# WHITE PAPER



# KPIS FOR EFFECTIVE, REAL-TIME Dashboards in Hospitals

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#### Abstract

The disparate and disjointed data silos across various hospital departments constitute the biggest decision-making bottleneck. They impede the gathering of real-time, actionable information about the hospital's performance with regard to clinical, operational and financial key performance indicators (KPIs). Most hospitals have business intelligence (BI) systems which provide post facto analysis and miss out on the real-time aspect. In such situations, the hospital's executives depends on more than one system to get any actionable data and is thus stymied in taking effective, problem-solving steps.

Dashboards generated by the BI systems and used by hospital administrators need to gather data on KPIs from varied sources in the facility and present a holistic view. With such data aggregation, a COO can obtain a real-time, 360-degree snapshot of the hospital's performance and take proactive decisions. At the same time, a dashboard must drill down into each of the KPI details to identify and eliminate the root causes for poor performance. In this paper we present our point of view on crucial hospital KPIs, how a dashboard can accelerate the speed and quality of decision-making and how it must present information.



# Introduction

Hospital's executives must perform the complex task of keeping pace with the dynamic healthcare environment – constantly changing patient volumes, fluctuating supply costs, stringent government compliance and quality requirements, asset utilization needs, and staffing shortages. To take the informed decisions that help the hospital maintain a competitive advantage, COOs need real-time actionable information at their finger tips. The disparate silos of data across various departments are the biggest bottleneck in providing actionable information. Mergers and acquisitions add to the diversity of hospital information system (HIS) application and data sources, thereby not allowing 'one version of truth' about hospital performance to emerge.

The need of the hour is to have an IT solution which can fetch data from all disparate data sources and present it in an intuitive form to a COO, all in real time. In this paper, we present our point of view on the information and features hospital COOs need to help them make informed decisions.

# What information should a COO dashboard give and why?

Hospital's executives need to concentrate their energies on monitoring KPIs that are aligned with hospital goals. However, in

this competitive environment, all hospitals have common goals of proving quality care at a reasonable cost. The most common KPIs which should be looked at are:

aligned with hospita	al goals. However, in	at a reasonable cost. The most common	
Туре	Key KPIs	Drill down KPIs	How does it help a COO
CLINICAL	Hospital incidents	No. of patients acquiring	A COO gets a quick snapshot on how the hospital is performing
These have a high		infections, Transfusion	with regard to the quality of care. The drill down information
impact on the		reactions, Bed sores,	provides insights on factors that need immediate corrective
outcome		Postoperative respiratory	action.
		failure, Postoperative	E.g.: If transfusion reactions are high, a COO may want to look at
		pulmonary embolism or deep	revising the blood transfusion policy by adding checklists or im-
		vein thrombosis, Postoperative	proving compliance to standard operating procedures (SOPs).
		sepsis, Postoperative hip	
		fracture, Postoperative	
		hemorrhage or hematoma.	
	Death rate	Postoperative death rate, Post-	Nation- and state-wide mortality rates are published by
		procedural death rate	government bodies. A COO can benchmark the performance of
			the hospital and see how it has performed against national and
			state averages and also against its competition.
	Patient satisfac-	Courtesy score for staff, Quality	Patient satisfaction data provides valuable insights into making
	tion	of meals, Quality of physician	adjustments in areas such as efficiency of the admissions
		care, Quality of nursing care,	process and managing admission of patients to a clinical unit.
		Housekeeping score,	It is

