

Clinical Engagement Through Matching Evidence to Cost Drivers

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Illawarra Shoalhaven Experience

- What data exactly did we want to look at in preparation for ABF readiness
- District wanted to understand reason for long length of Stay and low complexity of our patients compared to peers
- Combination of Data – District costing and Health Round Table data formed our initial analysis
- Used to identify our top five – high cost and high volume DRGs (E65/E62/F62/B70/B69)



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Illawarra Shoalhaven Experience

- Data formed the basis of a DRG Project across the district
- Project identified multiply reasons for variation in high volume DRGs
 - No identified documented model of care
 - Poor clinical documentation
 - Lack of understanding of DRG data by clinicians
 - Lack of understanding of clinicians crucial role in ABF
 - No relationship between Coding & Clinicians



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Illawarra Shoalhaven Experience

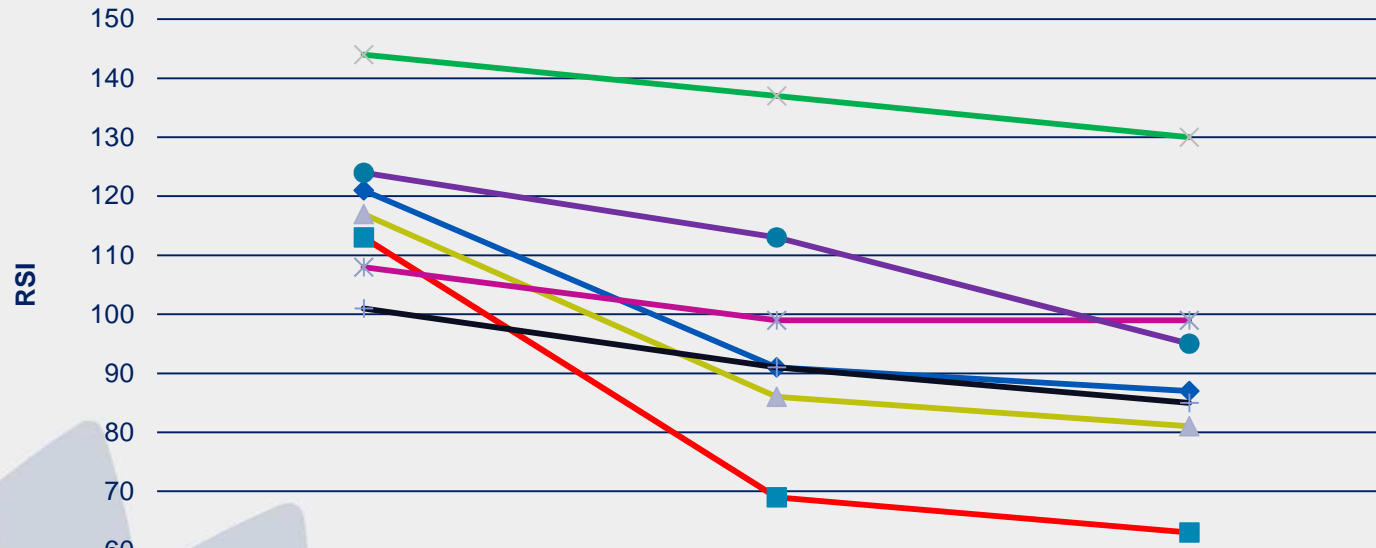
- Project continues across district – uptake of more DRGs
- Outcomes
 - Development of pathways (E65/E62/F62/B70)
 - Regular education of clinicians – 4th Year PRINT students at UoW, JMO orientation and every 3mths
 - DRG Facilitators roles – 2 FTE Wollongong Hospital & 1 FTE District Wide
 - Reduction in LOS, Cost and Increased Complexity Capture
- Data to monitor results
 - Consistent – SPaRC reports built – intranet based



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Results: Relative Stay Index TWH Facilitators DRGs

