

Capacity Planner Admin Guide Version v8.2 | May 2021





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Introduction

Introduction

This guide is intended to be a resource for Application Administrators who support and maintain the tables and reports within Capacity Planner (CP).

This Admin Guide will provide step-by-step instructions to edit existing data elements, as well as adding new ones as your organization changes and grows. It will also offer some tips for troubleshooting common issues, along with those that require opening a Support ticket.

For information on the use of functions, please refer to the Capacity Planner User Guide. It is assumed that the users of this guide understand how the features and functions within Capacity Planner are used.

The terminology used and seen on screen shots may differ from your environment based on the keywords that were selected in the beginning of the implementation. Here are some of the terms that may be used interchangeably throughout this guide:

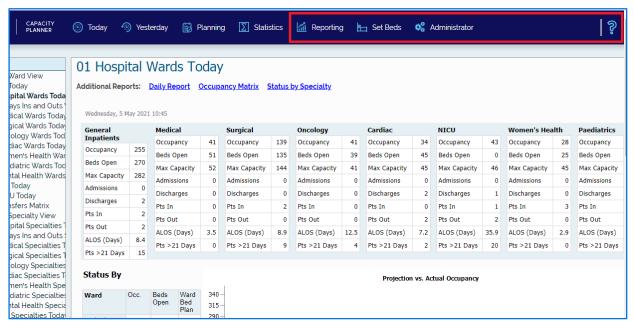
- Ward = Unit or Department
- Specialty = [Patient] Service Type
- Occupancy = Patient Census
- Theatre = Surgery or Operating Room



This section documents the administration side of Capacity Planner (CP) Viewer. For explanations of the reports and dashboards please refer to the CP User Guide.

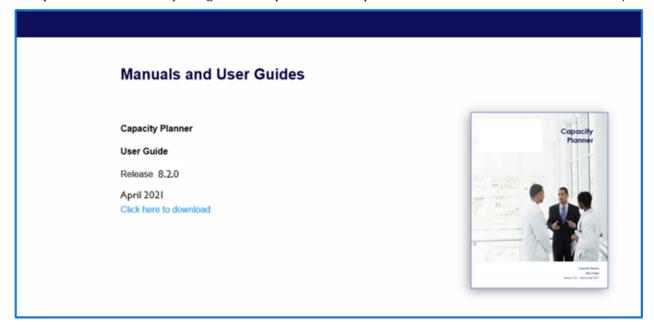
NAVIGATION

Use the icons in the toolbar at the top to navigate to each of the key areas of the application.



HELP

The question mark in the top navigation bar opens link to Help documentation in another browser window/tab.



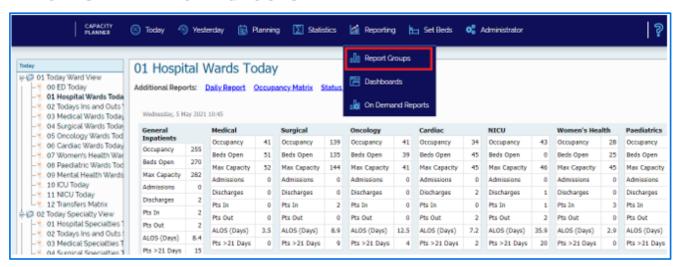


REPORTING

There are three different sections under the **Reporting** icon. These should be visible to all users. Outlined in the following pages are how each is configured and used.

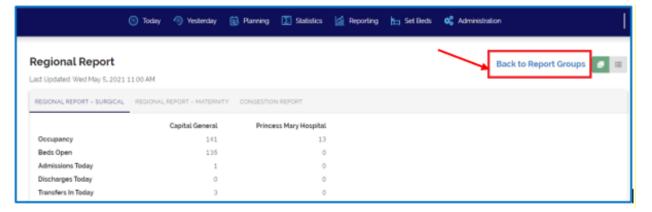


REPORTS AND REPORT GROUPS



Reports can be set up in the **Report Groups** section for easy access. As Administrators, you can set up groups for others or users can create groups themselves. Users may have access to one or more groups.

To open this section, click **Reporting** on the toolbar at the top of the screen then **Report Groups**. To create a new Report Group or make changes to existing ones, click the **Back to Report Groups** link on the right.

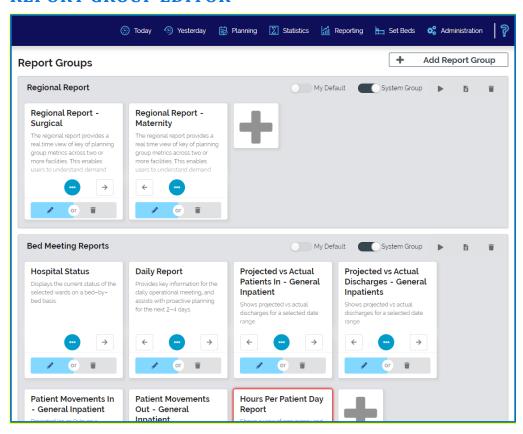




From here, you can:

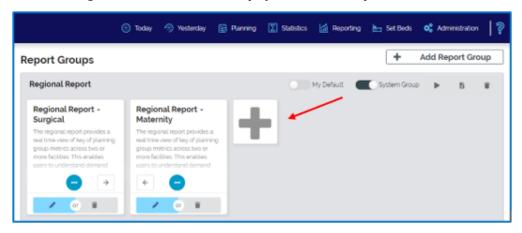
- view reports in a report group
- add a report to a report group
- set or edit report parameters for a report
- set a report group to be visible by everyone (System Group)
- set a report group to be your default (individual users)
- delete a report or a report group (Admins only)
- view a report group in tabs or as a list

REPORT GROUP EDITOR

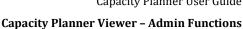


ADD A REPORT TO A GROUP

1. Click the large + icon. A new window displays all available reports.



2. To see more information about any report, click the icor





3. Select a report from the list and click **Add Report**.



4. To move a report in the group, use the arrows.

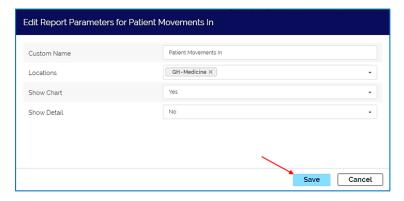


EDIT A REPORT IN A GROUP

1. To edit or set report parameters for the currently selected report, click the pen icon:



- 2. Each report has different parameters, but they all work best when hitting 'Tab' on your keyboard after each entry.
- Once you have entered your parameters, click Save to keep the changes or click Cancel to revert to the previous parameters.



- 4. In any Projected vs Actual report parameters, enter "@today" to set "today" as your default start date so that the report will always show data for the current day, not the date you created the report.
- 5. To delete a report from a report group, click the bin icon.





MANAGE THE CURRENT REPORT GROUP

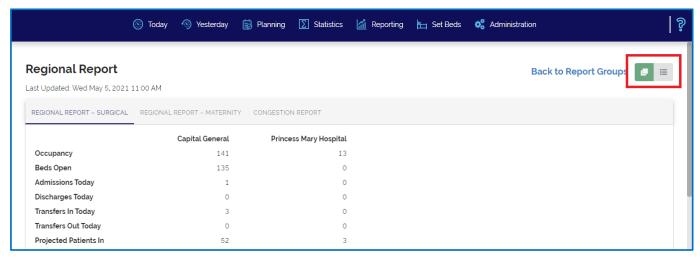
1. To run all reports in the current report group, click the arrow icon.



- 2. To export the current report group to an Excel spreadsheet, click the X file icon.
- 3. To delete the current report group, from your dashboard, click the bin icon.
- 4. Set My Default on the report group you wish to see run when you click **Report Groups** from the **Reporting** icon on the toolbar at the top of the screen.
- 5. Only one default report group can be set per user.

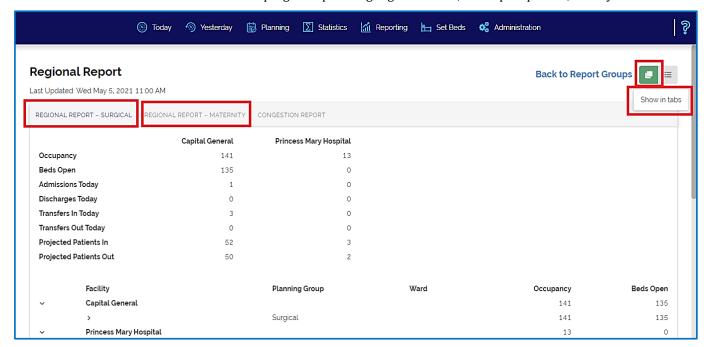
REPORT GROUP VIEWER

When a report group is run, it can be displayed either as a list of reports (scroll down to see each report) or a series of tabs across the screen. A user can select which view they prefer.



SHOW IN TABS

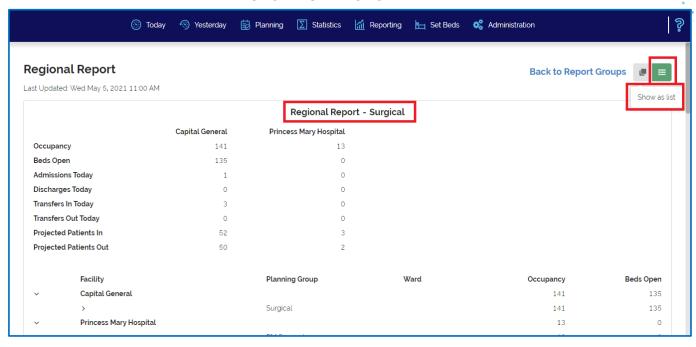
Button to select Show in Tabs is shown in top right. Reports highlighted below, one report per tab, side by side.



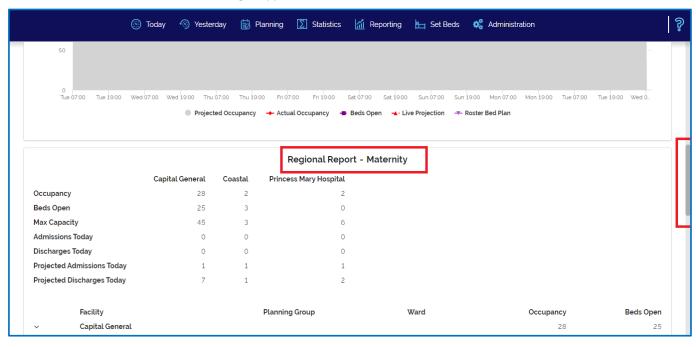


SHOW AS LIST

Button to select Show as List is shown in top right. Reports highlighted below, one below the other.

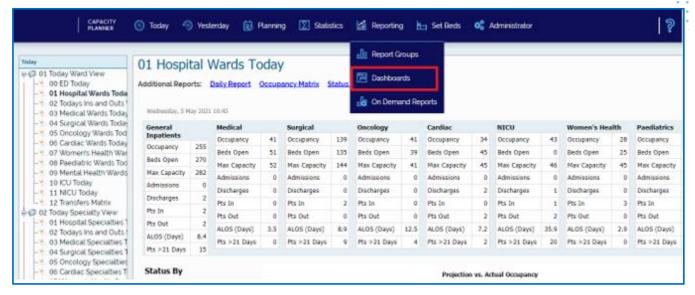


Use side scroll bar to move to the next report(s).





DASHBOARDS

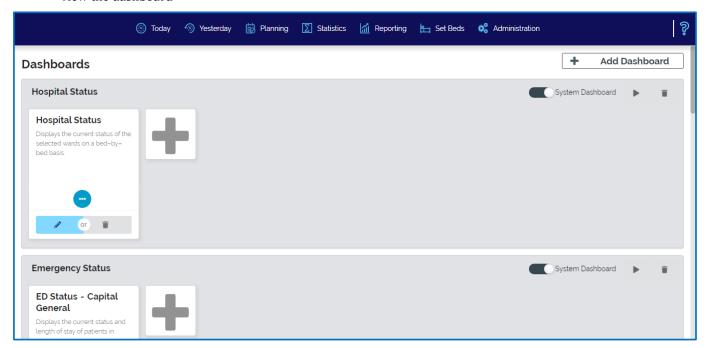


Dashboards can be set up in the **Dashboards** section for easy access. As Administrators, you can set these up for others to view. To prevent users from inadvertently deleting a Dashboard, they will not be able to create their own.

To open this section, click **Reporting** on the toolbar at the top of the screen and then **Dashboards** from the dropdown.

From here you can:

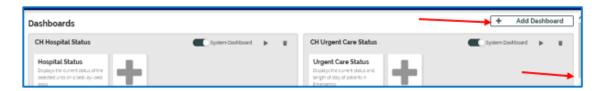
- · add a dashboard
- add a report to a dashboard
- set report parameters
- remove a report from the dashboard
- · view the dashboard





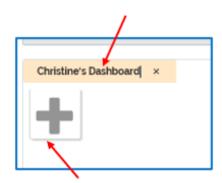
ADD A DASHBOARD

- 1. To add a new dashboard, click + Add Dashboard.
- 2. The screen will not change, so you will need to scroll to the bottom to see your new Dashboard.



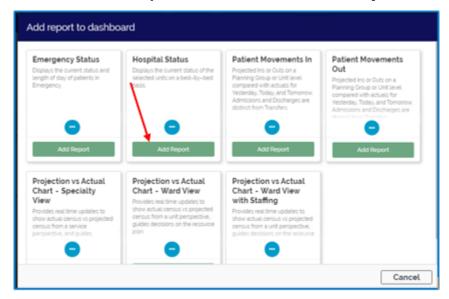
3. It is best to rename the new Dashboard by clicking the title (for example "New Dashboard 2" becomes "Christine's Dashboard").





ADD A REPORT TO A DASHBOARD

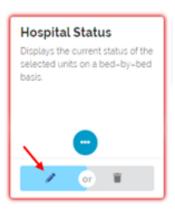
- 1. To add a report to the dashboard, click the large + icon.
- 2. Choose a dashboard report from the choices and click **Add Report**.



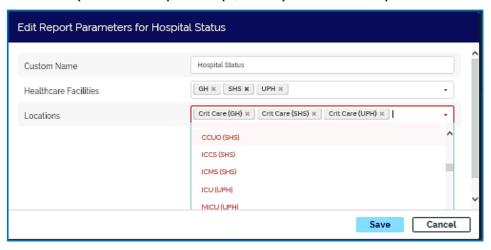


SET OR EDIT REPORT PARAMETERS

1. To set or edit report parameters, click the pen icon. An Edit Report Parameters window opens.

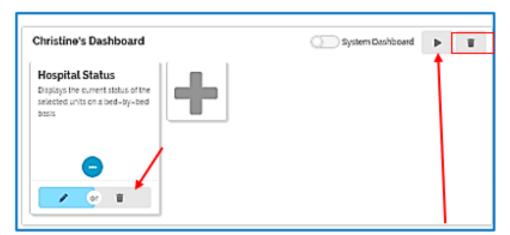


2. Like the reports for the Report Groups, each report has different parameters.



DELETE DASHBOARD OR REPORT FROM A DASHBOARD

- 1. To delete a report from the dashboard, click the bin icon on the individual report.
- 2. To delete an entire dashboard, click the bin icon at the top.