Туре	Key KPIs	Drill down KPIs	How does it help a COO
OPERATIONAL		Admission process score	also valuable for staff training, morale-building and creative
These have a			marketing. It is an effective, two-way communication – not
high impact on			only does the stress on quality alert patients that physicians are
productivity,			held accountable, but it also shows physicians that patients are
employee morale,			pleased with the quality of care they receive.
and patient	Medication error	Wrong medication, Wrong	Technology options like usage of computerized physician order
satisfaction		patient, Wrong dosage	entry (CPOE) and clinical decision support systems (CDSS) for
			allergy prompts, wireless patient identification and sensors can
			be deployed to reduce medication errors.
	Patient wait time	Admission, Discharge, Triage,	Patient wait time directly influences the patient satisfaction
		Ambulance, Diagnosis (Lab,	level. Such insight allows COOs to target for improvement
		radiology)	areas with higher wait times. Thus, staff can be added, training
			conducted to increase efficiency, and technology support
			provided for enhanced productivity.
	Average Length	Admission (Last day/month to	A daily, weekly, monthly, quarterly census of admission and
	Of Stay (ALOS)	date/year to date)	discharge can provide insights into the patient throughput for
		Discharge (Last day/month to	a hospital.
		date/year to date)	ALOS can drill down by diagnosis group, followed by facility and
			insurance plan, to individual patients and their hospital stays to
			provide insights into outliers.
			ALOS is often treated as an indicator of efficiency. All other
			things being equal, a shorter stay reduces the cost per
			discharge and shift care from inpatient to less expensive post-
			acute settings. However, shorter stays tend to be more service
			intensive and more costly per day. Very short stays can also
			cause adverse effect on health outcomes, or reduce the comfort
			and recovery of the patient. If this leads to a rising readmission
			rate, costs per episode of illness may fall a little, or even rise.
	Asset utilization	Bed utilization rate, Equipment	Assets generate revenue only when they are put to use. Tracking
	rate	utilization time, Equipment	the performance of all hospital assets can have a huge impact
		maintenance time, Equipment	on patient satisfaction and the bottom line. Low utilization
		idle time	levels lead to lost revenue and a very high utilization level leads
			to increased wait times, cancellations and diversions.

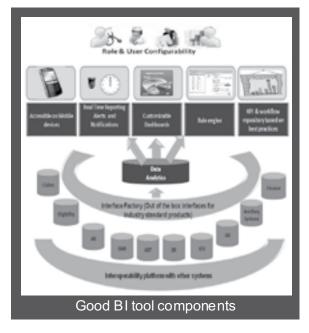
Туре	Key KPIs	Drill down KPIs	How does it help a COO
FINANCIAL	Payor	% Claims paid Reimbursements	Payor performance would provide insights into how payor
These have a high	performance	Amount Volume	contracts are performing and which one needs re negotiation.
impact on the top	Physician	Revenue per physician	Physician performance provides insights into how each
line and bottom	performance	Reimbursements per physician	physician is performing in terms of number of cases, revenue
line			per case, utilization cost per case, bonuses and penalties
			incurred per physician.
	Hospital	Revenue Profit Margin Clinical	This would provide real time snap shot of the hospital
	performance	Cost Reimbursement AR aging	performance in terms of Revenue, profit, margin,
		days	reimbursement vs utilization cost, AR by aging days and
			potential high risk AR that need immediate intervention.
	Referrals to	Diversion hours, Physician non-	Ambulance diversions have a very high impact on the clinical
	outside centers	availability	outcome and are a direct revenue loss to the hospital. Efforts
			should be made to keep this to minimum levels.
	Expense incurred	Overtime hours, Test results	Overtime hours provide an insight into capacity planning
	by hospitals	error	issues and have a direct impact on the bottom line as well as
			employee satisfaction.
			Test results errors result in lost revenue and resources,
			impacting the bottom line. Cause analysis needs to be carried
			out to reduce these occurrences.
	Physician	Revenue per physician,	Revenue and reimbursements per physician provide details
	performance	Reimbursements per physician	on how each physician and specialty is performing. Bonus and
			reimbursements provide an indirect measure of compliance
			with clinical pathways and hospital SOPs.



# Characteristics of a good BI tool:

The hospital's business intelligence and reporting tool, which collects, cleans and presents the data, must enable the following features:

