# Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions

**February 2018**

# 1 Background

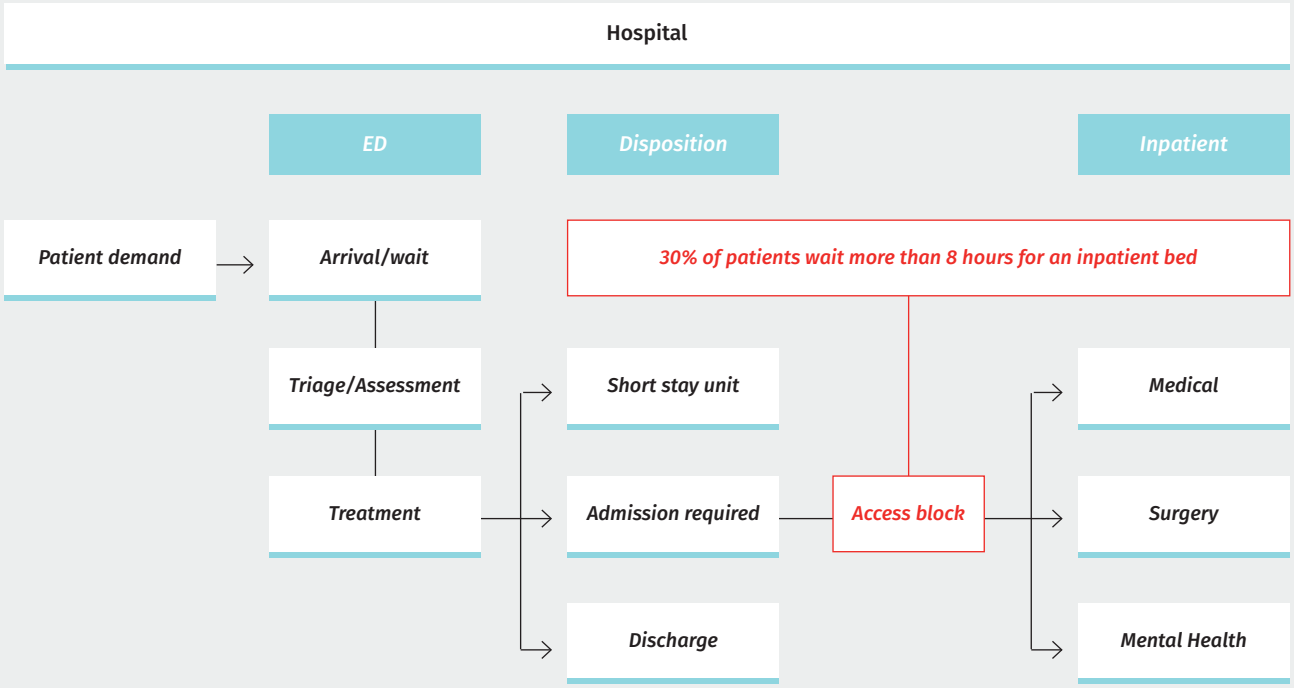
The Australasian College for Emergency Medicine (ACEM, the College) is the not-for-profit organisation in Australia and New Zealand responsible for training emergency physicians and the advancement of professional standards in emergency medicine. As the peak binational professional organisation for emergency medicine, the College has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments (EDs) across Australia and New Zealand.

ACEM, as the College representing specialist emergency physicians, has a long-standing interest in acute health system function, in particular, hospital ED overcrowding, long ED wait times and the management of patient flow throughout hospitals. The term 'access block' was coined by ACEM to describe the situation when patients who have been admitted to a hospital inpatient unit and require a bed are delayed from leaving the ED due to lack of capacity. [1, 2] Patient access to hospital beds should occur within a reasonable timeframe, that is, in no more than eight hours. [3] When a patient waits in the ED for eight hours or more following assessment and treatment, they are known to be experiencing 'access block'. In the United States, this phenomenon is known as boarding. [4]

Access block and ED overcrowding have implications for patient safety, and are associated with poor health outcomes and excess mortality and morbidity. People most affected by access block and ED overcrowding are those who require unplanned hospital admissions because of their medical condition. [3] Since 2011, ACEM has been carrying out twice-yearly point prevalence surveys on access block. These surveys show that across Australia and New Zealand the management of patients experiencing long waits for inpatient hospital beds represents one-third of the ED workload. [5] Rather than being an ED-only problem, access block is a whole-of-hospital and health system issue.

