

Managing in an ABF Environment

27th May 2015

Session Outline

- What is **A**ctivity **B**ased **F**unding?
- What is needed for ABF?
- What do you need to **do**?

What is ABF?

Why the move to ABF?

What is ABF

Patient
Care

Activity



Funding

€

Activity based funding (ABF) is the provision of funding to healthcare providers based on the quantity and quality of services they deliver to patients.

Funding patient care rather than hospitals

Why the move to ABF ?

- ▶ Programme for Government
- ▶ Future Health: A strategic Framework for Reform in the Health Services (2012)
- ▶ Policy Paper on Hospital Financing (2013)
- ▶ Expected benefits
 - Transparency in funding mechanisms
 - Equity in the allocation of hospital resources
 - Improved efficiency in provision of hospital services
 - Improved Quality of Care and Patient Outcomes
 - Improved national healthcare data

ABF and Quality of Care

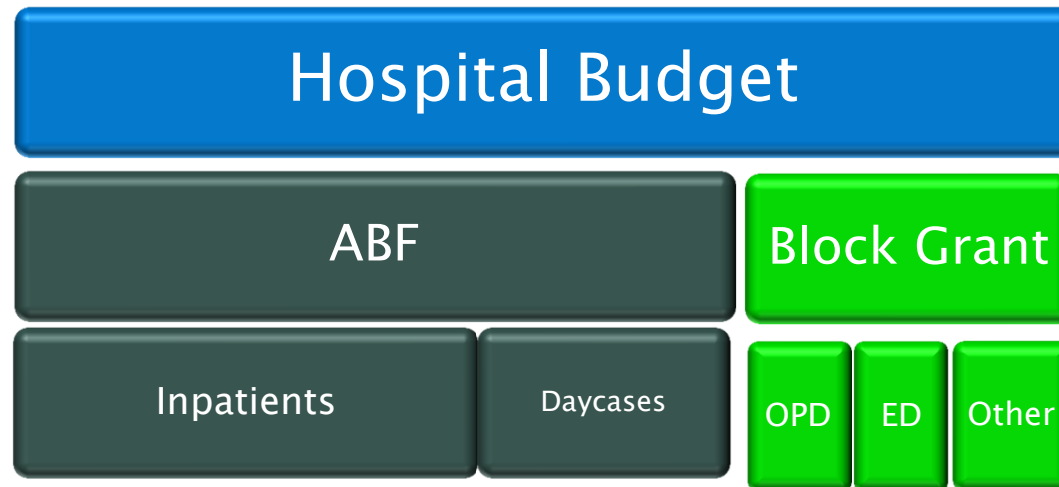
- ▶ Aim to improve patient access to care together with the overall quality and safety of care they receive
- ▶ The funding mechanisms should encourage quality care in the most appropriate setting
- ▶ This will involve working closely with the clinical programmes to align pricing with clinical objectives

ABF does....

- ▶ Help to share limited funds **equitably**
- ▶ Improve **transparency** on funding allocation
- ▶ Provide **tools** for more **efficient** management
- ▶ **Not** solve all problems
- ▶ **Not** *increase or decrease* the total level of Funding
- ▶ **Not** authorise unapproved activity

Current Scope of ABF

- ▶ Currently restricted to acute admitted care
 - Covers daycase and inpatient activity
 - All other activity funded in block grant



- ▶ Will be expanded to other care areas e.g. OPD, community care

Broad ABF Process

- ▶ HPO sets national price per DRG using cost and activity data from prior period
- ▶ Minister sets total hospitals budget, national service targets and priorities
- ▶ Specified level of activity from hospitals to be delivered as per Service Plan
 - Additional activity must be pre-approved and may be paid at different rates
- ▶ **Activity recognised when cases are coded**
 - Information also used for performance monitoring, audit and quality assessment

2015 – Conversion Year

- ▶ No financial impact from ABF
- ▶ Maintain hospital stability
- ▶ Allow us to identify the questions and explore solutions
- ▶ Benchmarking each hospital:
 - Compare expenditure to activity at national average price
 - Identifying hospitals that are costing more/less than the national average
 - Exploring the reasons why

What is needed for ABF?

INFORMATION

Clinical information + Financial information



Bed sheeters

+ Spreadsheets

What is needed for ABF

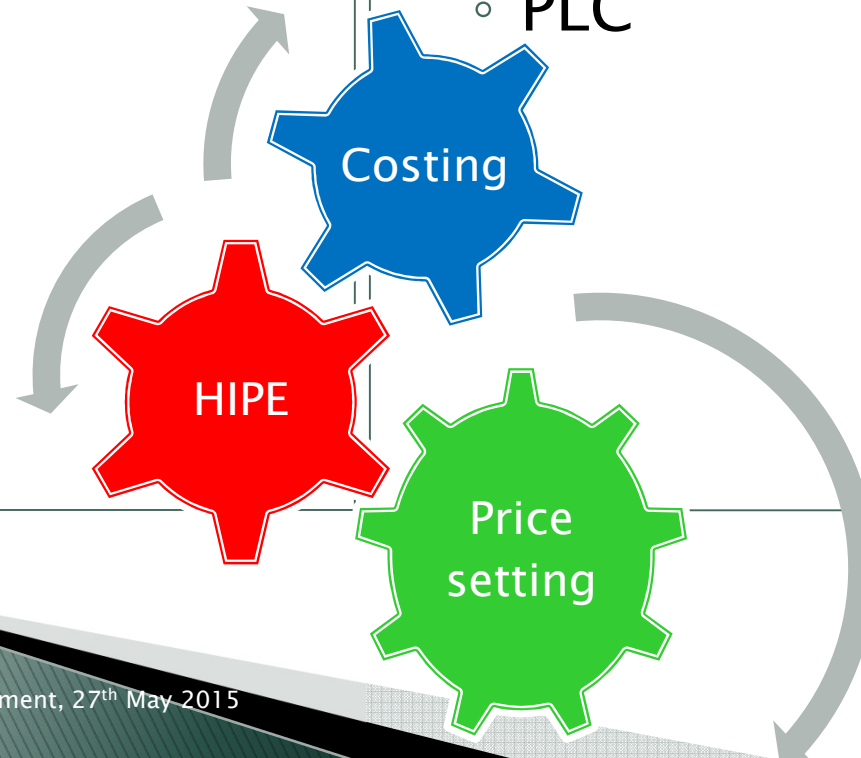
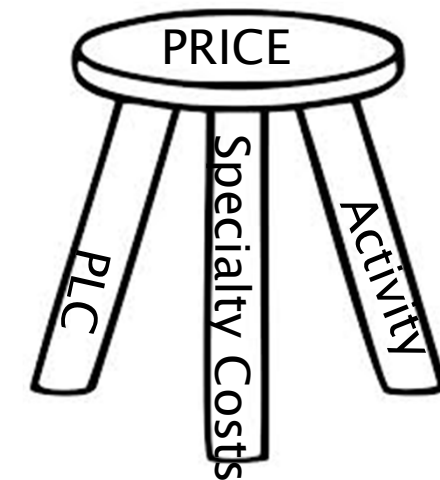
► Activity Information

- HIPE

► Costing Information

- Specialty Costing
- PLC

► Price Setting



What do these datasets represent

▶ HIPE

- What type of admitted patients are treated in Ireland
 - 50,000 O60Z Simple Delivery
 - 20,000 I03A Hip Replacement + CCC
 - 1,000 B70A Stroke + CCC
 - 10 A05Z Heart transplant

▶ PLC

- The cost of each patient in the PLC hospitals (15)
- Summarises up to a relative cost for each DRG
- Cost of Complex stroke = 4 * Cost of Simple Stroke
- Uncomplicated knee replacement = 2 * Average cost across all DRGs

▶ Specialty Costs

- Gives us the broader Irish costs to which the PLC relativities apply to

▶ These datasets build into a price – separate session

Costing Information

Poor information

Total hospital cost	€200m
Total attendances	200,000
Average patient cost	€1,000

200,000 patients – not one of them cost exactly €1,000

Typical Hospital General Ledger

Cost centre ---->	Specialty	ED	Ward	ICU	Labs	Radiology	Theatre	Physio	Procedure room	Overheads	Total
Cost element	€000	€000	€000	€000	€000	€000	€000	€000	€000	€000	€000
Medical pay	300	500		300	450	400					1,950
Nursing pay		2,000	2,500	4,000			2,250		300		11,050
Paramedical pay					1,000	900		750	150		2,800
Admin pay		150	35	75	100	100	75	50		1,000	1,585
TOTAL PAY	300	2,650	2,535	4,375	1,550	1,400	2,325	800	450	1,000	17,385
Drugs		100	250	600					50		1,000
M&SS		50	75	150	25	75		150	50		575
Lab supplies					1,500						1,500
Radiology supplies						1,500					1,500
Heat power light										2,000	2,000
Office expenses		25	15	20	100	150		25		1,500	1,835
TOTAL NON PAY	0	175	340	770	1,625	1,725	0	175	100	3,500	8,410
TOTAL GROSS COST	300	2,825	2,875	5,145	3,175	3,125	2,325	975	550	4,500	25,795

