

An Interdisciplinary Approach to Epic Dashboard Optimization

Methodist Health System
DFW Hospital Council IQSC Data & Analytics Summit
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Trust. Methodist.

Methodist Health System

- Private, Not for profit health system with over \$1.7B in annual revenue
- 5 System Hospitals: Dallas, Charlton, Mansfield, Richardson Bush-Renner & Campbell (Methodist Midlothian to open in 2020)
 - Over 270,000 patient days
 - Over 260,000 Emergency Visits
 - Over 7000 employees
 - Over 1900 physicians on staff

Mission – To improve and save lives through compassionate quality healthcare.

Health Informatics & Clinical Data Management

- 43 informaticists and **growing!**
- Responsibilities:
 - All inpatient clinical applications for Epic, including ED, lab, radiology, and pharmacy, OR, and anesthesia
 - All clinical inpatient reporting and data analytics
- Reports up through CMIO and System Data Governance Committee
- Collaborative approach between the HI and CDM teams

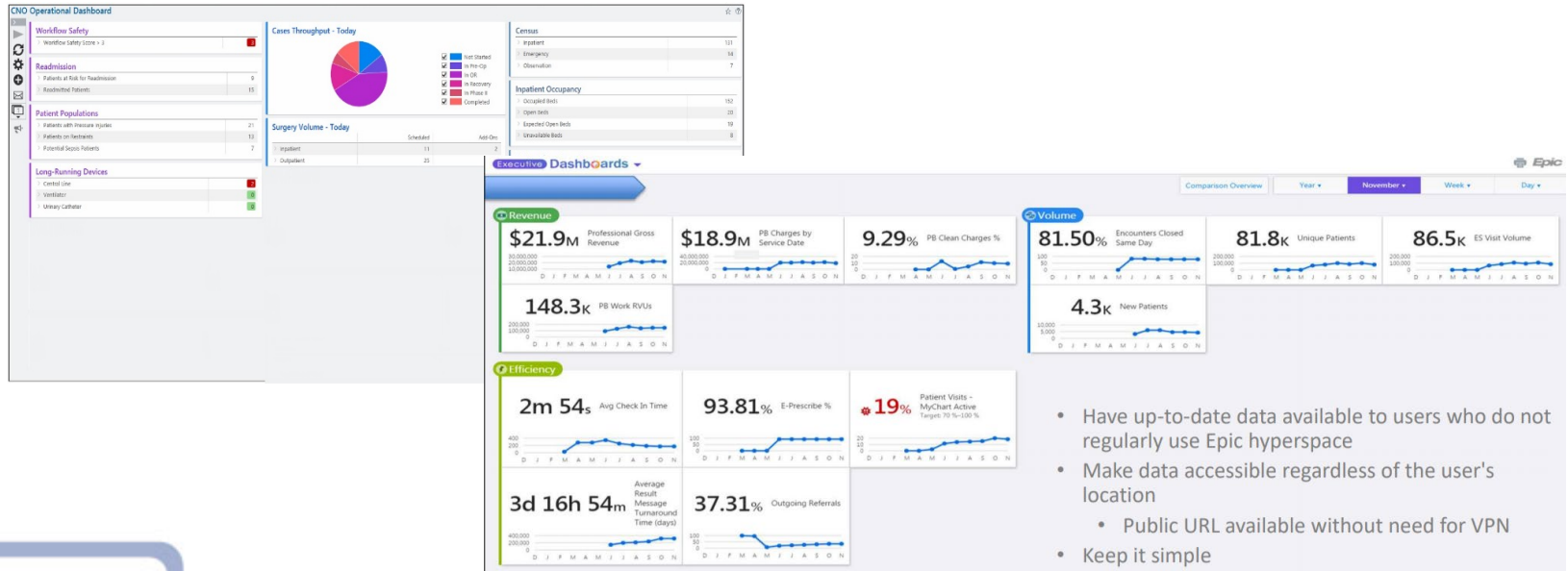
The Case for Epic Cogito Business Analysts (CBAs)

- Useful clinical data unreliable and disorganized
- Limited Epic application analyst ability to support reporting
- Management requests for enhanced reporting capabilities ever increasing
- Needed a role to bridge the gap between informaticists and end-users for impactful data

Identify and Engage Executives

Increase ability to communicate data needs, accurate expectations and higher organizational awareness of reporting capabilities

Initial approach has been to address the dashboards and reporting needs of C-Suite executives (CEO, CNO, CFO, CMO) to address high impact data.



