

# National Clinical Utilisation Review Programme

Transforming Services Using CUR



## What is CUR?

CUR is a clinical decision support software tool that enables clinicians to make objective, evidence-based assessments of whether patients are receiving the right level of care in the right setting, at the right time based on their individual clinical need.

CUR improves patient flow, identifying patients who should never have been admitted and demonstrating whether or not patients are clinically appropriate for the level of care they are receiving. CUR supports organisations to tackle delayed transfers of care, stranded patients and will help NHS Trusts achieve the required 25% reduction in stays longer than 3 weeks. Successful healthcare organisations worldwide have embraced this approach to improve patient outcomes and satisfaction. As a result, the appropriate CUR tools can play a significant role in supporting the emerging new models of care and is an essential function of successful Integrated Care Systems.

CUR is an important continuous quality improvement process based on **evidence-based criteria and continual measurement**. Routine, ongoing, day-to-day use of CUR (alongside clinical workflow) can support providers to deliver the highest quality of clinical services that provides the best value for system resources in order to deliver an affordable health and social care system. Implemented well, CUR aligns **6As, ambulatory care, SAFER, internal waits, external waits, DTOC** and provides real time data to identify **demand, capacity and capability gaps** across the health and care system. CUR can be applied in any inpatient facility (Acute, Community and Mental Health).

## Service Re-design arising from CUR

We are now starting to see the benefits and learning CUR brings, through the rich strategic and operational information that supports service re-design and improvement. NHS Trusts, that have adopted CUR are now focussing on addressing barriers and gaps in current patient flow process caused by hospital, consultant or community constraints in care provision or process that hinder efficient patient flow. The benefits and learning are being extrapolated through the **National CUR Learning Network**. This **CUR Transformation Directory** and CUR newsletter and case studies, will enable us to share outcomes, best practice and lessons learnt.

Details of the service improvements are contained within this first volume of the **CUR Transformation Directory**. The directory has been designed as a sign-post to examples of service improvements that address patient flow. Each example detailed outlines a description of the issue, the solution and outcome expected or being experienced.

CUR is already showing an impact on the following areas by Trusts that are addressing internal delays:-

- **reductions in the length of stay;**
- **an increase in daily discharges;**
- **reductions in internal waits** such as diagnostics and physiotherapy / occupational services;
- **financial and workforce** savings arising from service re-design;
- identification of patients **that should not have been admitted;**
- supporting the achievement of the **25% reduction in LOS patients over 3 weeks** (super-stranded patients);
- supports an **STP wide approach to winter planning.**

Details of the service improvements contained within this first volume of the **CUR Transformation Directory** are categorised by common issues/reasons for delay at Trust level.

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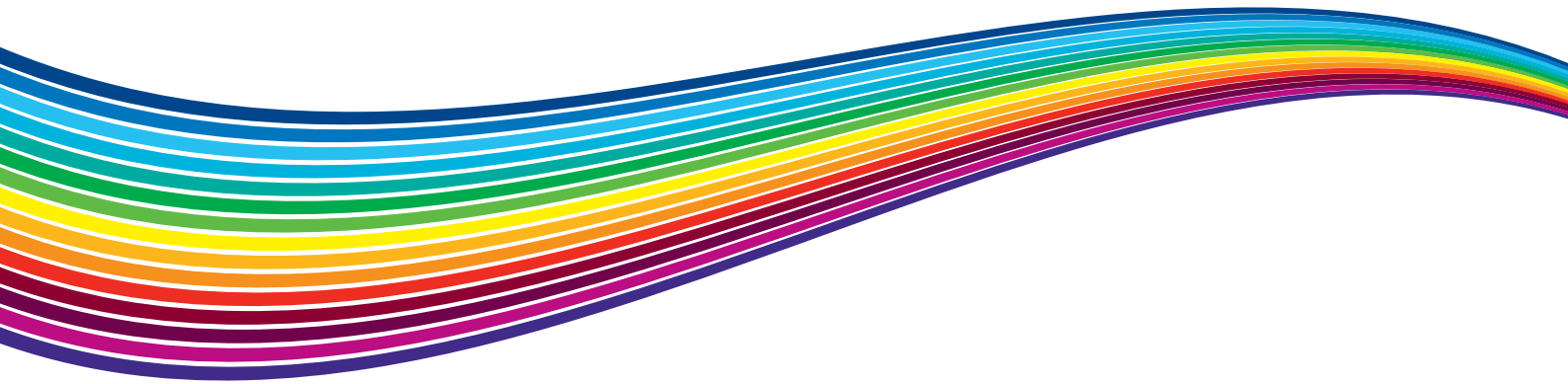
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# Internal Delays





## Awaiting Consultant / Senior Review

### Lancashire Teaching Hospitals NHS Foundation Trust

<b>ISSUE</b>	The Trust identified 'awaiting consultant / physician review' as one of the top 5 internal delays. This was due to delays in in-patients waiting for a cardiology assessment.
<b>SOLUTION</b>	Using CUR data for 2017/18, the Trust developed a Business Case for an additional 2 WTE Consultant Cardiologists.
<b>OUTCOME</b>	It is envisaged that these 2 new posts will significantly reduce internal delays due to the demand for cardiology assessments of in-patients.



