



Clinical Services Planning Methodology Review

*Initial consultation with the
ACI Emergency Care Institute*

1 April 2016



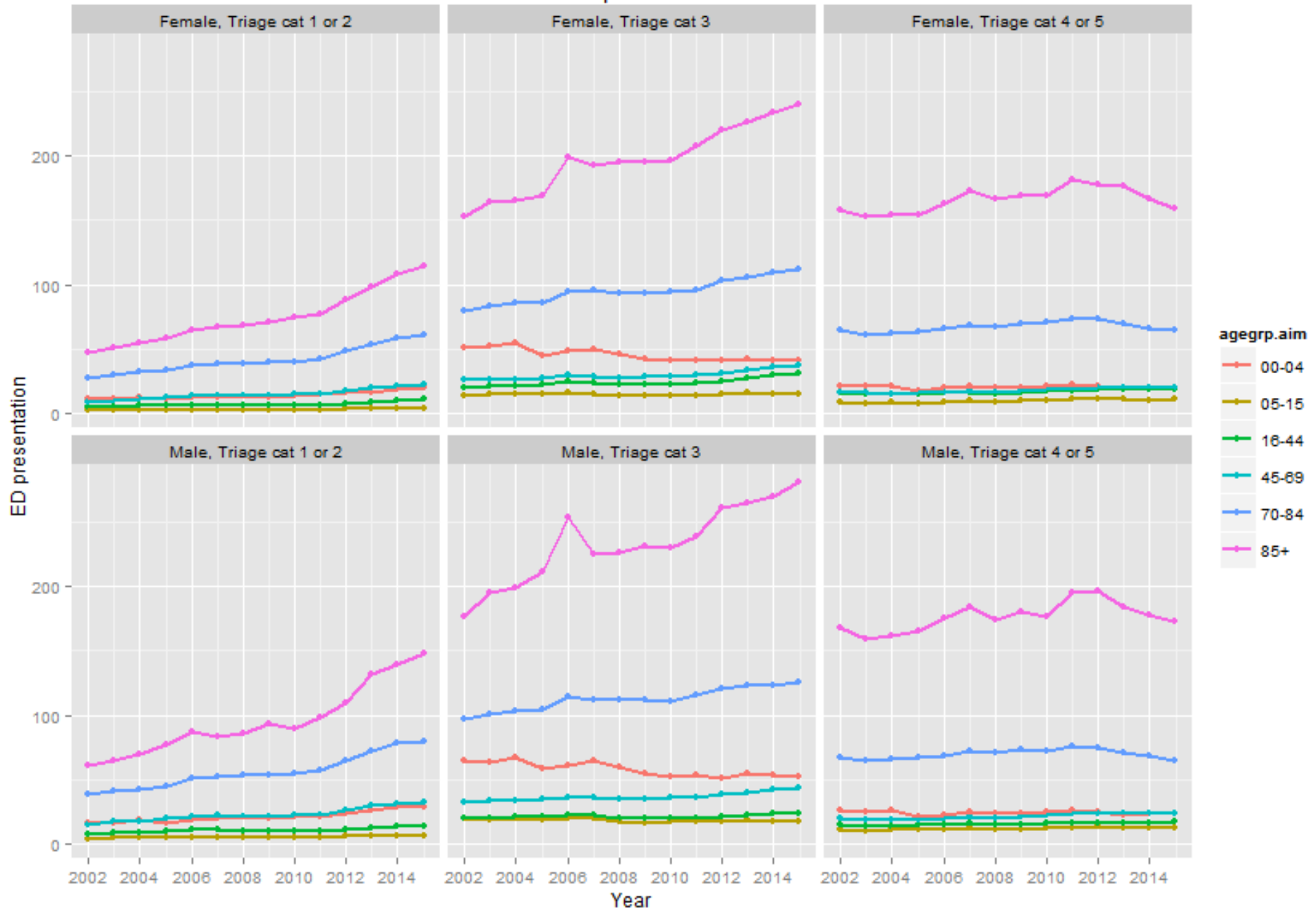
Project Overview

- The Health System Planning and Investment Branch, NSW Ministry of Health, has commissioned Health Policy Analysis to review the methodology that underpins clinical services planning activity projections across NSW and develop projections of health services activity.
- Outcomes will include a set of projections to 2035/36 for:
 - acute admitted patient care (by enhanced service related group), including detailed projections for:
 - intensive care
 - operating theatre activity
 - renal dialysis
 - subacute admitted patient care
 - emergency department care
 - non-admitted patient care.

