

## Using Public Data to Improve Hospital Planning



Prepared for:



Presented by:

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# Objectives

- Help improve your organizations planning by using low or zero cost resources and techniques
- Discuss selected models and techniques and how they support your planning activities
- Help match tools and data sources to your planning issues

# Presenter Bias

- Bias towards and interest in rural communities and health care organizations
- Economic Geographer by training
- Intelligence Experience
- VP Corporate Planning for a Fortune 50 Company
- Two decades of management consulting in health care
- Constantly uses research and planning techniques for clients but doesn't do “planning” per se

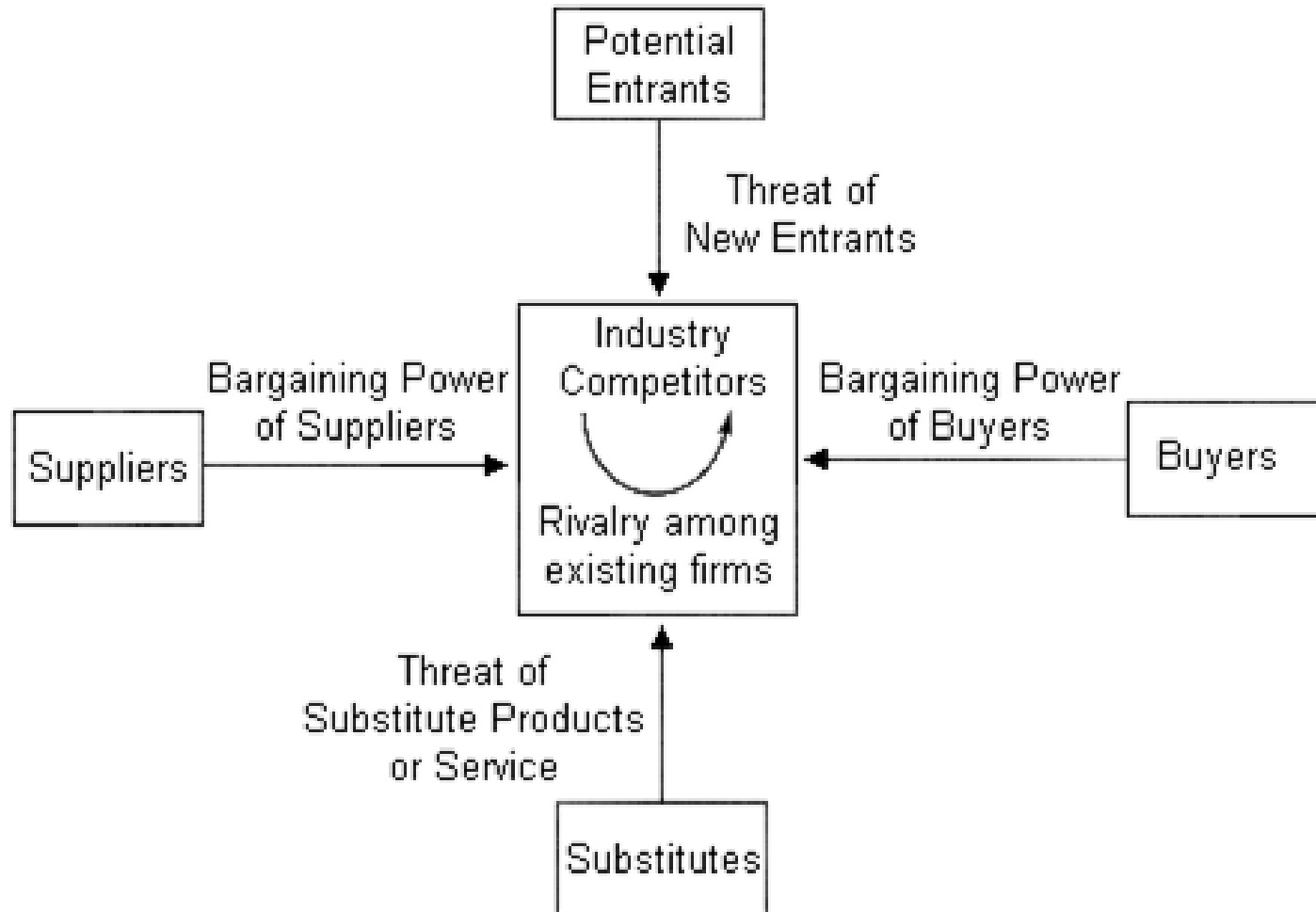
# How an Economic Geographer Thinks

- Where is economic activity occurring?
  - Think in at least two dimensions
- Why is it happening “there”?
- So what...
  - Can we increase it? Decrease it?
  - Move it?
  - Change our relative access to it?
- First Law of Geography: All things are connected, but near things are more important than far things
- Planner’s Collary of the First Law: Know you local market

# Key Model and Tools We'll Discuss

- Porter's Competitive Structure Model
- Census Reporting areas
- Dartmouth Health Atlas
- AHRQ tools
- HCAHPS tools
- IMPLAN
- Nolan's Hospital Planning Framework
- Other Specific Tools
- "Roll Your Own" Tools

