Facilitating Patient Flow

Data to monitor performance & assist planning

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27th February 2014





Overview

- 1. The Business Intelligence & Efficiency Unit (BIEU)
 - Role & function
 - SPaRC: our platform for providing data
- 2. Framework of information
 - Board/ Organisation / Sector
- 3. Data Utilisation & Operational Agility





The Business Intelligence & Efficiency Unit (BIEU)

- leads and manages the development, implementation and monitoring of organisational performance measurement systems, business intelligence tools and reports.
- Provide high quality, reliable, timely and accurate performance information for the organisation – be the source of 'truth.
- Develop and implement analytical tools to assist the organisations' business processes and decisions including investment, development of models of care and efficiency strategies.
- Develop user friendly systems and tools that enable users to access and use information for their service easily.
- Engage in organisational processes to Value-add and assist in change management processes.



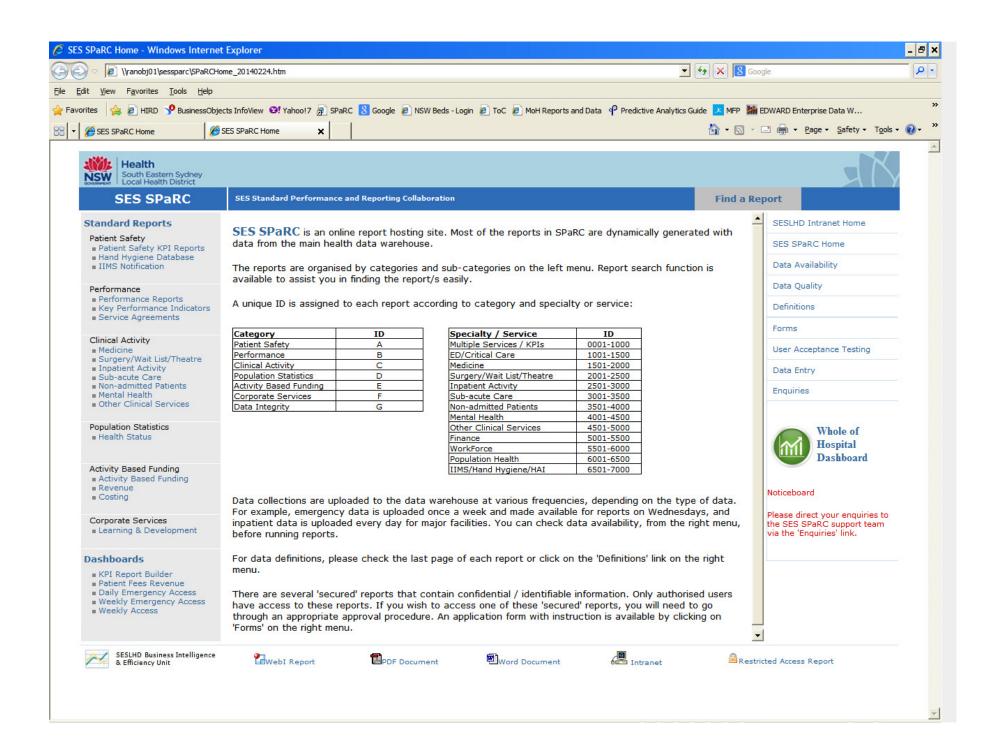


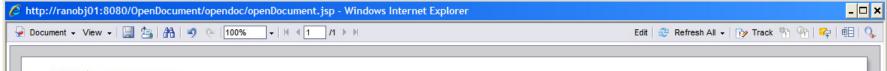
Data for Board & whole Organisation

- Purpose:
 - Performance in respect to target and agreed trajectories
 - Required performance
- Types of data formats: Reports & Dashboard
- How is it used?:
 - LHD Performance meetings with Sectors
 - LHD Committees including Access & Demand