## Day of Surgery Admission Service (DOSA)

### Liverpool Heart and Chest Hospital NHS Foundation Trust

**ISSUE** A number of factors including the Getting It Right First Time (GIRFT) quality improvement report highlighted that Liverpool Heart and Chest Hospital had one of the lowest rates for day of surgery admission for surgical cases. In addition to this, Model Hospital benchmarking has shown that length of stay (LOS) at Liverpool Heart and Chest Hospital is comparatively higher than that of peer organisations such as Papworth and Brompton.

In-patient beds were being utilised for patients that could be admitted on the morning of surgery and thus costing the organisation when in-patient admission is not required. This results in an increase in the number of non-qualified patients due to inappropriate admission for surgery.

**SOLUTION** The Trust implemented day of surgery admission (DOSA) service in July 2018, for all elective cardiac and thoracic surgical patients in line with GIRFT recommendations. To support the delivery of an effective DOSA service the Trust has remodelled an identified area of space to host a dedicated DOSA facility.

The unit, named the Aspen Suite, is located within close proximity to the operating theatres so that DOSA patients do not have far to walk on the day of surgery.

The unit contains no patient beds, instead patients sit in one of ten chairs located in the reception/patient waiting area. The unit is a mixed sexed facility with patients changing into lounge suits. Within the reception area there is one of three consulting rooms. Adjacent to the reception/patient waiting area there are two further consulting rooms where patients have final review with an anaesthetist and the operating surgeon.

Immediately upon entering the unit patients have access to two toilet/shower/shave rooms for which pre-surgical shaving will take place.

**OUTCOME** DOSA has considerable advantages for patients and Trust, summarised below:

- Reduced cost – incurred with an additional bed day
- Reduced length of stay (LOS)
- Increased bed capacity
- Improved patient experience/satisfaction
- Efficient and effective use of resources

Aspen Suite has supported the expansion of the DOSA service to all cardiac and thoracic patients and furthermore has supported the implementation of a safe and effective DOSA service that builds upon the delivery of quality patient care and patient satisfaction.

Since implementation in June 2018, 166 patients have been admitted through the DOSA service. Patients from cardiac, thoracic and aortic specialities are now included in the service, and DOSA has more recently been rolled out to include TAVI patients.

Progress has however been limited by a number of key issues:

- An increase in the number of urgent patients in comparison to elective patients
- Patients who reside outside the designated 50-mile radius of the Trust
- Issues with consenting not being completed in clinic
- Complex patients who are not clinically appropriate for DOSA
- Issues relating to coordination of CNP/anaesthetic appointments



## Delays Due to Bloods

### South Tees Hospitals NHS Foundation Trust

<b>ISSUE</b>	Time delays in the testing of bloods was identified by CUR as one of the top 5 internal reasons for delayed discharge.
<b>SOLUTION</b>	The Trust commenced utilisation of the pneumatic tube system to transport bloods for testing to pathology.
<b>OUTCOME</b>	The Trust anticipates improvement in turnaround times and release of portering resource.



## Maidstone & Tunbridge Wells NHS Trust

### ISSUE

An in-depth look at quarterly CUR reviews, highlighted top internal delays and a further analysis was completed; looking at diagnostic delays specifically, for Non-Qualified patients. Some focus work was completed to reduce these non-qualified delays once trends were identified and initially trialled in one area.

An initiative was commenced looking at the Echocardiogram Service and the impact on length of stay at Maidstone Hospital.

Previously, when doctors requested inpatient echo's, communication with the cardio-respiratory team was poor. Patients would routinely wait prolonged periods; unbeknown to the medical team the patient did not in fact meet the NICE guidance and criteria for inpatient echo's resulting in internal delay for non-qualified patients.

The cardio-respiratory team would occasionally perform these echocardiograms having had a gap in their workload. Ward staff had the perception long waits for echo's was the norm and expected.

