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Databank: A Timely Data Source for Hospital Management

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During last autumn's economic crisis, the American Hospital Association (AHA) turned to the Colorado Hospital Association's (CHA) DATABANK Programme for timely data not available from any other sources in the country. The database of monthly hospital information helped the national trade association publish two executive briefs on the impact of the worsening US economy on community hospitals across the country. Without the timeliness of the DATABANK Programme, AHA would have had to rely solely on an ad hoc survey.

The story was quite similar in the mid-1980s, but certainly more on a local scale. CHA advocates on behalf of all the hospitals in the state of Colorado but again, we did not have as much information about our members as we needed to effectively talk to state legislators about the issues affecting Colorado hospitals.

Genesis

The genesis for the DATABANK Programme was born, vetted with councils and finally the Board of trustees. Data collection from Colorado hospitals began in 1985, starting very simply with discharges, patient days, a few outpatient data elements, charges, contractual allowances, charity care, expenses and gross patient accounts receivable. By 1988, three state hospital associations were using the database for management of their hospitals. One of the main stumbling blocks for data programmes during that period was lack of timeliness. Hospital administrators and their staffs were often frustrated when they received reports that were months old. One of the driving goals for DATABANK was to be timely and give hospital managers as much relevant, current and complete data as possible.

Outbound From Colorado to 16 Other States

Other states with similar issues soon found DATABANK to meet their needs. By the end of the 90's, DATABANK was in 17 states. However, acquiescing to states' individual needs had compromised uniformity. In 1998, CHA presented a case to the state members to standardise on a common data set and move the platform to the Internet. The group was enthusiastic about the advantages of what the Internet could offer them and their member hospitals.

Along with the move to the Internet, AHA and CHA formed a partnership to move the database in a new direction where more US hospitals and state associations could take advantage of DATABANK's virtues. By 2001, more than 30 states were using the web-based programme.

Many of the initial issues were solved by moving the database to the Internet; the hospital administrations were then able to design their own reports with their own peer comparisons, the information was available as soon as hospitals entered their data and hospital associations had more information at their fingertips in which to advocate on behalf of their members, the number one reason a hospital pays association dues.

Making Comparisons

Hospital administrations, primarily the Chief Financial Officers, have found the DATABANK information to be especially effective when comparing their hospital's performance with other "like" hospitals. DATABANK not only offers hospitals a tool for creating local peer groups but also a cross-state search tool that builds peer groups from the entire national database. A manager can search for large urban, teaching hospitals with beds between 500 and 750. Or, a small rural hospital can build a group of hospitals with an average daily census between 16 and 30 days. Then, that peer group can be used instantly in a variety of reports.

Online DATABANK reports are accessible to hospitals that submit monthly data. If a hospital falls behind, they only have access to the time

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periods they have entered data for; the DATABANK philosophy is “you get what you give”. If a hospital participates in the Balance Sheet module, introduced in 2003, they get 18 financial ratios.

CFOs and their staff use the data at their monthly Board meetings to present various cases on a variety of issues. Board members depend on their hospital managers to apprise them on how their hospital is performing compared to peer hospitals.

The above graph is an example of a typical DATABANK use for hospital managers to demonstrate utilization trends of hospitals in their immediate service area. The programme allows managers to chart their hospital performance on many utilization and financial trends. Monthly, quarterly and annual graphs can be produced on one entity and multiple variables or multiple entities and one variable as shown above.

The hospital managers of the sample hospital already know they don't make money on patient care.

What DATABANK can tell them is where they've been so they can map a strategy as to turn their patient service margin around.

Confidentiality Issues

Confidentiality of the data has been a mainstay of the programme throughout the years. It should be noted that certain states share data amongst hospitals. Other states keep it strictly to peer group comparisons of five hospitals or more.

DATABANK allows the hospital association to set the confidentiality rules for how the programme operates in their state and how the hospitals will be able to access data. One rather extreme example is a hospital association that does not allow their members to access data unless 100% have reported for the time period. However, most states allow their hospital managers to not only create their own comparisons but they also encourage them to give feedback about what they'd like to see from the programme.

Above: A DATABANK Screen shot of the Utilization data entry page prior

to the hospital entering its own data for April, 2009.

The benefits of participating in the DATABANK Programme far outweigh the time required to collect and enter the data on a monthly basis. A few of these benefits for the hospital managers are:

Timely data;

Comparable data;

Custom peer group creation;

Scheduled reports, graphs sent to their email every month

Requires 1-2 hours of work every month, and

Enables hospital associations to use current, accurate and complete data for advocacy.

The DATABANK Programme has been a success in the states that have committed the resources and made a concerted effort in making sure their state is represented in any national debate using current healthcare data. Not participating has been compared to not voting in an election. DATABANK has always been an easy programme to participate in and reap many benefits, either at the local and state level or even in the nation's capitol.

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