

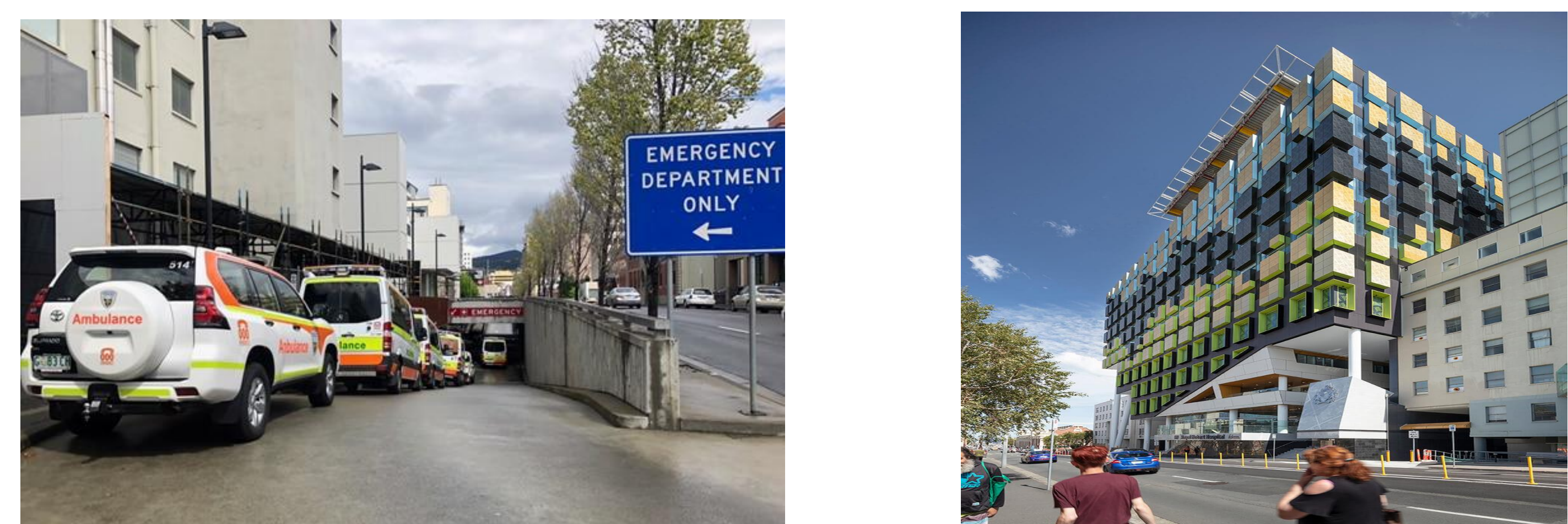


Addressing patient flow issues reducing risks to patient safety and improving the quality of care

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Introduction

Emergency Department (ED) crowding, bed access block, and increased length of stay, pose substantial risks to patient safety. The risk of inpatient mortality for patients admitted via the ED during crowding periods can be up to 34% higher compared to those admitted during non-crowded periods (1). Poor patient flow also impacts hospitals more broadly, in the form of decreased quality of inpatient care and reduced financial performance. Several of these issues are present in a tertiary care centre in Tasmania, Australia, potentially causing sub-optimal patient and organisational outcomes.



