Initiatives to improve data quality for costing purposes

Hospital Name: The Townsville Hospital

Presenter: Kirsten Saxby

HRT 1704 Financial Performance Improvement Group

8 & 9 March 2017

Melbourne, Vic

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Key Problem

The Health Roundtable

Two key areas were identified where data from feeder systems was lacking integrity or at risk of reduced quality, resulting in inaccurate patient costing

- Area 1: Allied Health activities
- Area 2: Implementation of new emergency information system and data quality initiatives

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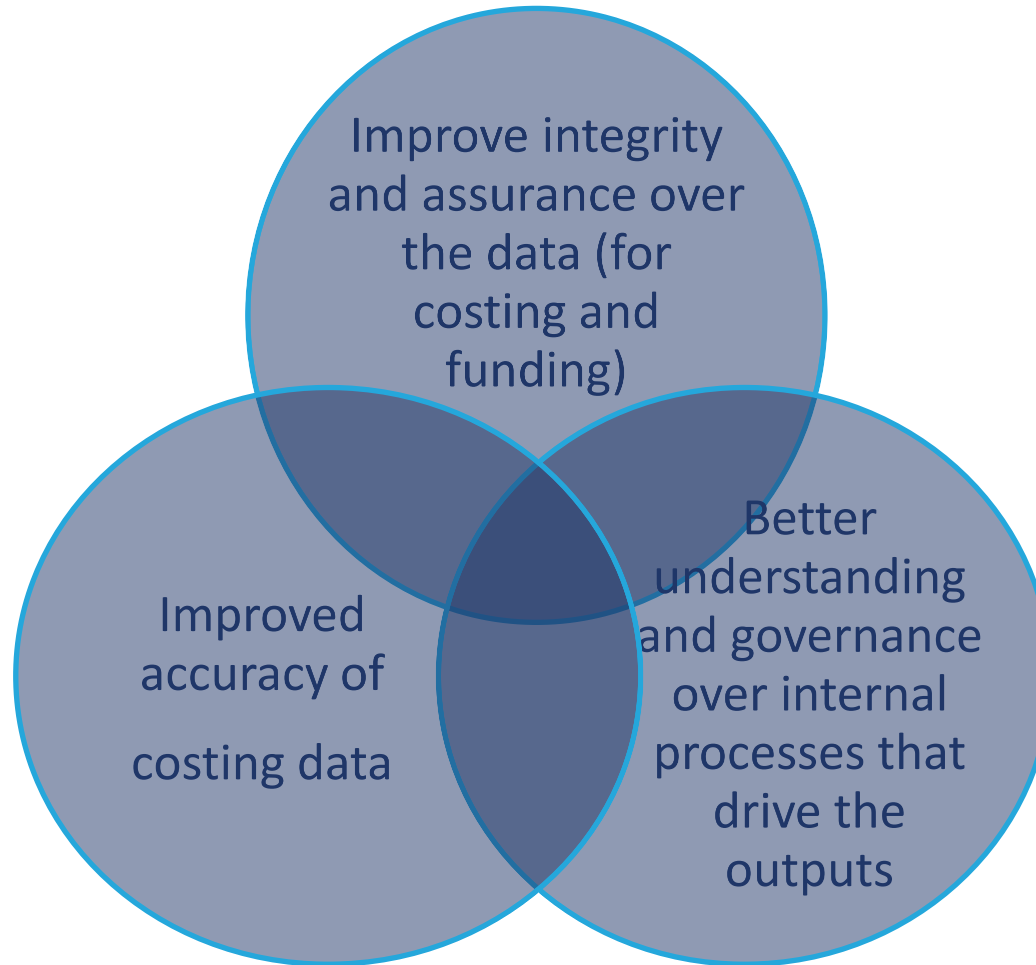
Aim of the innovations



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Baseline Data

Allied Health

- 228k interventions in 2015/16, 81 FTE and annual budget of c$23m – all being costed equally to any admission
- Average patient charge $50 per admission
- No differentiation for costing based on whether patient received an intervention, what service it was, and how long it took

ED

- Prompts for change – issues identified corporately that would affect funding and new data linkage reports looking at departure status vs admission in HBCIS
- Implementation of new system in ED
- 22k records identified for 15/16 as data anomalies (annual presentations 79k). Prompted need to investigate further in 16/17

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Key Changes Implemented – Allied Health

- Worked with Allied Health and stakeholders in the service group to build interest and desire for better quality information & develop their in house reporting skills
- Developed a feed for the costing system using extracts from the Allied One reporting system, that enabled differentiated costing of allied health interventions, by patient, type and length of intervention provided
- Begin reporting back to stakeholders and decision makers on the cost of allied health interventions for business cases

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Key Changes Implemented – ED

- Established a Working Group (reps from Emergency Dept, Admissions staff, IS, performance reporting, funding and costing, data quality and coding)
- Established the scope and objectives of the working group
- Identified the quick wins and reporting changes to support – and the longer term challenges

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Outcomes so far – Allied Health

- Increase in average direct allied health allocation for sub and non acute episodes from $239 to $3,104 reflecting actual utilisation
- More detailed and robust reporting and BI for analysis of allied health activities

Home > AlliedOne Reporting > Disc Specific HP vs AH Assistants Statistics

Start Date 1/07/2016 | End Date 2/03/2017 | Discipline ALL | Allocation All | HCPID ALL | Counted All | Intv Stat All

Interventions by Profession

Includes the percentage of Intervention hours across profession by Counted and Non Counted Interventions.