Anecdotal evidence from ACEM members has consistently suggested that patients with acute mental and behavioural conditions disproportionately experience unacceptably long waits in the ED for inpatient mental health care following admission to hospital. These concerns led the College to explore this issue more closely and, in December 2017, a snapshot survey of mental health presentations in Australian and New Zealand EDs accredited by ACEM was undertaken.

**Figure 1** Access block: the delay in inpatient admission from the ED is a whole-of-hospital issue



## 2 Purpose

The purpose of this brief report is to present findings from ACEM's research exploring mental health presentations in EDs, with the hope of beginning a binational conversation about how mental illness can be better managed in the acute care context and the broader health system. Using these data, the College's goal is to advocate for a better health system response that addresses discriminatory treatment practices and improves overall health and psychosocial outcomes for this patient group.

## 3 Data Sources

Three data sources were triangulated to explore the issue of long ED wait times and lengths of stay among people presenting to EDs for acute mental and behavioural conditions.

### 3.1 Australian Institute of Health and Welfare (AIHW) emergency department care 2014/15 to 2016/17

The following data from AIHW's ED care reports are shown for the periods 2014/15, 2015/16 and 2016/17:

+ Number of ED presentations
+ Number of ED presentations classified as mental and behavioural conditions
+ Number of inpatient admissions due to mental and behavioural conditions. [6–8]

Each year, ACEM undertakes an Annual Site Census of all Australian and New Zealand EDs accredited by the College to deliver the emergency medicine specialist training program.

### 3.2 ACEM Annual Site Census 2016

Each year, ACEM undertakes an Annual Site Census of all Australian and New Zealand EDs accredited by the College to deliver the emergency medicine specialist training program. The Annual Site Census is distributed to approximately 140 EDs and is mandatory for Directors of Emergency Medicine Training (DEMTs) to complete.

In 2016, questions were added that asked DEMTs about their perceptions of lengths of stay for mental health presentations in their EDs. Namely, *In general, how often does your ED have mental health patients waiting for admission for more than eight hours?* Categorical response options were: daily, weekly (one to a few times a week), monthly (one to a few times a month), yearly (one to a few times a year) and never.

Data shown in this report are:

+ Perceptions from 135 DEMTs regarding ED lengths of stay of more than eight hours for mental health presentations (i.e. mental health access block).

### 3.3 Prevalence of Mental Health Access Block (POMAB) Snapshot Survey

On Monday 4 December 2017 at 10:00 local time, the POMAB Snapshot Survey was undertaken to estimate the point-prevalence of mental health access block in Australian and New Zealand public EDs accredited for specialist training by ACEM. Data were provided by 25 hospitals in NSW, 11 hospitals in Victoria and Queensland (respectively), seven hospitals in Western Australia, five hospitals in South Australia, and five hospitals in the Australian Capital Territory, Northern Territory and Tasmania (combined). For the purposes of the study, a mental health presentation was defined as one in which *the primary underlying reason for the consultation is a situation that mandates review by a mental health professional during the ED stay,* including self-harm and alcohol and other drug presentations.

Data presented are:

+ Percentage of mental health presentations of all ED presentations at 10:00 local time
+ Percentage of mental health presentations of all ED presentations waiting for inpatient beds at 10:00 local time
+ Percentage of mental health presentations of all ED presentations waiting for more than eight hours at 10:00 local time
+ Longest ED length of stay for mental health presentations in the past year.

# 4 Findings

## 4.1 AIHW emergency department care 2014/15 to 2016/17

Over the three periods, in Australia mental health presentations accounted for between 3.5% and 3.7% of all ED presentations (Table 1).

