
IMPROVING FINANCIAL PERFORMANCE IN THE NHS THROUGH CLINICAL PROCESS IMPROVEMENT

Abstract

RealTime will reduce your Average Length of Stay (ALOS).

RealTime is a programme of clinical process improvement developed and delivered by senior clinicians. RealTime improves quality of care and productivity through innovation in clinical process, reducing length of stay in the most clinically responsible manner possible. RealTime's clinical consultants have a track record of 20 years' successful performance improvement in acute hospitals, saving tens of millions of pounds year on year. RealTime offers:

- Immediate results
- £millions in savings, year on year
- Return on Investment many times over in year 1
- Risk / Reward commercials welcome
- 20 years' experience in LOS reduction

The Paper

Facilities-driven, logistical and operational cost savings will get the NHS a long way in the drive to 'do more with less'. However, non-clinical performance improvement cannot solve the impact on the NHS of ageing populations, winter epidemics and infection control in hospital environments with finite numbers of beds and a percentage occupancy rate at any given time in the high 90s. Many hospitals in the UK run at 97% occupancy or even higher, with every unplanned requirement for a bed becoming a crisis for all departments, causing the Operations Centre to run on an almost continual state of 'amber' or 'red' alert.

An optimum operational efficiency requires a bed occupancy of around 87% in order to be able to handle planned electives and emergencies alike all year round, while also catering for all unplanned disasters such as Norovirus outbreaks and major incidents. Without the ability to manage beds and wards flexibly, hospitals will forever be cancelling planned elective admissions and resorting to dangerous but unavoidable tactics such as parking patients in the wrong place, just to fit them in – a classic case of thrashing away wildly just to stand still.

Once the non-clinical efficiencies have been found – and it must be said that the target-driven management strategies and budgets of the past decade have gone a very long way towards finding much of the slack in the system, particularly in the better managed Trusts up and down the country – the biggest remaining driver of financial performance improvement can only be the freeing up of bed space in a clinically responsible manner, which is itself only possible through an

improvement in clinical process around admissions planning, discharge planning and discharge management. Even switching to a 24x7 hospital 'up time' (i.e. abandoning our classic 9-to-5, 5 days per week NHS habits) can only be driven through a comprehensive overhaul of discharge planning and admissions management, which is necessarily a problem domain far more clinical in nature than administrative.

Is there room to improve, given the above? The answer is most assuredly, "Yes!" Acute hospitals in the UK have some interesting common ground – for example, the largest set of inpatients at any given time (usually far higher than 50%) is likely to consist of over 65 year olds with medical complications, and of this set most patients will be undergoing treatment for the same 25 to 30 conditions. The Average Length of Stay (ALOS) for this inpatient set is high in the UK – the ALOS differs from Trust to Trust, however it is generally around 2 to 2.5 times higher than in the United States, where the same common ground in terms of inpatient demographics is evident – and there are very realistic, immediate measures that can be taken to improve clinical process at Trusts in the NHS to bring down ALOS. The effect on the bottom line is immediate and significant – millions of pounds per Trust per annum, year on year.

The fundamentals of this approach to clinical performance improvement are firstly that all aspects of discharge planning must be clinically driven and based on criteria that are unilaterally visible, agreed, and applicable, with a view to ensuring that all stakeholders in the discharge plan (nurses, physios, social services, discharge planners, consultants, etc.) can clinically track patient care goals – however complex the condition or co-morbidities – and progress proactively towards hitting those goals during hospitalization. These goals are target driven, based on clinical best practice. Secondly, for any of this to be possible, a collaborative model of working must be encouraged and adopted that empowers all stakeholders to assume responsibility for progressing their agreed patient care goals and holding informed discussions across all levels in all the services that are involved in the care plan. While this is hardly rocket science – indeed, anybody experienced in the art of good discharge planning would concur that this is an admirable state of the art – the reality is that changing the hearts and minds of an organisation as large as the average NHS acute hospital Trust to be able to work in this way typically requires significant cultural change.