### SOLUTION

CUR reviews were completed daily on the morning Board Round with consultant attendance and all echo's previously requested were re-reviewed as to their appropriateness. Daily reports were forwarded to matrons, consultants, diagnostic team leaders and the assistant general manager for cardio-respiratory to ensure appropriate prioritising of requests.

Feedback was then provided to the ward as was the NICE guidance and criteria for inpatient echo.

CUR reviews were utilised to highlight previous delay trends; encouraging consultant involvement in the Board Round and to ensure accessibility outside of both board and ward rounds. The aim was to reduce LOS by reviewing echo requests for both qualified and non-qualified patients in a timely manner, amending requests to outpatient appointments or cancelling when necessary.

### OUTCOME

This initiative, during its trial period saw a reduction in LOS on the pilot ward of 2.35 days over 6 months although included all diagnostics and other improvement projects. There was a behavioural change, good consultant engagement (specifically days with no planned ward rounds) and a 10% increase of re-requesting echo's as an outpatient diagnostic for clinic or GP follow-up or cancelling of the diagnostic all together.

The further analysis of CUR reviews and echo requests were fed-back at clinical governance highlighting areas identified as experiencing the most consecutive non-qualified delays.

For example; patients admitted to CCU with the longest LOS received echo's within four hours whereas patients' experiencing the longest delay, on the gastroenterology ward generally saw patients discharged the same or next day as their echo – further evidence that the echo was potentially not a major factor in their acute management.

The Trust now aim to roll out the use of an app looking at highlighting demand vs service provision using CUR reviews; identifying requested echo's in non-qualified patients to improve patient flow and escalated bottlenecks daily at Site Managers and Senior Decision makers at an operational level.





## Salford Royal NHS Foundation Trust

<b>ISSUE</b>	<p>Diagnostics was identified as one of the top 5 internal delays within the Trust.</p> <p>CUR data indicated that 102 bed night delays were incurred monthly as a consequence of patients waiting for diagnostic tests/scans.</p>
<b>SOLUTION</b>	<p>Radiology process redesign - A dashboard allowing real time CUR data to be viewed by the diagnostic department and visible Trust wide (including every ward area) was developed.</p> <p>The purpose of the dashboard was to provide focus and allow prioritisation of those inpatients ready for discharge requiring confirmatory diagnostic procedures. It provided evidence for challenge to delays accessing diagnostic services.</p> <p>The diagnostic department now routinely pulls data from the CUR tool via the Qlick View platform to prioritise those patients requiring scans and X-rays, therefore improving patient flow and reducing length of stay.</p>
<b>OUTCOME</b>	<p>The reduction in delays resulted in an average annual cost saving to the trust of £324,000 (£27,000 a month based on a delay cost of £496 a night per bed), through the release of beds and a reduction in non-qualified rate.</p> <p>This has also had a positive impact on patient flow, resulting in the release of acute surgical and medical beds allowing patients to access services in a timely manner.</p>

## Alder Hey Children's NHS Foundation Trust

<b>ISSUE</b>	<b>CUR data showed that 15 - 17 patients per month across the surgical wards were delayed due to not having a discharge plan documented. These were non qualified patients - ready for discharge.</b>
<b>SOLUTION</b>	<b>The initiative has involved using the newly created 'Consultant / Surgeon of the Week' underpinned with CUR live data. This data has enabled the consultant/surgeon to focus on those patients who are ready for discharge but delayed due to this reason.</b>
<b>OUTCOME</b>	<b>The initiative has resulted in bed day savings and has impacted on improving processes within the hospital. The CUR team has worked in partnership with the GDE (Global Digital Enabler) Team to streamline the discharge plan process. Delays due to missing discharge plan now a very rare occurrence at the hospital.</b>

## Alder Hey Children's NHS Foundation Trust

<b>ISSUE</b>	<b>The top five delays were used to identify internal issues around discharge planning. On our general paediatric ward, the top delay reason was 'Awaiting CAMHS Assessment'.</b>
<b>SOLUTION</b>	<b>As a result the Director of CAMHS attended a SAFER Task Force Meeting and there is now a weekly face to face meeting with CAMHS on the ward to discuss delays.</b>
<b>OUTCOME</b>	<b>As this is a new initiative, it is too early to publish data at this point in time.</b>

## Lancashire Teaching Hospitals NHS Foundation Trust

<b>ISSUE</b>	A frail elderly acute ward was struggling with patient discharges and had an average of 1-2 discharges per week.
<b>SOLUTION</b>	CUR data was used to highlight the requirement to improve the management of patient flow. A discharge facilitator (DF) role was piloted and these roles are now being rolled out Trust wide. A recruitment and training plan is now in place to support and all wards will have a ward-based discharge facilitator in post by the end of the calendar year. DFs will support the nursing teams on the wards to ensure CUR accurately reflects the NOT MET patient cohort.
<b>OUTCOME</b>	A reduction in the number of patients requiring a formal social worker assessment. An increase in daily discharges, from 1-2 patients per week up to 6-7 patients per week.

