

Healthcare that Cares

Leveraging Analytics to Standardize Clinical Care and Reduce Cost of Care

September 24th, 2019

Agenda

- ➤ Baptist Health Overview
- Overview of BHSF Analytics
- > EBCC
- > Role of Dimensional Insight in Supporting EBCC
- ➤ EBCC Accomplishments
- > Future Dimensional Insight Analytics at BHSF
- > Open Discussion

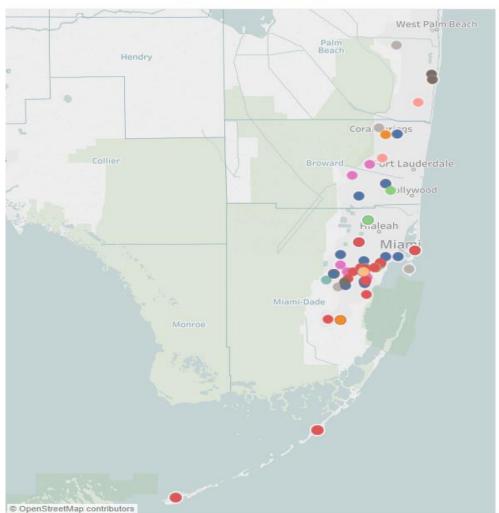




Baptist Health Statistics

BHSF LOCATIONS

BHSF ENTITY COUNT



Hospitals	1 0
Diagnostic Imaging	2 1
Urgent Care	1 8
Urgent Care Express	5
Surgery Centers	5
Sleep Centers	6
Endoscopy Centers	0 10
ER Free Standing	1
Rehab Centers	8
Physician Practices	4 8
Miami Cancer Institute	<u> </u>
MCVI	1
Baptist Executive Health	1







Baptist Health Statistics

>Admissions	109,922
➤ Patient Days	671,871
➤Births	15,007
➤ED Visits	493,039
➤ Urgent Care Visits	331,457
➤ Total Surgical Cases	103,869
➤ International Patients	11,853
➤ Licensed Beds	2,251
➤ Physician Office Visits	334,856
➤ Medical Staff	4,000
➤ Employees	23,000+
➤ Charity Care and uncompensated services \$339	9,000,000





Centers of Excellence

















Mission & Vision

Our mission is to improve the **health & well-being**of individuals in the communities we serve.
We are committed to maintaining the **highest standards**of clinical and service excellence,
rooted in utmost **integrity** and moral practice

Our vision is to become the **preeminent** healthcare provider in the communities we serve, the organization that people instinctively turn to for their healthcare needs.

Baptist Health will be a national & international leader in healthcare innovation.





Baptist Health Strategic Imperatives

Affordability

- Price competitiveness for payers and patients
- Identify and eliminate non value-added expenses
- Sustainability: change the way we do business

Systemness

- Enterprise-wide view: current and future services
- Highest and best use of our assets
- Provide right service, right setting, right price

Clinical Standardization

- Physician-led Collaborative Leadership
- Aligned Incentives
- Clinical programs with real-time data analytics

Volume

- New Business Models
- Increased Risk
- Importance of Physician Alignment
- Smart Growth



