**
  - Daily Management Process Metric
  - Example: Daily Data

- **Financial Sustainability**

Source: IHI Leading Quality Improvement, Essentials for Managers, 4/4/2017
Dashboard Overview
Definition

“A dashboard is a visual display of the most important information needed to achieve one or more objectives, consolidated and arranged on a single screen so the information can be monitored at a glance.”

-Stephen Few
Scoping Questions for Dash Design

- How frequently will our information be updated?
- Who will use the dashboard? Single person or Group?
- What questions should the dashboard answer?
- How does each dashboard element contribute to the overall message?
- What actions can take place as a result of seeing this data?
Ways to Visualize and Display Data

- Bullet Graphs
- Bar Graphs
- Dot Plots
- Line Graphs
- Spark Lines
- Spatial Maps
- Heat maps
- Tree Maps
- Box Plots
- Scatter Plots
Dashboard Example

• Demonstrating a good dashboard
Common Dashboard Mistakes

- Data without Context
- Using visuals for the sake of meaningless variety
- Overuse of color and visual graphics
- Arranging Information in illogical groupings
- Unorthodox screen spacing
Visually AVOID:

- Pie Charts
- Stacked Line Charts
- Radar Charts
- Funnel Charts
- Gages
Example Dashboard

- Demonstrating a not-so-good dashboard
Small Group Discussions

(20 minutes)

• Pick a dashboard from a clinic (or we can provide examples)

• What part(s) of the dashboard work well?
• What about this dashboard might you change?
• What can you do to improve your current organization’s dashboard?
What’s Next?

- What did you learn that you can bring back to your clinic?
- What would you like to know more about?
BREAK!
Wrap-up

- Report out individual action statements
- DTP awards
- Thumb drive materials
- Plus/delta
Raffle!

- 10 months of data (June 2016 – March 2017)
- Last raffle was in August 2016
- Three categories:
  - Attendance award
  - Data-sharing award
  - Improvement

- Each organization receives a raffle ticket each time they:
  - Attend a Data Transparency call
  - Send data
  - Shown a > 3% improvement on any measure
And the winners are....

Attendance: Multnomah County Health Department

Data Submissions: Neighborhood Health Center

Improvement: Rinehart Clinic
Prizes!
(Choose one)

One health poster of your choice:
Examples include:
  » Exercise
  » Diabetes
  » Nutrition
  » Cooking
  » Heart health
  » And many more!

One Harvard Business Review 10 Must Reads:
Examples include:
  » On Leadership
  » On Managing People
  » On Teams
  » On Innovation
  » On Collaboration
  » And many more!
Wrap up: Thumb Drive and Other Materials

• Each clinic should have received one thumb drive each with materials from today’s event (and MORE!)
  » If you did not receive a thumb drive for clinic, please see Jessica
  » If you are a community partner and want one, please check with Jessica for extras

• Evaluations: We would like your feedback!
  » Please fill out and leave on table
  » Plus delta
Thanks!

(Don’t forget to fill out your evaluations!)