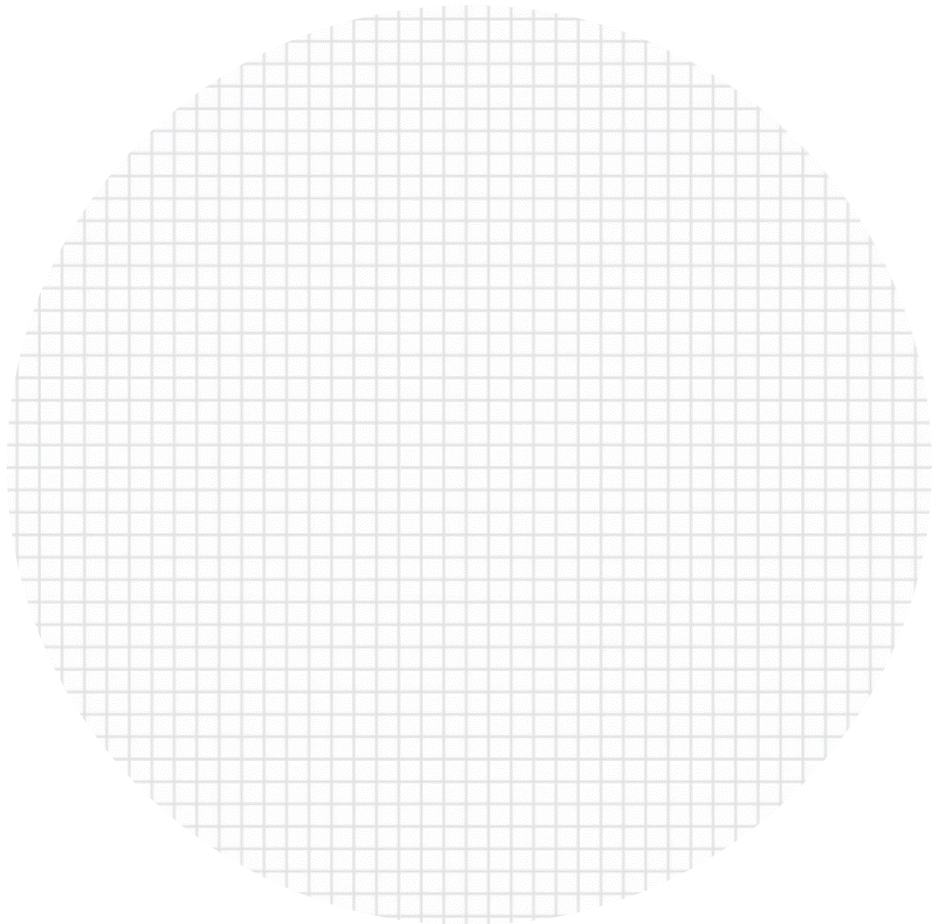




Visual Management Board



This tool was originally developed through a partnership with the HRET and the AHRQ Safety Program for Ambulatory Surgery.

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What Is a Visual Management Board?

Health care teams need current performance data to guide their work and sustain improvement. Visual management boards provide teams with at-a-glance information about performance. Displayed publicly or semi-publicly, the boards include unit-level measures that align with system-wide strategic goals, such as improving quality and safety or lowering costs of care, as well as measures that reflect current improvement efforts and tools to support standard work.

A team typically reviews and discusses the information displayed on the visual management board in the context of a daily communication process, such as a [daily huddle](#), to ensure that all staff understand the current context, issues, problems, and priorities for their work.

Although visual management boards can take many forms (e.g., dry-erase board, paper taped to the wall, or digital display), they should be easy to update, add notes to, and change.

