**Assessment-Dashboard Metrics Evaluation**

Student's Name

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Due Date

**Assessment-Dashboard Metrics Evaluation**

Healthcare institutions endeavor to improve their care quality and safety and reduce costs through periodic evaluation and intervention. A major method of organizational evaluation is through dashboards. Comparing the dashboard metrics helps healthcare institutions note the underperforming areas and provokes the development of interventions to improve them. Dashboards can be internally or externally prepared. Internal dashboards help organizations evaluate their performance over time, while external dashboards help them compare their performance against other institutions and national standards. Internal dashboards are the best in determining an institution's progress over time, and they can also be compared against set benchmarks to show the institution's performance relative to other organizations. Mercy Medical Center is the hospital of interest. It is Villa Health-Affiliated and a renowned hospital for its quality care, as reflected in its various achievements such as outstanding patient experiences, high safe surgery ratings, and best emergency services (Vila Health, n.d.). Mercy Medical Center's diabetes dashboard metrics are the focus of this assessment. It will also evaluate its performance, relevant local, state, and federal policies challenges in meeting the benchmarks, and develop an ethical intervention to address the poorly performing benchmarks.

**Mercy Medical Center Dashboard Metrics Evaluation**

The services offered by a healthcare institution may differ depending on the population characteristics. Mercy Medical Center is a large institution serving over 20,000 individuals. The hospital serves 2371 over 65 years, 6099 aged 45-64, 14732 aged 21-44, and 12 126 under 20 years (Vila Health, n.d.). The ethnic and racial distribution from the largest to the smallest group is as follows: whites 28537, Asians 3822, Hispanic Latino 2890, African Americans 1601, interracial 1016, American Indian 4333, and other ethnicities 11611. The region's total population is 36192, and the gender distribution is 17957 males and 18235 females. Race, age, and gender are important factors in diabetes management.

Mercy Medical Center's public diabetes dashboard is evaluated quarterly, and the institution evaluates its performance for each quarter. The data is presented based on gender, age, and race and includes the number and percentage changes relative to the total number of diabetic patients. 2019's last quarter statistics were as follows: 355 whites (63%), 34 Asians (6%),73 American Indians (13%), 17 African Americans (3%), 11 other races (2%), and 73 did not respond (Vila Health, n.d.). Of these, 214 patients were males (38%), while 347 (62%) were female, and two did not respond to the gender question. Among them, 118 were below 20 years, 51 were between 21 and 44, 214 were between 45 and 64, and 180 patients were 65 years and above (Vila Health, n.d.). The government requires individuals to attend an annual diabetic foot, eye, and HbA1c examination. The rates of HbA1c have been dropping gradually, and the number of diabetic foot exams has been relatively low. These rates are relatively low and cause concern, judging from the number of new patients for the last quarter. There are several areas of missing information. The total number of patients available makes it difficult to calculate the percentage of patients attending diabetic foot, eye, and HbA1c examinations. In addition, other diabetes interventions vital to diabetes monitoring, such as diabetes complications and their categories that help show the actual impact of the benchmarks, are missing.

**Benchmarks Set Forth by Local, State, & Federal Laws**

Benchmarking is an important way of evaluating performance. Comparing the organization's performance against the national and state-set standards will help gauge the organization's success in meeting healthcare needs. These standards help maintain high-quality care and spearhead quality improvement processes in healthcare institutions. Institutions can borrow ideas from other organizations succeeding in various benchmarks to improve care delivery, quality, and patient safety associated with the benchmark of choice. The Agency for Healthcare Research and Quality is responsible for preparing national quality standards for various healthcare conditions. AHRQ relies on data sources such as the National Committee on Quality Assurance, DART Net, and SAFTINet, large data organizations with high efficiency, specialization, and reliability (AHRQ, 2021). The agency liaises with other bodies responsible for specific conditions, such as the American Heart Association (stroke and heart disease) and the American Diabetes Association (diabetes), to collect and analyze data vital in preparing these benchmark dashboards.

