Whackamole?
The Role of Key Performance Indicators in Health and Human Services

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As a teenager, did you ever go to a fairground and play "Whackamole"? You remember. There were about 12 holes in the game and you had a big, soft, hammer. A "mole" poked its head out of a hole and you hit it, whereby it disappeared and popped out of a different hole. The faster you hit the mole, the faster it popped up somewhere else. The point of the game was never very clear, but it was fun, got rid of surplus energy and improved eye hand coordination. Perhaps those were the only points!

Sometimes it can feel that managing improvement in healthcare delivery is a bit like "Whackamole". We concentrate our efforts in one area, and problems surface in another! This tends to be accepted as a natural occurrence, but what if there is a connection between our efforts in one area, and problems in another? What if we could prevent those problems from appearing?

We often seek to increase provider productivity. Or reduce patient wait times. However will these gains occur at the expense of another key process? Gains in one process at the expense of another are no more than perpetual Whackmole. Increasing productivity is not difficult. Don't replace staff that have left; require more overtime; cut down on consumables. But what other problems do those changes create? What effect do they have on morale? Are staff that are impossible to replace going to leave as a result? What about patient wait times? Action in one area tends be connected to issues in another. This is why key performance indicators are so important. The only way to track the impact of changes is to identify indicators that not only reflect those changes but could be impacted by them. We need to monitor an array of key performance indicators; some have referred to these as a business "dashboard". They are the key indicators that you need to "drive" the business. By monitoring them we can be sure that improvements in one area do not result in risk or deterioration in another. But how do we know what to measure?

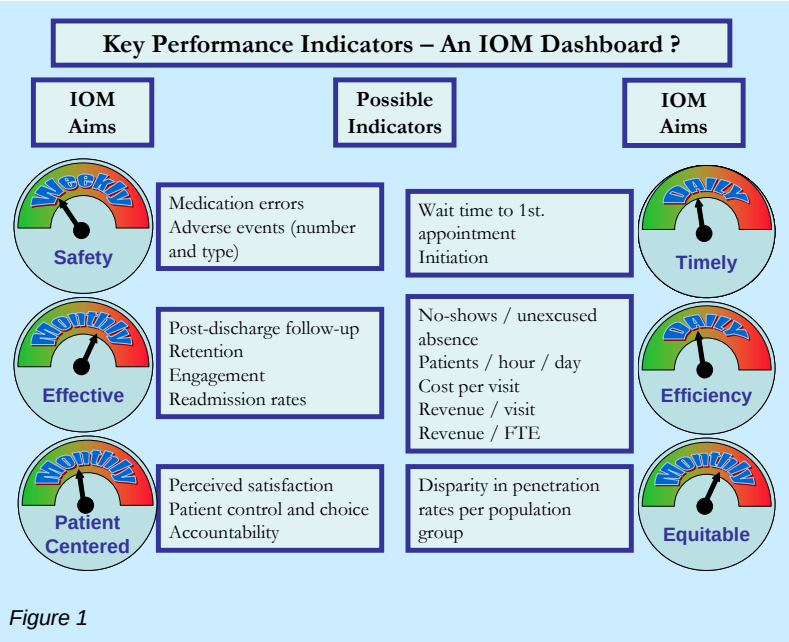

Figure 1

Imagine if we had a few boxes – say six, and assume those boxes were labeled correctly. Every time we had a problem we asked ourselves "which box does the problem belong in?" Or every time we collected data about our processes "which box does this data go in?" Imagine that the boxes were labeled so accurately that whatever the issue, there was a suitable box. By monitoring the contents of those 6 (or maybe it would be 8) boxes we would be monitoring the critical aspects of the business – the key performance indicators. Additionally, we could be sure that improvements in one area were not gained at the expense of performance in others. If all providers used the same "boxes", like data could be readily collected at a state level and easily analyzed for system-wide trends and indicators.

So, how would we label those boxes? One way to begin is with the IOM Quality Chasm Report (March 2001). It proposes that healthcare should focus on six aims for improvement. The report then goes on to propose 10 rules to be used when designing new processes and defines four key environmental changes to the healthcare sector that

should result. The report is aimed at the overall system of care and yet the aims and the rules need to be operationalized at the purchaser and the provider levels.