- ▶ Cost centres matching physical locations
- ▶ Budget holders in these physical locations responsible for managing their expenditure versus budget

Patients are different

	ED	Ward	ICU	Labs	Radiology	Theatre	Physio	Procedure Room	Overheads
Leg fracture									
Car crash multiple trauma									
Stroke without complications									
Heart transplant									
Hip replacement									
Colonoscopy									
GP referral									

Good information – Specialty Costs

Gross Costs €200m

IP
€120m

DC
€30m

OPD €20m

ED €10m

Extern
€20m

IP Cardiology

Cost €36m

Discharges 4,000

Cost per discharge
€9,000

Weighted units 7,500

Cost per WU €4,800

DC Cardiology

Cost €10m

Discharges 8,000

Cost per discharge
€1,250

Weighted units
10,000

Cost per WU €1,000

Cardiology
OPD

Chest pain
OPD

Hypertension
OPD

Chest pain

Cost €3m

Attendances 30,000

Cost per attendance €100

Weighted units 20,000

Cost per WU €150

Cost €10m

Attendances 40,000

Cost per attendance
€250

What

Labs €10m

X-ray €7m

Medical pay €3m

Where

GPs €14m

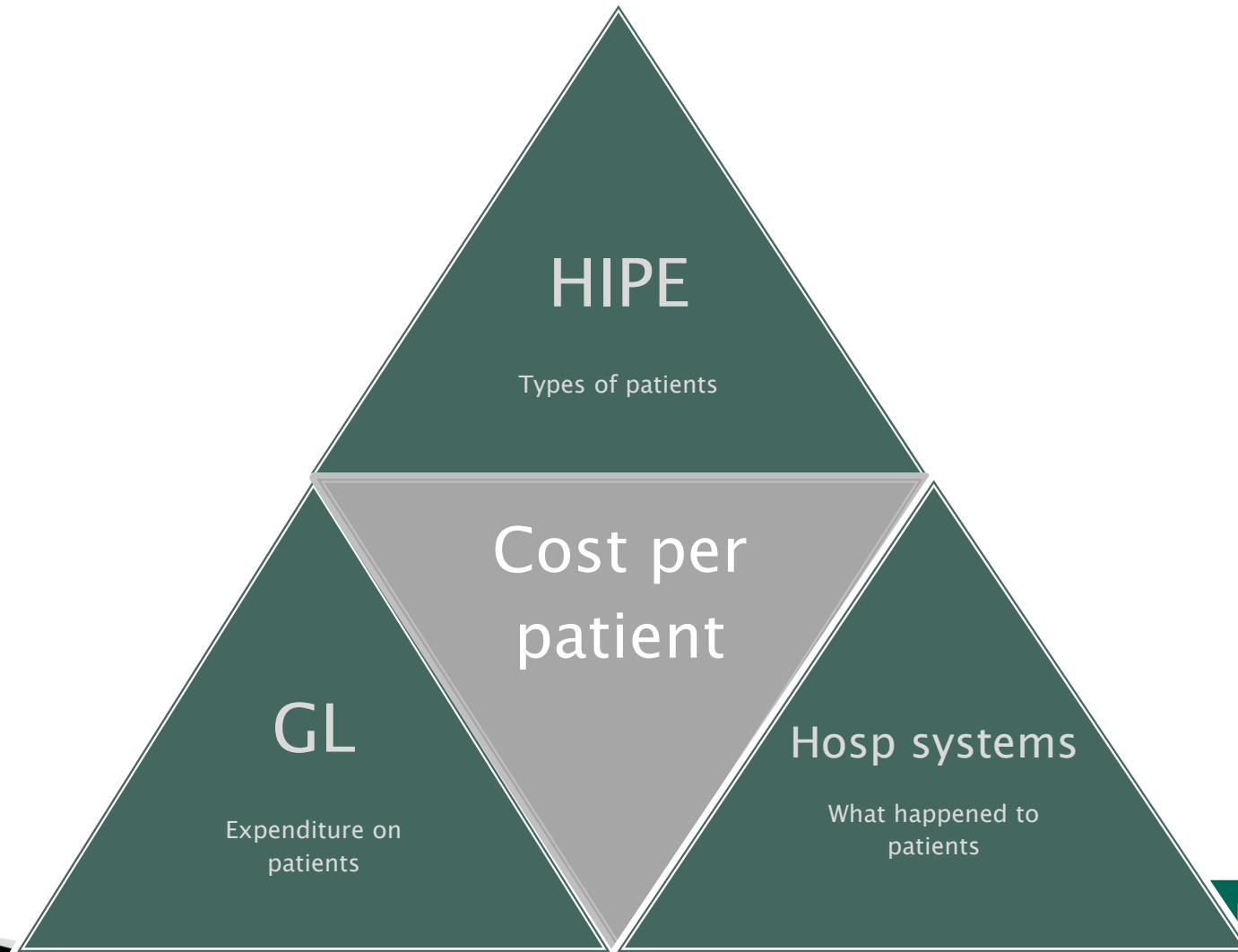
Other hosps €5m

Comm care €1m

Great information – PLC

Patient ID	Pat type	Patient group	Allied Health	ICU	CCU	ED	Imaging	Medical Pay	Nursing Pay	Pathology	Pharmacy	Theatre	Blood	Prosthesis	Total
Pat 1	IP	DRG1	486	6,646	1,876	204	1,119	4,391	4,038	1,260	938	2,887	357	2,235	26,437
Pat 2	IP	DRG2	95	1,429	697	53	233	2,197	2,217	396	506	2,666	391	2,701	13,581
Pat 3	IP	DRG3	173	2,718	3,152	203	181	1,310	772	328	908	2,578	14	2,700	15,037
Pat 4	IP	DRG4	387				358	652	615			987			2,999
Pat 5	IP	DRG5													0
Pat 6	DC	DRG6	1,731	446	78	364	977	8,702	22,438	1,737	2,414	4,974	387	461	44,709
Pat 7	DC	DRG7	962	155	2	155	526	3,414	12,374	658	1,308	2,386	180	720	22,840
Pat 8	OPD	Clinic1					40	103	20						163
Pat 9	OPD	Clinic2						15	75	25					115
Pat 10	ED					157									157
Pat 11	ED					402									402
Pat 199999	Extern						78								78
Pat 200000	Extern									67					67

Costing requires connecting



Price Setting

Break out session 2

Setting DRG Prices: How patient-level costing and specialty costing data contribute to the process

Activity Information

Activity Information

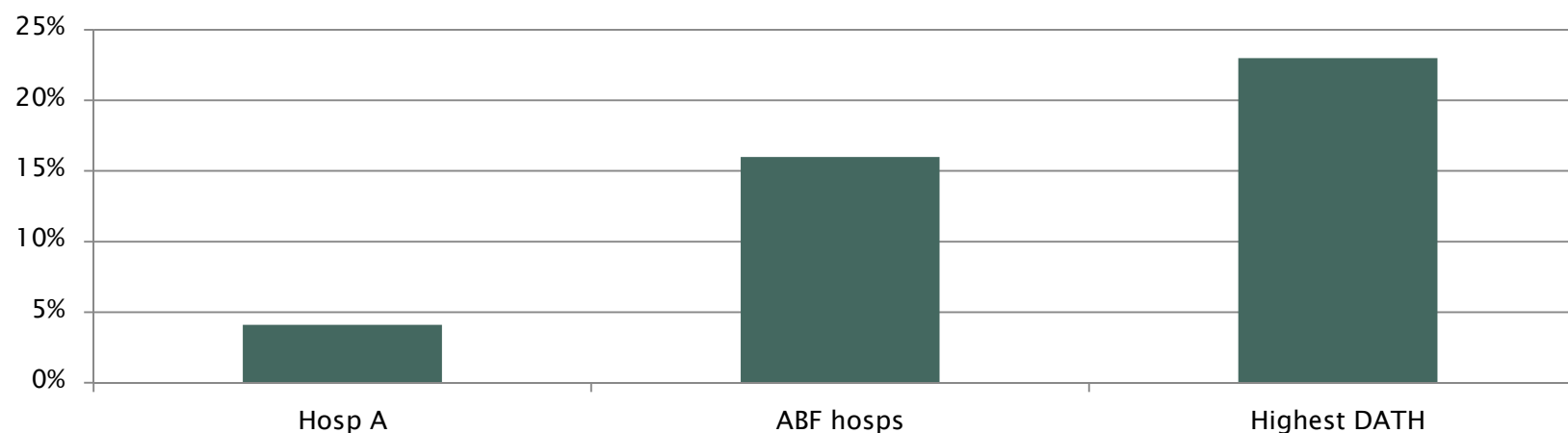
- ▶ Each admitted discharge coded to HIPE
 - Administrative, demographic and clinical data
 - HIPE must reflect the Chart
 - Capture information relevant to episode of care
 - Principal diagnosis
 - All relevant secondary diagnoses
 - Principal procedure
 - All relevant secondary procedures
 - In accordance with coding standards and guidelines

