

Author's declarative title: Exploring the challenges of patient flow in acute hospital setting: A Delphi study

Commentary

Implications for practice and research

- A better understanding of the current admission modelling techniques is required.
- Strategies to address the challenges of efficient patient flow include a coordinated approach embracing effective communication, timely transfer, good discharge practices and realistic performance target.

Context:

There is a global increase in the number of emergency department (ED) admissions due to various factors such as ageing population, comorbidities, improved healthcare system, changing clinical practice, winter pressure and emergence of new diseases and infection such as the ongoing Covid 19 pandemic. The impact of rising demand for services include prolonged ED stay, delayed admissions, cancelled elective procedures, lack of bed availability, poor patient experience and pressure on other departments^{1,2,3,6}. To address this growing problem, waiting time is a key measure of performance and a four-hour target for ED is recommended^{3,6}.

Methods:

The purpose of the study⁶ was to describe the risk and frequency of challenges in acute care nursing, and the practice priorities in Australian hospital wards. The study conducted electronic Delphi (e-Delphi) method research following approval from appropriate research ethics committee. This iterative process approach used three rounds of survey to seek expert consensus from 30 clinical nurses ranging from registered nurses to nurse consultants working at 2 Australian hospitals. All the thirty participants completed rounds 1 and 2 while 12 nurses completed round 3. This Consensus-building process utilized content analysis to arrive at 5 broad challenges⁶.

Findings:

The expert panel identified challenges that occurred from admission to patient discharge⁶. First, the number and skill mix of staff and delayed transfer of patient to the appropriate unit due to lack of bed availability is seen as a challenge. Another challenge identified was lack of clear plan of care due to suboptimal written and verbal communication. Thirdly, the expert panel reported that pressure to admit patients from ED within four hours constitute a high risk impacting on the quality of handover due to missed important information on admission goals and care priorities. Additionally, inadequate bed space, cancellation or delay of surgery and failure to recognize or escalate care when necessary constitute a challenge. The final challenge reported by the experts are risk associated with incomplete discharge summaries, inadequate discharge planning and delays in receiving discharge medication.

Commentary:

The frequency and level of risk that may impact on safety and quality of care varies and ranged from low to high risk that either occurred rarely or frequently⁶. The expert panel identified patient boarding resulting from unpredictable admission rates and

complex care needs as a high risk which posed a challenge to staffing levels and bed occupancy⁶. Patient boarding resulting from limited bed availability exposes patients from a specialty to delayed investigations and doctor's review, prolonged waiting time and multi-professional suboptimal communication^{2,3,6}. Several individuals are involved in sharing patient's information and making healthcare decisions⁴⁻⁵, therefore, suboptimal communication is detrimental to effective flow and discharge of patients.

There is a national and international drive to reduce the number of bed days for hospitalized patients due to its human and economic benefits. The expert panel in this study reported pressure to admit patients from the emergency unit within four hours of admission as a frequently occurring challenge⁶. Although prolonged ED may be associated with morbidity and mortality, there is a concern that pressure to admit patients to the wards within four hours may impact negatively on patient's safety and staff workload⁶. The common errors reported in this study are poor quality handover, delayed medical review and incomplete discharge summaries. Consequently, the authors argued against ideal timeframe for moving a patient requiring acute admission out of ED⁶.

Improving the quality of service and patient experience throughout the entire journey through ED, admissions and discharge is paramount to all the stakeholders. This study further confirms previous literature report about the challenges confronting the staff in developing sustainable system wide frameworks and processes of care that address gridlock to patient's flow. The experts suggested short term measures to manage the symptoms but advocated for policy makers commitment to long term actions to reduce bed shortages within economic reality and resource availability⁴⁻⁵. In all, a careful planning and continuous evaluation of patient flow is essential in the process of addressing these challenges.

Limitations of the study include attrition of participants from round to round, lack of expert panel of patient representative, self-selection and subjectivity biases. It is also argued that this methodology only presents an expert opinion but not a definitive answer to the research problem. Regardless of these limitations, the study illuminates a complex and difficult area of practice that requires further empirical understanding of how to mitigate or eliminate this challenge. Finally, this study illustrates some similarities between the Australian and UK healthcare system, particularly, the "4-hour rule" performance indicator to complete all emergency department episode of care.

References

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