# Porter Diagram

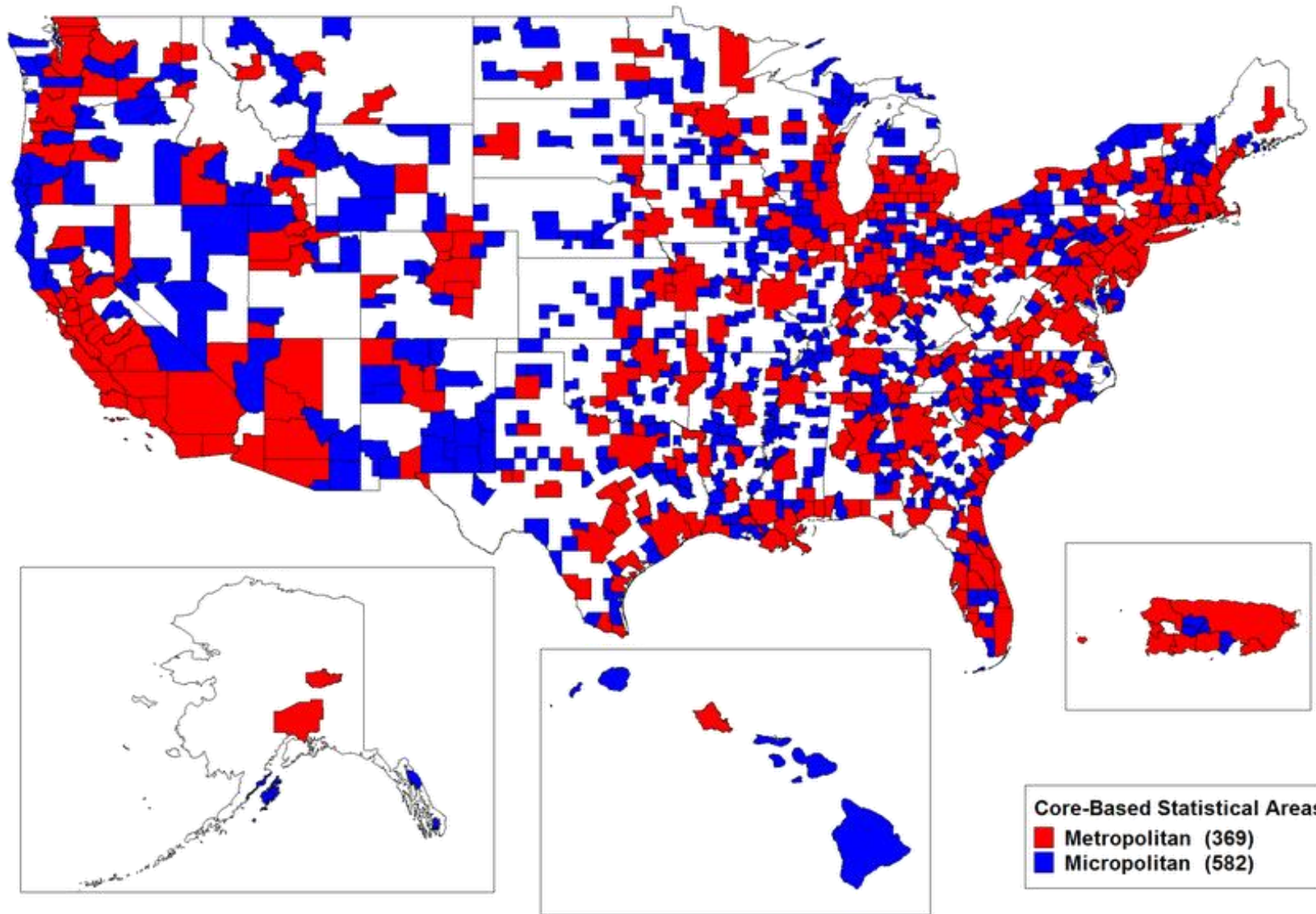


# Geographic Models

- “Census” Model (Bottom up)
  - Core Based Statistical Areas: Micro and Metro
  - Combined Statistical Areas
  - Primary Census Statistical Areas
- Dartmouth Health Atlas (Top Down)
  - State
  - Hospital Referral Areas
  - Hospital Service Areas
  - Hospitals

# The National Census Reporting Model

- Multi-tier method for reporting standardized data that has a “place” component
- Tiers and examples are:
  - Micropolitan Areas between 10,000 and 49,000 with a single identifiable “core.” There are 185 of these. Example Pecos, Texas with 11,000 people
  - Metropolitan Areas above 50,000 with a single core. There are 408 of these areas. Example: El Paso, Texas with 735,000 people
  - Combined Statistical Areas. 124 areas that are combinations of micro / metro reporting areas that have a moderate degree of employment interchange. They also represent regions of overlapping labor/media markets. Example: Dallas/Fort Worth with 6.7 million people consisting of two Metropolitan Areas (Dallas/Fort Worth & Sherman/Dennison) and 5 micropolitan areas
  - Primary Census Statistical Areas. There are 717 of these and they represent the totals of all of the above. They cover 95% of the US population



# Micropolitan Areas

- A micropolitan area is:
  - Centered on a single town or city
  - Has a population in the core town of between 10,000 and 49,999
  - Population in the micropolitan area may be larger than 50,000
- They are important because:
  - Economic hot spots
  - Areas of rapid cultural change
  - Frequently politically important
  - Rural hospitals may be located in one but serve several micropolitan areas

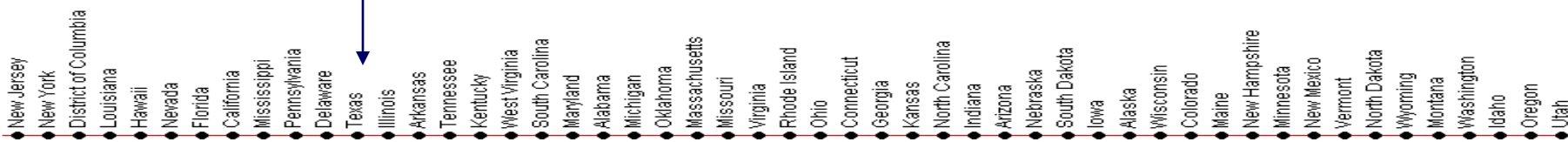
# Dartmouth Health Atlas

- The Atlas is the key output of a 20+ year project at The Dartmouth Institute for Health Policy and Clinical Practice to study regional variation in use of medical resources
- A key method used in the Atlas is to study end-of-life spending as a means of mapping medical resources and spending to a three-tier hierarchy of hospitals
- The methods developed in end-of-life analysis have been extended to other medical economic work
- “Emerging Conclusions” of Dartmouth work:
  - Intensity – quality relationship may be inverse
  - Intensity is a rough measure of “systemness,” and it may be inverse to cost
- Dartmouth is being used for national policy planning and increasingly by health plans for network contracting
- Agree or not with their work, it helps you to understand their thinking and methods

# Dartmouth Medical Atlas Hospital Intensity Scores by State

Texas ranks 12<sup>th</sup>. This means that the intensity of care provided over the last 2 years of life is higher in 11 states than it is in Texas.