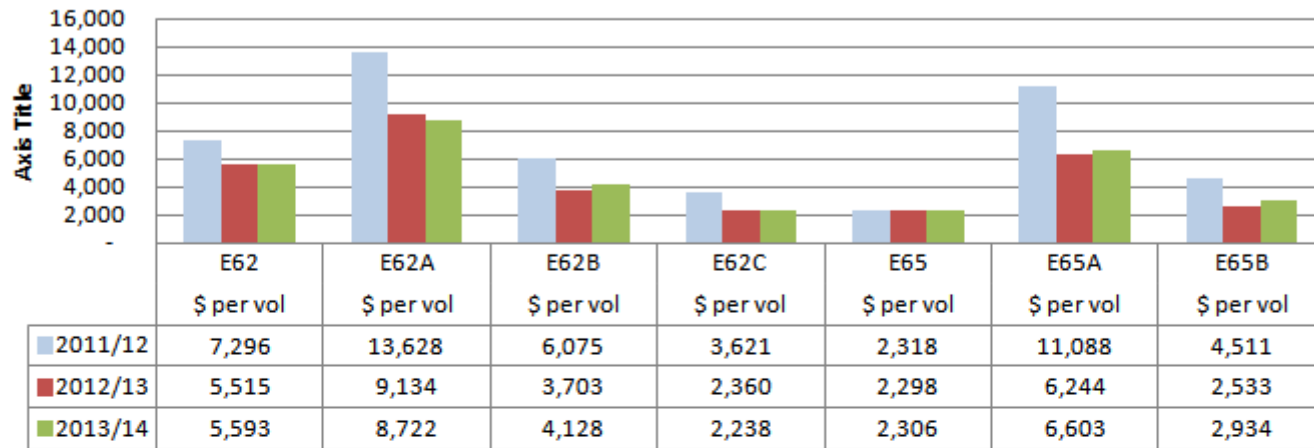


	2011/12	2012/13	Jul - Dec 2013
E62	121	91	87
E65	113	69	63
F62	117	86	81
B69	144	137	130
B70	108	99	99
L60	124	113	95
I08	101	91	85

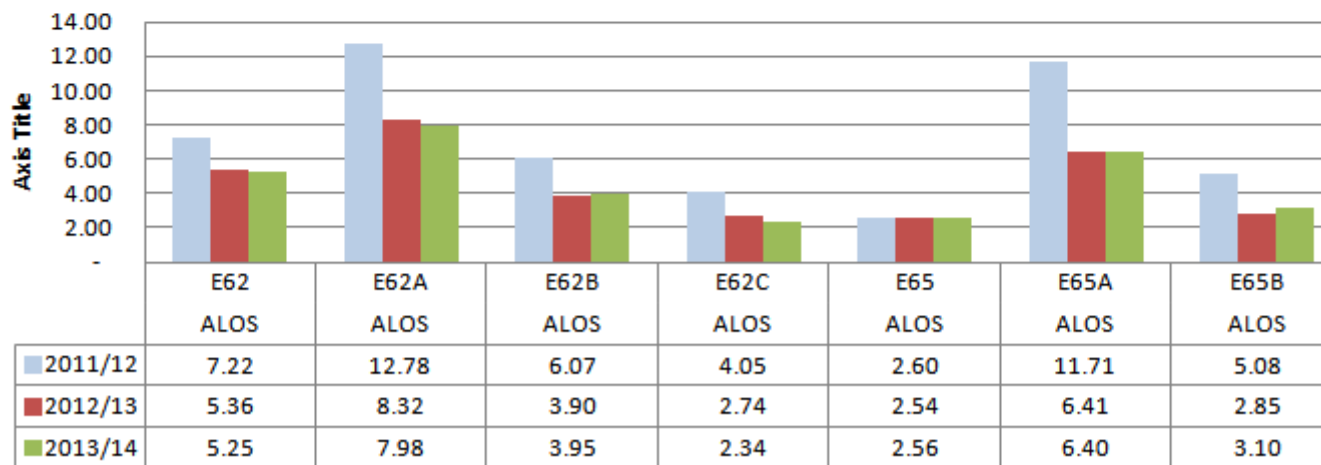


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Cost per patient



Average length of stay



Results: Bed Day Savings TWH DRG Facilitators

- 2012/2013 Bed Day Savings = 2,807
- 2013/2014 YTD April Bed Day Savings = 1,055

