Medicare Systems Event Analysis 2025

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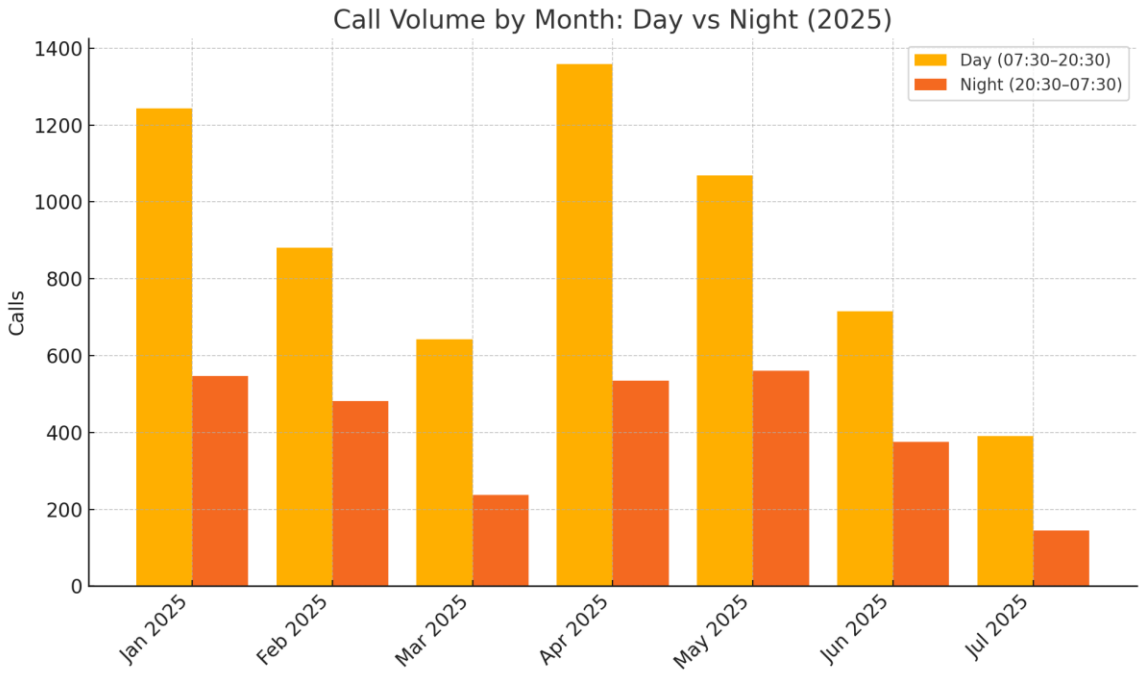
Section 1. Call Volume by Month (Day vs Night) – with Daily Averages

Day = 07:30–20:30 | Night = 20:30–07:30

Month	Day (07:30–20:30)	Night (20:30–07:30)	Total	Avg Day Calls /day	Avg Night Calls /night	Day %	Night %
Jan 2025	1244	547	1791	40.13	17.65	69.5	30.5
Feb 2025	881	481	1362	31.46	17.18	64.7	35.3
Mar 2025	642	237	879	20.71	7.65	73.0	27.0
Apr 2025	1358	535	1893	45.27	17.83	71.7	28.3
May 2025	1069	560	1629	34.48	18.06	65.6	34.4
Jun 2025	716	376	1092	23.87	12.53	65.6	34.4
Jul 2025	390	145	535	12.58	4.68	72.9	27.1



Section 2. Daily Average Response Time to CALLs by Month (Day vs Night)

For each calendar day, the response times were averaged separately for Day and Night calls, then averaged across the month.

Month	Avg Day Resp (min) per day	Avg Night Resp (min) per night
Jan 2025	1.25	1.0
Feb 2025	1.19	0.99
Mar 2025	1.06	0.89
Apr 2025	1.05	0.93
May 2025	1.19	1.26
Jun 2025	1.06	0.94
Jul 2025	0.81	0.77

Section 3. Night-time ACCESSORY Events by Month

Night = 20:30–07:30. Includes total ACCESSORY for context and percentage at night.

Month	Night ACCESSORY Count	Total ACCESSORY	Night % of ACCESSORY
Jan 2025	274	804	34.1
Feb 2025	292	994	29.4
Mar 2025	172	450	38.2
Apr 2025	314	910	34.5
May 2025	342	938	36.5
Jun 2025	416	1279	32.5
Jul 2025	181	478	37.9

Section 4. Average Night-time ACCESSORY Response Time by Month

Response time = Cancel Time – Event Time (minutes). Night = 20:30–07:30.