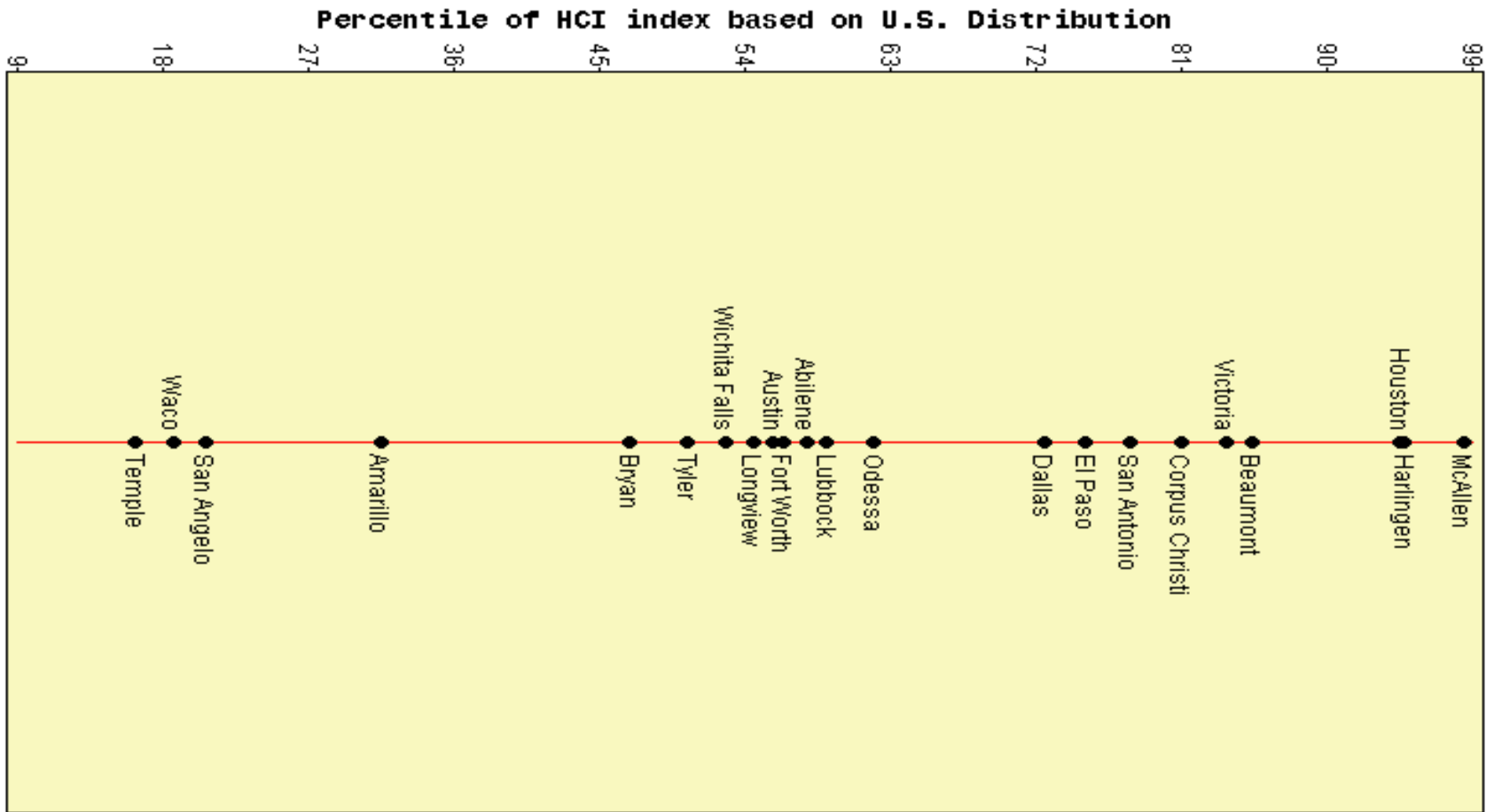
States Ranked According to HCI Index



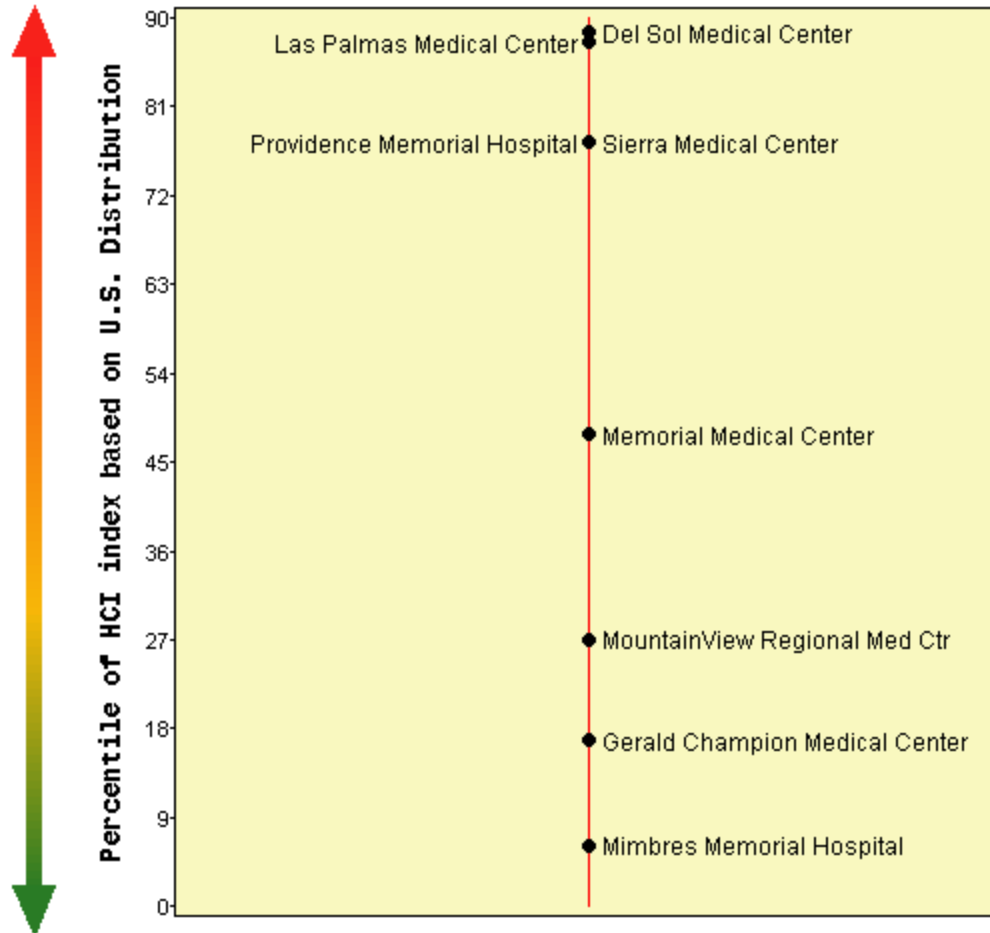
**Most Aggressive**

**Most Conservative**

# Texas Hospital Intensity by Hospital Referral Region



# Hospital Intensity Scores – El Paso Region



This tool helps hospitals quickly determine where they are on the intensity scale compared to their competitors in their region, the state, or nationally.