Complexity counts

Age 82 years – length of stay 51 days		
Principal diagnosis Additional diagnosis	I639 Cerebral infarction unspecified (stroke) I48 Atrial fibrillation and flutter I10 Essential (primary) hypertension	Complexity increasing with additional diagnoses ↓
DRG	B70C Stroke without catastrophic/severe complications/comorbidities	
ABF Price	€5,159	
Principal diagnosis Additional diagnosis	I639 Cerebral infarction unspecified (stroke) I48 Atrial fibrillation and flutter I10 Essential (primary) hypertension G819 Hemiplegia unspecified	
DRG	B70B Stroke with severe complications/comorbidities	
ABF Price	€9,410	
Principal diagnosis Additional diagnosis	I639 Cerebral infarction unspecified (stroke) I48 Atrial fibrillation and flutter I10 Essential (primary) hypertension G819 Hemiplegia unspecified L891 Decubitus ulcer and pressure area	
DRG	B70A Stroke with catastrophic complications/comorbidities	
ABF Price	€23,261	

Case Study: B70 Strokes

B70A – Stroke with catastrophic complication



DRG	Description	Price	2014 cases	2014 %	ABF hosps
B70A	Stroke and other cerebral disorder with catastrophic complications/co-morbidities	€23,261	15	4%	16%
B70B	Stroke and other cerebral disorder with serious complications/co-morbidities	€9,410	79	22%	27%
B70C	Stroke and other cerebral disorder without catastrophic or severe complications/co-morbidities	€5,159	226	62%	47%
B70D	Stroke and other cerebral disorder died/transferred within 5 days	€1,707	46	13%	10%
			366	100%	

Be Specific – Avoid ‘Other’

If Principal Diagnosis = J22 Unspecified acute lower respiratory infection			
	DRG E75 applies – “Other respiratory system diagnosis”	Price	2014 discharges
A	With catastrophic complications	€6,375	1,865
B	With serious or major complications	€3,605	5,646
C	Without complications	€2,170	7,687

If Principal Diagnosis = J13 Pneumonia due to Streptococcus pneumoniae			
	DRG E62 applies – “Respiratory infection/inflammation”	Price	2014 discharges
A	With catastrophic complications	€8,683	3,253
B	With serious or major complications	€4,932	4,434
C	Without complications	€2,658	3,812

Difference per case with pneumonia v acute lower respiratory infection		
A	With catastrophic complications	€2,308
B	With serious or major complications	€1,327
C	Without complications	€488

Clinician and Coder

- ▶ Coding information is critical to ABF
- ▶ Ensure that the documentation supports the assignment of Diagnosis codes
 - *Secondary and additional diagnoses are critical to DRG hierarchy of severity*
- ▶ If it is not on the chart it did not happen

4 Golden Rules

- ▶ Coverage
 - Code every chart : No coding = no funding
- ▶ Complexity
 - Ensure that all complexity is captured :
Incomplete coding = incomplete funding
- ▶ Deadlines
 - Coded late – funded late = gap between costs and funding
- ▶ Guidelines
 - HPO Irish coding standards
 - Activity is subject to audit

▶ **CODED PATIENT = INVOICE**

Evaluation framework – summary findings

► Coding

- Significant backlogs
- ADRG analysis showed complexity of coded data below what could be expected
- Presented on this to hospital CEO/CFO and others

► Costing

- Late submission of file
- Lack of senior management involvement
- Reliance on time-consuming manual input
- ABF hospital possibly carrying costs of other local hospitals

Evaluation framework – summary findings

- ▶ Agency pay – significant increases
- ▶ Medical pay – significant increases with strong possibility external costs borne by ABF site
- ▶ High cost items – no submission made so no allowance given
- ▶ Central services – very high charge – forensic analysis led to large drop in incoming charge
- ▶ Fixed assets – significant costs remaining in FA headings

National Audit of HIPE

Managing in an ABF Environment, 27th May 2015

HEALTHCARE
PRICING
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Audit of HIPE

- ▶ **Measure and quantify**
 - quality of HIPE data
 - Quantify financially any poor coding
- ▶ **Compare and benchmark against**
 - Peer hospitals
 - National
 - International

HIPE national audit

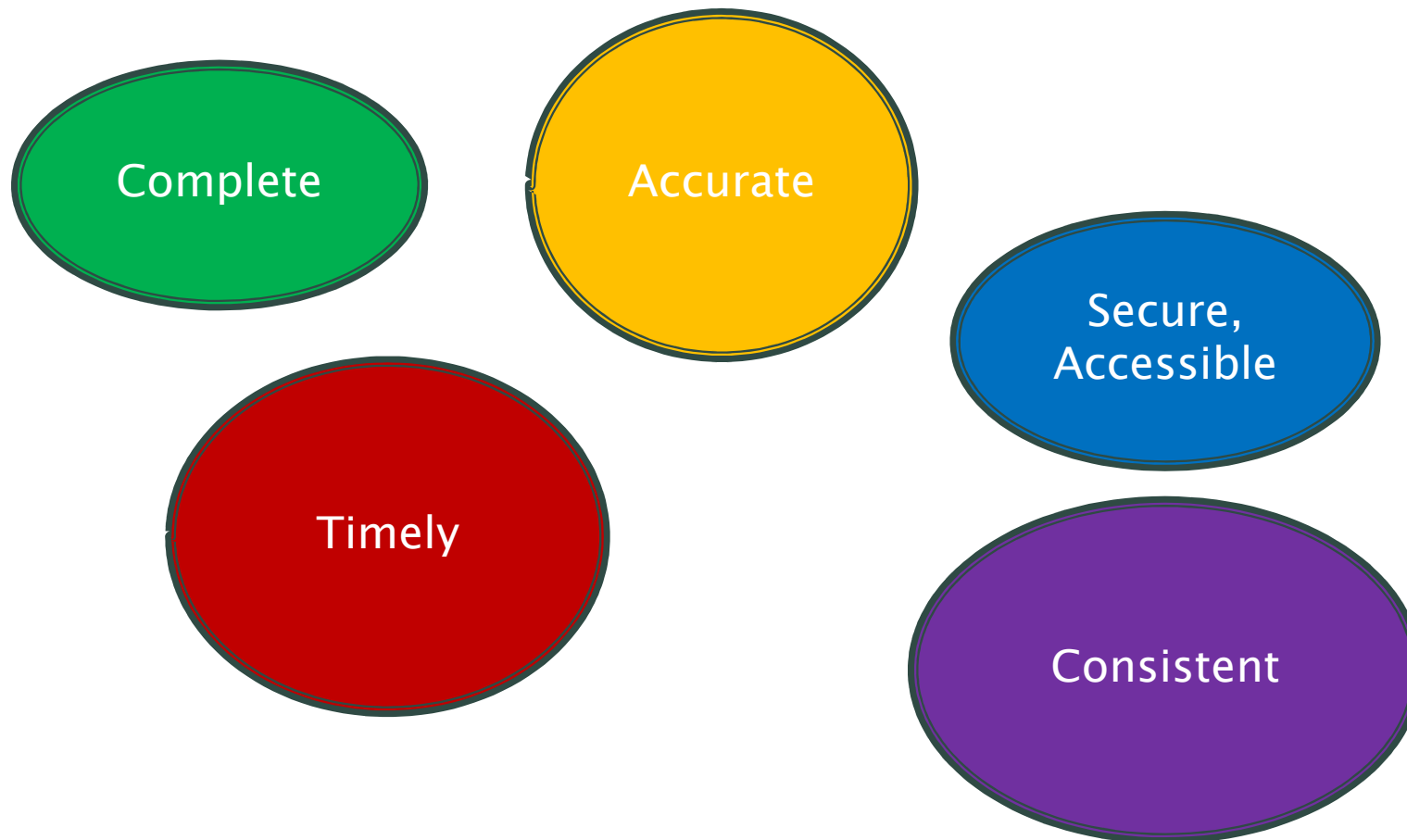
- ▶ **Desktop analysis (PICQ)**
 - Including comparisons
 - peer, national, international
- ▶ **Chart based audit**
 - Visits to hospitals, review charts
- ▶ **Best Practice framework**
 - Agree best coding practice for Ireland
 - Opportunity for coders to contribute
 - Measure all against this
 - Interviews, surveys
 - Determine resource needs
 - Hospital, group and HPO level
- ▶ **Report with recommendations**
 - for hospitals and HPO



