



CLINICAL UTILISATION REVIEW (CUR) VS. SAFER (RED2GREEN DAYS)

Are they complementary or in conflict?

2017

SUPPORTING THE “BETTER FASTER SAFER” MANTRA

The common goal of Clinical Utilisation Review (CUR) and SAFER (Red2Green) is to minimise inappropriate delays to ensure Safe, Rapid Discharge or Transition of Patients and to avoid unnecessary hospital stays at an inappropriate level of care. Both CUR and SAFER’s stated intents are to provide transparency and rigour to managing the patient’s journey and processes. Key to their respective contributions to these goals is ensuring these initiatives drive action in real-time and ensure the required inputs to care are delivered as planned. Both SAFER and CUR contribute to this goal in different and complementary ways. The premise is that “the whole is greater than the sum of the parts

HOW DOES CUR SUPPORT SAFER? The underlying premise of CUR solutions is the application of evidence-based criteria to inform clinical decision making and monitor

compliance. The impact of CUR on SAFER processes is outlined below:

S - Senior Medical Review of all patients before midday.

- Through CUR the review is not just opinion but supported by evidence based criteria
- CUR reports and alerts ensures action is taken on all delays with escalation if needed.

A - All patients will have an Expected Discharge Date which is reviewed daily.

- CUR requires daily review of EDD/PDD based on patients stability and service intensity

F - Flow of Patients will commence at the earliest opportunity

- Rigour and discipline of CUR requires compliance with SOPs for Rounds/MDT meetings
- CUR triggers targeted alerts that action is required to enable timely transitions
- CUR can display status of concurrent issues needing to be addressed

E - Early discharge, 33% of patients eligible will be discharged from base inpatient wards before midday.

- CUR allows designation of day's confirmed discharges to focus action
- Alerts are triggered through CUR to enable timely discharge
- Provides criteria to monitor discharge readiness .

R - Review, A systematic MDT review of patients with extended lengths of stay

- CUR ensures no orphans - all patients are reviewed every day and actions taken

INTEGRATING CUR AND SAFER ASSESSMENTS

The goal is to “enter once and use often “. Thus clinical staff do not perceive these systems as requiring duplicate data capture. The evidence based approach of CUR brings a rigour and discipline and requires the daily application of the criteria. This supports the SAFER requirements of determining the initial need for an acute bed and a criteria based assessment of readiness for discharge. The assessments rely on evidence-based practice rather than individual opinion. The Medworxx CUR solution has integrated eForms and reports that capture and display the SAFER granular delay reasons in the form of operational and strategic reports along with alerts to force action. Its data analytics engine collects granular data and converts it into evidence for required process and service improvements (See schematic below)

	Does the patient need an acute bed	Has there been a Senior medical Review	Has there been a nurse led board round	Plan and EDD updated	Services delivered as Planned		Criteria led discharge readiness assessment	Reasons and details for Barriers /delays to safe discharge
Solutions					Therapies	Diagnostic		
Medworxx CUR Assessment	MET NOT MET	Forms and Assessment or tick box display	Encounter screen indicates if review undertaken	Updated as part of CUR assessment	Mission critical reason for delay captured	Mission critical reason for delay captured	RFD (Ready for Discharge) NRFD (Not Ready for discharge)	Captures specific reason for discharge delays
SAFER Red/Green Approach	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	No structured process; captured on excel
Rationale of Integrated Approach	CUR Requires application of intensity of service criteria- not opinion to determine need – facilitates transparency	Captured during daily CUR assessment displayed on eWhiteboard or encounter screen	Medworxx CUR daily assessment completed prior to 10.30 to meet requirement	Facilitated on Medworxx encounter screen and part of assessment	SAFER is not indicative of RFD status, only monitors patients activity	SAFER is Not indicative of RFD status, only monitors patient activity	Medworxx requires patient to pass CUR Evidence based RFD assessment thus meeting requirement	CUR captures customised granular reasons. Critical to inform action required, operational and strategic needs

RED2GREEN DAYS

To complement the SAFER initiative, many trusts have adopted the “Red/Green Day” mode of displaying compliance with the SAFER goals and the monitoring of activity. Medworxx CUR also uses RED/GREEN to flag appropriate v inappropriate days of care. The systems are compatible but the designation of a truly conservable day's stay is different from a day where an aspect of planned care didn't occur. A conservable day requires the patient to be deemed ready for discharge based on explicit evidence based criteria. Thus Medworxx is able to clearly delimitate the difference and, where required, display both the SAFER and CUR status on its encounter

screen. The solution can link into individual client's SAFER approach and existing systems (EPR, Bed Management and eWhiteboard functions).

Integrated eForms Support SAFER Capture and Display

An example of a model approach would be:

- SAFER requirements are met by completing the routine CUR assessment which would confirm:
 - Daily EDD review;
 - Daily Bed round/MDT meeting compliance;
 - Criteria based Appropriateness and Readiness for Discharge (RFD) assessment etc.
- An eForm is used to capture the other SAFER activities and patient activity status (see below).

Capturing SAFER data through integrated Medworxx eform

The screenshot displays the SAFER eForm interface. On the left, there is a sidebar with patient information including Name (Asbury, Charlie (M)), NHS Number (1234567890), Date of Birth (04/03/1966), Age (50), MRN (000030), and Enc/Visit # (UR00030). Below this, it shows Admit Date (05/05/2016), Site (Hospital A2), Ward (Med1A), Room/Bed (105-B), Patient Services (Mental Health), and Attending Physicians (Fishes, Demetris Dr.).

