POWER OF ANALYTICS

IN FORECASTING



DEPARTMENT OF HEALTH/EMS

CAROL PUGH AND PAUL SHARPE- PROCUREMENT REASONING

Justification

- The addition of SAS Data Quality to our existing SAS contract will make the process of preparing the Virginia Pre Hospital Information Bridge (VPHIB, the EMS database) data for analysis more consistent, more efficient, and more reproducible from month to month. To quote SAS's tagline, "Brilliance isn't built on bad data." Despite all of the data submission rules Paul Sharpe has put in place to ensure the input of quality VPHIB data, bad data still creep into the system and need to be corrected before the monthly upload to the national EMS Registry, NEMSIS. We also need to clean up the data before using the information to monitor EMS performance improvement efforts. In January, we will begin the implementation of the new Virginia Statewide Trauma Registry (VSTR) and will have the same needs for that program.
- SAS Visual Analytics is vital to our ability to provide access to quality data in the EMS Patient Care Information System (PCIS, the combination of VPHIB and VSTR). This tool will allow for the connection to interactive summary data with drill down capability that can be safely (from a HIPAA perspective) explored by both contributors to the EMS PCIS as well as other stakeholders (e.g., county administrators and EMS regional personnel). We will have the ability to create both general access accounts for the public, students, and researchers as well as more defined roles for the above noted stakeholders.

VDH/OFFICE OF EMERGENCY MEDICAL SERVICES

CONTINUED

- Consequences
- The main consequence <u>not</u> of purchasing SAS Data Quality is the loss of time encountered by both Paul Sharpe and Carol
 Pugh as they clean up the data "by hand" each month. The time spent in this manual process can be reduced significantly and
 put to better use for the EMS PCIS and other Division of Trauma-Critical Care projects.
- Loss of time is also a consideration if SAS Visual Analytics is <u>not</u> purchased. Another significant disadvantage is the
 continuation of our current inability to provide timely summaries of data to stakeholders who are not contributors to the EMS
 PCIS. We have a rich source of data that can be used to promote the health and well-being of the citizens of the
 Commonwealth of Virginia. Our current lack of tools to share this wealth of knowledge, while preserving patient confidentiality,
 is a disservice to all Virginians.
- Other Thoughts
- SAS is expensive, but it is a world-wide standard. We have already invested significantly in SAS tools, and it makes sense to add on these two additional programs. The upfront cost of SAS is large, but the annual maintenance subscriptions are reasonable.

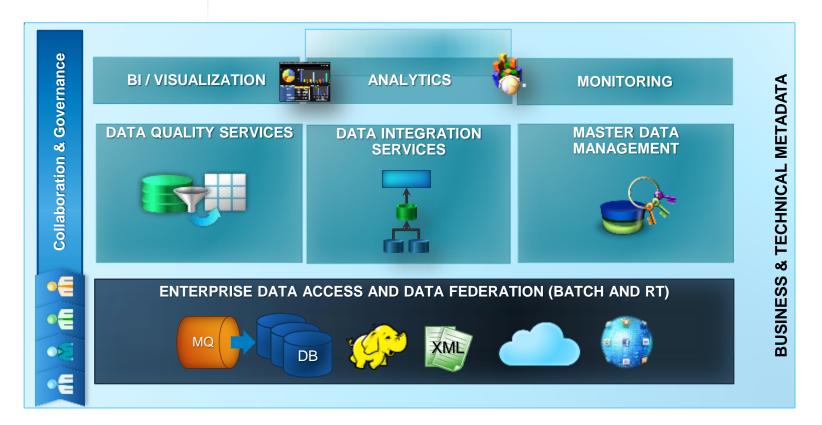
VDHRM

BUSINESS PROBLEM TO SOLVE

- Forecasting:
 - Incorporating teachers and county employees into the state health plan pool
 - Work force planning
 - Cost of general raises and attrition
 - Health care cost increases
 - Focus on procedures and payoff
 - Other State "what if scenarios"
 - Providing easy to generate and visual reporting for the General Assembly
 - Ability to speak to trends and probabilities with confidence

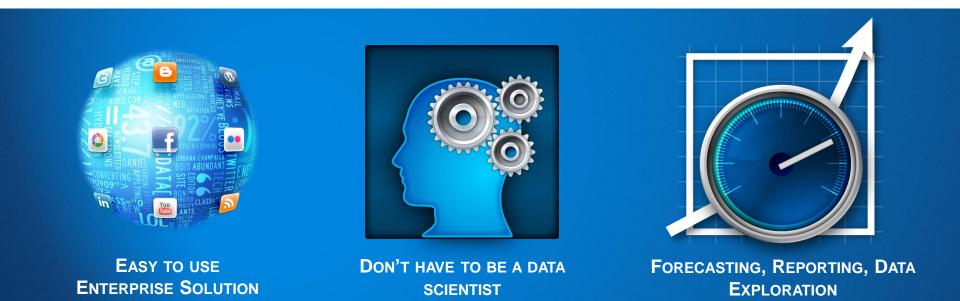
ANALYTICS FRAMEWORK

THE FOUNDATION TO MAKING BETTER DECISIONS



SAS® VISUAL ANALYTICS

BUSINESS VISUALIZATION DRIVEN BY ANALYTICS



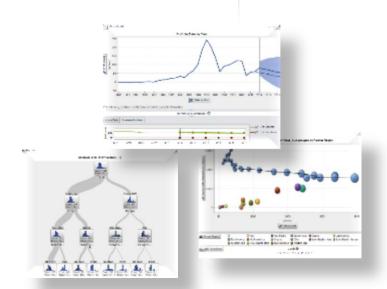


WHAT IS VISUAL ANALYTICS?

