

## QIPP IN ACUTE CARE – PATIENT FLOW UTILISATION

**Opportunity** Our work in both the NHS and Canada demonstrates that *some 25% of all current acute admissions and 30% of acute inpatients could be managed in more appropriate and less costly care environments*, including the home through utilisation management. This has been confirmed by our deployment of evidence-based admission and discharge criteria such as the Medworxx UMS suite through Patient Flow and Utilisation reviews in over 50 NHS acute providers. The benefits of this work are:

*Measuring the scope for avoiding admissions* All admissions are reviewed over a 7-10 day period to identify those who did not meet acute admission criteria and could have been managed in a less intensive care environment.

*Measuring the requirement for acute bed capacity* All continued stay patients are reviewed over the same period to identify those patients who have moved through their acute pathway and need an alternative level of care.

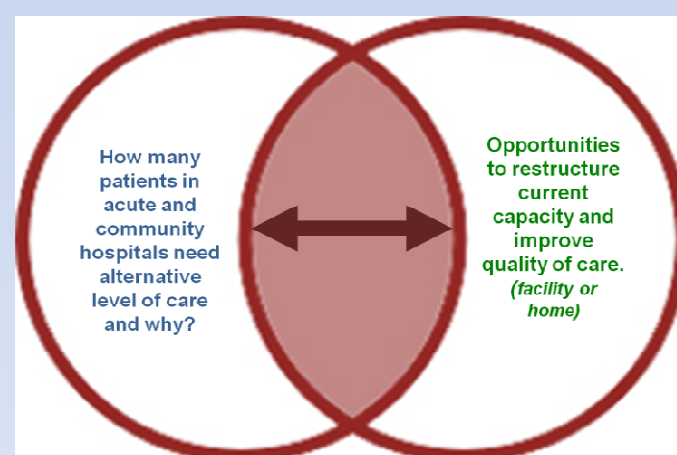
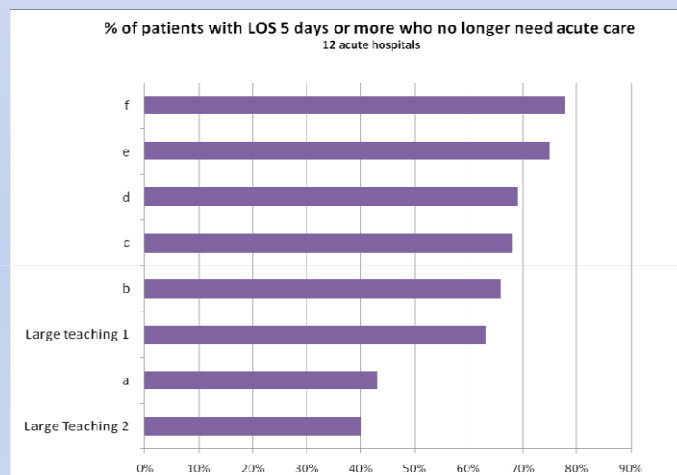
*Process audit of the current unscheduled care network* In parallel we undertake a qualitative review to highlight any issues in the current transitional care network. This informs internal process and whole system redesign strategies.

*Collaborative working on integrated care* This process brings together commissioners and providers involving their clinical staff to review issues of common concern in quality improvement and resource efficiency.

**How does it work?** Our teams of specially-trained nurse practitioners and case managers review all admissions and continued stay patients. We deploy the Medworxx UMS suite to determine the appropriate level of care. The reviewers also engage with clinical staff through structured interviews to highlight any problems with patient transition and throughput including any bottlenecks, delays, gaps or access difficulties for non-acute services. PFRs can cover both unscheduled and planned care including scope for improving day surgery rates.

**The outcome** Our detailed report documents the numbers of patients who do not need acute care, the reasons why and the alternative levels of care required. The reasons are divided between those which can be addressed internally by the provider by process redesign and those which require external whole system re-design. Our qualitative process analysis includes practical proposals for operational and strategic productivity gain, including service specifications for the commissioning of a more integrated delivery system.

**Our unique expertise** Model Advice (DC) Ltd has specialised in utilisation management in the NHS for nearly 10 years. We bring a unique blend of senior experience with Kaiser Permanente and other vertically integrated health systems in the US, and system redesign and change management in the NHS including practitioners with integrated care and case management expertise. Having led the deployment of other leading proprietary guidelines in the NHS, we launched our collaboration with the Canadian Medworxx UMS system in 2010. In recognition of the synergy between the NHS and the Canadian health care system.



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"The Bed Utilisation Review has resulted in our ability to understand our patient's journey and need for services to a level of detail never experienced before. We are rigorously using the data and intelligence to re-build our service delivery stream." **Tony Chambers – Director of Planning, Performance and Delivery, Hywel Dda Health Board, Wales**