

Discharge analysis

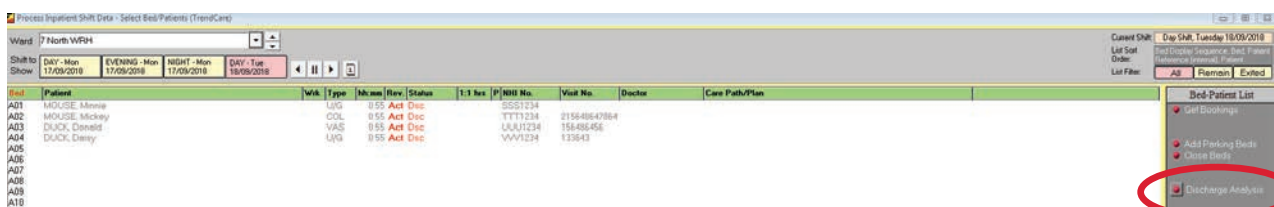
Getting our data right

As the Care Capacity Demand Management (CCDM) programme progresses we are focusing on making sure our data is completely accurate for both our patient acuity (level of care) and staff activities.

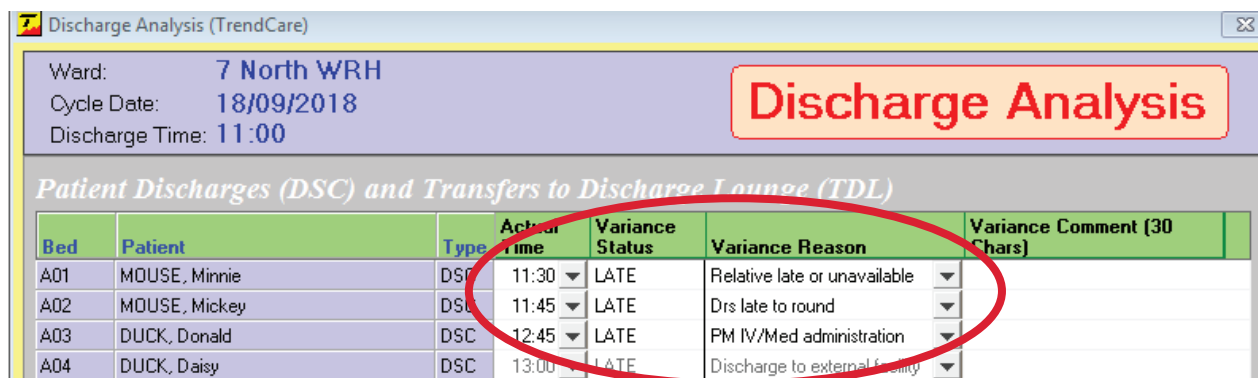
CCDM uses data from many sources including payroll and SQUARE. FTE calculations are based on our TrendCare data so it is essential that it is accurate to enable us to ensure ward staffing is optimal and best matches acuity. We can also use this information to make improvements to how our wards are operating.

Discharge Analysis

It's important to record the reason why a patient is discharged after 11am (CCDHB's usual discharge time). This is valuable information that needs to be recorded so we can better understand the data we collect as part of CCDM. As the programme progresses with Local Data Councils (LDC) operating in ward areas, your LDC will be able to access this data and understand the reasons for later discharges more accurately and therefore have the ability to make improvements to discharge processes.



TrendCare data in August showed no reason for late discharge in 35% of patients. Discharge analysis is in the 'inpatient shift data' screen and is easy to enter when you actualise your patients.



Five Local Data Councils (LDC) underway with more coming

The first phase of implementation is now underway with data councils now operating in five wards (4 North Gynaecology, 6 North, 7 North, 7 South and SAPU) and the second phase underway with education sessions for NICU, maternity and child health.

The five established LDCs have all met and had further education around what their role is and viewed their core data set in some detail. From there they will begin to look at what want to consider focus on. CCDM Programme Manager Emma Williams says the interest in establishing LDCs shows staff in patient areas really understand the benefit an LDC can bring to a clinical area. "It's an exciting time with the LDCs now taking charge of their own data sets and focusing on areas they want to learn more about in order to improve their ward, or clinical area."