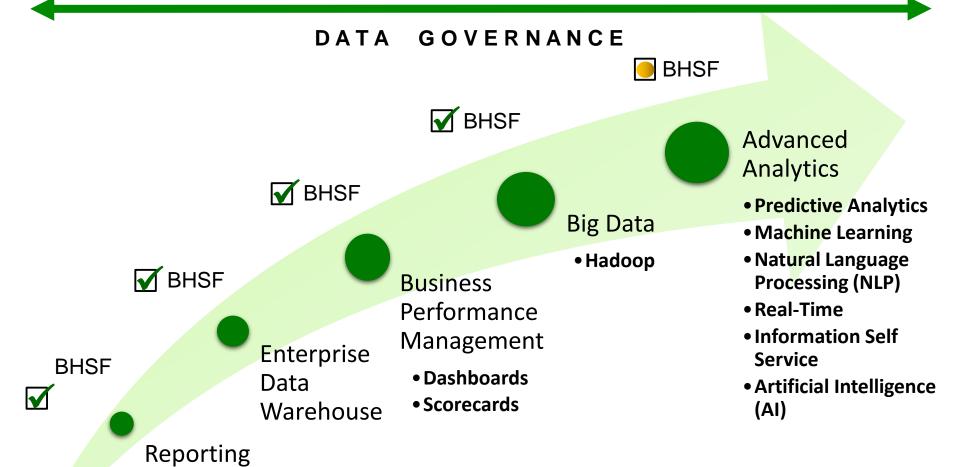


BHSF Analytics





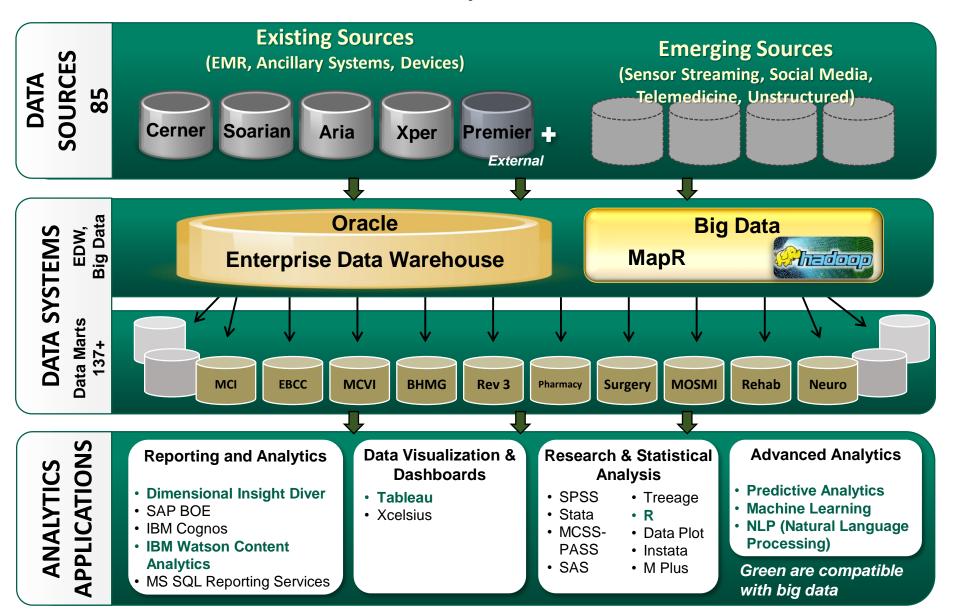
BHSF Data Analytics Maturity Model







BHSF Data Analytics Infrastructure





BHSF EDW Data Sources: 85

Aria

3M HDM

Agility

AHRQ (Diver) Allscripts EPSi

AllScripts Home Care AMS Medical Oncology AMS Oncology EMR

ANSOS One-Staff AvMed ACO Files

CareAware CentralLogic Centricity

Cerner Invision PA and PM Cerner Millennium, Prod Cerner Millennium, Test Cerner Soarian Clinical Cerner Soarian Financial

Chartlinks

Clairvia Clinical Acuity System

Corner FAD/LCB

Cerner EAD/LCR eCareManager

Echo

ED Call Tracker

EDM

eICU Replicated DB

EPremis

ERS

Essentris

FL Blue ACO Files

gGastro

GMED (Globus Medical) GMED (Globus Medical)

Great Minds HCLL Blood Bank

HL7 ADT from OpenLink

Home Health HorizonLab ImageNow

Intranet Physician Directory

JDA Parathon

Kronos LabVantage Lawson

MagView Breast Imaging

MCI DoseEdge MCI Patient Tracker Medical Reconciliation

MedSeek Midas

Neodata Reporting application

NextGen

Nuance CDMP

Omnicell

OnCore Clinical Research

OpenLink and Informatica B2B

OPTIFLEX

Pandora Pharmacy Patient Scheduling PeopleSoft FINPRD PeopleSoft OBI Physician On Call

Plato

PowerPath Premier Progeny

Proliance Construction ProVation Medical

Pyramis EKG Quantum QuadraMed

RapidComm Siemens Blood Gas

RedCap

RightPatient Biometric

SDE

Siemens Pharmacy

Soarian DSS Sovera HIM Syngo Radiology Teletracking T-System

Xper Cardiovascular





Evidence Based Clinical Care (EBCC)





EBCC Mission & Vision

To provide the structure and guidance for our organization in the design, adoption and implementation of relevant and up-to-date synthesized research based clinical pathways and protocols that can be measured real time across the entire episode of care; in order to eliminate clinical variation, improve patient safety and reduce cost.

Our vision is to ensure BHSF healthcare providers deliver care that is deliberate and coordinated across all services. EBCC is a system committee charged with reducing unnecessary variation in the care of patients with certain diagnoses. Develop and enforce system wide **policies** that are necessary to support the clinical care.





EBCC Physician Education Rollout Council Deliverables

- ✓ EBCC website now live on intranet page (external hyperlink being created "goebcc.baptisthealth.net")
- ✓ Exclusive email MD DG-group created " DG-BHSF EBCC"
- ✓ CME education will be available with every MS-DRG or pathway as it rolls out
- ✓ Power plan usage reports by MS-DRG and provider
- ✓ Entity specific educational needs assessment to target the specific provider groups for the MS-DRGs
- ✓ Entity specific operational assessment to identify operational gaps







EBCC At-A-Glance

Evidence-Based Clinical		APR DRG	DESIGN							BHSF DEPLOYMENT
Care At-A-	Glance 9-July	Status	Kick-off	Sessions	Order sets	EBCC Final Approval	MEC Comment	Transfer Packet	CPSC	
Wave 1	Hip/ Knee Arthroplasty	•	С	6 of 6	С	С	С	С	С	11/1/2017
Wave 2	Heart Failure	_	С	6 of 6	С	С	С	С	С	1/30/2018
	C-Section	-	С	6 of 6	С	С	С	С	С	11/28/2017
	Spine	-	С	6 of 6	С	С	С	С	С	1/30/2018
	Hip Fracture	•	С	6 of 6	С	С	С	С	С	11/28/2017
	CABG	-	С	6 of 6	С	С	С	С	С	1/30/2018
	Sepsis	-	С	6 of 6	С	С	С	С	С	1/30/2018
Wave 3	CVA	-	С	6 of 6	С	С	С	С	С	2/20/2018
	Respiratory/Pneumonia	-	С	6 of 6	С	С	С	С	С	2/20/2018
	Bowel Procedure	-	С	6 of 6	С	С	С	С	С	12/1/2018
	UTI	-	С	6 of 6	С	С	С	С	С	4/2/2018
	Cellulitis	•	С	6 of 6	С	С	С	С	С	4/2/2018
	Vaginal Delivery	-	С	6 of 6	С	С	С	С	С	11/28/2017
Wave 4	Craniotomy	-	С	4 of 4	С	С	С	С	С	4/23/2018
	Lap Cholecystectomy	-	С	4 of 4	С	С	С	С	С	7/24/2018
	Knee I. leg and Upper Ext.	-	С	4 of 4	С	С	С	С	С	5/23/2018
	Foot/Toe Amputation	•	С	4 of 4	С	С	С	С	С	5/23/2018
	COPD	-	С	4 of 4	С	С	С	С	С	5/23/2018
	DVT	-	С	4 of 4	С	С	С	С	С	8/7/2018
	GI Hemorrage	-	С	4 of 4	С	С	С	С	С	6/23/2018
	Renal Failure	-	С	4 of 4	С	С	С	С	С	8/7/2018
	PCI	-	С	8	С	С	С	С	С	9/25/2018
	AMI	-	С	8	С	С	С	С	С	9/25/2018
	Cardiac Valves/TVRS	-	С	8	С	С	С	С	С	11/5/2018
Wave 5	Leukemia	•	С	5 of 5	С	С	С	С	С	4/16/2019
	Seizures/Epilepsy	-	С	5 of 5	С	С	С	С	С	4/9/2019
	Stomach Procedures	-	С	4 of 4	С	С	С	С	С	6/18/2019
	Electrolyte Imbalances &	-	С	5 of 5	С	С	С	С	С	4/30/2019
	Metabolic Disorders									
	Uterine Adnexa	_	С	4 of 4	С	С	С	С	С	10/23/2019
	Respiratory Failure	-	С	5 of 5	С	С	С	С	С	3/6/2019
Wave 6	Blood Utilization									
	Medical Back	0			-	-				1
	Sickle Cell Anemia Thrombocytopenia /		С	3 of 3	Aug-19					
	Coagulation		IP	0 of 4	19-Jul					
	Lymphoma									
	Anemia									
	Liver Disorders w/o									
	cirrhosis									
Key										
•	On Track	С	Completed		NA	Not Applical		I		
<u> </u>	At Risk	IP	In Progress		Pending	Pending as r	now			
_	Delayed	H	On Hold							