Epic Recommended Best Practices

Identify and Engage Subject Matter Experts & Provide Content-Specific Training to Power Users

- Increase ability to communicate data needs, accurate expectations for content and tool features, end-users get the content they expect
- Increase end-user understanding of available content, decreased report request backlog, decreased workload on the core reporting team

Currently working with hospital CNO's to identify SMEs in Radar to provide training and answer routine questions about reporting and have an on-site 'go to' person to train new employees on an as needed basis

Types of Users

Executives

Quality/Compliance

Department Management

Security and Privacy

Performance Improvement

Training Content

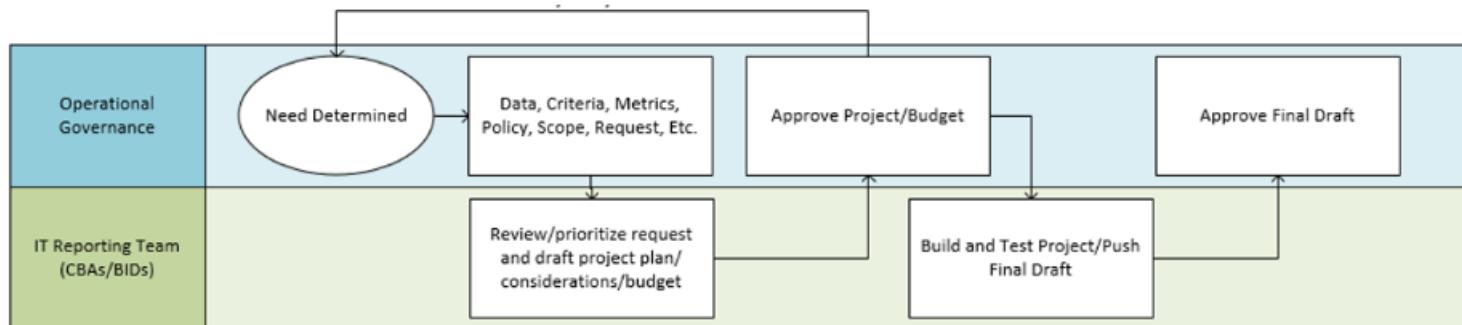
Accessing reports and dashboards

Modifying reports, including private reports and summaries

Report processes

Build a Data Governance Committee

The responsibility of the Data Governance Committee is to push out policy and guidelines that will facilitate the achievement of organizational goals using analytics.



Building an Enterprise Data Governance Program

- Foundation: Data Dictionary
- Building Blocks: Cogito Metric Glossary
- Online Shopping: Analytics Catalog (Available Epic 2018)

Cogito
ergo sum for Data Governance

Catalog
Reports » Data Citizens



Glossary
Metrics » Data Stewards

```
f02d0=fsin(t+0.2)dt
QUERY PLAN
FROM my_metrics_2016_half
383--cos(t+0.2)*x
y(2x+y)dydx=(1-4xy^2)+2
SELECT *
EXPLAIN ANALYZE
SELECT *
```

Dictionary
Items » Data Architects

orders South Medical Facility children provider EMS Clinic patients
12/28/2016 BPM program days pounds

Foundation: Data Dictionary

At the foundation of every data governance strategy is your enterprise data. Cogito uses the Caboodle Data Dictionary to provide a seamless way to create and update your Caboodle enterprise data, as well as record the associated metadata for things like data lineage, ontologies, and definitions. The Data Dictionary is intended for BI developers, ETL developers, and business analysts. It provides an easy one-stop-shop to both search and maintain your data definitions in a web-based console.

