

NHS FPX 6004 Assessment 1

Dashboard Metrics Evaluation

Healthcare organizations and interprofessional teams must continuously strive to improve the quality of care they provide to patients. One way to achieve this is by setting benchmarks for specific clinical indicators and measuring performance against those benchmarks. However, underperforming benchmark metrics may indicate a lack of attention to diabetes management, potentially leading to poor health outcomes for patients. This assessment will evaluate the consequences of not meeting prescribed benchmarks and the potential impact on the overall quality of care. The assessment will also identify recommended actions, guided by ethical principles and sustainability goals, to address this issue and improve patient outcomes.

Analyzing and Evaluation of Dashboard Metrics

Case of Mercy Medical Center, a Vila Health-affiliated hospital, uses a diabetes dashboard and fact sheet to evaluate its performance in diabetes care. The report shows that new patients who are White make up the majority, comprising 63% of the total number of new patients in the last quarter. Moreover, females account for 62% of the new patients, and those aged 40-64 make up the largest group at 38%. These figures highlight the importance of providing diabetes care that is tailored to the specific needs of diverse populations.

The data indicates that there is a concern regarding HgbA1c exams as the number of patients who had the test declined over time. For example, in Q1 2019, 60 patients underwent HgbA1c exams, but the number decreased to 42 in Q4 2019. Additionally, in Q2 2020, only 58 patients had the test, and it increased to 78 patients in Q3 2020. This decline in the number of patients who underwent HgbA1c exams could have serious implications for diabetes management and care (Indyk et al., 2020). Similarly, the low foot exam rate is another area of concern as the number of patients who underwent the test fluctuated but did not show significant improvement over time.

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While the number of eye exams fluctuated over the last two years, it has shown a positive trend overall, increasing from 50 in Q1 2019 to 64 in Q4 2020. However, it is still lower than the foot and HgbA1c exams, which underscores the need to prioritize and increase the number of foot and HgbA1c exams. Overall, the provided data emphasizes the importance of using dashboards

and reports to identify areas that need improvement in healthcare organizations' diabetes care (Ferstad et al., 2021).

Organizational Performance Shortfalls

Specifically, there seems to be a low percentage of African American patients receiving care for diabetes at the hospital, with only 3 percent of new patients in the last quarter being African American (Buja et al., 2019).

Another area of concern is the foot exam metric, where the hospital performed below the benchmark in Q3 and Q4 of 2019. This could indicate a gap in the hospital's processes for ensuring that all patients with diabetes receive appropriate foot exams, which are essential for preventing diabetic foot ulcers and amputations.

In addition, while the hospital's performance on the HgbA1c metric improved in Q3 of 2020, it was still below the benchmark in other quarters. This metric is a key indicator of long-term blood sugar control in patients with diabetes, and a high HgbA1c level can cause nerve damage. Therefore, it is important for the hospital to consistently meet or exceed this benchmark (Thewjitcharoen et al., 2019).

Consequences of Not Meeting the Benchmark

Failing to meet prescribed benchmarks can have significant consequences for healthcare organizations or teams. For example, in the case of Mercy Medical Center, the low rate of foot exams and declining HgbA1c exams among new diabetic patients are areas of concern. These tests are important in identifying potential diabetes-related complications early, which can help prevent serious health issues and reduce healthcare costs. Failure to perform these tests can result in undetected complications, leading to increased hospitalizations, higher healthcare costs, and potentially worse outcomes for patients.

Furthermore, not meeting benchmarks can have financial implications for healthcare organizations. Local, state, and federal laws and policies often tie reimbursement rates to quality and performance measures. If a healthcare organization consistently fails to meet benchmarks, it may receive lower reimbursements for services, resulting in financial losses. Additionally, healthcare organizations that fail to meet benchmarks may face negative publicity and decreased patient trust, which can further harm their financial performance.

Patients expect high-quality care and may switch to other healthcare providers if they perceive that their current provider is not meeting standards. Poor patient outcomes and low satisfaction

scores can also harm the reputation of healthcare organizations and negatively impact recruitment efforts for healthcare providers (Qin et al., 2019).

Implications

The consequences of not meeting prescribed benchmarks can have significant implications for healthcare organizations or teams. For instance, failing to meet benchmarks related to quality and performance improvement can result in lower patient satisfaction rates, decreased reimbursement rates from insurance companies, and possible penalties or fines from regulatory agencies.

In the case of Mercy Medical Center, the declining HgbA1c exams and low foot exam rates identified in the diabetes dashboard are areas of concern that could lead to potential complications for patients with diabetes (Eberle & Stichling, 2021). Failure to address these issues could result in negative health outcomes for patients and could also lead to a decrease in patient trust and satisfaction with the hospital.

Additionally, the fact that there is not enough data to conclude certain areas, such as the number of eye exams, highlights the importance of consistent and thorough data collection and analysis. Without adequate data, healthcare organizations may not be able to identify areas for improvement or measure the effectiveness of interventions aimed at addressing identified issues (Kim & Utz, 2019).