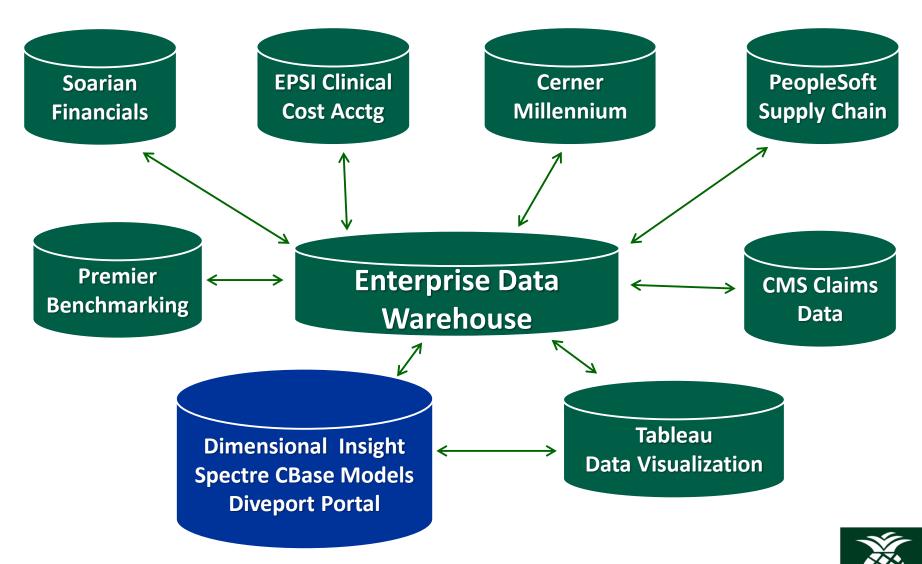
Role of Analytics in Supporting EBCC

- Operational reports for day to day operations
- Integrate data from multiple data sources real time
- ➤ Generate actionable insights using quality, financial, and clinical metrics to monitor performance
- ➤ Monitor physician compliance of Order Sets





EBCC Data Sources





EBCC Core Functionality

- ✓ Executive Dashboard
- ✓ Monthly Trends
- ✓ Quality Data with National Benchmarks
- ✓ Profitability
- ✓ Cost and Utilization Detail
- ✓ Clinical Variability (KPIs)

- ✓ Physician Performance Scorecard
- ✓ Order Sets Compliance
- ✓ Consultant Utilization
- ✓ Training & Education
- ✓ HIM Coding Validation
- ✓ Severity of Illness (SOI)

 Detail





Finding Variation and Cost Opportunity

EBCC and Analytics Integrity Committee members review MS-DRGs groupings for cost opportunity based on volumes, ALOS, and variable cost per case

Premier benchmark levels at the 50th & 75th percentile variable cost opportunities are used to further validate the data (2 standard deviation exclusion)

EBCC DivePort 7.0 portal reporting is updated as MS-DRG waves are defined for tracking outcomes





WAVE – EBCC Group – DRG Mapping

Wave	EBCC Group	MS-DRG Code	MS-DRG Description
	CJR	0469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
1		0470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
	C-Section	0765	CESAREAN SECTION W CC/MCC
		0766	CESAREAN SECTION W/O CC/MCC
	CABG	0231	CORONARY BYPASS W PTCA W MCC
		0232	CORONARY BYPASS W PTCA W/O MCC
		0233	CORONARY BYPASS W CARDIAC CATH W MCC
		0234	CORONARY BYPASS W CARDIAC CATH W/O MCC
		0235	CORONARY BYPASS W/O CARDIAC CATH W MCC
		0236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC
	Heart Failure	0291	HEART FAILURE & SHOCK W MCC
		0292	HEART FAILURE & SHOCK W CC
		0293	HEART FAILURE & SHOCK W/O CC/MCC
	Hip & Femur	0480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
		0481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC
		0482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
	Sepsis	0870	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS
		0871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC
2		0872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC
-	Spinal PXs	0028	SPINAL PROCEDURES W MCC
		0029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS
		0030	SPINAL PROCEDURES W/O CC/MCC
		0453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
		0454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
		0455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
		0456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC
		0457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC
		0458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC
		0459	SPINAL FUSION EXCEPT CERVICAL W MCC
		0460	SPINAL FUSION EXCEPT CERVICAL W/O MCC
		0471	CERVICAL SPINAL FUSION W MCC
		0472	CERVICAL SPINAL FUSION W CC
		0473	CERVICAL SPINAL FUSION W/O CC/MCC
		0518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM
		0519	BACK & NECK PROC EXC SPINAL FUSION W CC
		0520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC





WAVE – EBCC Group – DRG Mapping

Wave	EBCC Group	MS-DRG Code	MS-DRG Description
	Bowel PXs	0329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC
		0330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
		0331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
		0335	PERITONEAL ADHESIOLYSIS W MCC
		0336	PERITONEAL ADHESIOLYSIS W CC
		0337	PERITONEAL ADHESIOLYSIS W/O CC/MCC
	Stroke	0061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC
		0062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC
		0063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC
		0064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC
		0065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS
		0066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC
		0067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC
		0068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC
		0069	TRANSIENT ISCHEMIA
	Vaginal Delivery	0767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
3		0768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
J		0774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
		0775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
	Cellulitis	0602	CELLULITIS W MCC
		0603	CELLULITIS W/O MCC
	Kidney UTI	0689	KIDNEY & URINARY TRACT INFECTIONS W MCC
		0690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
	Other Kidney Urinary Tract DX	0698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC
		0699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC
		0700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC
	Respiratory Infections	0152	OTITIS MEDIA & URI W MCC
		0153	OTITIS MEDIA & URI W/O MCC
		0177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC
		0178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC
		0179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC
		0193	SIMPLE PNEUMONIA & PLEURISY W MCC
		0194	SIMPLE PNEUMONIA & PLEURISY W CC
		0195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC

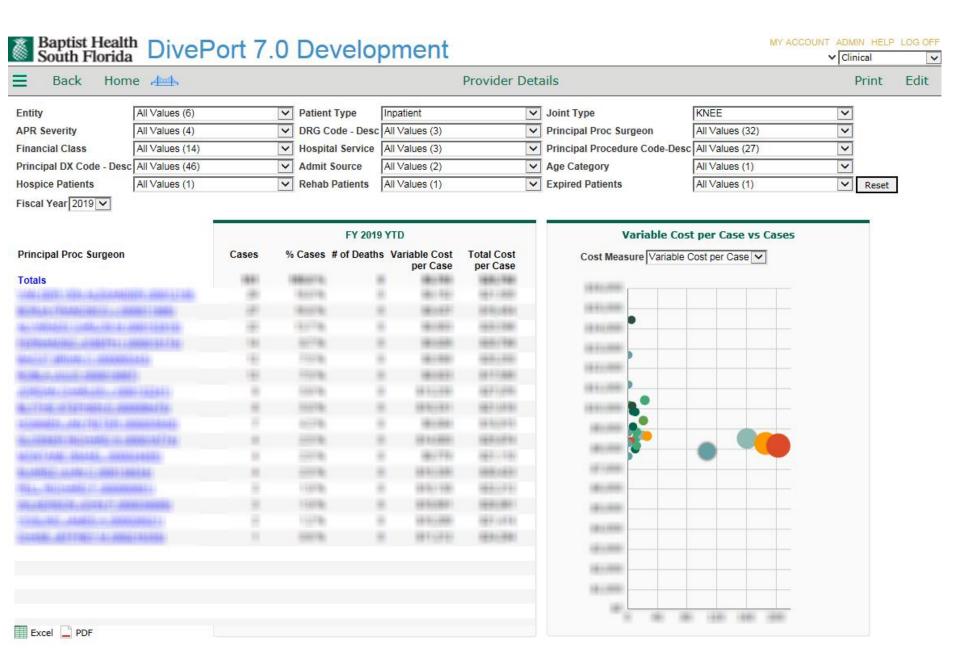




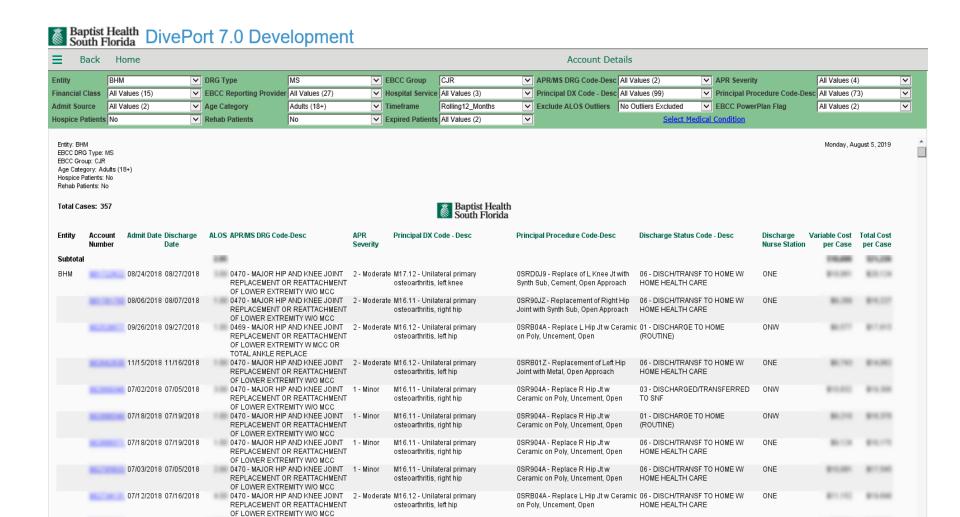
DivePort - EBCC Main



Provider Detail Analysis



Account Details



0SR904Z - Replacement of R Hip Jt

with Ceramic on Poly, Open Approach HOME HEALTH CARE

06 - DISCH/TRANSE TO HOME W/

ONW

Moderate M16.11 - Unilateral primary

osteoarthritis, right hip

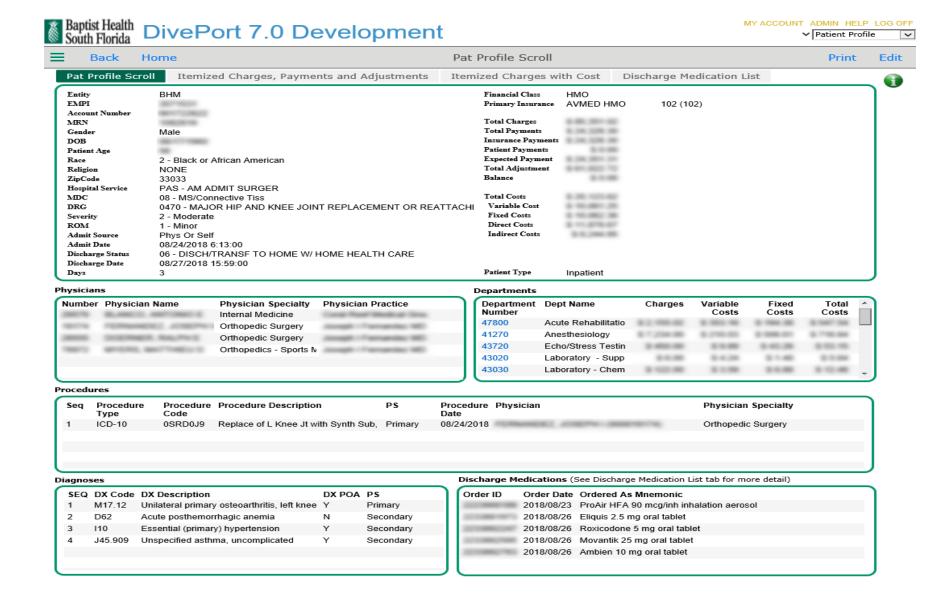
07/16/2018 07/17/2018

ProDiver Excel PDF

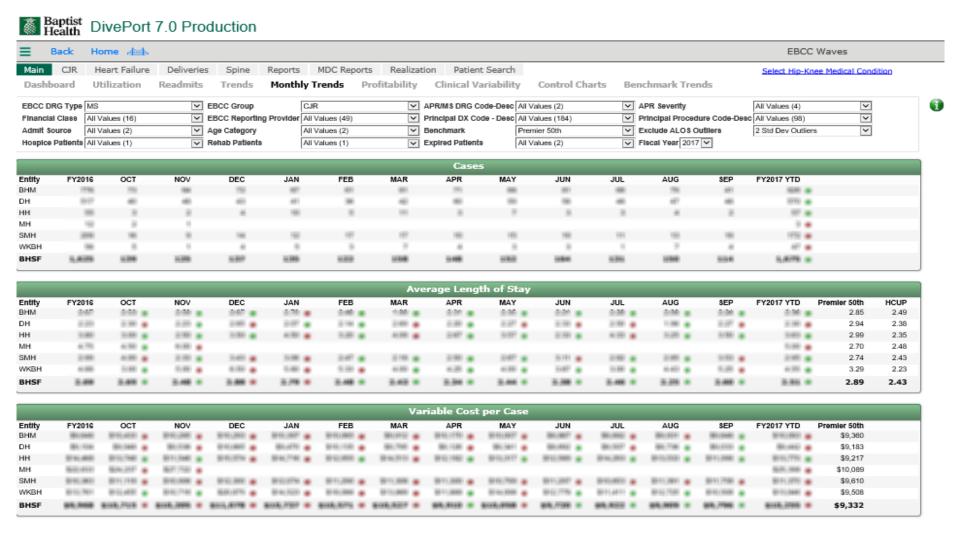
0470 - MAJOR HIP AND KNEE JOINT

REPLACEMENT OR REATTACHMENT

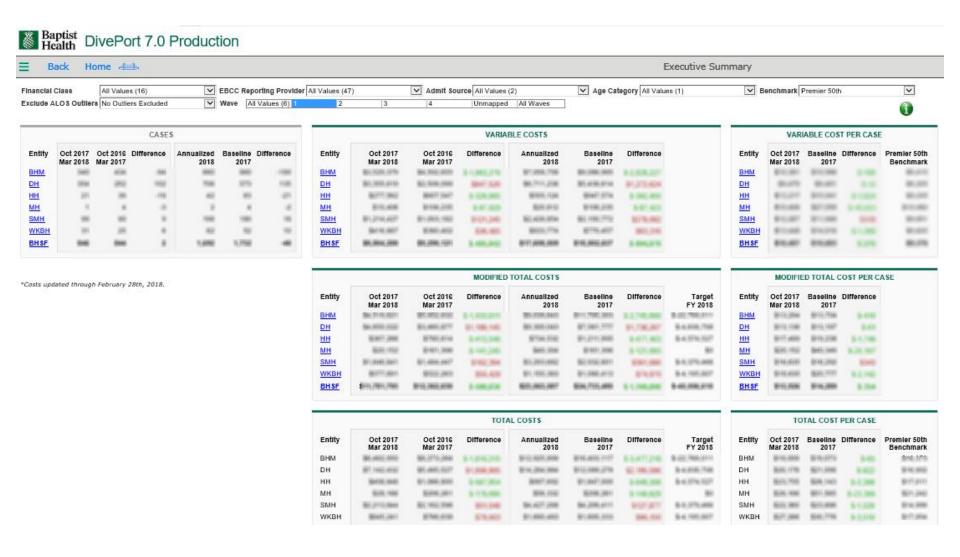
Patient Profile



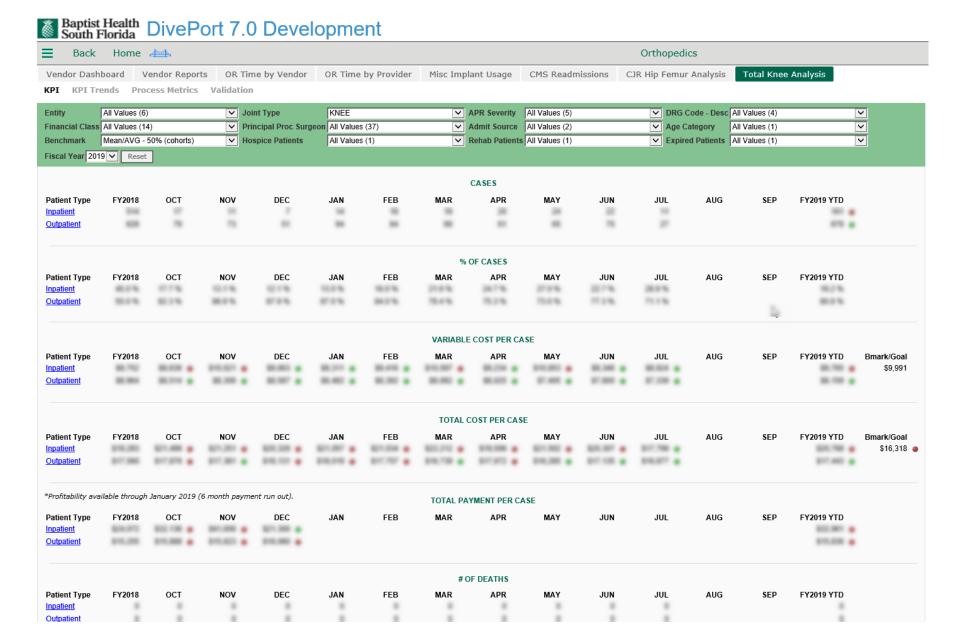
Monthly Trends



Executive Dashboard



Key Performance Indicators



Key Performance Indicators (continued)

Baptist Health South Florida DivePort 7.0 Development

Back	Home	44									Orthoped	ics			
							# (OF DEATHS							
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient				-		-									
Outpatient															
						% OF	ELECTIVE CA	SES DISCHARG	GED TO HOME						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	40.0%	815	20.00	2015	20.0%	20.3%	47.1%	20.0%	600	845	90.0%			367% ·	
Outpatient	9276	m1%	22.4%	800	55.0%	90.0	95.1%	80.0	55.4%	50.7%	867%			201% a	
					ß	% OF FLECT	IVE CASES DIS	SCHARGED TO	HOME w/HOME	CARE					
Patient Type	FY2018	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient Type	F 1 2018	OCI	NOV	DEC	JAN	FEB	MAR	APK	MAY	JUN	JUL	AUG	3EP	F12019 11D	
Outpatient	20.75	20.0	367.5	815	1115	2175	3675	0.15	MEN	M7%	2015			2017	
outpatient										-					
						TRANE	EXAMIC ACID (TXA) CASES (E	LECTIVE ONLY)					
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	407	-				-		76		-	-			110 .	
Outpatient	-	**	-	-		-	-	-	-					***	
						% TRAN	IEXAMIC ACID	(TXA) CASES (I	ELECTIVE ONL	Υ)					
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	Target
npatient	80.0%	man.	70.7%	90.7%	50° 1 %	80.0%	50.00%	70.0%	80.1%	0.00	100.076			70.0%	100.0 %
Outpatient	20.0	911%	80.0	200	200	mer	80.7%	m/%	20.00	81%	814			mrs.	100.0 %
