MCAP
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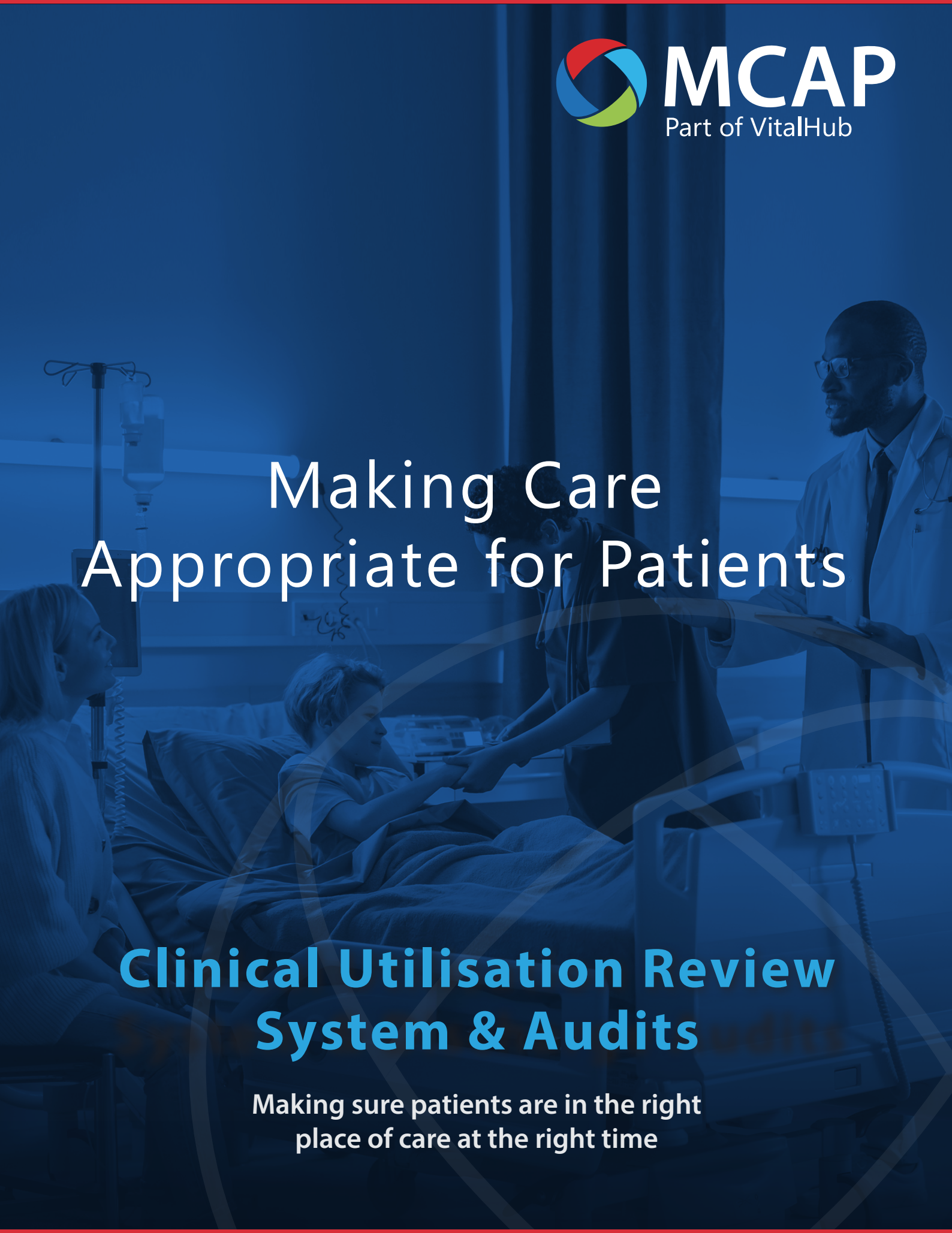