Provides the ability to leverage an in-memory analytic engine, to conduct ad-hoc data analysis, visually explore data, develop reports, dashboards and KPIs then share insights through the web and mobile platforms.

BENEFITS

INCREASE THE USE OF ANALYTICS AND BI





- Self-service
- Easy to use Analytics
- Work with more data

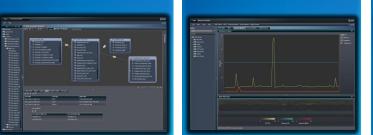


- Reporting and Dashboards
- Mobile BI
- Collaboration

VISUAL ANALYTICS

A SINGLE PLATFORM FOR MULTIPLE ROLES AND FASTER DECISIONS

Central Entry Point



DATA BUILDER

- Join data from multiple sources
- Create calculated and derived columns
- Load data

ADMINISTRATOR

- Monitor server
- Load/unload data
- Manage security

Integration



EXPLORER

- Forecasting
- Perform ad-hoc analysis and data discovery
- Apply advanced analytics

Role-based Views



DESIGNER

 Create dashboard style reports for web or mobile



MOBILE BI

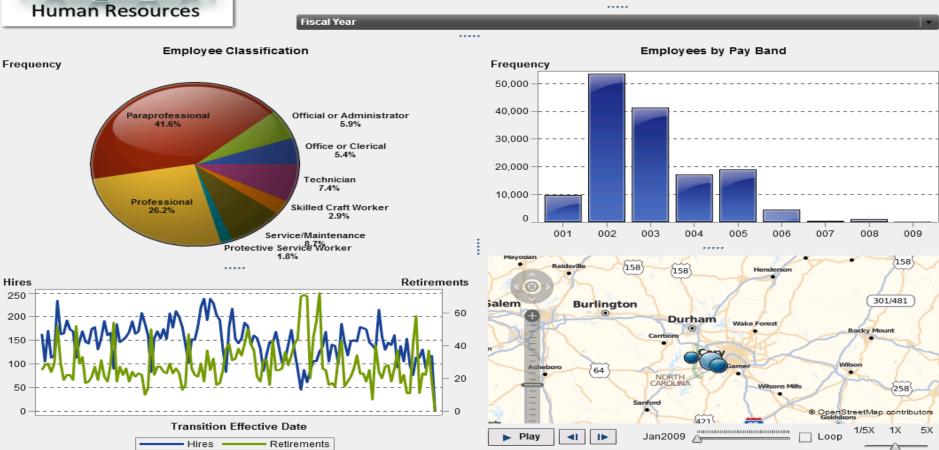
 Native iOS and Android applications that delivers interactive reports