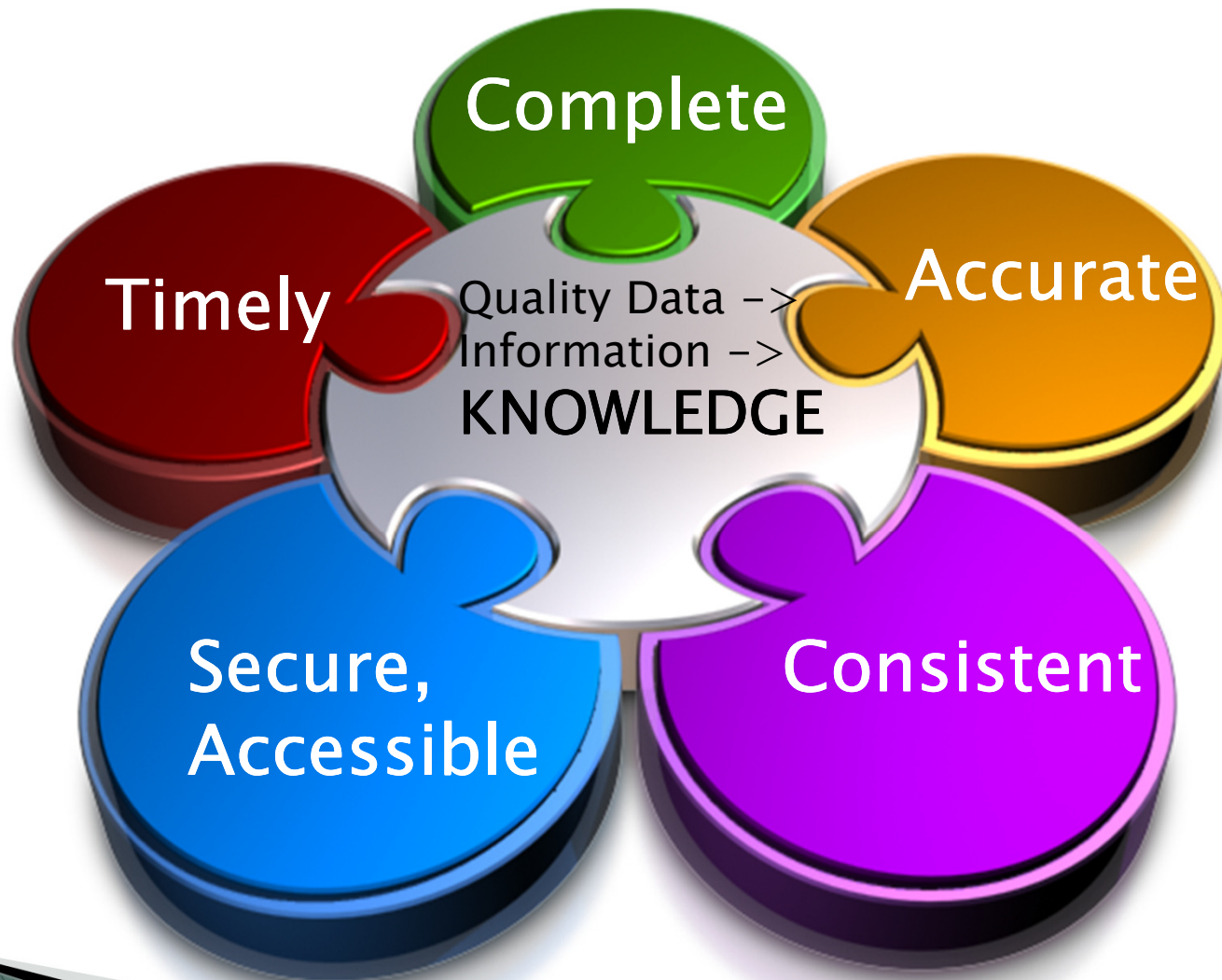
National Audit –timeframe

- ▶ Announce and invite hospitals to nominate audit contact **May 2015**
- ▶ **Coder Workshop** to establish best practice framework **16 Jun 2015**
- ▶ PICQ and other analysis **May – Jul 2015**
- ▶ Chart based Audits **Sep – Nov 2015**
- ▶ Survey against best practice framework **Q4 2015**
- ▶ Examine management of coding services **Jan 2016**
- ▶ Final Report with actions **Apr 2016**

Quality Data



Quality Data



What to DO

...to manage in ABF environment

To manage within ABF

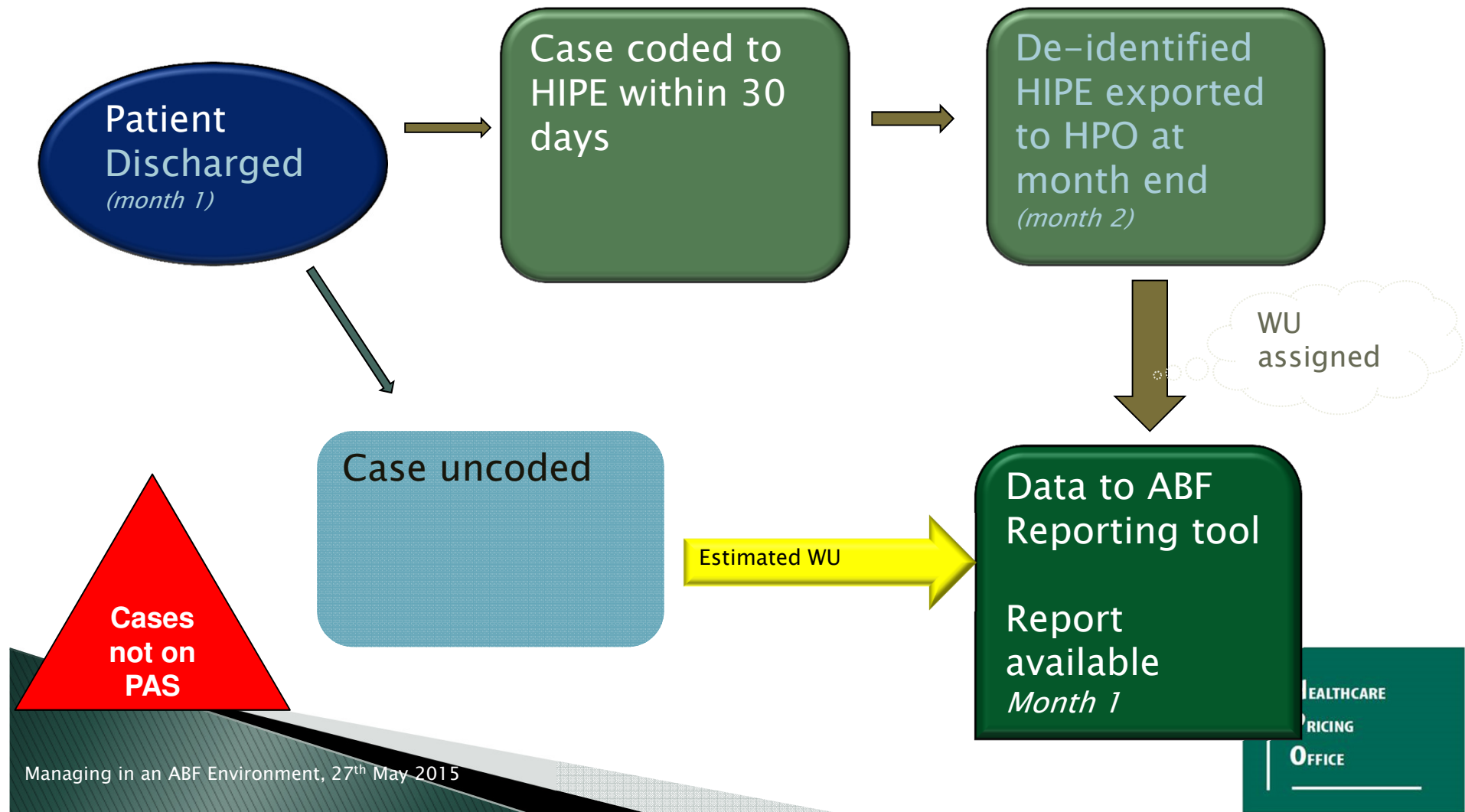
- ▶ **KNOW** your own data
- ▶ **USE** your own data
- ▶ If your data is incorrect... then **FIX** it

