

Local solutions to getting hospital  
data

# Getting your hospital data now

Interviews with teams who are doing it...

- Who do you talk to at your hospital?
  - Manager of Information Systems
  - The people “doing the work” (not senior administrators)
- How do you deal with “privacy concerns”?
  - Remind them that physicians already have access to discharge information. This is just a process to streamline that.
  - Sign off on the Meditech “consent” screen every time anyone logs in to get hospital information

# Getting your hospital data now (continued)

Interviews with teams who are doing it...

- Who actually has to do what?
  - RPN or clinical staff: Log in to Meditech
  - RPN, NP: Review patient list
  - NP, pharmacist, or other clinician: Contact patients
- How much time does it take?
  - 15 minutes per day to log in to Meditech and generate report
  - 7-10 minutes per patient to check in with patients
    - @2-6 patients per day for a small team of 5 doctors

# Getting your hospital data now (continued)

Interviews with teams that are doing it...

- What problems have you run into?
  - Meditech list includes patients that don't belong to the FHT, making denominator for follow-up hard to determine
- What feedback have you received?
  - Patients are VERY happy with receiving the follow-up
  - Staff enjoy the follow-up task – it feels good to make patients happy!

# Questions to and from the group

- What about “physician engagement”?
- What information do you REALLY need about hospitalizations?
- What would it take to get data from YOUR hospital?
- Other questions?

# Hospital Data – Emergency Department and Inpatient Data

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Upper Canada FHT (Brockville)

Community & Primary Health Care – Community FHT (Brockville)

Athens District FHT

Prescott FHT

# Requesting ED Reports

- The data on ED visits is already being recorded by the hospital, they just need to separate data for specific physicians belonging to a FHT
- When I requested information from Kemptville and Winchester hospitals, I called and asked to speak to someone in the Health Records Department
- I heard back from Kemptville Hospital - They were unclear on what I was requesting at first, so I sent them an Excel file with the different fields of information I was receiving from other hospitals – this cleared it up. They also requested the names of all physicians within the FHT.

# ED Report Format When Received

- Sent as a password protected Excel or text document
- Password and file attachment are sent in separate emails
- Receive Emergency Department data monthly

ADMIT DATE	ADMIT TIME	PATIENT NAME	POSTAL CODE	DOB	SEX	FAMILY PHYS	ATTENDING PHYS	ADMIT DX	TRIAGE	DISCHARGE DATE	DISCHARGE TIME	VISIT TYPE	MRN	VISIT#
Tuesday	1100	Doe, Jane		01/01/1980	F	Doctor, A	Doctor, X	Tickle in throat	5 - Non Urgent	Tuesday	1500	EP	12345	777777
Thursday	1800	Doe, Jane		01/01/1980	F	Doctor, A	Doctor, X	Rash	4 – Semi Urgent	Thursday	2000	EP	12345	888888
Saturday	1200	Doe, Jane		01/01/1980	F	Doctor, A	Doctor, X	Sore hand-for 6 weeks	5 – Non Urgent	Saturday	1700	EP	12345	999999

# Which Hospitals are Sending inpatient Reports

- Brockville General Hospital (BGH) is the only hospital currently sending inpatient reports to FHTs in my area
- They are only sending the report to Upper Canada FHT at this point in time - however BGH is upgrading their technology so I have been told other FHTs will receive this data once they have capacity.
- Upper Canada FHT is receiving the report as part of their Nurse Navigator pilot project that started in January 2013

# Inpatient Report Format When Received

MRN	Patient Name	Fam. Phys.	MRDx Description	CMG Name	CMG #	Total LOS	ALC Days	Acute LOS	ELOS	Variance (ALOS - ELOS)
####	Last, First	Last, First	Most Responsible Diagnosis  Example: Pneumonia unspecified	CMG+ is a CIHI grouping methodology that categorizes acute care inpatients into groups by similar diagnoses and/or interventions, length of stay (LOS) and resource use.  Viral/Unspecified Pneumonia	Number assigned to the CMG grouping  Example: 138	The difference, in days, between the Admission Date and Discharge Date. If the difference is 0 (Admission Date equals Discharge Date), the calculated LOS is 1.	This is the sum of days a patient spent with the status of ALC. If a patient's health status changed back and forth between acute and ALC multiple times during the stay, it will simply reflect the total days on ALC, even though they were not consecutive days.	The total LOS minus the number of ALC days.	The value that represents the length of time a patient is expected to stay in a facility as determined by CMG assignment and the five factors (age, comorbidities, intervention events, flagged interventions, and out-of-hospital interventions).	Calculation #