**Table 1** Mental health ED presentations, 2014/15 to 2016/17

| | 2014/15 | 2015/16 | 2016/17 |
|---|---|---|---|
| All ED presentations | 7,366,442 | 7,465,869 | 7,755,606 |
| Presentations due to mental and behavioural conditions | 254,901 | 273,438 | 276,954 |
| % of presentations due to mental and behavioural conditions | **3.46** | **3.66** | **3.57** |

From 2014/15 to 2016/17, annual mental health presentations to Australian EDs were reasonably consistent over time. Across jurisdictions, the percentage of presentations was highest in South Australia and the Northern Territory. The annual percentage of mental health presentations slightly increased in Western Australia, South Australia and Tasmania, while slightly decreasing in Queensland (Table 2).

**Table 2** Mental health presentations by jurisdiction, 2014/15 to 2016/17

| | NSW % | VIC % | QLD % | WA % | SA % | TAS % | ACT % | NT % | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **2014/15** | 3.30 | 3.03 | 3.98 | 3.25 | 4.50 | 3.65 | 3.05 | 4.26 | 3.46 |
| **2015/16** | 3.59 | 3.17 | 3.96 | 3.60 | 4.77 | 3.86 | – | 4.37 | 3.66 |
| **2016/17** | 3.39 | 3.13 | 3.85 | 3.76 | 4.78 | 3.92 | 3.30 | 4.19 | 3.57 |

– No data available

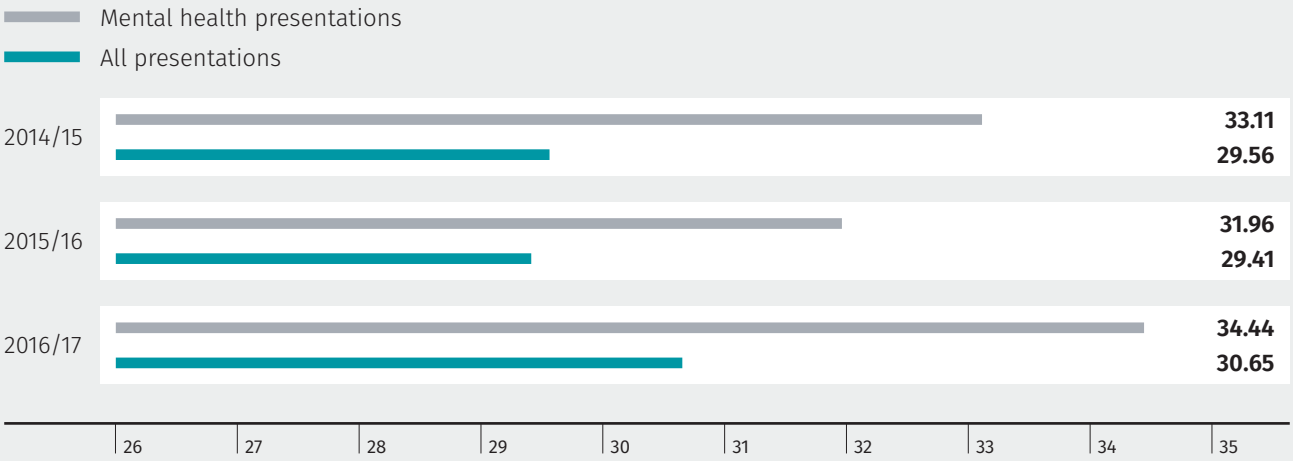
From 2014/15 to 2016/17, annual mental health inpatient hospital admissions comprised about 4% of all ED inpatient admissions, with a slight yet gradual increased observed over the three periods (Table 3).

**Table 3** Mental health inpatient hospital admissions, 2014/15 to 2016/17

| | 2014/15 | 2015/16 | 2016/17 |
|---|---|---|---|
| All ED inpatient admissions | 2,177,759 | 2,195,838 | 2,376,774 |
| Admissions due to mental and behavioural conditions | 84,406 | 87,383 | 95,384 |
| % of admissions due to mental and behavioural conditions | **3.87** | **3.98** | **4.04** |

Mental health inpatient hospital admission rates via EDs were significantly higher than general inpatient hospital admission rates via EDs (Figure 2).