In-Memory Server



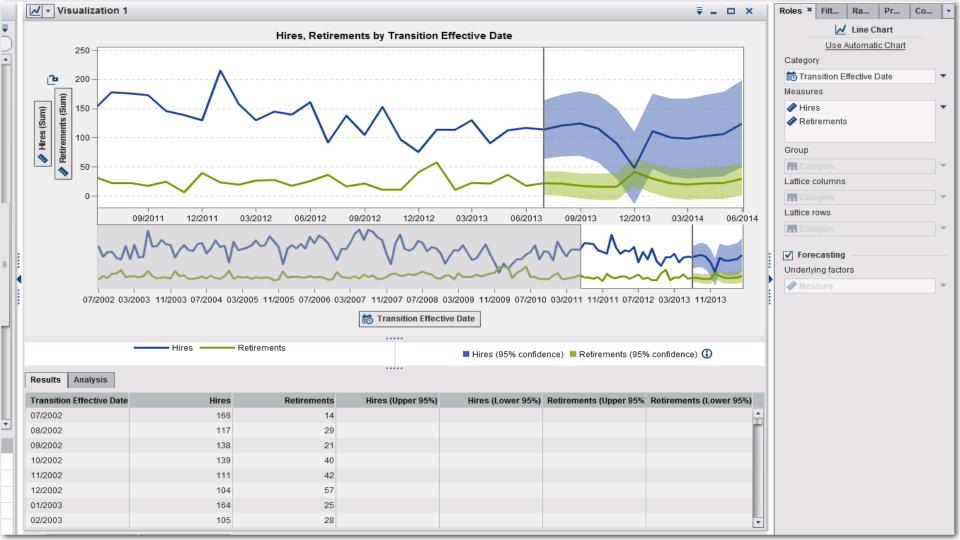


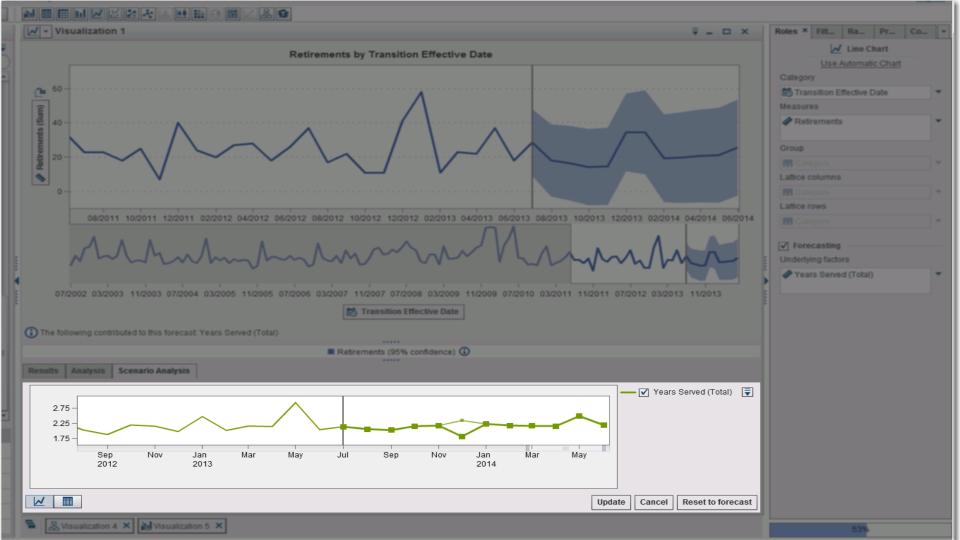
Workforce Planning Report

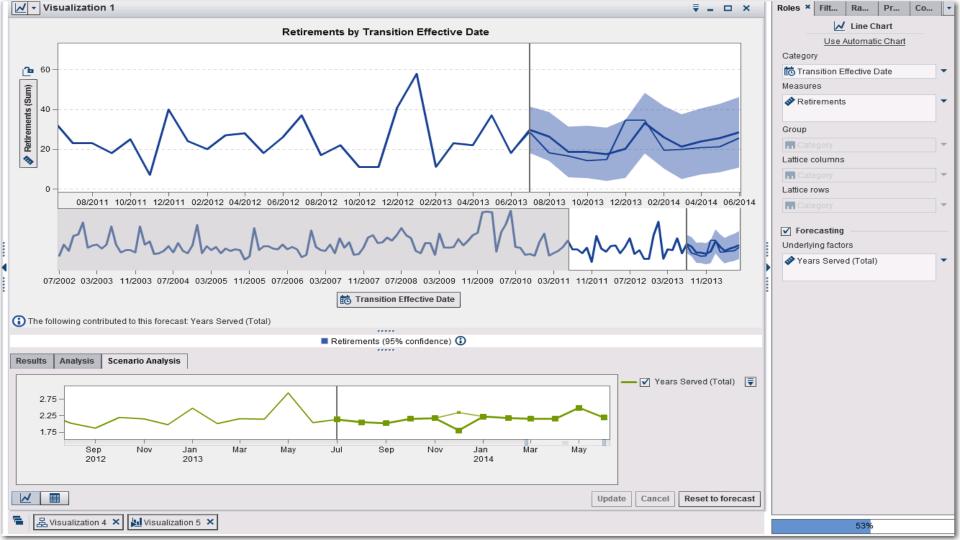


Employee Demographics Report









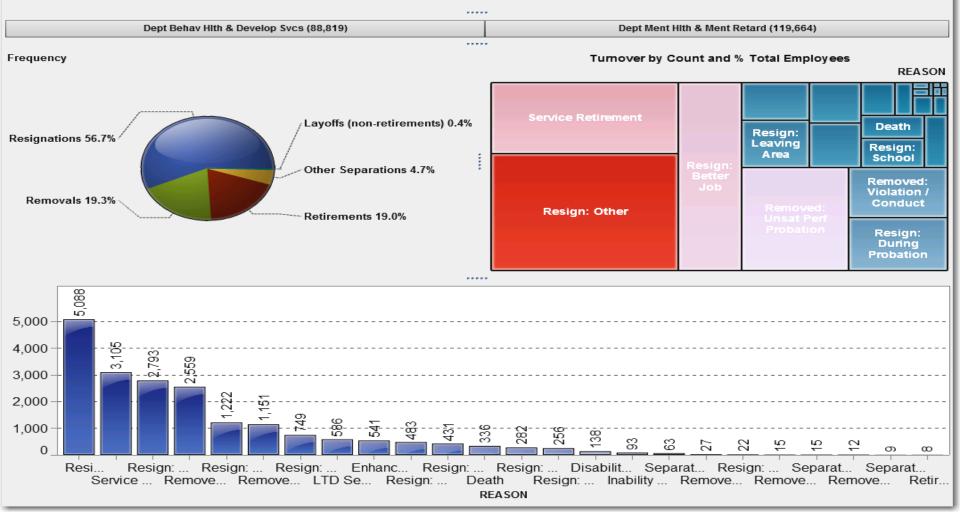
DEMO

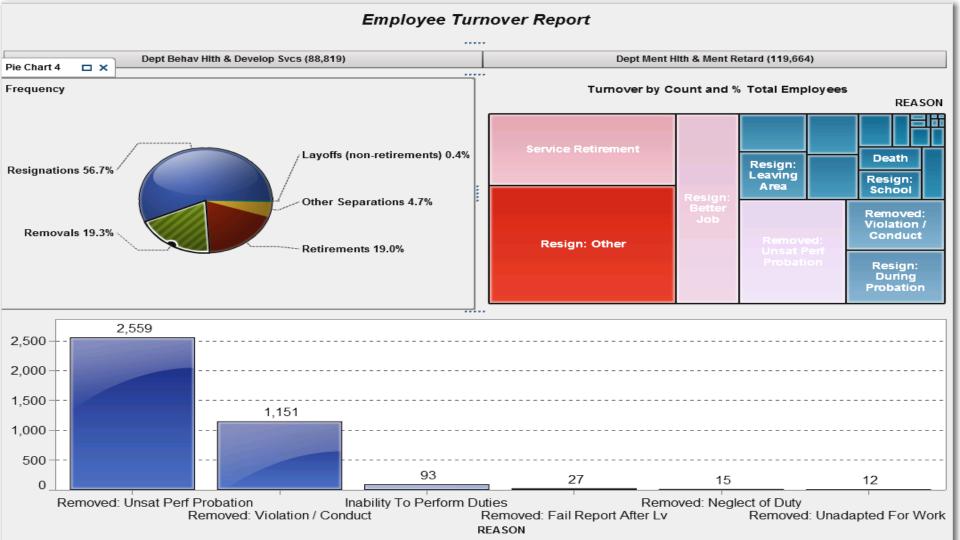


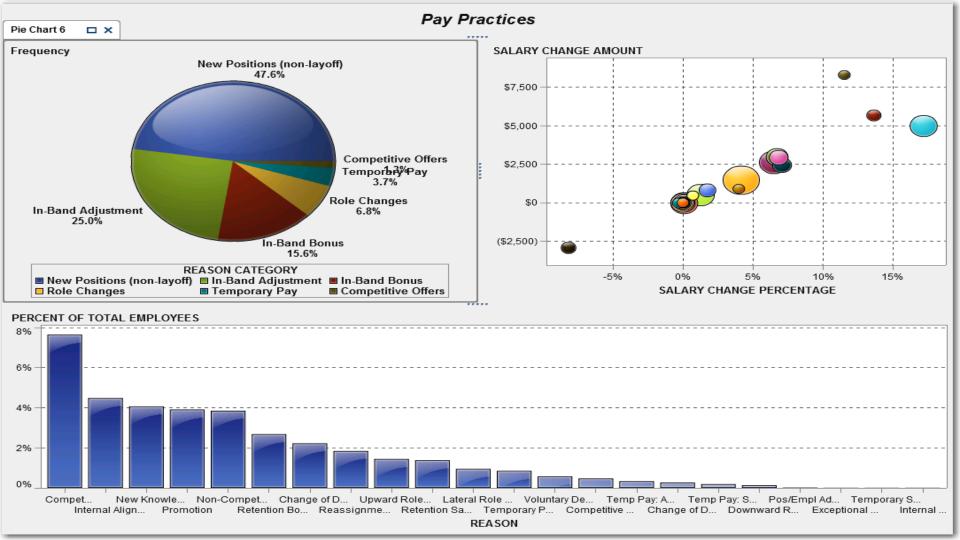
Employee Detail Report

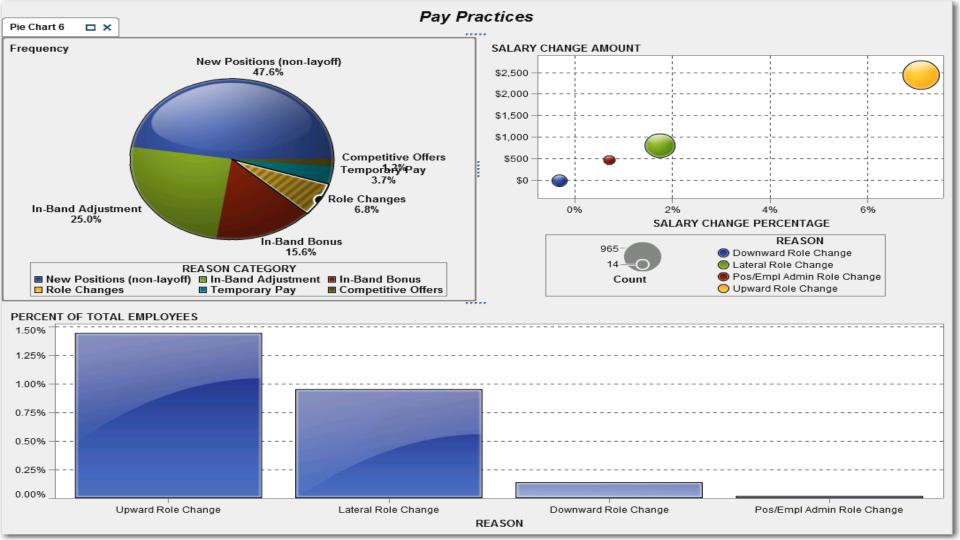
Employee ID	Agency Name	POSITION LEVEL	POSITION ROLE TITLE	Position Pay Band	State Begin Date	Veteran Status	
16390	Dept of Taxation	Employee	Admin and Office Spec I	1	1980/08/16	N	
507	Central Training Center	Employee	Admin and Office Spec II	2	1977/08/01	N	
1759	Southwestern Ment Health Inst	Employee	Admin and Office Spec II	2	1977/03/16	N	
2499	Dept of Motor Vehicles	Employee	Admin and Office Spec II	2	1973/11/01	N	
1687	Eastern State Hospital	Employee	Admin and Office Spec II	2	1976/07/01	N	
16767	Central Training Center	Employee	Admin and Office Spec II	2	1981/11/16	N	
846	SE Training Center	Employee	Admin and Office Spec II	2	1978/10/01	N	
15267	SE Training Center	Employee	Admin and Office Spec II	2	1978/07/01	N	
16376	Dept of Taxation	Employee	Admin and Office Spec II	2	1980/08/01	N	
1030	Central Training Center	Employee	Admin and Office Spec II	2	1978/05/16	N	
683	Central Training Center	Employee	Admin and Office Spec II	2	1974/07/01	N	
17191	Dept of Motor Vehicles	Employee	Admin and Office Spec II	2	1984/01/16	N	