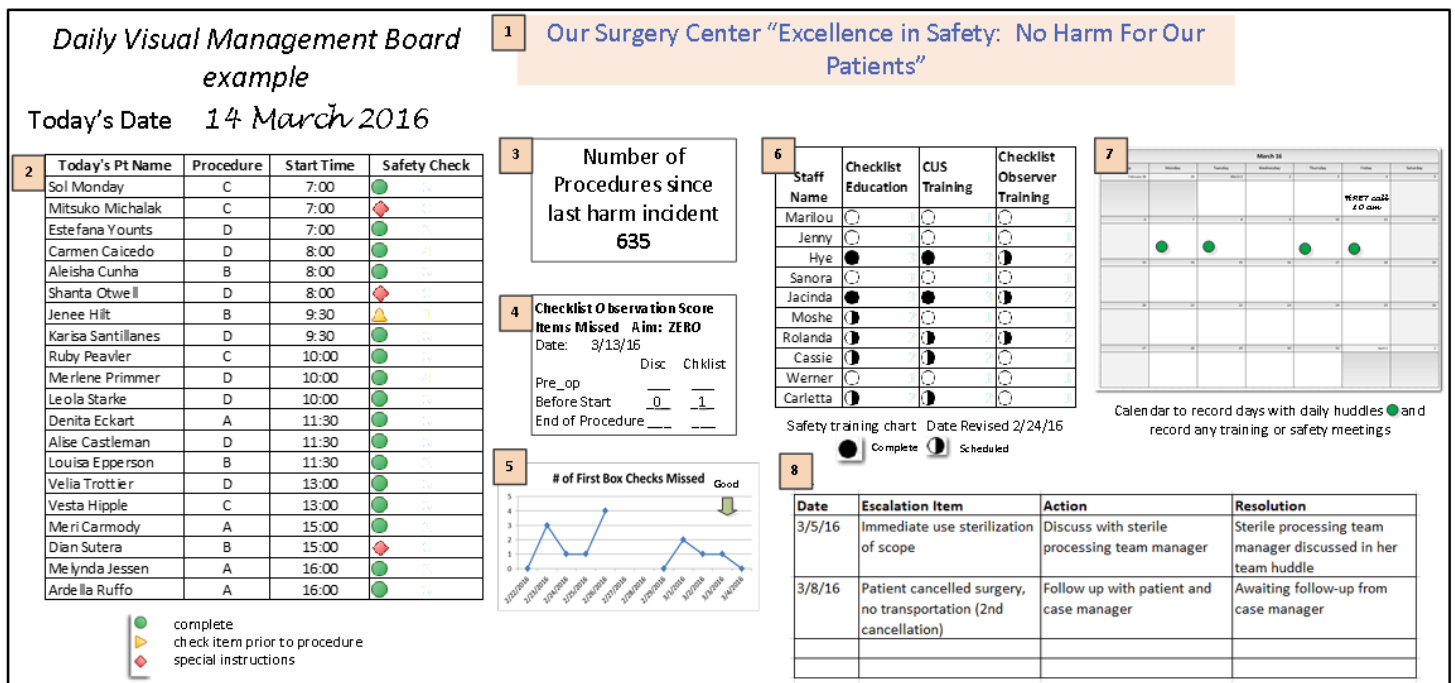
This tool includes two example layouts for a visual management board, as well as Plan-Do-Study-Act cycles to guide your team in implementing a visual management board.

Example 1: Visual Management Board for Daily Management

The example layout in Figure 1 demonstrates a board that can be integrated with a daily huddle to ensure that performance for key measures is meeting defined targets and to achieve quality control (i.e., monitor performance and make necessary adjustments to ensure stability over time).

The data on the board focuses on the status of current work, highlights a small number of easily updated performance measures, and includes related tools to track and guide daily operations such as a list of scheduled patients.