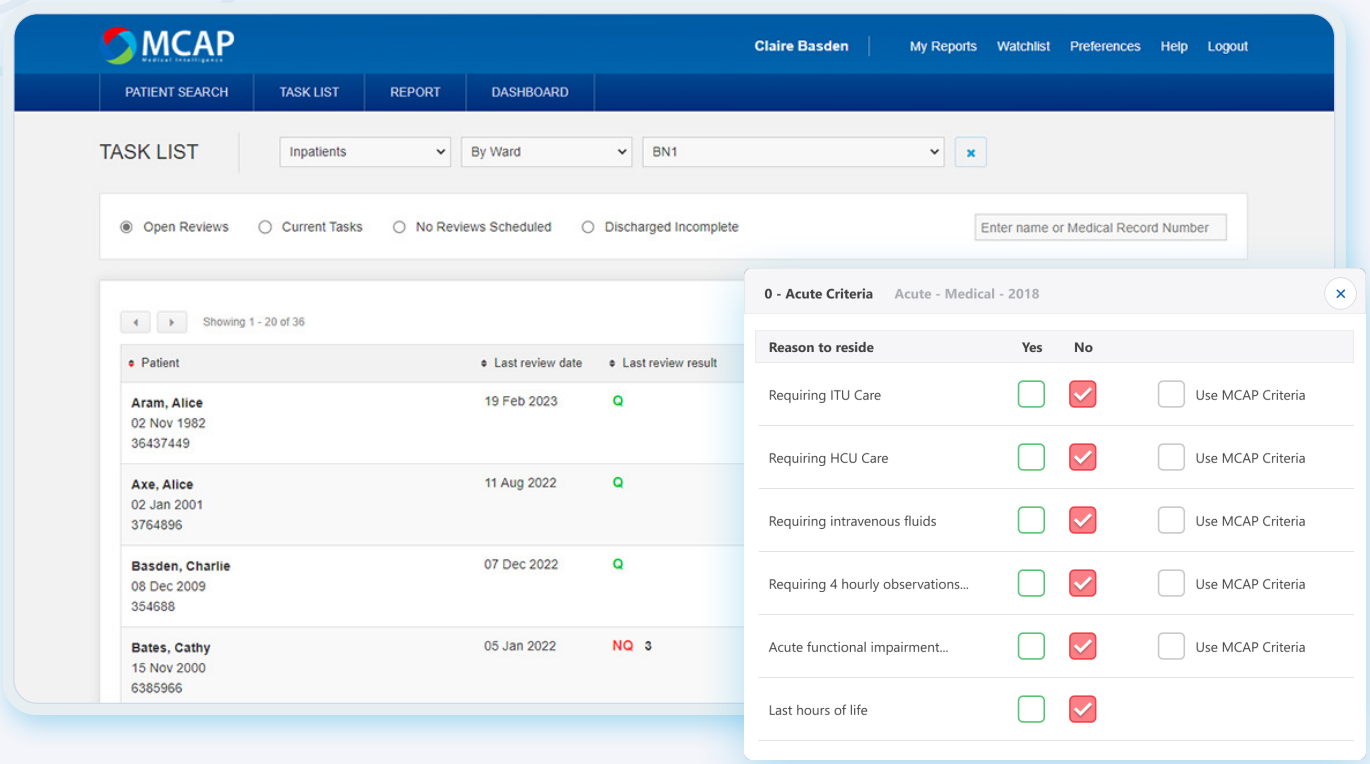
Making Care Appropriate for Patients

Clinical Utilisation Review System & Audits

Making sure patients are in the right place of care at the right time

vitalhub
United Kingdom

A clinical utilisation review system that supports healthcare organisations to tackle patient flow



Identify MFFD Patients

It is well documented that longer stays in hospital can lead to worse health outcomes for patients. Ensuring patients are in the right place, at the right time, based on their clinical need, is critical to avoid overcrowding and to reserve hospital beds for those who need them most.

The MCAP clinical utilisation review software supports frontline teams to identify the right level of care for their patients, and identify patients fit for discharge to alternative pathways more appropriate for their individual care needs.

Unique Review Criteria Sets

MCAP utilises internationally recognised clinical criteria that is applicable to a range of specialities, including medical, surgical and mental health. The data is collected at patient level and aggregated to give a strategic view across trusts, providing an objective and standardised methodology to measure reasons to reside. Only one criterion needs to be met for an admission or continued stay to be considered medically necessary.

Data collected within MCAP enables users to:

- Quantify the medically optimised opportunity to discharge patients to alternative levels of care which is typically twice the number of patients identified under current 'Medically Fit For Discharge' processes.
- Establish a detailed understanding, in real time, of the blockages that prevent effective patient flow, which facilitates continuous quality improvement initiatives, and provides evidence-based data for strategic planning.