Evaluation of Underperforming Metric

A declining trend in HgbA1c exams indicates underperformance in managing diabetic care within a healthcare organization or interprofessional team. If HgbA1c exams are underperformed, it could lead to several negative consequences for both patients and the healthcare organization or interprofessional team. Furthermore, patients may lose confidence in the ability of the healthcare organization or interprofessional team to manage their diabetes, leading to decreased patient satisfaction and potentially driving patients to seek care elsewhere (He et al., 2021).

From the perspective of the healthcare organization or interprofessional team, underperformance in HgbA1c exams could lead to reduced quality of care, increased healthcare costs, and decreased revenue. Poorly managed diabetes often leads to hospitalizations and emergency room visits, which can be costly for both patients and healthcare organizations. Additionally, underperformance in diabetes management may lead to lower reimbursement rates from insurance companies, which can impact the financial health of the healthcare organization or interprofessional team (Crowe et al., 2019).

Additionally, it assumes that implementing evidence-based diabetic management plans will lead to improvements in HgbA1c exams and overall quality of care. While evidence supports the use of evidence-based diabetes management plans, the success of these plans may vary depending on individual patient factors and the resources available within the healthcare organization or interprofessional team.

Compelling and Substantiated Arguments

The declining HgbA1c exam benchmark is crucial to the overall quality of performance in a healthcare organization or interprofessional team. HgbA1c exams are an essential tool for managing diabetes, and the frequency of these exams is a critical indicator of how well patients are managing their disease. When HgbA1c exams are not performed frequently enough, patients may not be receiving the appropriate level of care to manage their diabetes effectively (Islam et al., 2020). This can lead to serious complications, such as neuropathy, retinopathy, and cardiovascular disease.

Furthermore, the declining HgbA1c exam benchmark can have a significant impact on the financial performance of healthcare organizations. When patients with diabetes do not receive adequate care, they are more likely to experience complications and require hospitalization, which can be costly for both the patient and the healthcare organization.

Moreover, the declining HgbA1c exam benchmark can negatively impact the reputation of a healthcare organization. Patients and their families may perceive a lack of care or concern for patients with diabetes, leading to a decrease in patient satisfaction and retention. Additionally, healthcare organizations may receive negative publicity or face legal consequences if patients experience harm as a result of inadequate diabetes management (Nazari et al., 2021).

Ethical, and Sustainable Actions for Stakeholders

Addressing the issue of declining HgbA1c exams in healthcare organizations or interprofessional teams requires a multi-faceted approach that involves various stakeholders. First and foremost, healthcare providers need to acknowledge the importance of regular HgbA1c exams in managing diabetes and ensuring optimal patient outcomes. This can be achieved through education and training programs that highlight the significance of HgbA1c testing and its impact on patient health. Moreover, providers should be encouraged to collaborate with patients and their families to ensure that HgbA1c exams are scheduled and completed regularly (Jansma et al., 2021).

In addition to healthcare providers, healthcare organizations and regulatory bodies have a critical role to play in addressing declining HgbA1c exams. Healthcare organizations should

adopt policies and procedures that prioritize patient-centered care and encourage providers to meet HgbA1c exam benchmarks. This may involve implementing regular audits and performance reviews, as well as providing additional resources and support to providers who are struggling to meet benchmarks.

Furthermore, regulatory bodies can incentivize healthcare organizations and providers to prioritize HgbA1c testing by linking reimbursement rates to performance on HgbA1c exam benchmarks. Finally, patients and their families have a role to play in ensuring that HgbA1c exams are completed regularly. Patients should be educated about the importance of HgbA1c testing and encouraged to take an active role in managing their diabetes (Chiang et al., 2020).

Recommended Actions

First and foremost, healthcare organizations and interprofessional teams should prioritize patient autonomy and informed consent. Patients must be adequately informed about the importance of regular HgbA1c exams and the potential consequences of not receiving them. This approach respects the patient's right to self-determination and ensures that they are active participants in their care.

Additionally, healthcare organizations and interprofessional teams should prioritize beneficence and non-maleficence. It is essential to provide high-quality care that maximizes the patient's health outcomes while minimizing any potential harm. Regular HgbA1c exams are crucial for identifying and managing diabetes, reducing the risk of complications and hospitalization, and improving the patient's overall quality of life.

The declining HgbA1c exam benchmark can be addressed through the efficient use of resources, such as leveraging technology and streamlining processes. For example, organizations can implement electronic health records and automated reminders to ensure that patients receive regular HgbA1c exams. This approach reduces waste and improves efficiency, ensuring that resources are used sustainably (Zhou et al., 2021).

Conclusion

Meeting prescribed benchmarks is crucial for healthcare organizations and interprofessional teams to improve their overall quality and performance. Failing to meet these benchmarks, such as declining HgbA1c exams, can have severe consequences, including negative patient outcomes and financial penalties. Therefore, taking ethical and sustainable actions to address this issue is essential in implementing evidence-based practices, and investing in staff training and development. As a result, healthcare organizations and interprofessional teams can not

only improve patient outcomes and satisfaction but also ensure their long-term success and sustainability.

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