

# **Case Costing Implementation: a self-discovery journey**



**GTA Rehab Network Best Practice Day  
Marie DiSotto-Monastero BSc OT  
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**Our Vision: To be at the Forefront of Specialized Rehabilitation Care**

# Agenda

- Overview of St. John's Rehab Hospital
- Our Case Costing Implementation Journey
- Take Home Message and Next Steps
- Q&A



# St. John's Rehab Hospital



- Founded in 1937 by the Sisterhood of St. John the Divine
- Only hospital in Ontario solely dedicated to specialized rehabilitation for adults
- Serves patients from the Greater Toronto Area and throughout Ontario
- Community affiliated teaching site of University of Toronto
- We provide:
  - Patient focused inter-professional care
  - Individually customized rehab to meet patients'
    - physical, emotional, psychological
    - work, social and spiritual needs

# St. John's Rehab Hospital

- **Specialty populations**
  - Burn (unique in Ontario)
  - Oncology (unique in Ontario)
  - Organ transplant (unique in Canada)
  - Amputation
  - Cardiac
  - Complex Care
  - Neurological
  - Orthopedic
  - Trauma



# St. John's Rehab Hospital



- **April 2009-March 2010 Stats**

- **In-patients**

- 160 Beds
- 2,640 discharges
- Active Rehab LOS 20.2 days

- **Out-patients**

- 40,618 attendances



# Case Costing Project

- **Ontario Case Costing Initiative Project (OCCI)**
  - **MoHLTC**
  - **Primary objective to collect case costing data**
    - Support management decision making
    - Development of hospital funding methodology
- **Internal Case Costing Team consists of**
  - **Decision Support**
  - **Finance**
  - **Information Management**
- **Other stakeholders**
  - **Other departments, MoHLTC, CIHI & MedAssets**

# Implementation

- **Steps taken**
  - Identified sources of data
  - Communicated benefits and expectations
  - Reviewed and realigned relationships
  - Redefined roles
  - Redesigned structure



# Cans of Worms



# Cans of Worms



## Worm #1: Incorrect workload charges

- **Problem**

- Workload were assigned to wrong encounters

- Error discovered prior to implementation
- Case Costing system rejected significant amount of workload data

# Cans of Worms



## Worm #2: Merging of patients

- **Problem**
  - No alert / notification is sent
    - Manual merge process
    - No clear understanding of relationships between databases and tables

# Cans of Worms

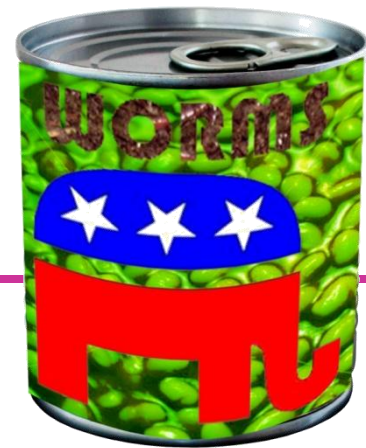


## Worm #3: Workload to non-unique encounters

- **Problem**

- Clinicians treat non-registered patients
  - Workload is being entered to “non-unique” encounter
- Costing excludes workload related to these encounters
  - Effectively overstating costs for the uniquely identifiable patients

# Cans of Worms



## Worm #4: Management of Service Interruption

- **Problem**
  - Challenge unique to Rehab
    - Patients discharged to Acute Care Facilities
    - Differences between CIHI NRS and MoHLTC MIS process
  - No impact to submissions prior to implementation of Case Costing
  - Case Costing amplified impact of issue

# Cans of Worms



## Worm #5: Missing Nursing Workload

- **Problem**
  - MoHLTC audits rejected records with missing nursing workload
  - Similar issue with workload assigned to patient before admission or after discharge

# Solutions



- **System patches/upgrade**
  - Contacted vendor to modify system-related issue
  - Implemented an upgrade system modifications
- **Process redesign**
  - Current processes (e.g. merging and registration) were reviewed and revamped
  - Accountability for data quality
  - Silos vs. Integrated approach