12	Central State Hospital	Employee	Admin and Office Spec II	2	1973/12/01	N	
16992	Dept of Taxation	Employee	Admin and Office Spec II	2	1983/01/16	N	
3003	Dept of Taxation	Employee	Admin and Office Spec II	2	1976/06/01	N	
5033	Dept of Taxation	Employee	Admin and Office Spec II	2	1977/08/16	N	
1219	Central Training Center	Employee	Admin and Office Spec II	2	1978/05/16	N	
16370	Southwestern Ment Health Inst	Employee	Admin and Office Spec II	2	1980/07/14	N	
15998	Dept of Taxation	Employee	Admin and Office Spec II	2	1976/06/01	N	
2861	Central State Hospital	Employee	Admin and Office Spec II	2	1974/08/01	N	
16393	Dept of Taxation	Employee	Admin and Office Spec II	2	1980/08/16	N	
17510	Center for Child & Adoles	Employee	Admin and Office Spec II	2	1985/03/11	N	
8126	SE Training Center	Employee	Admin and Office Spec II	2	1978/10/01	N	
16006	Dept of Taxation	Employee	Admin and Office Spec II	2	1978/04/01	N	
15018	SE Training Center	Employee	Admin and Office Spec II	2	1978/03/01	N	
16931	Central Training Center	Employee	Admin and Office Spec II	2	1982/10/01	N	
15132	Central Training Center	Employee	Admin and Office Spec II	2	1975/07/16	N	
15467	SE Training Center	Employee	Admin and Office Spec II	2	1977/10/16	N	
8933	Dept of Taxation	Employee	Admin and Office Spec II	2	1978/12/01	N	
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Employee Turnover Report