Appropriate Care

The criteria within MCAP are considered best practice, evidence-based and have been adapted to embed local clinical guidelines; such as the Discharge Guidance endorsed in the UK by the Royal Colleges of Medicine.

The MCAP Criteria are comprehensive but easily understood by frontline staff. Data collected on MCAP is able to be utilised to automatically generate the national mandated discharge SITREPS introduced in England in 2020, saving time for front line staff and ensuring data is consistent and accurate.

Solution Benefits

- Enables clinicians to establish if the patient is receiving care at the most appropriate level
- Assists clinicians to explore what level of care is appropriate to meet their patients' clinical needs
- Provides insight into the principal reasons for continued stays and subsequent delays
- Supports healthcare organisations to effectively manage the movement of patients and reduce delayed transfers of care, by identifying opportunities to limit unnecessary episodes of extended Length of Stay
- Integrates into existing systems, avoiding double entry of data and creating a 'Single Version of the Truth' for the wider Integrated Care System

Realise significant efficiencies in patient flow and care, by identifying patients residing in hospital that are clinically suitable for discharge

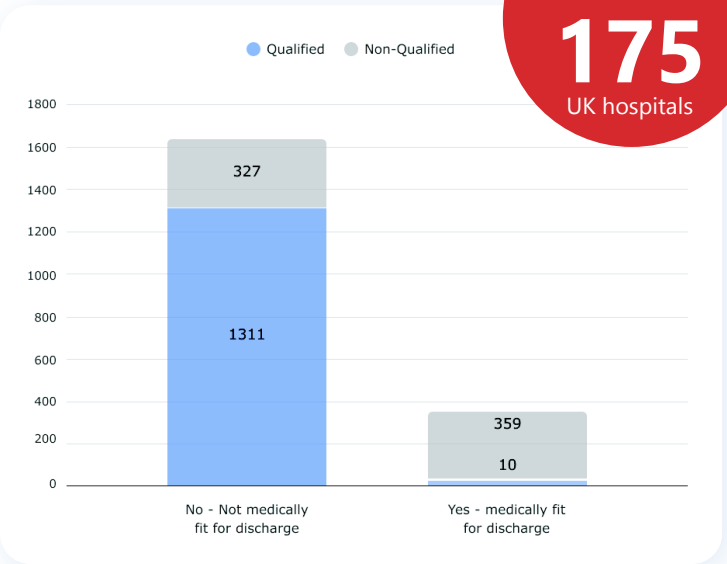
What is a Snapshot Discharge Audit?

The audit **identifies patients who are non-qualified to reside** in a hospital bed and defines the most **appropriate level of care** for the patient outside of hospital, given their clinical need. The outcomes from the audit enable operational teams to make informed decisions about how best to focus limited resources to generate the greatest impact on safely flowing patients and freeing beds.

Crucially, the audit can also be used to approximate the number of beds or types of services needed at acute or any other level of care, including community-based care.

Typically, MCAP **identifies twice the number of patients that can move to alternative pathways** than previous Medically Fit For Discharge processes and **50% of continuing care days that could be avoided** or alternatively provided.

MCAP has been used in over **175** UK hospitals



The Process

Our team of **trained nurses** will conduct an analysis of 100 acute beds (requiring minimal trust resources), utilising the physician plan of care, nursing and progress notes to answer:

- Is the patient at the appropriate service intensity level of care? (are they Qualified or Non-Qualified)
- And if not, what is the most appropriate service intensity level of care?
- And if not, what is the principal reason for the continued stay?

The Results

- An **analysis of the demand and capacity** in the secondary care system based on the current acuity mix of the patients.
- The amount of **admissions that can be deferred** to avoid the admission cap, winter overload or current high demand.
- The amount of potentially **avoidable continuing days of care** to shorten length of stay.
- Both **internal and external blockages** preventing reduction in admissions or length of stay.
- Levels of care that are needed to both defer admissions and **shorten length of stay**.

