## Monthly EC Presentations (growth ImR)



Special cause - 8 consecutive months below the centreline
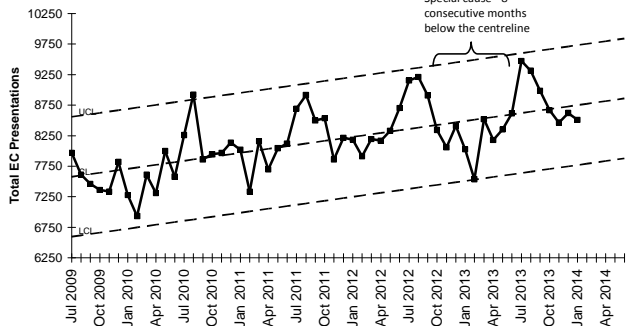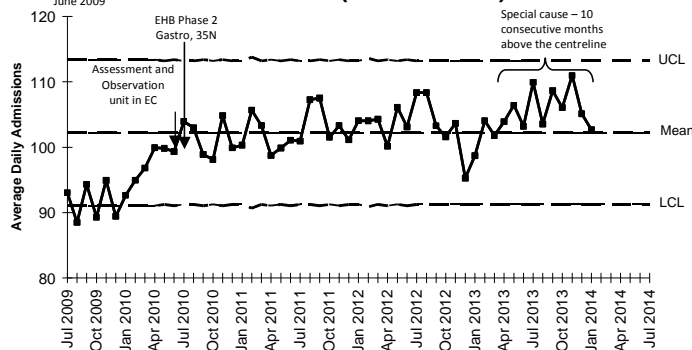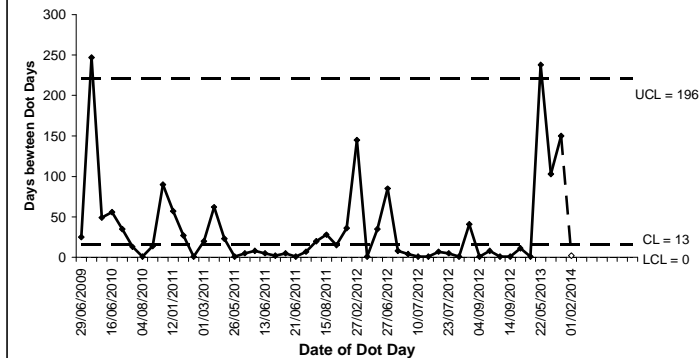
Emergency Care (EC) Presentations have shown a consistent growth pattern from July 2009 to date. There was a special cause with 8 points lying below the expected centreline, analysis indicates that this special cause is the result of seasonality.

## Admissions (Xbar / XBarS)



EHB Phase 1 Ward 33,34 June 2009

EHB Phase 2 Gastro, 35N

Assessment and Observation unit in EC

Special cause – 10 consecutive months above the centreline

A special cause with 10 points above the centreline (April 2013– January 2014)has been noted on the graph

## Days between Dot Days (t-chart)



UCL = 196

CL = 13
LCL = 0

There has been a Dot Day in January (30th Jan)

# Notes

As the scope of the Beyond 20,000 Days Campaign has expanded, the data for the admissions, length of stay and readmissions now includes ARHOP and Mental Health in addition to the Surgical and Medicine divisions.

The occupancy graph is now displayed as a rate to reflect the data shown in the Daily Dose e-newsletter.
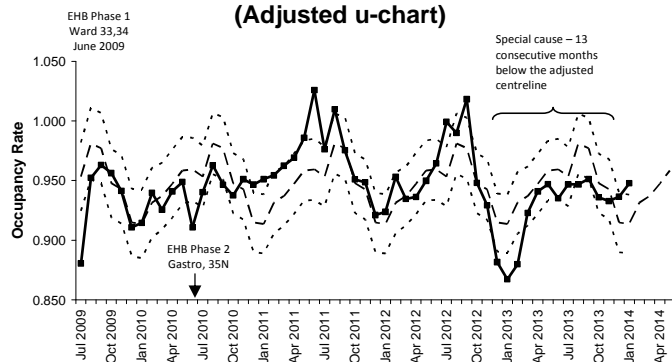
# Beyond 20,000 Days
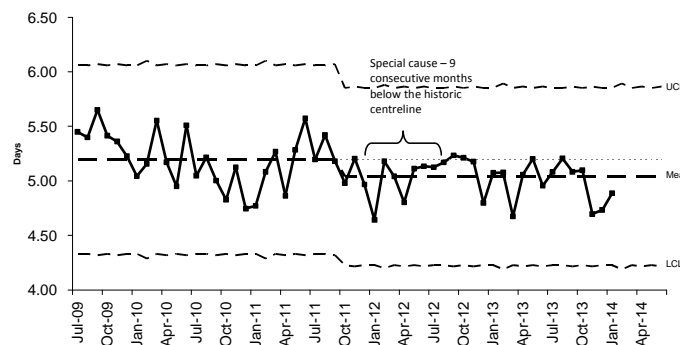## Campaign Dashboard
## January 2014



# Analysis

The admissions graph is continuing to show special cause with the last 10 months having greater than average admissions - the average length of stay has continued to remain at lower level, these combined has lead to occupancy remaining relatively constant over the same time period. As a balancing measure the readmission rate is only showing normal (common cause) variation.

