Improving Inpatient Nurse Manager Quality & Safety Dashboard and Associated Reports

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Introduction/Background

An Inpatient Nurse Manager Quality and Safety dashboard, with associated reports, was developed by the Partners eCare team as a tool within our EHR to provide nurse leaders a "real-time" view of their unit. However, this dashboard and its reports were underutilized by nurse leaders due to inconsistencies in data presentation and metrics. Our team initiated a process to improve this tool and develop an operational plan for its use. Ourobjectives included: 1) developing a consistent look and feel for the dashboard and associated reports so that problem and/or actionable areas are easily identified; 2) validating that data displayed in reports is meaningful to the metrics examined; and 3) operationalizing effective use of the dashboard to monitor quality compliance, identify areas for nurse education, and follow documentation associated with nurse sensitive indicators.

Methods

Our proposal of an Enterprise workgroup focused on improving this dashboard was brought to Partners Nursing Informatics Advisory Council and was prioritized for eCare. We created a workgroup from Massachusetts General Hospital (MGH) composed of nurse leaders representing direct care areas and the Quality & Safety department, to inform the Enterprise group and vet decisions. Workgroups met twice monthly to systematically review each section of the dashboard to ensure that report data reflects the objectives, and that metrics displayed are relevant to nurse actions. We used these recommendations to facilitate discussions with the Enterprise group.

Results

The first report we reviewed was the Pressure Ulcer report. Improvements included renaming columns with clinically relevant titles; adding columns to indicate measurements and wound consult status; and highlighting low Braden scores. This report is being used operationally to increase nurse compliance with measuring pressure ulcers every 7 days and to facilitate the removal of wounds that are no longer "active" from the EHR.

Dashboard improvements are released incrementally; training of nurse leaders in use of this tool is ongoing. Initial feedback from nurse leaders is positive. Participants are actively engaged in this process and are developing skills in report and dashboard design. A reference guide of column and metric definitions is being created during this review.

Discussion/Conclusion

Nurse leaders have an increased understanding of how dashboards can support and promote practice improvements and quality of patient care. In addition, by taking this granular journey through the EHR, nurse leaders gain a better understanding of required flow sheet documentation. Relationships among nurse leaders across the Enterprise are enhanced and a shared approach to meeting regulatory requirements is strengthened . A process has been established to incorporate MGH nurse input into eCare design.

References

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