# Clinical Utilisation Review- Strategic Direction
# Minimising Delays in Care and Avoidable Harm to Patients
# Peter Ellis March 2017

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## Opportunity

We are shifting our focus and messaging for CUR n the UK, to distance ourselves from the narrow CUR NHS England CQUIN focus. Existing CUR solutions have enhanced offerings which embrace other needs and initiatives e.g. SAFER (Red2Green ), DTOC and Capacity management and planning.

This broader perspective is tied to developing an enhanced offering which also optimises CURs other capabilities and address the broader healthcare aspiration of helping minimise delays and patient harm caused throughout the patient journey.

The needs and opportunities addressed here are not peculiar to the UK. Canada USA and EMEA have expressed interest in integrated solutions to manage similar challenges within their health care systems. Such a focus will also clearly differentiate CUR from the myriad of offerings that "patient flow solutions" covers. It also would provide a clear differentiator within the healthcare market that resonates with clinical and management needs.

## Which Health Client Needs would be addressed?

The offer would provide solutions to help proactively manage and/or determine:

- Appropriateness of admissions
- Conservable days of care
- The appropriate and optimum disposition of patients
- Safe and timely discharges
- Delays in providing planned services
- Appropriate clinical supervision and oversight
- Untoward events e.g.
    - Falls
    - Medication errors
    - Clinical errors
- Patient and family complaints

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- Transparency into variation in clinical practice
- Optimising use of beds and clinical resources
- Manage disease outbreaks and emergency situations
- Mitigating Risk
  - In the new models of care e.g. ACOs and ICOs
  - In avoiding litigation
- Service gaps and realignment
  - Capacity and services within individual providers
  - Local health economy service provision
  - LA Social services support

## What is required to address these needs?

The full range of competencies can contribute to this integrated offer, in some cases as individual modules. From a client perspective the mantra of enter once use often is critical to gain clinical acceptance. Thus by integrating into CUR offerings we exploit our core competencies and show understanding of the clients challenges:

- single points of data capture
- data integration through HL7 type messaging
- integrated views of the patient journey and experience
- dashboards and reports that integrate the granular data from multiple sources into "calls to action" and evidence for addressing strategic service issues
- bi-directional capability to present data on other eWhiteboards and displays
- alerts and escalation

The requirements of our solution would be built upon some or all of the following capabilities:
**CUR**

- Clinical Criteria
- SAFER Bundle (Red2Green),
- ALC/DTOC
- Capacity Management and Planning
- Bed management.
- Predictive capability
- Patient Flow Analytics

**Complaints and Untoward Events Management**

- Retrospective and concurrent capture of errors
- Service delays and issues
- Complaints management

## Revised CUR Messaging

The overarching and unifying message is avoiding, minimising and managing the errors of omission and commission that cause delays and harm to patients.

We have adapted our messaging based on the success of the SAFER bundle (RED2Green) initiative of NHS improvement (NHSI) . It targeted clinicians and was a compelling message that used the Hippocratic Oaths concept of "doing no harm". The purpose was deemed to improve the care and outcomes of our patients it wasn't perceived as being for the "Suits upstairs".

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The messaging has four components:

**Reduces the harm caused by delays, unnecessary days of care and errors of omission and commission**
- Studies prove that additional unnecessary days in hospital cause permanent harm to patient's physical and mental health
- For the elderly this has significant impact on life expectancy
- Timely action can mitigate the harm and consequences

**Applies evidence based criteria (not opinion) to ensure consistency and monitors variation**
- Provides a means to apply global best practice evidence as part of its assessments
- Does not preclude individual clinical judgement where appropriate

**Monitors compliance to ensure rigour, discipline and transparency**
- Daily requirement of fixed time assessments instils discipline and rigour
- Allows daily patient review against criteria to ensure discharge readiness and care delivered as planned
- Real-time reports, Dashboards and alerts force action and accountability
- Transparency allows peer based review and improvement to care

**Benefits accrue to patients, commissioners and providers**
- Risk and harm to patients are reduced
- Maximises use of bed capacity and avoids inappropriate admissions and readmissions
- Evidences strategic reports on system and service gaps and needs

## Initial Focus and Challenge

The initial challenge relates to the two required core capabilities , they currently work on different premises; individual complaint recording and resolution, as against the focus on the overall longitudinal patient journey.