Month	N events	Avg (min)	Median (min)	Max (min)
Jan 2025	274	0.57	0.0	6.0
Feb 2025	292	0.44	0.0	4.0
Mar 2025	172	0.4	0.0	5.0
Apr 2025	314	0.44	0.0	4.0
May 2025	342	0.5	0.0	31.0
Jun 2025	416	0.47	0.0	13.0
Jul 2025	181	0.36	0.0	6.0

Section 5. Slowest Night-time ACCESSORY Response Times (by Hour of Night)

Slowest average response: 22:00-22:59 (Avg 0.58 min, N=201).

Hour Block	N events	Avg (min)	Median (min)	Max (min)
00:00-00:59	187	0.38	0.0	3.0
01:00-01:59	157	0.38	0.0	3.0

02:00-02:59	137	0.41	0.0	6.0
03:00-03:59	116	0.48	0.0	4.0
04:00-04:59	127	0.47	0.0	3.0
05:00-05:59	225	0.56	0.0	13.0
06:00-06:59	213	0.52	0.0	6.0
07:00-07:59	116	0.34	0.0	3.0
20:00-20:59	108	0.4	0.0	5.0
21:00-21:59	237	0.51	0.0	6.0
22:00-22:59	201	0.58	0.0	31.0
23:00-23:59	167	0.38	0.0	3.0

Quality Improvements:

Looking at the data there are several projects that can be done to improve our delivery of service.

1. Reduction of Night Time Accessory response time.
   Measurements : Average /Median Response time at night.
   Outcomes : Minutes from trigger to cancel
   Source: we can run chart from weekly extract

   Change Ideas:
   Planning of breaks/staggering breaks- micro breaks?
   Dedicated " first responder" role at night
   Alert workflow- creating a standard of acknowledging in 60 seconds
   Pre shift device check/checklist- which patient has accessory devise active.

   PDSA
   Plan : Set alert rule with the night team-this can be included in the briefing
   Do : Run for 2 weeks?
   Study: Compare avg vs prior 2 weeks
   Act: Keep or adjust

   After 4 weeks – introduce the first responder role
   After 6 weeks – implement the 10 pm rounding / rapid comfort checks to cut preventable/avoidable accessory alarms.

Risks/Mitigation
Staff resistance – involve night senior team in design having some quick feedback loops.

2. Reduction of Highest average response time for night accessory between 2200-2259hrs from 0.58 min (baseline) to < 0.40 mins and the max 10 min events by 50% by 31 December 2025
   Measures – event time to cancel time – running a weekly chart (via data log)
   Process- time to acknowledgement
   Root cause for exploration – staffing dip /overlapping of breaks around 2200hrs with other end of day tasks i.e medication rounds.

   Change Ideas-
   staggering of breaks between 2145 to 2230 hrs
   micro briefing at 2140hrs
   quick comfort checks between 2130 to reduce avoidable calls (prioritizing non urgent tasks and doing clinical queuing.

   PDSA
   Plan: Re map breaks ensuring 2 staff covers 2200-2300hrs
   Do: run exercise for 2 weeks
   Study: compare to previous 2 weeks
   Act : Keep/adjust process at night

3. Review previous data against recorded Acuity score using the Mary Potter Acuity Tool.
   Acuity Tool was temporarily suspended pending review of the best tool for IPU use
   Ongoing meetings with other hospice leads comparing tools . Marie Curie will be sending an in house developed tool, Currently meeting with St Giles Hospice and St Gemmas hospice.
   The night team has not been consistent with scoring the acuity at the start of their shift and it is not reflected on the submitted form to carol for scanning. So we don't have consistent data on that regard.
   Once we have adapted/or developed the right tool for our hospice we can incorporate the tool at night and monitor data monthly.

4. This will pave the way for correct deployment of staffing numbers at night.
   Establishment at night for 10 beds – 2RN + 1 HCA
   Additional HCA is determined by how the day NIC feels about the acuity at night

With correct use of the medicare systems- nurse attendance button upon commencing patient tasks until completion and resetting will allow us to quantify the direct care per hours per patient at night .
This will help us determine staff requirement better.