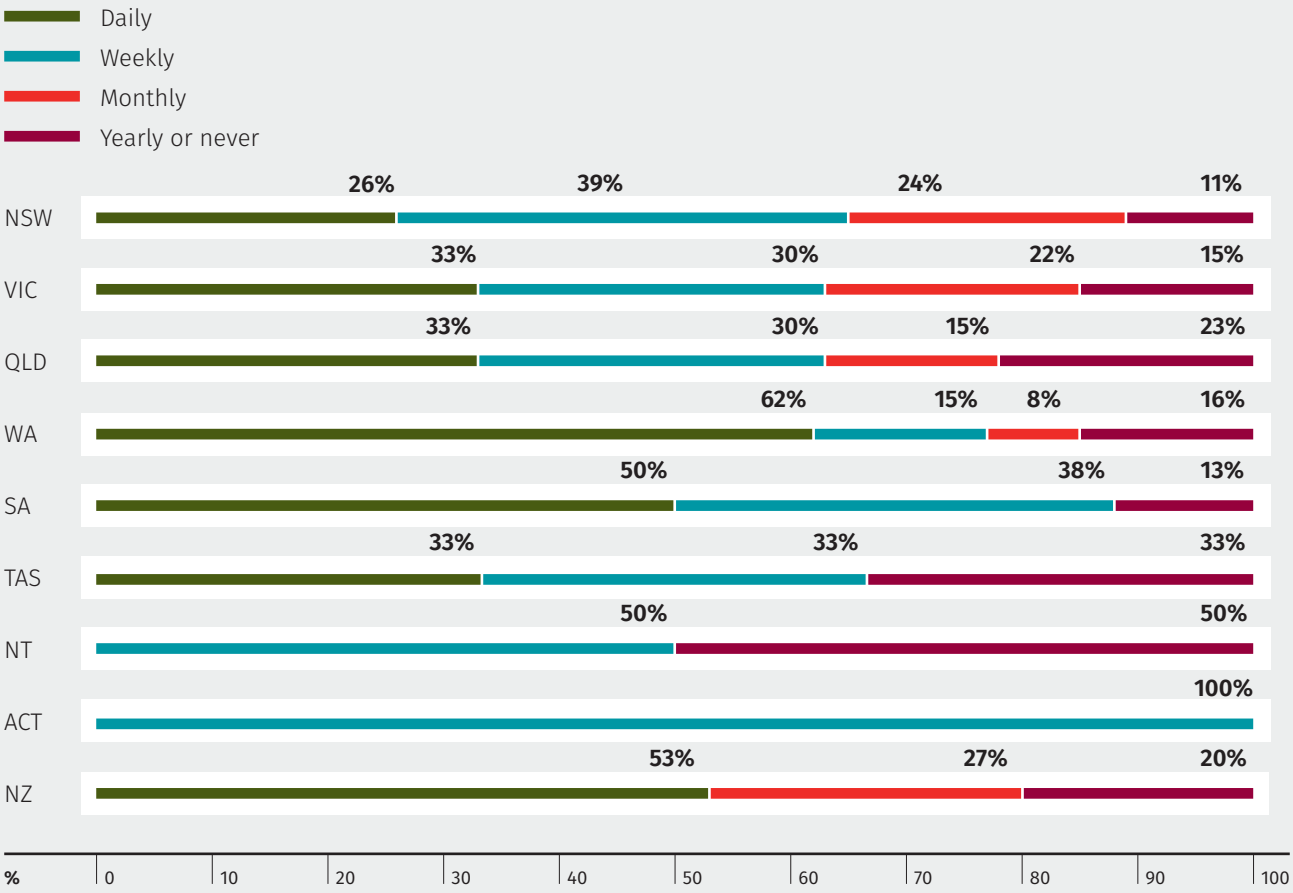
**Figure 2** Mental health inpatient hospital admission rates, 2014/15 to 2016/17




## 4.2 ACEM Annual Site Census 2016

Thirty per cent (n=41) of DEMTs reported perceiving that, on a daily basis, mental health presentations spend eight or more hours in the ED waiting for inpatient beds. There were no DEMTs from New Zealand EDs who reported lengths of stay for more than eight hours (on a daily basis), compared with 34% of Australian DEMTs (Figure 2). Stays in the ED of eight hours or more are representative of mental health access block.

