



Clinical Costing Improvement Group

7 & 8 March 2013 [2011/12 data]
Meeting code HRT1302

5 & 6 March 2014 [2012/13 data]
Meeting code TBC

Why participate?

- ◆ **Identify high and low cost clinical services compared with peers for review and action**
- ◆ **Identify cost variations within the inpatient journey for key costs, such as pathology, ICU, prostheses, imaging, and allied health**
- ◆ **Develop action plans to bring costs into line with peers**
- ◆ **Prepare for Activity Based Funding reforms**

The Clinical Costing Improvement Group enables health services to align detailed costing data with casemix activity information, bringing together "Activity-Based Costing" with the emerging "Activity-Based Funding" reforms. The Health Roundtable produces an annual, comparative analysis of inpatient costs at the DRG and organisational level highlighting key differences in costs amongst members.

The 2013 costing group will submit 2012/13 data in October 2013 and meet in March 2014 to review the data. New group members are also invited to attend the March 2013 meeting HRT1302 which reviews the 2011/12 data.



Select Optional Activity B1 on your subscription agreement and return by email or fax.



\$A5,000 per Member Facility (plus GST).
Individual delegate venue fees are billed separately.

Earlybird discount of 2% if subscription and payment is made by 15 December 2012.



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Hospital Code:												AV	
DRG	Description	Your Cases	Total Cost	Your Ave LOS	Your RSI	Your RCI	Total	Theatres	Procs	Anaes	Prosth	ICU	Emerg
901	EXT O.R. PROC UNREL TO PDY	55	\$ 852,531	16.46	1.21	1.20	\$ 17,318	\$ 1,457	\$ 231	\$ 605	\$ -	\$ 1,813	\$ 933
A06	TRACHEOSTOMY OR VENTILATION>85	127	\$ 3,601,882	24.89	0.79	1.13	\$ 75,605	\$ 3,673	\$ 72	\$ 1,840	\$ -	\$ 49,188	\$ 538
B02	CRANIOTOMY	174	\$ 4,773,455	12.53	1.08	1.61	\$ 27,222	\$ 3,771	\$ 1	\$ 1,802	\$ -	\$ 7,962	\$ 26
B04	EXTRACRANIAL VASCULAR PROCS	28	\$ 423,660	10.02	0.91	1.12	\$ 15,130	\$ 1,331	\$ -	\$ 915	\$ -	\$ 668	\$ 201
B05	CARPAL TUNNEL RELEASE	216	\$ 284,246	0.21	0.64	0.83	\$ 1,362	\$ 846	\$ -	\$ 166	\$ -	\$ 8	\$ -
B06	CBL PSY,MUS DYSY,NEUPHY PR	64	\$ 192,269	1.17	0.73	0.73	\$ 3,005	\$ 246	\$ -	\$ 166	\$ -	\$ 8	\$ -

Component	Cost per episode relative to	Relative Cost
Wards	100%	91
Medical	154%	154
Path	107%	107
Drugs	183%	183
ICU	107%	107
Emerg	127%	127
Other	5%	5
Imag	124%	124
Allied	78%	78
Blood	100%	100
Procs	100%	100
Anaes	161%	161
Theatres	9%	9
Prosthesis	100%	100



Clinical Costing Improvement Group 2013

What do you need to do?

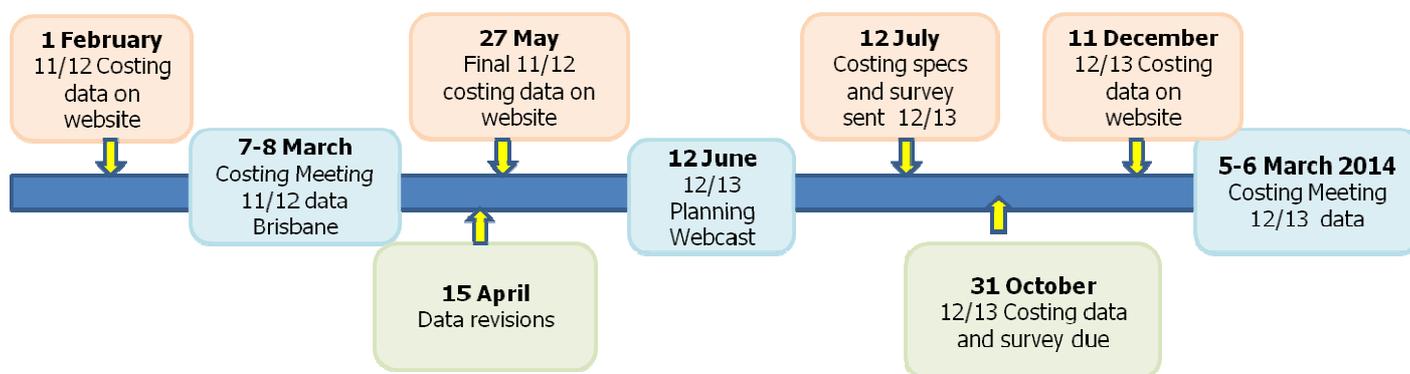
- ◆ Nominate a Clinical Costing data collection person to act as contact for questions and follow-up.
- ◆ Provide an annual data extract from your costing system and complete your "data compliance" survey.
- ◆ Use the clinical costing analyses and reports provided by The Health Roundtable at your Health Service.
- ◆ Identify an innovation to implement at your health service and share your results with others.

What does The Health Roundtable do?

- ◆ Collect and process your clinical costing data and survey the extent to which Health services are able to comply with specifications.
- ◆ Facilitate discussion amongst participating health services and refine the methodologies and reports for the next submission cycle.
- ◆ Provide customized costing reports for each DRG family by hospital, to help you identify peer hospitals with innovative lower-cost practices
- ◆ Provide help with activity-based funding and costing.

GENERAL SURVEY QUESTIONS ...										
G.12 What are the hospital's criteria for deciding to formally "admit" a person as an inpatient through Emergency?	Health Service									
	A	B	C	D	E	F	G	H	I	J
Any patient meeting a minimum number of hours in ED (e.g. 3 or 4 hrs).										
Any patient receiving a hospital-specific service, regardless of time in ED.		☑	☑						☑	
Combination of time and services.	☑				☑		☑	☑		☑
Comment if "No"										

2013/14 Timeline Clinical Costing Improvement Group



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The **Health Roundtable** helps health executives learn how to achieve *best practice* in their organisations. We collect and analyse operational and clinical data of our member organisations to search for *innovations in patient care*. We promote *collaboration and networking* amongst health executives and staff through our roundtable meetings, workshops, and other activities.