## Lancashire Teaching Hospitals NHS Foundation Trust

<b>ISSUE</b>	Poor utilisation of Expected Date of Discharge (EDD) was identified by the Trust. Clarity regarding definition required and discharge planning was not taking place until the patient is medically fit for discharge. High numbers of stranded patients, DTOCs and poor patient flow was identified as specific issues.
<b>SOLUTION</b>	EDD definition was agreed and CUR is used to performance monitor and manage this. A new discharges process has been implemented from 1st October 2018 using the EDD to plan discharge on admission. This identifies, 3 days prior to the EDD, any patients that will require support on discharge.
<b>OUTCOME</b>	EDD compliance has increased significantly in medicine due to planning discharges pre the EDD. As this is a relatively new initiative, it is too early to publish data at this point in time.



### Alder Hey Children's NHS Foundation Trust

<b>ISSUE</b>	Medication / Pharmacy TTO delays were highlighted by CUR as one of the top 5 reasons for delay in the Trust.
<b>SOLUTION</b>	CUR data is now used in the daily Pharmacy Team Meetings and CUR screens have been installed within pharmacy so that the team can monitor real-time delays. Nurse dispensing has been implemented across all wards.
<b>OUTCOME</b>	This has resulted in a 95% reduction in the non-qualified rate relating to TTO's.

### South Tees Hospitals NHS Foundation Trust

<b>ISSUE</b>	Pharmacy Medi-packs were produced off-site, resulting in an increase in LOS of 2-3 days per patient.
<b>SOLUTION</b>	The contract was re-negotiated to produce Medi-packs on site.
<b>OUTCOME</b>	This has resulted in a reduction in the LOS for patients delayed for this reason. Estimated direct savings are circa £7,000 per quarter.



## Overnight Stays

### Royal Brompton & Harefield NHS Foundation Trust

<b>ISSUE</b>	Use of CUR data has identified a cohort of patients requiring a cardiac pacemaker who do not require an overnight stay.
<b>SOLUTION</b>	The CUR data has supported the new initiative on Cardiology to convert overnight Pacing patients to day cases. This has led to a reduction in overnight beds, and reduction in the non-qualified rate.
<b>OUTCOME</b>	<p>In February 2018 just over 30% of patients requiring pacing were treated as a day case in comparison to July 2018 where over 80% were treated as a day case.</p> <p>This initiative is in pilot phase and financials will be reported in due course but with the reduction in overnight stays this has reduced nursing activity and also Length of Stay for these cohorts of patients.</p>



## The Royal Liverpool and Broadgreen University Hospitals NHS Trust

<b>ISSUE</b>	A community resource of case managers was not being utilised effectively to manage patient flow.
<b>SOLUTION</b>	The Case Management Team was brought into the Trust and made a significant improvement to patient flow. Referral rates increased by 300%. Internal delays decreased.
<b>OUTCOME</b>	The patients are moving through the hospital pathway quicker. LOS has been substantially decreased although the not met / ready for discharge delays have increased (external delays) due to community pathways not being available. An additional pressure has been put on social services. This has impacted patients who then become unwell whilst waiting for discharge.

### Lancashire Teaching Hospitals NHS Foundation Trust

<b>ISSUE</b>	Internal delays due to patients awaiting physiotherapy/OT services are one of the top 5 internal delays within the Trust.
<b>SOLUTION</b>	<p>Ward based therapists (OT and Physio), initially targeted at those wards with the highest delays due to OT / Physio. Therapists are now aligned to wards and attend multi-disciplinary board round meetings. Therapists now pull patients, using CUR data, following ward rounds and proactively challenge the ward where inappropriate referrals are made to Occupational and Physiotherapy.</p> <p>Additionally on the Chorley site, the matron for medicine has converted an existing Band 2 HCA posts into Band 2 therapy assistant posts to reduce unnecessary therapy referrals.</p>
<b>OUTCOME</b>	<p>The initiative has had a direct impact on the training and education of wards in terms of appropriate referrals to therapy services and educating staff. This has improved relationships between ward staff and therapists.</p> <p>The Trust will be measuring a number of key performance indicators to measure success of the initiative.</p>

### Norfolk and Norwich University Hospitals NHS Foundation Trust

**ISSUE** The top reasons for delay at the Trust has consistently been awaiting Occupational Therapy (OT) and Physiotherapy (PT) services.