VIEW A DASHBOARD

1. To view the currently selected dashboard, click the arrow icon at the top right.

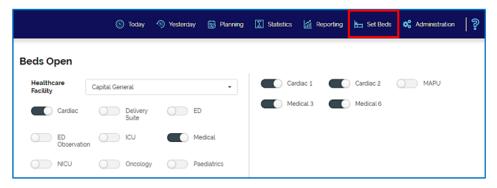


SET BEDS

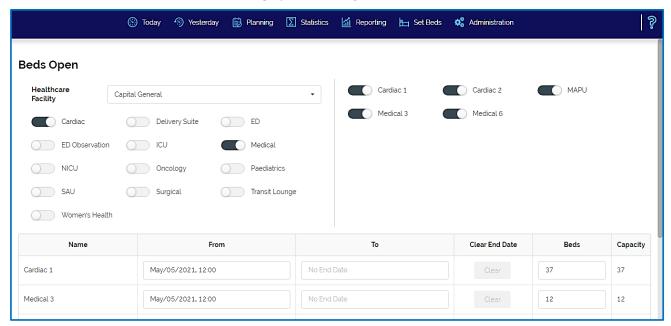
Set Beds is where the number of beds open are defined for each ward. This was previously known as the "Beds Open Centre".

From here you can:

- set or change the number of open beds
- set the beds open for wards in one or more planning group
- set start and end dates to beds open for more temporary changes



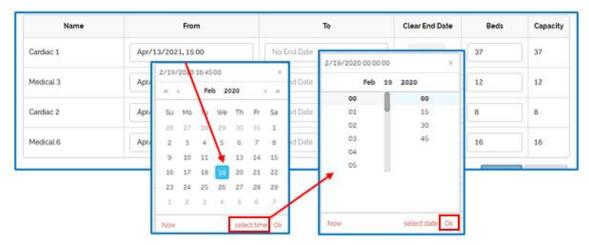
- 1. To start, click **Set Beds** from the top toolbar.
- 2. Select a Healthcare Facility from the drop-down list.
 - Note: The Beds Open page will default to the only Healthcare Facility if just a single Healthcare Facility
 exists.
- 3. Select one or more Planning Group(s) from the list displayed below the facility.
- 4. Select one or more wards from those displayed on the right.



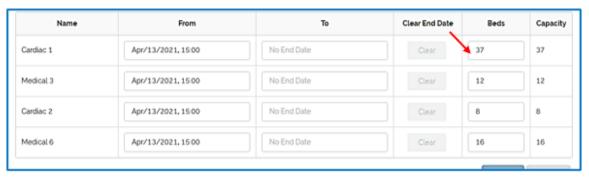
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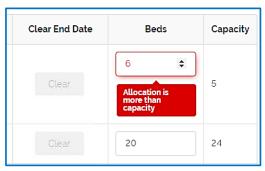
- 5. Choose **From** date (if it should be different from the default of the current date and time).
 - Choose the date from calendar by clicking in the **From** field.
 - i. Use arrows to change month forward or backwards.
 - ii. Click the date from the calendar to select.
 - Choose the time by clicking **select time** at the bottom of the calendar.
 - Slide the bar up or down to select the time and then click $\mathbf{0k}$ at the bottom.



- The **To** date can be left blank to indicate no end date.
- Enter the number of beds open in the **Beds** field.



- The Capacity numbers represent the max capacity (physical beds). If an entry in the Beds field exceeds that Capacity, a message like this will display. To fix, just change the value so it does not exceed the Capacity.
 - Note: If the beds open truly should be higher but the Capacity is not set properly, the Max Capacity must be changed in **Application Setup** first (shown later in this document).



To confirm your changes, click **Save**.



10. To revert to the previous settings, click **Clear**.



ADMINISTRATION

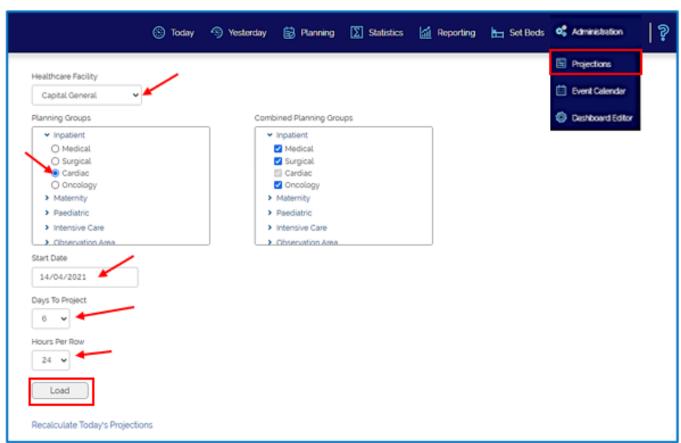


The multiple functions under the **Administration** icon (for those with the appropriate access) are each defined on the following pages.

PROJECTIONS

This function enables Admins to adjust and manage projections relating to the effects of unexpected peaks and troughs in demand, such as a major accident or weather event. Planned and recurring events are managed in the Event Calendar instead (see next section).

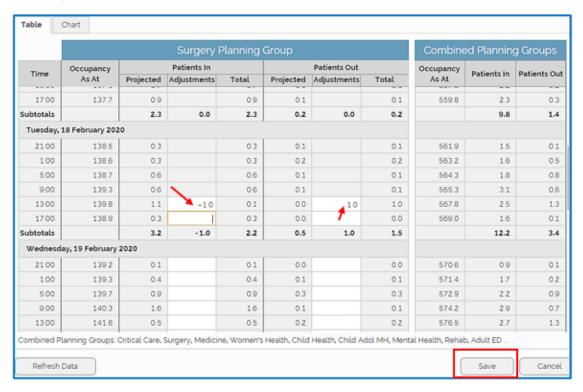
- 1. Select **Administration** from the top toolbar and then **Projections**.
- 2. Select the **Healthcare Facility** and **Planning** Group.



3. Choose the Start Date, any changes to Days To Project, Hours Per Day and click Load.



- 4. From here, you can increase or decrease the number of Patients In or Patients Out.
 - a. To increase the projected number of patients in or out for a group, enter the *additional* number of patients in the **Adjustments** field for that date/time.
 - b. To decrease the projected number of patients in or out for a group, enter the value as a negative number by adding a minus sign first (e.g., "-1.0")
- 5. When finished, click Save.



- 6. Click the **Chart** tab to view the changes in a chart format.
 - a. Note: Actual Occupancy and Actual Ins/Outs can only be viewed if including past dates.
 - b. Below are different views one showing 4-hour increments and the other 24 hours.





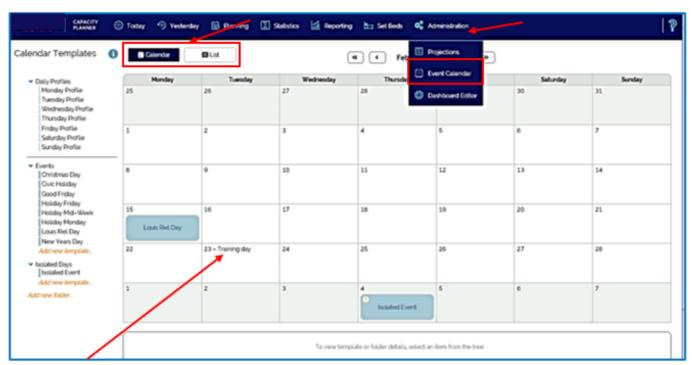
EVENT CALENDAR

The **Event Calenda**r is a way to best utilize the history in Capacity Planner to mimic the patient volumes from a past event so they will impact Projections the next time the event takes place. This is an enterprise-wide tool, so anything other than an informational-only name or note on a day could impact Projections for that date across the organization.

The Event Calendar has the following multiple components:

- **Daily Profiles**: These allow you to change the Projections to match the typical patients in and out volumes on that day of week over the last 12 weeks.
- **Events**: These are recurring events like holidays that behave the same each year.
- **Isolated Days**: These are ways to remove all projected patients in or out for that date in the past, so they are not averaged into the Projections for the next 12 weeks. These can be single day anomalies that either greatly raise or greatly lower the number of patients in or out due to an unforeseen event. **Caution: These should never be entered for dates in the future!**

Click **Administration** from the top navigation bar and then choose **Event Calendar** from the dropdown. The Event Calendar can be displayed in either Calendar view (shown below) or List view.



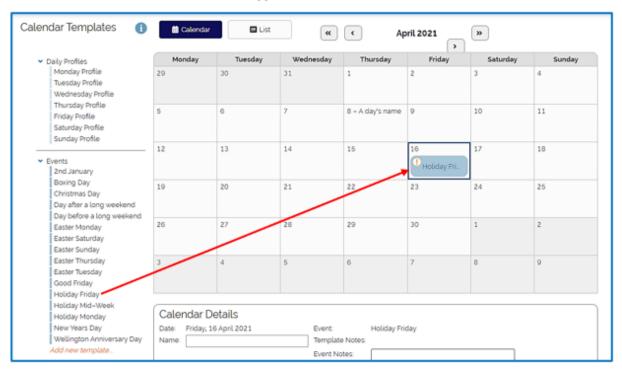
NAME A DAY (INFORMATIONAL ONLY)

- This can be used to make a note for future reference (e.g. start of a change to volumes or to note a Training Day as shown above) by single-clicking on the day and typing in the Name in the box below.
 - o Note: This will not impact Projections unless it is repeated on another day.



ASSIGN AN EVENT TO A DAY

- 1. Predefined **Events** can be assigned to a day by just dragging the Event to the calendar and dropping it on the appropriate day.
- 2. Since this is the first occurrence of this Event, it displays with an asterisk. This is an indicator that you also need to add it to the last time this event happened so there is a reference.



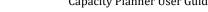
3. Click the double-left arrow next to the month to go to the previous year. This gives the system a frame of reference and will use the previous year's volumes for this year's projected patients in and out.



- 4. To add the same event to the following year, click the double-right arrow instead.
- 5. By adding this same event onto past year(s) and future year(s), only the first instance of the event will display the asterisk.

Tips:

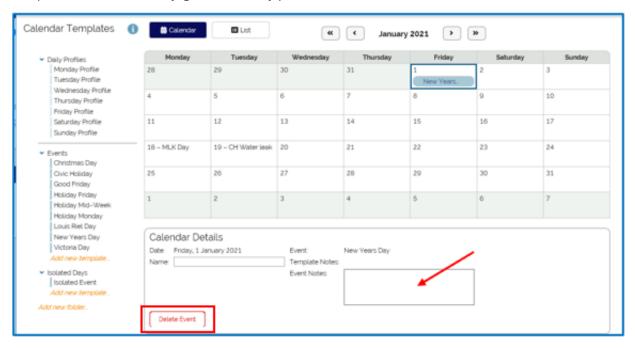
- Be careful when placing Events onto the Event Calendar for holidays that change day of the week. For example, Christmas Day may that falls on a Wednesday may be quite different than one that falls on a Sunday.
 - o For these, you may be better off determining which day of the week's volume best resembles this holiday and then place that corresponding Daily Profile onto the holiday date instead.
- Since the days surrounding holidays are also often impacted, you may want to consider adding Daily Profiles to the day(s) before and/or after a major holiday if it falls in the middle of the week.
 - Another option is to define specific holiday surrounding days like the Easter ones shown in the example above. This way, if these behave the same each year, they can easily be added to the calendar.
- If there are holidays that routinely fall on the same day but do not share the same patient volumes, it would be better to have them listed separately.





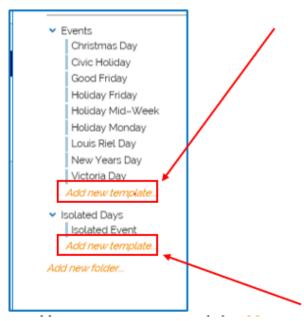
EDIT OR DELETE EVENT OR DAILY PROFILE

- If an Event or Daily Profile has been added in error, it can be deleted by simply navigating to the date on the calendar and clicking Delete Event.
- If it just needs to be edited (e.g., to add notes), just click in the **Event Notes** box to add more information.



ADD NEW TEMPLATE

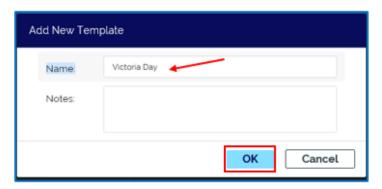
1. To add a new template for a recurring event, simply click *Add new template* on the left under either **Events**.



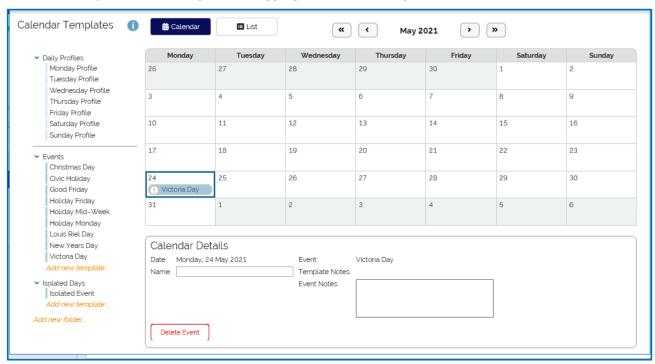
2. To add a non-recurring event, click Add new template on the left under Isolated Days.



3. Then enter the name and any notes you may need to reference and click **OK**.



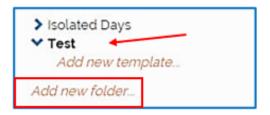
Once created, you can then navigate to the appropriate date and drag the new Event onto the calendar.



Do not forget to add the new Event to the previous 2 years as well.

ADD NEW FOLDER

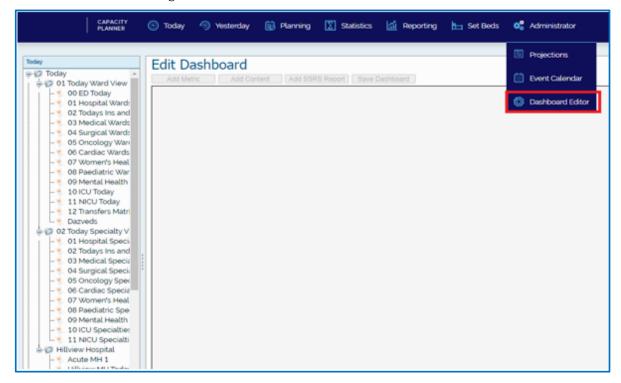
New folders can be added and named specific to the need. If adding a new folder, it will display under the 'Isolated Days' in the listing.



