

# From Hospital to Community

## Monitoring and Interpreting Data

### Lessons learnt from Tranche 1

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# Introduction

- ▷ Project objectives:
  - ▶ Smooth discharges over a 7 day week by increasing the number of weekend discharges
  - ▶ Reducing patient length of stay
  - ▶ Reducing readmissions within 28 days
- ▷ Data exploration and revision
- ▷ Continual involvement between the project team and all it's members

# Output Measures to Track Performance

## ▷ Qualitative

- ▶ Staff survey
- ▶ Patient survey

## ▷ Quantitative

- ▶ Day of Week Discharges from specific wards (%)
- ▶ Time of Day Discharges from specific wards (%)
- ▶ Patients with Total time in ED (from presentation to ready for departure and from presentation to actual departure)  $\leq 4$ hrs (%) admitted to specific wards
- ▶ Average Time in ED waiting for admission
- ▶ Average length of episode (by DRG) – overnight patients (Hrs)
- ▶ Unplanned and emergency re-presentations to Care WITHIN 48hrs
- ▶ *Electronic Discharge Summaries Completed for Selected Wards (%)*

Discharge Project:  
90 Day Challenge  
Definitions

NSW Ministry of Health  
December 2016

# Identification of Tranche 1 Participants

Overwhelming stakeholder buy-in

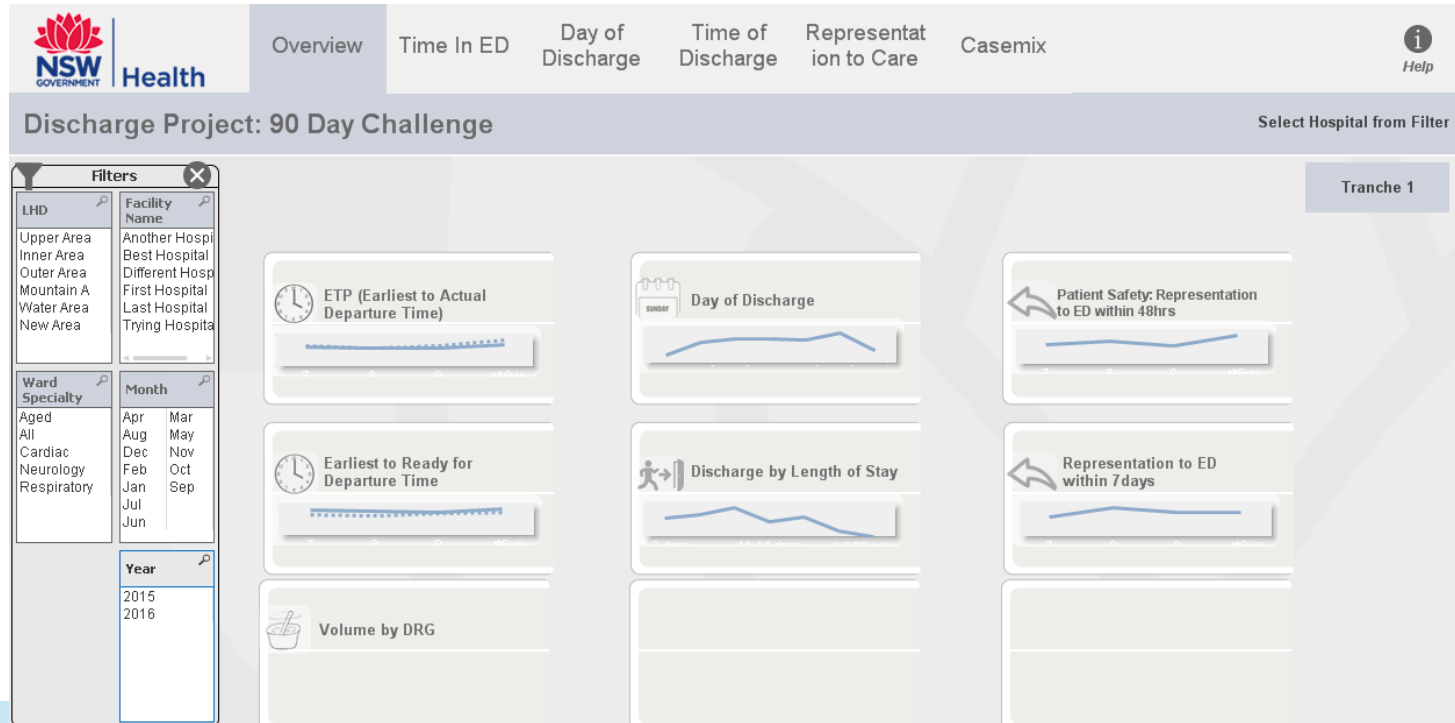
- ▶ 6 hospitals nominated **specific wards** for Tranche 1
  - ▶ Blacktown – Cardiac (BCM/BCA/BCU) Respiratory (BRE/BRA/BM1/BM2)
  - ▶ Liverpool – Cardiac (CB3C/CB3D/CB3E/CB3F) Neurology (CB4A)
  - ▶ RNSH – Aged Care (9ER)
  - ▶ RPAH – Cardiac (6E-4) Respiratory (11W)
  - ▶ Wollongong – Cardiac (C6E/CCUWH) Respiratory (C3W)
  - ▶ Dubbo – Cardiac (DBH-G) Respiratory (DBH-G)

