

# REDUCE LENGTH OF STAY WITH REALTIME

- ENABLE EFFECTIVE DISCHARGE PLANNING

- IMPROVE QUALITY OF CARE AND PRODUCTIVITY THROUGH INNOVATION IN CLINICAL PROCESS



## REALTIME BENEFITS

- Length of Stay reduction;
- Reduction in long-stayers and outliers;
- Prevention of winter bed crises;
- Reduced mortality;
- Improved long term capacity planning;
- Admission of patients to appropriate wards;
- Easier patient transfers to appropriate wards;
- Higher throughput of patients;
- Improved infection control:
  - Surveillance
  - Risk Management
  - Outbreak Management
  - Cross-infection management
  - Post-infection management
  - Report, analysis and audit.
- Tailored decision support for management;
- Benefits within existing performance improvement work-streams – for example, 18-week wait, and 4-hour targets in A&E;
- Metrics for measuring performance are collected automatically;
- The software is conducive to rapid adoption at multiple levels;
- Access via secure Intranet access out of hours from off site;
- Can be deployed across multiple sites;
- Can support virtual views;
- Can be deployed on mobile, wireless devices.

## UK BEACON SITE AND PARTNER

Cambridge University Hospitals   
NHS Foundation Trust



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**REALTIME** is a programme of clinical process improvement that will help you reduce your Average Length of Stay (ALOS), saving £millions per annum, year on year, with a return on investment many times over in the first year (and ongoing). RealTime gives healthcare managers the tools to reduce length of stay, improve patient flow and **enable effective discharge planning** while safeguarding and improving clinical service. RealTime reduces ALOS by enabling all aspects of the discharge process to be clinically driven and collaboratively managed.

RealTime has an IT component that can be integrated seamlessly into any existing infrastructure to provide a web-based, point-and-click, simple to use set of graphical tools and views that allow the discharge process to be managed across multiple sites in real time, against agreed key performance indicators.

## REALTIME, THE METHODOLOGY

The clinical process methodology implemented through RealTime is developed and led by senior clinicians, and has consistently been able to reduce ALOS by 10-30% by engaging clinicians in ongoing improvements. Proven in the US for more than 20 years, the RealTime methodology has sustained financial improvements of \$5-20M annually for its clients. Quality of care is improved through decreased readmissions of patients, and improvements in meeting chronic disease-specific national standard of care targets. Hospital readmissions are improved through daily monitoring of defined quality parameters for patients with key diagnoses.

## REALTIME, THE SOFTWARE

Developed in Oxford to support the methodology, the RealTime software application provides to your clinical and operational staff, ED and elective admissions fully configurable, graphical views in real time of bed occupancy across the Trust, with the expected discharge time for each patient always visible. These views are categorized by ward, condition, diagnosis, breach reason, infection, consultant, target LOS, etc. RealTime informs all stakeholders how and where the patient is, and what to do to enable a timely discharge. Clinical and operational users can monitor bed states and care pathways. Key Performance Indicators (KPIs) show snapshot and historical performance analysis.

## RETURN ON INVESTMENT

The business case for RealTime is highly compelling. Roger Parsons, Chief Financial Officer of San Antonio Community Hospital in Upland, California (300 acute care beds) 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." The returns for Trusts in the UK are in the process of being proven today through the newly signed beacon site in Cambridge and members of the early adopter programme. (Applications for Early Adopter status close soon!)

## REALTIME ALLIANCE

The 'RealTime Alliance' gives clients confidence that the benefits and cost savings are known and measurable in the NHS and the US. The Alliance unites **RealTime Health Ltd**, **Eagle Medical Management LLC** (the US clinical consultancy firm behind the methodology) and **CMA Associates Ltd** with **Cambridge University Hospitals NHS Foundation Trust** – UK Beacon Site for RealTime. (Continued over...)

## IMPROVE FINANCIAL PERFORMANCE

THROUGH CLINICAL PROCESS IMPROVEMENT, INCREASING PRODUCTIVITY AND PREVENTION



### REALTIME WILL REDUCE YOUR AVERAGE LENGTH OF STAY:

- Immediate results
- £millions in savings, year on year
- Return on Investment within months
- Risk / Reward commercials welcome
- 20 years' experience

RealTime improves quality of care and productivity through innovation in clinical process, reducing length of stay in the most clinically responsible manner possible.

### CLINICAL PROCESS IMPROVEMENT

Non-clinical performance improvement cannot solve the impact of ageing populations, winter epidemics and infection control in hospitals with finite numbers of beds and a high bed occupancy rate. Many hospitals in the UK run at 95% occupancy or higher, with unplanned admissions often becoming a crisis for all departments and 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 handle planned electives and emergencies alike, while also catering for disasters such as Norovirus outbreaks and major incidents. However, without the ability to manage beds and wards flexibly, hospitals are forever cancelling planned 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.

### FREED UP BEDS

A significant driver of financial performance improvement is therefore the freeing up of bed space in a clinically responsible manner, which is only possible through an improvement in clinical process around admissions planning, discharge planning and discharge management.

There are very realistic, immediate measures that can be taken to improve clinical process to bring down the Average Length of Stay (ALOS) and thereby free up beds. The savings amount to millions of pounds per Trust per annum, year

on year. Non-clinical cost-cutting measures cannot achieve such dramatic and transformational change, only clinical process improvement can achieve this.

### CLINICALLY DRIVE DISCHARGE PLANNING

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.

### COLLABORATIVE MODEL OF WORKING

Secondly, for target-driven, clinical discharge planning goals to be achievable, 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 any discharge planning expert would undoubtedly agree with this approach, 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.

### INTEGRATING BEST-OF-BREED SOLUTIONS

RealTime Health Ltd is a relatively young UK company that brings together decades of health informatics expertise in the NHS and 20 years of clinical performance improvement experience in the USA – primarily in the 'Not for Profit' sector. RealTime is designed and developed in Oxford, UK.

RealTime works by focusing the hearts and minds of entire Trusts on reducing length of stay. RealTime achieves this by connecting 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.

**RealTime is an integration solution designed to complement and prolong the life of existing systems, not replace them.** RealTime enables clinical and operational process to be integrated in Emergency Admissions and on the wards in an intuitive and easy to use, point-and-click system that requires effectively no data entry and provides 'live' bed states, patient tracking and discharge planning. RealTime automates wherever possible the collation and analysis of key performance metrics to support the clinical process improvement work.

### CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Cambridge University Hospitals NHS Foundation Trust (CUH) is the first Trust in the UK to deploy RealTime, having contributed greatly to the content and configuration of the first public release of the software. CUH is a fully signed up Business Partner for RealTime worldwide, which allows new customers to benefit immediately from the experience of CUH and the standards set by Addenbrooke's Hospital in Cambridge in their length of stay reduction programme.



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