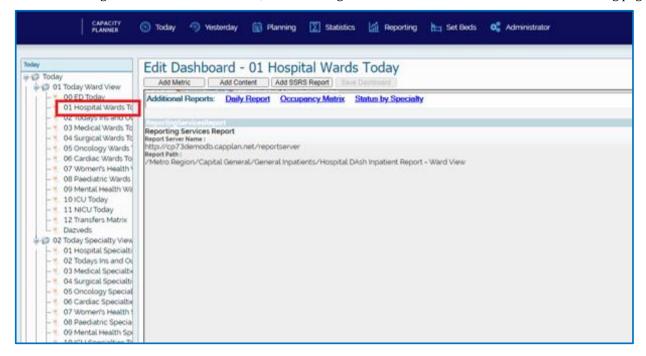


DASHBOARD EDITOR

Dashboard Editor is where changes to the Viewer dashboards are carried out.



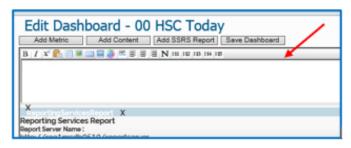
- To open Dashboard Editor, click on Administration from the top navigation bar and select Dashboard Editor from the dropdown.
- 2. Select the dashboard from the listing on the left that is broken out into Today, Yesterday and Weekly (that displays as 'Planning' dashboards).
- 3. After selecting the dashboard to be edited, several changes can be made. Each is outlined on the following pages.



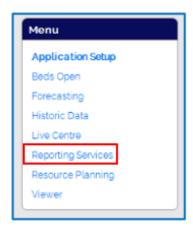


ADD A HYPERLINK

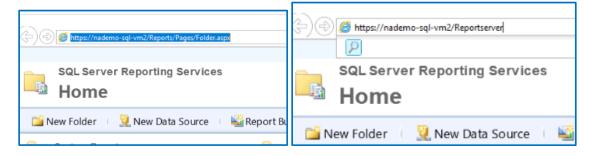
- 1. A new hyperlink can be added to a new or existing dashboard by clicking the **Add Content** button (unless this is already part of the dashboard).
- 2. You may need to resize or reposition the box to be located where you want it to display. To do this, just grab the blank portion of the box and dragging it to the desired location or expand it by pulling on the bottom right corner.



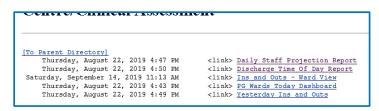
- 3. To get the hyperlink, follow these steps.
 - a. From the 'thick client', click the link to **Reporting Services** from the Menu.



b. This will open the Report Manager. From here, click in the address bar and from the back of the address, delete all after the word "Reports" and type "erver" so that it reads "ReportServer" at the end of the address and click the Enter key.



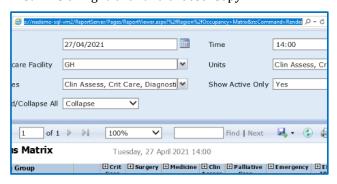
- c. From here, locate and open the folder that contains the report you want to add as a hyperlink.
 - i. Note, you may have to start with a Region or Facility named folder, and then Planning Group or other subfolder(s) before you get to your report.



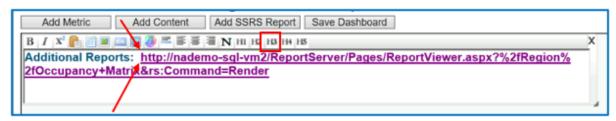
d. Once you have the report located, select it so that it runs.



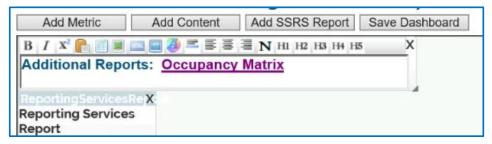
- e. Click in the address bar and copy the link.
 - i. Ctrl + C or right-click and choose 'Copy'.



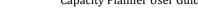
- 4. Next, go back to Dashboard Editor in the Viewer.
- 5. Click into that content box.
- 6. You may want to add an intro (e.g., "Additional Reports" first). To make it visible, you may want to first click "H3" (Heading 3) so it is sized to make it more visible.
- 7. Next, paste that hyperlink that was copied.



- 8. Put your cursor at the beginning of the hyperlink and delete (not backspace) all the text before the actual report name itself (shown above between the two arrows).
- 9. Next, use your arrow keys on the keyboard to get to the + sign right after the first word. Anyplace there are plus signs (+), replace them with a space by hitting the space bar and then Delete.
- 10. In the above example, the report name only has two words. At the end of the report name, continue to hit Delete until all the additional letters and symbols are removed.
- 11. The end result should look something like this.



- 12. Note: You do have the option of renaming the report if needed by adding the new name in the middle of the hyperlink itself and deleting all around it by using the arrows and delete key.
- 13. You may need to resize the box (by grabbing the bottom right corner).
- 14. Note, elements on the dashboard cannot overlap or an error message displays.
- 15. If more links are to be added, be sure to add spaces in between each so they can be easily clicked separately.



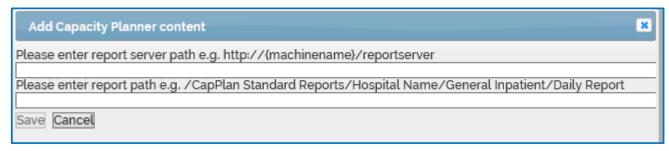


ADD SSRS REPORT

1. To add an SSRS report to display full screen, click the **Add SSRS Report** button.



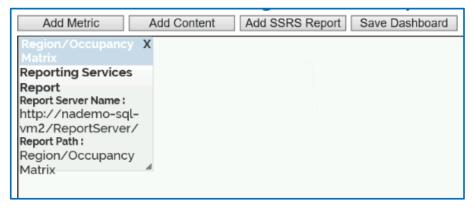
2. An Add Capacity Planner content box pops up.



- In the first field, enter the beginning of the report address (through "Report Server").
- 4. In the second field, enter the location of the report (folder and report name). It should look something like this:



- 5. Click Save.
- 6. The report will automatically be placed in the top left corner of the screen. It only needs moved if you want to add something like a Content Box above it. There is no need to resize the box.





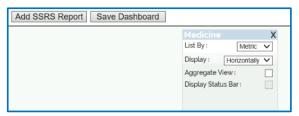
ADD METRIC VIEW

Metric Views can also be added to dashboards.

1. Click **Add Metric** and the box showing all the available Metric Views and their folders displays.



- Expand the appropriate folder to show the Metric Views.
- Drag and drop the Metric View onto the dashboard behind and then click the X to close the box that shows all 3. the Metric Views.
- A new box will display on the Dashboard.
- You can change the direction of the display (Vertically vs. Horizontally) and resize or reposition the view if needed.



- When all changes are made to this dashboard, click **Save Dashboard** button.
- If any elements overlap, you will see a message like this. Just close the box and move the data elements around on the page so they do not overlap.



If placed correctly, the Status Message will show "Dash saved successfully".



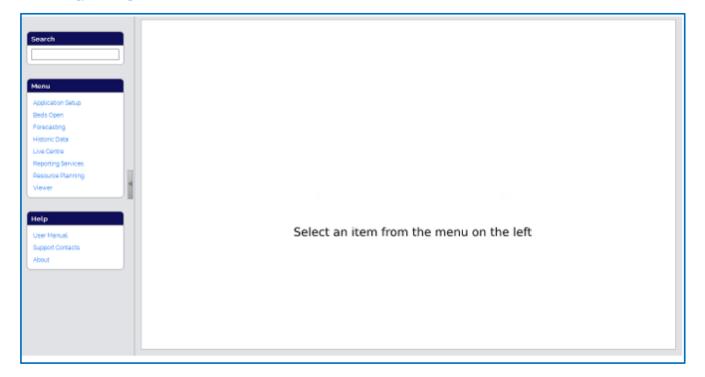
- 9. Next, view the Dashboard and make sure it displays as desired and all elements fit on the page appropriately.
- 10. The last step is to test the hyperlink and make sure it can be clicked and the correct report displays.

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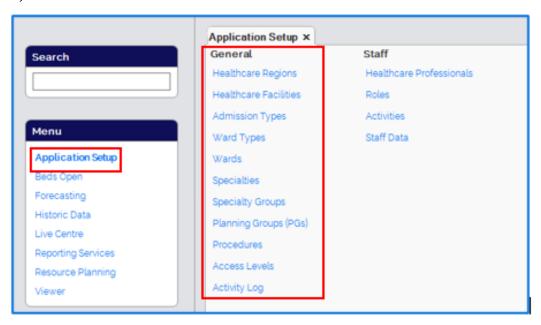
NAVIGATION





APPLICATION SETUP - GENERAL

Application Setup is the control room that drives Capacity Planner and is where Administrators can enter, maintain and adjust information.



HEALTHCARE REGIONS



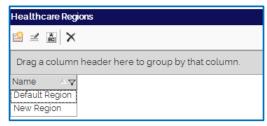
By default, there is a single Region already defined. The name of this region can easily be changed by double-clicking the "Default Region" and changing the name.

To add a new region:

1. Click **Add a Healthcare Region** to create another new region name.



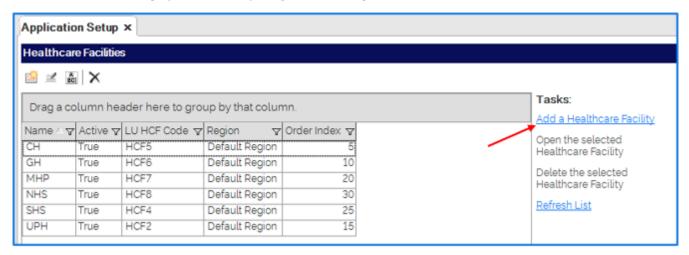
2. Enter the name and click **Save** and **Close** and it will then display (alphanumerically) in the list. This is only necessary if multiple regions are needed to group facilities by regions.



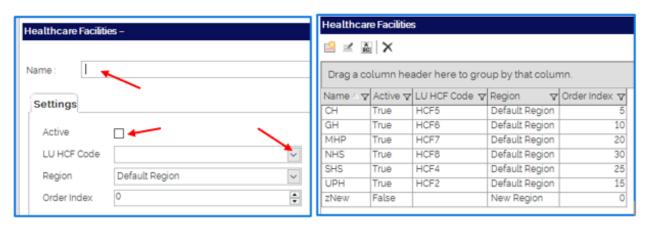


HEALTHCARE FACILITIES

Each hospital or Healthcare Facility (HCF) needs to be defined. If there is only a single facility, it is likely there will only be a single entry. If there are multiple facilities, they can be added and attached to the appropriate Region. There is also an **Order Index** if the display should be anything other than alphabetic.



- 1. Click Add a Healthcare Facility to add a new one.
- 2. Each of the fields should be addressed except for the two with default entries shown below. The only required field is the Name, but no information will be seen without also having the LU HCF Code defined.



Below are the data elements and recommended naming conventions.

- Name: Since the Name is what displays on many reports, it is best to use an abbreviation.
- **Active:** Facilities can be defined prior to becoming active if necessary; otherwise set to True by checking the box.
- **LU HCF Code**: This is the code that ties the registration system to Capacity Planner. If information has been received in Capacity Planner, any new facility codes would display in the dropdown. **Note**: If no code is selected, it can be added later. Once a code is selected and saved, it cannot be changed. Contact Support if a change or correction is needed.
- Region: "Default Region" will display unless another Region is defined and selected.
- **Order Index**: Set these with some space in between to make it easier to change the sort order if needed. If no changes are made, "0" will display and they sort alphanumerically (as seen above).



ADMISSION TYPES



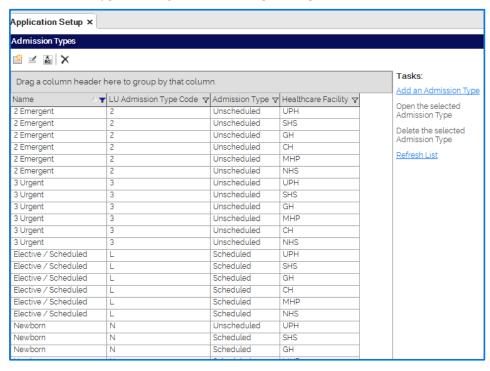
Admission Types are defined to separate out patients coming into the hospital via Emergency or Urgent Care versus direct admit or transferred in from other facilities.

The two groupings of Admission Types will then be used for long-range planning. They may display with different names that are chosen for each instance of Capacity Planner (same for the entire enterprise). Here are some examples of those master Admission Types:

- Acute and Elective
- Unscheduled and Scheduled
- Emergency and Non-emergent

Admission Types must be defined for each facility using Capacity Planner – even if the choices are standard across the entire Region.

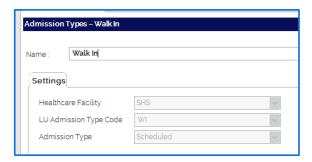
Note: The [master] Admission Type cannot be changed once saved. The entire entry would need to be deleted and recreated. This type of change must be done prior to productive use.



- 1. To add a new entry, click Add an Admission Type.
- 2. Enter the Name.
- 3. Choose the **Healthcare Facility** from the dropdown.
- 4. Choose the **LU Admission Type Code** from the dropdown. This is the code that ties back to the registration or ADT system.
- 5. Choose the [master] Admission Type.
- 6. Click Save and then Close.

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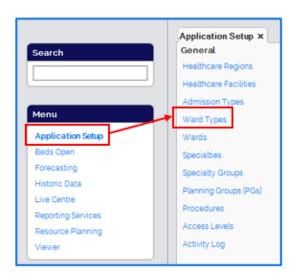


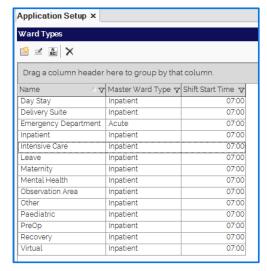
Note: After saving, the only field that is editable is the Name. The rest is view only. So, if changes are needed, the entry needs to be deleted and recreated correctly. These changes should all be completed prior to productive use. If changes are needed after this time, contact Support prior to deleting any entries.

WARD TYPES

Ward Types are ways to group similar wards or Planning Groups. Each is tied to a **Master Ward Type**. These separate patient volumes in the areas and length of stay tied to each. The naming of these Master Ward Types may vary (e.g., Acute, and Inpatient; Emergency and Inpatient).

There will be several populated by default. **DO NOT DELETE** these! Instead, you can add new Ward Types as needed.





Each Ward and Planning Group needs to be assigned to one of these Ward Types and each Ward in a Planning Group needs to share the same Ward Type.

- 1. To add a new entry, click Add an Ward Type.
- 2. Enter the Name.
- Choose the **Master Ward Type** from the dropdown.
- If the first shift of the day varies from "0700", change in the Shift Start Time dropdown.
- 5. When finished, click **Save** and **Close**.