The screenshot displays the Caboodle Data Dictionary web console. The interface is divided into a left sidebar and a main content area. The sidebar, titled 'Dictionary', lists various components under the heading 'Clarity Tables by Application'. The 'AllergyFact' component is selected and highlighted. The main content area, titled 'Columns', shows the metadata for the 'AllergyFact' table. It lists several columns with their data types and descriptions:

- AllergyKey**: integer. Surrogate key used to uniquely identify the record.
- IdType**: string. This column should no longer be used and will be removed in a future version. Source ID type for the record.
- Id**: string. This column should no longer be used and will be removed in a future version. Source ID for the record.
- PatientKey**: integer. Patient associated with the allergy or the no known allergies status. [Links to PatientDim](#)
- AllergenKey**: integer. Allergen associated with the allergy or the no known allergies status. [Links to AllergenDim](#)

Below the column list, there is a 'Properties' section with the following details:

Property	Value
Data type	integer
SQL Server data type	bigint
Allows null	No
Default value	-1
Delete value	-3

At the bottom of the main content area, there is a 'Data Lineage for Each Package' section with two entries: 'Allergy Load' and 'No Known Allergies Load'. The interface includes search filters, expand/collapse buttons, and a navigation menu.

Caboodle Data Dictionary web console viewer showing allergy metadata



Building Blocks: Cogito Metric Glossary (Available August 2018)

Epic maintains over 700 healthcare-focused metrics from across the continuum of care in a business glossary, which includes the ability for your organization to add your own new metrics. The Cogito Metric Glossary allows you to document the business logic (calculations) and the metric definition for the most important KPIs and metrics in your organization.

Your metrics can appear in the glossary with a full human readable definition and owner.

Cogito Metric Glossary [3028869] as of Fri 1/11/2019 1:45 PM

Filters Options Metric Editor Metadata

Metric ID	Metric Name	Active?	Owning Application	Description	Metadata External ID	Overall Review Status	Owners	Last Review Date	Next Review Date	Reviewers
24007	ADT - Number of IP Discharges	Yes	GRAND CENTRAL	This is an ADT Metric designed to analyze ADT events. It calculates the number of inpatient discharges that have taken place. It identifies inpatient discharges by looking to the ADT event interpretations (ADT-80: Outgoing Event Interpretation and ADT-83: From Base Class) for the event, and not the ADT event type (ADT-30).						
24010	ADT - Number of ED Admissions	Yes	GRAND CENTRAL	This is an ADT Metric designed to analyze ADT events. It calculates the number of emergency department admissions that have taken place. It identifies emergency department admissions by looking to the ADT event interpretations (ADT-81: Incoming Event Interpretation and ADT-83: From Base Class) for the event, and not the ADT event type (ADT-30).	HCM 1352762 - IDN 90024010 ADT - NUMBER OF ED ADMISSIONS	Approved		01/11/19		ADT, ADMIN [ADTA
24012	ADT - Number of Obs Admissions	Yes	GRAND CENTRAL	This is an ADT Metric designed to analyze ADT events. It calculates the number of observation admissions that have taken place. It identifies observation admissions by looking to the ADT event interpretations (ADT-81: Incoming Event Interpretation and ADT-83: From Base Class) for the event, and not the ADT event type (ADT-30).						

Dashboards that contain ADT - Number of ED Admissions

Ready for Use	Contained in Components	Contained in Resources
IP Case Manager Reporting Homepage [3040000013]	ADT Census Metrics [31010000098]	ADT - Census Metrics - Number of ED Admissions [1001921]
Provider Executive Dashboard [3301100852]	Exec DB Daily Stats [3303350001]	ADT - Census Metrics - Number of ED Admissions [1001921]
CEO Dashboard (Email) [33010000009]	Exec DB Daily Stats (Email) [3303350002]	ADT - Census Metrics - Number of ED Admissions [1001921]

Glossary viewer showing metric metadata





MHS Hospital Operations - Past Week by Dynamic Location

Workbench Report 157408

Description

This report contains operational data for the MHS Hospital. Data displays for admissions, discharges, average length of stay, occupancy percentage, and observation hours, as well as separate sections for inpatient days by unit, financial class, and service for each day from the past week.