# Selected Hospitals – Medicare Spending Report

## HCI Index

HCI Index Percentile compared to all U.S. hospitals	88.3	87.4	26.9	6.1
-----------------------------------------------------	------	------	------	-----

## Medicare Spending Report: *Medicare spending during last two years of life per decedent*

Total Medicare spending	\$64,076	\$63,035	\$46,958	\$37,947
Inpatient site of care	\$36,999	\$38,069	\$23,270	\$22,383
Outpatient site of care	\$7,650	\$6,214	\$10,658	\$5,461
Skilled nursing/Long-term care	\$9,750	\$8,881	\$5,182	\$4,647
Home health care	\$3,772	\$3,807	\$2,990	\$1,701
Hospice care	\$1,978	\$2,626	\$1,811	\$828
Durable medical equipment	\$2,351	\$2,323	\$2,076	\$2,260

Note: These reports can be downloaded to Excel

# Selected Hospitals – Resource Utilization Report

**Resource Allocation Report:**  
*Resource inputs during last two years of life per 1,000 decedents*

Hospital beds	77.67	78.62	52.83	43.26
Intensive care (ICU) beds	25.20	26.77	21.85	14.04
High intensity	9.65	9.65	6.23	10.19
Intermediate intensity	15.55	17.12	15.62	3.85
FTE physician labor All physicians	30.98	29.02	21.76	16.97
Primary care physicians	13.37	12.41	8.95	9.84
Medical specialists	13.39	12.28	8.22	3.51
Ratio of medical specialist to primary care labor inputs	1.00	0.99	0.92	0.36
Required RNs (proposed federal standard)	69.38	70.48	48.20	41.05

Note: These reports can be downloaded to Excel

## Selected Hospitals – Patient Experience

### **Patient Experience Report:** *Care during last six months of life*

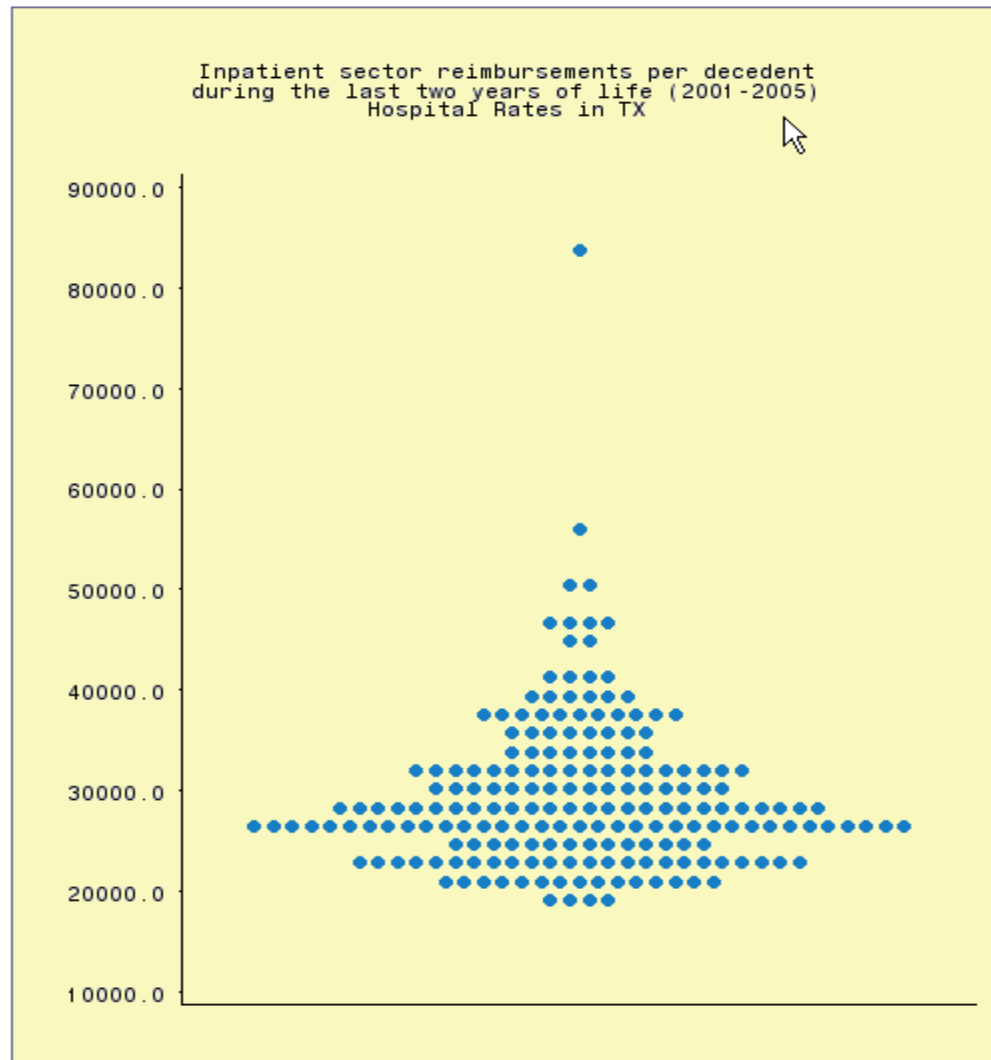
Hospital days per patient	17.41	17.17	11.88	9.52
Physician visits per patient	49.35	44.23	27.81	23.31
Percent seeing 10 or more physicians	44.44	48.72	26.04	11.33
Percent of deaths in hospital	44.08	39.50	29.25	31.35
Percent of deaths with ICU admission	28.10	29.61	20.51	16.86
Percent enrolled in hospice	29.01	33.40	41.24	19.98
<b><i>Average co-payment for physician care per patient during last two years of life</i></b>	\$3,559	\$3,251	\$3,559	\$2,280

Note: These reports can be downloaded to Excel

# Dartmouth Atlas Includes Benchmarking Data

Hospital bed inputs per 1,000 decedents during the last two years of life					
Hospital Level Rates (2001-2005)					
	Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
	<b>Texas</b>	<b>300,712</b>	<b>64.67</b>	-	-
	El Paso , TX	1,062	78.62	1.22	15
	El Paso , TX	2,802	77.67	1.2	36
	El Paso , TX	2,366	69.56	1.08	12
	El Paso , TX	2,409	64.36	1	-1
RNs required under proposed federal standards per 1,000 decedents during the last two years of life					
Hospital Level Rates (2001-2005)					
	Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
	<b>Texas</b>	<b>289,596</b>	<b>59.74</b>	-	-
	El Paso , TX	1,062	70.48	1.18	11
	El Paso , TX	2,802	69.38	1.16	27
	El Paso , TX	2,409	63.5	1.06	9
	El Paso , TX	2,366	62.62	1.05	7