Post Coding Changes (DRG Facilitators review coding of all patients followed through – any queries are sent back to coding department for review)

- 2012/2013 = \$930.962
- 2013/2014 YTD April = \$454,210



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Clinician engagement further enhanced when meaningful data is made available

Comparison of E62C – display impact of LOS, cost drivers

Total Cost

\$2,504.73

Area	Amount
P207G-IMAGING ACUTE I/P	\$99.19
P207G-MEDICINE	\$492.36
P207G-PHYSIOTHERAPY SHOALHAVEN	\$185.91
P207G-PATHOLOGY ACUTE I/P	\$48.27
P207G-PHARMACY GF SHOALHAVEN	\$47.71
P207G-PHARMACY PRSC DRUGS	\$3.27
P207G-MEDICAL WARD A SHOALHAVEN	\$1,628.02

86 y.o. Male. Respiratory infection, no complications.

3 day 6hr stay.

NWAU = 0.7915

13/14 Funding = \$3,697

Total Cost

\$6,028.94

Area	Amount
P207G-IMAGING ACUTE I/P	\$49.59
P207G-SOCIAL WORK SHOALHAVEN HOS	\$125.57
P207G-OCCUPATIONAL THERAPY SHOAL	\$155.59
P207G-PHYSIOTHERAPY SHOALHAVEN	\$185.91
P207G-MEDICINE	\$928.65
P207G-PHARMACY PRSC DRUGS	\$30.42
P207G-PHARMACY GF SHOALHAVEN	\$89.72
P207G-MEDICAL WARD A SHOALHAVEN	\$3,277.78
P207G-PATHOLOGY ACUTE I/P	\$1,185.70

77 y.o. Male. Respiratory infection, no complications. 6 day 3hr stay.

NWAU = 0.7915

13/14 Funding = \$3,697



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E62C

vs

E62A

Total Cost

\$6,028.94

Area	Amount
P207G-IMAGING ACUTE I/P	\$49.59
P207G-SOCIAL WORK SHOALHAVEN HOS	\$125.57
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P207G-PHYSIOTHERAPY SHOALHAVEN	\$185.91
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P207G-PHARMACY PRSC DRUGS	\$30.42
P207G-PHARMACY GF SHOALHAVEN	\$89.72
P207G-MEDICAL WARD A SHOALHAVEN	\$3,277.78
P207G-PATHOLOGY ACUTE I/P	\$1,185.70

77 y.o. Male. Respiratory infection, no complications.

6 day stay.

NWAU = 0.7915

13/14 Funding = \$3,697

Total Cost

\$5,779.81

Area	Amount
P207G-OCCUPATIONAL THERAPY SHOAL	\$289.95
P207G-PHYSIOTHERAPY SHOALHAVEN	\$346.45
P207G-MEDICINE	\$849.64
P207G-IMAGING ACUTE I/P	\$455.76
P207G-SOCIAL WORK SHOALHAVEN HOS	\$234.00
P207G-PHARMACY PRSC DRUGS	\$104.55
P207G-PHARMACY GF SHOALHAVEN	\$118.64
P207G-PATHOLOGY ACUTE I/P	\$400.51
P207G-MEDICAL WARD A SHOALHAVEN	\$2,980.30

49 y.o. Female. Respiratory infection with complications.

6 day stay.