AHRQ prepares annual reports that contain specific dashboards for managing various healthcare conditions and certain conducts within the hospital. The national healthcare quality and disparities report is a comprehensive document prepared each year to reflect the data collected and analyzed and the inferences made by the AHRQ. The national diabetes quality measures by the NHQDR feature the national benchmarks for diabetes on dilated eye and foot exams and HbA1c tests. AHRQ (n.d.) notes that these benchmarks are results from top-performing institutions, and other institutions can gauge their performance using them. NHDQR (2019) report states that more than 79.5% of diabetic patients should take the HgbA1c test twice annually, more than 84% of patients should take annual diabetic foot tests, and more than 75.2% of patients should take annual eye exams (AHRQ, n.d.). These percentages are set from the results of the best-performing healthcare institutions. These tests are integral to detecting patient complications early and intervening before injury results in the patient.

**Challenge Posed by Meeting Prescribed Benchmarks**

Meeting the prescribed benchmarks would pose a challenge to healthcare staffing. Diabetes patients place a significant burden on the healthcare workers' workload. Winter et al. (2020) note that a global healthcare staff shortage affects most hospitals. Meeting the benchmark will increase the number of patients attending the hospital, further aggravating the shortage of healthcare staff due to the increased demand.

Available staff in hospitals with staff shortages focus more on completing the assigned tasks than ensuring quality care. It is thus easy for them to overlook some items, such as annual checkups, despite their potential to influence diabetes patient outcomes. Understaffing increases error incidences, interferes with work productivity, and promotes high employee fatigue and burnout, high employee turnover, and poor patient outcomes (Winter et al., 2020). The few staff can also overlook the comprehensive and keen patient assessment. Pankhurst & Edmonds (2018) state that staff shortage leads to decreased staff efficiency and reliance; hence, it is easy to overlook details such as changes in HbA1c test variations, wounds and minor injuries, and slight changes in visual acuity when attempting to complete the many tasks.

Patient education is a vital aspect of diabetes management. With inadequate staff, there is limited time to emphasize the importance of these follow-ups, leading to the low patient turn up. Understaffing would thus affect the quality of care and increase patient safety issues. Healthcare staff shortages are a global pandemic, and very few hospitals have nurses and physicians close to the recommended health worker-to-patient ratio (Winter et al., 2020). The problem affects government and private institutions. A major assumption is that Mercy Medical Center is also affected by the global healthcare staff shortage.

HbA1c tests are integral in determining the effectiveness of interventions in managing the blood glucose levels within the acceptable limits. Imai et al. (2021) state that tests help with interventions such as changes in patient therapy, patient education, and family involvement in cases of self-care deficit. HbA1c tests help detect complications and impaired glucose regulation early; thus, healthcare providers intervene early to prevent complications. Imai et al. (2021) also note that patients with strict adherence to HbA1c tests have better outcomes and effectiveness in glycemic control. Failure to monitor HbA1c leads to complications such as persistent high blood glucose, peripheral neuropathies, and stroke. It thus decreases care quality and interferes with patient safety, hence poor population health. HbA1c tests and results monitoring are thus integral.

**Ethical Intervention for the Underperforming Benchmark**

The stakeholder group to take action are the healthcare leaders. The leaders prepare policies and can easily organize and provide resources for any intervention in the healthcare institution. Diabetes management requires the input of various professionals, including nurses, doctors, ophthalmologists, and laboratory technicians, and these professionals interact with the patients to varying degrees. The chosen intervention, staff education, is an integral step in ensuring that patients understand the importance of HbA1c tests and other metrics in diabetes management. The main goal is to increase the patient's knowledge and promote healthy behavior. Researchers note that staff training increases their confidence, the immediacy of action, quality healthcare decisions, and patient safety and promotes better staff work experiences (Torani et al., 219).

Ethics in healthcare are integral. Respecting autonomy and fidelity are the basis for developing the intervention. The main goal is to increase the patients' knowledge to make the right decisions (Lambrinou et al., 2019). Patients also participate in healthcare decisions when they understand their implications. The education will also remind the nurses of the importance of carrying out the tests and encourage them to meet the requirements when managing these patients. The education will increase their faithfulness when assessing and educating these patients to ensure adherence to the diabetes management requirements. Comprehensive education will also help improve other standards, such as vaccination requirements not included in this dashboard.