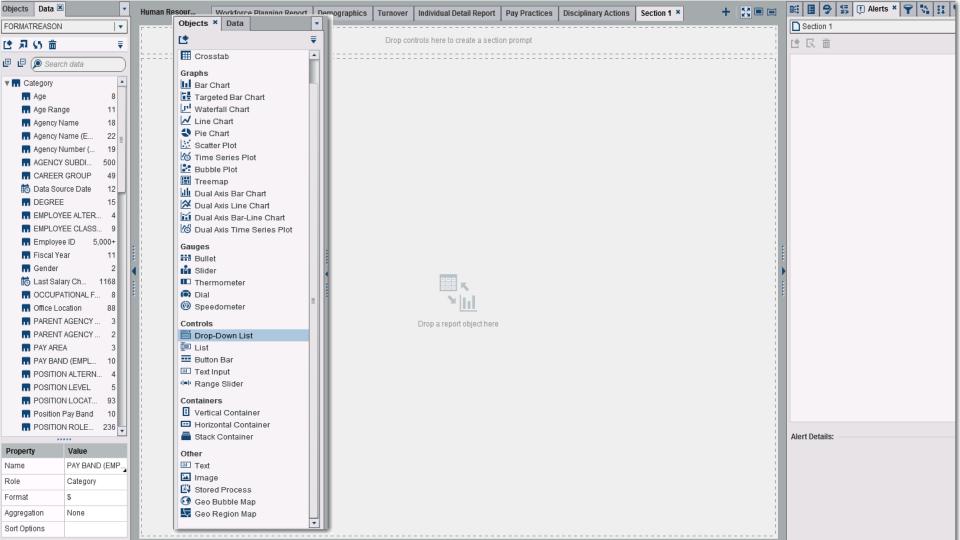


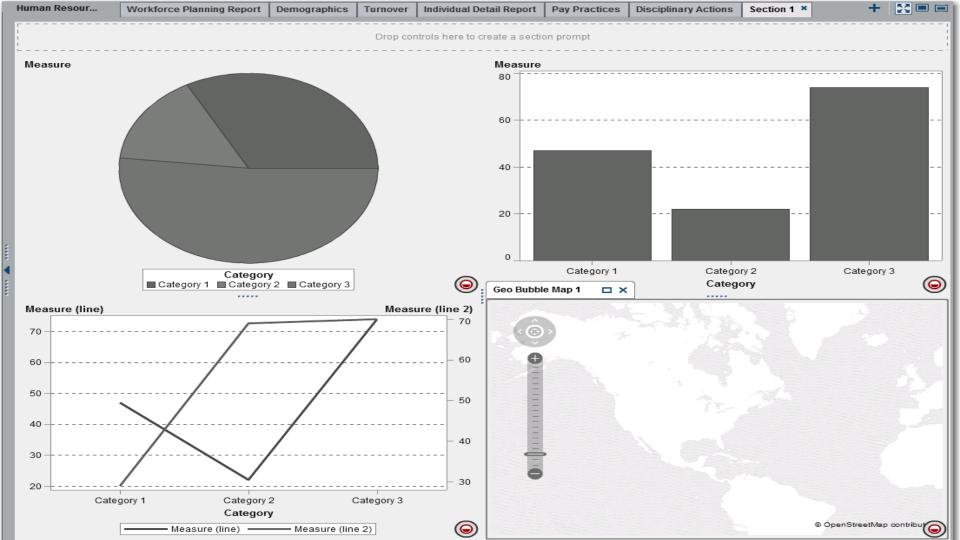


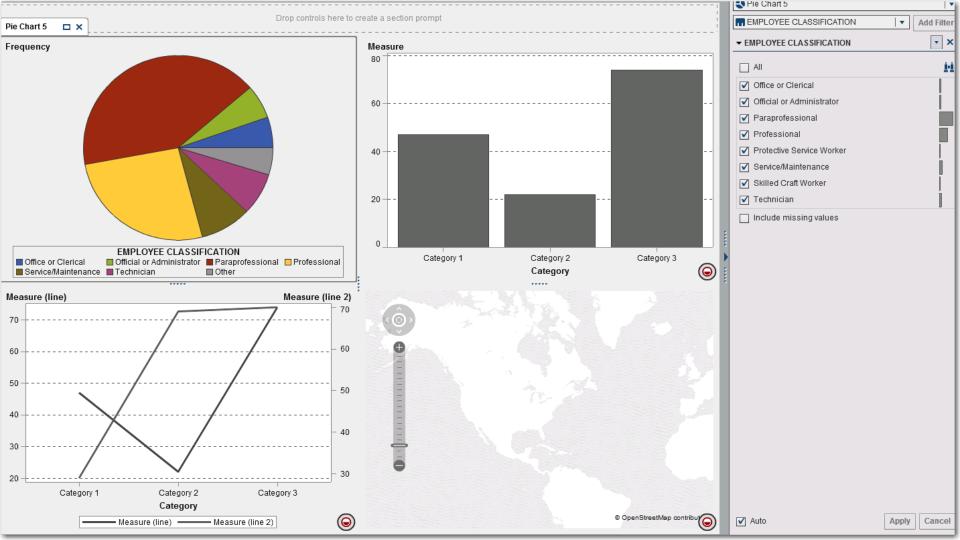


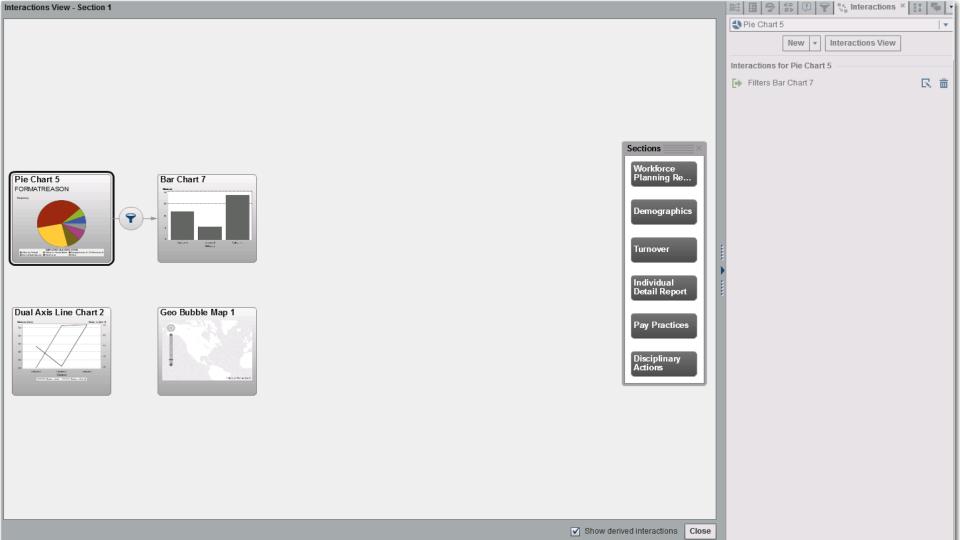


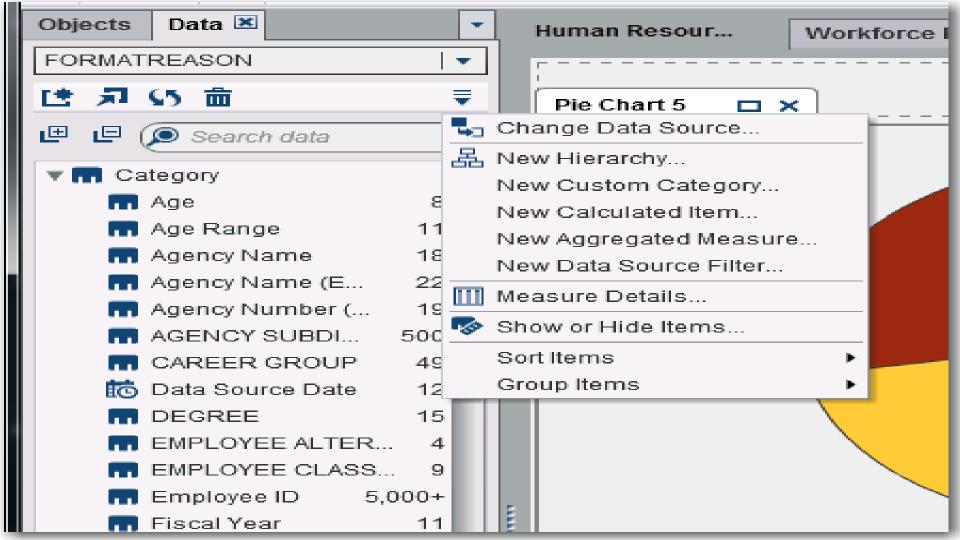
Employee ID 🔺	Transition Effective Date	REASON CATEGORY	REASON	
473	2004/01/23	Removals	Removed: Violation / Conduct	<u>▲</u>
473	2004/01/23	Disciplinary Actions (separation)	Removed: Violation / Conduct	Ĭ
517	2005/02/10	In-Band Adjustment	Internal Alignment Salary	
517	2005/02/10	Role Changes	Upward Role Change	
517	2009/03/06	Disciplinary Actions (non-separation)	LWOP: Suspension Pend Invstgtn	
517	2009/04/15	Rehires	Rehire - Category IV	
517	2010/09/06	Recognition	Recognition Award Monetary	
517	2012/05/07	Recognition	Recognition Award Leave Hours	
517	2012/05/25	Recognition	Recognition Award Leave Hours	
517	2013/05/06	Recognition	Recognition Award Leave Hours	
533	2002/07/23	Disciplinary Actions (non-separation)	LWOP: Suspension Stan of Cndct	
533	2002/08/06	Rehires	Rehire Return From Suspension	
533	2002/10/04	Disciplinary Actions (non-separation)	LWOP: Suspension Stan of Cndct	
533	2002/11/01	Rehires	Rehire Return From Suspension	v