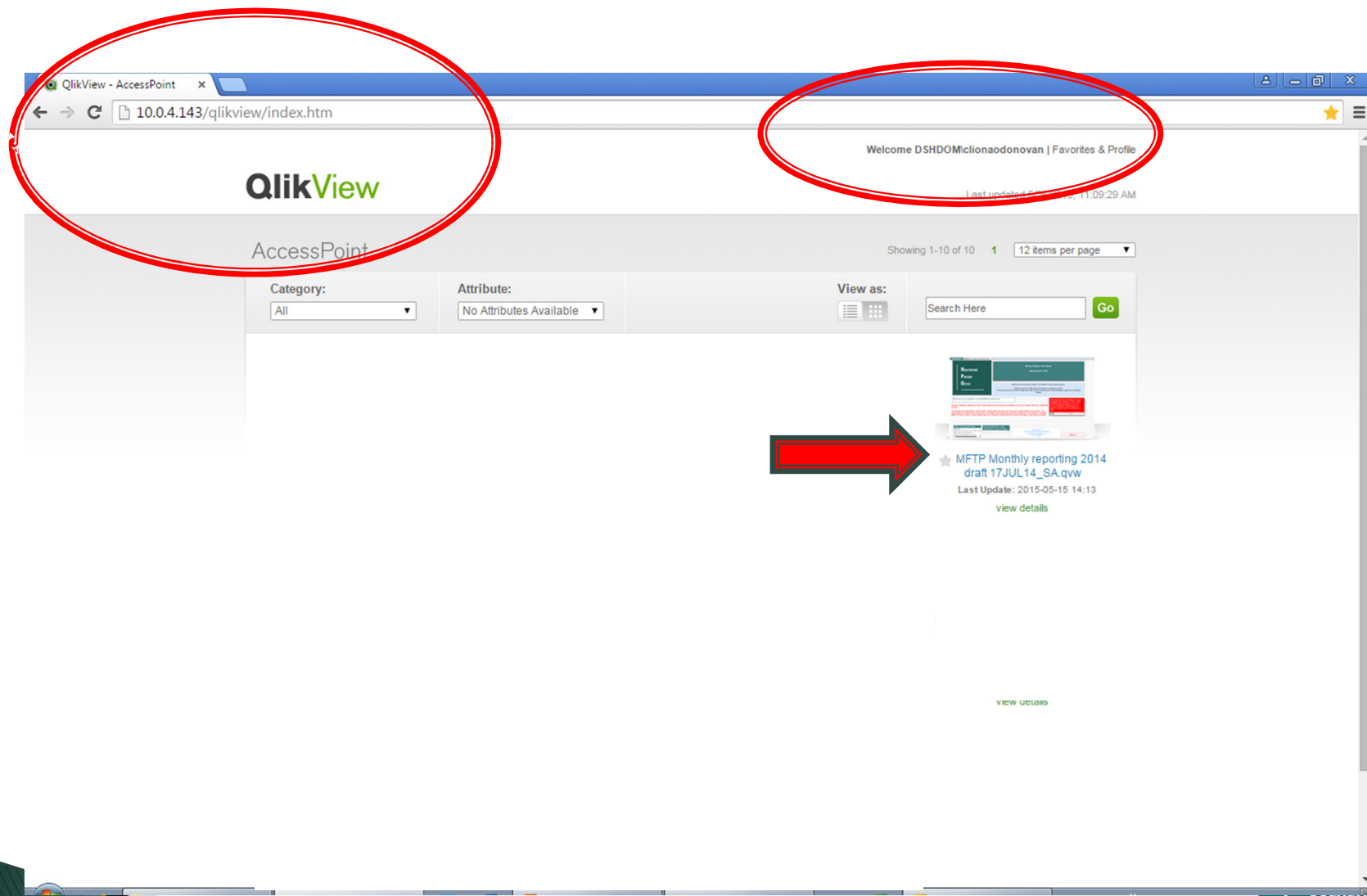
Tools available to explore own data

- ▶ **PLC**
 - Qlikview document
- ▶ **Specialty Costs**
 - Follow rules for costs allocation
- ▶ **HIPE Reporter**
 - To explore activity data to MRN level
- ▶ **Qlikview tool**
 - 2014 V baseline available since July 2014
 - 2015 reporting coming soon

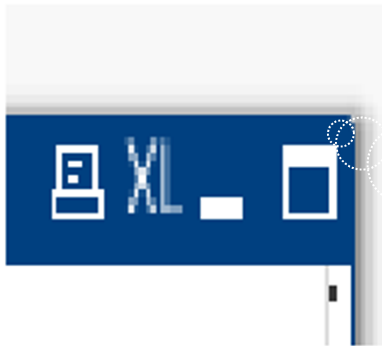
Demonstration of Qlikview tools

Monthly Reporting





Qlikview



Print
Output to
xls minimise
maximise



Drill
down

Monthly Reporting Tool

The screenshot shows the 'MFTP Monthly reporting' web application. The browser address bar displays the URL: 10.0.4.143/QvAJAXZfc/opendoc.htm?document=National%20Casemix%20Program%2FMFTP%20Monthly%20reporting%202014%20draft%2017JUL14_SA.qvw&host=QVS%40d. The application has a navigation bar with tabs: INTRODUCTION, How To..., Definitions and Explanatory Notes, Baseline MFTP for 2014, MFTP Baseline V Reported, and Drivers of Difference between. The 'Baseline MFTP for 2014' tab is selected and circled in red. The main content area features a dark green sidebar with the text 'HEALTHCARE PRICING OFFICE'. The main header reads 'Money Follows the Patient Reporting for 2014'. Below this, a welcome message states: 'Welcome to the Money Follows The Patient monthly reporting tool. Data included are HIPE data submitted by hospitals monthly. This tool allows you to drill through your data and to compare your reported figures against your agreed targets.' A login status box shows 'Welcome, you are logged in as DSHDOM\clionaodonovan', which is circled in red. A red text box contains the following information: 'Access is limited to approved users. Please abide by the terms and conditions of use you signed when you requested access. The storage and distribution of information downloaded from this tool is the sole responsibility of the person who downloads it and should be carried out in accordance with HSE data protection guidelines. If information contained within this file is used in other reports then as a minimum requirement the source information must also be quoted.' A red modal box asks: 'Unauthorised use prohibited. Usage is logged and audited. Licence fees incurred may be passed on to you. Do you DSHDOM\clionaodonovan agree to abide by the Conditions of Use?' with radio buttons for 'No' and 'Yes' (selected). A large red arrow points from the 'DRAFT' label at the bottom right towards the modal box. The bottom of the page includes a 'HIPE File Versions Used' table, a 'Reporting Period:- cases discharged to end of Month:' field with the value '12', contact information for Cliona O'Donovan, and a 'DRAFT' label.

MFTP Monthly reporting

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Clear

INTRODUCTION

How To...

Definitions and Explanatory Notes

Baseline MFTP for 2014

MFTP Baseline V Reported

Drivers of Difference between

HEALTHCARE PRICING OFFICE

Money Follows the Patient Reporting for 2014

Welcome to the Money Follows The Patient monthly reporting tool.

Data included are HIPE data submitted by hospitals monthly.

This tool allows you to drill through your data and to compare your reported figures against your agreed targets.