Application Setup × Ward Types - Inpatient Inpatient Name Settings Master Ward Type ~ Inpatient Shift Start Time ^ ~

Ward Type Tips:

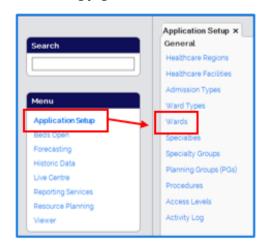
- If Critical Care wards use some of the same Specialties as others like Medicine or Surgical areas, you may want to create a separate Ward Type for Critical Care. This will allow you to do Forecasting for all the Critical Care volumes instead of including Medicine Critical Care patient volumes in with all other Medicine volumes.
- If mistakes are made, it is better to just add a "z" at the beginning of the name so it would sort to the bottom and not be as visible. Deleting entries may cause issues after productive use.

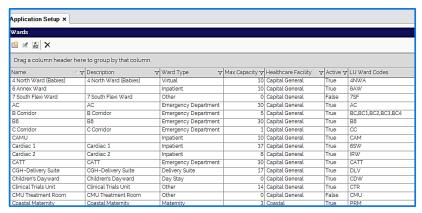
500 11th Ave N, Nashville, TN 37203 • HealthStream.com/contact • 800.521.0574



WARDS

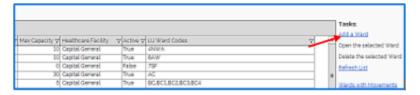
Wards should already be defined but can be edited as needed. This build has several fields, and each will be detailed on the following page.





ADD A WARD

1. To create a new Ward, click **Add a Ward** on the right.



- 2. Enter the Name to be displayed on reports. You may want to use more abbreviated names for better display.
- 3. The **Description** can be used to include the ward's full name or to track changes (e.g. "Closed Feb 2021").
- 4. Choose the **Ward Type** that matches the intended Planning Group.
- 5. Choose the **Healthcare Facility** from the drop down.
- 6. Enter the total number of physical beds in the Maximum Capacity field.
- 7. Make sure to check the box next to Active.



- 8. Choose the correct **LU Ward Code** that ties this ward to the registration or ADT system. There may be a need to include multiple LU Ward Codes (as shown in the screenshot below). **Note:** If this needs changed after saving, contact Support for assistance.
- 9. These are the required fields when creating a new ward. Additional fields for staffing are outlined on the following page.



WARD ROLES

ADD A WARD ROLE

For those including staffing in Capacity Planner, the following tabs need defined for each ward.

1. Open the Ward Roles tab for the ward and click Add a Ward Role on the right.

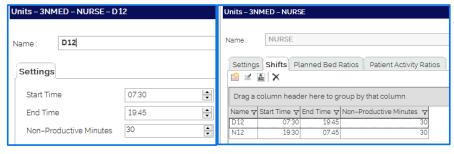


- 2. Choose the **Role** from the dropdown.
- 3. The **Staff Available** and **Budgeted HPPD** fields are optional (as they do not have any true impact on staffing.
 - a. **Tip:** Customers have used the Staff Available to reflect the Max Capacity to use as a reference when copying from one ward to another.
- 4. Choose either "Planned Bed Ratio" or "Patient Activity Ratio" in the **Staff Calculation Method** dropdown. **Note:** Using 'Patient Activity Ratio' provides more reporting opportunities.



SHIFTS

- 1. Next, open the **Shifts** tab.
- 2. Click **Add a Shift** on the right.
- 3. Enter either a **Name** for the shift or the start and stop times (e.g. "0730-1945")
- 4. Enter the **Start Time** and **End Time** for the shift.
- 5. Be sure to enter the number of **Non-Productive Minutes** for more accurate reporting.

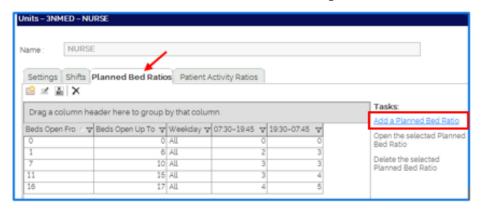


- 6. Click **Save** and **Close** when finished.
- 7. Repeat these steps for each additional shift that staff with this role work.



PLANNED BED RATIOS

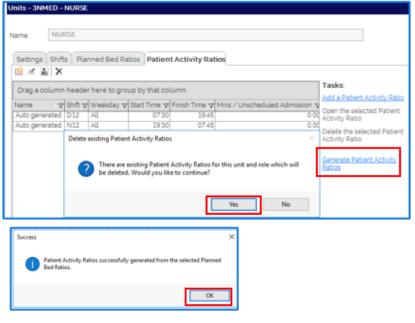
1. Click the **Planned Bed Ratios** tab to define the staffing ratios for this role.



- Be sure to include a row that shows **Beds Open From** and **Beds Open Up To** both as "0". This way, if there are no patients, the reports will reflect no staff are needed and the ward can be closed.
- Click Add a Planned Bed Ratio on the right to add more levels. A separate entry is needed at any patient census level where the number of staff are different for any shift defined.

PATIENT ACTIVITY RATIOS

- 1. After all the Shifts and Planned Bed Ratios are defined, click the **Patient Activity Ratios** tab.
- Click **Generate Patient Activity Ratios** on the right if any changes are made to the Planned Bed Ratios.
- 3. Two messages will display. Click Yes and OK.



Repeat each of the steps above for each different role and be sure to click **Save** and **Close** on each page as you build to make sure not to lose any changes.

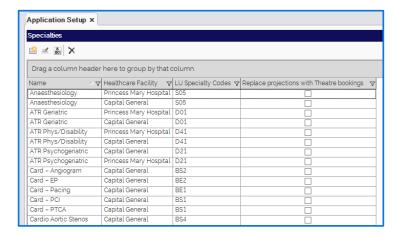
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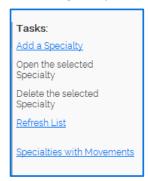
SPECIALTIES

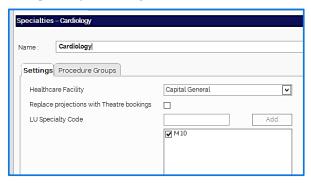
Specialties are populated from patient assignments in the ADT or registration system. The codes for these will come into Capacity Planner automatically but need to be defined and then mapped to Specialty Groups and Planning Groups. These Specialties are used to display census and activity on reports.





1. To add a new Specialty, click **Add a Specialty** on the right.





- 2. Enter the **Name** for the new Specialty.
- 3. Select the **Healthcare Facility** from the dropdown.
- 4. Check the appropriate **LU Specialty Code** (the code that identifies the specialty in the ADT system) and click **Save** and **Close** when finished.





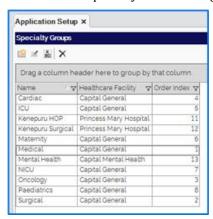
SPECIALTY GROUPS

After a new Specialty is defined, it needs to be added to a Specialty Group. Specialty Groups allow streamlining report and Planning Group setup. Specialties should be grouped according to how patients are cared for in the hospital (e.g., Medicine patients go to the same units, cared for by the same nursing staff).

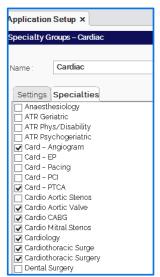
Specialty Groups often match Planning Groups, but there can be multiple Specialty Groups in a Planning Group if needed.



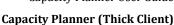
1. To add a new Specialty to an existing group, double-click the Specialty Group from the listing.



- 2. Click the Specialties tab, select the new Specialty, and click **Save** when finished.
- 3. This is also where you can remove a specialty by unchecking the box next to the choice.

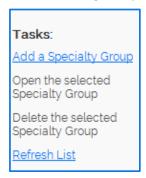


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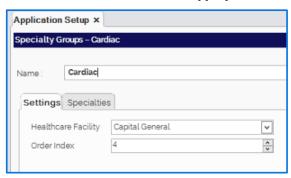




4. To add a new Specialty Group, click **Add a Specialty Group** on the right.



5. Enter the **Name** and select the appropriate **Healthcare Facility** from the dropdown.

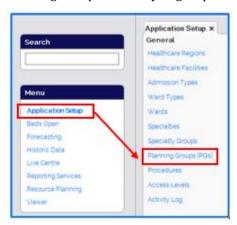


6. For each facility, the order Specialty Groups display on some reports is determined by the **Order Index**. Since new groups may be added at any time, it is recommended that they be spaced out with room to add new ones in between without having to change the order of other groups.

Note: Each specialty can be attached to only a single group for each facility.

PLANNING GROUPS (PGS)

Planning Groups are a way to group like-wards that may share patients and/or staff.



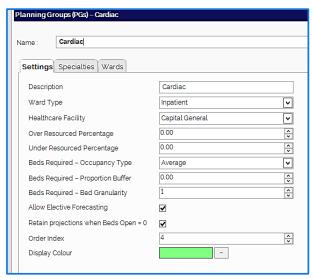
1. To create a new entry, click Add a Planning Group (PG) on the right.



2. Enter the **Name** (abbreviation) and **Description** (can be a longer name). If appropriate, have the Name match that of the corresponding Specialty Group name.



- 3. Choose the **Ward Type** from the dropdown.
 - a. Note: Emergency PGs must have a different Ward Type than inpatient ones.



- 4. Choose the **Healthcare Facility** from the dropdown.
- 5. Check the box for **Allow Elective Forecasting** for inpatient PGs with elective patients.
- 6. For PGs without any Beds Open defined (e.g. Assessment or Emergency PGs) that still need to be included in Projections, check the box for **Retain projections when Beds Open = 0**. **Note:** this is not used for most PGs.
- 7. Select the **Order Index** that should be used on reports. Leave space between entries.
- 8. Select the **Display Colour** that will represent this PG's Specialties on the Hospital Status report. **Note:** Each PG for a facility should be different colour.
- 9. The next step is to select the **Specialties** tab to assign the appropriate specialties for patients in the PG. To include all specialties in a group, just select the group (see "Cardiac" in the example below). **Note:** Each Specialty Group can be attached to only one PG with the same Ward Type. For example, if "Cardiac" is selected for this PG, it cannot also be attached to any other PGs with a Ward Type of "Inpatient" (like Medicine).

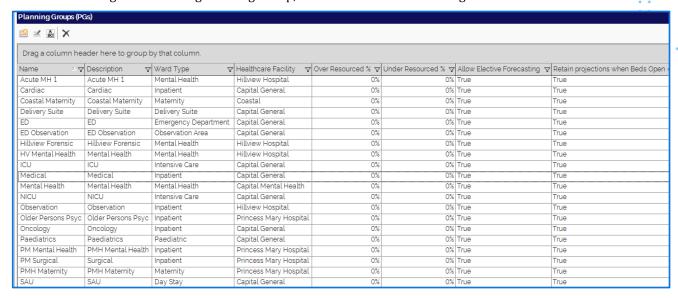




10. The last step before saving is to click the **Wards** tab so the appropriate wards are selected. Only those with the same Ward Type and not assigned to other PGs will display.



11. To make a change to an existing Planning Group, double-click the one to change and edit as needed.

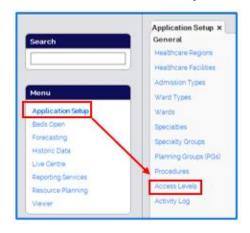


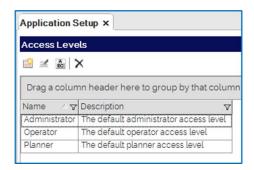
PROCEDURES

No longer used.

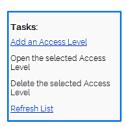
ACCESS LEVELS

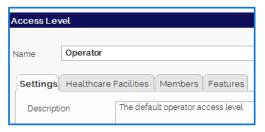
There are three pre-defined Access Levels that cover the main user groupings. Other entries can be added if needed (e.g., to limit access to other facilities). These each control which features are accessible by users.





- 1. To make changes to existing Access Levels, double-click the one to be changed.
- 2. To add new, click Add an Access Level on the right.



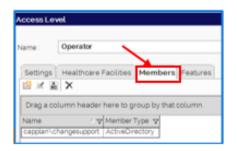


3. If creating new, you may want to enter a brief **Description** to identify the differences and the **Name** should reflect any facility restrictions if for a single facility.



4. Click the **Healthcare Facilities** tab to add or change the facilities included for access.





- 5. Click the **Members** tab if needing to remove a group from an Access Level (rare). **Note:** This is generally all managed within Active Directory. The Name of the Access level is provided to those to map users to that Access Level and what displays on the Members tab are the Active Directory Group(s) linked to the Access Level.
- Next, click the Features tab to view or edit any permissions to features. There are two choices 'View' or 'Modify'.



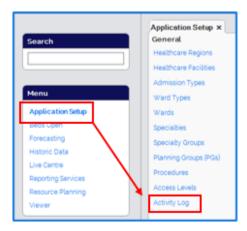
Cautions: One of the most impactful choices shown above is "Reporting Centre". Here are some tips to help with this feature.

Setting	Impact
None	On Demand Reports are not even listed in the "Reporting" dropdown, and Report Groups and Dashboards cause an Error loading reports message.
View	Users can view Report Groups, Dashboards and On Demand Report, but cannot create or edit their own.
View and Modify	Users can view, edit, and even delete System Groups for both Report Groups and Dashboards not just those they created. A warning will display but will not prevent users from removing groups from view for others.

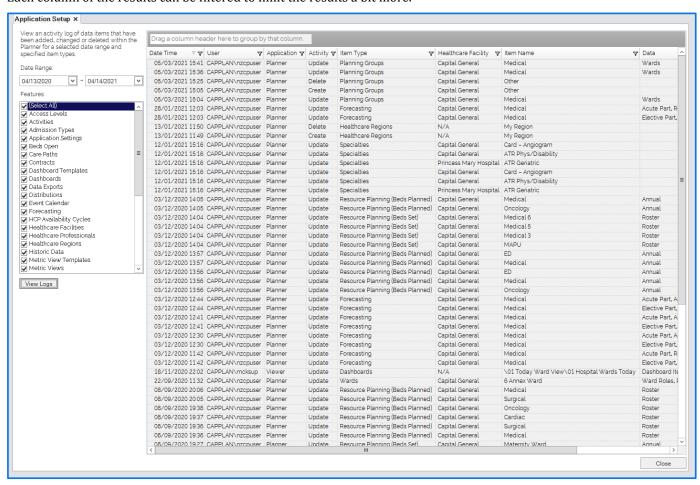


ACTIVITY LOG

The Activity Log is used to search for changes made to the build. The results of any search will display when a change was made, who made the change, where in the application it was made and, in some cases, it will also add more information as to the data that was changed.



Each column of the results can be filtered to limit the results a bit more.



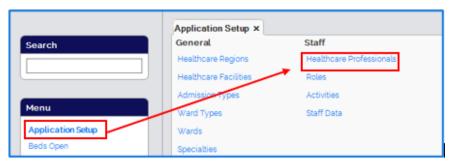


APPLICATION SETUP – STAFF

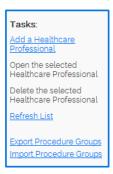
Under the **Staff** header are all the tables that control staffing resources.

