Viewpoint

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The Risk and Cost of Limited Clinician and Patient Accountability in Health Care

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Are Healthcare Key Performance Indicators Harmful?

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Are healthcare Key Performance Indicators harmful?

It's possibly not people who stress hospital clinicians, but numbers.

A list of numeric Key Performance Indicators (KPIs), established by a consulting firm[1] to install Balanced Scorecard reporting in healthcare, places a heavy load of worry on clinicians about mistakes and satisfying others.

Many of these numbers focus on dysfunction: number of patient complaints filed; percentage of electronic health records completed; discharge time; number of mistake events; patient wait times; patient satisfaction; emergency-code response time; medication errors; post-procedural death rate: the list goes on and on. Among 109 indicators in the long list, 42 survey clinician activity and 30 report purely on clinician dysfunction.

Among the 70-or-so common complaints which foreground the distress clinicians report, are: I suffer from time pressure; I have scarce resources; different groups at work demand different things from me that are hard to combine; I have little support from my colleagues; I have a feeling of wrongdoing; I'm exhausted; I have to work too fast; I am not recognised for the job I really do, etc. (Cécile Decroix, 2018; Lancaster & Ward, 2002; *Sussexpartnership clinical strategy.pdf*; Tomei, Ricci, & Fidanza, 2016).

Such performance indicators and clinician-stress drivers in healthcare appear correlated: I have discovered such distress among physicians in the USA, France and the UK.

Once Key Performance Indicators have *recoded the DNA* of healthcare reporting, they lose personality, and their cold data relentlessly exhibits dysfunction month after month without embarrassment. Is it any surprise that, in such a 'litigious and punitive climate', as Van Kooy et al. claim, 'care providers hesitate to report medical errors' and 'peer protection and internal hierarchies tend to prevail' (Van Kooy & Pexton, 2018).

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[1] https://www.clearpointstrategy.com/

In the case of gross dysfunction, management knows about it and takes action but, in the majority of reporting, action is not taken because not necessary. The question is whether this mountain of unused data merits what it costs to administer, and the cost of clinician exhaustion.

Excessive focus on clinician error in a Balanced Scorecard appears pernicious: the saying that 'what gets measured gets done', no doubt has merit, but if management uses such indicators then management may wish to focus on that word *Balanced*.

Much error reporting is claimed necessary to ensure payment by insurance organisations and as a documentary measure providing legal protection against malpractice suits. But who reads the vast bulk of detailed, innocent, reports which clinicians are now bullied to write? The useless part of this work keeps them away from their families, writing in their surgeries until 11 at night, or paying extra staff to type it up? How much of this ocean of paperwork serves patient wellbeing? And, assuming payors do identify slips, what do they do about it except not pay, which helps their cash flow rather than the patient.

Don't we need to avoid embarrassing those whose vocation is dedicated to improving and to saving lives? Such pressures on clinicians did not exist just a few decades ago: they have changed the work and destroyed the motivation felt by clinicians in the past. Do we wonder why fewer and fewer young people are entering healthcare?

Should medicine not be run once more like a learned society, which is what it is, than a business?

The analytical tools do exist to understand what is essential about their work and to throw out all the 'portly' work they do which has no value? We can get rid of the waste in these predatory processes.

Good management means focusing on unseating the superfluous and not on poring compulsively over Balanced Scorecards.

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