Clinical Engagement

- The Ministry is seeking clinical input to inform the projections review and development through the ACI.
- Focus of initial clinical consultations is review and validation of historical activity trends (to used as a basis of the projections).
- The following slides present:
 - Key activity trends
 - emergency department care
 - admitted patient care with a significant emergency care component (e.g. chest pain)
 - Questions for discussion on emerging changes that will impact on these trends.

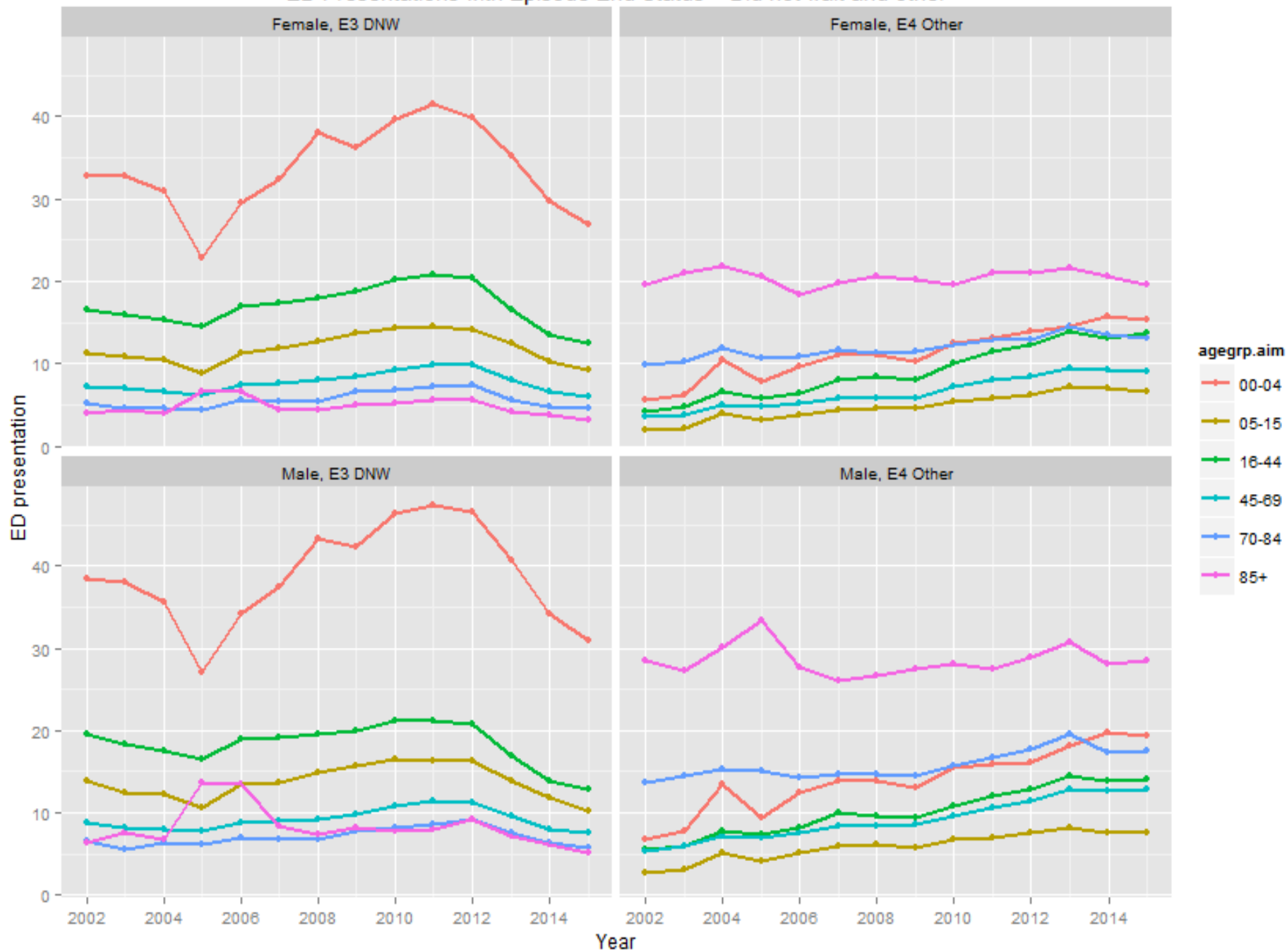
ED Presentations with Episode End Status = Admitted