The main form area contains several assessment questions with radio button options:

- Value of the day to the Patient's Care?: RED Day (NO Value added) GREEN Day (YES Value added)
- Has the Senior Consultant reviewed this patient today?: Yes No
- Has this Patient had their EDD reviewed today. EDD was entered within 24hrs of admit and/or updated as necessary?: Yes No EDD NOT reviewed
- If this patient was transferred from an Assessment Unit TODAY was it before 10:00?: Yes No Patient not transferred from Assessment Unit TODAY
- If patient being Discharged TODAY was Discharge or Transfer to DC Lounge before 11:00?: Yes No Patient not being discharged TODAY
- If this Patient has an Extended Length Of Stay have they been Reviewed?: Yes No NOT an Extended LOS Patient

Below the questions is a table for Primary Delay Reasons:

DELAY	ACTION TAKEN	OUTCOME	Notes
Physician: Pending/Documentation required / Capacity Assessment	Left message	In progress	Received a message back that the coordinator will be by tomorrow
Physician: Pending/Documentation required / TTO Prescription	Left message	RESOLVED	
Physician: Pending/ Seniors Review	None	None	Will speak to doctor in the morning

At the bottom, there are sections for Additional Delay Issues (Issue 1, 2, 3) with fields for Action Taken, Action Outcome, and Notes. Issue 1 notes: "Nutritionist will visit in morning".

Buttons for OK and CANCEL are located at the bottom right.

- SAFER compliance is displayed using Red2Green flags to depict the outcome of the Assessment
- Clear differentiation between inappropriate conservable days (CUR) and Red2Green status of patient activities and treatment compliance.
- Medworxx alerts and escalation system and dashboard technology drive action and inform operational and strategic decisions.

Medworxx has the capabilities to populate the client's bed management and or eWhiteboard displays. In the absence of an existing or preferred display system Medworxx CUR encounter screen has been adapted to display the SAFER results as per the example below.

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Visual Display of SAFER and CUR data using Medworxx Encounter Screen

Ward	Bed	Patient Name	SAFER	Senior Review	Consultant	LOS	Criteria Status	Last Assess	Last Statuses	Last Reasons	Last Details	Delay Issues	Spe	Hosp #	Planned D/C	Definite	Admit Date	Comment
		Case, Polly				168	MET	03/09/2016	Injection/IV	Two (2) or more (diffe	Combination of both		Medi	123456	06/08/2016	<input type="checkbox"/>	01/08/2016	Discharged home fr
Med1A		Test, Agatha	Red Day 1	Yes	sberry, Marguenil	145	NOT-MET / NRFD	27/08/2016	Services/Service Delay	Diagnostic Imaging	Diagnostic Mammog		Gast	0368867	28/08/2016	<input type="checkbox"/>	24/08/2016	chronic alcoholism
Med1A	101-A	Anson, Kittie	Red Day 1	NO	ergdoll, Tony Dr.	124	NOT-MET / RFD/1	29/12/2016	Services/Service Delay	Lab	Microbiology results	Diabetic education	Surg	000092	17/09/2016	<input type="checkbox"/>	14/09/2016	
Med1A	125-C	Arnott, Ewa	Red Day 1	Yes	ergdoll, Tony Dr.	131	NOT-MET / RFD/1	19/11/2016	Consultation	Surgical/Medical	Respirologist;Ortho		Medi	000098	16/09/2016	<input type="checkbox"/>	07/09/2016	
Med1A	113-D	Arrigo, Anna	Red Day 3	Yes	ergdoll, Tony Dr.	256	MET	29/12/2016	Airway	Acute need for continu	Titration to keep ox	CT Scan	Medi	000056	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	125-D	Barrientz, Digna	Green Day 5	Yes	ergdoll, Tony Dr.	256	MET	12/05/2016	Airway;Injection/IV	Acute need for continu	Titration to keep ox		Medi	000099	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	119-A	Beckles, Mandie	Green Day 2	Yes	ergdoll, Tony Dr.	256	MET	20/11/2016	Vital Assessments	Due to the acuity of th	Airway		Medi	000070	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	122-B	Belvins, Jerri	Red Day 2	NO	ergdoll, Tony Dr.	256	NOT-MET / NRFD	01/12/2016	Pending	Documentation require	Fast track	Home Care Form	Medi	000082	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	103-B	Blackmon, August	Red Day 1	Yes	ergdoll, Tony Dr.	256	NOT-MET / RFD/1	12/05/2016	Waiting Community	Rehab	Rehab Facility A		Medi	000010	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	110-D	Bouldin, Cordell	Green Day 3	Yes	ergdoll, Tony Dr.	256	MET	12/05/2016	Airway;Close Observati	Acute mental confusio	As per oxygen ther		Medi	000042	15/05/2016	<input type="checkbox"/>	05/05/2016	
Med1A	112-D	Bowland, Laurine	Green Day 7	Yes	ergdoll, Tony Dr.	256	MET	12/05/2016	Airway;Injection/IV	Acute need for continu	Titration to keep ox		Medi	000052	15/05/2016	<input type="checkbox"/>	05/05/2016	

CALL TO ACTION

The SAFER bundle provides an approach, it does not specify the mechanics to achieve the goals. CUR provides the evidence-base criteria and ensures rigour and action. The Medworxx CUR solution also has input tools, displays and reporting capabilities that enhance and facilitate SAFER compliance. This combination improves patient's outcomes without being a burden on staff and provides clinical staff with a powerful means to influence and ensure appropriate care for patients.

A number of Medworxx clients are engaged in building an integrated capability and can demonstrate the rationale and benefits of such an integrated approach. Truly innovative and successful organisations are those that can harness and combine the best aspects of many initiatives into a coherent seamless whole. Such an opportunity is presented in combining CUR and SAFER (Red2Green)

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