# Distribution Graphs from Dartmouth Data



# Medical Cost Equation for Hospitals

## Volume x Cost Per Unit

Hospital Location	# of deaths	Rates during the last two years of life			Ratios to U.S. Average				
		Inpatient pmt.	Hosp. days	Inpatient pmt. per day	Inpatient pmt.	=	Hosp. days	x	Inpatient pmt. per day
El Paso, TX	1,062	33,538	28.7	1,169	1.3	=	1.22	x	1.07
El Paso, TX	2,802	32,213	28.3	1,136	1.25	=	1.2	x	1.04
El Paso, TX	392	29,407	17.8	1,656	1.14	=	0.75	x	1.51
El Paso, TX	2,366	29,321	25.4	1,155	1.13	=	1.08	x	1.05
El Paso, TX	118	27,913	21.8	1,278	1.08	=	0.93	x	1.17
El Paso, TX	2,409	26,465	23.5	1,127	1.02	=	1	x	1.03
<b>United States</b>	<b>4,732,448</b>	<b>25,860</b>	<b>23.6</b>	<b>1,096</b>	<b>1</b>	<b>=</b>	<b>1</b>	<b>x</b>	<b>1</b>

\*When hospitals are compared to HRR or state averages in the Medical Care Cost Equation and Benchmarking tools, the geographic measures are represented by weighted averages of the included hospitals in the region. They are not the regional population-based measures used in the other Data Tools, which include members of the chronically ill population who were not hospitalized during the last two years of life and could not be reliably assigned to hospitals. This was done in order to provide comparable measures that use the same patient populations

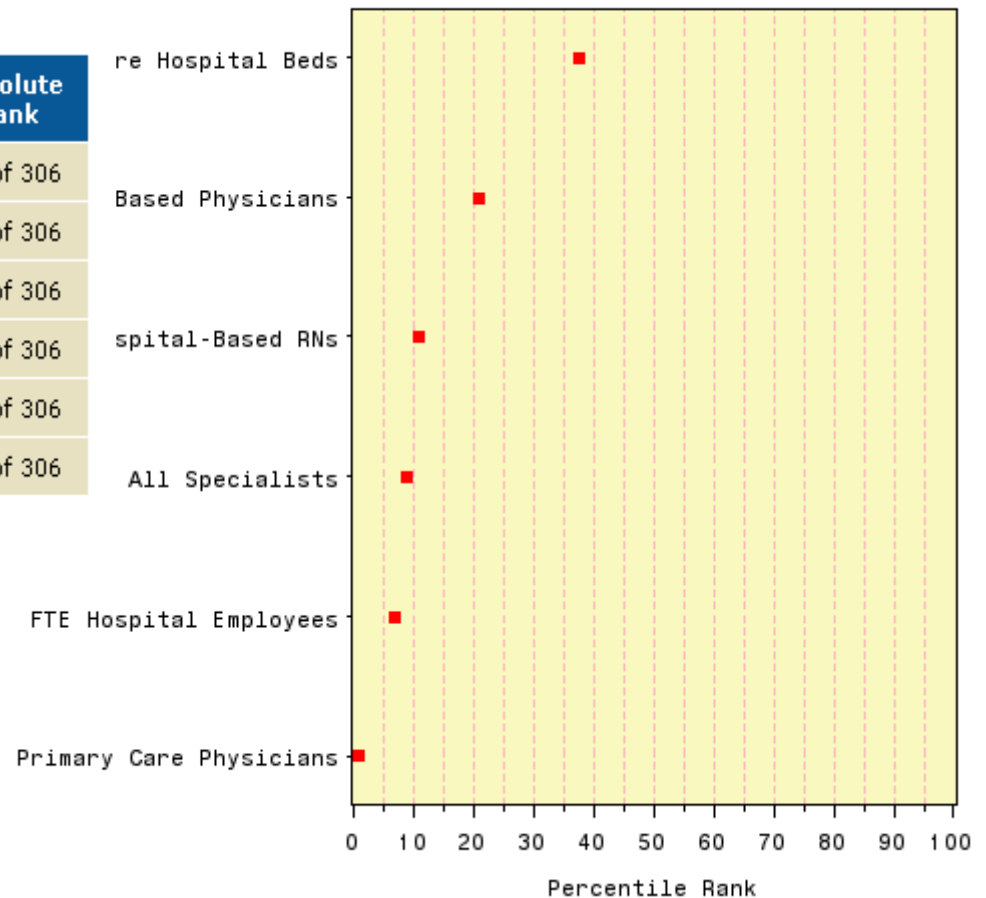
Hospitals with fewer than 80 deaths among their assigned populations were not included in the weighted average calculations for Part A events; hospitals with fewer than 400 deaths among their assigned populations were not included in the weighted average calculations for Part B events.

# Comparing the El Paso HRR to the US

## Profile for HRR El Paso, TX

Profile for HRR El Paso, TX(2006)

Variable	Rate	Percentile Rank	Absolute Rank
Acute Care Hospital Beds	2.2	38	189 of 306
Hospital-Based Physicians	22.0	21	241 of 306
Hospital-Based RNs	2.9	11	273 of 306
All Specialists	94.9	9	278 of 306
FTE Hospital Employees	9.9	7	285 of 306
Primary Care Physicians	47.2	1	303 of 306



## Key Point

- You operate in several “geographies.” Examples:
  - Service Areas
  - HRR HSA
  - Counties
  - Congressional Districts
  - Development Authority areas
- Be able to see yourself in these geographies
- Develop an understanding of how these geographies impact you

# AHRQ

- The Agency for Healthcare Research and Quality is a HHS affiliate which acts as a think tank and research entity
- Their key project is Healthcare Cost and Utilization Project (HCUP) which holds all payer data for 90% of hospital patients in the US
- Key Tools
  - HCUP Data Base
  - National and State Interactive Modeling Capability
    - Inpatient
    - Emergency
  - AHRQ quality indicators or QIs to report clinical activities and comparative outcomes. This is the Hospital Compare tool
- Design of tools are inherently comparative across groups of hospitals rather than for one hospital. Quality information is generally available at the hospital level; utilization data is generally for groups of hospitals

# Hospital Compare

U.S. Department of Health & Human Services

**HHS**.gov

**Hospital Compare** - *A quality tool provided by Medicare*

## Find and Compare Hospitals

Welcome to Hospital Compare. In this tool you will find information on how well hospitals care for patients with certain [medical conditions or surgical procedures](#), and results from a survey of patients about the quality of care they received during a recent hospital stay. This information will help you compare the quality of care hospitals provide. Talk to your doctor about this information to help you, your family and your friends make your best hospital care decisions.