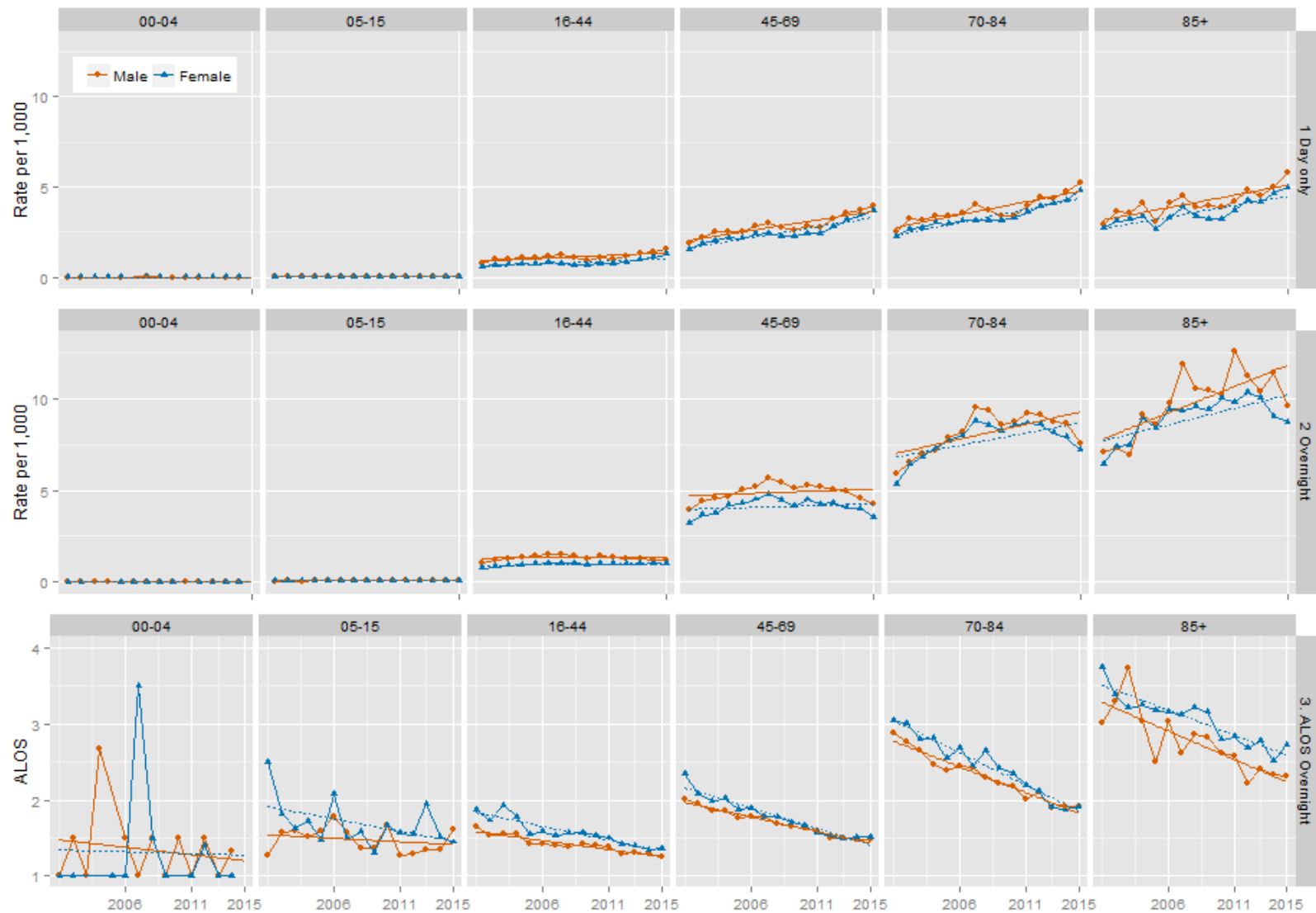
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