**SOLUTION** Through the use of CUR data, several areas for improvement were identified including the development of Internal Professional Standards for therapies and radiology provision. An action plan was put in place to improve therapy delays.

The Matron Lead has been meeting with the Therapies Services Operation Manager monthly to review action plan progress with the aim to reduce the RFD days associated with therapies.

A report which goes to all therapy leads daily from CUR detailing the RFD patients currently in the Trust awaiting OT and/or physiotherapy is used by the team to help prioritise their daily workload.

**OUTCOME** Action plan in place to improve therapy delays including:

- Completed Internal Professional Standards
- Moving to 7 day working

Working closely with therapies has helped to ensure correct data entry as therapies have been able to feed back to the wards directly. There are also plans to breakdown the OT and physio reasons within CUR to include more detail as to the delay or ongoing care required. Additionally with the introduction of a live dashboard it will help therapies to prioritise their workload.

Two sessions have been held with Therapies to discuss CUR and its findings and also help therapists to familiarise themselves with the terminology and reasons and details within CUR so that at the Board Rounds therapists can assist with the accurate completion of CUR to enable accurate reporting.





## Pre-Operative Assessments

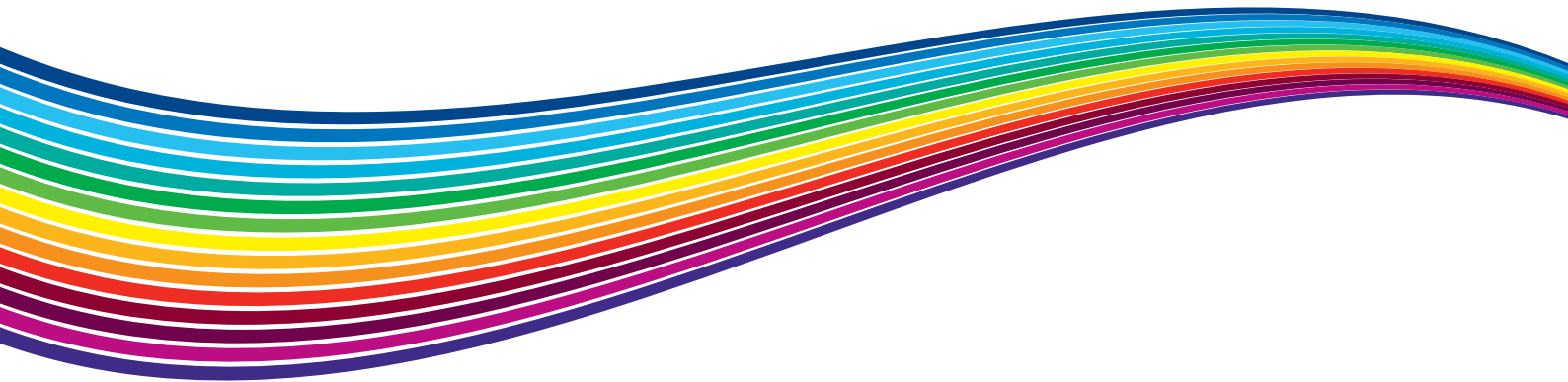
### Manchester University NHS Foundation Trust

<b>ISSUE</b>	Pre-operative assessments were identified as one of the top internal reasons for delay within the Trust.
<b>SOLUTION</b>	Redesign of the process of pre-operative admissions. Same day surgery admission has been implemented across all surgical specialities / beds across MRI.
<b>OUTCOME</b>	This initiative has recently commenced and outcomes will be reported as the programme progresses

### Salford Royal NHS Foundation Trust

<b>ISSUE</b>	A significant number of patients were identified as not meeting the criteria for an acute in-patient bed and could have been more appropriately managed at a sub-acute care setting.
<b>SOLUTION</b>	CUR data was used to make the business case for a 49 bedded sub-acute facility - the Pendleton Suite, which opened in October 2016.
<b>OUTCOME</b>	The Pendleton Suite was opened and patient experience improved as they are now cared for in an area with fellow patients that are medically fit and have daily activities. The Unit has no medical cover. The cost saving for this initiative is £3.6 million per annum.