NWAU = 2.3946 13/14 Funding = \$11,185



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- Departmental Managers roadshow commenced in May 2012 and education is ongoing and updated to include changes

- Covers the following topics

- What is **Activity Based Funding** - What it applies to
- Classification systems – DRG, SNAP, how they are allocated – medical records, data systems
- Funding and pricing process - how did we get to the price, transparent process, information provided to all facility managers in local service agreement
- Costing Process – what is it, what is the output – examples focus on

COUNT

CLASSIFY

CODE

Not only in medical record but in financial records – general ledger , accounts, cost centres

- Basic accounting - accruals, RMR, what is included in goods and services accounts
- Budget setting process
- How to use the finance and performance tools to analyse results
 - Power budget, Power FTE
 - SPaRC
- Understanding results, empowering them to understand cost drivers



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Finance & Corporate	Clinical Activity	Emergency	Surgery	Sub-Acute
<ul style="list-style-type: none"> Activity Based Funding Costing Board / Committee Rpts Learning & Development Finance 	<ul style="list-style-type: none"> Inpatient Activity Non-Inpatient Patient Flow MAU Health Round Table 	<ul style="list-style-type: none"> ED Activity Ambulance NEAT Paediatrics 	<ul style="list-style-type: none"> Wait List Theatre M & M Surgery Dashboards 	<ul style="list-style-type: none"> Sub-Acute Activity AROC & PCOC M & M Sub-Acute Dashboards

Data Availability / HIE Loads >

Data Dictionaries / Policies >

Data Error Reports

Dashboards >

Data Entry >

Data and Report Requests

Fact Sheets >

HIRD

Performance Agreements >

Whiteboard >

Inpatient Activity

Locked / Unlocked	Rpt ID	Report Name
Patient Activity		
	115	Activity Variance to Last Year
	116	Acute Patient Activity by Patient Origin
	417	Antimicrobial - Primary Diagnosis
	420	District Performance Report
	397	DRG Report - PDx (Principle Diagnosis) and Other Codes
	413	Episode Details by Diagnosis and Procedure
	414	Episode Details by Diagnosis and Procedure - Raw Data - For Excel Export
	377	ICU HDU Beddays
	016	Inpatient Discharge Hours - Monthly
	066	Inpatient Discharge Hours by Medicine Specialty Unit
	015	Inpatient Discharge Hours by Specialty
	392	Inpatient Inter-Hospital Transfers
	051	Inpatient Tobacco Related Diagnosis
	349	ISLHD - High Volume, High Cost DRGs
	421	KPI Summary Sheet



Division LOS Financial Year to Date Comparison for Medicine and Emergency

Financial Year-to-Date - March 2014
Acute and Non-Acute Patients

Drill down to Specialty -> DRG -> Clinician Registration Number by clicking on underlined descriptor - drill up by clicking on blue arrow

Facility Name	FYTD Total Seps		FYTD Bed Days		FYTD Average LOS			FYTD Ave ABF Weight		% Coded	
	2013	2014	2013	2014	2013	2014		2013	2014	2014	
<u>Wollongong Hospital</u>	28,034	23,680	102,704	96,311	3.7	4.1	↑	1.09	0.94	↓	100.0%
<u>Shellharbour Hospital</u>	15,365	8,553	37,634	31,648	2.4	3.7	↑	1.26	1.19	↓	100.0%
<u>Shoalhaven and District Memorial Hospital</u>	16,529	8,182	41,619	33,232	2.5	4.1	↑	1.12	1.23	↑	100.0%
<u>Milton and Ulladulla Hospital</u>	3,314	2,934	12,302	11,818	3.7	4.0	↑	0.87	0.96	↑	100.0%
<u>Bulli District Hospital</u>	590	246	590	246	1.0	1.0	< >		0.3		100.0%
Total:	63,832	43,595	194,849	173,255	3.1	4.0	↑	1.1	1.03	↓	

* The ABF Weight is the sum of the total ABF ("Public Equivalent Model" NWAU (excludes Private Patient discounts)