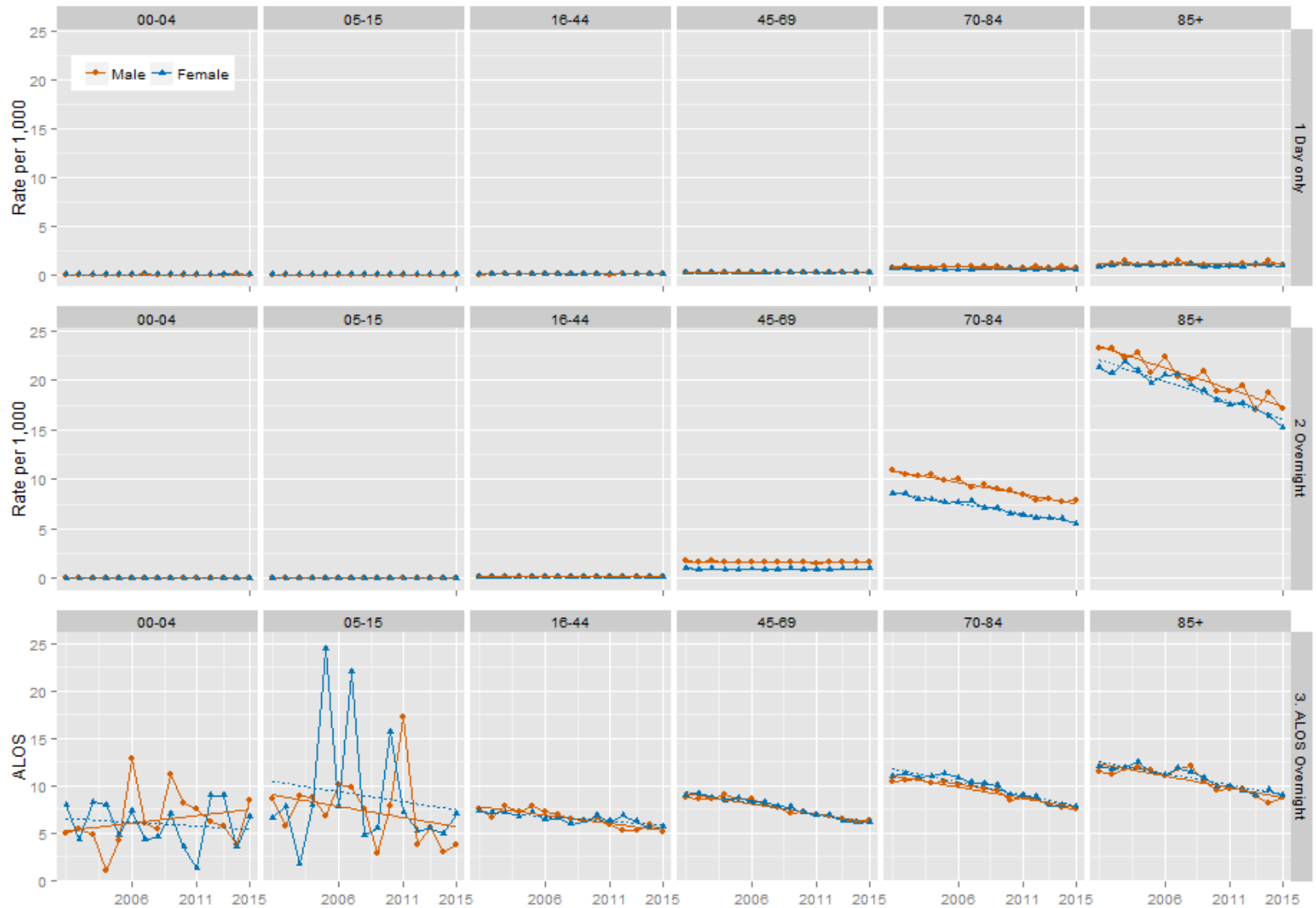
ED Presentations with Episode End Status = Did not wait and other