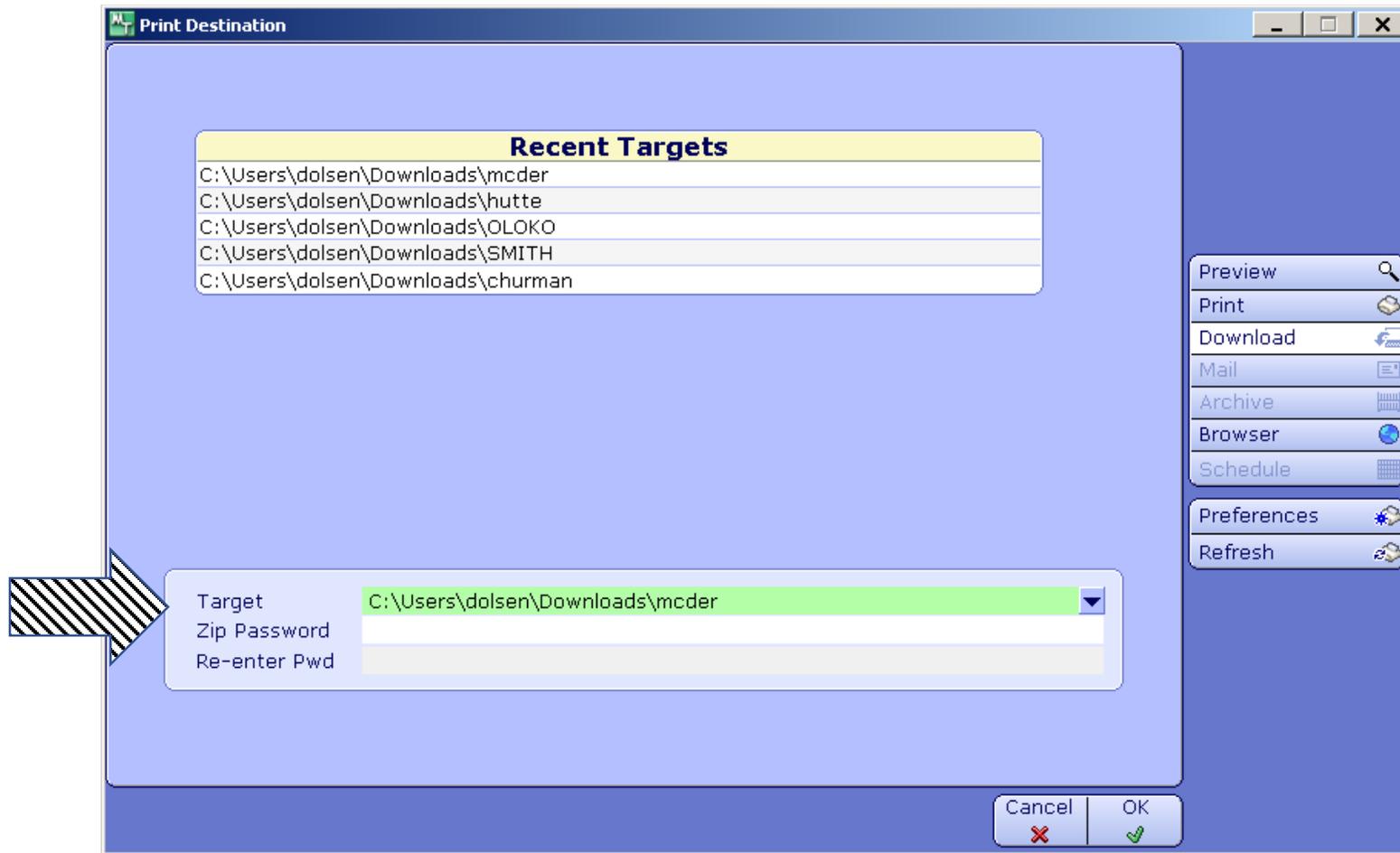
Patient Service	RIW	Admit Date	Admit Month	Discharge Date	Discharge Destination	MR Doctor	Readmit Code
The main patient service describes groups of similar patients with related diseases and treatments. The main patient service is usually determined by the most responsible diagnosis.  Example: Medicine, Palliative Care, Surgery	RIW is the relative resource-use weight for the average typical acute inpatient case. It shows the relative cost weight value derived from case-cost data submitted to other CIHI departments. All RIW cost weights are relative to the average typical inpatient case, such that the sum of typical cases is equal to the sum of the typical weighted cases. The overall average RIW for a typical case is 1.0000.	xx/xx/xxxx	MONTH	xx/xx/xxxx	Example: Transferred to acute, discharged home, transferred to LTC	Last, First	Readmission Code provides information about the patient's previous acute care admission or day surgery visit at the reporting facility.