Add a tag

Cogito - Tested x

Build Team

Select a build team

Content Review

Overall Review Status

Set a review status

Last Reviewed On

Set the review date

Reviewer

Review Status

Administrator Information

Content Owner

JACKSON, CONNIE

Restore Save Cancel



MHS Hospital Operations - Past Week by Dynamic Location

Workbench Report 157408

Add a tag

Cogito - Tested x

Build Team

Select a build team

Content Review

Overall Review Status

Set a review status

Last Reviewed On

Set the review date

Reviewer

Review Status

Administrator Information

Content Owner

JACKSON, CONNIE

Notes

Other notes intended for administrators

Restore Save Cancel



METADATA FOR DATA GOVERNANCE

Online Shopping: Analytics Catalog (Available Epic 2018)

You've carefully defined your enterprise data in Caboodle, and you have codified your KPIs and metrics into the Cogito Metric Glossary. Now, you can reach the third layer of Cogito data governance: the Analytics Catalog. The Analytics Catalog gives a comprehensive browsing experience for content in Reporting Workbench, Crystal, and Radar. From a single user interface, you can browse, favorite, and search for governed analytics content.

The catalog is embedded directly into the home page of Cogito so users don't need to go to a separate portal. Using integrated security and role definitions, users see only the content that is available to them. To help clarify the intended use of the report, the catalog supports storing and searching on metadata descriptions, tags, business owners, and administrative comments.

The screenshot displays the Analytics Catalog interface with a search bar at the top containing the text "bed planning". On the left side, there are several filter sections: "Personal" with checkboxes for "My Favorites" and "My Content"; "Content Type" with checkboxes for "Dashboards", "Components", "Workbench Reports", "Crystal Reports", and "WebI Reports"; "Tags" with a "Select a tag" dropdown; and "Advanced" with a "Clear Filters" button. The main area shows six report cards. The first two are "ADT Bed Planning Productivity: Unit-to-Unit Turnaround Time" and "ADT Bed Planning Productivity: ED Admissions by Service (with Approval/Rejection Process)", both featuring a purple hammer icon and a "Bed Planning" tag. The third is "Beds in Login Department" with a purple hammer icon. The fourth is "ADT Bed Planning Productivity: ED Admissions by Service" with a purple hammer icon. The fifth is "ED Bed Utilization (Crystal)" with an orange diamond icon. The sixth is "Hourly Capacity Projections as Table" with a pink grid icon. Each card includes a brief description of the report's purpose.

Analytics Catalog



ANALYTICS CATALOG

Business Services Provided By CDM

Federal Programs Management

Inpatient Quality Reporting

Outpatient Quality Reporting

Value-Based Purchasing

Hospital-Acquired Conditions Reduction

Readmissions Reduction Program

Clinical Outcomes Data Management

Scheduled reports

Ad-hoc reports

Data support for PI projects

Data support for ad-hoc projects

Data Vendors Management



Federal Programs Management

IQR

OQR

IPFQR

VBP

TJC

HAC Reduction

HRRP

NCDR

Core Measures

Hospital Compare

STS

eCQM

Leapfrog

National Healthcare Safety Network
(NHSN)

US News and World Report

National Database of Nursing Quality Indicators

DFWHC

Texas Health Care Information
Collection (THCIC)

Press Ganey

Clinical Outcomes Data Management

Risk-Adjusted Outcomes Analysis

+

Opportunity Analysis

Resource Utilization

- Mortality
- Readmissions
- Length Of Stay
- Complications
- Cost/Case
- Patient Safety Indicators (PSI)
- Hospital-Acquired Conditions (HAC)
- Infections

- Population Utilization
- Quantities Consumed
- Variation in practice
- Charge Data Master Level analysis
- Cost or charges benchmarks

Benchmark, trend and analyze clinical measures by

- Clinical population
- Service lines
- APR-DRG/MS-DRG
- Severity of Illness
- Risk of Mortality
- Payer
- Discharge Status
- Admit Source
- Patient Type
- Demographics
- Physician
- Location

MHS IP Operational General Adult Nursing ▾

Department:

<p>Pain MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> High Pain Score: 9 Missing Pain Assessment: 13 Missing Pain Reassessment: 4 Persistent Pain: 9 	<p>Occupancy MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:43 AM</p> <ul style="list-style-type: none"> Occupancy Rate: 29/39 	<p>Patient Safety MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Workflow Safety Score >3: 2 Critical Overdue Meds: 4
<p>Falls MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Missing Fall Risk Assessment: 16 High Fall Risk Missing Care Plan: 1 High Fall Risk Patients: 15 	<p>Census MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM Results expired: Mon 6/3 09:34 AM</p> <ul style="list-style-type: none"> Expected Discharges: 12 Expected Transfers In: 1 	<p>Long-Running Devices MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Patients with Long-Running Central Lines: 1 Patients with Long-Running Ventilators: 3 Patients with Long-Running Urinary Catheters: 1
<p>Skin MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Missing Skin Risk Assessment: 16 High Skin Risk Missing Care Plan: 4 High Skin Risk Patients: 5 Active Pressure Injuries: 1 	<p>Patient Populations MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Observation Patients: 6 Sitter Patients: 1 Unit Service Mismatch Patients: 0 	<p>Reference</p> <ul style="list-style-type: none"> General Adult Nursing Dashboard Reference
<p>Restraints MDMC 8 SCHENKEL TOWER</p> <p>Data collected: Mon 6/3 09:04 AM</p> <ul style="list-style-type: none"> Documentation and No Order: 1 Order and No Documentation: 0 Expiring Restraint Orders: 0 Patients on Restraints: 3 		



Physician Dashboard Process

- CBAs engage CMOs and Department Chairs to identify SMEs
- Epic released metrics considered first – for future benchmarking opportunities
- Initial meeting with all stakeholders to review project and metric definitions
- CBAs and SMEs work to develop and validate all metrics
- Final dashboard/scorecard reviewed by all stakeholders before publication

Hospitalist Key Metrics

- CPOE
- Daily Labs
- Sepsis Mortality
- Length of Stay
- Discharge Throughput

Hospitalist Performance Scorecard

Reporting Period: 10/01/2018 - 05/31/2019



Fiscal Year: 2019

Prior FY Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep FYTD

Volume & Productivity

Total Discharges (Inpatient & Observation)

1,076 853 828 930 914 875 1,041 1,023 1,053 1,053

Documentation/Efficiency/Throughput

Discharges Ordered Before 9am

Denominator:	1,039	820	800	894	879	845	1,001	982	1,014	1,014
Numerator:	146	107	98	103	105	100	122	131	185	185
Rate (%):	15.11	13.05	12.25	11.52	11.95	11.83	12.19	13.34	18.24	18.24

Discharges Ordered by 11am

Denominator:	1,039	820	800	894	879	845	1,001	982	1,014	1,014
Numerator:	570	471	460	452	325	277	334	304	445	471
Rate (%):	64.12	57.44	57.50	50.56	36.97	32.78	33.37	30.96	43.89	57.50

Discharged within 2 hours of discharge order released

Denominator:	1,039	820	800	894	879	845	1,001	982	1,014	1,014
Numerator:	326	209	235	278	281	267	331	322	311	331
Rate (%):	31.38	25.49	29.38	31.10	31.97	31.60	33.07	32.79	30.67	33.07

Case Mix Index Overall

1.67 1.43 1.56 1.62 1.55 1.58 1.51 1.58 1.59 1.62

Case Mix Index Medicare

1.74 1.42 1.69 1.56 1.56 1.58 1.48 1.53 1.70 1.70

Patient Experience & Quality

Length of Stay Overall

6.20 5.07 5.31 6.07 5.77 5.61 5.68 5.53 7.26 7.26

Grouped by Service Area, Location, Department
Not Filtering

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HOSPITALIST PERFORMANCE

Fiscal Year: 2019		Prior FY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	FYTD
Patient Experience & Quality															
Length of Stay Medicare															
Inpatient Length of Stay Overall		5.95	4.83	5.96	6.10	5.90	5.44	5.83	5.13	10.30					10.30
Inpatient Length of Stay Medicare		5.79	4.61	4.84	5.58	5.34	5.13	5.25	5.05	6.83					6.83
30-day All-Cause Hospital Readmission		5.50	4.36	5.58	5.60	5.46	5.02	5.49	4.66	9.91					9.91
	Denominator:	758	527	533	601	612	617	707	693	711					711
	Numerator:	126	76	73	87	106	95	95	103	63					106
	Rate (%):	18.58	14.42	13.70	14.48	17.32	15.40	13.44	14.86	8.86					17.32
Mortality Overall															
	Denominator:	1,054	833	813	913	896	858	1,017	996	1,027					1,027
	Numerator:	43	13	13	19	17	13	16	13	13					19
	Rate (%):	4.08	1.56	1.60	2.08	1.90	1.52	1.57	1.31	1.27					2.08
Mortality Sepsis															
	Denominator:	1,076	853	828	930	914	875	1,041	1,023	1,053					1,053
	Numerator:	173	81	112	116	116	97	102	112	118					118
	Rate (%):	16.08	9.50	13.53	12.47	12.69	11.09	9.80	10.95	11.21					13.53