		Not Counted				Counted				Total			
Field	Description	No. Patient	Total Intvs	Intv Duration (Hrs:Min)	% by Duration	No. Patient	Total Intvs	Intv Duration (Hrs:Min)	% by Duration	No. Patient	Total Intvs	Intv Duration (Hrs:Min)	Total % by Duration
HCP Profession	HP	7,453	52,468	32972:50	87.35%	13,874	111,302	83678:53	87.63%	17,201	163,770	116651:43	87.55%
HCP Profession	OO	870	5,799	3823:05	10.13%	1,755	11,510	6733:12	7.05%	2,028	17,309	10556:17	7.92%
HCP Profession	UNP	409	1,762	951:45	2.52%	1,474	5,308	5084:15	5.32%	1,714	7,070	6036:00	4.53%
	Total	7,808	60,029	37747:40	100.00%	14,229	128,120	95496:20	100.00%	17,664	188,149	133244:00	100.00%

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Intervention Duration by Fiscal Year and Month

Shows the total duration in hours and minutes (HH:MM) of Interventions by Discipline, Intervention Disposition (Inpatient vs Outpatient), by Tr.Ward or Clinic, group intervention vs individual intervention and by Treatment Location

		2015				2016				2017			
	Treatment Location	Intv Duration	No. Intvs	OOS	Direct FTE	Intv Duration	No. Intvs	OOS	Direct FTE	Intv Duration	No. Intvs	OOS	Direct FTE
Discipline	Dietetics	12389:40	16,895	15,842	6.27	16858:25	23,746	21,173	8.53	9088:07	12,802	11,484	4.60
Discipline	Occupational Therapy	27832:37	37,580	29,402	14.09	33635:30	45,523	35,187	17.02	17542:50	22,563	16,949	8.88
Allocation	HP3 Cardiac & CCU	545:30	737	656	0.28	550:30	870	655	0.28	257:40	333	289	0.13
Intv Disposition	Inpatient	545:30	737	656	0.28	550:30	870	655	0.28	257:40	333	289	0.13
Allocation	HP3 Clinical Neuropsychologist SACU	00:00	0		0.00	583:30	486	129	0.30	456:20	296	79	0.23
Intv Disposition	Inpatient	00:00	0		0.00	527:00	458	121	0.27	322:10	251	69	0.16
ClinicWard		00:00	0		0.00	00:00	0		0.00	02:00	1	0	0.00
Intv Counted	Not Counted	00:00	0		0.00	00:00	0		0.00	02:00	1	0	0.00
IsGroup	Group Intervention	00:00	0		0.00	00:00	0		0.00	02:00	1	0	0.00
Treatment Location	Townsville Medical Subacute Unit	00:00	0		0.00	00:00	0		0.00	02:00	1	0	0.00
ClinicWard	TCARD1	00:00	0		0.00	02:10	4	2	0.00	00:00	0		0.00
Intv Counted	Not Counted	00:00	0		0.00	01:20	2	0	0.00	00:00	0		0.00
IsGroup	Individual Intervention	00:00	0		0.00	01:20	2	0	0.00	00:00	0		0.00
Treatment Location	Townsville Medical Subacute Unit	00:00	0		0.00	01:20	2	0	0.00	00:00	0		0.00
Intv Counted	Counted	00:00	0		0.00	00:50	2	2	0.00	00:00	0		0.00
IsGroup	Individual Intervention	00:00	0		0.00	00:50	2	2	0.00	00:00	0		0.00
Treatment Location	Townsville Medical Subacute Unit	00:00	0		0.00	00:50	2	2	0.00	00:00	0		0.00

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Outcomes so far - ED

- Enhancements made to real time reporting dashboard to ensure invalid or error records in ED are quickly identified and corrected
- Reduction in missing fields by 85%
- Further system enhancements identified to address funding and costing discrepancies
- Gaps in the funding (and costing) records identified for priority
- Exploring data linking options over multiple systems, to have “reality checks” over the data
- Costing extract developed and costing data processed
- Early days so far

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Lessons Learnt

- ✓ The more ownership and “buy-in” you have over the data (and where / how it is used) the better traction you will gain
- ✓ Start with the easy wins rather than trying to tackle it all in one go
- ✓ Get all the experts in the room at once
- ✓ Be proactive and involved when you hear about new systems coming online – don’t wait for them to come to you
- ✓ Try to keep reporting high up the implementation agenda

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