

## Auditor-General's Report: Managing Acute Patient Flows

---

### Introduction

Victoria's public hospitals are major providers of acute and sub-acute health care. Acute care involves diagnosis and intensive treatment over a short time frame to reduce the symptoms or severity of illness or to provide a cure. Demand for acute care has increased steadily over the past decade and Victoria has the second highest public hospital admission rate in Australia.

The ability of hospitals to manage this demand relies on there being sufficient capacity across the health system. Traditionally, hospital capacity has been measured by the number of available beds. However, this is no longer a useful measure of capacity, given new models of care, such as day surgery, and bed substitutes such as Hospital in the Home (HITH), which reduce the need for acute patients to stay overnight, or longer.

Victoria compares favourably with other states in its use of acute inpatient beds, having both the highest level of bed utilisation and the shortest average length of stay, indicative of a comparatively efficient public hospital system. Nevertheless, delays in access to emergency departments and elective surgery indicate that there is room for improvement in the way that Victorian public hospitals manage their patient flows.

Good patient flow has patients moving through a hospital without unnecessary delay, saving time, effort and costs. Realistically, perfect patient flow through a hospital is not achievable, however, the extent to which hospitals manage the identifiable bottlenecks that interrupt flow and slow a patient's journey has a direct influence on patient flow. A significant cause of bottlenecks and delays in hospitals is variation in processes and systems, such as the timing of ward rounds and patient discharge. This variation can lead to significant differences in the average length of stay for the same patient condition across hospitals.

### Audit findings and conclusions

#### Planning for acute inpatient services

Both the Department of Human Services (DHS) and the five hospitals examined in the audit, plan for inpatient services to provide sufficient capacity, in terms of resources and care models, to meet demand. DHS has developed planning frameworks for both metropolitan and regional and rural hospitals that consider service, capital and workforce needs. DHS is developing a health asset strategy to guide its expenditure and service planning over the next 10 years.

The availability and use of reliable data is essential for effective planning. It is used to identify trends and patterns in the demand for, and use of, health services and enables planners to target funding and resources. Much of the data DHS and hospitals use to inform planning comes from datasets that DHS maintain. However, the mechanisms to manage data reliability do not always ensure that the data is reliable. A lack of benchmarking data limits a hospital's ability to identify areas for improvement, although DHS's recent variation project aims to rectify this, providing detailed benchmarking data for acute care.

## Managing acute inpatient admissions

Planning for acute inpatient admissions is not as effective as it could be because hospitals do not regularly monitor the balance of demand between elective surgery and emergency department admissions. The management of inpatient admissions for elective surgery patients is effective, but less so for emergency admissions. Processes for emergency admissions place a heavy reliance on emergency department staff to actively manage admissions by 'pushing' patients onto wards. Ward staff are less inclined to 'pull' patients from the emergency department and this results in delayed admissions and longer emergency department waits.

## Managing the acute inpatient stay

All hospitals have bed managers, enabling a coordinated and collaborative approach to managing beds hospital-wide. However, hospitals do not have detailed, relevant bed management policies and procedures, which leads to inconsistent and inefficient bed management practices. Hospitals rely on manual bed management tools to collect information on the hospital's bed state. These tools are often complex, used inconsistently and difficult to complete. The collated information is difficult to interpret and reduces the accuracy of the hospital's bed-state data. Because these tools are manual, the hospitals do not have real time data on their bed state to support admission planning—a major impediment to improved patient flows.

The absence of real time information is symptomatic of poor IT systems to support bed management. DHS recognises the limitations of IT systems in Victoria's public hospitals and is piloting a dedicated bed management IT system.

## Managing acute inpatient discharges

Hospitals do not have detailed procedures and clearly stated roles and responsibilities to guide patient discharge, limiting the effectiveness of the discharge process. Hospital managers need to ensure that all staff are aware of their roles and responsibilities in the discharge process to prevent delays due to non-participation or poor staff coordination

Early discharge planning at each of the hospitals is a positive development, enabling staff to prepare patients for timely transition to a more appropriate setting when their treatment is complete—decreasing the likelihood that the hospital would experience discharge delays and improving the patient experience. Ward rounds and discharge meetings provide hospital staff with regular opportunities to identify patients who are ready for discharge. They are most effective when conducted early in the morning, reducing the likelihood that patients spend additional and unnecessary time in an acute inpatient bed.

Discharge performance is generally consistent across the five hospitals and with the statewide average. However, in line with better practice and the hospitals' own discharge policies, hospitals need to direct more effort to increasing the percentage of patients being discharged early in the morning. Hospitals also need to improve the rate of weekend discharge. The low rate of weekend discharges has been an issue for the past decade. It was raised in 2000 by Victoria's Patient Management Taskforce. Since then only limited improvements have been made.

This report was tabled in the Victorian Parliament on 12 November 2008

The full text of the report is available on VAGO's website: <[www.audit.vic.gov.au](http://www.audit.vic.gov.au)>

---

### For further information:

Steve Williams, Manager, Reports and Communications  
Victorian Auditor-General's Office, Level 24, 35 Collins Street, Melbourne Vic. 3000 AUSTRALIA  
[p] 61 3 8601 7050 [m] 0423 134 202 [f] 61 3 8601 7010  
[e] [steve.williams@audit.vic.gov.au](mailto:steve.williams@audit.vic.gov.au)