

Guiding Principles to Optimise Intensive Care Capacity

The ACI partnered with four NSW ICUs to test and implement identified solutions to reduce intensive care exit block. This partnership, together with a literature review, informed the development of the Intensive Care NSW *Guiding Principles to Optimise Intensive Care Capacity* to assist in the reduction of ICU exit block and improve facility patient flow.

The principles, which incorporate best practice, align with the Whole of Health program and with the Ministry of Health patient flow systems framework. They include nine key elements to ensure patients have access to the right care in the right place.

ICU specific strategies

- 1 Adequate planning for ICU discharge:** Medical, nursing and allied health teams engage in early planning to coordinate efficient ICU discharge to other wards.
- 2 Timely medical clearance for discharge from ICU:** A standardised medical clearance process for ICU discharge is used, documented and communicated to all relevant staff, including the ICU and other wards as required, in a timely way to enable efficient discharge preparation.
- 3 Standardising ICU rounding to inform discharge processes:** A standardised process for ICU rounding, with combined medical, nursing and multidisciplinary attendance, occurs in time to inform hospital-wide patient flow processes/meetings.
- 4 Efficient preparation of patient for ICU discharge:** Once a patient is cleared for discharge from ICU, the patient should be prepared for transfer without delay, including preparation and education of carer and family.

Whole of hospital strategies

- 5 Streamlining facility patient flow processes:** An efficient process is used to coordinate and communicate patient flow processes across the hospital (including bed requests, allocation and readiness).
- 6 Optimising access to intensive care capacity:** Intensive care maintains capacity to admit patients at all times in response to demand, without the requirement to discharge patients after hours.
- 7 Resourcing to achieve effective patient flow:** The allocation and prioritisation of facility (or organisation) resources (such as wardspeople, medical imaging, cleaning services etc.) ensures effective patient flow and discharge processes.
- 8 Agreed prioritisation for patient discharge from intensive care:** Prioritisation of bed allocation in the hospital is structured to meet the needs of patient requirements consistently.
- 9 Ensuring the right care for the right patient in the right place:** Effective utilisation of ward specialty and Closed Observation Unit beds occurs to ensure service demands met.

Benefits of engaging with the ACI

Sites involved in previous supported implementation projects found it beneficial to engage with the ACI:

“The ACI helped to facilitate a collaborative approach to improving practice and critically look at current practice.”

“The support that we received from the ACI and their experience was invaluable...”

“Working with the ACI enables you the benefit of networking with other sites and gaining different perspectives from a statewide approach.”

For more information, please visit the ICU Exit Block Project website or send an email.

References

- Australian Commission on Safety and Quality in Healthcare. [National Safety and Quality Health Service Standards \(Second edition 2017\) – Principles 1, 3, 5, 6.](#)
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- Ministry of Health [Patient Flow Systems Framework.](#)
- NSW Health. [Clinical handover – Standard key principles](#) (PD2009_060). Published September 2009.
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