



2021 IQSC Data & Analytics Conference



“Executive Analytics – What’s Important and Not

Mike Sanborn, CEO



BaylorScott&White

ALL SAINTS MEDICAL CENTER

FORT WORTH

My Topics Today

My Perspective

Metrics that Matter
(and some examples)

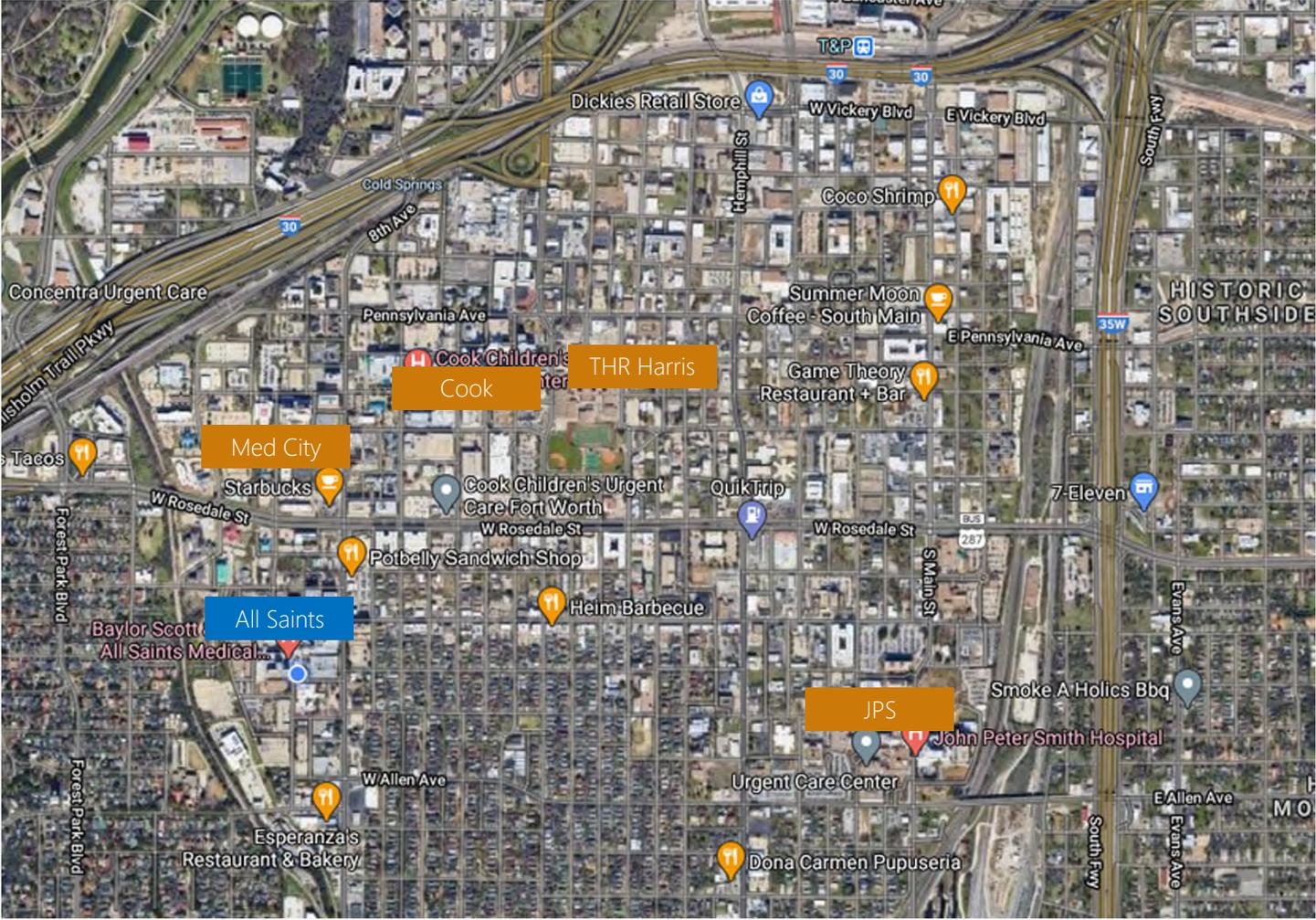
What isn't
Important

Tips for Success

OBJECTIVES:

- Discuss analytical resources that are important at the C-Suite level.
- Review resources that are available to meet these needs
- Provide specific examples of data use by executives

Fort Worth is Unique



Baylor Scott & White All Saints Medical Center – Fort Worth

FY21 FACTS



19,864
Admissions



1,038
Medical staff
2,459
Employees



538
Licensed beds

5.03
Average length of stay
in days



6,010
Births

41,030
ED visits

67,448
Outpatient visits

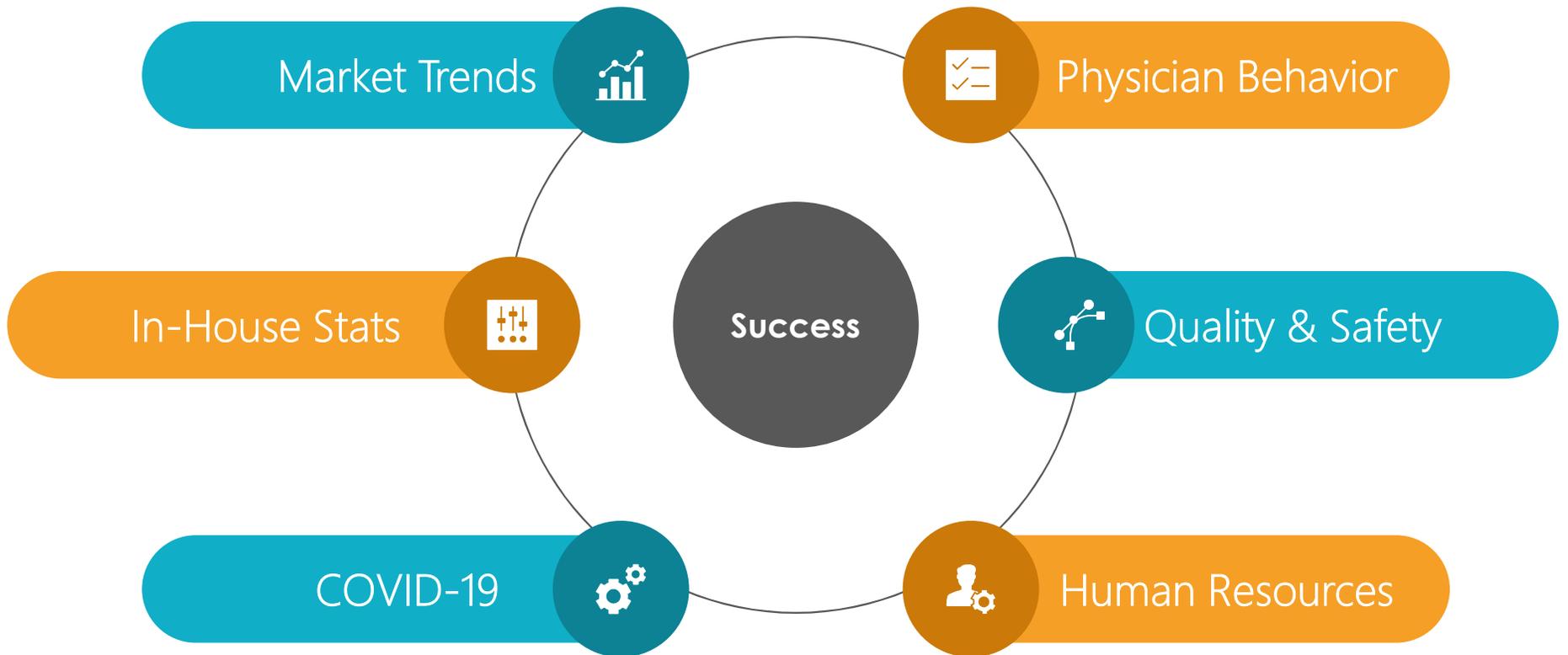
Our Focus – The Core 4

- Women's Health
- Cardiovascular/Thoracic
- Transplant
- Oncology, Head & Neck



Different Emphasis: Exceptional *and* Comprehensive in All Four

What's Important for a Dashboard?