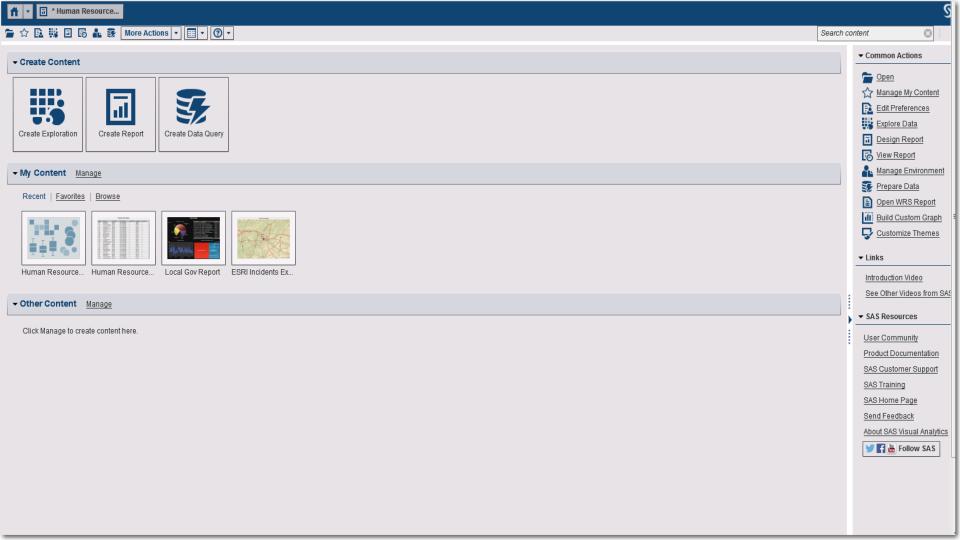


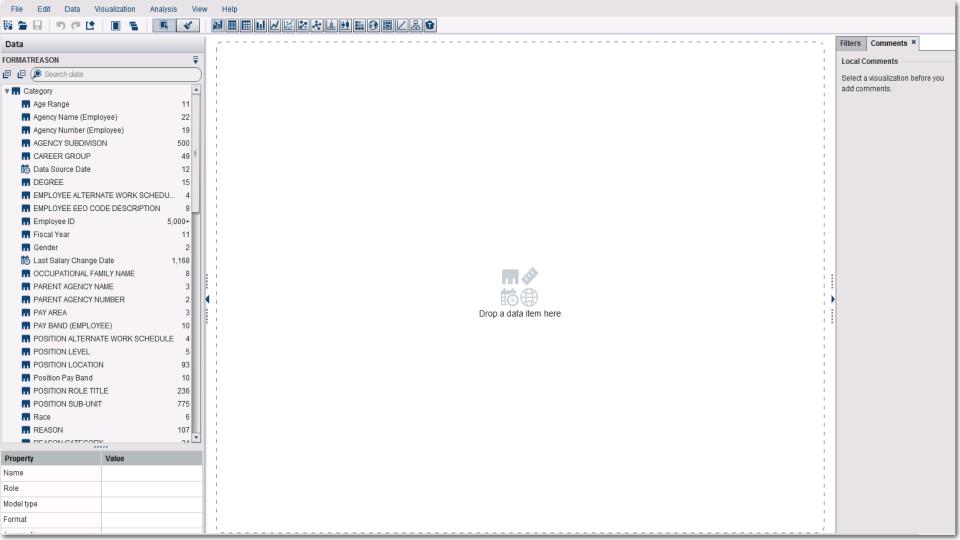


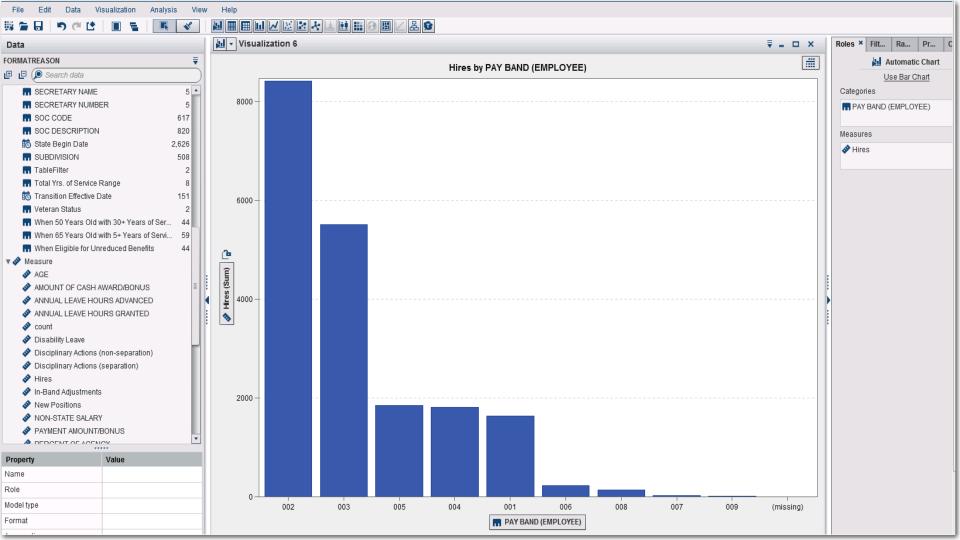


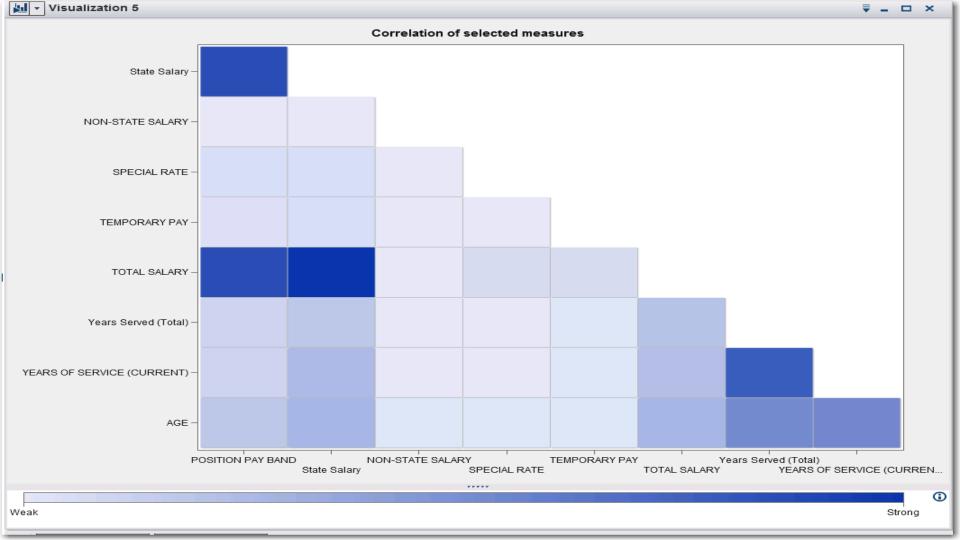


