The SAFER patient flow bundle

What is SAFER?

S - Senior Review. All patients will have a senior review before midday by a consultant or by a registrar enabled to make management and discharge decisions.

A - All patients will have a Predicted Discharge Date (PDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.

E - Early discharge. 33% of patients will be discharged from base inpatient wards before midday. This will happen by utilising the discharge lounge and knowing the PDD's for patients.

R - Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7days – also known as 'stranded patients') with a clear 'home first' mind set.

How can we apply the SAFER flow bundle to our ward?

S - Senior Review:
- Daily review undertaken by a consultant or by a registrar enabled to make management and discharge decisions is essential seven days a week.
- Effective ward and whiteboard rounds are crucial to decision making and care co-ordination.
- **Board Rounds** are the starting point and finishing point of Daily Senior Review.

A - All patients:
- PDDs should be set by a consultant with the MDT, and represent a professional judgement of when a patient is anticipated to achieve his/her clinical and functional goals and can leave hospital to recover or rehabilitate in a non-acute setting (usually their normal place of residence).

- Patient progress towards PDD should be assessed every day at a board or ward round led by a senior clinical decision maker (normally the consultant). Patients should be routinely involved and aware of the progress they are making.
- Patients (and/or their next of kin) should be able to answer these questions:
    1. **What is wrong with me or what are you trying to exclude?**
    2. **What have we agreed will be done and when to 'sort me out'?**
    3. **What do I need to achieve to get me home?**
    4. **Assuming my recovery is 'ideal' and there is no unnecessary waiting, when should I expect to go home?**
- All members of ward / departmental teams should be able to discuss and explain the PDD. Simple patient information cards can help by clearly stating what is going to happen to patients today and tomorrow.

F - Flow of patients:
- Every ward that routinely admits patients from assessment units should ensure they 'pull' the first patient to their ward before 10am every day.
- Ward teams should be in regular communication with assessment units to agree the first patient, with assessment unit teams reviewing patient care at the ward/board round and ensuring patients are informed beforehand that they will be transferred to the receiving ward at a specified time (before 10am).
- If discharges on the receiving wards are late, ward teams should consider sitting patients out, transferring patients to the discharge lounge or expediting discharge.
- It is essential for flow that patients are transferred early morning from assessment units, to ensure space for incoming patients and to reduce ED crowding and associated safety risks.

E - Early Discharge:
- Morning discharges should be the norm, with at least one in every three of the day's discharges to have left their wards by midday. This reduces emergency department (ED) crowding and allows new patients to be admitted early enough to be properly assessed and a treatment plan to be established and commenced.
- Early morning ward and board rounds should set the pace for early discharge. Teams should prioritise activities associated with discharge, particularly TTOs (medication to take home) and discharge letters, which should be prepared beforehand or during one-stop ward rounds.

R - Review:
- '**Red** and **Green** Days' are a useful approach to optimising flow. The team discuss for every patient whether the day ahead is 'red' (a day where there is little or no value adding care) or 'green' (a day of value for the patient's progress towards discharge).
- If 'red', action needs to be agreed by the team to create a 'green' day instead.
- The purpose of board rounds is to ensure as many days are 'green' for the patient as possible. If patients require an investigation to progress care, then investigations need to occur that day and need a clear plan of action following results. Where patients are receiving active interventions to meet clinical criteria for discharge tomorrow, the day is only 'green' if the discharge prescription medications are ready by the evening before.

- 'Red' days should be recorded so that common causes of delays can be identified, addressed and communicated to CUH.ProjectFlow@hse.ie

At every whiteboard and ward round, the following should be considered:

- Today is a red day until we prove otherwise and take actions to make it a green day.
- If the patient was seen for the first time as an outpatient or in the ED today, would admission to hospital be the only option to meet their needs?
- Considering the balance of risks, would the patient be better off in an acute hospital or in an alternate setting?
- Is the patient's clinical progress as expected?
- What needs to be done to help the patient recover as quickly as possible?
- What are the patient's views on their care and progress?

Where to start:

- Use the ward whiteboards

- Document PDD's in notes and on whiteboards

- Ensure patients for weekend discharge are identified and discussed at the Friday discharge meeting with the Registrar on call for the weekend

- Start by discussing SAFER at ward level. Have all members of the multidisciplinary team discussed how it can best be put in place on your ward. Have you ideas you need support with? Link with Project Flow on CUH.ProjectFlow@hse.ie

- PDD compliance in notes and weekly discharge trends are displayed on each ward. Discuss this as a team, see the ward trends and come up with ideas you have for improving flow as a whole team.

Referenced with kind permission from:

https://improvement.nhs.uk/uploads/documents/the-safer-patient-flow-bundle.pdf

PF17
CUH Project Flow

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