

Poster Session
HRT1503 – Costing Group Review
meeting



5 - 6 March 2014, Brisbane

Clinical Costing @ Austin

Presenter: Ronald Ma

Hospital Code Name: Polaris

Clinical Costing at Austin

- ▶ Clinical Costing Review by Paxton in 2014
- ▶ Aim:
- ▶ Quality Assurance and
- ▶ Alignment with the Clinical Costing Standards

KEY CHANGES IMPLEMENTED

- ▶ The total of 84 recommendations were made in the review
- ▶ As of today, 49 recommendations were implemented
- ▶ Changes made were most of conceptual ratifications and simplification of cost allocations
- ▶ Implementation of the revenue module

What we are currently doing

- ▶ To improve the credibility of the costing data and utilise clinical costing data for internal management decision makings
- ▶ Feeder systems integrity; e.g. theatre and Allied Health
- ▶ We are working on SurgiNet for the theatre and Cerner for Allied Health
- ▶ Reporting systems upgrade 28/04/2015 (SQL 2014 and SharePoint 2013)
- ▶ Implementation of the revenue module
- ▶ Sub-acute costing
- ▶ Readmission Rate

LESSONS LEARNT 1

- ▶ Need a proper resourcing in the Clinical Costing
- ▶ Narrow the conceptual gaps between Finance and Clinical Costing
- ▶ Require a manual of Clinical Costing Methodology from an authority; e.g. HRT
- ▶ Interactive reporting module of HRT information

LESSONS LEARNT 2

- ▶ Clinical engagement before; not after
- ▶ Education of all staff about Clinical Costing
- ▶ Have a manual
- ▶ Have an interactive tool
- ▶ Have revenue

Contacts for this Innovation – One Slide

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