Hospital Compare was created through the efforts of the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services, and other members of the [Hospital Quality Alliance: Improving Care Through Information \(HQA\)](#). The information on this website comes from hospitals that have agreed to submit quality information for Hospital Compare to make public.

# HCUP Data is published by AHRQ



United States Department of Health & Human Services



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

www.ahrq.gov

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H-CUPnet

National estimates on characteristics of various types of hospitals from the HCUP Nationwide Inpatient Sample (NIS)

- [>> Help](#)
- [>> Medical dictionary](#)
- [>> What is HCUP ?](#)
- [>> HCUP Home](#)

[HCUPnet Home](#)

Select year

Hospital groups

Region or Division

Outcomes and measures

Results

## Select outcomes and measures for which you want statistics

All measures

Clear

>> Next >>

### Information about Patients

All discharge-level measures

Total number of discharges

Mean number of discharges

LOS (length of stay), days (mean)

Percent distribution of discharges by:

Payer: Medicare, Medicaid, Private, Uninsured

Age group

Patient Residence

Percents of admissions:

Elective admission

Weekend admission

In-hospital deaths

Discharged to another institution (nursing home, rehab)

Discharged to another short-term hospital

Patients from the lowest income ZIP Codes

Patients from the highest income ZIP Codes

Conditions

>> Next >>

### Definitions

For the discharge-level statistics, the unit of analysis for HCUP data is the hospital **discharge** (i.e., the hospital stay), not a person or patient. [>more>](#) For the hospital-level statistics, the unit of analysis is the hospital.

**Information about Patients (from the NIS).** NIS is the HCUP Nationwide Inpatient Sample. <http://www.hcup-us.ahrq.gov/nisoverview.jsp>

**LOS (length of stay), days (mean)** is the mean number of nights the patient remained in the hospital for this stay. [>more>](#)

**Payer** is the expected payer for the hospital stay.

To make coding uniform across all HCUP data sources, Payer combines detailed categories into more general groups:

# HCUP Data is generally reported for regions not hospitals

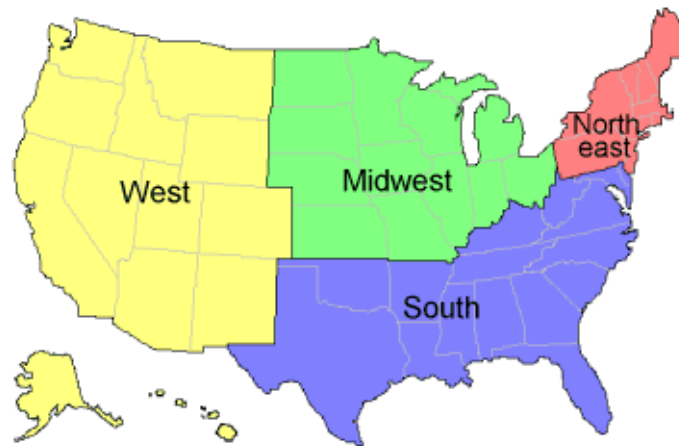
Select region or division of U.S.

Select a region or division, or click a region or division on the maps

Entire U.S.

**Regions:**

- Northeast
- Midwest
- South
- West



**Divisions:**

- Northeast
- East North Central
- West North Central
- South Atlantic
- South Central
- Mountain
- Pacific



# HCUP Data Example Criteria

## Conditions

>> Next >>

- All condition measures

*Percent of discharges, mean LOS, and mean charge for conditions:*

- |                                                                              |                                                        |
|------------------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> HIV                                      | <input checked="" type="checkbox"/> Stroke             |
| <input checked="" type="checkbox"/> Diabetes                                 | <input checked="" type="checkbox"/> Asthma             |
| <input checked="" type="checkbox"/> Mental health                            | <input checked="" type="checkbox"/> Trauma/injury      |
| <input checked="" type="checkbox"/> Substance abuse                          | <input checked="" type="checkbox"/> Obesity            |
| <input checked="" type="checkbox"/> Myocardial infarction (MI, heart attack) | <input checked="" type="checkbox"/> Births in hospital |
| <input checked="" type="checkbox"/> Nonspecific chest pain                   | <input checked="" type="checkbox"/> Complicated births |
| <input checked="" type="checkbox"/> Congestive heart failure (CHF)           |                                                        |

## Procedures

>> Next >>

- All procedure measures

*Percent of discharges with procedures:*

- |                                                                                |                                                                             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Laminectomy                                           | <input type="checkbox"/> Hysterectomy                                       |
| <input type="checkbox"/> Spinal fusion                                         | <input type="checkbox"/> Caesarean section                                  |
| <input type="checkbox"/> Coronary artery bypass graft (CABG)                   | <input type="checkbox"/> Treatment of hip fracture                          |
| <input type="checkbox"/> Percutaneous transluminal coronary angioplasty (PTCA) | <input type="checkbox"/> Arthroplasty of the knee                           |
| <input type="checkbox"/> Colorectal resection                                  | <input type="checkbox"/> Hip replacement                                    |
| <input type="checkbox"/> Appendectomy                                          | <input type="checkbox"/> Alcohol and drug rehabilitation and detoxification |
| <input type="checkbox"/> Cholecystectomy                                       |                                                                             |

# HCUP data is assessed from the concept of “Hospitals Like Mine”

## Hospitals Like Mine (Beta Version)

### ▶ Statistics on U.S. Hospitals



*Create your own statistics on various types of hospitals that resemble the hospital you visit or the hospital you study - What types of patients are seen? What services are offered? How do these types of hospitals score on various quality measures? Based on the [Nationwide Inpatient Sample \(NIS\)](#), the [AHA survey](#), and [Hospital Compare](#).*

# Hospital Consumer Assessment of Healthcare Providers and Systems

- HCAPS is an important CMS consumer focused initiative motivated by three goals:
  - Create the ability for consumers to compare hospitals
  - Increase Public reporting of patients experience
  - Enhance transparency of hospital quality data
- Hospitals broadly report due to a 2% Medicare penalty for not reporting
- HCAHPS is based on all payer data not just Medicare
- Think of it as patient's shopping tool that lets you see how they may evaluate your performance on factors they believe are important
- Nolan work has demonstrated important relationships between these quality measures and consumers use of a hospital or willingness to refer the hospital to family members