In-House Stats

Examples include:

- Volumes from many areas, occupancy/capacity info
- Efficiency: Length of Stay, ED Holds, On-time Starts, lost transfers, turn-around times, LWOBS etc.
- Expense metrics by department, service line
- Overall financial performance metrics
 - Also by service line and inpatient vs. outpatient
- Contract analysis



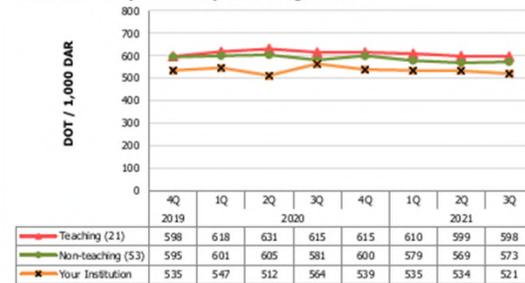
An example of Rx Expense



Total Antibacterial Utilization

Days of Therapy per 1,000 Days at Risk

National Comparison by Teaching Status



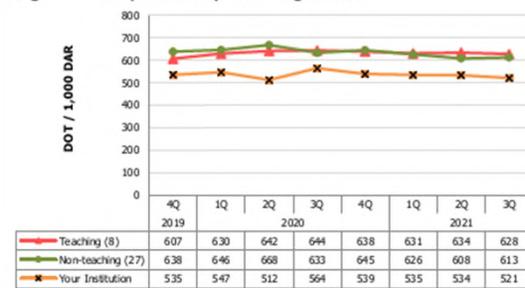
This chart displays your institution's **Total Antibacterial Utilization Rate** compared nationally to other Teaching and Non-teaching hospitals.

Teaching hospitals are members of the Council of Teaching Hospitals (COTH).

Day of Therapy (DOT): patient days in which one or more doses of a drug was ordered.

Day at Risk (DAR): days present in hospital during analysis period.

Regional Comparison by Teaching Status



This chart displays your institution's **Total Antibacterial Utilization Rate** compared regionally to other teaching and non-teaching hospitals.

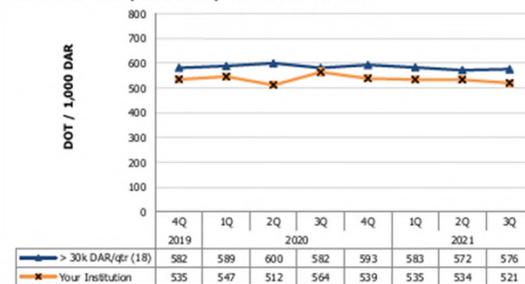
Your institution is in the **South** region.



Day of Therapy (DOT): patient days in which one or more doses of a drug was ordered.

Day at Risk (DAR): days present in hospital during analysis period.

National Comparison by Institutional Size



This chart displays your institution's **Total Antibacterial Utilization Rate** compared nationally to other institutions based on their most recent quarter's days at risk volume:

- <10,000 DAR/qtr
- 10,000 - 20,000 DAR/qtr
- 20,001 - 30,000 DAR/qtr
- > 30,000 DAR/qtr

Your institution had **40,283** DAR this quarter.

Day of Therapy (DOT): patient days in which one or more doses of a drug was ordered.

Day at Risk (DAR): days present in hospital during analysis period.

