ALCIDION

THE RIPPLE EFFECT OF PATIENT FLOW IN HEALTHCARE

Miya Precision enables leading healthcare providers to modernise patient tracking systems, improve communication and provide real-time access to patient information. Miya Precision utilises the FHIR standard to aggregate data from the Electronic Patient Record (EPR), Patient Administration System (PAS) and other systems to create a single view of patient information, providing advanced clinical decision support.

Alfred Health adopted Miya Precision to deploy electronic patient journey boards that streamline inpatient clinical workflows. An independent study by Monash University identified a wide range of benefits from this implementation.

FINDING 1

EFFICIENCY IN BED ALLOCATION

The 2023 AMA Ambulance Ramping Report Card shows that **every state and territory is falling short of their ambulance ramping performance targets.**

Reduction of

67%

digital bed allocation call duration

Digital bed allocation **decreased call duration by 67%**, highlighting transparency, process simplification, capacity improvements and releasing resources for additional tasks.

FINDING 2

REDUCTION IN OUTLIERS

OUTLIERS

Outlier patients have double the Length of Stay of non-outlying patients[2].

An outlier patient has 40% higher risk of in-hospital mortality[2].

Reduction of

17.7%

of outliers at the point of admission

The study identified a **17.7% reduction in the number of outliers at the point of admission**, indicating improved availability of beds and visibility of both incoming patient demand and bed capacity in target wards.

FINDING 3

ACCESS TO REAL-TIME PATIENT INFORMATION

Studies indicate that **59% of issues related to patient details** have a negative impact on the patient journey.

100%

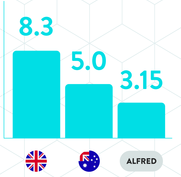
alignment of patient information

FHIR-based two-way real-time integration **eliminated a 25-40% discrepancy** between EPR data and traditional whiteboards, enhancing patient safety and streamlining clinical updates.

FINDING 4

REDUCTIONS IN LENGTH OF STAY

2022 Inpatient Average Length of Stay (LOS) for overnight stays



Reduction of

-12.1%

in average Length of Stay (LOS)

During the course of the study, a consistent decline in patient length of stay was observed, **decreasing by 12.1%** over an 18-month period.

FINDING 5

IMPROVEMENTS TO DISCHARGE PLANNING

Failure to assign an Estimated Date of Discharge is one of the major barriers to implementing effective discharge.

Discharge planning has been shown to have a positive impact in **reducing both length of stay and readmission rates.**

The study found that

100%

of patient records now include an Estimated Date of Discharge (EDD)

100% of patient records now include an EDD, captured on electronic journey boards and integrated into the EPR and PAS, up from a baseline of 61%.

Changes to EDDs now require a reason to be provided, aiding in the analysis of discharge forecast accuracy and supporting continuous improvement efforts.

FINDING 6

CONSISTENCY IN WAYS OF WORKING

Forecasts show **a shortage of 10 million** health workers by 2030.

Resourcing flexibility is critical for a hospital to effectively manage spikes in demand and resourcing shortfalls.

From 30 different ways of working

to **9 variations of Electronic Patient Journey Boards** tailored to the clinical workflow

Learn more at alcidion.com

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