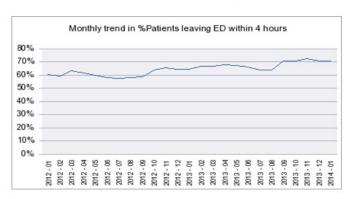


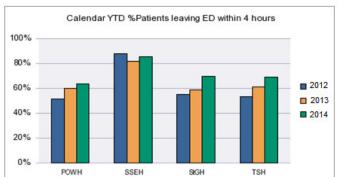
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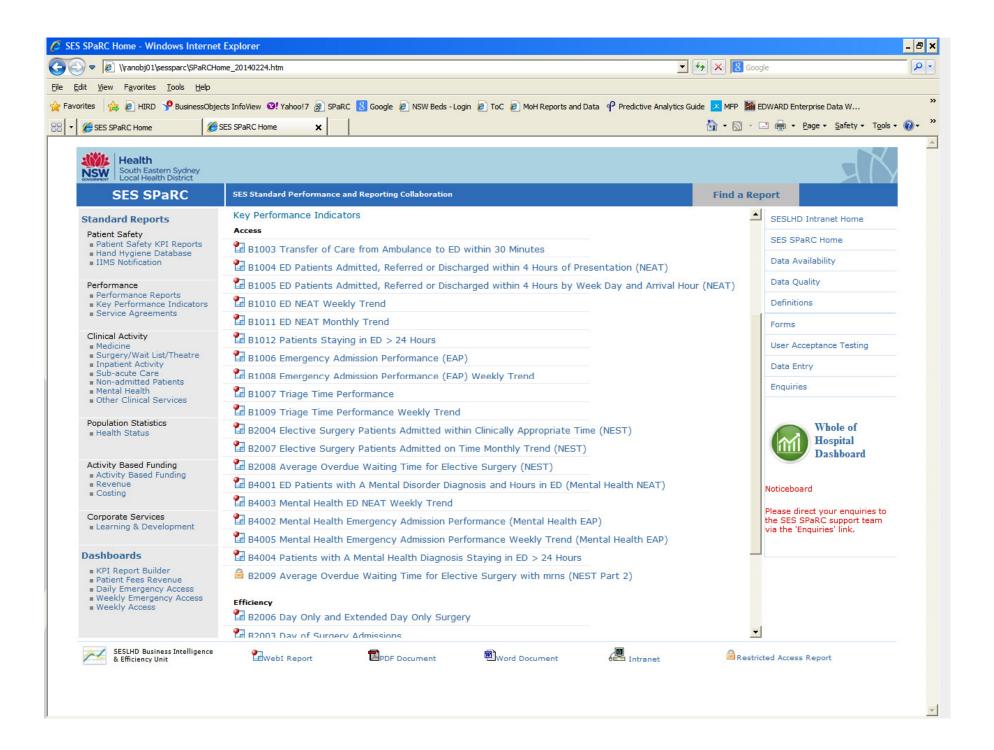
Last Refreshed: 21 Feb 14

ED Patients Admitted, Referred or Discharged within 4 Hours of Presentation





		1	Month of January 20)14		Calendar YTD January 2014						
Facility	ED attendances	No. leaving ED within 4 hours	%Patients leaving ED within 4 hrs (Target=)	Median Hours of ED Stay	95 Percentile Hours of ED Stay	ED attendances	No. leaving ED within 4 hours	%Patients leaving ED within 4 hrs (Target=)	Median Hours of ED Stay	95 Percentile Hours of ED Stay		
Sydney/ Sydney Eye	3595	3067	85.3%	2.3	5.4	3595	3067	85.3%	2.3	5.4		
Prince of Wales	4862	3100	63.8%	3.3	9.6	4862	3100	63.8%	3.3	9.6		
St. George	5827	4036	69.3%	3.2	9.3	5827	4036	69.3%	3.2	9.3		
Sutherland	4128	2837	68.7%	3.2	9.8	4128	2837	68.7%	3.2	9.8		
Total	18412	13040	70.8%	3.0	8.8	18412	13040	70.8%	3.0	8.8		