# Solutions

- **Discussions with MoHLTC / CIHI**
  - Flow of data between workload, registration and NRS assessment system
  - Definitions
  - Weekend passes
- **Retraining**
  - Frontline staff
  - Registration
  - Health Information Services
  - Application Specialist
  - Tip of the month communication
- **Validation and Audit reports**
  - Stand-alone system specific reports
  - Comprehensive cross-system reports
  - Weekly error reports
  - MoHLTC Audit report were modified



# Results

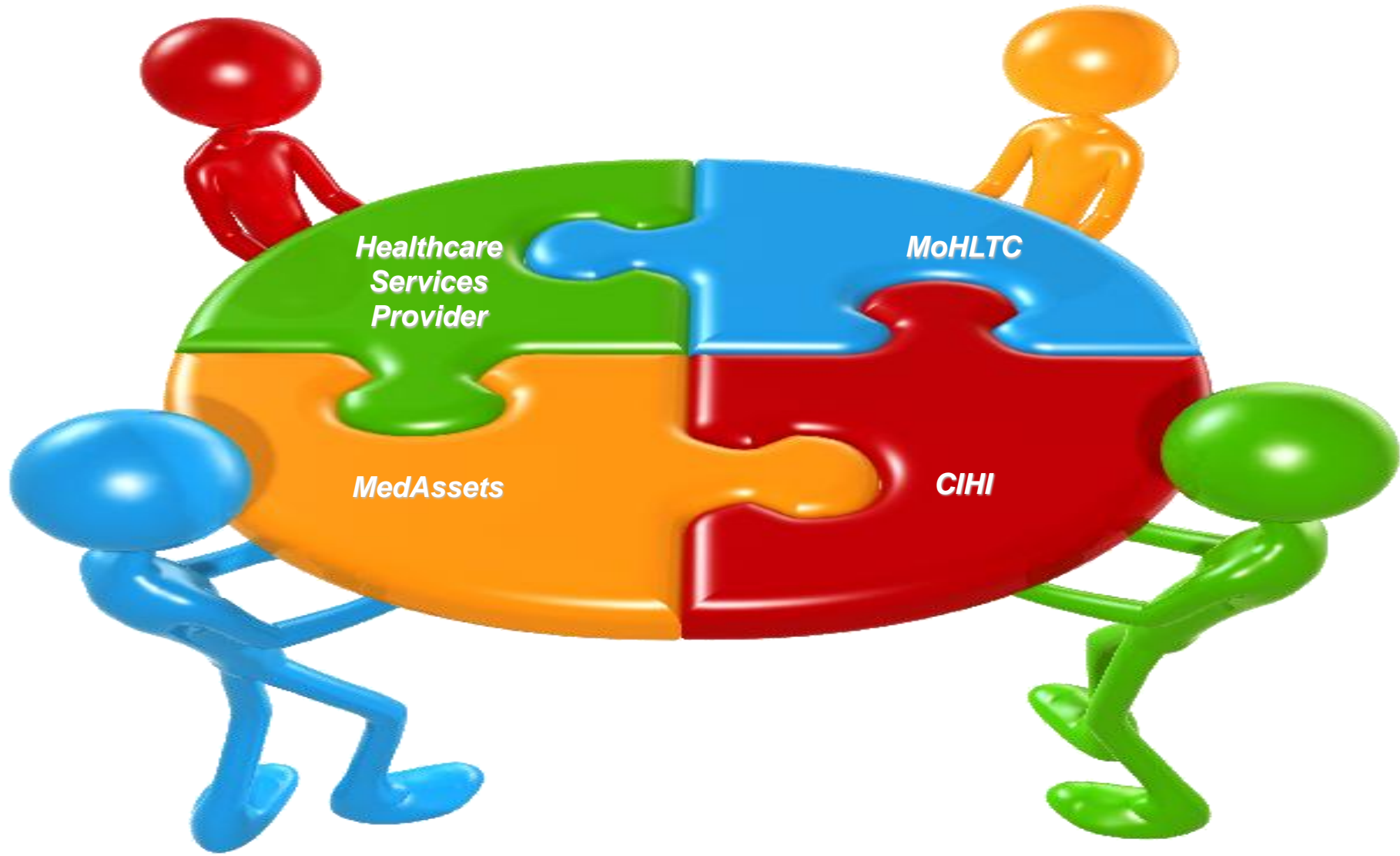
- **Workload**
  - Reduced errors in assigning workload to wrong patients
  - New checks in MoHLTC audit reports (for nursing)
  - Appropriately capture attendances of non-unique encounters
- **Merging Process**
  - Streamlined manual interventions and steps
  - Decreased duplications of patient ID number
- **Service Interruption**
  - Modified MoHLTC audit checks
  - As of April 1, 2011, CIHI modified definition of SI to enable capturing of SI within same day