# External Delays



### Norfolk and Norwich University Hospitals NHS Foundation Trust

<b>ISSUE</b>	<p>CUR was able to demonstrate the number of patients in the Trust at any time on VAC therapy. It is known that most Trusts have an agreement with the community as to the joint agreed care of these patients. Currently all patients on a VAC are cared for within the Trust.</p> <p>Between April to November, CUR identified 299 bed days with an approximate value of £41,860 and if including NTFD days this would be an additional 267 days (£93,240).</p>
<b>SOLUTION</b>	<p>A Business Case for the introduction of a wound clinic and increase in the size of our Tissue Viability Team has been completed using CUR data. It was well known that there was a need for a solution to our patients that have to remain in hospital for VAC therapy but there has been no data to support the need until now.</p>
<b>OUTCOME</b>	<p>Using CUR data a business case has been written and is awaiting approval.</p>

### Royal Surrey County Hospital NHS Foundation Trust

<b>ISSUE</b>	<b>Patient delays and increased Lengths of Stay due to awaiting completion of CHC assessments.</b> <b>AIM: Reduction of current CHC Assessment pathway from 23 to 12 days.</b>
<b>SOLUTION</b>	Investment in an additional CHC Nurse Assessor (£25k) to reduce the delays associated with patients awaiting CHC assessments.
<b>OUTCOME</b>	The appointment of an additional CHC Nurse Assessor has reduced the pathway time for CHC assessments and has had a marked impact on reducing delays for patient awaiting panel outcomes as well as increasing the skills of the case management team within the hospital. This has led to improvements in the quality of DST submissions and has resulted in more timely decisions.  As a result of the CHC initiatives, pathway time has been reduced to 11.9 days.

### Royal Surrey County Hospital NHS Foundation Trust

<b>ISSUE</b>	<b>CUR identified that patients are delayed due to awaiting care home beds.</b>
<b>SOLUTION</b>	4 care home beds were spot purchased for 15 weeks to enable a discharge to assess pathway for checklist positive patients at a cost of (£50k).  A supporting Pathway and SOP has been developed.  The aim of this is to reduce the current CHC Assessment pathway from 23 days to 12.
<b>OUTCOME</b>	As a result of the CHC initiatives, pathway time has reduced to 11.9 days.  A total of eight patients went through the assessment beds over winter saving circa 92 bed days in the acute hospital.



### Norfolk and Norwich University Hospitals NHS Foundation Trust

<b>ISSUE</b>	<b>CUR data has been shared, and regular discussions are now held with key stakeholders from across the range of health economy partners. This has enabled greater clarity in understanding the reasons for delay for all patients who don't meet the criteria, and transparency in sharing of data.</b>
<b>SOLUTION</b>	<b>Better partnership working and information sharing has paved the way for easier integration of services across the acute, community and social care sectors.</b>
<b>OUTCOME</b>	<b>CUR has demonstrated a reduction in ready for discharge patients of 18% against national figures as well as a reduction in avoidable admissions by 5%. This is alongside ongoing work on patient flow including Red2Green and SAFER.</b>



## Delayed Transfer of Care

### Norfolk and Norwich University Hospitals NHS Foundation Trust

<b>ISSUE</b>	Management of Delayed Transfer Of Care (DTC) patients was requiring significant resource to identify and report stranded patients.
<b>SOLUTION</b>	A form was developed within CUR to record and report all DTC patients. All DTC reporting is now captured within one system and accessible across the Trust.
<b>OUTCOME</b>	The CUR system has an additional role within the Trust capturing all DTC information. As a result, there is now increased visibility of DTC patients and the team is now able to focus their attentions on the unvalidated delays to prevent them becoming an official DTC. This new method of recording and reporting gives a clearer route to produce detailed reports to both commissioners, and Trust management of the current DTC position, and our works in progress. The new DTC process has meant that a Band 4 WTE has been released back to the wards as a Discharge Coordinator.

### Royal Surrey County Hospital NHS Foundation Trust

<b>ISSUE</b>	Patients on the Home First Pathway were delayed discharges due to capacity of the HOST (Hospital Outreach Support Team).
<b>SOLUTION</b>	The Trust has implemented the following initiatives to address the delayed discharges due to capacity of the HOST team:- <ol style="list-style-type: none"><li>1.An increase in the capacity of HOST (Hospital Outreach Support Team) to reduce waiting time until discharge, for patients on the Home First pathway through the appointment of 1.0WTE Agency Therapist, employed for 3 months within HOST to support Home First (£50k).</li><li>2.Increasing care agency capacity to reduce waiting time until discharge for patients on the Home First pathway. Additional investment was made in care agency capacity.</li></ol>
<b>OUTCOME</b>	This has resulted in an increase in cases from 4 per month to 15 per month. “Over winter there was an increase in referrals into home first as system confidence and the cultural shift embedded. Home First was one of the most successful schemes this winter and a key enabler to improving system flow and creating system resilience. The integration and collaboration of front line services was key to its success.” <b>GUILDFORD AND WAVERLEY CCG WINTER 2017-18 SCHEMES EVALUATION.</b>



## Equipment / Rapid Response

### The Royal Liverpool and Broadgreen University Hospitals NHS Trust

<b>ISSUE</b>	<b>CUR identified delays experienced due to patients awaiting delivery of home equipment.</b>
<b>SOLUTION</b>	This service was funded by MerseyCare, as part of managing Winter Pressures and ran from December 2017 to May 2018.
<b>OUTCOME</b>	Implementation of the Rapid Response service has resulted in a reduction in the ready for discharge patients and Bed day savings.