RealTime Health Ltd is a UK company based on the experience of 20 years of doing precisely this kind of work – that is, 'hands-on' clinical performance improvement – in the United States. (See below for example client list.) The founders of RealTime Health – senior, no longer practising clinicians with a genius for performance improvement – have been successfully reducing length of stay in a clinically responsible manner in numerous acute hospitals in the Not-for-Profit sector in the US (the closest equivalent to the NHS system here in the UK) using an established, repeatable methodology that improves clinical processes around discharge planning and management. This work immediately impacts the bottom line (doing much more for far less money), generating

substantial savings and introducing quality improvements and operational efficiencies for the acute hospital on an ongoing basis.

To support this good work and help Trusts to far more rapidly assume ownership of the ongoing performance improvements, RealTime Health Ltd has designed and developed a software system called 'RealTime' that can be deployed in the hospital Trust. RealTime is a 'live' bed state, patient tracking and discharge planning system, designed by clinicians to support clinical performance improvement and focus the hearts and minds of Trusts on reducing length of stay. RealTime uses a performance metrics repository to support the analysis of all related activity on a continual basis.

RealTime Health is currently helping Cambridge University Hospitals NHS Foundation Trust (CUH) to reduce length of stay at Addenbrooke's Hospital in a beacon site deal using RealTime. As RealTime uniquely meets the patient flow improvement requirements of Addenbrooke's, CUH has entered into a business partnership agreement for RealTime to promote the programme in the NHS.

While it may be early days for RealTime as an IT solution to support this clinical performance improvement work as the jury is necessarily out until the results of the work in Cambridge can be published, the 'hands on' methodology upon which it is based is tried, tested, repeatable, and highly successful. The founders of RealTime Health Ltd know that there is a fortune to be saved in the NHS while simultaneously improving quality of service.

For readers interested in the 'beacon site' at Addenbrooke's Hospital, the following:

Addenbrooke's is a large, complex acute hospital with over 1,000 beds and over 65,000 admissions per year. It frequently operates at a bed occupancy of over 95%. CUH has a number of key performance targets to meet for the management of patient flow and capacity, including 18 weeks, a 4 hour A&E waiting time, and reducing delayed transfers of care. These targets have been set to drive a significant reduction in length of stay (LOS) and to release bed days.

CUH is typical of many Trusts in the UK in that it has been reliant on complex arrangements for managing patient flow and bed states that vary by specialty, directorate and time of day. Co-ordination and communication across these sub-systems have used a number of non-integrated IT and paper-based systems. Coping with capacity pressures relating to winter or delivery of performance targets has been over-reliant on reactive internal escalation arrangements.

Because the RealTime methodology for reducing length of stay works by clinically driving discharge planning, using a collaborative working environment for all stakeholders in the discharge plan, the RealTime software connects discharge planning to real time bed states — that is, showing where patients are not only geographically but also in terms of their care plan — using a shared

working environment so that everybody can see the same data, live, in real time, graphically presented. This enables clinical and operational process to be integrated on the wards in an intuitive and easy to use, point-and-click system that requires effectively no data entry. RealTime is to be used by administrative, operational and clinical staff and works in conjunction with current IT systems.

Integration with laboratory systems furthermore provides support for infection control at the ward level, thereby removing a significant barrier to improving patient flow and reducing length of stay.

More about the background of RealTime in the United States:

The RealTime methodology has been applied through the US partner company, Eagle Medical Management LLP, to a client list that includes:

- Sutter Health
 - Mills Peninsula Health System (San Francisco)
- Barnes Jewish Christian Health System (St Louis)
- San Antonio Community Hospital (Los Angeles)
- Catholic Healthcare West
 - Mercy Medical Group (Sacramento)
 - St Mary's HMO (Reno)
- Saint Francis Health System (Tulsa)
- Rockford Health System (Rockford)
- Providence Health System
 - Little Company of Mary Health Services (Los Angeles)
- Emblem Health (New York), Pivot Health (Nashville)
 - Queens Long Island Medical Group
 - Staten Island Physician Practice
 - Physician Health Partners (Brooklyn)
- Pacificare (California)

An example testimony from one of these – San Antonio Community Hospital, Los Angeles, a 300-bed acute hospital system – is typical. Roger Parsons, Chief Financial Officer, states, "The length of stay reduction project is the most successful project we have ever had. It is the best example of continuous improvement I have ever seen. We reduced our ALOS for Medicare by 30% and saved \$10-15M annually."