# Downloading from ER List from Meditech

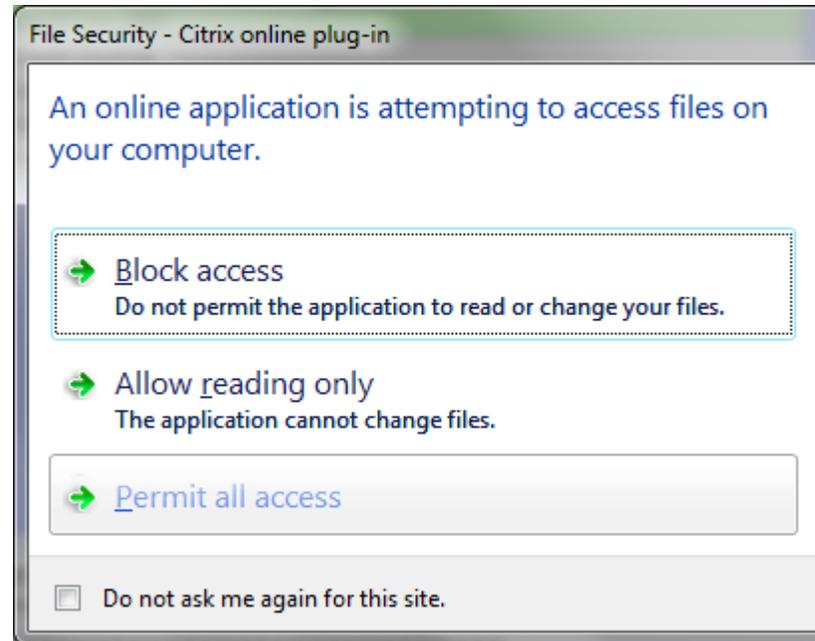
Dawn Olsen

May 5, 2014

Enter download destination. In this example, “mcder” refers to the file name. You are required to enter password. You will be asked to enter this password later to unzip the downloaded file.