Human Resources

Examples include:

- Headcount, FTEs/XXX metric
- Turnover by position
- Time to Fill
- Labor expense trends
- Employee experience/satisfaction



Our HR Monthly Dashboard

Human Resources Cultural Close
1180 : Baylor All Saints Medical Cent

September-2021



■ Meeting Benchmark and Improving
■ Meeting Benchmark but Not Improving or Not Meeting Benchmark but Improving
■ Not Meeting Benchmark and Not Improving

Quality & Safety

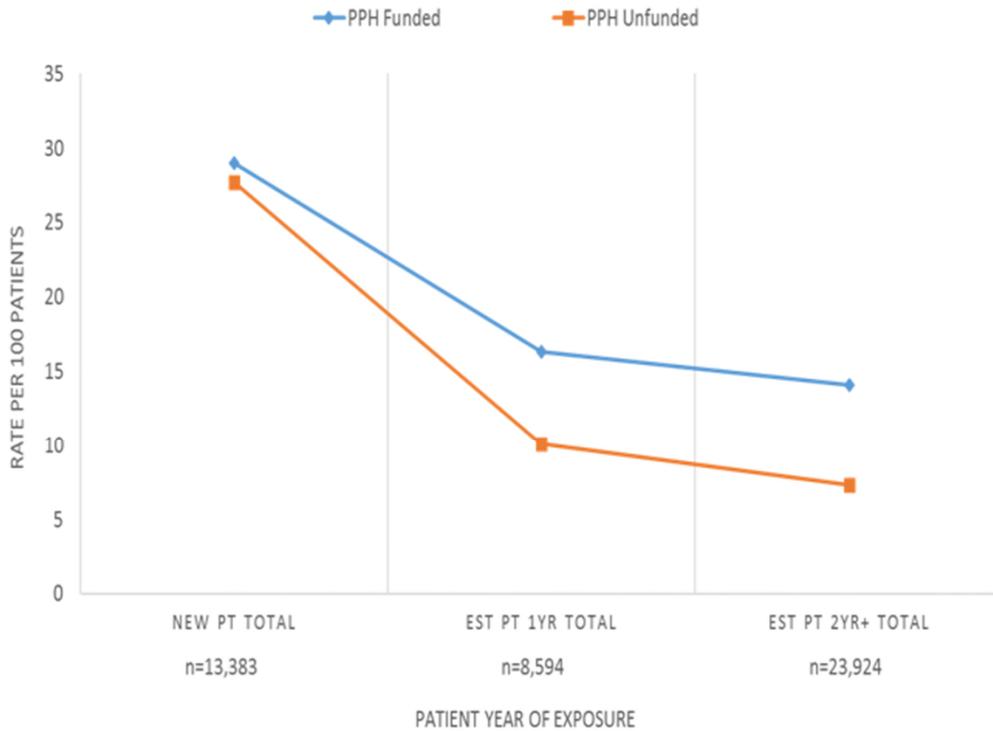
- Quality metrics: readmissions, outcomes/mortality
 - Split out by service lines, physician,
- Patient safety indicators, such as HACs, CAUTI, CLABSI, falls, etc.
- Occurrence report summaries (we use Midas)
- External measures such as P4P, CMS quality, etc
- Patient Experience/Satisfaction



Proactive Strategy: Better Care for Populations

RATES OF POTENTIALLY PREVENTABLE HOSPITAL VISITS AMONG BCC PATIENTS BY FUNDING STATUS AND PATIENT LENGTH OF TIME (COMBINED COHORTS 2014-2018)

◆ n=19,646
■ n=25,955



RATES OF NON-POTENTIALLY PREVENTABLE HOSPITAL VISITS AMONG BCC PATIENTS BY FUNDING STATUS AND PATIENT LENGTH OF TIME (COMBINED COHORTS 2014-2018)