						TXA, I	BLOOD, & HGB	<=7 CASES (EL	ECTIVE ONLY)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient															
Outpatient															
						TXA,	BLOOD, & HGE	B>7 CASES (EL	ECTIVE ONLY)						
atient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient															
Outpatient															

Key Performance Indicators (continued)

Back	Home							Orthope	dics						Print
Duck	Home							Отспоре	4103						TTITLE
							% OF CASE	S ON ERAS PA	THWAY						
atient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	80.0	84.1%	-	100.0	100.0	100.0	100.0	100.0		100.0	m 1 %	100.0	-	•	
utpatient										m/4		m/%		•	
Pain Scor	e at Med/Sur	g Pain<=6 ✓					% OF CASES V	V/Pain<=6 AT M	ED/SURG						
Patient Type		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient		8115	80.0	0.11	80.7%	87.7%	75.7%	800	87.7%	20.0	875	80.0		70.4%	
Outpatient		E15	H15	2015	H15	E115	27.7%	815	00076	813	77.7%	73.6%		827%	
Pain Scor	e before Disc	harge Pain<=	6			% C	OF CASES W/Pa	nin<=6 BEFORE	DISCHARGE						
Patient Type		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
Inpatient		man.	MIT 16	80.7%	000.0	75.0%	70.0 %	m	BT 3 %	MIT %	BL276	E1 4 %		76.1%	
Outpatient		200	87%	M2%	767%	HIL	76.0%	mrs.	877%	81%	81%	75.5%		81%	
							AVG PATIENT	IN OR TO OUT	OR (MIN)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
<u>Inpatient</u>	-	176	100	-	170	-	-	-	-	-	100	-	-	•	
Outpatient	160	***	-	-	100	-	-	-	-	***	-	-		•	
						AVG	SURGERY STA	ART TO SURGE	RY STOP (MIN)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
<u>Inpatient</u>	-	-	-	-	-	-	-	-	-	-		-	100	•	
Outpatient	-					***		***	-	***	-	-	-		
						AV	/G PATIENT IN	OR NOT IN SUF	RGERY (MIN)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	-													•	
<u>Outpatient</u>															
						AVG	PATIENT IN O	R TO SURGERY	START (MIN)						
atient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	-		-	-	-	-	-	-	-	-	-	-		•	
Outpatient		-	-	-	-	-	-	-	-	-	-	-			