Key Areas to Reduce Length of Stay

From our experience of working with over 175 UK Hospitals, it is evident that the key clinical services with the highest levels of "inappropriate" admissions and stays are:

GENERAL MEDICINE

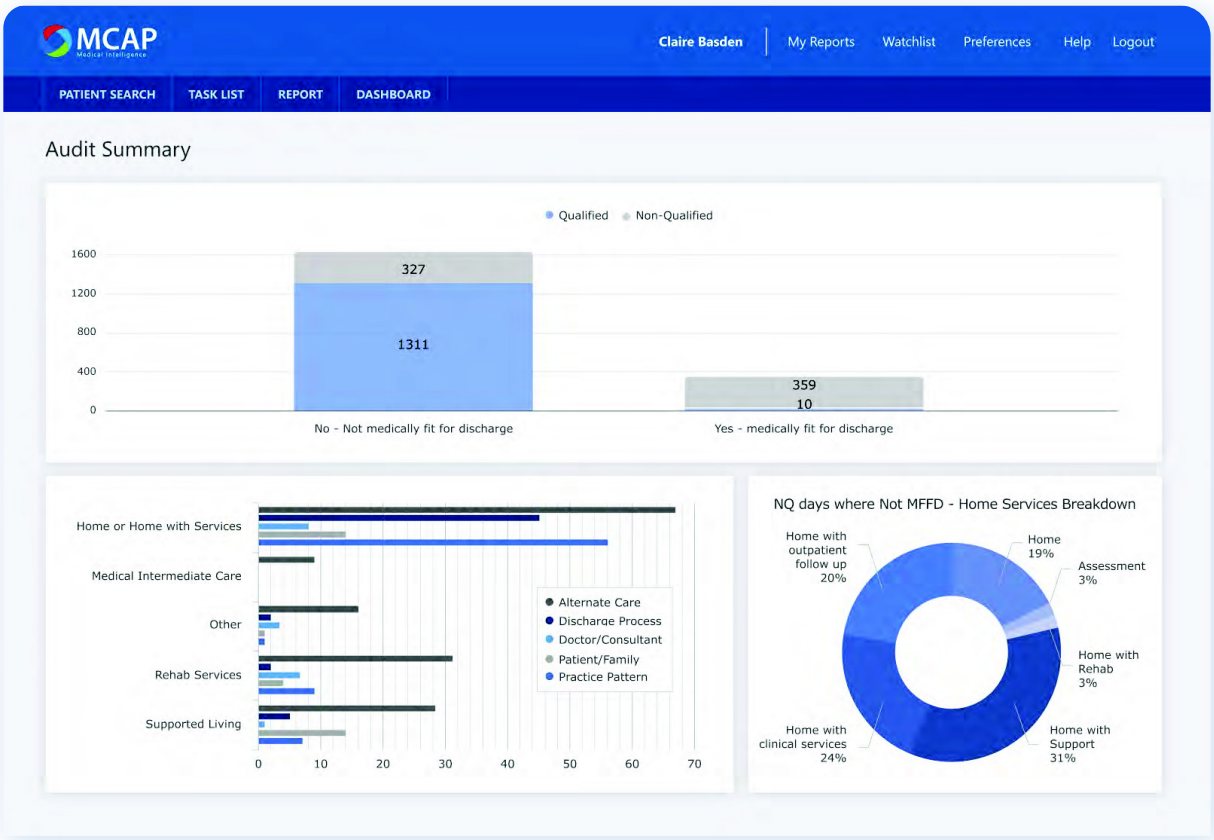
CARE OF ELDERLY

STROKE

RESPIRATORY

We estimate **these four areas account for 50%** of the total number of Non-Qualified discharge days.

Identify patients who are non-qualified to reside in a hospital bed and help to define the most appropriate level of care



The Benefits

Analyse the demand and capacity of the secondary care system, based on the current acuity mix of the patients

Discover admissions that can be deferred to avoid the admission cap, winter overload or current high demand