◆ non-PPH Funded
■ non-PPH Unfunded



Physician Behavior

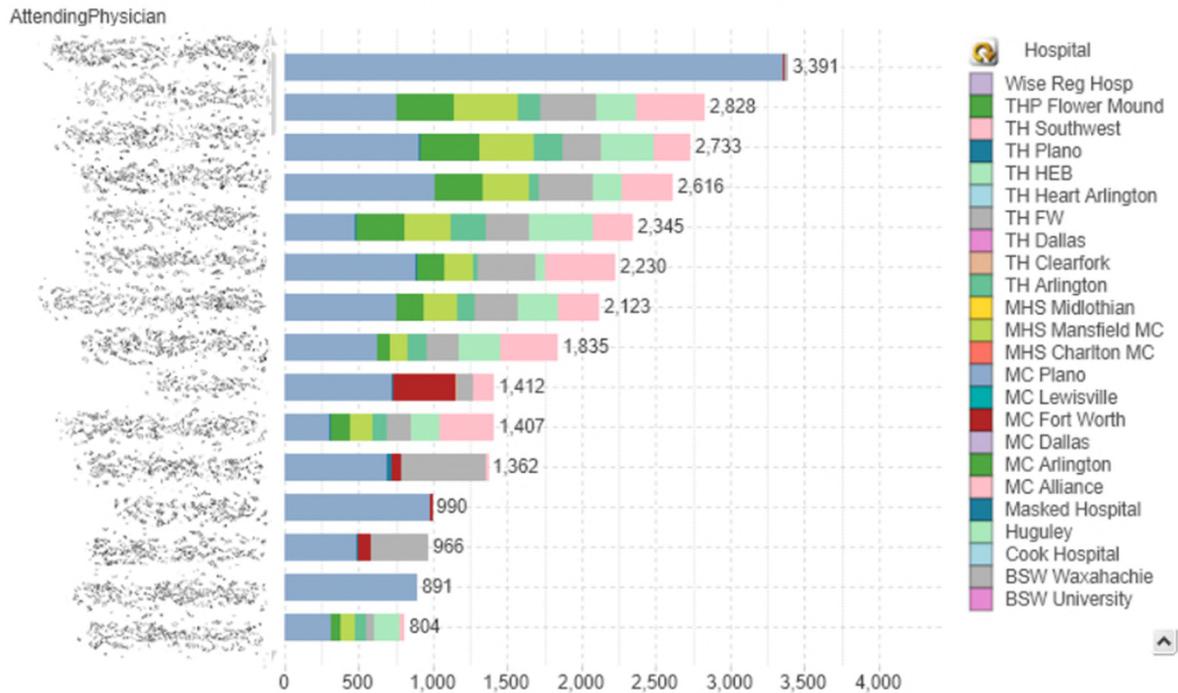
Examples include:

- Actual behavior issues
- Splitter data
- Supply and equipment needs
- Clinic volumes, time to see new patient, network utilization



Example: Splitter Report

Cases for Inpatient for 202001 - 202103 Quarters



DFWHC Database is a powerful tool for hospital improvement. Easy to sort and identify physicians that practice at multiple facilities.



Many reasons (especially in Fort Worth) why doctors split. It is important to ask why. It could be insurance, equipment, staff expertise, referral base, the practice environment, or something you don't even know.



Regardless of whether you move market share, you can use this data and the information you glean from it to make improvements.

