

COVID-19 Dashboard Enables Effective Incident Command

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Seven days to develop a COVID-19 Dashboard that integrates more than 60 critical metrics.



Hundreds of hours of burdensome manual data aggregation and reporting avoided, improving the quality and timeliness of the organization to plan and respond to COVID-19.



An integrated view of data for a health system composed of more than five hospitals and hundreds of clinics spread across more than 45 different locations, enabling effective incident management.

PRODUCTS

- ▶ Health Catalyst[®] Data
 Operating System (DOS[™])
- Self-Service Analytics Suite

THE CHALLENGE

MultiCare Health System activated its incident command structure and set out to use the EHR to support its critical data and analytics needs to manage a systemwide organizational response to COVID-19. The organization quickly identified that the EHR could not integrate data from disparate sources or provide a systemwide dashboard—a crucial element required for incident command effectiveness.

THE PROJECT

MutiCare leveraged the Health Catalyst[®] Data Operating System (DOS[™]) and Pop Insights[™], part of the Self-Service Analytics Suite, to quickly visualize the data required to effectively plan for, and manage, the health system's response to COVID-19. DOS integrates data from the organization's EHRs, supply chain systems, time and attendance systems, and communication system.

The MultiCare COVID-19 dashboard includes more than 60 trended metrics associated with testing, employee health, outpatient and virtual volumes, surgical and e-visit volumes, inpatient volumes, phone calls, negative pressure rooms, PPE inventory, ventilators supply and availability, LOS, and human potential.

The organization can quickly add new data sources into DOS and visualize the data based on the dynamic nature of COVID-19 and its local needs.

THE RESULT

Leveraging DOS and Self-Service Analytics, MultiCare now has a COVID-19 dashboard that meets the significant data needs required for effective incident command.