# Click 'Permit all access'



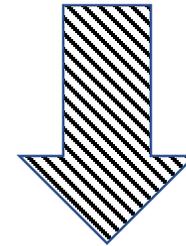
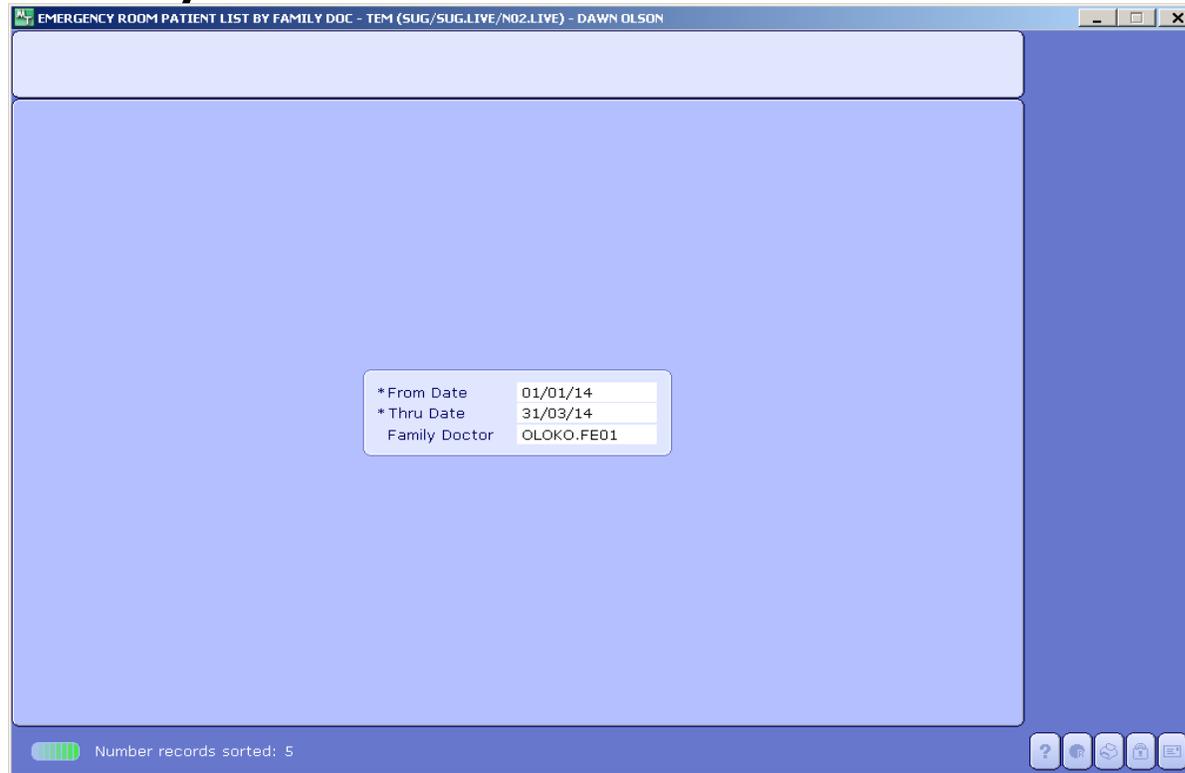
EMERGENCY ROOM PATIENT LIST BY FAMILY DOC - TEM (SUG/SUG.LIVE/N02.LIVE) - DAWN OLSON

