Discharge Dashboard Report

Report Interpretation Guide (RIG)

Introduction
Dashboard push reports highlight key metrics that are important to driving improvement with the My InnerView satisfaction survey process.

Quick View of Report Specifications

<table>
<thead>
<tr>
<th>REPORT ATTRIBUTE</th>
<th>SPECIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Universe</td>
<td>Patients who have been discharged from the facility and received a discharge survey</td>
</tr>
<tr>
<td>Data Time Period</td>
<td>The report represents data from two months prior (for example, if the dashboard is sent in September, it represents discharge patients surveyed in July)</td>
</tr>
<tr>
<td>Data Source</td>
<td>MIV Discharge Surveys, link updates with online data</td>
</tr>
<tr>
<td>Minimum Data Requirement</td>
<td>Five or more survey responses</td>
</tr>
<tr>
<td>Facility Uses</td>
<td>Actionable high level results that provide an overview of how well the facility is performing.</td>
</tr>
<tr>
<td>Report Frequency</td>
<td>Delivered automatically by email to users in the My InnerView Organizational Editor on the 15th of every month</td>
</tr>
<tr>
<td>Report Location</td>
<td>Accessible through link via email only, not available on <a href="http://www.myinnerview.com">www.myinnerview.com</a></td>
</tr>
<tr>
<td>Comparative Peer Group</td>
<td>National norm</td>
</tr>
</tbody>
</table>

Report Information
The new Discharge Dashboard report is designed to be focused and actionable. The report will give customers a quick and easy way to view valuable discharge survey results without having to scroll through the full discharge report.

Discharge Dashboards will be delivered via push notifications only, and will not be available to build on www.myinnerview.com. Emails will be sent on the 15th of every month to registered My InnerView users only when five or more responses are collected. The report link connects to the live website, therefore, every time you click on the link you will be getting the most recent data published online.
Sample Report

Discharge Dashboard

<table>
<thead>
<tr>
<th>Prepared for: ABC Corp</th>
<th>Data Represents: Dec 2013 - Dec 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Type: Skilled Nursing Home</td>
<td>*Response Rate: 38%</td>
</tr>
<tr>
<td>National Peer Group: 2078 facilities</td>
<td>Surveys distributed: 100 Returned: 38</td>
</tr>
<tr>
<td></td>
<td>* If you utilize bulk mailing, the response rate cannot be calculated accurately</td>
</tr>
</tbody>
</table>

**Data Represents:** Dec 2013 - Dec 2013

**Prepared for:** ABC Corp
**Facility Type:** Skilled Nursing Home
**National Peer Group:** 2078 facilities

**Response Rate:** 38%
**Surveys distributed:** 100
**Returned:** 38

*If you utilize bulk mailing, the response rate cannot be calculated accurately.

**Recommendation to others**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 62%
  - GOOD: 29%
  - FAIR: 6%
  - POOR: 2%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 66%
  - GOOD: 28%
  - FAIR: 6%
  - POOR: 2%

**Overall satisfaction**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 59%
  - GOOD: 32%
  - FAIR: 6%
  - POOR: 2%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 64%
  - GOOD: 30%
  - FAIR: 6%
  - POOR: 1%

**Rehabilitation therapy**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 73%
  - GOOD: 23%
  - FAIR: 1%
  - POOR: 2%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 76%
  - GOOD: 21%
  - FAIR: 2%
  - POOR: 3%

**Progress toward rehab goals**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 68%
  - GOOD: 26%
  - FAIR: 5%
  - POOR: 1%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 68%
  - GOOD: 27%
  - FAIR: 4%
  - POOR: 2%

**Arranging for services/equipment**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 66%
  - GOOD: 28%
  - FAIR: 4%
  - POOR: 2%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 66%
  - GOOD: 28%
  - FAIR: 4%
  - POOR: 3%

**Setting discharge goals**

- **For Nov 2013 to Nov 2013:**
  - EXCELLENT: 60%
  - GOOD: 30%
  - FAIR: 6%
  - POOR: 1%

- **For Dec 2013 to Dec 2013:**
  - EXCELLENT: 61%
  - GOOD: 33%
  - FAIR: 6%
  - POOR: 1%

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**Internal Focus: 5 Items with highest percent "poor"**

- **Answering call lights**
  - Your score: 44%
  - Naïve group: 37%
  - Nat'l Avg.: 13%

- **Respectfulness of management**
  - Your score: 58%
  - Naïve group: 51%
  - Nat'l Avg.: 12%

- **Commitment to family updates**
  - Your score: 59%
  - Naïve group: 59%
  - Nat'l Avg.: 7%

- **Quality of meals**
  - Your score: 64%
  - Naïve group: 64%
  - Nat'l Avg.: 7%

- **Care (concern) of staff**
  - Your score: 76%
  - Naïve group: 76%
  - Nat'l Avg.: 7%

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**External Comparison: 5 Items with greatest difference in % "Excellent" Score**

- **R.N./L.N./L.P.N. care**
  - Your score: 69%
  - Nat'l group: 67%

- **Rehabilitation therapy**
  - Your score: 78%
  - Nat'l group: 76%

- **Security of personal belongings**
  - Your score: 66%
  - Nat'l group: 56%

- **Religious/spiritual opportunities**
  - Your score: 50%
  - Nat'l group: 48%

- **Respectfulness of staff**
  - Your score: 71%
  - Nat'l group: 65%

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**Long-term focus: Quadrant Analysis**

Includes last 6 months of responses if total >= 30

**Primary Strengths**

- Quadrant B shows items of higher importance to "Recommendation" with a higher average score