12/2/1

6/2/1



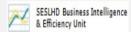
2/02/2014

WOH Weekly | Waiting List Weekly | Access Weekly | Waiting List Monthly | NEAT Prediction





Whole of Hospital Program Dashboard

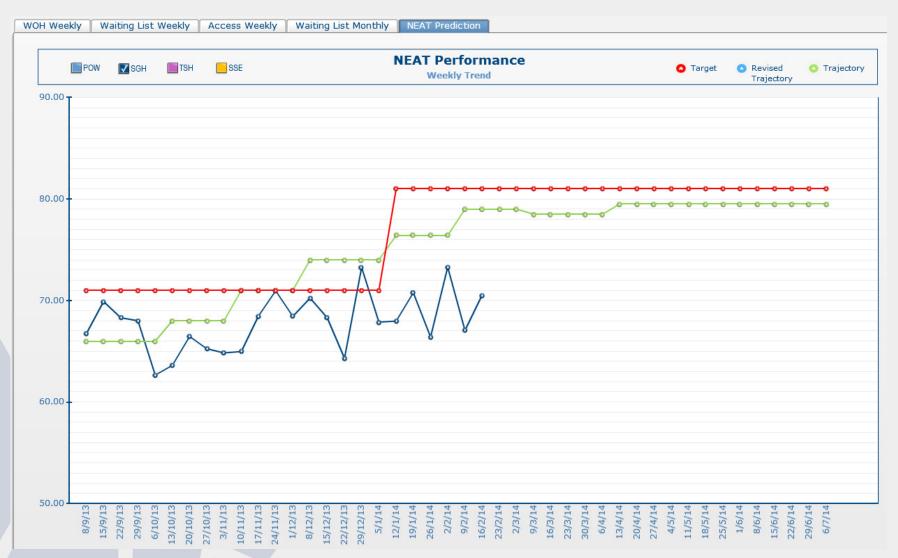


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14	9	17	=		23
392 5	554	277	110	219	1594
2.6 8	89.9	87.7	90.0	79.9	89.0
	10.1	12.3	10.0	20.1	11.0
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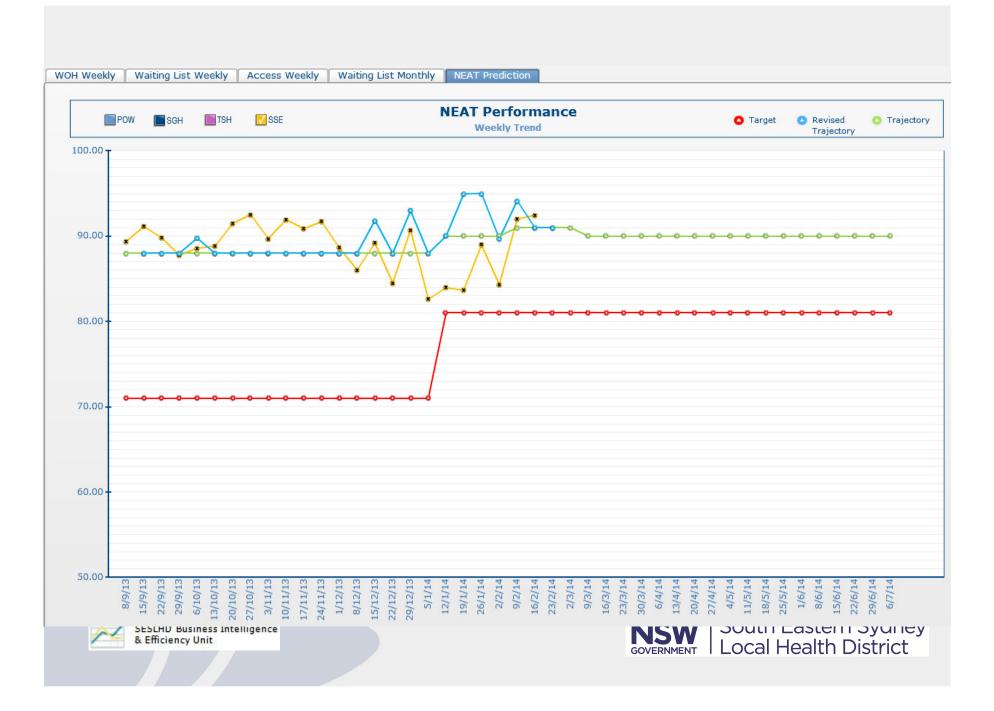
Week Ending