Welcome, you are logged in as DSHDOM\clionaodonovan

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No

Yes

Any queries?
Please contact Cliona O'Donovan
cliona.odonovan@hse.ie
01 771 8441

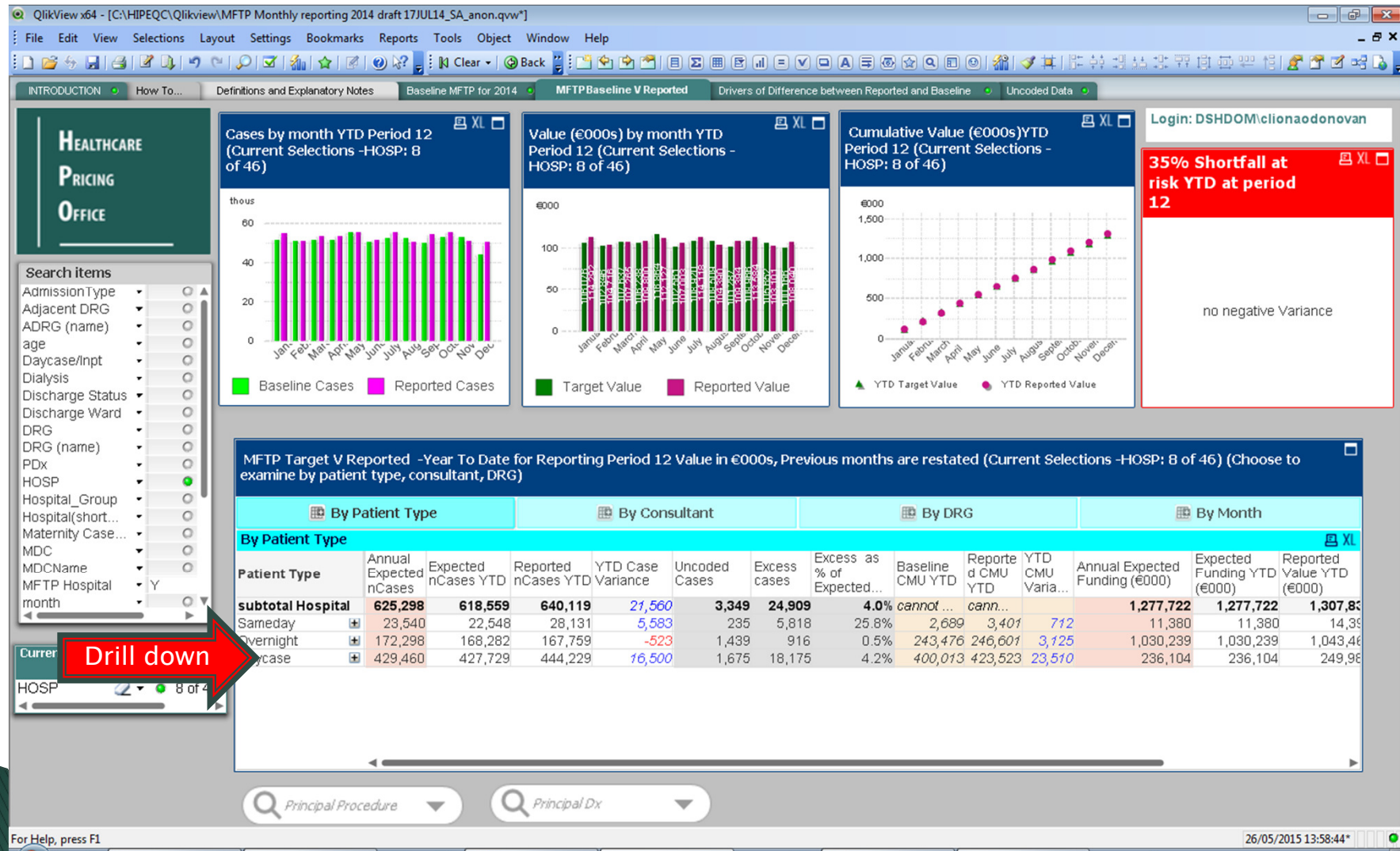
DRAFT

HIPE File Versions Used
Baseline
HIPE_2013_asof_0814_v20_UNC_CLO
HIPE_2014_asof_0415_v17
HIPE_2014_asof_0415_v17_UNC

Reporting Period:- cases discharged to end of Month: 12

OFFICE

Monthly Reporting Tool



Explore in various ways

QlikView x64 - [C:\HIPEQC\Qlikview\MFTP Monthly reporting 2014 draft 17JUL14_SA_anon.qvw]

File Edit View Selections Layout Settings Bookmarks Reports Tools Object Window Help

INTRODUCTION How To... Definitions and Explanatory Notes Baseline MFTP for 2014 MFTP Baseline V Reported Drivers of Difference between Reported and Baseline Uncoded Data

MFTP Target V Reported -Year To Date for Reporting Period 12 Value in €000s, Previous months are restated (Current Selections -HOSP: 8 of 46 Hospital: 8: Hosp 992) (Choose to examine Patient type, consultant, DRG)

By Consultant By DRG By Month

Consultant	nCases YTD	YTD Case aLOS	YTD Case Variance	Baseline aLOS	Current Period aLOS	Baseline CMU YTD	Reported CMU YTD	YTD CMU Variance	Expected Funding YTD (€000)	Reported Value YTD (€000)	YTD Value Variance (€000)
MMHR	9,589	5,313	-4,276	1.3	1.2	6,225	3,548	-2,677	5,827	3,393	-2,434
LEHH	821	1	-820	4.1	1.0	1,624	1	-1,623	2,272	0	-2,271
NGNP	776	0	-776	4.4		435	0	-435	1,838	0	-1,838
ORMT	734	0	-734	2.5		1,254	0	-1,254	1,768	0	-1,768
ONQO	771	0	-771	3.9		379	0	-379	1,603	0	-1,603
LGNM	544	15	-529	3.3	1.5	561	19	-542	1,385	13	-1,372
LJKL	623	38	-585	2.3	1.4	472	48	-424	1,256	46	-1,210
QHFF	847	271	-576	3.7	4.0	441	154	-287	1,845	648	-1,197
MNKH	741	679	-62	5.3	2.2	794	594	-200	2,128	1,022	-1,106
MIH	2,577	2,322	-255	2.6	2.4	4,131	3,941	-190	5,654	4,643	-1,011
QIQK	411	0	-411	3.3		211	0	-211	890	0	-890
MLJQ	1,075	785	-290	3.9	4.4	1,231	930	-301	3,646	2,810	-836
MNOI	826	624	-202	3.1	2.5	928	694	-234	2,175	1,429	-745
QGJJ	1,069	0	-1,069	1.1		1,004	0	-1,003	706	0	-706
OMMK	785	826	41	4.1	2.6	829	734	-95	2,130	1,437	-693
OJKH	2,827	2,045	-782	1.9	2.2	2,621	1,892	-729	4,567	3,899	-668
OQOT	366	296	-70	8.7	7.7	472	333	-139	1,987	1,334	-653
NGQM	758	525	-233	2.9	2.8	869	635	-234	1,976	1,364	-612
LRRR	3,463	3,183	-280	2.1	2.1	5,752	5,348	-404	5,962	5,400	-562
QHPP	411	0	-411	1.9		152	0	-152	542	0	-542
OPMP	222	0	-222	4.2		127	0	-127	536	0	-536
LGNL	829	646	-183	4.4	5.0	1,067	850	-217	3,176	2,652	-524
QGLO	978	967	-11	4.4	3.3	595	472	-123	2,503	1,980	-523
QIKH	213	0	-213	4.2		185	0	-185	516	0	-516
MFGG	871	760	-111	3.4	3.0	1,069	902	-167	3,050	2,553	-497
LDFK	638	403	-235	2.4	2.3	786	516	-270	1,557	1,080	-477
LGNK	1,601	1,460	-141	1.5	1.3	1,345	1,181	-164	2,093	1,620	-473
LJQM	1,022	906	-116	1.8	1.7	958	825	-134	1,790	1,321	-469
NHQM	8,897	6,498	-2,399	1.1	1.1	3,013	2,131	-882	2,028	1,561	-468
PFGP	93	0	-93	9.3		111	0	-111	468	0	-468
LJJO	1,016	792	-224	2.2	2.2	646	544	-102	1,852	1,453	-399
NLNL	615	505	-110	3.7	3.7	820	704	-116	2,584	2,200	-384

For Help, press F1

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Drill down capability

QlikView - [C:\HIPEQC\Qlikview\MFTP Monthly reporting DEMO.qvw*]

File Edit View Selections Layout Settings Bookmarks Reports Tools Object Window Help

INTRODUCTION MFTP Baseline for 2014 MFTP Baseline V Reported (for hospitals) Uncoded Data Drivers of Difference between reported and target

