Distilling Big Data into Actionable Insights for Cancer Leadership

ACE Annual Meeting January 29, 2019

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Agenda

- 1. Mount Sinai Background
- 2. Data Needs and Reporting Structures
- 3. Dashboards for Operations and Monitoring Quality
- 4. Lessons Learned & Best Practices

~2,500 full time faculty physicians

Over 1,000 voluntary physicians

8 hospitals spanning Manhattan, Brooklyn, Queens, and Long Island

Geographic access and coverage across the five boroughs, Long Island, Westchester and Florida

12 ambulatory surgical centers



Over 300 community locations

Committed to a vision of transforming health care in New York towards valuebased care and population health

More than 110 full-time faculty physicians

155 dedicated oncology beds

8 hospital-based infusion centers

4 Ambulatory Radiation Oncology Sites

125 ambulatory exam rooms



126 infusion chairs

10 Cancer Network Practice Sites









Data Needs & Reporting Structures

Data Needs





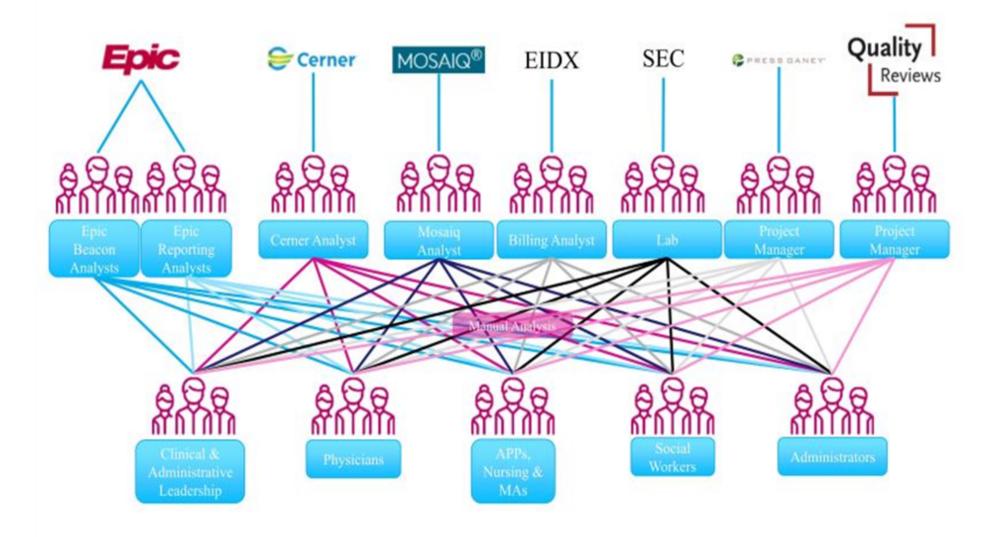




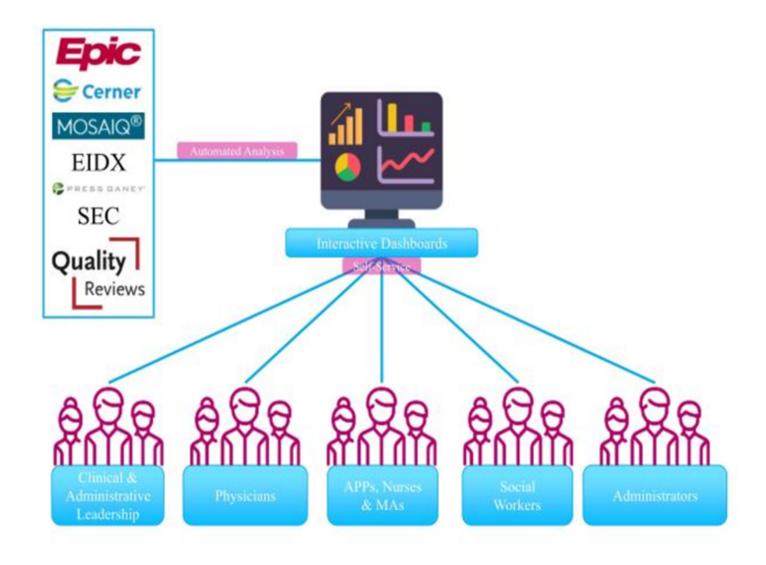
Data Sources

Source	Use
Epic	Clinical documentation
Cerner	Scheduling
Mosaiq	Radiation oncology EHR
SEC	Lab
EIDX	Billing
Q-Reviews (RateMyHospital)	Patient experience/satisfaction
Press Ganey	Patient experience/satisfaction

Inefficient Data Reporting Structure



Efficient Data Reporting Structure



Dashboards for Operations and Monitoring Quality

Operations and Quality Dashboard Goals



To monitor clinic operations on a day-to-day basis and provide data to assist both management and front-line staff with clinic work flows