## Main Issues Arising in Identifying Tranche 1 Participants

- ▶ Scope of patient cohorts within the wards
- ▶ Specialty mix within the wards
- ▶ Internal changes to hospital layout over time
- ▶ Staggered start date for commencement of project

Data assists to find focus and properly define clear cohorts

# Final output – a web based reporting tool



## Enablers of Success

- ▷ Getting to know your data
  - ▶ Little exposure to what you have available and how to access is
- ▷ Reports (Local / Ministry)
  - ▶ Limited access to reports that can inform you to do your job well
- ▷ Trending of data is power, however ....
  - ▶ Danger of small numbers
  - ▶ Beware of early interpretation
  - ▶ Context of data is important to understanding – narrative as well as description

# Lessons Learnt from Tranche 1

- ▷ Lessons learnt by the local management teams
  - ▶ Need to understand what is happening at your site / ward
- ▷ Lessons learnt by clinicians
  - ▶ Clinicians like to see evidence that supports best practice
- ▷ Lessons learnt by MOH
  - ▶ Many



## The Next Step

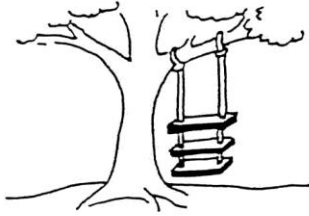
- ▷ Thinking about your project:
  - ▶ Scope
  - ▶ Flexibility
  - ▶ Clarity
  - ▶ Knowledge building
  - ▶ Organisation strategies

How will your project improve your workplace?

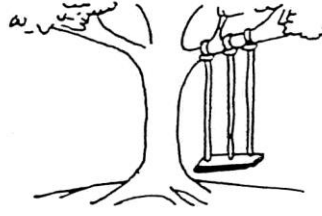
How will staff be affected by what your project delivers?

# Thank You

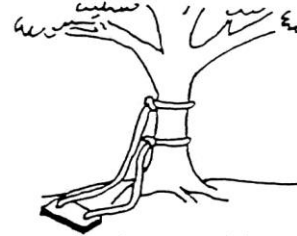
**“Problem solving is an art form not fully appreciated by some”**



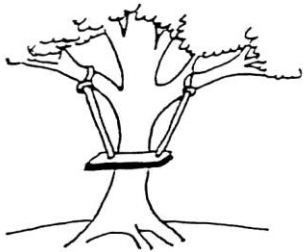
*As proposed by  
the project sponsors*



*As specified in  
the project request*



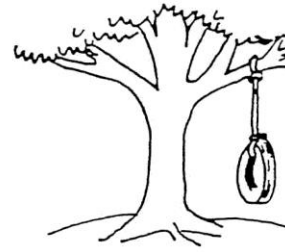
*As designed by  
the senior analyst*



*As produced by  
the programmers*



*As installed at  
the user's site*



*What the user  
wanted*

Tree Swing graphic by S Hagh, 1993 - from [Businessballs.com/treeswing.htm](http://Businessballs.com/treeswing.htm), 2013

Questions??