ED PIP: Preparation Phase

Guides: Daily Reporting

Ontario

Daily Access Reporting Tool (DART) – Overview

This tool was customized for Ontario PIP hospitals, however, even if you are not using this particular tool, the concept of using some tool to track and monitor key information daily is recommended practice. As such, the following pages, use DART to provide a case study example of daily reporting

Outcome	▪ Provides timely access to data related to patient flow metrics in order to support root cause problem solving
Definition: 'What is it?'	▪ The DART contains a core set of mandatory metrics that all hospitals participating in ED PIP are required to capture as well as optional metrics that reflect hospital organizational and accountability structures ▪ The previous day's ED, Admit, and Discharge data are presented in an Excel spreadsheet ▪ The previous 7 and 30 day results are aggregated and also presented
Objectives: 'What is it used for?'	▪ Traffic light colours show variances from targets (targets were set based on discussions with hospital senior management and your LHIN)
Benefits:	▪ By providing improvement team members with data daily it allows them to work in "real-time" to understand root causes and adapt and refine processes through daily feedback ▪ Visual triggers quickly identify which metrics are meeting targets and short-term patterns are identified
When to use	▪ Updated data should be circulated and reviewed first thing in the morning. ▪ Access to the daily patient flow metrics contained in the DART tool can be used to: – Identify variances from targets – Predict fluctuations in patient flow – Understand daily staffing requirements by department – Identify process improvement opportunities

The DART distinguishes between a core data set to meet provincial objectives and an optional data set to meet hospital specific needs

Core Metrics

- Collection and reporting of these metrics is mandatory for organizations participating in ED PIP
- For ED PIP participating hospitals, it was recommended definitions for the core measures not be modified as doing so would prevents information sharing or benchmarking
- Where possible, these measures have been aligned with other Ministry of Heath and Long Term Care initiatives such as the Pay-For-Results Program and the Emergency Department Reporting System (EDRS)

Optional Metrics

- Optional metrics are preceded with the italicized word "OPTIONAL" in the DART tool
- With the optional metrics, the DART can be customized to include data at the right level of detail to match the hospital's physical, organizational and accountability structures
- Consider collecting data on other optional metrics if they add value to your daily analysis and if the hospital has the data to support them
- However, it is important to avoid the temptation to measure everything right from the start
- Hospitals that have been most successful in implementing DART tools have focused on a small core set of metrics for launching their tool and enhanced later on

Through Ontario’s ED Process Improvement Program, the following 37 metrics are inputted and reviewed daily

A. Emergency Department

1. Total ED visits (#)
2. ED visits CTAS I (%)
3. ED visits CTAS II (%)
4. ED visits CTAS III (%)
5. ED visits CTAS IV (%)
6. ED visits CTAS V (%)
7. Left Without Being Seen (%)
8. ED visits admitted (%)
9. ED ALOS - all dispositions (hrs)
10. ED ALOS for non-admitted patients (hrs)
11. CTAS I-II non-admitted patients with LOS <= 8 hrs (%)
12. CTAS III non-admitted patients with LOS <= 8 hrs (%)
13. CTAS IV-V non-admitted patients with LOS <= 4 hrs (%)
14. ED ALOS for admitted patients (hrs)
15. CTAS I-II admitted patients with LOS <= 8 hrs (%)
16. CTAS III admitted patients with LOS <= 8 hrs (%)
17. CTAS IV-V admitted patients with LOS <= 8 hrs (%)
18. Admitted patients in ED - no IP bed at 06:00 (#)

B. Admit and Discharge

(a). Whole Hospital

19. IP ALOS (excl. ALC) (days)
20. IP Discharges by 11:00 (%)
21. IP Discharges by 14:00 (%)
22. IP Discharges (#)
23. ALC patients (#)

*(b). Unit Level**

24. IP ALOS (excl. ALC) of patients in Unit 1 (days)
25. IP Discharges by 11:00 Unit 1 (%)
26. IP Discharges by 14:00 Unit 1 (%)
27. ALC patients Unit 1 (#)

28. IP ALOS (excl. ALC) of patients in Unit 2 (days)
29. IP Discharges by 11:00 Unit 2 (%)
30. IP Discharges by 14:00 Unit 2 (%)
31. ALC patients Unit 2 (#)

C. P4R

32. Admitted patients with LOS <= 8hrs (%)
33. Non-admitted CTAS I-III <=8hrs (%)
34. Non-admitted CTAS IV-V within LOS target <= 4hrs (%)
35. Time to Physician Initial Assessment (hours)
    (90th percentile of time to physician initial assessment)