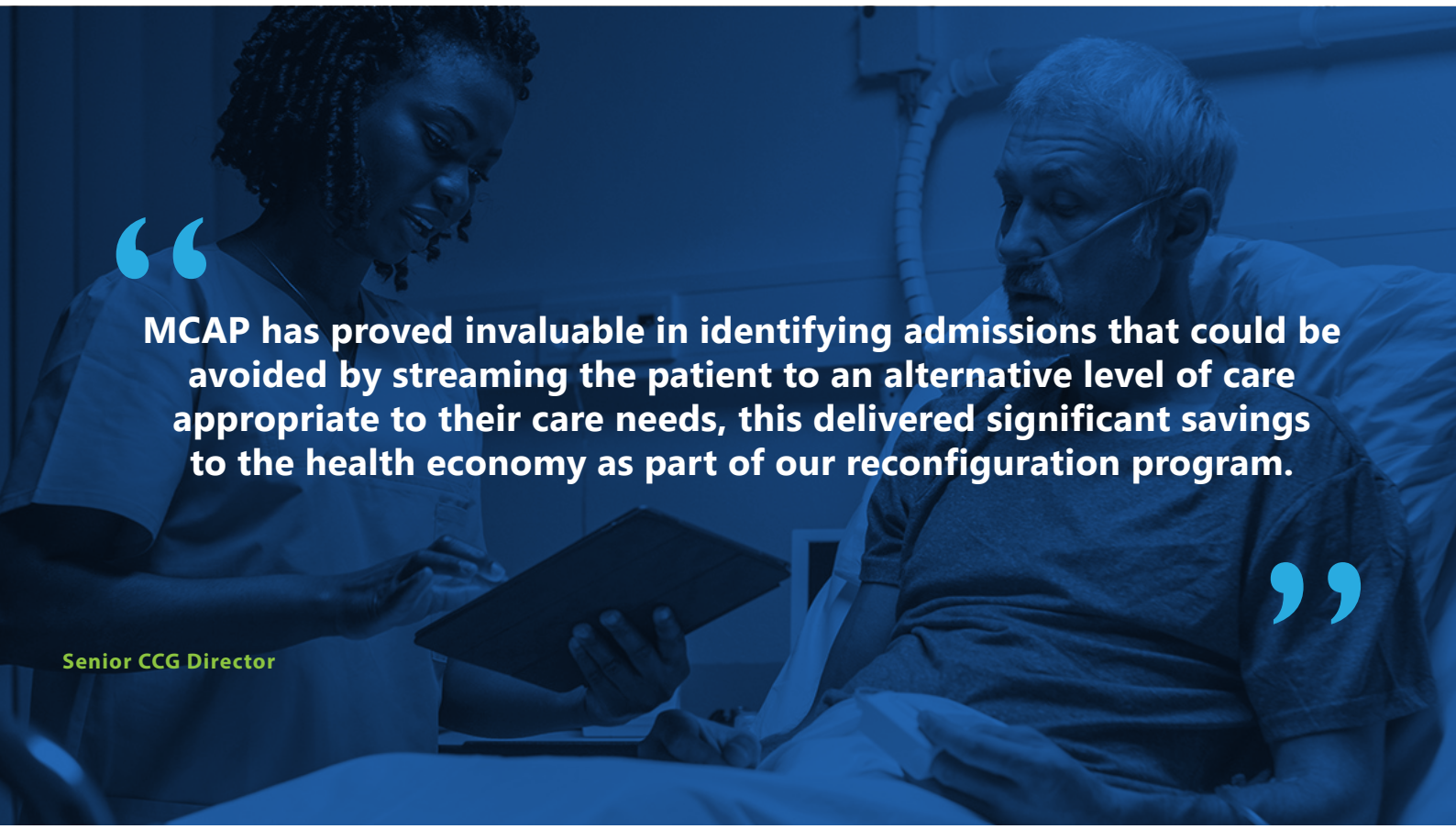
Identify internal and external blockages that are currently preventing a reduction in admissions or Length of Stay

Audit Outputs

- ✓ Number of patents reviewed and number of reviews done
- ✓ Source of information
- ✓ Age profile
- ✓ Complexity (risk) profile
- ✓ Prior place of residence (patient living situation)
- ✓ Entry point into the facility
- ✓ For all patients on day of stay, if and when the discharge process had begun
- ✓ Percent of admission days and subsequent days of stay that are Qualified/Non-Qualified
- ✓ Levels of care needed for non-qualified days
- ✓ Reasons for non-qualified days (i.e. impediments to transferring a patient to another service level)
- ✓ Bed-days that could be avoided if patient flow were improved
- ✓ Excel spreadsheet of all data collected

Why Choose MCAP?