HEALTHCARE PROFESSIONALS

The first one is **Healthcare Professionals** and should generally reflect Attending Physicians or practitioners responsible for a patient's care throughout their stay.



- 1. If displaying Healthcare Professionals (HCP) on Metric Views, these should be kept up to date. (Note: If not displaying HCP on Metric Views, no intervention is necessary.)
- 2. To add a new HCP, click Add a Healthcare Professional on the right.



3. From here, enter the **Surname** of the HCP. (**Note:** Recommend entering name that would display in a metric view, e.g., STEVENS, MARK A. This way, you have the ability to sort by HCP last names.)

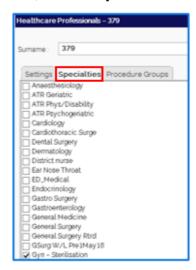




4. The other fields that are required are **Healthcare Facility, LU HCP Code** (unique identifier in the ADT or registration system) and the **Active** checkbox. All other fields on this tab are optional.

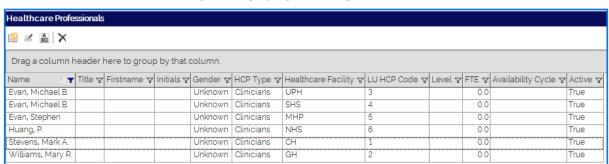


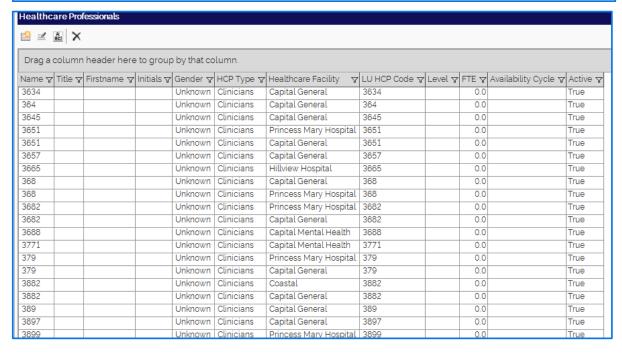
5. Next, select the **Specialties** tab to select their primary specialty. Do not select multiples.





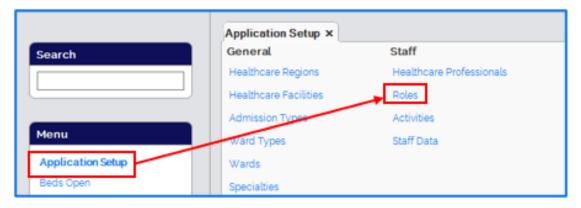
- 6. Note: If HCP has privileges at multiple facilities, they will need to be added for each one separately.
- 7. Click **Save** and **Close** when finished.
- 8. Below are a couple examples. The first shows recommended entries for those displaying HCP names in Metric Views. The second shows a listing just displaying their unique identifiers as the names.





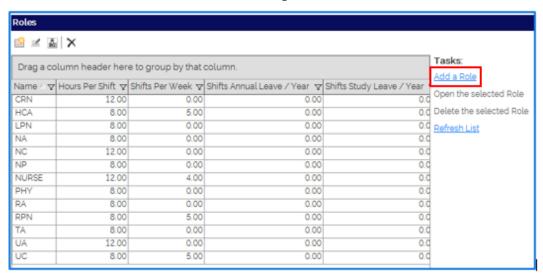


ROLES

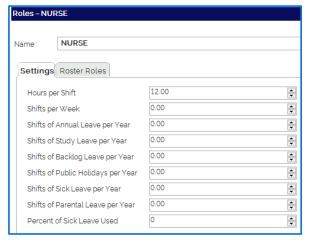


The next table in the list under Staff is **Roles**. This is where each different Role is defined. This is an enterprise-wide table, so there should not be separate listings for each facility.

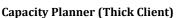
1. To create a new role, click **Add a Role** on the right.



2. Next, enter the name or widely-known abbreviation for the role in the Name field.

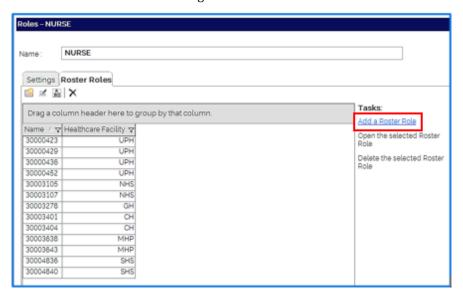


- 3. The only other field that needs to be addressed on this tab is the **Hours per Shift**. It does not need to be the same for all areas with this role, but it does need to be populated.
- 4. **Note:** If using ANSOS, it is best to have any nursing roles defined separately (instead of combining RN and LPN into a single role named 'NURSE'). Otherwise, the projected staff requirements may send over duplicate needs to ANSOS same for both RN and LPN Skills.
- 5. Next, select the **Roster Roles** tab. This is where the individual role identifiers are added.

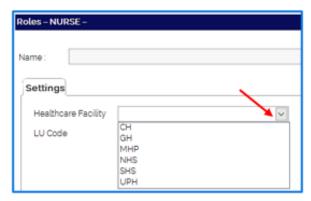




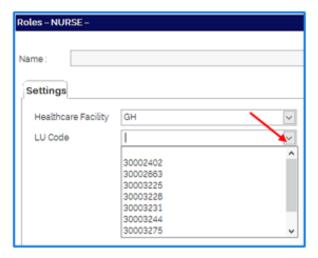
6. Click Add a Roster Role on the right.



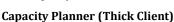
7. Choose the **Healthcare Facility** from the dropdown.



8. Next, choose the **LU Code** that links back to the staffing application. This may be known as a Job Code or for ANSOS, it is a combination of Division and Skill Code. **Note:** There may be multiple selections for each facility.



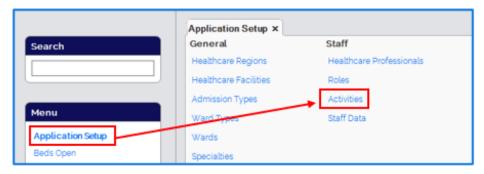
- 9. This is also an easy place to make changes to existing roles (e.g., add or remove a LU Code).
- 10. Click Save and Close. When finished and repeat for any additional roles.





ACTIVITIES

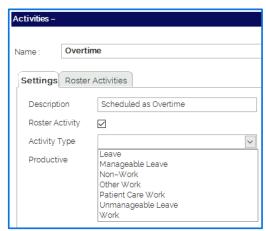
The next table under Staff is the Activities table. This is where both productive and non-productive activities are defined (e.g., Pay Code or Workshift Codes). Some entries will default in and can be utilized. Like the Roles table, these are enterprise-wide and do not need listed separately by facility.



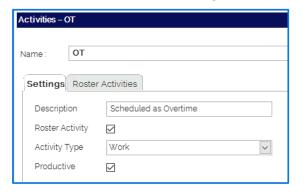
1. For a new entry, click Add an Activity on the right.

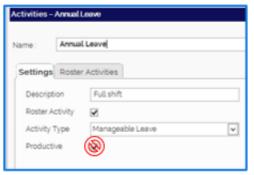


- 2. Enter the **Name** of the activity and then add a **Description**.
- 3. If this is an activity that is scheduled, check the box for **Roster Activity**.
- 4. Next, choose a [master] Activity Type from the dropdown. Each Activity must fall under one of these types.



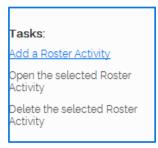
5. Then, check the box next to **Productive** if it should be counted in the scheduled times and displayed on reports. **Note:** Do <u>not</u> check the box for things like Leave or Non-Work activities.



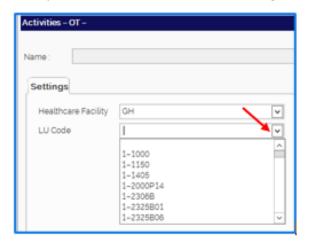




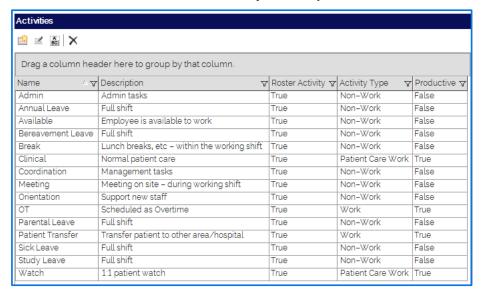
6. Next, select the Roster Activities tab on the right.

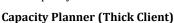


- 7. From here, select the **Healthcare Facility** from the dropdown.
- 8. Next, choose the **LU Code** that identifies this activity from the dropdown. There may be multiple choices for each activity defined. Each one will needs added separately, but multiple choices can be selected.



9. Be sure to click **Save** and **Close** and then repeat for any additional codes.







STAFF DATA

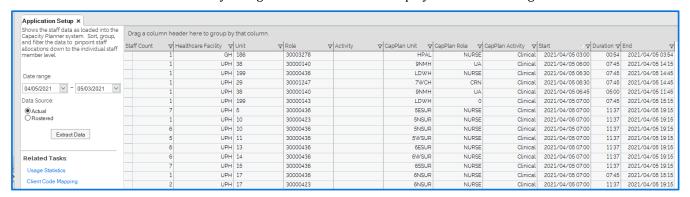
Staff Data is an alternate location to map LU Codes for Roles, Activities or Cost Centres. It is also where Admins can troubleshoot build or staffing numbers on reports further.



VIEW STAFF ALLOCATIONS

The staffing information coming into Capacity Planner displays by default showing the last 4 weeks Actual data. This page can be sorted or filtered by any of the columns displayed.

- The **Date Range** can also be changed to look in the past or the future as needed.
- Select **Rostered** to see future scheduled information.
- Click **Extract Data** if any changes have been made to display the new date range.



• The first column may show "Staff Count" (see above) or if individual staff IDs are being sent, the first column would display as "Individual" (as shown below).

CLIENT CODE MAPPING

This section allows mapping Cost Centres, Roles and Activities using more of a 'drag-and-drop' method (multiples at one time).

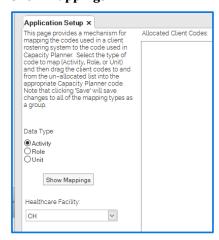
1. Click **Client Code Mapping** on the left.



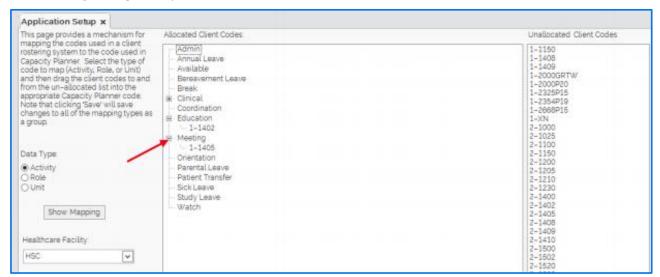
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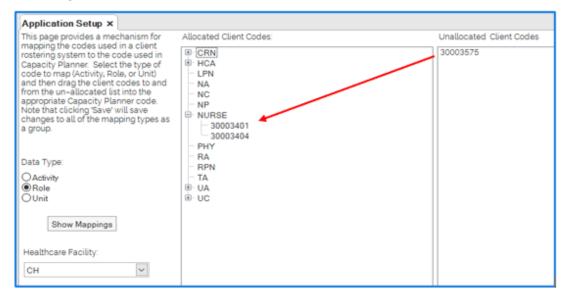
2. Choose the **Data Type** to be mapped (Activity, Role or Ward), choose the **Healthcare Facility** and then click **Show Mappings.**



- 3. Any unmapped codes display under "Unallocated Client Codes" on the right.
- 4. To map any codes to a Data Type, select it, drag from Unallocated column, and drop it to where it should be mapped.
- 5. Click the + sign to expand any of the Allocated Client Codes.

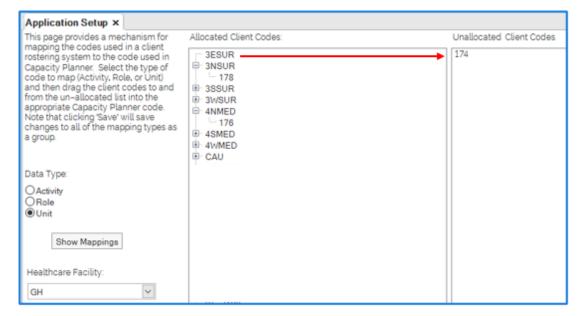


The same process is used for Roles and Units.





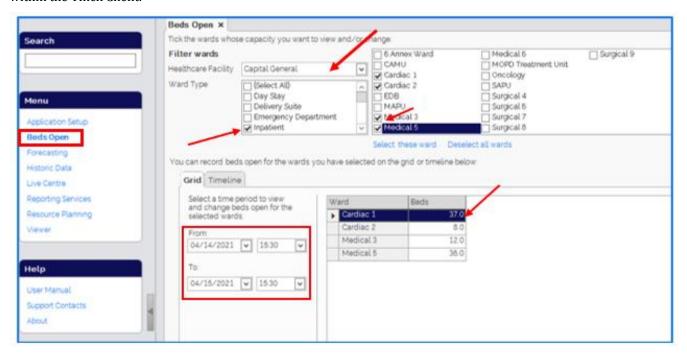
- 7. Any unwanted codes can be removed the same way in reverse.
- 8. Drag from Allocated to Unallocated column.



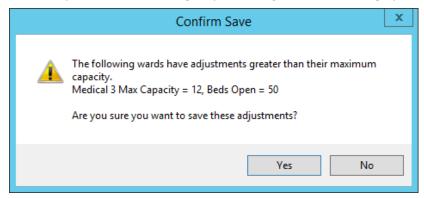


BEDS OPEN

Changes to the Beds Open can be made right in the Viewer, but they can also be set for shorter defined date ranges from within the Thick Client.



- 1. Click **Beds Open** from the Menu.
- 2. Select the **Healthcare Facility** from the dropdown.
- 3. Choose a Ward Type from the listing.
- Choose one or more Wards from the listing. 4.
- 5. Choose a starting date and time in the **From** section.
- 6. Choose the ending date and time in the **To** section.
- 7. Click Save when all changes are completed.
- 8. If the entry exceeds the Max Capacity, a message like this will display:



9. Click Yes to accept the incorrect value or No to cancel.

Differences between 'Set Beds' and 'Beds Open':

- Setting Beds Open here requires a beginning and an ending date/time.
- Ward choice is limited to only filter by Ward Type instead of Planning Group.
- There is no information about the Max Capacity in this view, so it is easier to exceed that value.
- Even if the value entered exceeds the Max Capacity, it can be saved. If this is done, the Max Capacity needs to quickly be corrected to accommodate this.