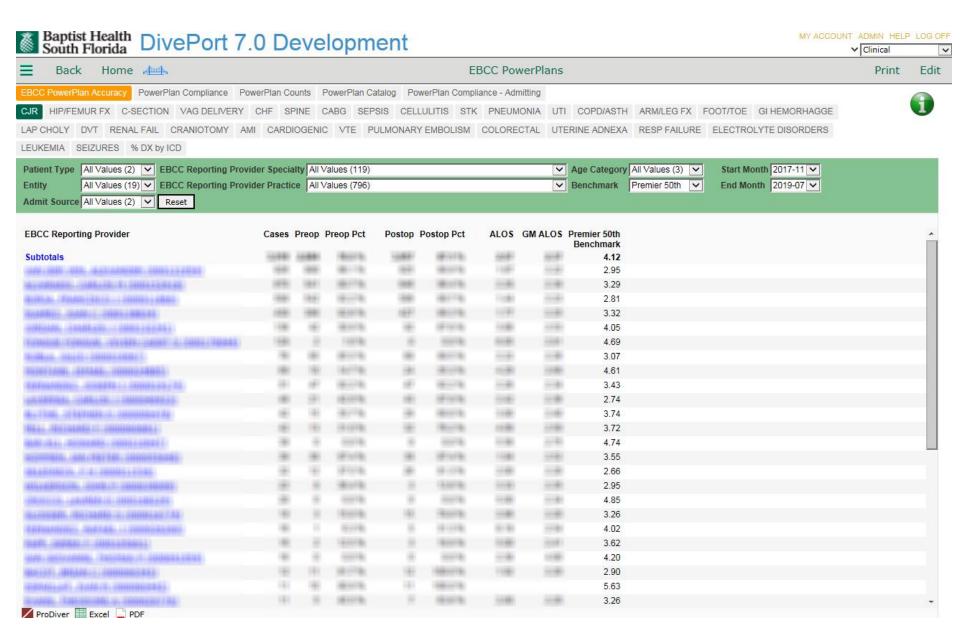
Key Performance Indicators (continued)

₩ He	ptist ealth	DIVEL	OIL /.	0 Deve	Siobilic	-11L								~	Clinical
Back	Home							Orthoped	dics						Print
						AVG	PATIENT IN O	R TO SURGERY	START (MIN)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	-	-	-	-	-	-		-	-		-	-		•	
Outpatient												-		•	
						AVG	SURGERY STO	P TO PATIENT	OUT OR (MIN)						
atient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient				-	-						-		-		
Outpatient	,			,											
							AVG PACU	DELAY/HOLD	(MIN)						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
npatient	199	-	-	100	100	100	-	100	100	-	100	100		•	
<u>Outpatient</u>		100	***	***	10	-	100	-	-	-		-			
						% O	F PATIENTS W	HEELS IN ROOM	AFTER 4PM						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
Inpatient	19%		815	78.2%	77%		5.1%		42%			88%		3.8.9	
Outpatient	11%	21%			11%	24%	18%				11%	18%		13%	
						% OF PA	ATIENTS AMBU	LATED W/IN 4 I	HOURS OF PAC	:u					
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
Inpatient	10.1%	70.0%	20.4%	40.0%	467.5	80.0%	27.0%	mark.	96.7%	941.5	007%	MATE.		80.7%	
Outpatient	815	-	815	815	767%	714%	mes	215	MIN	815	875	215		W198.	
						%	OF PATIENTS	DISCHARGED	w/OPIOIDS						
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
Inpatient	862%	80.4%	72.7%	SET 11 %	SUP'N	00.07%	50.076	80.0%	MILES.	MITS.	98.0%			1911/11	
Outpatient	MIN.	SEFE.	9475	815	87%	815	815	967%	80.0	9075	815			H155	
						% OF PA	TIENTS DISCH	ARGED w/BENE	FICIARY NOTI	CE					
Patient Type	FY2018	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY2019 YTD	
Inpatient Outpatient				100.0	-	min	76.0%	2015	815	615	76.0%	70.0%	100.00	men	