FYTD Total Seps		FYTD Bed Days		FYTD Average LOS			FYTD Ave ABF Weight		% Coded	
2013	2014	2013	2014	2013	2014		2013	2014	2014	
28,034	23,680	102,704	96,311	3.7	4.1	↑	1.09	0.94	↓	100.0%



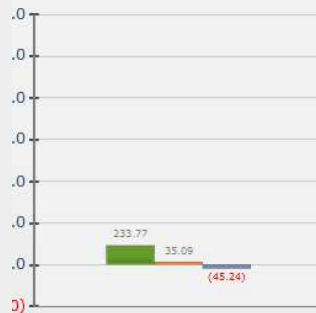
Monthly reports

Illawarra Shoalhaven LHD - ABF Performance Dashboard
Financial Year To Date Feb 2014

8/05/2014 12:34

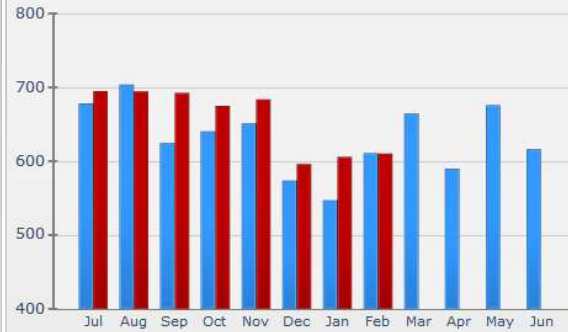
TD Acute Activity Variance by Financial Class (NWAU)

Public Private Compensable



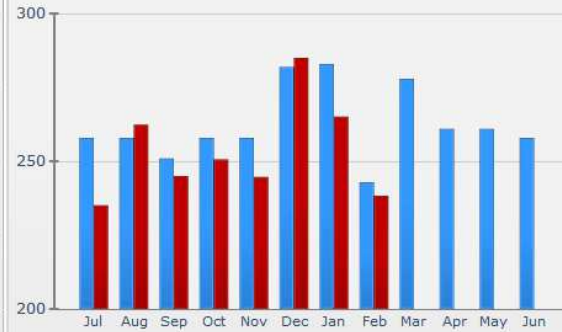
Acute Activity (NWAU) - Target vs Actual

Target Actual

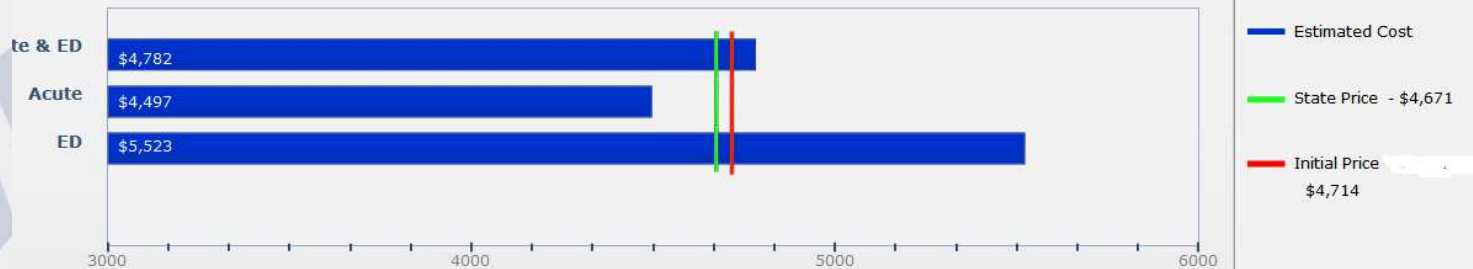


ED Activity (NWAU) - Target vs Actual

Target Actual



Estimated Cost vs Price



Select Month / Year
2014
2014
January 2014

Select Facility

ISLHD TWH SDMH SHH BDH CDH KDH MUH PKH DBH

<- Hide



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