ED Metrics

- Arrival to Discharge
- Arrival to Admit
- Median ED Patient Boarding Hours
 - Psych Patient Boarding Hours
- NEDOCS Overcrowding Score
- Lab/Rad Turnaround Times

MHS ED Cabinet Key Metrics

Summary Level: Department:

MHS Top Metrics for Emergency Department Methodist Dallas Medical Center Emergency Department

	Feb	Mar	Apr	May	Jun	Jul	MTD	FYTD
Arrival to ED Discharge	218m	212m	208m	207m	208m	202m	198m	209m
Arrival to Admit	333m	361m	321m	328m	344m	324m	322m	338m
Door to Provider	54m	49m	44m	42m	42m	40m	39m	44m
Roomed to Provider	18m	14m	14m	14m	11m	12m	11m	13m
LBTC	2.01 %	3.66 %	2.85 %	3.50 %	3.34 %	4.27 %	3.14 %	3.43 %
Total ED Boarding Hours	-	-	-	-	-	-	-	-
Median ED Boarding Hours	-	-	-	-	-	-	-	-
ED Psych Patient Visits	155	163	161	148	151	166	103	1,642
Total ED Psych Boarding Hours	920	1,400	1,352	1,001	1,387	1,104	585	12,687
Median ED Psych Boarding Hours	3	3	3	2	3	3	2	3

MHS ED Volume and Average Acuity Methodist Dallas Medical Center Emergency Department

	Feb	Mar	Apr	May	Jun	Jul	MTD	FYTD
Number of ED Visits	5,971	6,257	5,992	6,308	6,024	6,349	3,943	64,722
Average Acuity	3.09	3.05	3.05	3.07	3.03	3.05	3.04	3.06

MHS NEDOCs Overcrowding Score Methodist Dallas Medical Center Emergency Department

	Feb	Mar	Apr	May	Jun	Jul	MTD	FYTD
Disaster (>180)	0.52 %	2.05 %	0.07 %	0.00 %	0.07 %	0.24 %	0.00 %	0.42 %
Dangerous (141-180)	6.55 %	11.41 %	5.90 %	6.69 %	4.72 %	3.83 %	2.09 %	6.50 %
Overcrowded (101-140)	27.12 %	25.64 %	25.14 %	22.24 %	26.94 %	23.45 %	20.06 %	25.58 %
Busy (51-100)	46.13 %	41.82 %	40.14 %	47.35 %	48.72 %	46.84 %	52.87 %	45.52 %
Normal (<=50)	19.68 %	19.08 %	28.75 %	23.72 %	19.55 %	25.64 %	24.97 %	21.98 %



MHS ED Turn Around Times - Lab Methodist Dallas Medical Center Emergency Department

	Feb	Mar	Apr	May	Jun	Jul	MTD	FYTD
Median CBC Ordered to Specimen Collected	12m	11m	10m	9m	10m	8m	9m	11m
Median CBC Ordered to Specimen Received	24m	22m	21m	22m	22m	20m	21m	23m
Median CBC Ordered to Specimen Resulted	29m	28m	26m	27m	27m	25m	26m	28m
Median UA Ordered to Specimen Collected	42m	39m	37m	37m	41m	35m	38m	39m
Median UA Ordered to Specimen Received	57m	53m	50m	52m	57m	49m	53m	53m
Median UA Ordered to Specimen Resulted	1h 20m	1h 04m	1h 00m	1h 03m	1h 07m	1h 01m	1h 02m	1h 09m
Median Chemistry Panel Ordered to Specimen Collected	12m	10m	10m	9m	10m	8m	9m	11m
Median Chemistry Panel Ordered to Specimen Received	24m	23m	21m	22m	22m	20m	21m	23m
Median Chemistry Panel Ordered to Specimen Resulted	42m	40m	38m	39m	40m	38m	39m	40m
Median Cardiac Lab Ordered to Specimen Collected	10m	7m	7m	6m	6m	4m	5m	8m
Median Cardiac Lab Ordered to Specimen Received	23m	19m	17m	18m	17m	15m	16m	20m
Median Cardiac Lab Ordered to Specimen Resulted	48m	45m	42m	43m	41m	41m	42m	44m