Most initiatives and emphasis on healthcare interventions are initiated by healthcare providers, thus sensitizing the nurses to the benchmarks and reminding them of the importance of teaching patients. Reminding nurses will help manage the underperforming benchmark and prevent further complications while ensuring the interventions do not stretch the existing healthcare resources. Other interventions that can supplement the intervention include preparing learning material such as handouts and online resources, and referring patients to them will further increase their information and create the need and urgency to adhere to the recommendations of HbA1c tests (Ghisi et al., 2021).

**Conclusion**

Dashboard evaluation helps in healthcare performance and quality improvement. These healthcare dashboards help determine progress and show the hospital's performance to other institutions and the nationally set standards. Mercy Medical Center's diabetes dashboard metrics show the need for interventions to improve HbA1c tests. The tests are poorly done compared to the nationally set standards. The lack of statistics on the total number of patients makes it difficult to calculate actual percentages. Moreover, eye exams and diabetic foot exams are also performing poorly, and there is room for improvement. The intervention to improve the underperforming dashboard metric is based on various ethical principles that include autonomy and respect for persons, and fidelity. Staff training will help improve the underperforming benchmark and the overall diabetes management.

**References**

Agency for Healthcare Research and Quality. (n.d.). National Healthcare Quality and Disparities Report 2021. *The National Diabetes Quality Measures.* Accessed 30th June 2022 from <https://nhqrnet.ahrq.gov/inhprdr/national/benchmark/table/diseases_and_conditions/diabetes>

Agency for Healthcare Research and Quality. (n.d.). Practice Facilitation Handbook, Module 7. Measuring and Benchmarking Clinical Performance. *AHRQ. Agency for Healthcare Research and Quality*. Accessed 30th June 2022 from <https://www.ahrq.gov/ncepcr/tools/pf-handbook/mod7.html>

Ghisi, G. L. D. M., Seixas, M. B., Pereira, D. S., Cisneros, L. L., Ezequiel, D. G. A., Aultman, C., Sandison, N., Oh, p., & da Silva, L. P. (2021). Patient education program for Brazilians living with diabetes and prediabetes: findings from a development study. *BMC Public Health*, *21*(1), 1-16. <https://doi.org/10.1186/s12889-021-11300-y>

Imai, C., Li, L., Hardie, R. A., & Georgiou, A. (2021). Adherence to guideline-recommended HbA1c testing frequency and better outcomes in patients with type 2 diabetes: a 5-year retrospective cohort study in Australian general practice. *BMJ Quality & Safety*, *30*(9), 706-714. <http://dx.doi.org/10.1136/bmjqs-2020-012026>

Lambrinou, E., Hansen, T. B., & Beulens, J. W. (2019). Lifestyle factors, self-management and patient empowerment in diabetes care. *European Journal Of Preventive Cardiology*, *26*(2\_suppl), 55-63. <https://doi.org/10.1177/2047487319885455>

Pankhurst, C. J. W., & Edmonds, M. E. (2018). Barriers to foot care in patients with diabetes as identified by healthcare professionals. *Diabetic Medicine*, 35(8), 1072–1077. <https://doi.org/10.1111/dme.13653>

Torani, S., Majd, P. M., Maroufi, S. S., Dowlati, M., & Sheikhi, R. A. (2019). The importance of education on disasters and emergencies: A review article. *Journal of Education And Health Promotion*, *8*. <https://doi.org/10.4103/jehp.jehp_262_18>

Vila Health. (n.d.). Dashboard and Health Care Benchmark Evaluation. Capella University. Accessed from [https://media.capella.edu/coursemedia/nhs6004element17010/wrapper.asp#](https://media.capella.edu/coursemedia/nhs6004element17010/wrapper.asp)

Winter, V., Schreyögg, J., & Thiel, A. (2020). Hospital staff shortages: environmental and organizational determinants and implications for patient satisfaction. *Health Policy*, *124*(4), 380-388. <https://doi.org/10.1016/j.healthpol.2020.01.001>