



Frequently Asked Questions ...

What is a Patient Flow System?

It's a whole of NSW Health approach to managing patient flow. It's being developed to assist with identifying and resolving delays in our current system to create capacity. It will ensure people will be provided with access to the care they need, when they need it.

Why is providing an Estimated Date of Discharge (EDD) important?

It provides an arrival and discharge date in order to plan care for patients within a certain timeframe. Patients have told us they prefer to know when they are to leave hospital, even if it does change.

How does having an EDD benefit decision making within my ward/unit?

You can also use an EDD to monitor delays within the system. i.e. if a patient remains in hospital past their discharge date. We need to be able to **find** the reason why the delay occurred, **fix** the reason behind the delay so it doesn't occur again. If you are unable to fix the delay, **log** it within the system so it is recorded & **escalate** it to the next level to see if it can be fixed there.

What is 'demand & capacity'?

'Demand' is knowing what patients are coming into your hospital at any one time.
'Capacity' is how many patients are in your hospital. Being able to predict 'demand & capacity' allows you to plan more effectively.

What is a Predictive Tool?

The predictive tool that is being developed by NSW Health, is a computer based tool that will let you know up to 10 days in advance how many beds are available within your hospital. It does this by using historical data combined with actual elective patient admission data.

What won't the Predictive Tool do for you?

The predictive tool is not the entire 'Patient Flow System' or the next big thing. It is a decision support tool that can be used to monitor, provide trend analysis, assist in communication and planning.

Why is it important to be able to predict 'demand & capacity' within your hospital?

Using the 'Predictive Tool' to predict demand and capacity within your hospital allows you to plan more effectively, up to 10 days in advance. It takes intuition (i.e. I just know it's going to be a bad day today) out of managing and replaces it with a tangible and transparent system (i.e. next Friday I know I have to have 5 beds available as I have 5 elective admissions).

What is a patient flow 'process measure'?

It's using measurements and data to make your patient flow system work. You give your system a number or measure to identify when it is or isn't working for you. i.e. I know I need 50% patients discharged from my ward in 48hrs to make room for incoming patients. This is critical to my everyday business.

How do I use process measures to ensure my patient flow system is working? (Triggers)

They are different to KPI's because they are the everyday operational triggers that make up these broader reportable performance measures

At what point is the system effected? (Tipping point).

These process measures are different to KPI's because they are the everyday operational triggers that allow early response rather than making delayed decisions on the broader retrospective reportable performance figures.

What do you need to do to identify your 'Tipping Points'?

Taking the time to routinely collect, record and make available this type of information allows the system to be aware of these triggers and the tipping points for each. Once a tipping point is approached or has been reached a response is required to reverse the trend. Process measures are closely linked to the predictive tool for monitoring, Demand and Capacity Planning and Demand Escalation for Governance. These include:

- Occupancy
- Number of inpatients over service ALOS
- Number of patients waiting for;
 - Residential Care placement
 - Residential Care assessment
 - Rehabilitation placement
 - Rehabilitation assessment
- Number of patients with an MRO
- Number of patients waiting - inter-hospital transfer etc