* From Date	01/01/14
* Thru Date	31/03/14
Family Doctor	OLOKO.FE01

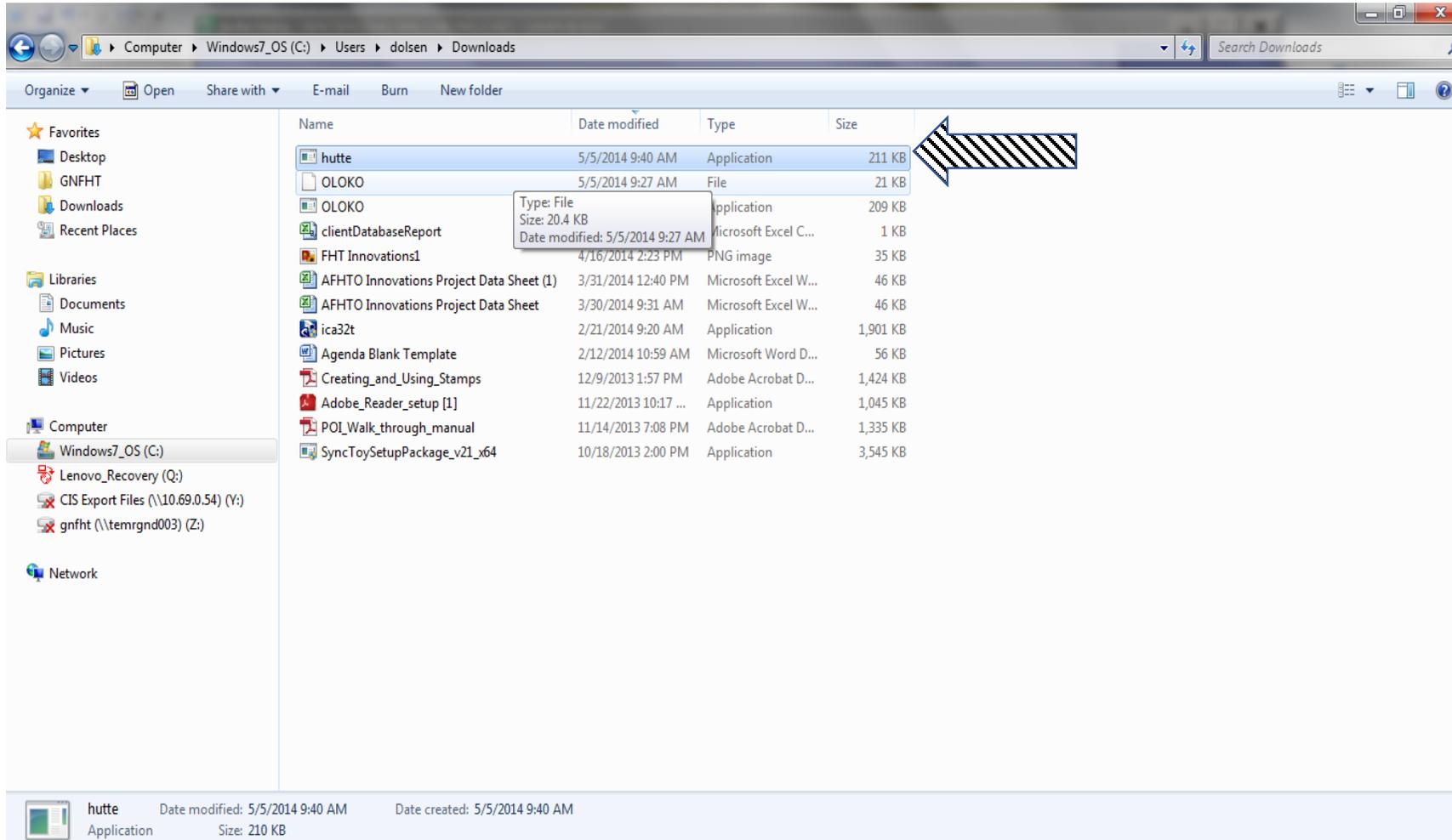
Specify desired date range and then enter physician name