Study Aim

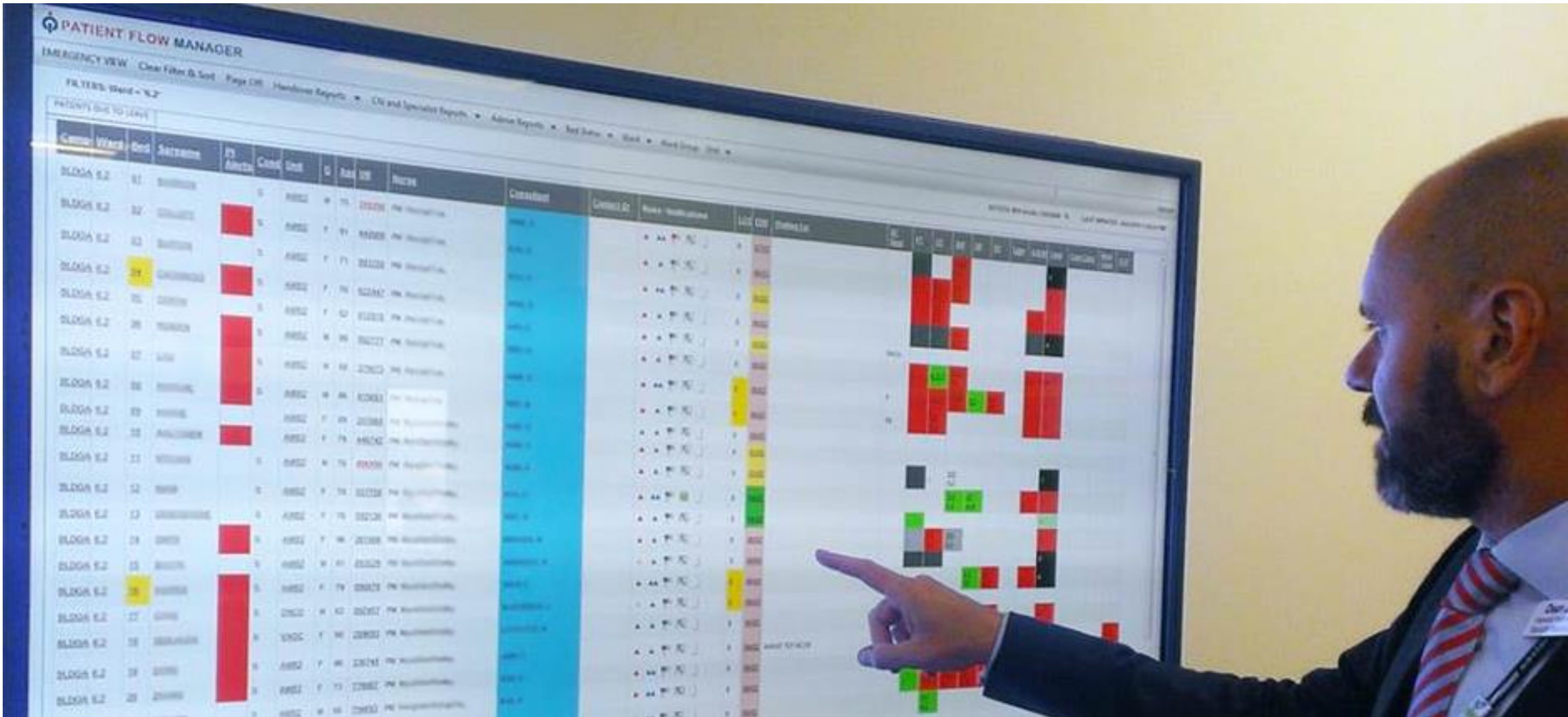
- To explore and understand the factors that influence patient flow management at a tertiary care centre in Tasmania, Australia.
- Doing so will help to identify wasteful processes to be targeted in future lean interventions.
- Potential for findings to inform development of modelling software which facilitates decision-making.

Methods

A pragmatic qualitative approach was employed, whereby in-depth consultations were conducted with 13 clinicians whose positions in the hospital heavily involved the maintenance of patient flow, to determine the most valuable key factors involved in the management of patient flow. The data was analysed using Attride – Stirling’s (2) thematic networks tool. In addition, tag- a-longs were carried out to examine and measure patient flow process.

Results

Four global themes were developed: Managing Patient Flow, Communicating for Decisions - Tools as Enablers and Barriers –Increasing Complexity –Participants were asked what would help them to manage patient flow better and a predictive tool was suggested (3).



Themes	Supporting Quotes
Managing Patient flow • Confluence of multiple computer and paper-based processes. • Underutilisation of software • PFM’s role liked to being a chess player	“Tools are only as good as the data you provide them” “When you see a good move, look for a better one”.
Communicating for decisions • Effective and efficient communication vital in reducing confusion and ensuring that patients receive the right care. • Disagreements between clinicians led to delays in getting patients transferred to the most suitable wards.	“We are expecting 20 discharges. We’ve only got four that are confirmed. So, until they’re confirmed, we can’t do anything.” “The admission process usually happens in ED. A doctor will admit the patient. Sort what the care plan for this patient is. But, at times General Medicine refuses to accept the patient and the process starts again”.
Tools as Enablers and Barriers • Inequality of access to various tools, contributing to decreased visibility. • Lack of awareness about tools’ potential • ‘Ideal tool’ to take into account of patient characteristics, bed stock and other factors mentioned.	“People often don’t realise what sort of information they can get out of it”. “Parallel systems used by authorised person, are not available by all”.
Increasing Complexity • Patients without suitable discharge destination remain admitted. • Inappropriate presentations to EDs creating further pressure. • Outlying patients	“[Our surgical ward] has 20-something patients from Medicine in their beds today, so they can’t operate on someone if there’s no bed to put them in at the end of the day”.



Conclusion

Based on the results several potential solutions have been identified and are currently addressed. An overarching tool (software) incorporating all information required to aid patient flow decisions was regarded as a priority. This tool includes prediction of how many admissions the hospital can expect every day, based on statistical modelling. It is anticipated that this will lead to more sophisticated resource management. Linking forecasts of arrivals with upstream (ambulance call-outs) and downstream (length of stay) analytics could lead to more person centred decision-making and increase patient safety.

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References

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