Market Trends

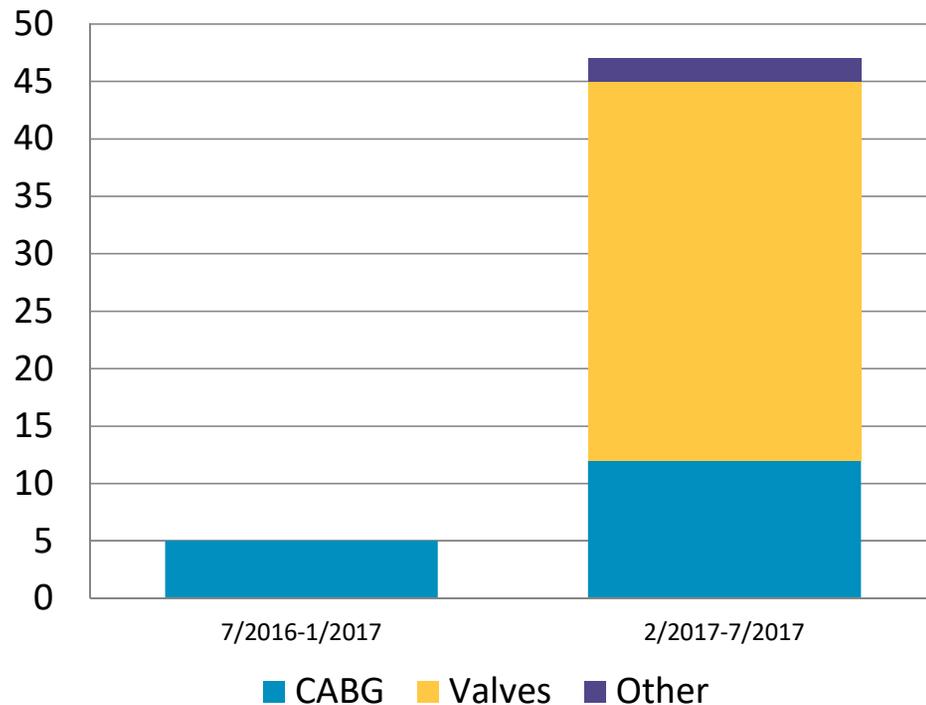
Examples include:

- Market share, growth
- Payor mix and shifts
- Market opportunities
- Service line shifts (i.e., ortho, spine)



A Specific Strategic Example

Visiting Surgeon Heart Surgery Volume



- Joined the medical staff at BAS (from Dallas) on 7/28/2015
 - Very low case volume
 - Minimal referrals from the FW cardiologists
- By June 2017 he was busy enough to move 90% of practice to FW
- Six full-time surgeons and hiring
- What changed? **Strategy**

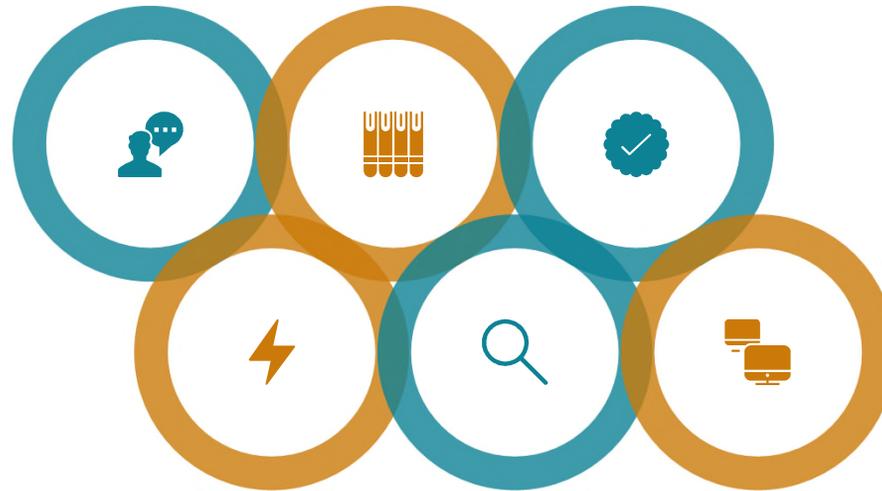
What's Not Important

(Generally true, but not 100%)

Data that is not fact-based or has errors

Upstream metrics that do not necessarily represent downstream results

Out of context metrics (e.g., high drug costs are not always bad)



Anything I don't need

Incomplete data.
Information that raises more questions than answers

Old data, or data that no longer reflects the market or the current situation

Tips and Tricks for Analyst Success



ASK QUESTIONS

What's important?
How soon?
How often?
What level of detail?



DO A STRAW MAN

Run a sample data set with a sample presentation format before you create a final product.



VALIDATE THE NUMBERS

Make sure the numbers make sense. Use an alternate data source or outside stats to validate.



ENSURE THE RIGHT AUDIENCE

Don't go big to start. Trial run the dashboard on a small group first. Ask them to poke holes in your work.



CONTINUALLY REFINE

Ask about what is used and what is not. Focus on honing the usefulness of the dashboard

Thank You