# Texas HCAHPS – Preference Measurement - 1

Stat	HCAHPS Measures	HCAHPS Response Categories	HCAHPS Response Category Percent
TX	How do patients rate the hospital overall?	Patients who gave a rating of 6 or lower (low)	10
TX	How do patients rate the hospital overall?	Patients who gave a rating of 7 or 8 (medium)	24
TX	How do patients rate the hospital overall?	Patients who gave a rating of 9 or 10 (high)	66
TX	How often did doctors communicate well with patients?	Doctors always communicated well	82
TX	How often did doctors communicate well with patients?	Doctors sometimes or never communicated well	4
TX	How often did doctors communicate well with patients?	Doctors usually communicated well	14
TX	How often did nurses communicate well with patients?	Nurses always communicated well	75
TX	How often did nurses communicate well with patients?	Nurses sometimes or never communicated well	6
TX	How often did nurses communicate well with patients?	Nurses usually communicated well	19
TX	How often did patients receive help quickly from hospital staff?	Patients always received help as soon as they wanted	64
TX	How often did patients receive help quickly from hospital staff?	Patients sometimes or never received help as soon as they wanted	12
TX	How often did patients receive help quickly from hospital staff?	Patients usually received help as soon as they wanted	24

# Texas HCAHPS – Preference Measurement - 2

Stat	HCAHPS Measures	HCAHPS Response Categories	HCAHPS Response Category Percent
TX	How do patients rate the hospital overall?	Patients who gave a rating of 6 or lower (low)	10
TX	How do patients rate the hospital overall?	Patients who gave a rating of 7 or 8 (medium)	24
TX	How do patients rate the hospital overall?	Patients who gave a rating of 9 or 10 (high)	66
TX	How often did doctors communicate well with patients?	Doctors always communicated well	82
TX	How often did doctors communicate well with patients?	Doctors sometimes or never communicated well	4
TX	How often did doctors communicate well with patients?	Doctors usually communicated well	14
TX	How often did nurses communicate well with patients?	Nurses always communicated well	75
TX	How often did nurses communicate well with patients?	Nurses sometimes or never communicated well	6
TX	How often did nurses communicate well with patients?	Nurses usually communicated well	19
TX	How often did patients receive help quickly from hospital staff?	Patients always received help as soon as they wanted	64
TX	How often did patients receive help quickly from hospital staff?	Patients sometimes or never received help as soon as they wanted	12
TX	How often did patients receive help quickly from hospital staff?	Patients usually received help as soon as they wanted	24
TX	How often did staff explain about medicines before giving them to patients?	Staff always explained	61

# Texas HCAHPS – Preference Measurement - 3

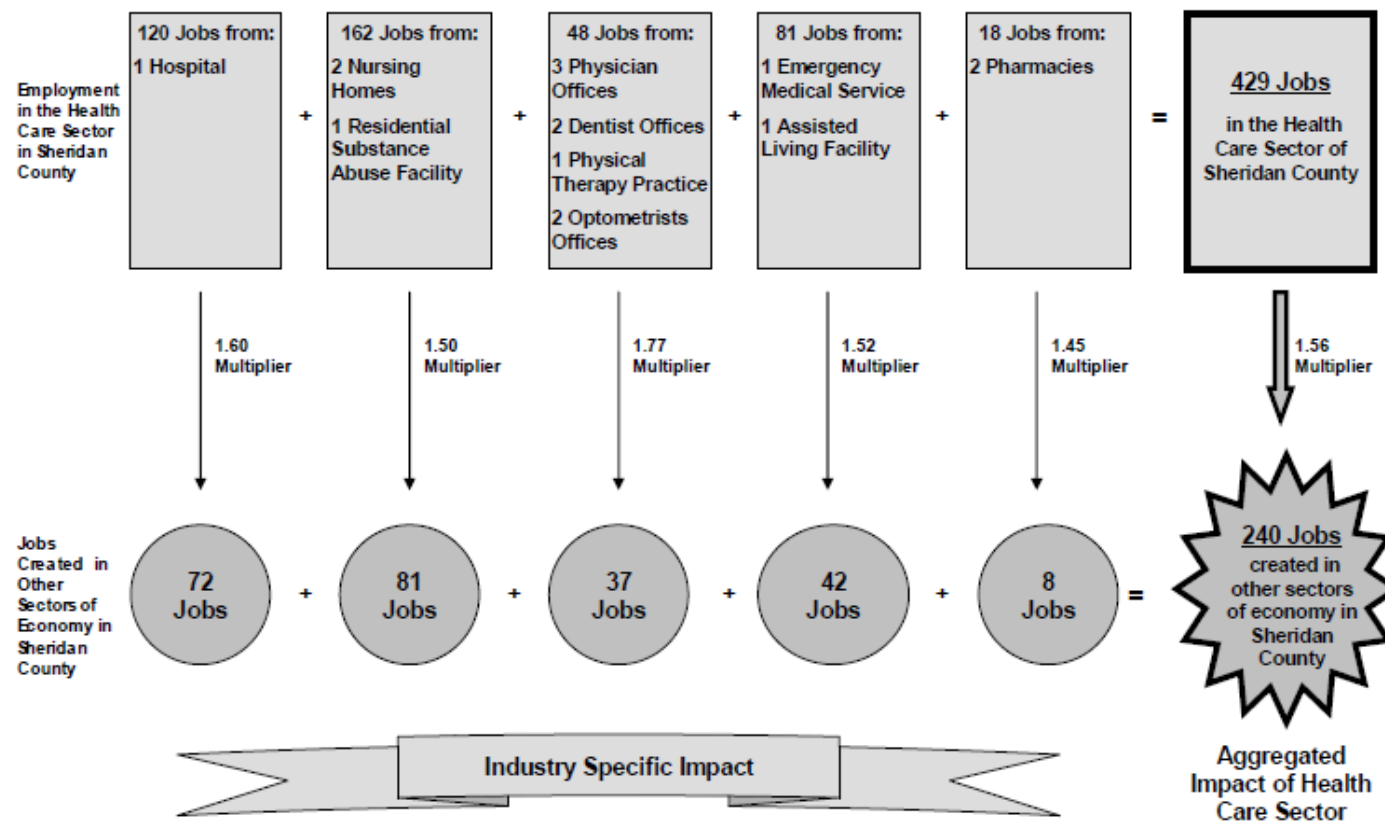
Stat	HCAHPS Measures	HCAHPS Response Categories	HCAHPS Response Category Percent
TX	Were patients given information about what to do during their recovery at home?	No, staff did not give patients this information	20
TX	Were patients given information about what to do during their recovery at home?	Yes, staff did give patients this information	80
TX	Would patients recommend the hospital to friends and family?	NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)	6
TX	Would patients recommend the hospital to friends and family?	YES, patients would definitely recommend the hospital	70
TX	Would patients recommend the hospital to friends and family?	YES, patients would probably recommend the hospital	24