### Norfolk and Norwich University Hospitals NHS Foundation Trust

<b>ISSUE</b>	<b>CUR data was able to demonstrate that between April and November 2017 a total of 930 bed days were used for patients who were ready for discharge (RFD) but unable to be discharged due to no provision of community IV therapy, with an approximate value of £130,200. Including not ready for discharge patients, this figure would be significantly higher at circa 3031 bed days, with an approximate value of £554,540.</b>
<b>SOLUTION</b>	<b>The development of a business case to support IV therapy in the community. A Project Initiation Document (PID) has been completed to develop an OPAT Team to improve current patient pathways, referral process, governance and ultimately ensure patients requiring IV therapy receive that treatment in the appropriate place.</b>
<b>OUTCOME</b>	<b>OPAT Team to be developed. The Trust are currently working with Homelink to develop robust pathways and processes and aim to launch in December 2018.</b>



## Stranded Patients

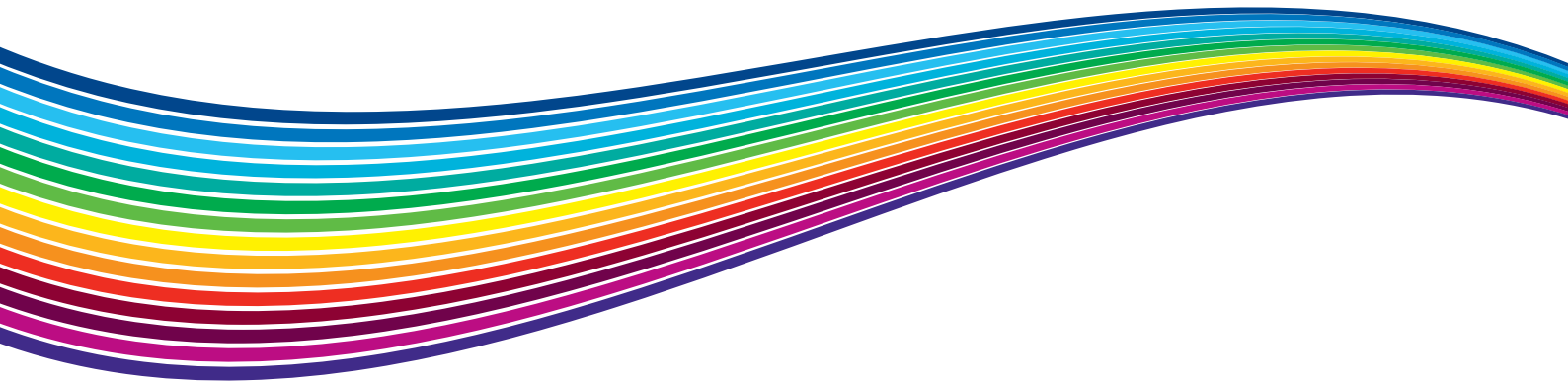
### Lancashire Teaching Hospitals NHS Foundation Trust

<b>ISSUE</b>	Management of stranded and super-stranded patients has been a particular challenge and is now required to achieve the 25% reduction in LOS patients over 3 weeks.
<b>SOLUTION</b>	Working with Ward Managers, the Trust has set up weekly Stranded Patient Clinics using the CUR system to review stranded and super-stranded patients. A SOP has been written and CUR reviews commenced across the Preston site early July.
<b>OUTCOME</b>	<p>By using CUR as part of these weekly ward clinics, this practice is starting to change individual behaviours and culture and ensure staff are actively planning for patient discharge.</p> <p>The Trust has experienced a significant reduction in stranded patients, positively impacting on the required 25% target reduction by December. The Trust's baseline, reported by NHSE, identified 198 patients with a LoS of 21 days and over, with a target reduction of 25% by December 2018 (146 patients).</p> <p>A snapshot review undertaken on 31st October 2018 reported 152 patients recorded with a LOS of 21 days and over, equating to a 23% reduction. LOS themes and soft intelligence have been gathered as a direct consequence of these reviews.</p>

### Manchester University NHS Foundation Trust

<b>ISSUE</b>	Multi-Agency Discharge 'MADE Events' took place bi-weekly in the Trust, to collect stranded-patient data. This was resourced by a team of 15 WTE staff.
<b>SOLUTION</b>	Through use of the CUR system, this data is now accessed on a daily basis across all wards in MRI.
<b>OUTCOME</b>	CUR has now afforded the Trust the opportunity to re-deploy the MADE team.