*Improvement in Data Quality*

# Next Steps

- **Design and develop reports and Key Indicators for internal decision making**
  - E.g., monthly financial report with stats
  - Budgeting
  - Strategic decisions
- **Participate in benchmarking activities**
  - E.g. GTA Rehab Network hip fracture initiative

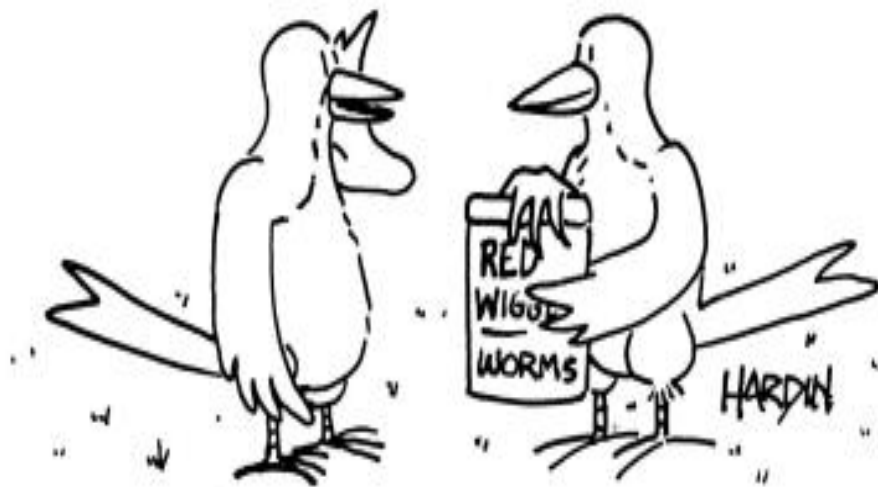
# Take Home Messages



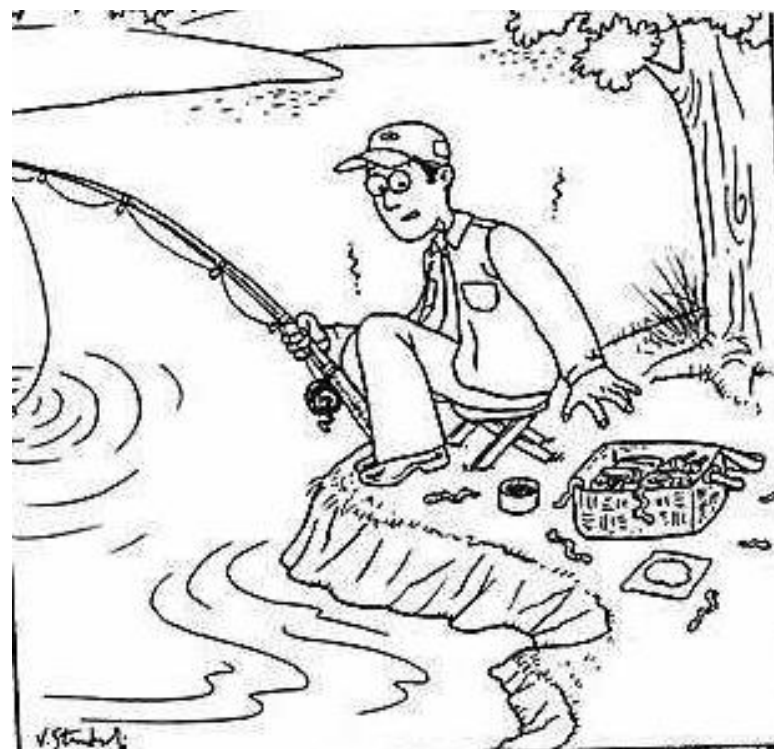
# Take Home Messages

When you find cans of worms...

...use them for fishing



"Good Grief, Martha - Do we have to open that can of worms?"



# Thank You