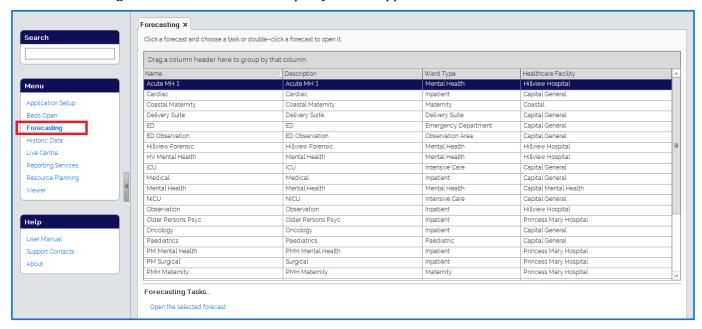
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FORECASTING

Capacity Planner provides tools to create long-term plans using forecasts based on historical data and anticipated changes to trends or processes.

Access **Forecasting** from the Main Menu of the Capacity Planner application.



Forecasts are done at **Planning Group** level. A Planning Group is a group of one or more specialties and units within a Ward Type, for example patients in a Medical specialty in a general inpatient bed. See **Ward Types** and **Planning Groups** in the **Application Setup – General** section above for more information on how these are defined.

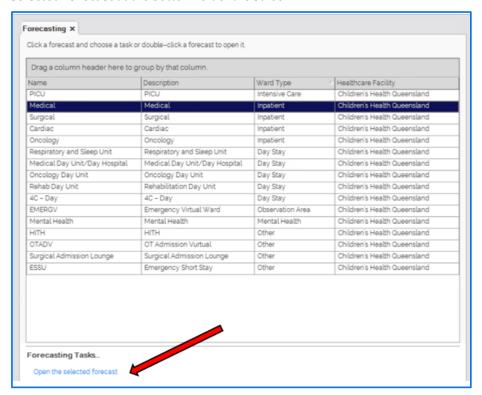
All **Planning Groups** are listed in the **Forecasting Centre** though there are some you may choose not to forecast (like non-inpatient areas like Delivery Suite or Observation-type groups).

One of the main purposes of Forecasting demand is to be able to staff appropriately and proactively. The forecasted census flows through to Resource Planning, where we set the beds to accommodate the predicted demand. Then, we apply our staffing matrices (Planned Bed Ratios in Capacity Planner Ward build) to determine the staff required to care for the predicted demand.



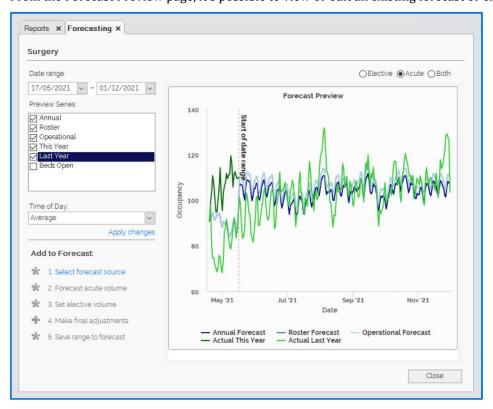
OPEN FORECAST

To view or edit the forecasts for a Planning Group, double-click on one from the list or single-click and click **Open the selected forecast** at the bottom left of the screen.



PREVIEW FORECAST

From the Forecast Preview page, it's possible to view or edit an existing forecast or create a new forecast.

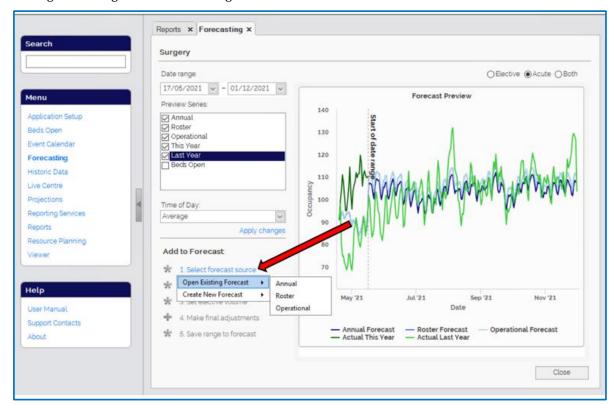




Previewing a Forecast:

- **Date range**: Set the start and end dates for the forecast you want to view, edit, or create.
- **Preview Series**: Select which chart series you want to display in the Preview Pane.
 - o Annual usually the first forecast created, the annual forecast often aligns with the budget period
 - o **Roster** usually a shorter-term forecast adjusted to reflect current trends. The roster forecast can be run to align with staffing roster periods.
 - o **Operational** a spare forecast series that can be used to model alternative scenarios
 - o **This Year** occupancy for the current 12 months up to the start date of the forecast
 - o Last Year occupancy for the corresponding period 12 months in the past
 - Beds Open the number of beds recorded as open across the forecast period
- **Time of Day**: Average is the default and what Forecasting uses for calculations.
- To update the preview chart after any series have been changed click **Apply changes**.

Editing an existing forecast or creating a new forecast:

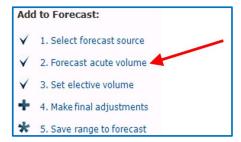




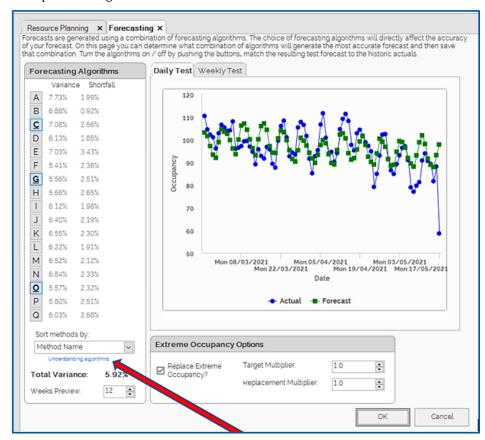
- From the Add to Forecast list, click 1. Select forecast source.
- Forecasts already created for the period (Annual, Roster or Operational) show under **Open Existing Forecast** and can be selected. If there is no forecast for all or part of the date range set, the **Open Existing Forecast** option will not display any choices and the forecast will need to be created from the **Create New Forecast** option.
- Once a forecast source has been selected, the Add to Forecast options will activate.



FORECAST ACUTE VOLUME



The first step of creating an Acute forecast is to select the forecast methods to use. There are 17 methods A to Q.



The complete set of forecasting algorithms is displayed on the left-hand side of the window.

Tooltips describing the algorithm can also be viewed by hovering over the alpha buttons or clicking the **Understanding algorithms** link under the **Sort methods by** field. The forecast values (based on the selected algorithms) versus actuals, for the period leading up to the forecast date range, are shown on the right-hand side of the window.



Because different algorithms may have been set in the past for different dates within the current date range, the default is based on the algorithms used for the last day within the forecast date range (where forecast values are defined).

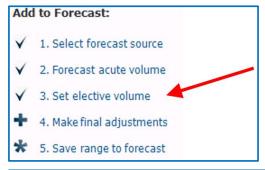
Other options in the forecasting screen are:

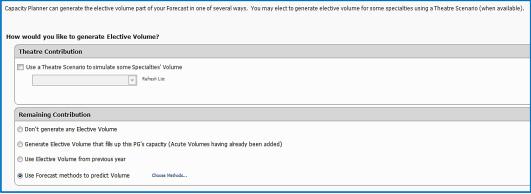
- Weeks Preview: Change to view forecast performance over a greater period (more than the default 12 weeks) and see how the mix of algorithms perform.
- **Extreme Occupancy Options**: Since many of the algorithms use a moving or rolling average, you can use this option to remove extreme values from these calculations that can easily skew the averages. You can use Total Variance on the bottom left as a test to see whether this is beneficial for your Planning Group, by clicking the Replace Extreme Census box and setting your Target Multiplier to 2 and your Replacement Multiplier to 1.

Once you are satisfied with the algorithm(s) chosen, click **OK** to move to the next step.

FORECAST ELECTIVE VOLUME

Select the Set elective volume option.





There are four available options for generating an elective forecast under **Remaining Contribution**:

Don't generate any Elective Volume

No elective forecast will be created (used for Emergency or other areas with no elective volumes)

Generate Elective Volume that fills up the PGs' capacity

An elective forecast will automatically be generated that fills all available capacity in the home units/wards of the Planning Group.

Use Elective Volume from previous year

The previous year's elective occupancy will be used. Used for specialties that have very small daily elective occupancy or little variance year-over-year.

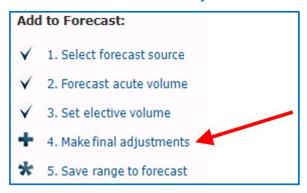
Use Forecast methods to predict Volume

Elective volumes can be predicted based on the same set of forecasting algorithms as used for forecasting acute volumes. Selecting this option enables *Choose Methods*. Using this option brings up the same forecast methods page used in the Forecast acute volume step.

(Note: Some of the terms may vary from what is displayed (e.g., 'Scheduled' instead of 'Elective', etc.). Also, the displayed option **Use a Theatre [Surgery] Scenario is** no longer used in Capacity Planner.)



MAKING MANUAL ADJUSTMENTS



The Make final adjustments screen provides three means of making adjustments:

THE PATIENT TURN & VOLUME TAB

The Patient Turn & Volume tab allows the user to enter expected high level assumptions for each specialty. Adjustments in the Patient Turn & Volume tab can be locked when used in conjunction with Timeline View adjustments. (See "Compensate for Manual Adjustment Volume" for more details.)

- Patients In how many are expected / planned for the period and
- Patient Turn how long, on average, patients are expected to stay in the specialty within the Ward Type

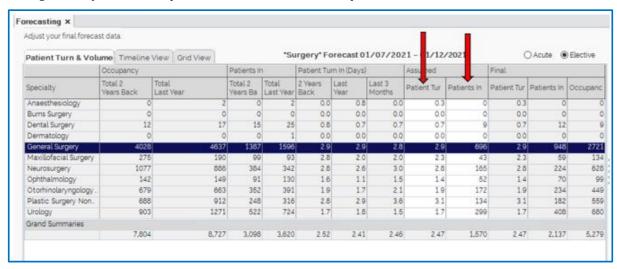
The difference between Patient Turn and Average Length of Stay:

Patient Turn = sum of the total occupancy over a specific period divided by the number of Patients In over the same period.

- Allows you to measure capacity for specialties that transfer patients to other specialties
- Less volatile when including long-stay patients
- Excludes portions of stay in other ward types, e.g., ICU

Average Length of Stay (ALOS) = sum of the length of stay (time between admission and discharge) for each patient discharged within a period divided by the number of patients discharged

- Allocated to specialty at time of discharge
- Volatile when including long-stay patients
- Includes other ward types e.g., ICU
- Length of Stay is still an important overall measure for hospitals.



Timeline Settings

Selection Drag Mode Axis

These options determine how other data points inside a selection you are dragging will move.

Smooth (Exponential)

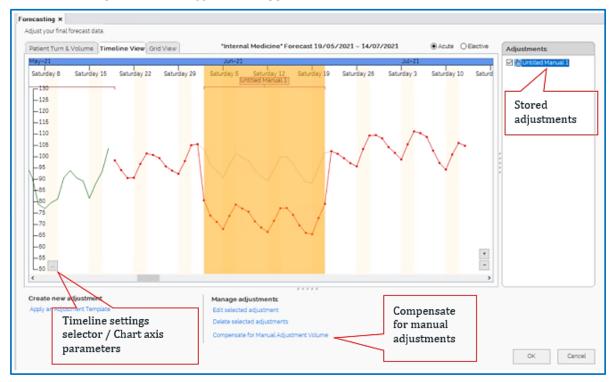
Cancel

Smooth (Linear)



THE TIMELINE VIEW TAB

This allows data points to be dragged and dropped to the desired values.



Ranges can be chosen by selecting the start date from the top of the adjustment pane, holding the left mouse button down, and dragging across to the end date of the adjustment period. Data points within the selected range can then be selected and used to drag the series up or down.

There are 4 options for choosing how the selected range will behave when dragged to a new position. Click on the small

grey icon at the bottom left corner of the adjustment pane to open the **Timeline Settings** selector.

Smooth (Linear) keeps the overall pattern of the original series with the series moving depending on whether it was selected from the start, middle or end.

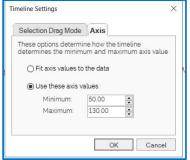
Smooth (Exponential) the overall pattern of the original series distorts as the series is moved depending on whether it was selected from the start, middle or end.

Translate moves the entire series up or down equally.

Flatten changes the selected range to a flat line. This option can be useful for flatten period of the forecast to zero.

To maintain values entered in the Patient Turn and Volume pane while making Timeline View adjustments, click on Compensate for Manual Adjustment Volume once you have finished moving the timeline within a selection. This will adjust unchanged data points to compensate for the adjustments made and maintain the Patient Turn and Volume values.

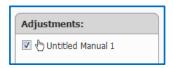
Click on the small grey icon at the bottom left corner of the adjustment pane to change the axis values of the Timeline View pane.





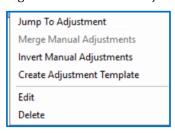
ADJUSTMENTS:

An 'Untitled Manual 1' box will appear in the Adjustments area on the right-hand side of the screen anytime an adjustment has been made.



Click the "Untitled Manual" adjustment to rename it something meaningful.

Right-click the manual Adjustment in the Adjustments area to display the pop-up menu below:



Jump to Adjustment displays an enlarged view of the adjustment.

If multiple adjustments are selected, they can be merged into a single adjustment using the Merge Manual Adjustments function. This can be helpful when multiple separate adjustments were made for a single purpose e.g., adjusting multiple days across the Christmas period.

Invert Manual Adjustment displays the adjustment in its inverted form.

Edit allows changes to existing adjustments.

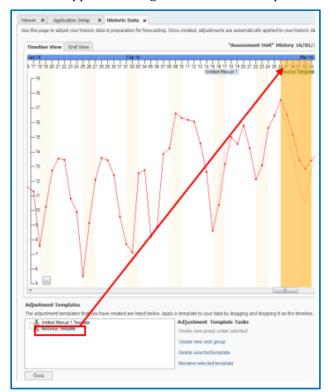
Delete removes selected adjustments.

Create Adjustment Template creates a template based on the manual adjustment that can be reapplied. The template is given the same name as the manual adjustment but can be renamed and managed independently of the original manual adjustment. Templates are available to all Planning Group forecasts.

APPLY AN ADJUSTMENT TEMPLATE

Click **Apply an Adjustment Template** from the **Create new adjustment** list at bottom left of the window.

A list will appear showing all the available templates.



Drag and drop the selected template onto the chart making sure that the mouse is released over the first date where the template should be applied.

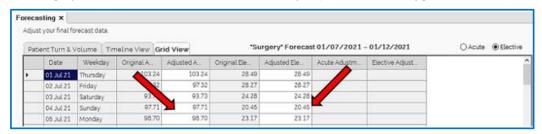
This creates a new adjustment.

Click the **Close** button to hide the list of Adjustment Templates.



THE GRID VIEW TAB

This displays data in a table format and allows daily adjustments to be typed into the Adjusted columns.