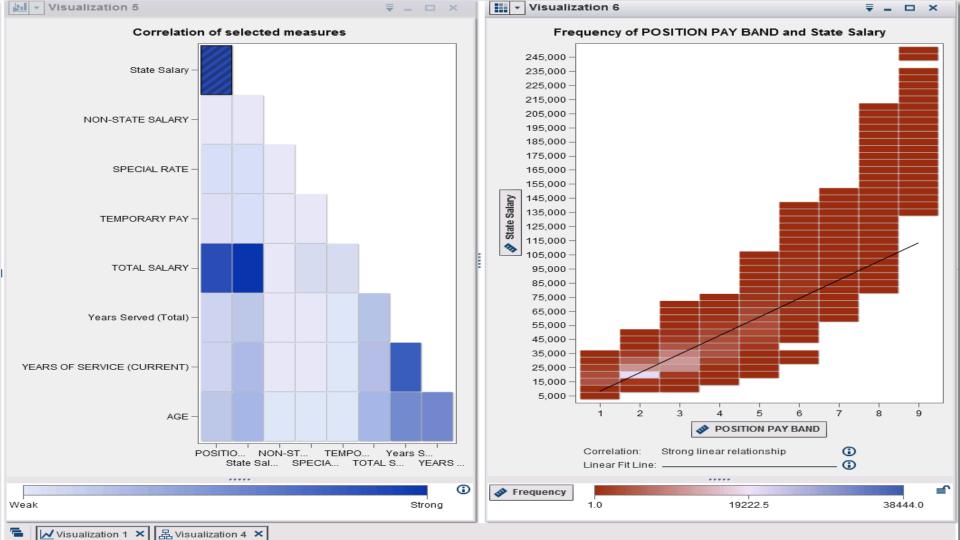


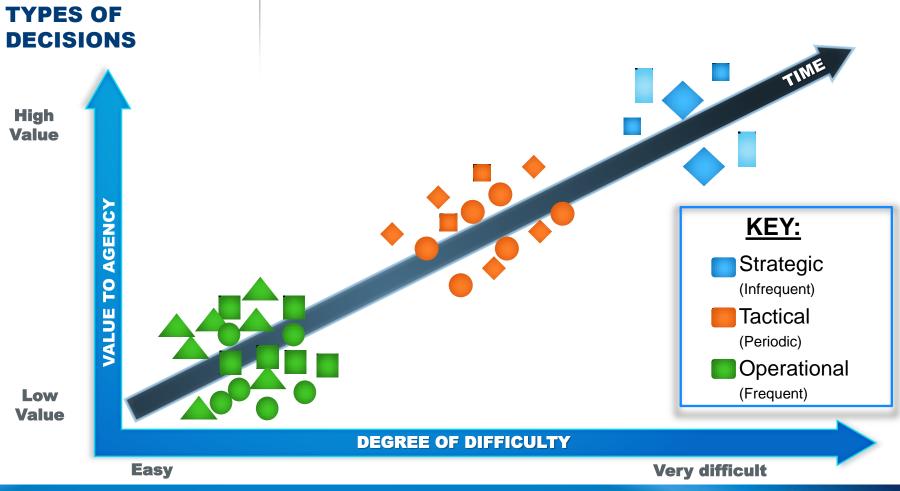












TYPES OF DECISIONS

THE DIFFERENCE BETWEEN BI AND ANALYTICS