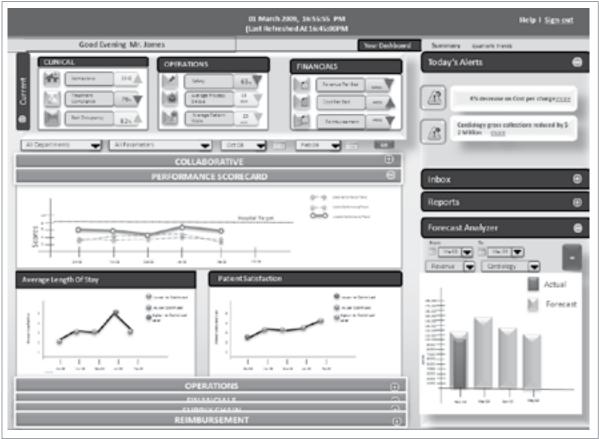
- 1. The KPIs need to be represented by:
  - Facility
  - Specialty
  - Department
- 2. Trends must be highlighted whenever possible against:
  - Benchmark targets
  - Monthly, Quarterly, Yearly performance
- 3. A decision-support section must be available to: Good BI tool components
  - Predict likely events based on trends, history and extrapolation
  - Suggest adjustments needed to meet benchmark targets



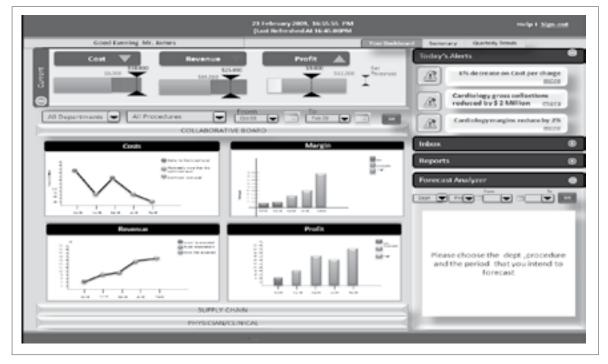
- 4. All KPIs must have clear ownership and owner contact details. The drill down reports/charts should be easy to e-mail and print.
- 5. Customized dashboard for quick access to information relevant to the specific user role.
- 6. Capability to access data feeds from other medical systems.
- 7. The tool needs to allow interoperability to enable corrective action by logging into the source system of KPI data.
- 8. Anytime anywhere access by allowing users to access screens over mobile.
- 9. Rule engine to configure alerts, escalations and decision support.

Today, visually intuitive and rich graphical dashboards such as the one shown in Figures below can dramatically accelerate the speed and quality of the decision-making cycle. This is not just about making dashboards more pleasing to the eye, but about users spending less time reviewing content and more time taking action. A dashboard should be information rich and not data rich.

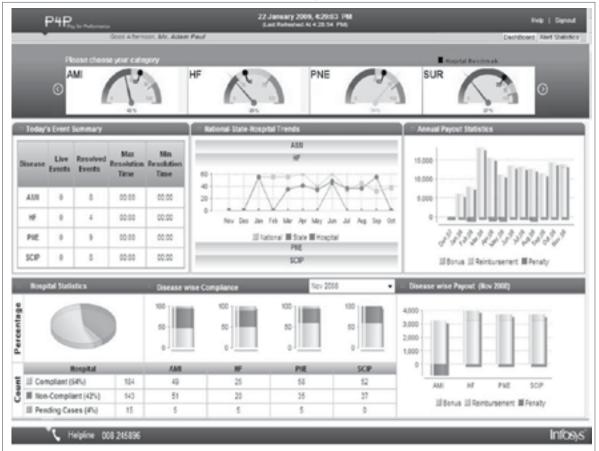
## Illustrative COO dashboard



#### Illustrative CFO dashboard



### Illustrative CQO dashboard around CMS P4P program performance.



#### Benefits accruing from information-rich dashboards

The key to effective performance monitoring is access to informationrich dashboards with real-time data from all disparate hospital applications, coupled with decision support, alerting and escalation functionalities. The data's source system must be accessible for any actionable alerts (by providing a hyperlink in an alert mail to access source system) to initiate immediate corrective action. Such a business intelligence tool helps cultivate proactive behavior among the care givers. With a clear definition and representation of KPIs, information dashboards empower employees to actively make decisions that optimize across various objectives and look for creative ways to achieve goals. Clear communication and feedback is established around objectives and measures. After an effective BI dashboard implementation, typically hospitals have seen improvements in:

- Adverse events and unplanned readmissions: 7% reduction
- Patient satisfaction: 15% improvement
- Staff overtime: 11% decrease



For more information, contact askus@infosys.com

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