# System Delays





## Stranded Patients

### The Royal Liverpool and Broadgreen University Hospitals NHS Trust

**ISSUE** Clinical Utilisation Review is being integrated within the Emergency Department and Acute Medical Assessment Unit and will be an integral function within the new Flying Squad initiative.

**SOLUTION** This project is part of the Front Door Improvement Programme. The purpose of this project is to provide multi-disciplinary decision making to enhance patient experience, safety and Reduce Length of Stay.

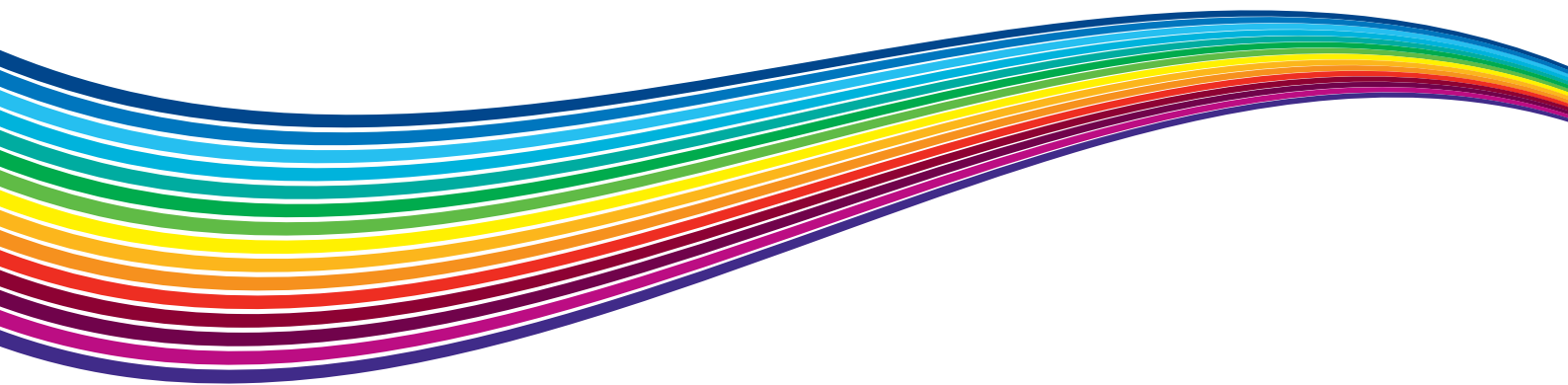
An environment is being developed that supports early, safe, effective discharge for patients within the ground floor from clinical throughput, physiotherapists, occupational therapists, emergency response team, advance nurse practitioner, Integrated Community Care Team, case managers, social workers, and other support services such as radiology. In order to support rapid decision making and to expedite discharge. This will be supported by the introduction of the Clinical Utilisation Review system into the Emergency Department and Acute Medical Assessment Unit.

**OUTCOME** Following the roll out on 9th August, the Trust has seen a noticeable reduction in the daily Ready for Discharge figure. In the 14 weeks prior to the launch:-

- the average number of weekly stranded patients was 410. In the 6 weeks of the scheme, this reduced to a weekly average of 379
- the average number of weekly super-stranded patients was 183. In the 6 weeks of the scheme, this reduced to a weekly average of 167.
- The average weekly LoS for AMU was 18.6 days. In the 6 weeks of the scheme, this reduced to a weekly average LoS of 16.1 days.

Following the reductions in stranded patients / LOS and following the increase in discharges in AMU, it would be highly advantageous to maintain this level of service. To fulfil this, the Trust requires an increase of 2WTE (Hospital Case Managers) to provide a 7 day service.

## Contact details



For further information please contact

**Hilary Heywood**

Email

**[hilary.heywood@integralhealthsolutions.co.uk](mailto:hilary.heywood@integralhealthsolutions.co.uk)**

Phone

**+44 (0)7717 467 483**

Address

**Integral Health Solutions  
The Innovation Centre  
Sci-Tech Daresbury  
Warrington  
WA4 4FS**

Website

**[www.integralhealthsolutions.co.uk](http://www.integralhealthsolutions.co.uk)**