The SAFEST Patient Journey Home Framework

The SAFEST Patient Journey Home Framework blends six evidence-based principles that aim to improve access, reduce waiting times and length of stay, and most importantly; achieve better outcomes for patients. The framework is adapted with permission on the SAFER Patient Flow Bundle developed by the National Health Service.

	S SENIOR REVIEW	A ALL PATIENTS	F FLOW	E EARLY DISCHARGE	S SHORTENED LENGTH OF STAY	T TOTAL HEALTH SYSTEM UTILISATION
The Principle	Every patient has an early clinical review conducted by a senior clinician to enable rapid assessment for care and identification of obstacles causing treatment and discharge delays	All patients have an estimated discharge date (EDD) guided by criteria led discharge (CLD) within mandated time frames for patients to return home safely and quickly.	Timely flow of patients to their next care environment reduces ED crowding, creates space for incoming patients, and reduces risks associated with prolonged hospital admission.	Morning discharges create hospital capacity for the assessment and treatment of new patients.	Early collaboration with key partners to return patients to the community as soon as clinically appropriate supports hospital capacity and improves patient outcomes.	All patients receive the right care, at the right time in the most clinically appropriate setting such as their home or other facilities within the Hospital and Health Service (HHS).
Potential Measures of Improvement	• Percentage of patients who have a senior review conducted within one hour of arrival at the Emergency Department (ED) • Interim Management Plan (IMP) process is in place • Percentage of patients who have a senior review conducted within 24 hours of an admission • Percentage of inpatients who have a senior review documented daily by 11am • Percentage of patients discharged from ED within four hours • Percentage of patients admitted within four hours • Percentage of patients transferred from Queensland Ambulance Service (QAS) into the ED within 30 minutes	• Percentage of patients whose EDD is changed from the 99-day HBCIS default • EDD assigned within 24 hours of elective admission • EDD assigned within 48 hours of emergent admission • The EDD at midnight (23.59) the night before discharge was the actual discharge date (excluding patients discharged within 24 hours of admission) • Percentage of patients with a documented CLD plan • Percentage of patients discharged on the weekend	• Percentage of patients referred to inpatient admitting team within two hours • Percentage of patients reviewed by an admitting team within one hour of referral • Percentage of patients admitted from ED using an IMP • Percentage of patients transferred to a ward within one hour of acceptance by inpatient team • Percentage of patients requiring acute care admitted within 4 hours from the ED • Beds are ready for a new admission within 30 minutes of previous patient departure	• Percentage of overnight inpatients discharged by 10am • Percentage of patients / caregivers notified of EDD • Percentage of discharge scripts sent to pharmacy the day before discharge • Percentage of discharges via the Transit Lounge • Percentage of unplanned readmissions <28 days • Representation rate to ED <72 hours	• Percentage of ED patients with a length of stay >eight hours • Number of ED patients with a length of stay >24 hours • Percentage of inpatients with a length of stay >seven days • Percentage of inpatients with a length of stay >35 days • Percentage of hospital separations from Hospital In The Home (HITH) • Percentage of patients with nonmedical barriers to discharge • Average length of stay	• Benchmark Relative Stay Index against like-facilities excluding same day and maternity admissions • The Inter-Hospital Transfer (IHT) of patients back to the referring hospital occurs within two days • Percentage of unit outliers • Percentage of HITH occupancy • Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs)
Supporting Models and Tools	• Senior doctor triage models • Physician-led team triage • Senior early assessment + treatment teams with + Point-of-care testing (POCT) in the ED • Fast tracking in the ED • Early senior daily inpatient review • Structured Interdisciplinary Bedside Rounds (SIBR) • Multi-disciplinary Team (MDT) board rounding • MDT ward rounding • Residential Aged Care Support Services (RaSS) • Virtual ED • IMPs	• Electronic patient journey boards • Dashboards • MDT board rounding • MDT ward rounding • SIBR • Criteria led discharge (CLD) • Red2Green days	• ED streaming • Rapid assessment team • Rapid Assessment Clinic • Geographically discrete CDUs • Results pending area • Pull models • Predictive modelling • Patient Flow Manager software • Geriatric Emergency Department Intervention (GEDI) • MAPU Allied Health Clinical Lead	• SSU • Day before discharge medications • Transit / discharge lounge • Weekend discharges • CLD • MDT Board rounding • MDT ward rounding • SIBR	• Breach meetings • Watching our Waits • Waiting for what • Red2Green • National Disability Insurance Scheme (NDIS) liaison officer engagement • MDT Board rounding • MDT ward rounding • SIBR • HITH • Eat, Walk, Engage • Virtual ED/ Virtual Hospital • Multi-disciplinary Avoidance and Post-acute Services (MAPS) • Long Stay Coordinators	• SIBR • Red2Green • MDT board rounding • HITH • MAPS • Transit / Discharge Lounge • Transfer Initiative Nurses (TIN) • Breach meetings • Watching our Waits • Waiting for What • Electronic patient journey boards • Data dashboards • Patient Access & Co-ordination Hub (PACH) units • IHTs • Telehealth/ remote patient monitoring • Utilising regional / rural sites

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