

Creating A Performance Dashboard with Transparency

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Building A Performance Dashboard

Reasons to
have
Dashboard

Better Decision
Making

- Fosters collaborative culture across the organization
- Easy to comprehend - More Intuitive

Enables
Management

- Provides credence to strategic directions
- Tempers dominance posturing; vis-à-vis the patient care mission of facility

Improved
Managerial Analyses

- Empirical support for decision making
- Minimizes information silos
- Solves the question – what went wrong; how did wheels come off

Governance
Oversight

- Transparency enhances planning initiatives
- Mission & Community focus imperative is sharpened
- Links Service Mission to Financial Health

Government
Relations

- Provides credence to industry policy initiatives
- Gain insights to Healthcare legislation
- Illustrate Community Impact Initiatives



Building A Performance Dashboard

Concept

- Balance quality and finance performance issues
- Displays links between service delivery & costs/revenues
- Actual to Standard vs Actual to Budget

Resources

- Extensive medical Record (digital version) of patient discharges
- External & internal database sources to incorporate indices and variances from actual within display format

Skills

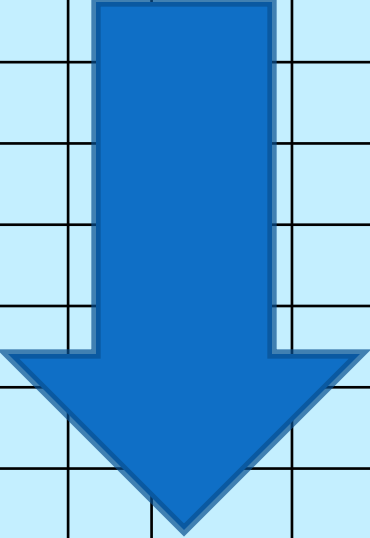
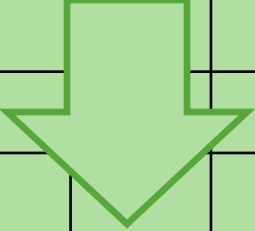
- Knowledge of healthcare issues and interrelationships
- Root Cause Analysis skills
- Proficiency to select cogent quality/finance data elements within record to visualize interrelationships within the discharge data

Building A Performance Dashboard

	Tot Disch	ALOS	CMS-LOS	CMI	COST	NET REV	
Governance	2170	6.4	5.3	.9382	20.9m	17.3m	
Sr Mgt	Respiratory	262	7.2	6.3	1.4148	2.6m	1.9m
	Cardiology	322	xxx	xxx	xxx	xxx	
	DRG-87 Pul Ede	54	5.5	6.4	1.452	880,000	850,000
	DRG-88 COPD	146	5.1	5	.9089	720,000	650,000
	DRG-89 Pne	62	6.4	5.8	1.0479	500,000	400,000
Program Mgt							
	DRG-140 Angina	126	3.6	2.1			
	DRG-142 Syncope	96	2.6	2.2			
	DRG-143 ChestPain	138	1.9	1.8			

Adhering to a constant Report Format, from the highest level to its lowest, initiates dialog. It triggers data segmentation analysis; in this instance -- data mining at the service line management level -- for improved comprehension – whatever the audience stratum.

Data Mining Operational Metrics

	Bench mark	Prev Year	Jan	Feb	Mar	Apr	MY	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Inpt Disch - Respir															
ALOS															
casemix															
Net Revenue-Tot															
MCARE Paymt															
Re-Admits															
Pt Falls															
Hosp Acq Infect															
															
Inpt Disch-Cardio															
ALOS															
Casemix															
Net Rev - total															
															

Similar paradigm points to explanations; provides operating level statistics for Sr & Program Managers

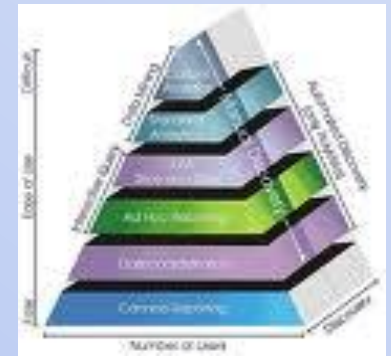
Operational Metrics

	Bench mark	Prev Year	Jan	Feb	Mar	Apr	MY	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
DRG-88 COPD Discharges															
ALOS															
casemix															
Net Revenue-Tot															
MCARE Paymt															
Re-Admits															
Pt Falls															
Hosp Acq Infect															
DRG143ChestPain Discharges															
ALOS															
Casemix															
Net Rev - total															

Same report format; but displays greater detail within Pulmonary & Cardio Service Lines

Building A Performance Dashboard

- **Possess Root Cause Analysis Paradigm**
 - Systematic investigation of contributing factors.
 - Use Game Theory construct: strategy – players - payoffs
 - Insights to problems/variances requires a substantial content of the patient encounter
 - demographic \ clinical \ financial information
 - Anticipate issues not yet recognized
 - Adhering to a constant report format provides a framework for the casual observer to better comprehend the underlying issues.
 - Employ data mining concepts of high level metrics to the next level re details and variances



Building A Performance Dashboard

- Data Mining Considerations
 - Classification system
 - MDC Categories
 - DRG Grouper logic
 - Financial Classifications
 - Regional competitors
 - Similar facility types
 - Physician Specialty grouping
 - Primary service area definition
 - HIM coding (post discharge) = facility record
 - It's the official version shared by everyone; regulators, payers, auditors, surveys, etc