MHS ED Turn Around Times - Radiology Methodist Dallas Medical Center Emergency Department

	Feb	Mar	Apr	May	Jun	Jul	MTD	FYTD
Median First X-Ray Ordered to End	53m	59m	1h 03m	1h 00m	1h 03m	55m	52m	56m
Median First X-Ray Ordered to Result	-	-	-	1h 08m	1h 03m	55m	52m	58m
Median First CT Ordered to End	1h 11m	1h 14m	1h 14m	1h 08m	1h 15m	1h 06m	1h 06m	1h 11m
Median First CT Ordered to Result	-	-	-	1h 11m	1h 15m	1h 06m	1h 06m	1h 10m
Median First Ultrasound Ordered to End	1h 47m	1h 46m	1h 55m	1h 42m	1h 40m	1h 40m	1h 44m	1h 47m
Median First Ultrasound Ordered to Result	-	-	-	1h 46m	1h 41m	1h 40m	1h 39m	1h 41m



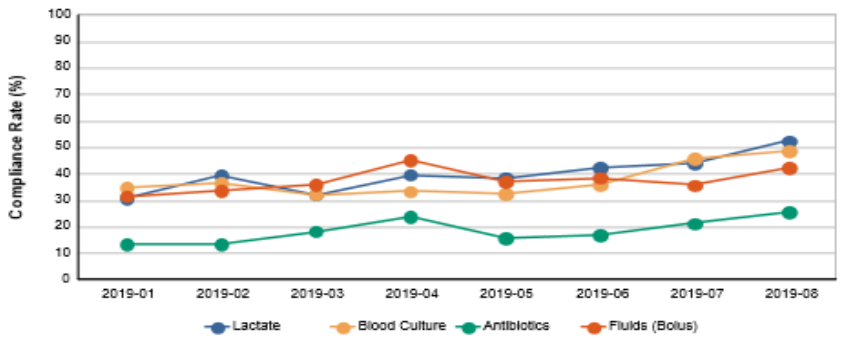
Anesthesia Metrics

- Currently in process
- Determining:
 - Overall Definition
 - Denominator
 - Numerator
 - Exclusions
- Using Epic definitions for metrics