Data Utilisation & Operational Agility

Brendan Docherty

Sector Manager – Operations & Performance, St George and Sutherland Hospitals and Health Services

February 2014



Service Profile / Summary

- Growing Emergency Department activity year on year; admissions proportionate to presentations
- SGH Tertiary/Trauma centre (510 overnight inpatient beds). 70,000 presentations, 35% admission rate. High volume of surgical category 1 patients (40%)
- TSH Major Metropolitan (300 overnight inpatient beds). 50,000 presentations, 25% admission rate.
 No EMU. High volume short stay surgical profile.



Operational Governance Arrangements

- Site based for responsiveness. Managed/coordinated by the Deputy Director of Nursing at each site.
- Some overlaying Sector mechanisms for strategic developments; data analysis and integrity/verification; and networking of capacity. Complex Sector management matrix arrangements.
- Operational Access meetings for data review and problem solving. Project portfolio.
- Patient Flow and Demand Management Strategic Committee with Executive Sponsorship.



Data analysis, trending and action planning



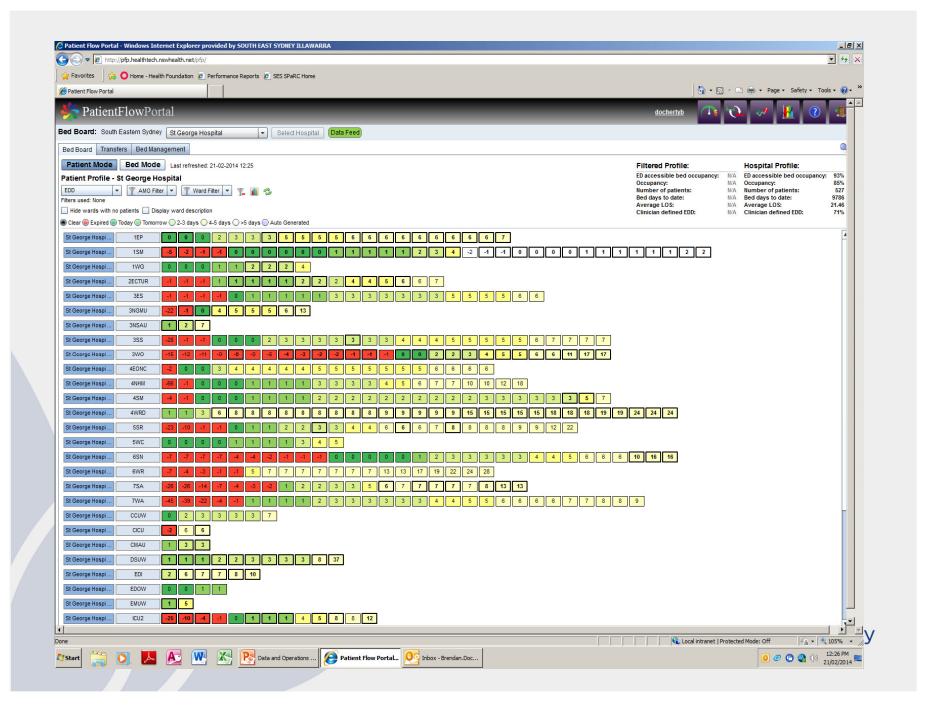
- Data presented at the LHD/Sector/Site performance meetings for analysis, trending and action planning at an Executive level.
- WOHP dashboard used as the one stop patient flow data 'shop'
 which then works in synergy with the Patient Flow Portal to influence
 predictions, demand and as feedback on outcomes
- This then influences the access operational structure for site specific responses, solution formation, tracking, monitoring and escalation.
 FIND IT, FIX IT approach
- All senior clinicians and managers have access to the SPaRC portfolio of reports for LOS management, trends and variance monitoring (eg seasonal changes) to empower staff at a clinical department level