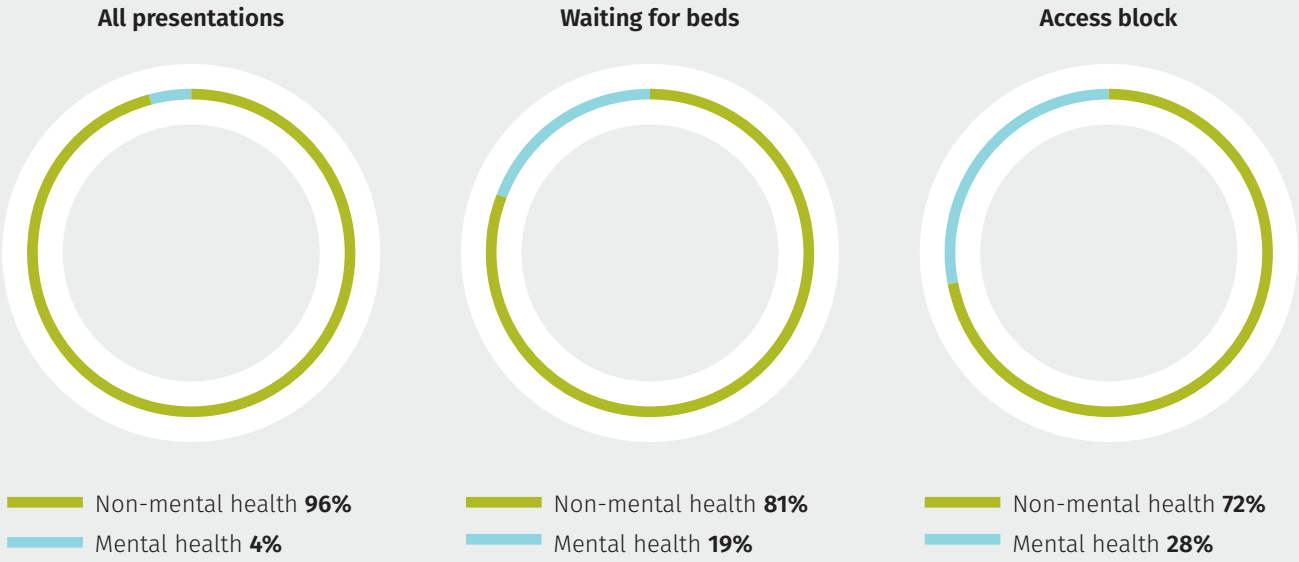
**Figure 3** DEMTs' perceptions of the frequency of mental health access block, Australia and New Zealand, 2016



### 4.3 POMAB Snapshot Survey

For the POMAB Snapshot Survey, 72 of 135 eligible ED sites participated across Australia and New Zealand, a response rate of 53%. At 10:00 on Monday 4 December 2017, a total of 1,473 patients were identified as being in treatment, with a further 411 patients waiting to be seen. While only 4% of all ED presentations were due to mental and behavioural conditions, this group comprised 19% of patients waiting for beds and 28% of patients experiencing access block (Figure 4).

**Figure 4** Overall ED occupancy at 10:00 in Australian and New Zealand EDs




Across jurisdictions, a similar prevalence of mental health presentations was observed (4% to 6%), with high percentages of patients waiting for inpatient beds and experiencing mental health access block. Mental health access block appears to be of most concern in Western Australia (67%) and Queensland (39%). While there appears to be less of an issue in South Australia and New Zealand, admission rates were lower in both jurisdictions. Compared with paediatric hospitals, mental health access block was generally worse in adult and mixed Australian hospitals (Figure 5).