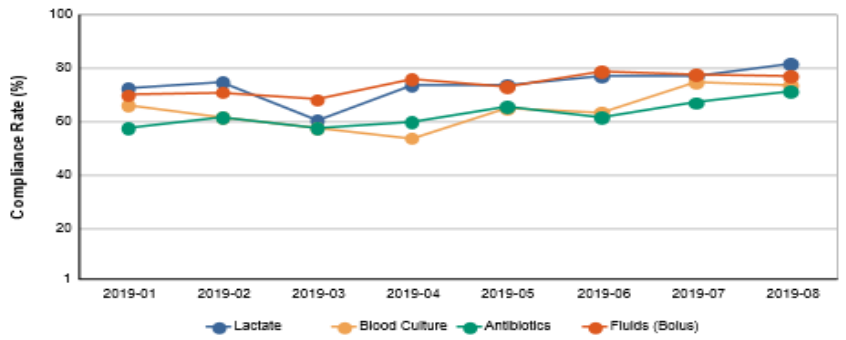
Sepsis Bundle Compliance

Reporting Period: 01/01/2019 - 08/31/2019

Sepsis <=1 Hr Bundle Compliance



Sepsis <=3 Hr Bundle Compliance

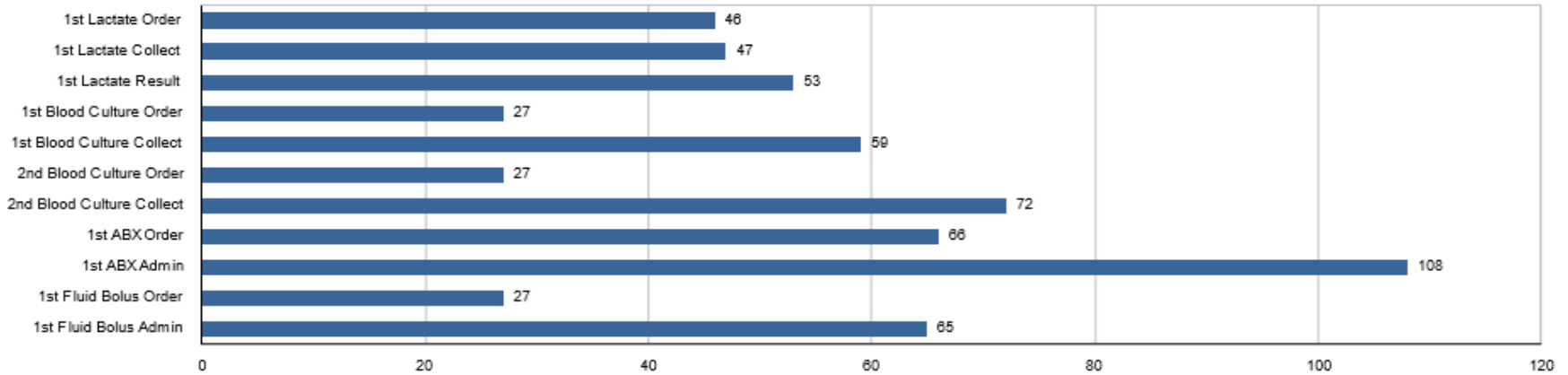


		2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08
Sepsis ED		161	139	130	146	150	163	159	137
Lactate	<= 1Hr	50 31.06%	55 39.57%	42 32.31%	58 39.73%	58 38.67%	69 42.33%	70 44.03%	72 52.55%
	<= 3Hr	117 72.67%	104 74.82%	79 60.77%	108 73.97%	111 74.00%	126 77.30%	123 77.36%	112 81.75%
Blood Culture	<= 1Hr	56 34.78%	51 36.69%	42 32.31%	49 33.56%	49 32.67%	59 36.20%	73 45.91%	67 48.91%
	<= 3Hr	107 66.46%	86 61.87%	75 57.69%	79 54.11%	98 65.33%	104 63.80%	119 74.84%	101 73.72%
Antibiotics	<= 1Hr	22 13.66%	19 13.67%	24 18.46%	35 23.97%	24 16.00%	28 17.18%	34 21.38%	35 25.55%
	<= 3Hr	93 57.76%	86 61.87%	75 57.69%	88 60.27%	99 66.00%	101 61.96%	107 67.30%	98 71.53%
Fluids (Bolus)	<= 1Hr	51 31.68%	47 33.81%	47 36.15%	66 45.21%	56 37.33%	63 38.65%	57 35.85%	58 42.34%
	<= 3Hr	113 70.19%	99 71.22%	89 68.46%	111 76.03%	110 73.33%	129 79.14%	124 77.99%	106 77.37%

Grouped by Location
Filtering on location

Run on 9/6/2019 02:23PM
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Median Minutes from ED Arrival to:



	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08
1st Lactate Order	68	57	67	59	58	56	59	46
1st Lactate Collect	74	65	71	65	59	62	58	47
1st Lactate Result	102	87	88	73	70	67	65	53
1st Blood Culture Order	39	30	40	33	37	32	32	27
1st Blood Culture Collect	81	71	77	84	80	80	64	59
2nd Blood Culture Order	37	31	41	33	36	32	32	27
2nd Blood Culture Collect	89	72	79	84	89	88	74	72
1st ABX Order	100	111	79	73	75	84	79	66
1st ABX Admin	135	137	153	127	124	137	128	108
1st Fluid Bolus Order	46	40	38	27	25	30	30	27
1st Fluid Bolus Admin	78	72	77	59	70	69	75	65

Future Dashboard Development

- Anesthesia – January 2020
- OB – Spring 2020
- OR – Spring 2020
- Radiology – Summer 2020
- Surgeon Scorecard – Summer 2020

*All dashboards contain actionable data for quality improvement and operational excellence.



Long Term Objectives

- **Baseline Data Literacy Training for all Leaders in FY2020**
- **Data Integration Plan – implementing Epic Caboodle and Slicer Dicer**
- **Centralized data reporting**





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