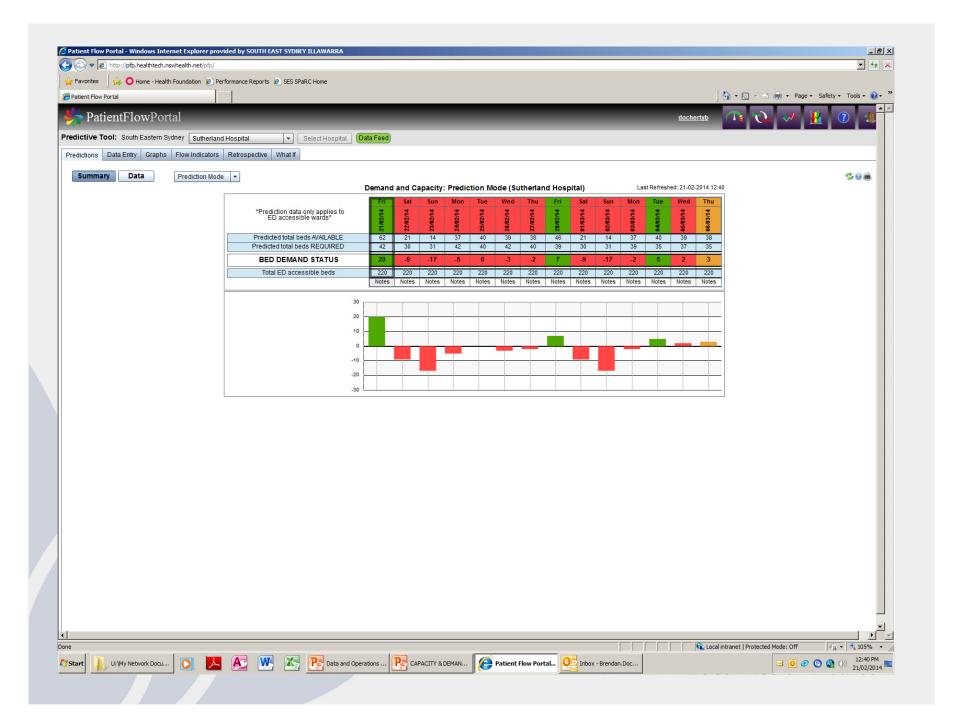


Managing Demand

- Operational focus the responsibility of the Patient Flow Coordinator (Mon-Sun) and AHNM overnight.
- Multiple entry points ED, surgical and medical planned, surgical and medical unplanned, OPD, ICU & MAU exit, 3rd door, GP referrals, Flying Squad referrals, inter-hospital transfers
- Predictive tool (Patient Flow Portal) the operation tool for ED accessible beds, outlier and repatriation, bed management, returns to home LHDs for tertiary services, Waiting for What, EDD/T monitoring, Stranded patient management

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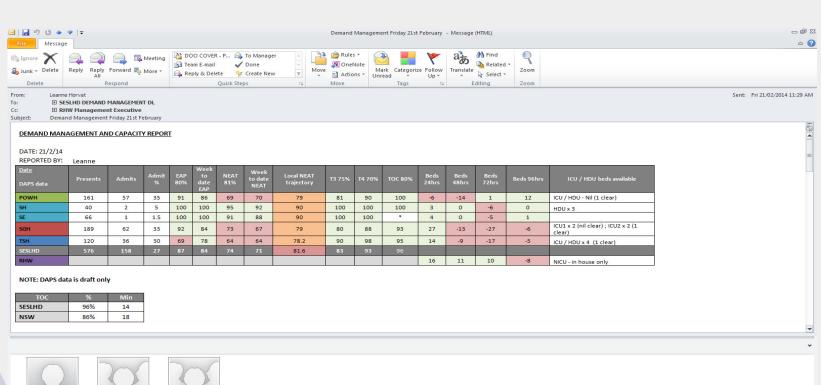




