

SAFER patient flow

SAFER is a practical tool used nationally to reduce delays for patients in inpatient wards. It's important to implement all of the elements together to achieve the full benefits. When followed consistently, length of stay reduces and patient flow and safety improves.

1 The SAFER patient flow 'bundle'

S Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions. All staff should participate and discuss next steps for a patient's care journey to avoid delays.

A All patients will have an expected discharge date (EDD) and clinical criteria for discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting. In our Trust the EDD must be recorded on Cerner. Tell patients when they are expected to go home and keep them up to date with any changes.

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 10.00, transfer patients confirmed to go home that day to the discharge unit.

E Early discharge. Each day we aim to discharge a third of all patients going home by 12.00. This can be supported by staff identifying one patient per ward to be discharged before 12.00, enabling flow through our hospitals.

R Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay should be held every week, with a clear 'home first' mindset. There are weekly reviews to plan for the discharge of patients with expected stays of more than seven days. Patients with stays over 21 days are identified and an emergency care improvement support team (ECIST) code must be logged to record the reason for delay. This information is used at the 'diamond call' with external partners to escalate issues so barriers can be resolved to get the patient home.

2 Board rounds

A key way to implement SAFER is through effective board rounds.

These are a collaborative way to review our patients by MDT. They work by helping the team to focus on removing any barriers which will potentially prevent patients from going home.

To support this process, escalate all patients identified with a red day delay to your nurse in charge, ward manager or site team out of hours.

For next day discharges, inform your colleagues, including junior doctors and pharmacists, to enable them to prioritise and support completion to the DEPART process, including confirmation of the patient's package of care, transport, and arrangement of medication and equipment.

3 Red2Green

Log each patients' EDD and whether they are medically optimised, MDT fit and their Red2Green status in Cerner. It's important to tell patients when they are expected to go home and let them know if there are any delays to this date based on their red or green status.

What's a red day?

A red day is a day of no added value to the patient, because:

- a planned diagnostic test is not requested, carried out or reported
- they do not need to be cared for in an acute hospital setting
- no action plan has been set for the day
- there is no expected discharge date set
- no senior review has taken place that day.

What's a green day?

A green day is a day of value to the patient when:

- they receive an intervention that gets them one step closer to being discharged
- they receive care that can only be provided in hospital
- all tests or treatment planned or requested are carried out
- the action plan set for the day has been achieved.

4 Patient and family communications

Effective communications with patients and their families is another key factor in the implementation of SAFER.

You should make sure all patients know the answers to the following questions:

- Why am I in hospital?
- When am I going home?
- Will I receive any tests or treatment today?
- Will I see a doctor today?