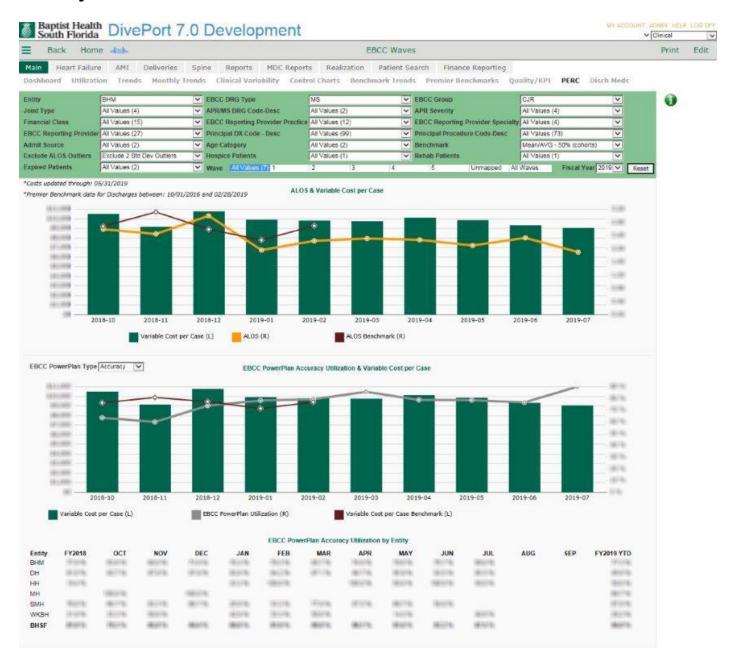
Trends



Order Sets – Cerner PowerPlans

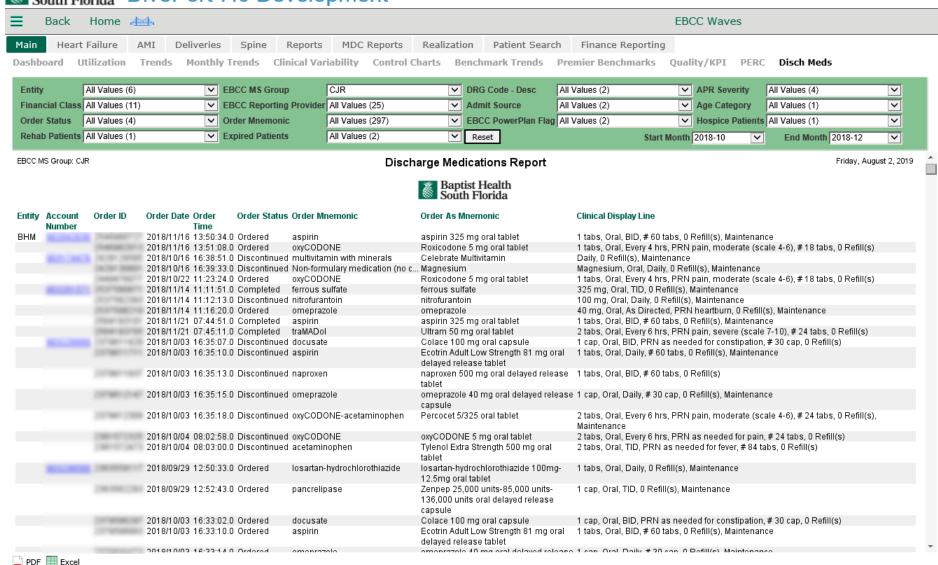


Physician Education Rollout Council



Discharge Medications





What has EBCC Accomplished?





What has EBCC Accomplished? (FY 2018 – 2019 YTD)



77,335 Patients that qualified for an EBCC PowerPlan/Pathway



181 MS-DRGs redesigned



1,058 Providers educated



Redesigned **43** clinical pathways and **59** algorithms



Created 20 CMEs taken by over 854 Providers



Developed and deployed

129 PowerPlans



187,074 EBCC PowerPlans used with an overall compliance rate of 82.8%



Created/updated 32 policies, and 40 eWINKs.





What has EBCC Accomplished? (FY 2018 – 2019 YTD)



73% reduction in blood product utilization in CJR patients from 2017 to 2019



More than 38% improvement in discharging DVT patients home rather than admitting from 2017 to 2019



Minor severity cellulitis admissions decreased by 40.5% from 2018 to 2019

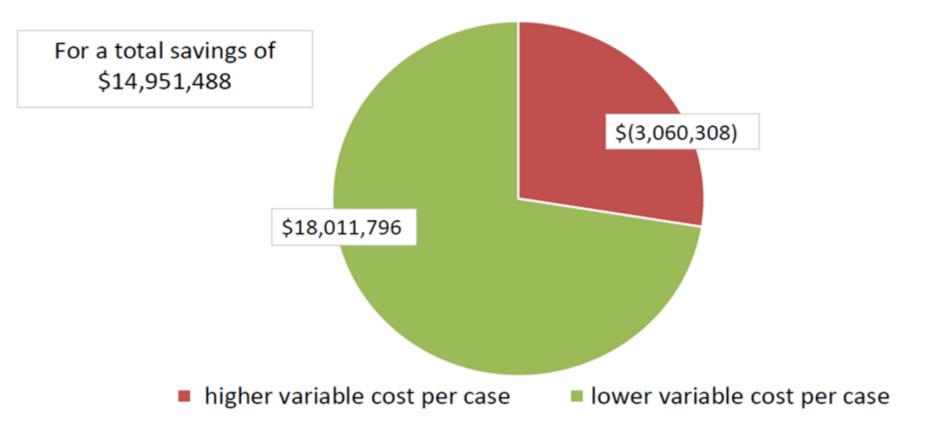


Variable cost per case reduction from prior year on **50%** of the MSDRGs, at the severity level, in waves 1-5





Volume Adjusted EBCC 1:1 Match SOI MSDRGs Realization



Oct 17-May 18 and Oct 18-May 19
Excludes volume <= 10 Cases and adjusted for outliers (2STD)





Next Steps

- Move our Daily EBCC process from Weekly loads to daily loads
- ➤ Continue to develop clinical KPIs for each of the clinical areas identified with highest potential to decrease LOS, Cost and Variability of Care
- Implementing Measure Factory and Dimensional Insight Ambulatory Operations (Phase I)
- ➤ Physician Augmentation (Phase II)
- Implement real time data capture from our Cerner EMR.
- > Develop real time alerts for clinical metrics





The "Ask"



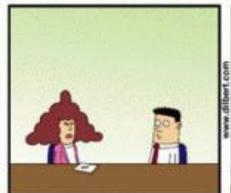














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