Reporting mechanisms: data analysis and decision making

- Unplaced, beds available, surge in use, hot spots, MROs, telemetry, sub-acute, outlier rate, planned load, ICU exit
- 07.30hr site status update and daily demand factors
- 10.00hr site status update and early escalation
- 12.00hr LHD status update with 72hr predictions and performance trends
- 16.00hr site status update and overnight planning
- Weekend planning (4 days), PH planning, Winter Planning,
 Event Planning
 Health

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SESLHD DEMAND MAN...RHW Management Exe...

























Other operational tools based on data

- Escalation plans (ED and inpatient units). Now includes a level 4 (critical) plan
- 4 day and 10 day capacity planning cycles
- Weekly site teleconference for service priorities to assist with demand management
- Length of stay monitoring for sub-specialities and ABF purposes
- Short-term capacity preservation plan
- Cluster management plan & P3 diversion plan / alternatives



	TSH				SG	SGH								
ED activity	Pres		Adm Adm %		4hr NE	AT %	Access 8hr	TOC	TOC ases		/ard	ED - D/C		
Weekly average	SGH	1203	450	37%	659	%	86%	83%	404	40%		80%		
	TSH	905	228	25%	549	%	54%	68% 286		25%		63%		
Hospital Discharges	Predicted average for week = 30 per day Actual average for week = 32 per day. Higher than predicted numbers Clearance rates ending 26.05.13. = 0.99						Predicted average for week = 55 per day Actual average for week = 62 per day. Higher than predicted numbers Clearance rates ending 26.05.13. = 1.00							
MRO's	Today = 42 Lower than last week						Today = 83 Higher than last week							
Sub acute load		th ACCR waitin	g placement		8	_	atients with ACC		ement	4				
	Patients waiting ACCR 7						Patients waiting ACCR 3							
	Patients waiting for inter-facility transfer to rehab 4						Patients waiting for transfer to 6W 1							
	Patients waiting for external transfer to rehab 1						Patients waiting for transfer to Calvary 9							
	The west of						Patients waiting for external transfer to rehab 3							
	This week = Higher than				1-	This week = 20 Higher than last week								
Other facility transfers	Outooing- SGH x 1, Calvary Mater Newcastle x 1 Incoming-						Outooing- Calvary x 3, Shoalhaven x 1, POW x1 Incoming- TSH x 1, John Hunter x 1							
4 day capacity predictions					WEDS	1	THURS	FRI	SAT					
			SGH PFP numbe	ers	2		-2	16	-12]				
			SGH PFU cumul	ative	2		0	16	4					
			TSH PFP numbe	rs	-6		2	-3	17]				
			TSH PFU cumula	ative	-6		-4	-7	10	1				

Whole of Hospital approach

DEMAND INCREASES BED WARDS REVIEW OVER CENSUS SURGE BEDS PDU PULLS **PRIORITIES** WHERE POSSIBLE **OPENED BASE WARD** ADDITIONAL PHARMACY, AH **NUM IDENTIFIES INCREASE IN** MEDICAL / AH AND TRANSPORT PTS FOR REVIEW **DISCHARGES** LEVEL **ALERTED REVIEWS** ASSESSMENT ON **AMBO BOARD INTERNAL CLINICAL MGRS** ED **USED TO OPERATIONAL** RESOURCES MEET TO LEVEL **CAPABILITY** PREDICT ACTIVITY PROBLEM SOLVE **DEPLOYED** ASSESSMENT ON HOSPITAL ALERT **CLINICAL TEAMS** SERVICE MGRS **HOSP OPERATIONAL NOTIFICATION RESPOND WITH MEET FOR** Hea PROBLEM SOLVING **LEVEL CAPABILITY** SYSTEM INITIATED **KEY ACTIONS** South Eastern Sydney Local Health District

Thank you