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	Goal Std	Q T R 1	Q T R 2	Q T R 3	Q T R 4	May	ED-Admit	Re Admit	Pay mt Denial	Never Events				YTD
Inpt Disch-Tot														
Respiratory														
Cardiology														
Ortho														
Newborns														
Trauma														

Indicates by using industry jargon & medical chart coding, developments occurring within a clinical service line

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			Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	ytd
Inpt Disch															
Medicare															
Medicare															
ABC Mgt Care Plan															

Revenue Sources Contributions

Building A Performance Dashboard

Benchmark

Source

Considerations

Medpac Observations

CMS Publications

State Reporting
Abstracts

Regional Stats

JCAHO

Watchdog Groups

Investment Firm
Analyses

Credit Rating
Agencies

Building A Performance Dashboard

Medpac Observations

- Data Book
- Annual Report to Congress

CMS Publications

- (statistics, testimony, pilot programs)
- Medicare Cost Reports

State Reporting Abstracts

- Inpatient discharge Registry

Regional Stats

- Statewide inpatient discharge reporting
- AHA Chartbook

JCAHO

- Sentinel event statistics (*e.g.* E codes)
- ORYX statistics

Watchdog Groups

- Pacific Business Group - Ny Business Group on Health – Puget Bus Grp
- Leapfrog Group re Never Events
- Other regional business group entities

Investment Firm Analyses

- Investment Prospectus offerings
- Interviews with CEOs & Wall St Analysts

Credit Rating Agencies

- Moody's
- Enterprise Risk Management (top risks)

Benchmark Considerations

Medpac Observations

- ...the need for Medicare to move away from payment policies that encourage service volume and are indifferent to quality ... *Report to Congress; June 2010*

CMS Publications

- CMS estimates that payments to general acute care hospitals ... for operating expenses in FY 2011 will decline by 0.1 percent *CMS April 2010*

State Reporting Abstracts

- 70 percent of hospitals reporting fewer patient visits and elective procedures *AHA Health & Hospital Trends; June 210*

Regional Stats

- Hospitals ... reported 25,914 incidents in which patients contracted infection while admitted to a hospital. *Phila Business Journal; June 2010*

JCAHO

- JCAHO has categorized its performance measures into accountability and non accountability measures *JCAHO Fact Sheet; June 2010*

Watchdog Groups

- Hospital quality needs significant improvement and waste remains rampant. *LeapfrogGroup; April 2010*

Investment Firm Analyses

Credit Rating Agencies

- Moody's is maintaining it negative outlook for the US Not-For-Profit healthcare industry. *Moody's Investor Service; January 2010*

	Budget	Prev YTD	1 QTR	2 QTR	3 QTR	4 QTR	YTD
Total Inpt Disch							
Respir Disch							
ALOS							
Case Mix							
Net Revenue							
Cardio Disch							
ALOS							
Case Mix							
Net Revenue							

Operational Level Reporting

Mid- Level metrics, Service Line sub-totals of total Inpatient volume, provide perspective about the totals viewed in the dashboard.

Building A Performance Dashboard

- **Database Issues**
 - Accuracy (database integrity)
 - Comprehensive -Data element inclusion
 - Data cleansing
 - Diagnoses & Procedures are preferentially identified by their ICD-9 code
 - Crosswalk tables clarify coded data

Database Considerations - Contents within data file can affect reported metrics

- Schedule for applying updated information
 - Quality audits
 - Medical record abstracting
 - Financial status changes
- External Databases
 - Statewide discharge data files (latest version)

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Data Cleansing

- Retrieve data elements from multiple sources that are the last arbiter of the patient's demographic/clinical/financial status.
- Minimize data anomalies --Use databases where monthly updates are applied to data elements. the closer to time of discharge – the more accurate the data will be:
- Avoid arguments over “whose data is right”
 - Readmissions reclassified as an extension of a previous inpatient encounter
 - Financial classifications may change from initial admit to Financial Status at time of billing
 - Pt Account balances routinely change during a reporting month
 - Charges are applied to the encounter post discharge
 - bad debt vs charity care

Building A Performance Dashboard

Dashboard Basics

Demographic

- age
- sex
- Zip
- Ethnicity
- Marital status
- Admit Source

Clinical

- 1st-Diagnosis
- working diagnosis
- admitting diagnosis
- co morbidities
- MDC
- DRG
- Test/drugs/meds as per charge item
- Admit date
- Discharge date
- ED visit date
- Discharge Status

Financial

- financial class
- insurance type
- Insurer contract #
- total charges
- net revenues
- account balance
- Account location
- Amt paid by insurer
- Final Bill Date
- Paid dates
- Payment codes
- Adjustment reasons

Physician

- attending
- surgeon
- ED-MD
- Admit MD
- Consult MD
- Med specialty
- Med license

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Other Dashboard Considerations

- Pt Acc't No
- MRN – medical record number
- Admits via the ED
- Patient safety (infection, falls, med errors)
- Never Events
- Primary Language
- Clinic visit history
- ED visits
- Nursing Station locations
- Census tract location
- Employment Status
- Amburg encounters
- Patient Type
- Readmission Status
- Primary Care MD
- Care Provider IDs
- Total cost estimate
- Denied Days
- Payment dates/amounts
- Guarantor Information
- Expected reimbursement amount
- Patient co-pays
- Alternative Level of Care Days
- Total FTE staffing
- CPT codes
- HCPCS codes



Brian Rucco collaborates with healthcare providers, insurers and industry watchdog organizations producing fact based insights about rapidly changing local healthcare environments. Business Intelligence analyses have helped clients better *manage risk*, understand *disruptive innovation* and locate *root cause* issues through data driven analyses.
