Developing quality dashboards

Guide for SCG working groups
What is a Quality Dashboard?

- A graphic array of information that demonstrates an organisation’s performance in a number of designated areas of quality
- It is meant to be visual, constructed in a way that it is intuitively meaningful to a variety of readers
- The minimum amount of space is used to demonstrate the information
- The focus remains on the outcome rather than the process delivering change
Why is a dashboard useful?

- A dashboard in a car is visualised whilst driving. Changes in measurement parameters can lead to immediate corrective action. The aim for a quality dashboard is that it becomes part of the day-to-day work of service provision. The frontline staff delivering care should be able to freely see the dashboard to see the quality benefits of service change.

- The dashboard is a strong tool to facilitate discussion between commissioners, the organisation, and the clinical team to focus on interventions that make a measurable change to care quality.

- The focus is on the delivery of improvement from the established baseline. This is opposed to the identification of ‘failure’ to meet a fixed critical threshold.
Define measures

- Measures should be meaningful to the clinical staff in the service and patients experiencing the care.
- The outcomes can be compared with nationally established benchmarks but this is not a requirement.
- Outcomes may include critical national initiatives.
- Measure variables that relate to the delivery of the improved outcome.
- Variables can include publicly reported data; progress on local initiatives; patient satisfaction; patient complaints and potential litigation; significant incidents; workforce issues, such as retention; and peer review summaries.
- A good number of variables for each clinical system is 10 to 20. Each variable should have a meaningful corresponding number, trend, percentage or a ranking against providers of comparable size as a way to measure progress.
Run Chart

- The most common form of data presentation will be a run chart of the parameter score plotted over time. As 7 data points are required to demonstrate a change more frequent data points are preferred.
Statistical Process Control

- An SPC chart is the preferred method to demonstrate a data parameter allowing a focus on not only modifying a median position but on the reduction of variability.

Waiting Times for Consecutive Patients Requiring Radical Radiotherapy

- Mean: 34.86 days
- UCL: 68.71 days
- LCL: 31 days

Days

Consecutive Patients
Step 1

Establish long list of measures

- Use brainstorming and cause and effect analysis
- Inclusive of all ideas
- Identify measures for their ability to describe outcome
Step 2

- Define the parameters
- Determine how the measure can be self-reported
- Define the measurement in detail
- Complete the measures spreadsheet
Step 3

- Use the working group to rationalise list of measures
- Select measures that will be most effectively measured at a local level

Propose short list of measures
# Example measures

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Dashboard Name</th>
<th>Measure</th>
<th>Measurement definition</th>
<th>Frequency</th>
<th>Data collection</th>
<th>Data presentation</th>
<th>Data Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Theatre cancellation rates</td>
<td>Percentage of patients who have their operations cancelled within 24 hours of surgery</td>
<td>Monthly</td>
<td>From hospital activity data</td>
<td>Run Chart</td>
<td>2%</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Consultant outpatient productivity</td>
<td>New consultants seen divided by the number of consultant PA in the team allocated to outpatient activity</td>
<td>Monthly</td>
<td>Hospital activity data and summary of consultant job plan allocations</td>
<td>Run Chart</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Consultant theatre productivity</td>
<td>Total elective operating time divided by the number of consultant PA in the team allocated to theatre activity</td>
<td>Monthly</td>
<td>Hospital activity data and summary of consultant job plan allocations</td>
<td>Run Chart</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Consultant patient contact time</td>
<td>Total bed days divided by the number of consultant PA in the team allocated to ward round activity</td>
<td>Monthly</td>
<td>Hospital activity data and summary of consultant job plan allocations</td>
<td>Run Chart</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Delayed Discharge</td>
<td>Days measured from day patient defined medically fit for discharge to discharge</td>
<td>Monthly</td>
<td>Ward level data collection</td>
<td>Run Chart</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Patient recommendation</td>
<td>Proportion of patients who would not recommend this service to their friends and family</td>
<td>Monthly</td>
<td>Patient survey measure collected at ward level</td>
<td>Run Chart</td>
<td>None</td>
</tr>
<tr>
<td>Generic</td>
<td>Generic</td>
<td>Patient dignity</td>
<td>Proportion of patients who reported episodes in their care where they felt their dignity was compromised</td>
<td>Monthly</td>
<td>Patient survey measure collected at ward level</td>
<td>Run Chart</td>
<td>0%</td>
</tr>
</tbody>
</table>
Example Measures

Template for Measures

• Service Line – Medical Genetics
• Dashboard Name – Clinical; Scientific
• Measure
• Measurement Definition
• Numerator
• Denominator
• How much data should be aggregated
• Frequency
• Data Collection
• Data Presentation
• Data Thresholds
Summary

Choose a dashboard with impact

Get the right people to help define the data

Define the data parameters in detail

Submit to national group (led by SWSCG)

Review proposed (by SWSCG) layout of dashboard

Support nationwide implementation