Number records sorted: 5

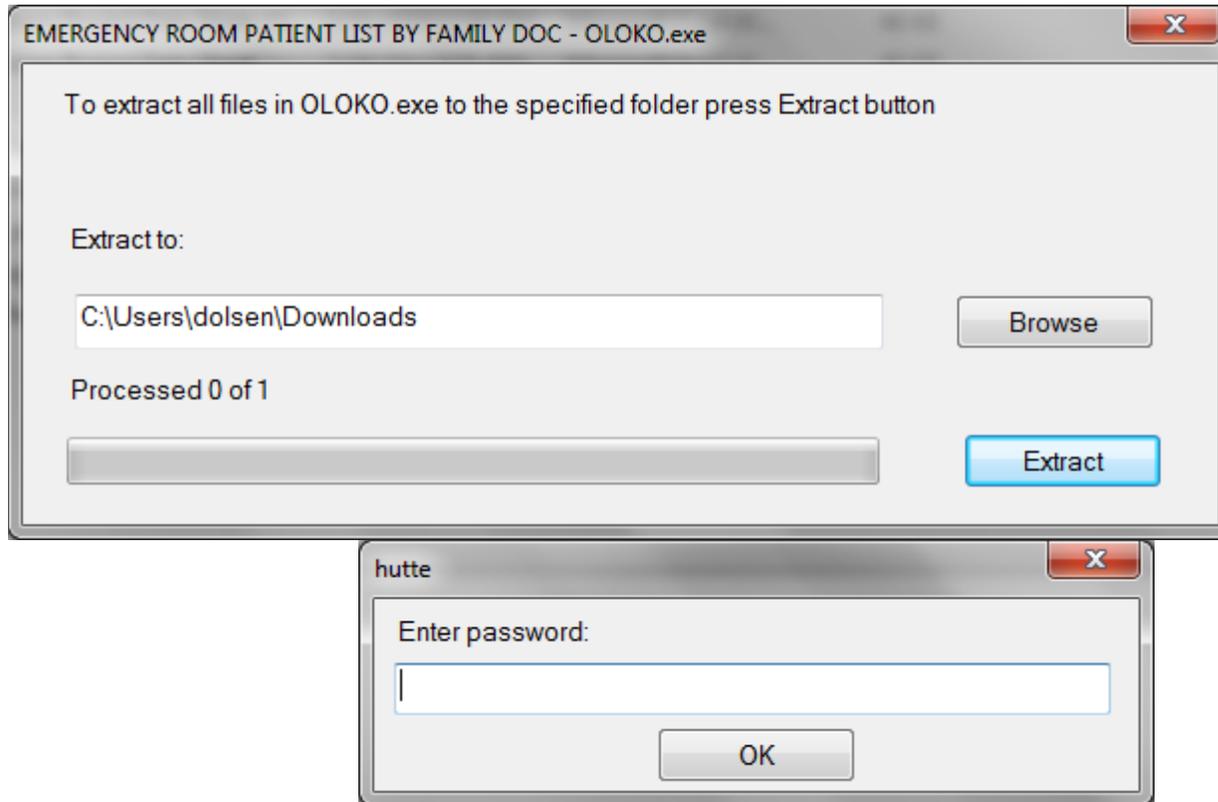
A pop up box appears – click Close. Next step: retrieve your download...



# Locate the downloaded file. Note it is an Application



When you click the downloaded application, click 'Extract', then enter your password



When the file is extracted, launch excel then open the file. Save as excel format. This is what the data looks like.

The screenshot shows an Excel spreadsheet with a security warning at the top: "Security Warning Data connections have been disabled Enable Content". The spreadsheet contains the following data:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DATE: 01/04/14 @ 0911			HOSPITAL NAME			PAGE 1						
2	USER: OLSDA01			EMERGENCY ROOM PATIENT LIST BY FAMILY DOC									
3													
4	FOR Doctor, DR., MD												
5													
6	NAME	TL	ACCOUNT#	UNIT#	DATE	TIME	REASON FOR VISIT						
7	=====	==	=====	=====	=====	=====	=====						
8		4			1/1/2014	1146	PRODUCTIVE COUGH WHITE PHLEGM FOR 1 WEEK						
9		4			1/1/2014	1430	DEVELOPING HOARSE VOICE & LOSES VOICE AT TIMES						
10		4			2/1/2014	840	RT SIDE PAIN FELL SUNDAY AFTERNOON						
11		4			2/1/2014	1020	SMALL HIVE LIKE RASH STARTED TO ARMS/HANDS YESTERD						
12		5			2/1/2014	1124	FOR PROPHYLACTIC AZITHROMYCIN FOR TRAVEL						
13		5			2/1/2014	1127	WANTING PROPHYLACTIC AZITHROMYCIN FOR TRAVEL						
14		5			2/1/2014	1505	SORE THROAT FOR 5 DAYS, SLIGHT FEVER						
15		3			2/1/2014	1652	SOB, CHILLS, VOMITING, FREQUENTLY LT HIP PAIN						
16		3			3/1/2014	903							
17		4			3/1/2014	923	LOWER LEFT SIDE PAIN INTO HER BACK						
18		4			3/1/2014	1657	SLIPPED ON STAIRS XMAS EVE						
19		4			4/1/2014	1340	RT KNEE PAIN X 3/7						
20		4			6/1/2014	1103							
21		4			7/1/2014	1418	TWISTED LEFT KNEE PAINFUL TO PUT WT ON IT						
22		5			7/1/2014	1645	RECTAL BLEED. TO SEE DR ALSHARIF						
23		4			8/1/2014	635	COLD SYMPTOMS FOR 2 WEEKS. YESTERDAY AFTERNOON						