

CANADIAN Healthcare Technology

www.canhealth.com

Performance management should reveal why clinical events happen

BY DIANNE DANIEL

It's difficult to report on your progress when you can't access the information you need. That's the biggest complaint of senior executives in healthcare, says Alexandra Flatt, an Oakville, Ont.-based consultant specializing in evidence-based decision making, who recently completed a white paper on best practices in decision support capabilities.

"There's a lot of data in healthcare and it can be easy to get lost in it," says Flatt. "In many places, executives have to call somebody and that person has to produce the report; it's not very timely or accessible, and in this day and age that's just not acceptable."

One of the challenges is that hospitals are no longer solely focused on bottom line reporting of financials. Instead, they are starting to look at overall performance, and what used to be called decision support is now referred to as performance measurement, encompassing everything from patient satisfaction and incident reporting to health outcomes and employee sick leave.

The process is further complicated by the fact that certain measurements are

required by governments, while others are part of a hospital's corporate strategy.

In Ontario, for example, the Ministry of Health and Long-Term Care uses the Hospital Accountability Agreement (HAA) to examine hospital performance using accountability indicators and setting performance targets. Not only do hospitals have difficulty pulling the necessary infor-

Performance systems aren't merely dashboards to measure trends; you also need tools to determine why trends happen.

mation together, but they also tend to look at things differently than the Ministry does, says Flatt.

"One of the biggest problems we heard was that the Ministry and the hospitals were having different discussions," she says. "Each had their own methodology for reporting, and they spent a lot of time debating over which methodology and number was right, as opposed to discussing the real critical issues," related to funding.

Ottawa-based Emerald Health Information Systems Inc. is hoping to address

both concerns with the launch of the *Dynaboard* Accountability Decision Support Dashboard, a web-based hospital intelligence tool that combines internally defined and externally mandated indicators.

Designed to streamline the monitoring and analysis of performance indicators, *Dynaboard* collects data from disparate sources, presents them in a graphical view, and then allows a drill-down capability so data analysts can determine the root cause of a problem or variance.

The *Dynaboard* product is custom built for healthcare, with links to the major data sources used by the HAA, including the Canadian Institute for Health Information's National Ambulatory Care Reporting System (NACRS), Ontario Health Reporting System (OHRS) and Discharge Abstract Database (DAD).

Automatically set to measure the performance indicators negotiated by the Ministry each year, such as risk of readmission, percentage of full-time nurses and wait times, it will work on any computer desktop that runs an Internet browser.

The goal, says Hany Fouda, Emerald vice-president, sales and marketing, is to reduce the effort spent on consolidating data and increase the time spent on analy-

sis. "It's not only about providing the executive with the view, but also giving them a tool to find out why something is happening, why it is trending negatively and how it will impact the future if the trend continues," he says. "Most hospitals will have dashboards for their financials but a financial view is not enough, because when you are cutting beds or cutting nurses, you are affecting patient outcomes."

In her role, Flatt has seen a growing interest among healthcare providers in monitoring outcomes. The benefit of a product like *Dynaboard*, she says, is that it doesn't just calculate indicators, but also allows decision-makers to understand why targets aren't being reached, or if they are, at what expense. For example, reducing length of stay often causes an increase in readmission.

"It gets the right information out on the table when you're having negotiations with the Ministry, so when you're looking at future funding levels, you can bring those issues forward based on real evidence, not just grumblings or thoughts you've heard from your clinical staff," she says.

North York General Hospital (NYGH), a leading Canadian community teaching hospital affiliated with the University of

Toronto, is testing *Dynaboard* as a means to replace its current manual procedure for collecting and reporting on data. Right now, the bulk of the hospital's performance measurement is done by pulling data from a variety of systems and putting it into Microsoft Excel for analysis and presentation.

The preferred state, says Deepak Sharma, NYGH manager, coding and decision support, is to have two separate "lenses," one that provides a view into the accountability indicators outlined by the Ministry and a second that fits with the hospital's corporate strategy and the key performance indicators measured there.

"For us, strategically, we want to see one system in which we can monitor our accountability agreement indicators, our balanced scorecard indicators, and our program level indicators that are important to our progress," he notes.

The strength of *Dynaboard* is its ability to present information as it pertains to the HAA, he adds. "Emerald is able to work with the Ministry and the documentation that's available about the accountability agreement and allow us to look at the information the way the Ministry would," he says. "At first glance we can see if we're doing well on an indicator at a global level,

and if not, we can go and drill down based on predefined reports."

As the area of decision support continues to evolve into performance measurement, the role of the three decision support analysts at NYGH is changing. Rather than spending their time pulling information together, they're learning to perform more detailed analysis and put data into context using the OLAP capabilities provided with *Dynaboard*.

In the immediate term, Sharma is working with Emerald to ensure *Dynaboard* links to the data sources required by the Ministry. In his "perfect world," he says, he would like that integration to be as real-time as possible, so that as soon as a patient chart is coded there will be information available on how it is influencing an indicator. Although it remains a few years away, and will require data coding processes to be "cleaned up first," Sharma remains optimistic his ideal is possible.

"The perfect scenario would be to see the information soon after discharge. Was that somebody who stayed as long as we expected? And as soon as they come back through the doors, we should know that that was a readmission that was probably avoidable," he says.

 **Emerald**
HEALTH INFORMATION SYSTEMS
Smart Tools for Better Decision Support

PERFORMANCE MANAGEMENT Made Simple

***Dynaboard* Hospital Intelligence Tool**

With just two simple clicks, hospital executives using *Dynaboard* can quickly review and analyze key performance indicators such as financial health, organizational health, patient access and outcome.

Offers a bird's eye view of healthcare performance and volume indicators to hospital executives and decision support managers.

Integrates data from different sources such as DAD, NACRS, NRS, Trial Balance, Chart of Accounts and Patient Satisfaction.

Built-in reports allowing executives and managers to zoom-in quickly on the current and potential problems.

In-depth data analysis using an embedded On-Line Analytical Processing (OLAP) drill-down tool providing access to all relevant data elements.

To learn more, visit www.emeraldhis.com
or contact 613-599-8178 ext. 1 for a demo.