The need is two fold

- to integrate the CUR offering into a longitudinal integrated decision support solution that monitors the overall patient journey and experience,
- to capture the "untoward events" in real-time as they happen, to allow immediate intervention with patients and families to mitigate the consequence and avoid where possible its escalation as a complaint or legal action

## Business Case

There are four recent NHS initiatives that indicate the high priority these issues are receiving within the NHS;

1. NHS England (NHSE) has embraced CUR as the means by which risk can be managed within the new models of care (STPs and ACOs). Thus CUR will be at the core of the initiatives being undertaken by the 44 STPs in England to ensure integrated care and the move to a capitated payment for health needs of the local population.
2. NHS Improvement (NHSI)  SAFER bundle and Red2Green)

The declared intent is to reduce harm to patients. It is a process that is complementary to CUR and interdependent if done properly.

> This has been actively promoted by and embraced by the NHS. CUR can already successfully support SAFER bundles to existing clients. The regulator is promoting its implementation which is a compelling reason for Trusts to comply

3. The NHS has created NHS Resolution to address the consequences of untoward events ***"NHS Resolution is projecting the cost of clinical negligence to rise to £2.7 billion by 2019/2020, In creating a learning culture, how can lessons from patient safety failures be incorporated to improve future practice. NHS Resolution identifies intervention as one of its priorities, what more can be done to address issues at an earlier stage and reduce the number of 'frustration claims'?***

4. NHSI and the Patient Safety Branch is a new initiative approved in 2106. Its philosophy is that ***" Recording incidents protects patients from harm and saves lives. When things go wrong in care, it is vital incidents are recorded to ensure learning can take place. By learning, what has gone wrong and why it has gone wrong, effective and sustainable actions are then taken locally to reduce the risk of similar incidents occurring again.*** This requires all untoward events are recorded and captured in real-time at the point of care regardless of the consequence or whether they are likely to result in a complaint or further action.

All the pieces are available. The challenge is to breakdown the NHS silos, and determine if we have the capability and appetite to create an integrated solution? If so, there is a strong RoI attached to the offer to significantly reduce the £3 -£5bn wasted on the consequence of the delays and errors..

## Investments Required

In a top-down culture such as the NHS, with its silos, there are some CSFs and key steps to achieve significant sales opportunities

- **Marketing and Government Relations**
  As with entry of CUR into the UK market, we had to simultaneously find Champions as exemplar sites and persuade the NHS leaders to adopt and promote the solution. This will require using all channels to persuade the respective NHS organizations and sectors to embrace the concept

- **Product**
  There are immediate CUR product development requirements to facilitate the capture of the untoward events. They appear to be technically feasible but will need to be reviewed along with other priorities.

- **Clinical Acceptability**
  The key step will be to capture the untoward events through the assessment process and push such the data into the system when appropriate. Documentation of action and follow up on the events is also essential which can link into an Alert and Escalation system

- **Pricing**
  The RoI will need to be built into the offer and an entry level option developed on the basis that the benefits realised will support the further role out. The challenge is that the benefits may accrue in a different silo than from where the cost has to be absorbed. Thus the discussion with the NHS leadership as to how this is funded. As mentioned earlier. As

mentioned the new models of care which are based on a capitation model for the full costs of care will help to minimize the silo mentality.

## Conclusions

 The introduction of Utilisation Management in USA and Canada was based on two key objectives

1. To assess individual practice against the accepted best practice and thereby  reduce variation
2. To recognise and facilitate the capture at the earliest possible time of "untoward events"   and commence mitigation to minimize both consequences to patients and the possibility of  legal remedies

To date Clinical Utilisation Review in the UK has focused on point 1 .   The opportunity exits to increase **CUR  capability** into an enhanced Patient flow offering that addresses the "untoward events" management, and completes our ability to offer a complete solution to support the goal of minimising harm to patients  . Vice Versa  It also enhances the potential within the Healthcare sector to address "untoward events" in real-time at the point of care in line with the Patient Safety Branch and NHS Resolution's  goals.