- Care (concern) of staff
- R.N./L.N./L.P.N. care
- Respectfulness of management
- C.N.A./N.A. care
- Progress toward rehab goals

**Primary Opportunities**

- Quadrant D shows items of higher importance to "Recommendation" with a lower average score

- Responsiveness of management
- Choices/preferences
- Commitment to family updates
- Quality of medical care
- Competency of staff
1 Header Definitions

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared for:</td>
<td>Facility or Region Name</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>Type of facility the survey was distributed within</td>
</tr>
<tr>
<td>National Peer Group:</td>
<td>Count of all active like facilities in the system</td>
</tr>
<tr>
<td>Data Represents:</td>
<td>Month that data in the survey represents (not including long term focus section which is the current month plus the 5 months prior)</td>
</tr>
<tr>
<td>Response Rate:</td>
<td>Percent of returned surveys out of total distributed</td>
</tr>
<tr>
<td>Note: If you utilize bulk mailing, the response rate cannot be calculated accurately</td>
<td></td>
</tr>
<tr>
<td>Surveys Distributed:</td>
<td>Total number of surveys distributed for the data period</td>
</tr>
<tr>
<td>Note: If you utilize bulk mailing, the response rate cannot be calculated accurately</td>
<td></td>
</tr>
<tr>
<td>Returned:</td>
<td>Total number of surveys returned for the data period</td>
</tr>
<tr>
<td>Note: If you utilize bulk surveying, this data represents all surveys received in the data period but cannot reflect the month distributed. If you submit a monthly data file for survey distribution, this number will represent the number of patients discharged during the data period</td>
<td></td>
</tr>
</tbody>
</table>

2 Results by Domain/Comparison to Last Survey

WHAT IT SHOWS:
The charts show the frequency by response for the “Global Satisfaction” domain: Overall satisfaction and Recommendation to others and the questions from the “Rehabilitation” domain. Also depicted is a comparison of the current month (colored scale) to the previous month (gray scale).

WHAT IT TELLS ME:
This section allows you to compare your global results and your discharge specific results with the perspective of improvement or opportunities from one period to the next.

HOW TO USE IT:
The goal should be to improve in percent “Excellent” and percent “Excellent” plus “Good,” while reducing the number of “Poor” responses from one period to the next. It is important to look at the distribution of scores for each item.

A pattern of ratings (low “Excellent” and high “Poor” percentages) could be a cause for action on this item. Use this dashboard view as you begin to prioritize your actions and execute on your plan.
3 Results by Domain/Comparison to National Peer Group

WHAT IT SHOWS:
The first column is your average score for each measure respectively. Your average score is calculated by assigning the following values: Excellent = 100; Good = 66.7; Fair = 33.3; Poor = 0.

The second column is the average score for the nation, calculated in the same way.

The last column is the percentile rank that your average score places you in as compared to the national average score.

WHAT IT TELLS ME:
This section tells you how your average score compares with the national average scores, and on a scale of 1 to 100, where your score falls in the distribution of the national peer group.

HOW TO USE IT:
This table should be used to evaluate your performance against the peer group at a given point in time. Comparison of your scores to other scores is what is referred to as “benchmarking.” Ask yourself, “Where would you like your performance to be in relationship to the peer group (relative target setting)?” In setting relative targets, you can use the percentile ranking to assist you. More data such as the 90th percentile targets and your quartile breakdowns can be found in your full discharge report.

4 Internal Focus: 5 Items with the highest percent “Poor”

WHAT IT SHOWS:
Results by item: “Excellent,” “Good,” “Fair” and “Poor” ranked by highest percent “Poor” scores

WHAT IT TELLS ME:
This top 5 questions where you ranked the highest percent “poor” responses. If you do not have percent “poor” responses you may not have any data here.

HOW TO USE IT:
The goal should be to decrease the percent of poor responses on individual items. In reviewing the highest percent “poor” snapshot, you are able to see which items deserve your attention.
5 External Comparison: 5 Items with the greatest percent difference in percent “Excellent” score

WHAT IT SHOWS:
Comparison to Peer Group: Ranked by difference in percent “Excellent” scores. WHAT IT TELLS ME:
The top five questions where you had the largest difference in percent “Excellent” scores from the national scores. If you fall below the national benchmark, then this will show the areas in which your performance is most different from that of your peers. If you are better than the national scores, chart shows the five items where the national scores are closest to you.

HOW TO USE IT:
This chart shows questions that provide your best opportunity to improve relative to the national benchmark. This information may point you in a direction when determining your action plan for improvement.

6 Long Term Focus: Quadrant Analysis

WHAT IT SHOWS:
Taken from the Quadrant Analysis and Priority Action Agenda, the top box shows Quadrant B, items of higher correlation to “Recommendation” with a higher average score, and the bottom box shows Quadrant D, items of higher correlation to “Recommendation” with a lower average score.

WHAT IT TELLS ME:
Over six months of time, where do my ultimate strengths and opportunities lie? Quadrant D represents the items with higher correlation to recommendation but with a lower average score, meaning these items, if improved, would likely also improve the recommendation score. Quadrant B shows items of higher correlation to recommendation with a higher average score.

HOW TO USE IT:
Performance over time is important. If you see any questions in Quadrant D that are also showing in your Internal Focus section or Internal Comparison section, then you might have a trend that requires attention. Performance on items with relatively low historically aggregate scores and high correlation should be carefully evaluated. The recommendation is to choose one item to target for improvement. If you have trouble choosing which item, it may be beneficial to look to see if any of these items also appear in the graph of the five items with greatest difference from the national benchmark.

Performance on items with high historically aggregate scores, Quadrant B, and high correlation should be celebrated or shared within the facility/community.