

Dashboard Best Practices

These dashboard best practices can be used for both the HDS-created and clinician-created documentation quality reporting to the intended audience(s), e.g., attending physicians, residents, mid-level providers, C-suite, physician management, medical executive committee, quality committees, although each group may have different reporting requirements.

- Keep it simple yet concise. Too much data becomes confusing, visually distracting, and overwhelming, and you may lose your audience's attention.
- Define dashboard goals and expected outcomes, with input from your intended audience(s). This can be accomplished by meeting with various groups and providing ideas for discussion.
- Determine key elements to report on the dashboard. Agree to track no more than 3 to 5 key elements, review what should be tracked, and customize the dashboard for the various audiences, as each group may have different requirements. Plan to reevaluate this periodically. As improvement is seen, root causes may be found and improved, and required data elements may change.
- Get buy-in from your audience on how often they want the data, how feedback will be provided to HDSs and clinicians, and how the data will be used for ongoing process improvement. Do not gather and report data that is useless and time consuming.
- Keep the information in spreadsheets that can easily be shown in various reporting methodologies, e.g., graphs, charts, etc. Use other resources if available, such as quality tracking software and business intelligence data management applications.
- Determine who will monitor and manage the data, e.g., documentation/transcription manager, HIM, etc.
- Track the data. Suggested examples of data to track include types of errors (critical vs. noncritical), number of documents reviewed for an individual HDS, department or facility, or clinician or provider groups (attending physicians, residents, mid-level providers, nurses, etc.). Other ideas may include a specific element requested to be tracked, such as a recurring template or system errors, front-end errors vs. back-end/traditional transcription errors, or failure-to-edit incidents by clinicians.
- As the process is developed and continually refined, keep in mind: Who is responsible for collecting the data? What does your organization want to see from the data? How will the data be reported? And most importantly, what is being done with the data in your organization. Make it meaningful to process improvement.