D. Public Wait Time

36. Patients with complex conditions (hrs)
    (90th percentile of ED_LOS for admitted and non-admitted CTAS I, II and III patients AND admitted CTAS IV, V patients)
37. Patients with minor or uncomplicated conditions (hrs)
    (90th percentile of ED_LOS for non-admitted CTAS IV and V patients)

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Metrics are tracked daily and colour coded to provide triggers for managers and other leaders to know where to direct their attention

Section	#	Click to Choose Reference Date →	1-Dec-08			
	#	Metric (units) (definitions)	Reference Date	Previous 7 Days	Previous 30 Days	Target
Emergency Department	1	Ambulance Offload Time (min)	49	44.7	44.3	40
	2	Total ED visits (#)	64	79.4	75.0	83
	3	ED visits CTAS I (#)	6	8.7	10.3	
	4	ED visits CTAS II (#)	10	12.4	12.6	
	5	ED visits CTAS III (#)	12	19.0	16.5	
	6	ED visits CTAS IV (#)	22	23.1	20.2	
	7	ED visits CTAS V (#)	12	23.4	22.2	
	8	Total Admitted from ED (#)	6	7.9	7.5	10
	9	*OPTIONAL: Admitted to Department 1 (#)*	0	0.0	0.0	
	10	*OPTIONAL: Admitted to Department 2 (#)*	0	0.0	0.0	
	11	*OPTIONAL: Admitted to Department 3 (#)*	0	0.0	0.0	
	12	*OPTIONAL: Admitted to Department 4 (#)*	0	0.0	0.0	
	13	ED ALOS – all dispositions (hrs)	15.0	11.5	10.9	8.5
	14	*OPTIONAL: ED ALOS for Department 1 Admits (hrs)*	0.0	0.0	0.0	
	15	*OPTIONAL: ED ALOS for Department 2 Admits (hrs)*	0.0	0.0	0.0	
	16	*OPTIONAL: ED ALOS for Department 3 Admits (hrs)*	0.0	0.0	0.0	
	17	*OPTIONAL: ED ALOS for Department 4 Admits (hrs)*	0.0	0.0	0.0	
	18	ED ALOS for admitted patients (hrs)	20.0	16.4	15.9	14
	19	ED LOS at 90th percentile (hrs)	18.0	13.4	12.1	12
	20	ED ALOS for discharged patients (hrs)	7.0	4.6	4.6	6.5
	21	Left Without Being Seen (%)	6%	5%	4%	4%
	22	*OPTIONAL: Left Without Being Treated (%)*	0.0%	0.0%	0.0%	
	23	*OPTIONAL: Left Against Medical Advice (%)*	0.0%	0.0%	0.0%	
	24	CTAS I-II discharged patients with LOS <= 8 hrs (%)	29.0%	49.0%	47.0%	90%
	25	CTAS III discharged patients with LOS <= 6 hrs (%)	34.3%	48.7%	55.8%	90%
	26	CTAS IV-V discharged patients with LOS <= 4 hrs (%)	95.3%	66.2%	56.6%	90%
	27	CTAS I-II admitted patients with LOS <= 8 hrs (%)	3.0%	39.8%	47.7%	90%
	28	CTAS III admitted patients with LOS <= 6 hrs (%)	87.8%	43.5%	48.6%	90%
	29	CTAS IV-V admitted patients with LOS <= 4 hrs (%)	3.1%	43.7%	53.2%	90%
Admit & Discharge	30	IP ALOS (excluding ALC) of discharged patients (days)	11.0	19.0	20.7	15
	31	*OPTIONAL: Department 1 IP ALOS excluding ALC (days)*	0.0	0.0	0.0	
	32	*OPTIONAL: Department 2 IP ALOS excluding ALC (days)*	0.0	0.0	0.0	
	33	*OPTIONAL: Department 3 IP ALOS excluding ALC (days)*	0.0	0.0	0.0	
	34	*OPTIONAL: Department 4 IP ALOS excluding ALC (days)*	0.0	0.0	0.0	
	35	Discharges by 14:00 (%)	47.9%	44.9%	53.2%	
	36	*OPTIONAL: Department 1 Discharges by 14:00 (%)*	0.0%	0.0%	0.0%	
	37	*OPTIONAL: Department 2 Discharges by 14:00 (%)*	0.0%	0.0%	0.0%	
	38	*OPTIONAL: Department 3 Discharges by 14:00 (%)*	0.0%	0.0%	0.0%	
	39	*OPTIONAL: Department 4 Discharges by 14:00 (%)*	0.0%	0.0%	0.0%	
	40	*OPTIONAL: Discharges by 11:00 (%)*	0.0%	0.0%	0.0%	
	41	ALC patients (#)	62	57	54	
Optional Metrics	42	*OPTIONAL: Time to Physician Initial Assessment (hrs)*	0.0	0.0	0.0	
	43	*OPTIONAL: Time to Disposition Decision (hrs)*	0.0	0.0	0.0	
	44	*OPTIONAL: Closed Beds (#)*	0	0.0	0.0	
	45	*OPTIONAL: Planned Procedure / Surgery Cancellations (#)*	0	0.0	0.0	
	46	*OPTIONAL: Discharge Orders Written Vs. Act. Discharges (%)*	0.0%	0.0%	0.0%	
	47	*OPTIONAL: Admitted Patients in ED by 14:00 (#)*	0	0.0	0.0	
	48	*OPTIONAL: Over Capacity Protocol Invoked (#)*	0	0.0	0.0	
		Metric underperfoming target by more than 25%				
		Metric within 25% of target				
		Metric equal or outperfoming target				
		Error = not enough data to make calculation				