# IMPLAN

- IMPLAN(**IM** pact analysis for **PLAN**ning) uses well established input-output economic modeling to create models of how specific types of economic activity impact regional economies
- The IMPLAN approach to modeling and its supporting database is keyed to contain county, state, zip code, and federal economic statistics
- It is a well-established tool used for regional planning and economic development work. It is currently being used to track the impact of the Administrations stimulus strategies in rural areas
- IMPLAN is now associated with a commercial entity, Minnesota IMPLAN Group, which has historical ties to the University of Minnesota where the concept was developed in the 1980's for the Department of Agriculture and the Federal Emergency Management Agency

# Use of IMPLAN in Economic Development Work

Figure 2. The Economic Impact of the Health Care Sector on Employment in Sheridan County, Nebraska



Sources: IMPLAN Data 2000. Minnesota IMPLAN Group, Inc. 2003. U.S. Census Bureau County Business Patterns, 2000. <http://www.census.gov/prod/www/abs/cbptotal.html>. Community Health System Assessment Survey, Nebraska Center for Rural Health Research, UNMC, July, 2002.

# Nolan's Hospital Planning Framework

- Open source planning and modeling tool for hospitals
- The Framework has these key components:
  - Operations and Finance profile
  - Case Mix and Revenue Model, including ability to model impact of the “Public Option”
  - Ability to model actions taken to respond to changes in operations, case mix, or revenue
  - Estimates impact on local economy using a simplified impress model
- Uses easily available data from a typical hospital data warehouse

# Other Resources

- Federal Reserve Data
  - General Economic Indicators, Labor
  - Generally linked to “Census” model areas
- Unemployment: BLS.GOV, Navigate to Local Area Unemployment data
- Local Economic Development Authorities
- Local Taxing and Permitting Agencies
- State and National Hospital Associations
- Professional Associations: Nurse, Emergency Physicians
- Payers
- Academics:
  - Dallas Federal Reserve
  - UT and TAMU
  - Center for Rural Health Care at Scott and White

# Current Employment In Texas

Texas.....	10,611.7	10,314.3	10,612.3	10,319.6	-292.7	-2.8
Abilene.....	67.9	66.4	68.1	66.6	-1.5	-2.2
Amarillo.....	113.4	110.6	113.1	110.9	-2.2	-1.9
Austin-Round Rock.....	776.0	769.8	780.7	775.2	-5.5	-.7
Beaumont-Port Arthur.....	166.1	157.1	163.2	156.8	-6.4	-3.9
Brownsville-Harlingen.....	124.6	123.2	124.3	123.0	-1.3	-1.0
College Station-Bryan.....	90.2	88.3	96.7	92.6	-4.1	-4.2
Corpus Christi.....	182.4	175.7	183.2	176.1	-7.1	-3.9
Dallas-Fort Worth-Arlington.....	2,991.1	2,924.9	2,988.5	2,924.0	-64.5	-2.2
El Paso.....	274.7	270.6	277.8	274.7	-3.1	-1.1
Houston-Sugar Land-Baytown.....	2,611.8	2,510.4	2,593.3	2,516.6	-76.7	-3.0
Killeen-Temple-Fort Hood.....	127.3	125.4	127.5	125.4	-2.1	-1.6
Laredo.....	89.2	89.1	90.2	90.1	-.1	-.1
Longview.....	98.3	95.2	98.0	95.2	-2.8	-2.9
Lubbock.....	130.1	128.3	131.6	129.0	-2.6	-2.0
McAllen-Edinburg-Mission.....	215.1	216.5	215.4	218.5	3.1	1.4
Midland.....	70.5	69.4	71.2	69.5	-1.7	-2.4
Odessa.....	63.9	62.8	64.7	63.1	-1.6	-2.5
San Angelo.....	45.2	44.0	45.3	43.9	-1.4	-3.1
San Antonio.....	853.0	844.5	855.0	845.8	-9.2	-1.1
Sherman-Denison.....	44.0	43.1	44.1	42.9	-1.2	-2.7
Texarkana.....	57.5	56.5	58.4	57.0	-1.4	-2.4
Tyler.....	96.4	94.2	96.2	94.1	-2.1	-2.2
Victoria.....	51.6	49.5	51.8	49.7	-2.1	-4.1
Waco.....	107.6	105.7	107.4	105.9	-1.5	-1.4
Wichita Falls.....	61.5	59.5	61.4	59.6	-1.8	-2.9

<http://www.bls.gov/news.release/metro.t03.htm>

# Source URLs

- <http://www.dartmouthatlas.org>
- <http://www.ahrq.gov/data/hcup>
- <http://www.hcahpsonline.org>
- <http://www.hospitalcompare.hhs.gov/Hospital>
- <http://www.dshs.state.tx.us/thcic/hospitals/HospitalData.shtm>
- <http://www.bls.gov>

# Roll Your Own Tools

- Simple Economic Indicators for Your Market
- “Planning Panel”
- “Shadow Survey”

# “Economic Indicators

	Leading	Coincident	Lagging
<b>Pro-Cycle</b>	Building and Remodeling Permits; Housing Starts Key Farm Commodity prices	Sales Tax Receipts House Prices	Duration of Unemployment
<b>Conta-Cycle</b>		Civilian Unemployment	Unemployment Rate

# Planning Panel

- Small, informally managed cross-functional team to help you gather environmental, competitive, and customer experience data and insight
- Task for data or insight
  - What other hospitals do our patients use?
  - Why are our patients using other hospitals?
- Task for a specific time or leave open ended
- Assembling their input
  - Discussion groups
  - Simple reporting formats
- Planning Panels are great management development tools

# Shadow Surveys

- Shadow Survey: Locally conducted data collection capturing detailed/topical information about hospital specific preference issues. May include patients and non-patients
- Example:
  - Have you used the new self-service check in process? What do you think?
  - Have you used another hospital in the last twelve months? Why?
  - Have you met our new cardiologist?
- Benefit:
  - Trending information
  - Early measurement and intervention can improve performance on public benchmarks
  - Maintain staff attention on public benchmarks
  - Can support/validate other quality programs you are using, such as pay for performance or lean

## Contact Information

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