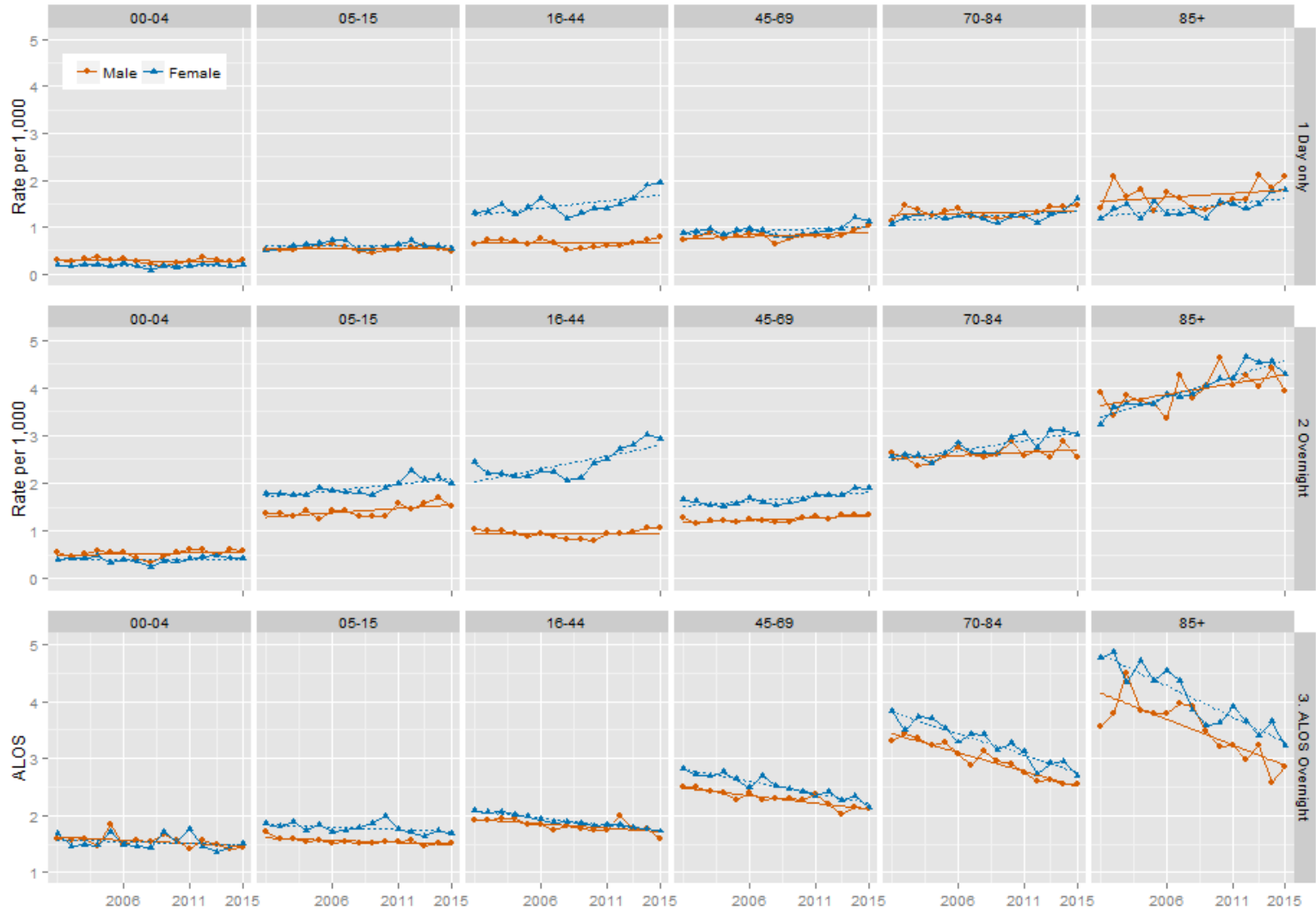
Admitted patient activity with a significant emergency care component: Chest pain



Admitted patient activity with a significant emergency care component: Stroke



Admitted patient activity with a significant emergency care component: Abdominal pain



Questions

1. What are the emerging trends in **population needs** (in addition to population ageing) that are significantly impacting the **demand for emergency care services**?
2. What **trends in emergency care services (models of care, technology, other practice changes)** will significantly impact on emergency care volumes and the time that patients spend in emergency departments?
3. How will the changes in models of care/emerging technologies/clinical developments or practices noted above impact on **related service delivery areas (e.g. short stay units, operating theatre, intensive care and other admitted patient services)**?
4. Any **other comments** on factors that would impact on the accuracy of projections for **emergency care services**?