- Typical results in over 175 UK hospitals **identify** circa **25% of admissions** and **50% of continuing care days** that **could be avoided** or alternatively provided, with typical savings of at least 60% on those care days.
- MCAP is a decision-support product that is based on an objective analysis of the individual patient care service requirements and **does not calculate expected discharge** based on an average or general care pathway.
- MCAP **does not challenge** or change the physician's diagnosis or treatment plan but instead optimises how the treatment plan is delivered.
- It should be stressed the nature of the MCAP **criteria is not to deny care**, but to put people at the correct level of care given their individual care needs.
- Critically the MCAP product automatically **accommodates co-morbid and co-occurring conditions** as it is based on services needed to control and reduce clinical risk of the individual patient.



MCAP has proved invaluable in identifying admissions that could be avoided by streaming the patient to an alternative level of care appropriate to their care needs, this delivered significant savings to the health economy as part of our reconfiguration program.

Senior CCG Director

AUDIT TERMINOLOGY

What is a Qualified Patient?

- The patient is at the correct level of care to meet his/her medical needs
- The intensity of clinical services required to treat the patient as delineated by the physician's plan of care cannot be provided at a lower level of care.

What is a Non-Qualified Patient?

- The patient could be treated at a lower level of care to meet his/her medical needs or needs to be treated at a lower level of care to meet his her medical needs
  - Includes existing and potential levels of care.
  - Social or environmental issues preventing transfers to lower levels of care are included as components of the blockages or impediments to appropriate placement.

Identify patients whose care could be safely delivered without follow-up appointments

The Challenge

NHS data indicates that over 7.22 million patients are on waiting lists for specialist clinical care or surgery. Waiting times have also grown, with 362,498 appointments experiencing waits of over one year, and 92% of appointments experiencing waits of up to 46.2 weeks.

How MCAP Audits can help

To support the NHS in addressing this challenge, the MCAP clinical team have worked with NHS England and the clinical teams at Croydon University Hospital and Leeds Teaching Hospitals, to adapt the MCAP clinical utilisation review solution, so that it can be used to review the Referral to Treatment (RTT) and follow-up Non-Referral to Treatment (Non-RTT) waiting lists.

Reducing RTT & Non-RTT Waiting Lists

MCAP has been used to identify patients who no longer require their care to be managed on those pathways, and those whose care could be delivered without follow-up appointments, supporting a reduction in waiting lists.

MCAP has been developed to cover a variety of RTT and Non-RTT pathways, including (but not limited to):

- ✓ dermatology
- ✓ gynaecology
- ✓ otorhinolaryngology
- ✓ respiratory
- ✓ neurology
- ✓ gastroenterology
- ✓ orthopaedics
- ✓ urology
- ✓ cardiology

Case Study: Croydon University Hospital

FutureNHS Collaboration Platform

The full case study has been published on the FutureNHS Collaboration Platform

The Solution

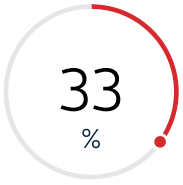
The audit was completed using the MCAP clinical decision support tool, to identify patients who no longer require their care to be managed on the RTT and Non-RTT pathways, and those whose care could be safely delivered without follow-up appointments, thus supporting a reduction in waiting lists.

A concurrent review of dermatology and gynaecology was conducted using the MCAP system to determine if the patients were at the correct level of care; if not, what level of care was needed; and also if not, what were the reasons the patient was not at the correct level of care.

The audit was designed and agreed in conjunction with NHS England, and the gynaecology and dermatology teams at Croydon University Hospital. The audit accessed 1000 gynaecology and 1600 dermatology patients.

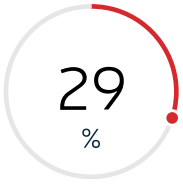
The Results

The audit at Croydon University Hospital found:



of gynaecology patients on the RTT & Non-RTT waiting lists could be safely treated without a follow-up appointment

30% of those patients returned to GP/Primary Care, and 21% of those patients transferred to Patient Initiated Follow-Up (PIFU) or a virtual appointment



of dermatology patients on the RTT & Non-RTT waiting lists could be safely treated without a follow-up appointment

24% of those patients returned to GP/Primary Care, and 30% of those patients transferred to Patient Initiated Follow-Up (PIFU) or a virtual appointment