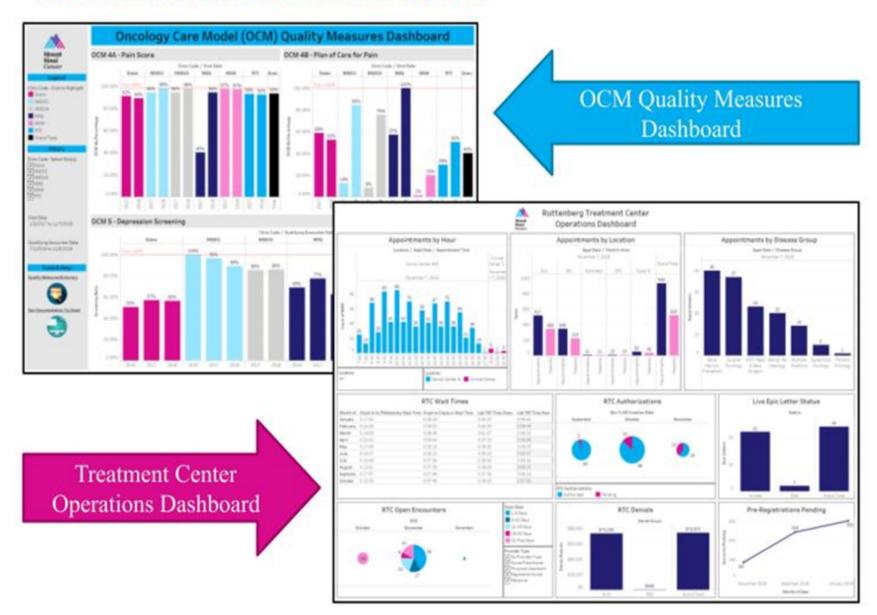
To identify and address inefficiencies in operations



To provide cancer leadership and members of the care team with a self-service tool, allowing them to monitor their performance and implement timely interventions for quality improvement

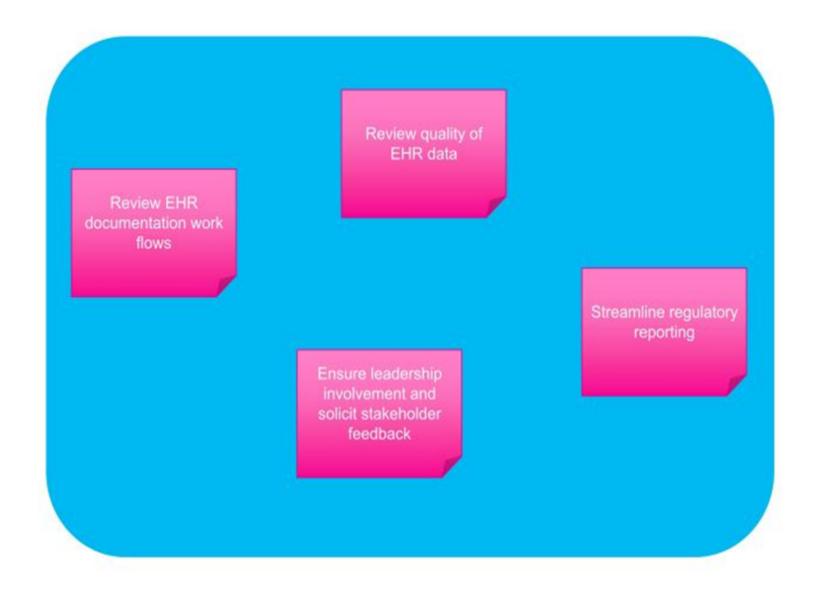
To monitor regulatory quality measures and more easily satisfy reporting requirements

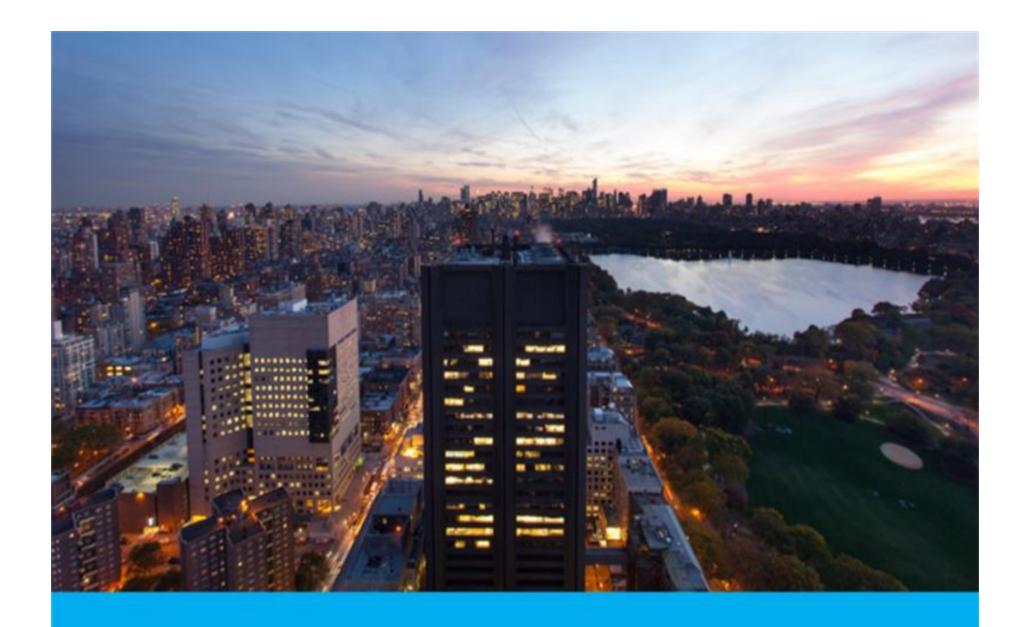
Dashboard Demonstration



Lessons Learned & Best Practices

Building Interactive Quality Dashboards





Thank you!