The selection of simple, pertinent indicators allows management to focus on the critical objectives while ensuring that improvements in one area are not mirrored by problems in another. It promotes a consistent focus throughout the organization and, by concentrating on relatively few indicators, enables rapid feedback of progress. Imagine the information presented to you when you are driving your car. We are presented with a few key indicators needed to operate the vehicle - speed, fuel level, mileage, engine temperature, etc. If a warning light comes on we know something is wrong, but not necessarily what. If a healthcare provider were to focus on the six aims for improvement, would these be the correct "boxes"? Are there more needed for the business dashboard? Some, like safety may work well. However, others are too broad. We need to think of equivalents to these key indicators within our business; a system of warning lights for the key operations. Managers then need to use these by routinely reporting them and using them to monitor performance (*figure 1*).

There is an extraordinary amount of work that has been done on performance measurement in the mental health field. For the IOM Dashboard we have sought to incorporate the performance measures (initiation, engagement and retention) that have been proposed by the Forum on Performance Measures. For certain types of service, measures like post-discharge follow-up (a current HEDIS measure) may also be relevant. In other areas management will have to adopt the indicators that are particularly meaningful to them. Some of the indicators are daily measures, while others may be quarterly or even annual. However, these are not enough to manage the business.

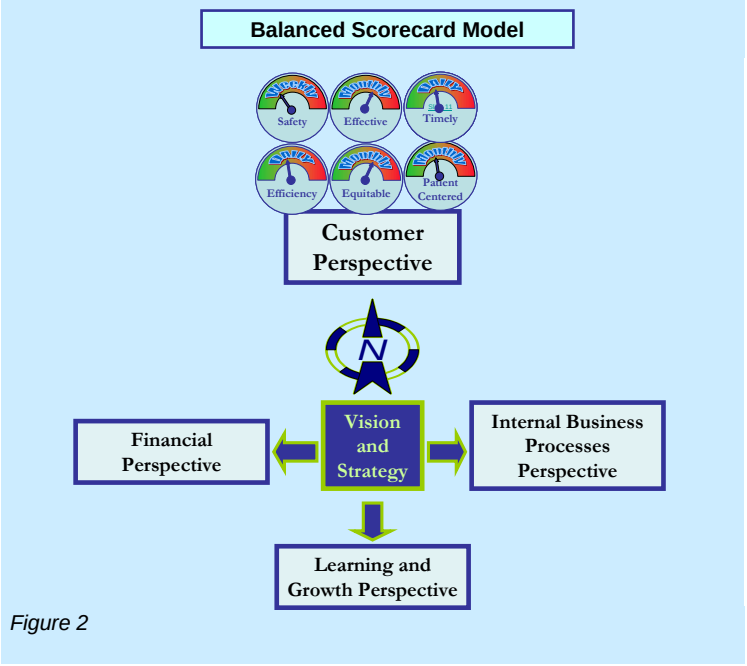

Figure 2

The IOM report primarily addresses customer oriented aims, what Berwick calls "True North". For a comprehensive set of performance indicators, other key indicators such as staff morale and financial considerations must also be represented. The Balanced Scorecard Model, as described by Kapler and Norton (*figure 2*) could possibly be used and the IOM aims integrated within it. Further analysis is needed to determine the optimal measures and define them. We can also learn from the work that the Ohio Department of Mental Health has done with the Balanced Scorecard (http://www.mh.state.oh.us).

Managers need to experiment and implement those indicators they currently have available or that are readily retrievable from existing systems. By using the indicators we can better understand them and their interrelationships with other measures. Ultimately, change in our delivery systems will occur in small collaborative groups where the success or experience of providers is shared and disseminated to others in the system. We must not try to resolve all of the issues at once. By starting with a couple of improvement projects in key areas and continuing to monitor the "dashboard" and other sources of data, we can be secure in the knowledge that change in one area is not creating problems in another.

Anything else is Whackamole