Figure 1. Visual Management Board Showing Performance At-a-Glance (Daily Review)



The example daily visual management board in Figure 1, developed for an ambulatory surgery center operating room team, has the following key elements, noted with corresponding numbers on the figure:

1. The organization's strategy and/or vision statement: "Excellence in Safety: No Harm for Our Patients."
2. A surgical schedule of patients to be seen that day, with a "stoplight" (red, yellow, green) system to flag safety concerns.
3. The number of procedures since the last incidence of harm — the team's sentinel safety measure for monitoring events that require a rapid response.
4. A simple table that tallies communication items missed each day to measure fidelity to a surgical safety checklist (standard work).
5. A [run chart](#) that tracks surgical safety checklist fidelity (the information captured in item #4) over time.
6. A table of completed and scheduled staff safety skills training for all team members.
7. A calendar with completed daily huddles, safety meetings, training, and special events.
8. A table that tracks issues requiring escalation to staff outside the team. During the daily huddle, the team identifies escalation items and tracks follow-up actions and resolutions.

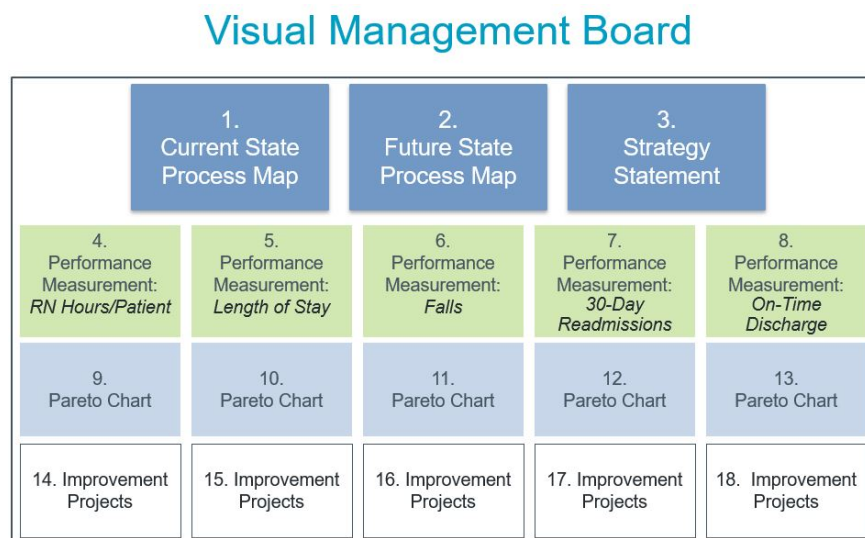
A team may choose to begin with a simplified board that contains only some of the elements noted above — for example, one or two sentinel safety measures and a problem escalation table — that serves as a foundation for developing a more elaborate daily visual management board as the team's work and experience progresses.

Example 2: Visual Management Board to Drive Continuous Improvement

The example layout in Figure 2 demonstrates a board suitable for teams engaged in continuous improvement with multiple, complex improvement projects. This example is derived from [IHI's work to help health systems improve health care value](#).

A team might use this type of board for a weekly huddle focused on a more comprehensive view of unit performance and deeper analysis of key measures. Many teams will want to have both types of boards, complementing a rhythm of daily management with a weekly, biweekly, or monthly view of overall performance and improvement efforts.

Figure 2. Improvement-Focused Visual Management Board (Weekly, Biweekly, or Monthly Review)



The example visual management board in Figure 2 includes the following key elements, indicated with corresponding numbers on the figure:

1. A current state [process map](#) (flowchart) that depicts a dominant process within the unit — such as the steps between admission and discharge for a medical unit.
2. A future state process map that outlines an ideal state for the same process.
3. A statement of organizational strategy (e.g., a visualization of the four to five strategic priorities for a given year).
- 4-8. A set of run or control charts for performance measures that reflect the current operational work of the team. Some measures will be within control limits (i.e., demonstrate common cause, or routine, variation), while other measures may be outside of control limits and thus require the team to identify improvements to reduce performance variation. The example shows performance measures for a team focused on rightsizing nursing utilization, optimizing length of stay, reducing falls, reducing 30-day readmissions, and increasing the timeliness of discharge.
- 9-13. [Pareto charts](#) corresponding to measures that need improvement to explain the major drivers of performance variation in the respective measures.
- 14-18. [Quality improvement project charters](#) tied to ongoing work to improve unit performance for each measure. Improvement projects address the major drivers of variation revealed in the Pareto analysis.