Red

- Metric is underperforming by more than 25%

Yellow

- Metric is within 25% of target

Green

- Metric is equal to or outperforming target

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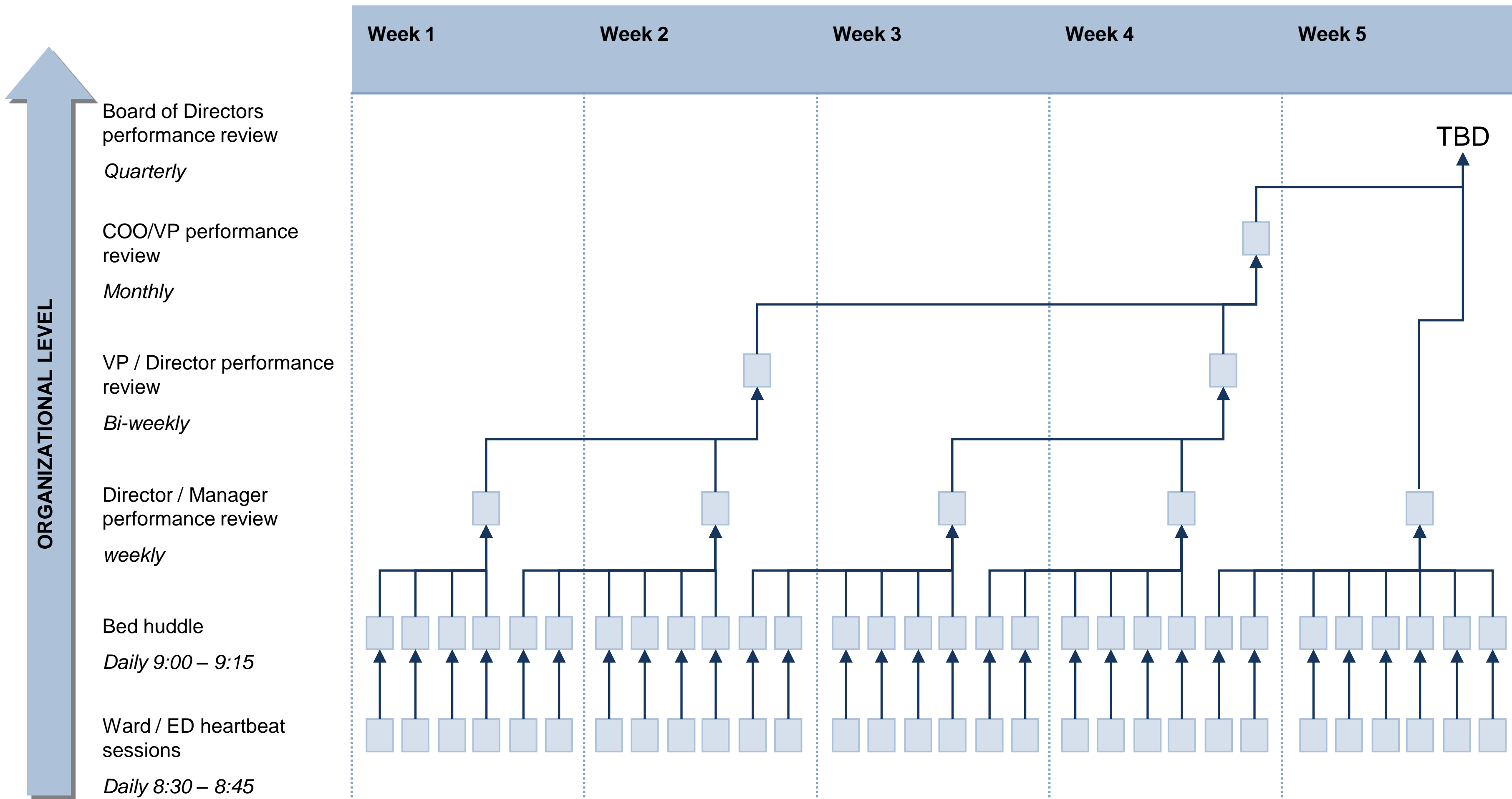
ILLUSTRATIVE

Daily information flow and regular performance huddles at every level is critical for sustainability

This model illustrates the relative frequency around communicating performance data by level within the hospital. This continuous communication reinforces everyone's common objective and makes sure that everyone is rallying around the same objective information.



