Medical Leader	•
Medical Expert	
Communicator	•
Advocate	
Scholar	☐
Professional	
Collaborator	
Manager	•

Stroke Management within the Hospital

2014 Day 2 - Q1 (Compulsory)

You are the recently appointed Medical Director of Alfa Hospital. It is a metropolitan, tertiary level public hospital. Your hospital participates in the Australasian Health Roundtable (HRT) that benchmarks /reviews hospitals' operating data. The following information relates to the treatment of Stroke and other cerebrovascular disorders at Alfa Hospital.

Your Hospital's CEO has just received the latest benchmarking report form the HRT. He notes that Alfa Hospital has been 'flagged' as having a higher length of stay for patients with Stroke and other cerebrovascular disorders than the four best "exemplar" hospitals in your benchmarking group.

The CEO is concerned about the hospital's lagging performance compared to other comparable Australian and New Zealand hospitals. The CEO asks you to review the current data relating to stroke management in the hospital and to advise him on the following questions when you meet next week.

What appear to be the main contributing factors to the long length of stay in the stroke and other cerebrovascular disorders DRG?

If you are designated as project leader to make improvements in this area, who would you select (if anyone) to assist you, and why?

What should be the initial focus of efforts to reduce length of stay for this group of patients over the next six months?

What would you recommend as the goal of your project?

What would be on your agenda for the first month?

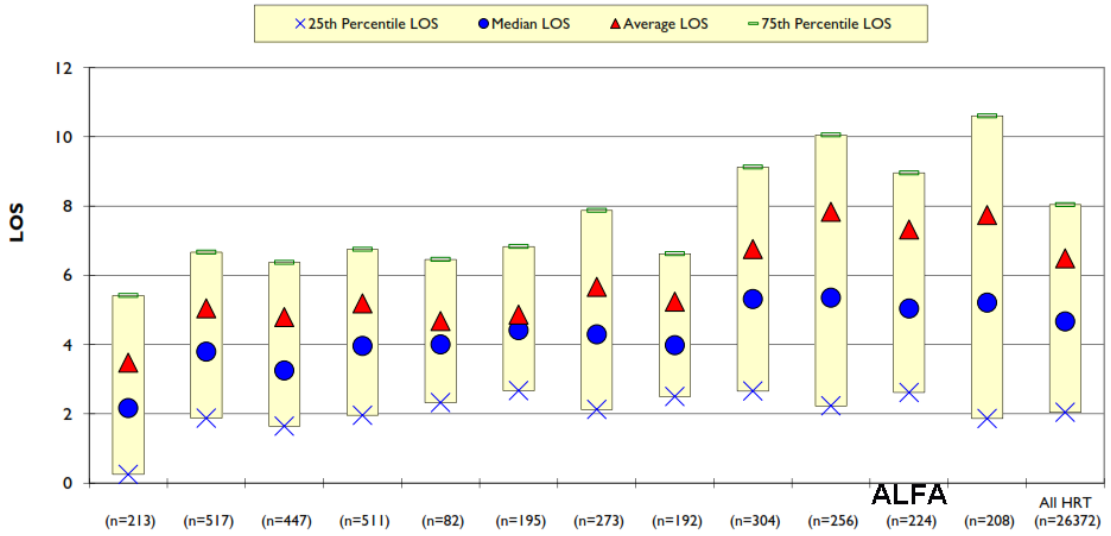
Key information.

- The average age of admitted adult patients is 71 years. (The average age for your HRT group's 'Exemplar Hospitals' is 73 years).
- 75% of admitted patients with Stroke are in the higher complexity groups (PCCL 2, 3 and 4). (The weighted average for the 'Exemplar Hospitals' is 79%).

Key graphic information.

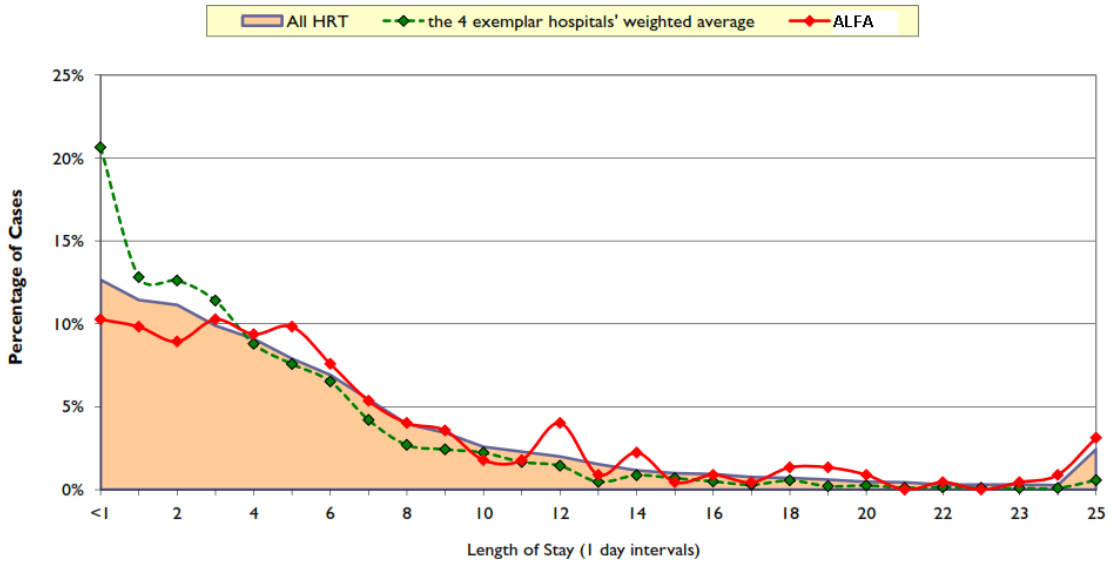
B70-STROKE AND OTH CEREBROVAS DSRD | July 2012-June 2013