A team updates this type of visual management board weekly or monthly, but not daily. Teams should select measures based on analysis of the current state of the process as well as on a review of organizational strategic goals. As the team makes improvements and measures stabilize around meeting performance goals, the team will shift its attention to new performance measures. Less frequent review of the previous measures (no longer displayed on the board) will serve as a control to ensure consistent performance over time.

Five Tips for Visual Management Boards

1. **Keep it simple.** Teams should keep boards simple, especially at the beginning. They may start with process measures that can lead to immediate action, such as those that track fidelity to established, standard work. Teams should also choose items for display on the board that can be updated frequently.
2. **Include visual tools.** Charts, graphs, and images provide useful guidance to the team. Over time, teams can add items such as huddle agendas, patient feedback, and examples of standard work (e.g., checklists or care protocols).
3. **Carefully choose the board display location.** Display the board in a location that offers both convenience and a comfortable level of privacy. Staff may initially resist displaying performance data in public, especially if results do not meet performance targets. Teams may consider establishing the visual management board in a discrete location, such as in a staff break room. Over time, as teams gain trust, they may transition to a location that is more visible to patients and families. Try to find a location that can accommodate a stand-up daily huddle at the board, even if the team is not yet conducting huddles.
4. **Use the board to communicate with leaders.** The visual management board can offer helpful information to senior leaders that reduces paperwork and meeting frequency. Leaders can use the board to ask questions and engage the team in discussions about the work, and to drive improvement rather than judge the team for poor performance.
5. **Delegate maintenance.** Team leaders will need to ask for volunteers or assign team members to update each item on the board, to ensure the most current information is displayed.

Implement a Visual Management Board Using PDSA Cycles

The following suggested Plan-Do-Study-Act (PDSA) cycles can help your team implement a visual management board as part of your improvement work.

PDSA Cycle #	What question(s) are you trying to answer?	Plan	Do	Study	Act
1	Can we draft a visual management board with up-to-date data (e.g., for one day or one week)?	Using the example boards in this tool for reference, identify items for your team's board. To help determine what information to display on the board, ask team members: "What do we want to know about the performance of our work unit?" Locate wall space where you can display the draft board.	Create the draft visual management board.	Ask team members for feedback: • Were the board items easy to update? • Did the display location work well? • Does the board communicate important information?	Identify areas for improvement and incorporate changes for the next PDSA.
2	Can we use the visual management board in a huddle?	Discuss at least one item on the visual management board in the huddle.	Update the board and conduct the huddle.	Ask team members for feedback: • What worked well? • What could be improved?	Identify areas for improvement and incorporate changes for the next PDSA.
3	Can we use the visual management board in huddles and keep it updated for a longer period of time (e.g., one week or one month)?	Carve out time to update the board and ensure the team knows the huddle protocol, including when to meet.	Update the board and conduct the huddles.	• Did the team conduct huddles consistently? • Did the board and huddles work well together? • Were items on the board easy to update? • Are items missing or not useful?	Adapt the items on the board and practices as needed, and huddle at the board consistently.

Additional Resources

- Fausz A. [Visual Management: What Makes It Tick?](#) Lean Healthcare Exchange.
- Howey L. [Visual Management System: Leadership Support for the Front Line](#). Presentation at the Saskatchewan Health Care Quality Summit; 2014.
- Institute for Healthcare Improvement. [Daily Huddles](#).
- Kaiser Permanente Colorado's Medicaid Enrollment Project Team. [Applying the 5S Tool to Healthcare Service](#). America Society for Quality.
- Scoville R, Little K, Rakover J, Luther K, Mate K. [Sustaining Improvement](#). IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016.