The daily use of information from DART creates a collaborative problem solving environment

What is happening?

- What are the gaps to target?
- Are any trends causing concern?

Why?

- What has happened to cause the performance gap?
- Do we understand the true root causes?
- Do we have to investigate further to really understand the problem?
- Are there any concerns with the quality/reliability of the data?

What needs to be done?

- Do we have to take any short-term containment action?
- What should be done to correct the problem and prevent this from happening again?
- Will these actions completely resolve the problem or must we do any additional things to close the gap?

Who is going to do it?

- Who will take responsibility for completing the action?
- Does the owner need support from any of the other team members?

When is it going to be done?

- Is it a priority action?
- What is the deadline for completion?
- When are the intermediate milestones?

How is progress to be tracked?

- Will it be solved immediately or is it necessary to formally track progress (e.g., Unit Council)?

As leaders, it's critical to drive and support the development of a Performance Driven Culture through Daily Use

1	Monitor tool daily and identify unusual performance	• We don't appear to be discharging any patients before 11am on Unit X
2	Ask probing questions	• Was there a specific reason why discharges before 11am have not increased? • What help does the team need?
3	Reward and institutionalize good performance and problem solve poor performance	• Ask the five why's to get to the root cause of the behaviour

- Why did so many more of our patients leave after 11am?
- Why…?
- Why…?
- How can we make this our standard procedure?

- Why did far fewer of our patients leave before 2pm?
- Why…?
- Why…?
- What are we doing to prevent this from happening again?

There are several immediate steps to initiating daily reporting that can be started relatively quickly.

Obtain Senior Management support for the DART

- Senior Management commits staff and resources to support DART implementation
- Senior management identifies a DART Champion or “point person” to coordinate your DART
- Senior Management ensures participation and ownership of the DART from the ED, GIM, Admissions and Discharge departments
- Senior management includes DART in routine performance monitoring

Obtain support for the core DART metrics

- Discuss any mandatory metrics and obtain agreement on the operational definitions

Review optional DART metrics

- Consider whether there are any other measures that would add value to your daily analysis

Agree on targets

- These should typically be discussed and agreed to by the hospital and the LHIN/body of authority

Determine who owns each metric

- Providing clear ownership within a department or team for monitoring and problem solving around certain metrics will ensure a greater level of accountability for the improvements and quality of the data

It's critical to market daily reporting as a core part of the improvement journey

- Communicate the launch of the DART through existing channels (e.g., town hall meetings, staff intranet or bulletins, clinical and administrative leadership meetings etc.)
- Make the DART available at 7am each day, including weekends and holidays, via email and encourage discussion to congratulate and celebrate strong performance and ask probing questions when weak performance is identified
- Make the DART a regular part of your hospital's performance conversations by reviewing results through existing channels and across multiple levels
    i. Clinical leadership meetings
    ii. Department meetings (clinical and non-clinical)
    iii. Daily performance dialogues at the unit level (e.g., run by nurse managers at shift change)
- Contribute to visual management by posting the daily DART results in the ED and on each clinical unit (encourage nurse managers to first highlight strong or weak performance before posting)
- Celebrate your successes – identify groups who are innovative in streamlining processes

There are different ways for organizations to internalize daily reporting, however, there are some core themes recommended to enhance overall success in your improvement journey

- Create a regular rhythm of reviews that spans across all organizational levels
- Roll out use across the organization
- Create an expectation that all staff review the tool each day – "Make metrics the language of your performance review conversations"
- Due to the variety of IT environments in participating ED PIP hospitals, it is not possible to describe the best course of action for any specific hospital. Although several possibilities for sharing results are presented below, the best option should be identified and tested by local IT staff and will depend on your specific environment, security needs and the number of users. There are several methods to share DART results:

  i. Create an email group and attach the Excel DART file to an email

  ii. Upload as read-only file or HTML file to a collaborative space or web portal then send a daily email with a link to the results

  iii. Install Excel Services on MS SharePoint 2007 if richer functionality for end users is desired

  iv. Identify what areas of the sheet need to be protected, hidden or locked

  v. Consider staff requirements to view the DART on mobile devices such as smart phones or Blackberries via an attachment service