Number of Stroke admissions, and the median and average length of stay (days) for Hospitals in your Peer Group, and the Combined HRT Group Totals



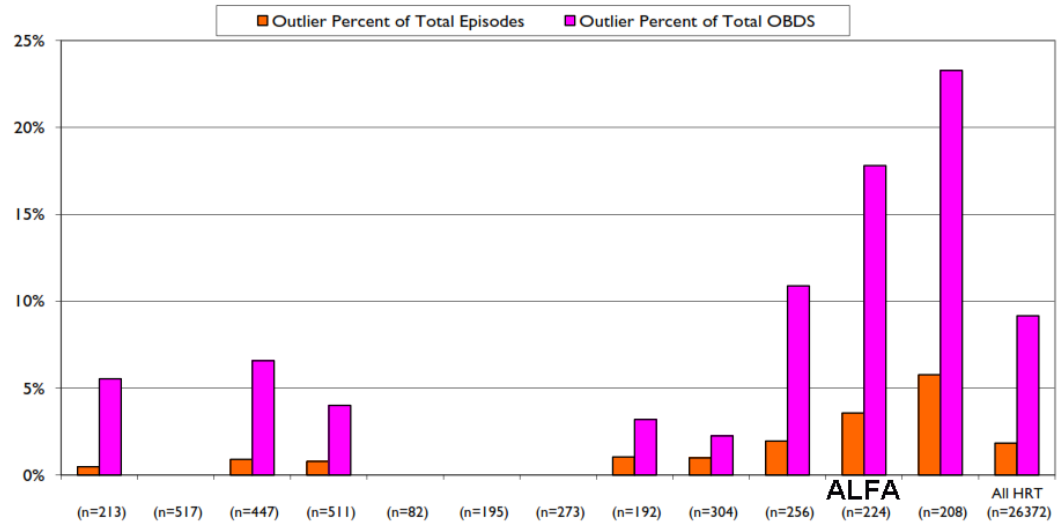
B70-STROKE AND OTH CEREBROVAS DSRD | July 2012-June 2013

Modal distribution of length of stay (days) for Stroke patients in your HRT group including data for the 'Exemplar Hospitals' and Alfa Hospital



B70-STROKE AND OTH CEREBROVAS DSRD | July 2012-June 2013

Percentage of patients that are outliers in DRG Group B70 and the percentage of total Group bed days occupied by these patients



B70- STROKE AND OTH CEREBROVAS DSRD July 2012-June 2013

Data for each acute clinical team that admits patients with stroke

Clinical Team	Relative Stay Index (RSI) *	Avg. LOS (Days)	Admission Episodes	Complication Rate whilst in Hospital	A-Level Rate **	Total Bed Days
AA	108%	7.3	35	3%	20%	254
BB	112%	6.2	38	3%	5%	235
CC	79%	5.8	31	3%	29%	179
DD	116%	7.7	21	14%	14%	162
EE	141%	14.4	7	29%	57%	101
FF	101%	7.7	13	8%	31%	99
GG	150%	16.2	6	0%	50%	97
HH	131%	17.5	5	0%	100%	88
II	88%	5.7	13	8%	23%	74
JJ	258%	15.7	4	0%	25%	63
KK	105%	10.4	5	0%	60%	52
LL	137%	14.4	3	33%	67%	43

* The RSI calculation allows hospitals to determine how quickly they are discharging patients in relation to their peers, whilst accounting for casemix. (< 100% better than expected and >100% more than expected).
** Patients within DRG B70 that are in the most acute categories

Censor's Notes

Stroke Management within the Hospital

2014 Day 2 - Q1 (Compulsory)

Key Evaluation Points for Responses:

1. First it should be noted that the patients at Alfa Hospital are NOT older or sicker than those at other hospitals. The average age is younger, and complexity is lower. (Implication - the hospital cannot claim patients are staying longer because they are older or sicker).
2. Alfa's median length of stay is fairly close to the Group's median (about 5 days compared to 4.5 for the HRT). However, the average is skewed higher at 7.3 days compared to the HRT average of 6.3. The modal distribution graph shows that Alfa has more 'longer stay' patients after 23 days as compared to the exemplar hospitals. (Implication - this means that it is more important to focus on the outliers to save more bed days.
3. Four percent of patients (4% of 224 = 9 patients) used 18% of all stroke bed days (7.3 days for 224 patients = 1635 days). This means that these 9 used about 32 days each. (Implication - focusing on the causes of these 9 patients long stay will be much more useful that trying to reduce the stay of all patients by say 0.5 days).
4. The clinical subunit page shows that 12 individual doctors or units are treating patients with stroke, and there is a large variation in length of stay. (Implication- a key step of analysis will be to interview the doctors to understand how their practices differ regarding the long-stay patients. There may be a difference in how patients are clinical managed and/or at what time they are 'SNAPed'). Some units have high intra-hospital complication rates.
5. The goal of the project should be to improve care for stroke patients. Initial efforts should be to understand the causes for patient long-stays in hospital, and to look at the interfaces with other hospital activities (e.g. rehabilitation) and external agencies.