On this tab, changes can be made to individual dates for both acute and elective patient volumes. This can be particularly helpful if volumes slip to reflect a fraction less than 1. These can display incorrectly on forecast reports, so they can be changed to a whole number on this tab.

To Convert a Manual Adjustment to an Adjustment Template:

Right-click on the manual adjustment and select Create Adjustment Template.

The manual adjustment is now saved as a template with the same name as the adjustment. The template is available to all Planning Group forecasts and can be renamed and managed independently of where the original manual adjustment was created (click the Apply an Adjustment Template link at the bottom of the Forecasting window to display the Adjustment Template Tasks list).

Click **OK** to return to the Forecast Preview screen.





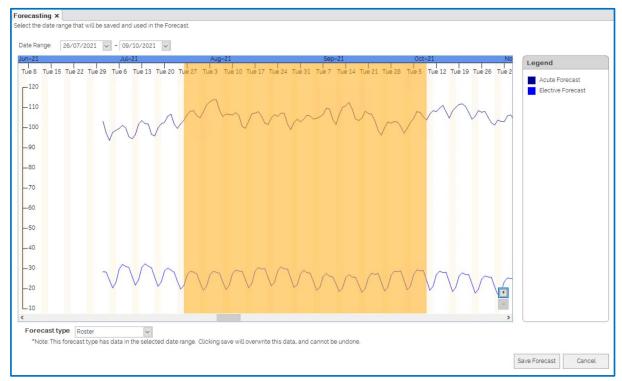
SAVE RANGE TO FORECAST

To Save a Forecast

Select Save range to forecast.



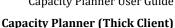
This displays a window where a sub-date range can be chosen within the current forecast date range and forecast type.



To save a smaller portion of the forecast, change the dates in the **Date Range** at the top or left-click and drag on the graph to highlight a date range.

Select the **Forecast Type** (see Forecast Types) from the drop-down box.

Clicking on **Save Forecast** will save the acute or emergency volume, elective volume, adjustments, and accompanying settings, for the specified forecast type for the specified date range. If a forecast has previously been saved against that forecast type, the new forecast will overwrite the old forecast for the specified sub-date range.





UNDERSTANDING FORECAST METHODS

Α

Weekly and yearly patient data contains little variation and is stable in all aspects.

В **Average Weekday**

Patient numbers, by day of the week, is consistent with little seasonal or event driven patterns.

C Weekday Last Year

Daily patient numbers within a week contains little variation and is stable in all aspects.

D Average Weekday Month

Patient numbers year on year are reasonably stable. Daily patient numbers within a week contains little variation. Events and cycles happen at the same time each year.

Е **Moving Median**

Daily and weekly patterns are stable with little daily variation. Over the course or a year patient numbers are increasing and decreasing.

F **Moving Four Week Weekday Percentage**

Patient numbers are subject to medium term cyclic fluctuations. The proportion of patient numbers each weekday is reasonably consistent, but overall patient numbers are increasing or decreasing over the course of the year.

G Moving Two Week Weekday Percentage

Patient numbers are subject to short term cyclic fluctuations. The proportion of patient numbers each weekday is reasonably consistent, but overall patient numbers are increasing or decreasing over the course of the year.

Moving One Week Weekday Percentage Η

Daily and weekly patient numbers are highly variable. The overall patient numbers received year on year does not vary greatly.

I Moving Two Year Four Week Weekday Percentage

Patient numbers year on year are reasonably stable. Daily patient numbers within a week contains little variation. Events and cycles happen at the same time each year.

Moving Two Year Two Week Weekday Percentage J

Patient numbers year on year are subject to some volatility. Daily patient numbers within a week contains little variation. Events and cycles happen at the same time each year.

K Moving Two Year One Week Weekday Percentage

Patient numbers year on year are highly volatile. Daily patient numbers within a week contains little variation. Events and cycles happen at the same time each year.

L Moving Two Year Four Week Rolling Weekday Percentage

Daily patient volumes are consistent. Total weekly patient volumes have some variability and seasonal patterns are evident. Detects medium to short term changes in behaviour.

M Moving Two Year Two Week Rolling Weekday Percentage

Daily patient volumes are consistent. Total weekly patient volumes have noticeable variability and seasonal patterns are evident. Detects short term changes in behaviour.

Moving Two Year One Week Rolling Weekday Percentage N

Daily patient volumes are consistent. Total weekly patient volumes have significant variability and seasonal patterns are evident. Detects recent short term changes in behaviour.

0 Moving Four Week Rolling Weekday Percentage

Daily patient volume patterns are consistent, but total weekly patient volumes have some variability. Detects medium term changes in behaviour.

P Moving Two Week Rolling Weekday Percentage

Daily patient volume patterns are consistent, but total weekly patient volumes have noticeable variability. Detects short term changes in behaviour.

Moving One Week Rolling Weekday Percentage Q

Daily patient volume patterns are consistent, but total weekly patient volumes have significant variability. Detects recent short term changes in behaviour.

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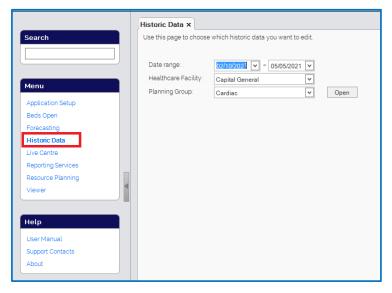


HISTORIC DATA

From time to time, events can impact the historical data making it unsuitable for using when forecasting future occupancy. The impact of Covid-19 in 2020-21 is a good example. Historic Data can be used to adjust the data a forecast uses. Adjustments to Historic Data do not adjust the actual history, just the Data used by the forecasting algorithms. When viewing historical data in the Forecasting Centre the original history is displayed even after it has been adjusted.

Cleaning Historic Data

From the Menu, select Historic Data.



Select Date Range, Healthcare Facility and Planning Group.



Click the **Open** button to view the chart. Adjustments are made in Historic Data the same way that manual adjustments are made to Forecasts.



Select the **Acute** or **Elective** radio button at the top right of the chart. They must be adjusted separately.



Adjust the historical data by any of the following methods:

- Dragging data points with the mouse
- Applying an Adjustment template
- Adjusting numbers directly in the grid view tab this also creates a new adjustment template.



- a. Right-click the adjustment name to access this pop-up menu. Left-click the adjustment name twice to rename it.
- b. This is an area to which adjustments are made using drag and drop. The light grey line shows the original forecast data.

Click \boldsymbol{Save} \boldsymbol{All} $\boldsymbol{Adjustments}$ when done.

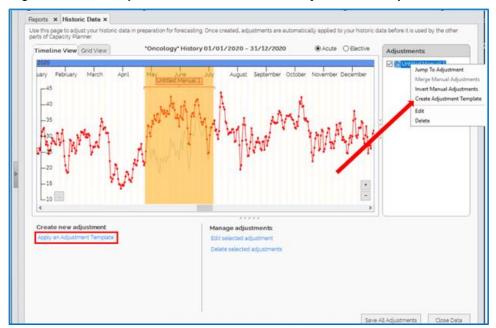
Caution: Adjusting historical data will impact all future forecasts and may impact existing forecasts if they are rerun.



CREATING AN ADJUSTMENT TEMPLATE

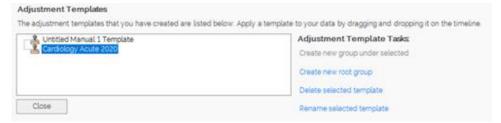
Make an adjustment using the methods outlined above.

Right click on the adjustment and select Create Adjustment Template



New templates show in Apply an Adjustment Template from the **Create new adjustment** at bottom left of the window.

Name the Adjustment Template with a relevant name including the Planning Group name and Admission Type. Adjustment Templates can be selected and used for other Planning Groups.

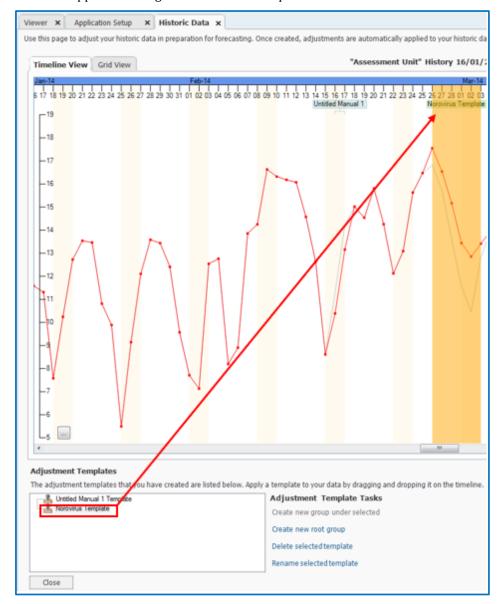




APPLY AN ADJUSTMENT TEMPLATE

Click **Apply an Adjustment Template** from the **Create new adjustment** list at bottom left of the window.

A list will appear showing all the available templates.



Drag and drop the selected template onto the chart making sure that the mouse is released over the **first date** where the template should be applied.

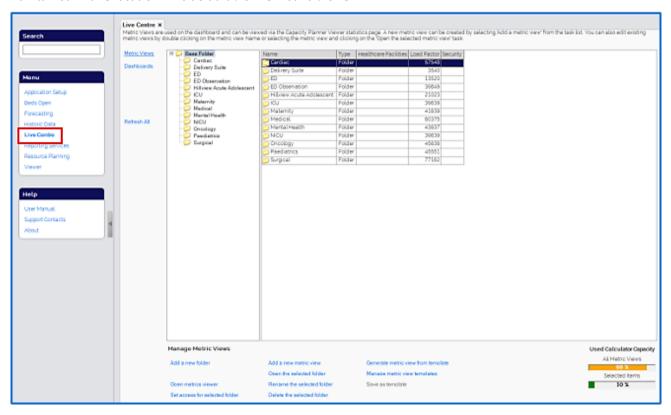
This creates a new adjustment.

Click the **Close** button to hide the list of **Adjustment Templates**.

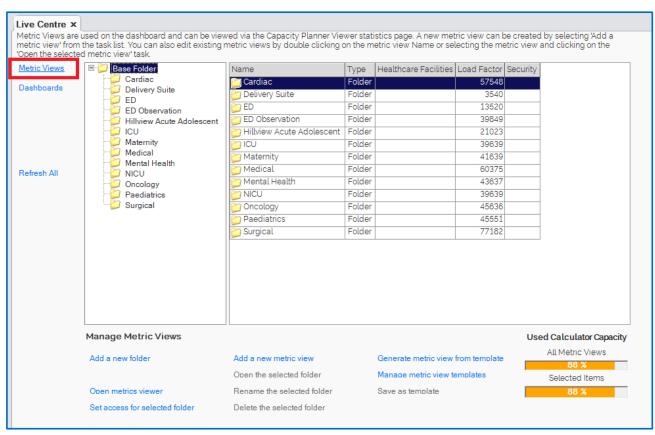


LIVE CENTRE

Live Centre is where Viewer Dashboard creation and access is established. Metric Views are also created and maintained in this location. The default view is Metric Views.

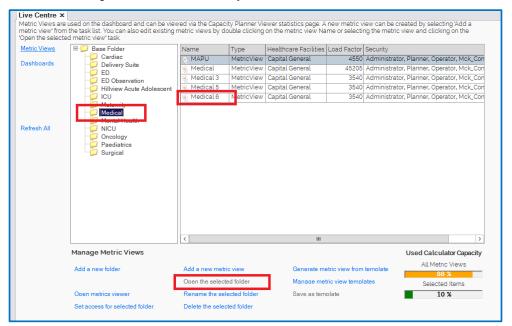


METRIC VIEWS





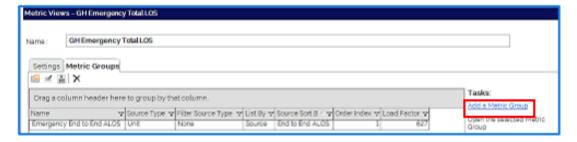
1. To edit an existing Metric View, single-click the folder and double-click the Metric View to edit (or single-click and click **Open the selected** below).



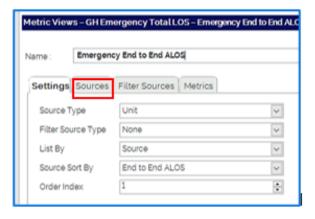
- 2. From here, you can change the **Name** if needed.
- 3. Otherwise, click the **Metric Groups** tab.



4. From here, you can edit an existing Metric Group (by double-clicking an entry) or click **Add a Metric Group** to create a new one for this view.

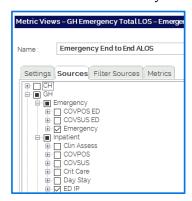


5. To change the source, click the **Sources** tab.

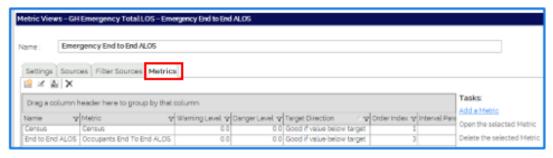




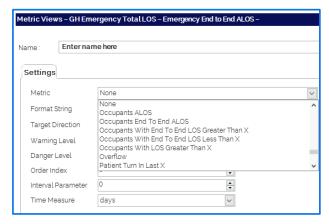
Check new or uncheck any to be removed and click **Save** when finished.



To make changes to the individual Metrics, click the **Metrics** tab.



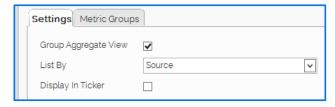
- If selecting an individual Metric to edit, you can change the Warning Level or Danger Level, change the sort order (Order Index).
- To add a new metric, click **Add a Metric** on the right.
- 10. Enter the Name to display and choose a Metric from the dropdown. Those specific to individual patient-level data begin with "Encounter". The rest are summary-level metrics.



11. Be sure to click **Save** when finished editing.

METRIC VIEW TIPS

- On the "Settings" tab, the Group Aggregate View controls whether a metric view displays as a total value (checked) or separately (unchecked).
 - It should be checked for summary-level data.



- **List By** controls whether the metric view is listed by Metric or Source.
 - For summary-level ones, choose "Source".

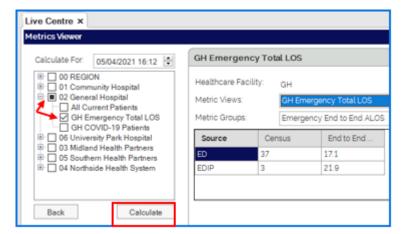
HealthStream Inc



METRIC VIEWER

- 1. To view a Metric in Live Centre, click **Open metrics viewer** at the bottom.
- 2. From here, expand the site folder until the Metric Views are listed.
- 3. Check the box next to the one to be viewed and click **Calculate** at the bottom.



