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RealTime Clinical Process Improvement

Key Benefits

- Reduced Length of Stay across specialties
- Multi-million pound efficiency gains and savings
- Better patient experience and patient-improved health states
- Enhanced clinical processes and better patient logistics
- Enhanced infection control, including surveillance, risk & outbreak management, reduced cross infection
- Reduced mortality rates
- Efficient bed state management
- Trust-wide and ward specific management reporting for current state and trend analysis
- Increased responsiveness to demand changes and improved long term capacity planning
- Substantial progress on 18 week wait targets
- The RealTime clinical process methodology has consistently reduced AvLOS by 10-30% by engaging clinicians in on-going improvements.



Background

Whatever their size, specialities and number of beds, successful hospitals need to minimise patient length of stay (LOS), to increase the number of patients they are able to treat effectively, to enhance patient outcomes, avoid adverse events due to extended stays and to improve productivity across specialties.

Benchmarking against national LOS standards and identifying blockers and hurdles to efficient patient flow are key to this.

Trusts that make improvements in this area achieve multi-million pound savings/efficiency gains, deliver a better patient experience and patient improved health states and have a substantial impact on infection control targets.

The problem

There are many, interlinked factors that affect the length of stay for a patient. These include the relationships with social services; poor SAP processes; lack of simultaneous treatment and discharge planning pathways particularly for acute medical admissions; lack of discharge planning; ineffective ward rounds between nurses, doctors and the extended team; high (or inappropriate) occupancy levels; lack of real-time admission, discharge and transfers and excessive amounts of time manually searching and reporting key information.

With approaches and processes differing from ward to ward and limited visibility of the overall processes it is difficult to make systemic improvements. With limited tools to flag outliers, high risk patients and localised issues it is equally difficult to deal with case by case challenges. In the absence of planned discharge dates, set

FACT SHEET

Length of Stay Reduction & Discharge Planning

at the time of admission, it is impossible to schedule resources and hand over events efficiently.

These issues require a sophisticated resolution, encompassing process change at many levels, effective technology supported reporting and real time insights into bed/patient status across the trust.

The solution - change management + software

Our approach recognises the complexity of the challenge and addresses it using a combination of strong Change Management supported by RealTime software to provide decision support for strategic planning, patient flow and discharge management.

The aim is to ensure that pre-emptive discharge planning & reduced Average LOS (AvLOS) are embedded in the organisation, especially at ward level, in order to:

- Save money
- Improve patient flow and capacity
- Increase efficiency
- Allow management reporting for capacity planning
- Expose blockers and inefficiencies
- Improve infection control
- Utilise beds more efficiently (by closing if required or increasing revenue)

This contributes to Quality, Innovation, Productivity and Prevention (QIPP) objectives and the Productive Ward methodology.

Quality of care is improved through:

- Decreased re-admissions of patients
- Daily monitoring of quality indicators for patients with key diagnoses





About Cloud2

Cloud2 are a specialised IT solutions provider operating in the health sector.

We are known for our high quality SharePoint projects and support for clinical applications

About CMA

CMA Associates delivers high-quality support, change management and interim management for the UK's healthcare market.

What Next?

If you would like any further information on the RealTime approach or any other services Cloud2 and CMA offer please get in touch.

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RealTime software features

The RealTime application was developed in Oxford and is a browser based server application with a user friendly drag and drop interface. It provides staff with configurable, graphical views of bed occupancy across the Trust. RealTime shows a live view of where the patient is, their current status and what to do to enable a timely discharge. It offers integration with PAS and other systems for exchange of data to ensure all systems are in sync.

The Ward view is anonymised, allowing RealTime to be used, in public, as an electronic whiteboard via a large format display screen. Expected discharge time for each patient is visible and provides a daily countdown to planned date of discharge. Views are categorised by condition, diagnosis, infection, and consultant, target LOS, etc.

Key Performance Indicators (KPIs) show snapshot and historical performance analysis:

- Patient movement tracking report
- Rolling newly isolated infections immediately assists infection control staff
- Monthly ward and specialty based infection control reports, including graphical representation
- MRSA Screening tracking and reporting

RealTime promotes protocol-driven Estimated Date of Discharge (EDD) and formalised discharge criteria to promote the clinical tracking of patient care goals, while care pathways are also supported. Easily accessible through a browser, it helps ensure staff can:

- Track patients' progress towards discharge
- Hold informed discussion with consultants
- View up to date, live progress reports
- Ensure all services and agencies are ready when the patient is clinically fit for discharge

Implementation steps

Assessment

- Assessment of priority areas
- Agree targets for AvLOS - National Standards or best in class
- Agree potential ROI based on agreed reduced % LOS
- Assessment of patient and information flows
- Identification of bottlenecks
- Agreement of ideal bed occupancy levels across sites

Business Optimisation stage

- Care pathway reconfiguration
- Streamlining services
- Implementation of Business Change including:
 - Liaison with Social Services
 - Implementation of SAP processes
 - Implementation of discharge planning
 - Working with clinicians to agree new ward processes
 - Infection Control liaison
 - Use of Estimated Dates of Discharge and discharge planning

Software Configuration (RealTime)

- Build ward specific layout plans and bed models
- Configure care pathways for process and discharge criteria for optimal LOS
- Build interfaces with other systems (PAS etc.)



Data load

Technical Implementation

- Install infrastructure
- Software install
- Integration with legacy systems (PAS etc.)
- Test

Roll out

- Go Live planning (phased vs. Big Bang)
- Readiness assessment
- Training
- Technical Go Live
- Business Go Live

Continuity

- Support
- Review - Evaluation and Improvement
- Phase 2 planning - wards, specialties, blockers, further optimisation, Infection control

Scarborough & NE Yorks Healthcare NHS Trust

Scarborough & NE Yorks Healthcare NHS Trust is a relatively small Trust comprising 300 beds across 2 hospital sites. In common with many trusts, it is pursuing a financial recovery programme but has decided to take a whole system approach to achieving some of its financial savings. The trust anticipates £1.2m - £1.5m saving per annum arising from implementation of the RealTime Clinical Process Improvement, achieving a 2.5 times ROI in year 1 and greater in subsequent years. Implementation is taking place over a 6 - 9 month programme, with benefits commencing during the Business Optimisation stage. This process has brought together multi-disciplinary teams across the Trust and social services in order to improve the whole approach to discharge planning and managing capacity at both the ward level and across the entire Trust.

Getting started

Get in touch to discuss a 5 day intense, scoping exercise to deliver a fully-costed business case for implementation of RealTime Clinical Process Improvement:

- Analysis of data
- Identification of priorities
- Quantified opportunities for saving/revenue increase
- Agree targets for LOS vs. National Standards
- Cost benefits analysis
- Outline implementation plan