## 9am Occupancy Rate
### (Adjusted u-chart)



EHB Phase 1 Ward 33,34 June 2009

EHB Phase 2 Gastro, 35N

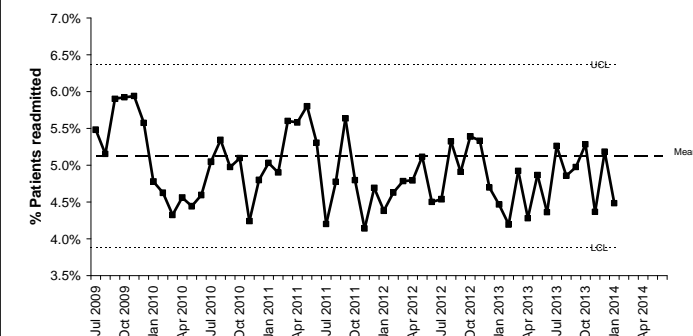Special cause – 13 consecutive months below the adjusted centreline

The dashed line is the adjusted centre line and the dotted lines are the control limits – although there are multiple periods of special cause in this graph the special cause for last 12 months are highlighted.

## Average Length Of Stay (Xbar graph/XbarS)



Special cause – 9 consecutive months below the historic centreline

UCL

Mean

LCL

Average length of stay has decreased from our baseline (July 2009-June 2011) and shown common cause variation at a reduced level since November 2011.

## Readmissions (P Chart)



UCL

Mean

LCL

Readmissions have shown common cause variation only

Campaign Manager :     Diana Dowdle
Clinical Leader:        David Grayson
Improvement Advisor:  Ian Hutchby, Prem Kumar & Matt Cope

# EC Presentation

This graph represents the Average daily presentation to MMH emergency care.

Operational Definition

**Criteria**
All presentation to MMH Emergency department
This figures include adult and Paediatrics

# Admission

This graph shows the admission of acute adult patient admitted to Middlemore over a period of time.

***Operational Definition***
Admission: Patient admitted to MMH inpatient wards for more than 3 hours from the 1st seen by time

**Criteria**
Middlemore, Age >-15 years, Surgical (incl Gynae), Medical, ARHOP and Mental Health specialties

# Trigger /Dot Days

This Graph chart shows the days on which date the hospital was full and also the days between two Dot days. Hospital full days are also termed as Dot days. One of the aim is to minimise the Dot days and increase the time between Dot days. One of the contributing factor to achieve this is bed day saving

***Operational Definition***
Dot Days: A day is referred as "Dot Day" when Middlemore central send an email when the Hospital is full.
Date of Dot Days: The actual date when the email was sent.

**Criteria**
All emails sent by Middlemore central with a subject "Hospital full"

**UCL:** Upper control Limit is automatically calculated by the software it selves.
**CL:** Centre Line can also be called as Average.
**LCL:** Upper control Limit is automatically calculated by the software it selves.

Note: The graphs will help us to detect Shifts, Trends and variations. The lines within control limits indicate that the data is stable and in Statistical control.

# 20,000 Days
## Campaign Dashboard Definitions

**beyond**
20,000 DAYS

# Occupancy

This graph reflects the occupancy rate (%) at the 9am census

***Operational Definition***
Occupancy: numerator – the average number of beds occupied at 9am during the month
Denominator – the average number of beds open at 9am

**Criteria**
Middlemore, Age >-15 years, Surgical/Medical specialty (incl Gynae). Occupancy excludes: MSSU and Observation

# Average Length of Stay (ALOS)

This graph reflects the ALOS over a period of time.

***Operational Definition***
LOS: Days between admission to discharge

**Criteria**
Middlemore, Age >-15 years, Surgical (incl Gynae), Medical, ARHOP and Mental Health specialties

# Unplanned Re admission

This graph shows the readmission rate over a period of time.

***Operational Definition***
Re-admission: numerator - An unplanned acute readmission to same speciality as discharged within 7 days
Denominator – total number of admissions

**Criteria**
Middlemore, Age >-15 years, Surgical (incl Gynae), Medical, ARHOP and Mental Health specialties. Data extracted based on Inpatient discharged location