MFTP Target V Reported - Hospital Summary

hospital	Month	ptype	mdcname	Target Cases	Reported Cases	nCases Variance	Baseline CMU	Reported CMU	CMU Variance	Baseline Value	Reported Value	Value Variance	35% Variance	% Value Variance
Total				25,456			NA			55,142,687			-	
				25,456			NA			55,142,687			-	
				23,192			NA			50,555,088			-	
				2,264	1,601	-663	NA	NA	-	4,587,599	3,618,577	-969,022	-339,156	-
				1,327	757	-570	2,107	1,066	-1,040	1,243,341	629,259	-614,082	-214,925	-
				762	683	-79	777	697	-80	3,287,273	2,947,861	-339,413	-118,794	-
				0			0			0				
				0	617	617	0	603	603	0	2,550,451	2,550,451	892,656	-
				76	0	-76	95	0	-95	403,486	0	-403,486	-141,220	-1
				98	0	-98	109	0	-109	459,195	0	-459,195	-160,716	-1
				78	0	-78	70	0	-70	296,394	0	-296,394	-103,736	-1
				126	0	-126	154	0	-154	650,517	0	-650,517	-227,681	-1
				127	0	-127	86	0	-86	362,623	0	-362,623	-126,916	-1
				89	0	-89	78	0	-78	331,546	0	-331,546	-116,041	-1
				21	0	-21	15	0	-15	61,540	0	-61,540	-21,535	-1
				13	0	-13	15	0	-15	64,400	0	-64,400	-22,540	-1
				18	0	-18	19	0	-19	79,965	0	-79,965	-27,986	-1
				0	17	17	0	19	19	0	80,362	80,362	28,127	-
				17	0	-17	27	0	-27	115,941	0	-115,941	-40,580	-1
				28	0	-28	27	0	-27	114,204	0	-114,204	-39,971	-1
				2	0	-2	1	0	-1	5,176	0	-5,176	-1,812	-1
				6	0	-6	2	0	-2	6,796	0	-6,796	-2,376	-1
				8	0	-8	7	0	-7	30,189	0	-30,189	-10,566	-1
				0	5	5	0	16	16	0	68,733	68,733	24,057	-
				1	0	-1	2	0	-2	8,126	0	-8,126	-2,844	-1
				0	7	7	0	4	4	0	14,964	14,964	5,237	-
				10	0	-10	8	0	-8	32,685	0	-32,685	-11,440	-1
				1	0	-1	1	0	-1	2,910	0	-2,910	-1,016	-1
				5	0	-5	3	0	-3	11,031	0	-11,031	-3,861	-1
				0	2	2	0	1	1	0	4,191	4,191	1,467	-
				13	0	-13	5	0	-5	19,790	0	-19,790	-6,926	-1
				0	16	16	0	10	10	0	42,483	42,483	14,865	-
				21	0	-21	23	0	-23	97,868	0	-97,868	-34,254	-1
				0	17	17	0	18	18	0	77,775	77,775	27,221	-
				2	2	0	27	26	-1	114,603	108,902	-5,701	-1,995	-
				2	0	-2	4	0	-4	18,288	0	-18,288	-6,401	-1
				175	161	-14	13	10	-4	56,985	41,457	-15,528	-5,435	-

For Help, press F1

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Explore Uncoded data

Does the uncoded data explain the shortfall?

QlikView x64 - [Z:\Cliona\MFTP Monthly reporting 2014 draft 17JUL14_SA_anon.qvw]

File Edit View Selections Layout Settings Bookmarks Reports Tools Object Window Help

INTRODUCTION How To... Definitions and Explanatory Notes Baseline MFTP for 2014 MFTP Baseline V Reported Drivers of Difference between Reported and Baseline **Uncoded Data**

Uncoded Data discharged by end of Reporting Period 12
Please note if uncoded cases are not on PAS they cannot be reported here

Hospital_S	year	month	Patient Type	specialty	Uncoded Cases	Simple ALOS	Estimated Value (2014 only)
Total					1,885	6.1	6,020,027
	Total				1,885	6.1	6,020,027
		Total			1,885	6.1	6,020,027
			Total		78	4.2	-223,383
			Daycase		11	0.5	-7,313
				General Surgery	9	4.6	-37,852
				Geriatric-Medicine	3	2.3	-12,617
				Paediatrics	4	5.5	-16,823
				General Medicine	8	7.8	-33,646
				Orthopaedics	6	3.5	-25,234
		January	Overnight		11	12.2	-46,263
				Nephrology	3	2.3	-12,617
				Oncology	2	6.0	-8,411
				Cardiology	2	1.0	-8,411
				Respiratory Medicine	1	7.0	-4,206
				Urology	1	1.0	-4,206
				Haematology	17	0.5	-5,783
			Sameday		105	6.1	-340,803
		February			127	6.4	-409,191
		March			116	6.1	-362,928
		April			136	6.3	-418,096
		May			110	4.9	-319,694
		June			156	7.2	-481,260
		July			123	6.6	-366,933
		August			169	5.7	-526,905
		September			170	5.2	-555,277
		October			242	6.6	-801,730
		November			353	6.2	-1,213,828
		December					

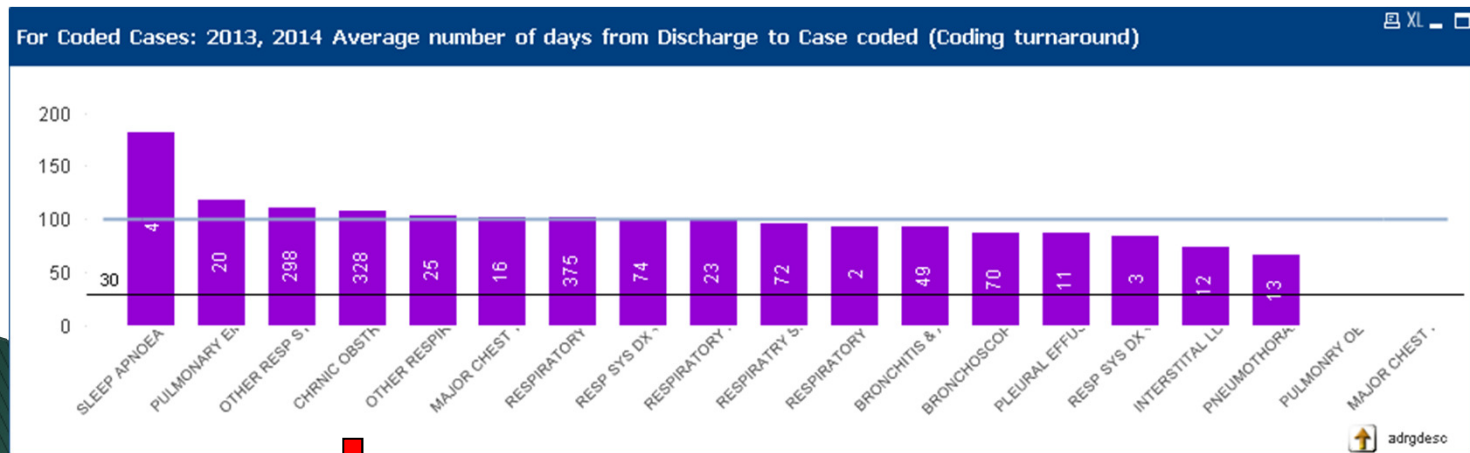
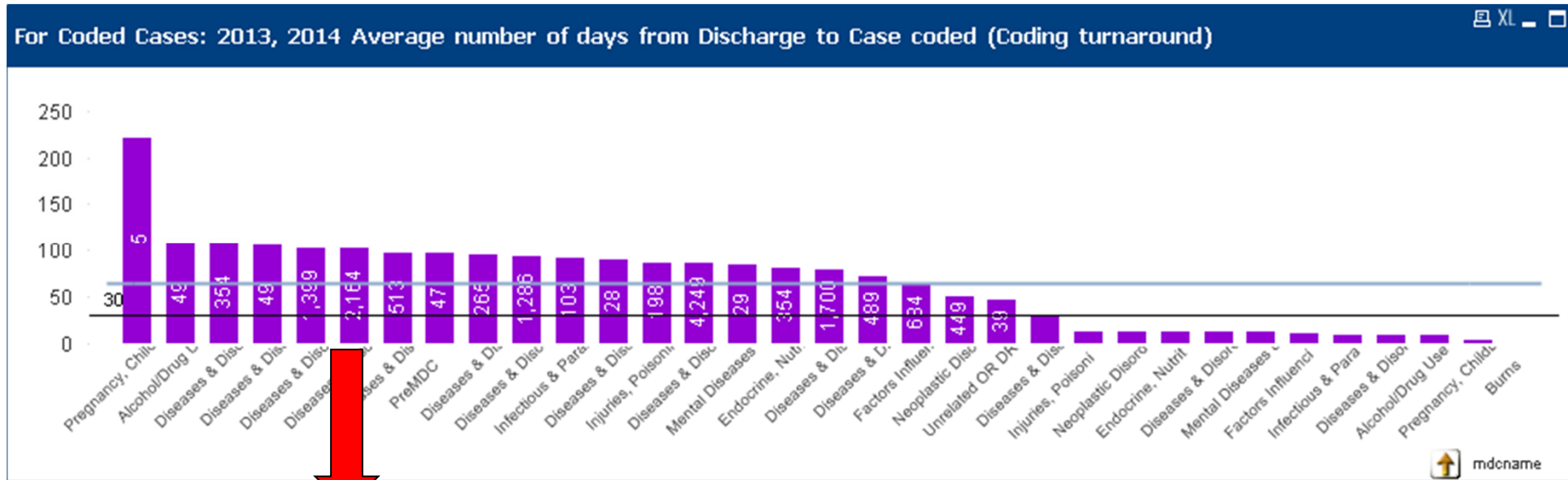
Hosp 993 2014