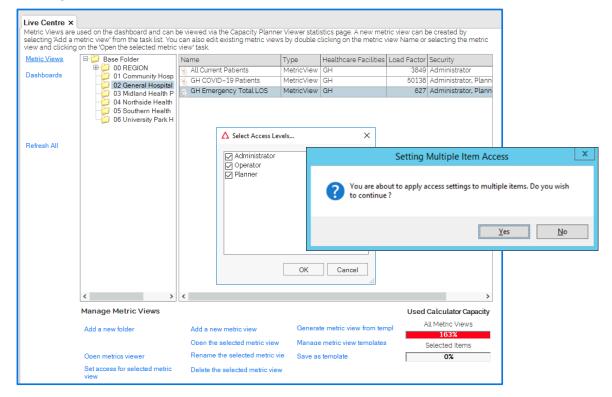


4. For longer Metric Views, you can sort by any of the columns by just clicking on the header.

METRIC VIEW ACCESS

Each Metric View can have different Security defined, based on who should be able to view. encounter-level views may be more restricted than summary-level views.

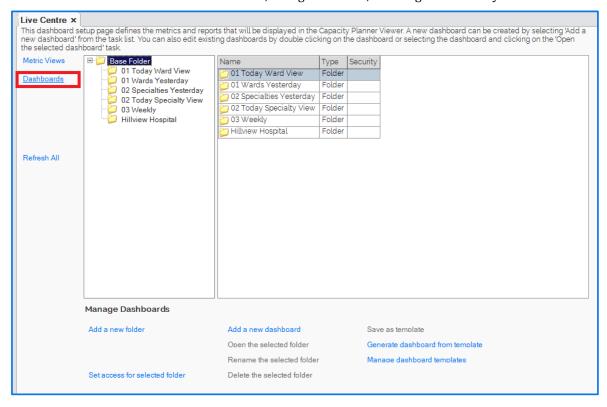
- To change Metric View access, single-click the Metric View to set or change and then click Set access for selected metric view at the bottom.
- 2. Select any Access Levels that should have access and click **OK**. Then click **Yes** on the pop-up box that confirms the change.



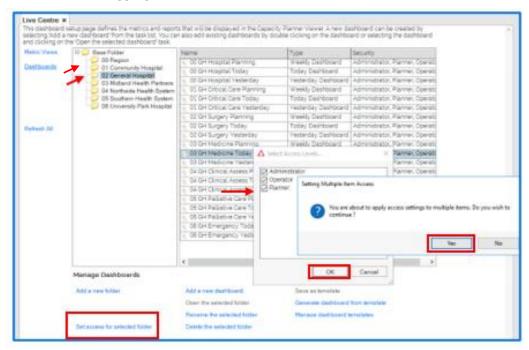


DASHBOARDS

This is where new Dashboard folders are created, change the name, or change the Security.



- 1. Click **Dashboards** to make any changes.
- 2. Click the facility folder to display the individual Dashboards created under that folder.
- 3. To change the name, single-click a Dashboard and click **Rename the selected folder** at the bottom.
- 4. To change the access (shown under "Security") to an individual Dashboard, single-click the Dashboard and click **Set access for selected folder** at the bottom. Just like the Metric Views, you can select or deselect any of the Access Levels as appropriate.



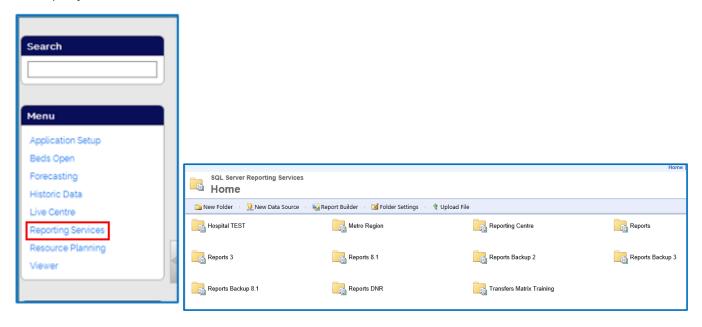
5. To set the security for an entire folder, select the folder on the left and then click **Set access for selected** folder and all the Dashboards in that folder will be granted the same access.





REPORTING SERVICES

This **Reporting Services** link from the Menu will open SQL Server Reporting Services (SSRS) using Internet Explorer. The majority of what is seen on the Viewer Dashboards are created and maintained here.



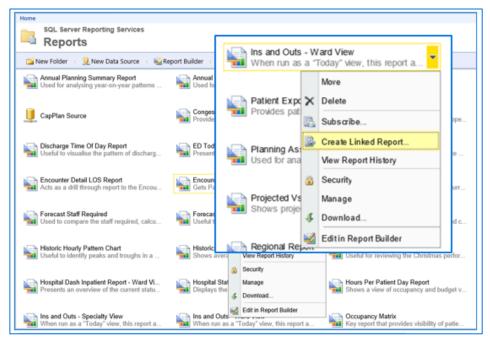
REPORT FOLDER STRUCTURE

- 1. The "Reporting Centre" folder contains the base reports for the Web Portal reports. The "Reports" folder contains all the base SSRS reports. These are the source of the linked reports seen in the facility folders. Do not edit any of these.
 - **Note**: The Reports folder also has the "Parameter Values" report that lists all the parameters for each data element included in the reports.
- 2. Generally, each facility will have its own folder, but this may vary. There may also be separate folders by Region if multiple Regions exist in the same database. Here is an example of a multi-facility folder hierarchy:
 - Region 1
 - i. Facility 1
 - 1. Planning Group 1
 - 2. Planning Group 2
 - ii. Facility 2
 - 1. Planning Group 1
 - 2. Planning Group 2
 - Region 2

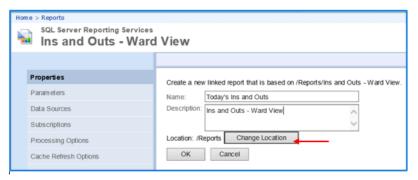


CREATE A LINKED REPORT

- 1. Open the **Reports** folder.
- 2. Locate the base report to use for the link and hover over the dropdown arrow.
- 3. Select Create Linked Report from the dropdown.



- 4. If any change is needed for the report name, change it in the **Name** field. Any other comments or notations can be made in the **Description** field (though neither is required).
- 5. Click **Change Location**.

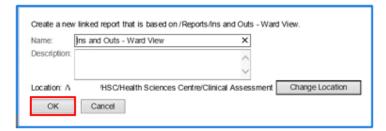


- 6. Expand the higher level folders to locate the correct subfolder.
- 7. Single-click the destination folder and click **OK**.

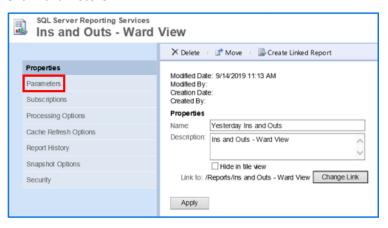




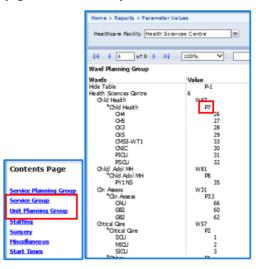
8. Confirm the location and click **OK**.

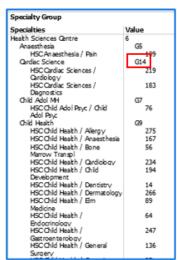


9. Click Parameters.



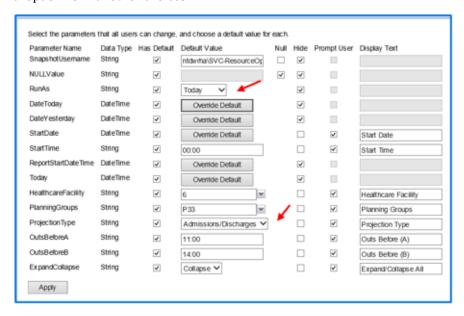
- 10. Change any parameters as necessary and click **Apply**.
- 11. Refer to the "Parameter Values" report for the appropriate parameters for each report. Here are some examples of this report's key pages (Ward Planning Group and Specialty Group).
 - a. **Note:** For the Specialty Groups, replace the "G" with an "S" when entering in the report parameters.
 - b. Where locations are included, an entire Planning Group can be selected by using the PG Parameter (e.g., P7, P6, and P33).



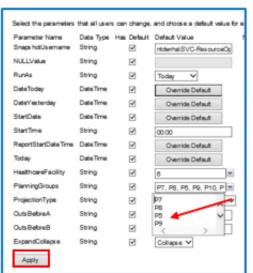


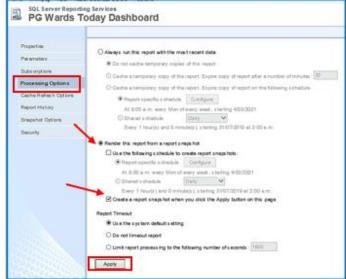


12. Some parameters have defaults (e.g. "Today" and "Admissions/Discharges" in the example below). These have dropdowns with other choices.



- 13. The ones showing as **Override Default** should not be clicked or changed.
- 14. To enter multiple parameters, click "Enter" on the keyboard after each. There can be no extra spaces in between or after entries.





- 15. When finished, click Apply.
- 16. Next, click **Processing Options**.
- 17. Select Render this report from a report snapshot.
- 18. Check Create a report snapshot when you click the Apply button on this page (to refresh report)
- 19. Click **Apply** to save changes.

EDIT EXISTING REPORT

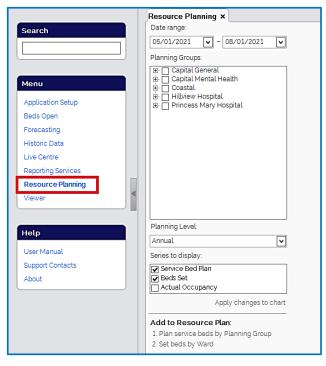
1. To edit an existing report, select the report from the correct subfolder and follow steps 9 through 19 above to update the report.



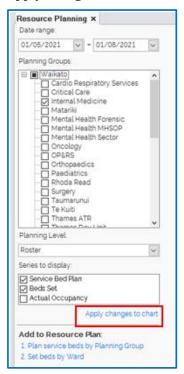
RESOURCE PLANNING

Resource Planning allows hospitals to plan beds from both a Specialty and Ward perspective. Planning Groups often have sufficient beds to accommodate their own patients and the Specialty and Ward plans contain the same number of beds. There can also be times when there is a mismatch between the forecast requirements and the Planning Group's ability to supply beds. In this case, separate bed plans can be made showing the number of beds allocated for the Specialty (Service Bed Plan) and a separate plan showing where the beds will be supplied (Roster Bed Plan).

1. Access **Resource Planning** from the main **Menu** of the Capacity Planner application.



- From the Resource Planning menu, set the Date Range, Planning Groups and Planning Level then select Apply changes to chart.
- 3. Please note: Dashboard reports displaying Forecasts and Roster Bed Plans default to the 'Roster' Planning Level.
- 4. **Apply changes to chart** needs to be clicked to update charts and data following any parameter changes.





PLAN SERVICE BEDS BY PLANNING GROUP

Service beds are the number of beds allocated to the Planning Group's specialties - regardless of how many beds the PG supplies.

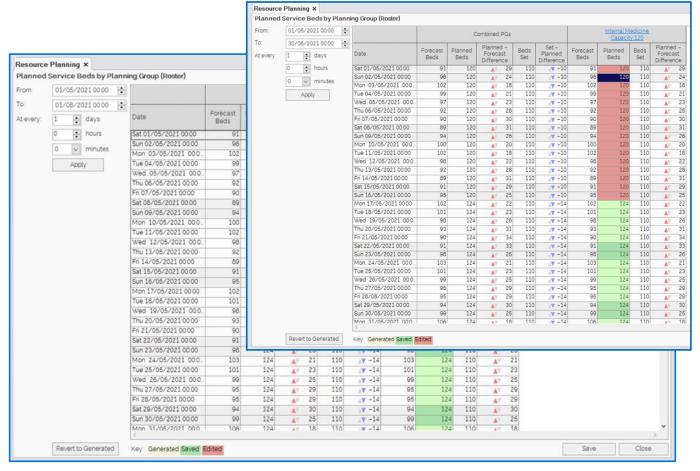
Bed granularity can be set in increments ranging from 15 minutes to multiple days. Service Bed Plans are most often set at a daily level unless there are regular bed closures, e.g., Surgical beds that close during the weekend.





Planned Beds values can be typed in or copied and pasted using standard controls; ctrl+C (copy) and ctrl+V (paste).

Edited beds turn red until saved.





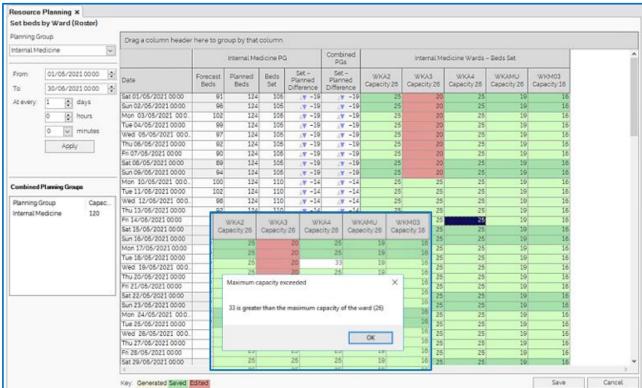
SET BEDS BY WARD

Set beds by ward allows the hospital to plan how many beds will be supplied by each Planning Group. Often the beds set will be primarily for the patients of the Planning Group but in times of high demand, e.g., winter beds from one Planning Group may be used for patients from another specialty.

Bed granularity can be set in increments ranging from 15 minutes to multiple days.







Beds can be typed in or copied and pasted using standard controls; ctrl+C (copy) and ctrl+V (paste).

Edited beds turn red until saved.

Beds cannot be planned above the maximum capacity set for the Ward (see inset message above).

Maximum capacity is set individually for each Ward in Application Setup – Wards. Resource Planning needs to be closed and reopened to update any changes to maximum capacity. Click **Save** when finished.



VIEWER

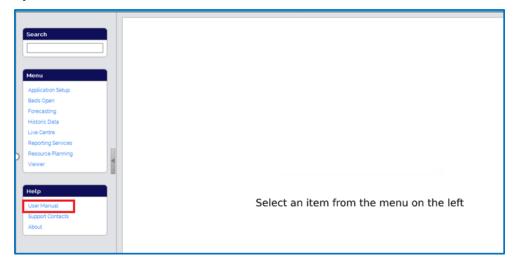
Opens Capacity Planner Viewer in an internet browser window.

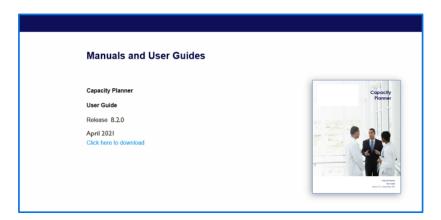


For further information please refer to the Capacity Planner User Guide.

USER MANUAL

Opens a link to the user documentation in a browser window.







SUPPORT CONTACTS

Opens a link to the support contacts in a browser window.



ABOUT

If asked for the current version and you are unsure, click **About** under **Help**.

