

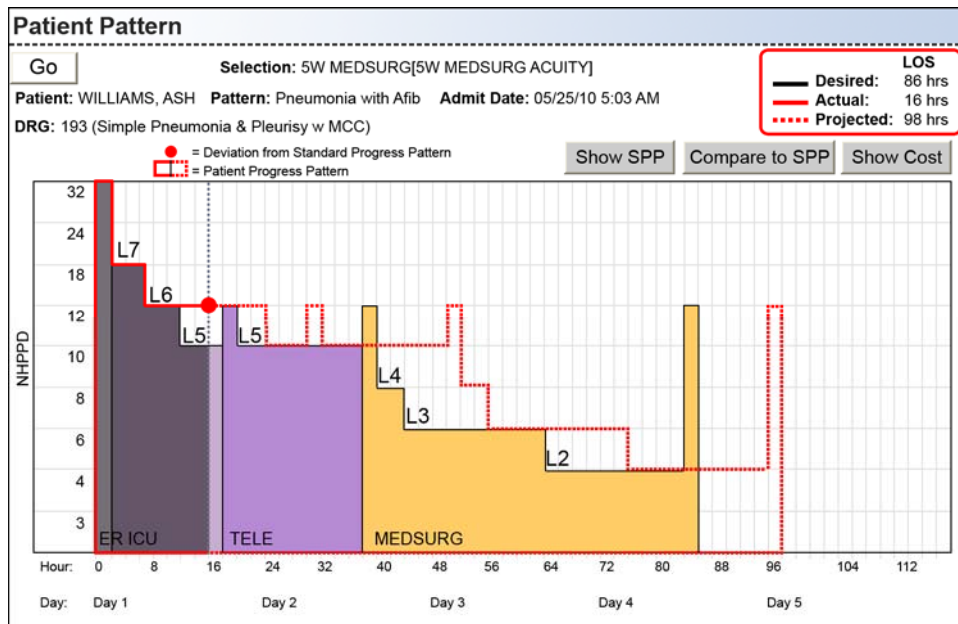
# CVM™ Patient Progress Manager

## A Clairvia Care Value Management Solution

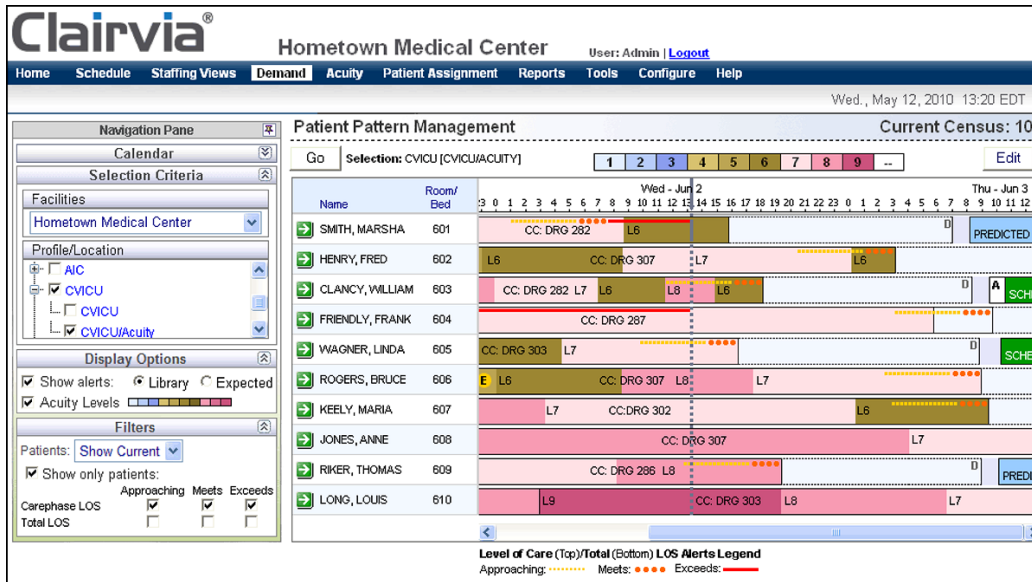
**CVM Patient Progress Manager** continuously monitors and compares each patient’s expected clinical progress to his or her actual progress, moment by moment, from admission to discharge, removing the mystery surrounding how an individual may progress through the care cycle and empowering care teams to set evidence-based departure dates. Care nurses, case managers, discharge planners, utilization reviewers, and physicians can communicate clear goals for each patient, optimizing the length of stay in each unit to ensure adequate reimbursement for high quality care.

Progress is initially analyzed against an organizational benchmark based on past patient progress data, classified by DRG, admitting diagnosis or procedure. Other benchmark standards may also be used, including CMS Geometric LOS, Milliman™, and/or peer benchmarks. As the patient’s stay unfolds, progress is compared against expectations determined by the physicians, nurses, and care managers of this individual’s interdisciplinary care team.

Throughout the patient's stay, progress is updated in real time and continuously compared to the benchmark. The care team is alerted to patients who are not following their expected progress pattern, as well as those who are approaching or exceeding expected departure dates. This moment-by-moment comparison of actual patient progress to evidence-based benchmarks provides the data for focused care team rounding. Teams can continuously evaluate how each patient is tracking to their established expectations, and plan individual courses of care accordingly. Special focus may be given to upcoming times of departure from each unit and the hospital, so that length of stay is not increased by unnecessary delays.



*This sample Patient Progress Pattern shows an individual admitted with Pneumonia and Atrial Fibrillation. Colored areas display the current care unit. Clinical condition and acuity are indicated by intuitive codes (e.g. "L7" = "Level 7"). The NOW line (dotted vertical line at 16 hours) separates actual progress (solid red line) from predicted progress (dotted red line). Interfaces to ADT and the EMR continuously update each patient’s progress automatically, in real time. The red dot alerts the care team that, after 16 hours of stay, the patient did not achieve the expected clinical status of L5, which must be met before he can move to intermediate care.*



Alert screens for each unit provide care teams with quick access to vital departure-time information. Each patient is displayed on a horizontal bar. The NOW line (dotted vertical line in the middle) divides actual past experience (on the left) from near future expectations (on the right). An easy-to-read color key displays the patient's clinical condition. At the top of each patient bar, red dots show proximity to an expected departure from the unit. A solid red line means the patient has reached and/or exceeded the expected departure time. Red dots to the right of the NOW line show which patients are expected to depart soon, and their anticipated time of departure.

**Benefits:**

- Actionable alerts quickly identify patients that may require additional intervention and revised care plans
- Decreases process variability by providing one common, planned departure date for each patient
- Analytics indicate best practice standards by identifying patient populations and care areas where departure dates are prolonged and exceeding expected stays

**Return on Investment:**

- Decrease costs by optimizing LOS, improving patient throughput, and meeting patient departure targets
- Ensures optimal productivity throughout the entire care cycle
- Cut turnover by improving care team satisfaction

**Integration to existing HIT Systems:**

- Real-time HL-7 connectivity to Patient Registration/ADT system to timestamp patient status information such as admission, discharge, admitting diagnosis, DRG, admitting diagnosis, procedure, physician, etc.
- Organizations using a concurrent DRG coding system, such as 3M, can receive a working DRG via the HL-7 interface to further align revenue cycle management with care management

**Optimize CVM Patient Progress Manager with the following integrated modules:**

- [CVM Outcomes-Driven Acuity](#)
- [CVM Staff Manager](#)
- [CVM Demand Manager](#)
- [CVM Demand-Driven Patient Assignment](#)
- [CVM Care Cost Manager](#)