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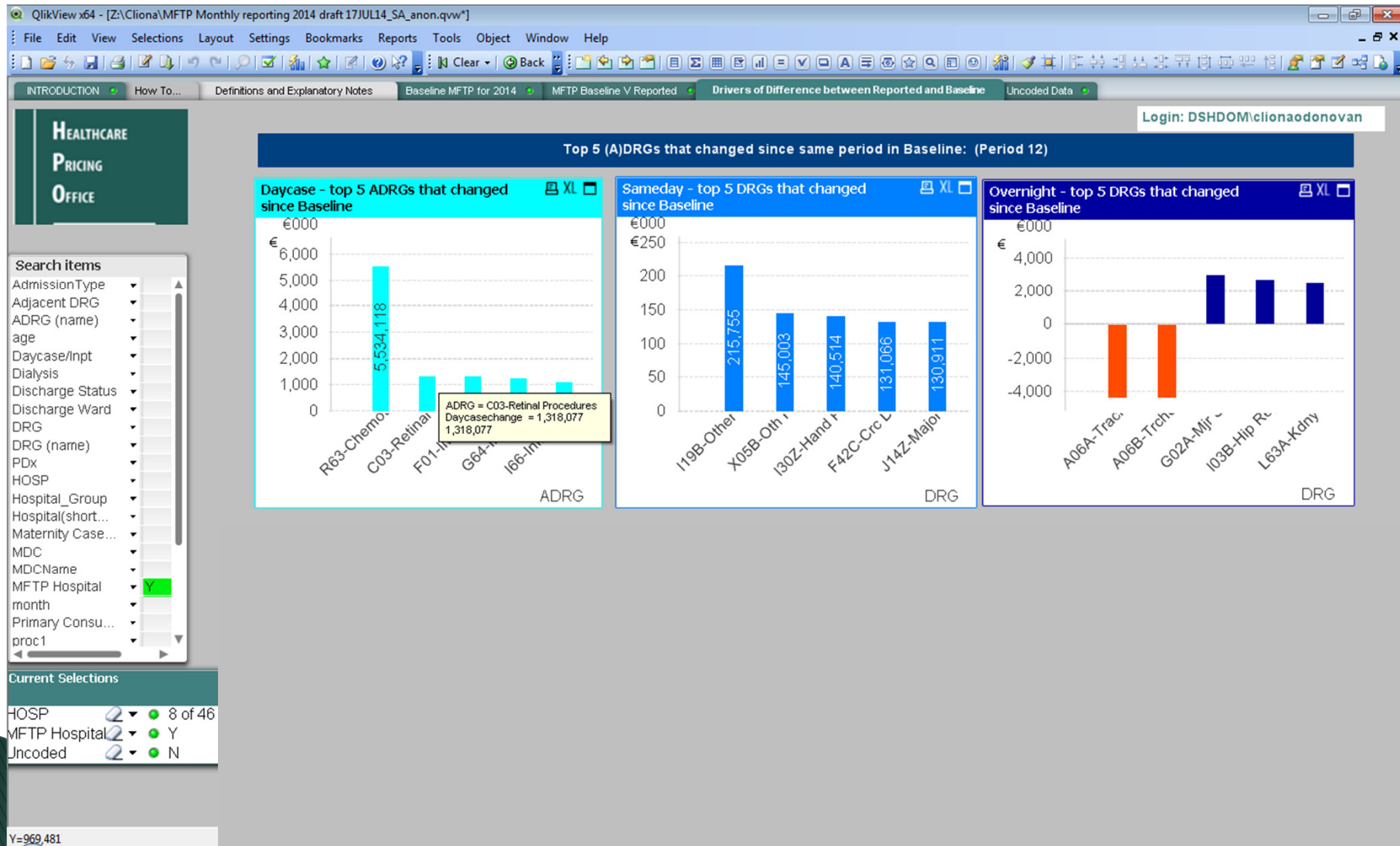
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HEALTHCARE
OFFICE

Coding turnaround times




Change in Activity?



PLC document

10.0.4.142/QvAJAXZfc/opendoc.htm?document=HSE_PLC_Project_v31_live_SA.qvw&host=QVS@pndc011cifqlv01

Intro How to... Summary Analysis Further Analysis Patient Bill Total Cost Profile Unit Cost Profile Pathology Imaging Critical Care Other I



Welcome to the HSE Patient Cost Qlikview Application developed by Belvan Business Intelligence Solutions

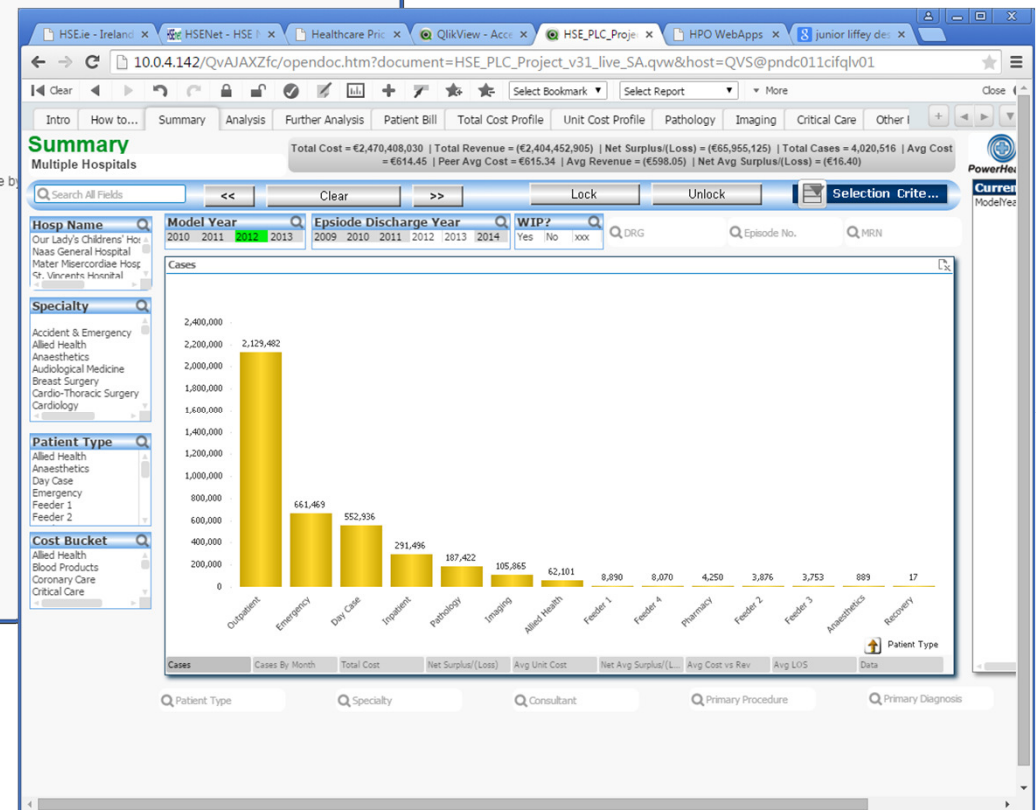
Powered by data from PowerHealths PPM costing system.

This application will allow you to view your costing data and analyse your workload down to individual patient events.

- View high level summaries
- Drill through the data using the Analysis tab and view individual patient episodes
- Display and PDF a Patient Bill, showing all patient attributes, procedures, diagnoses and a full breakdown of resource usage
- Analyse departmental usage by consultant
- Compare costs and Length of Stay to your Peer Group averages

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Tools available

- ▶ access, training, support?
- ▶ please contact the HPO

Can't/won't/don't have time/don't know how
to run reports and explore own data?



ABF

- ▶ This is Your Conversion Year
- ▶ **KNOW** your own data
- ▶ **USE** your own data
- ▶ Use the tools available

Don't get left behind



Thank you

Questions?