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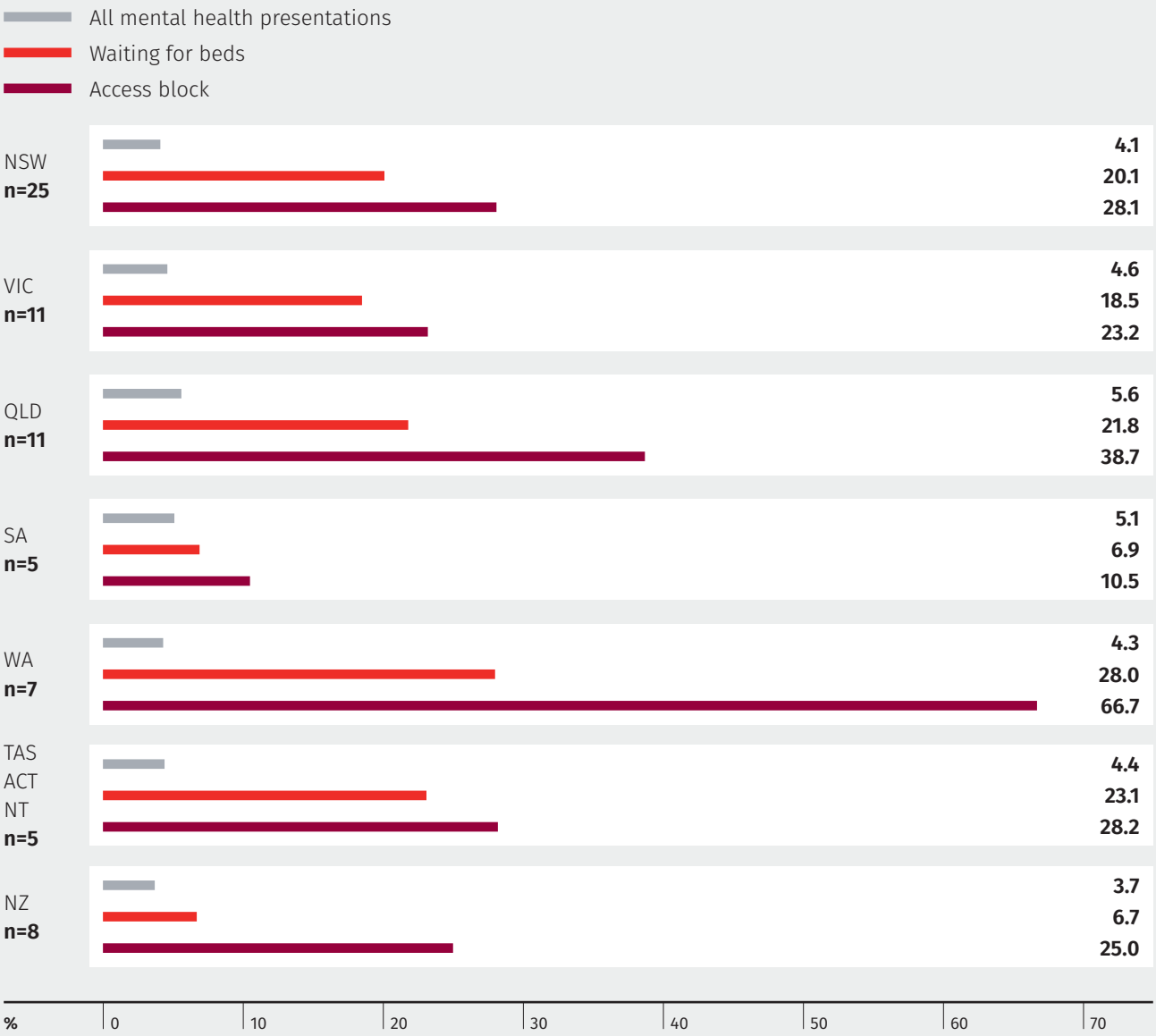
**Figure 5** Overall ED occupancy at 10:00 by jurisdiction




The inpatient admission rate for mental health presentations was much lower in New Zealand compared with Australia (7% vs. 20%). However, there was only a small difference in the percentage of patients experiencing mental health access block in Australia and New Zealand (29% vs. 25%) (Table 4).

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**Table 4** Overall ED occupancy at 10:00 in Australian and New Zealand EDs

**Australian**

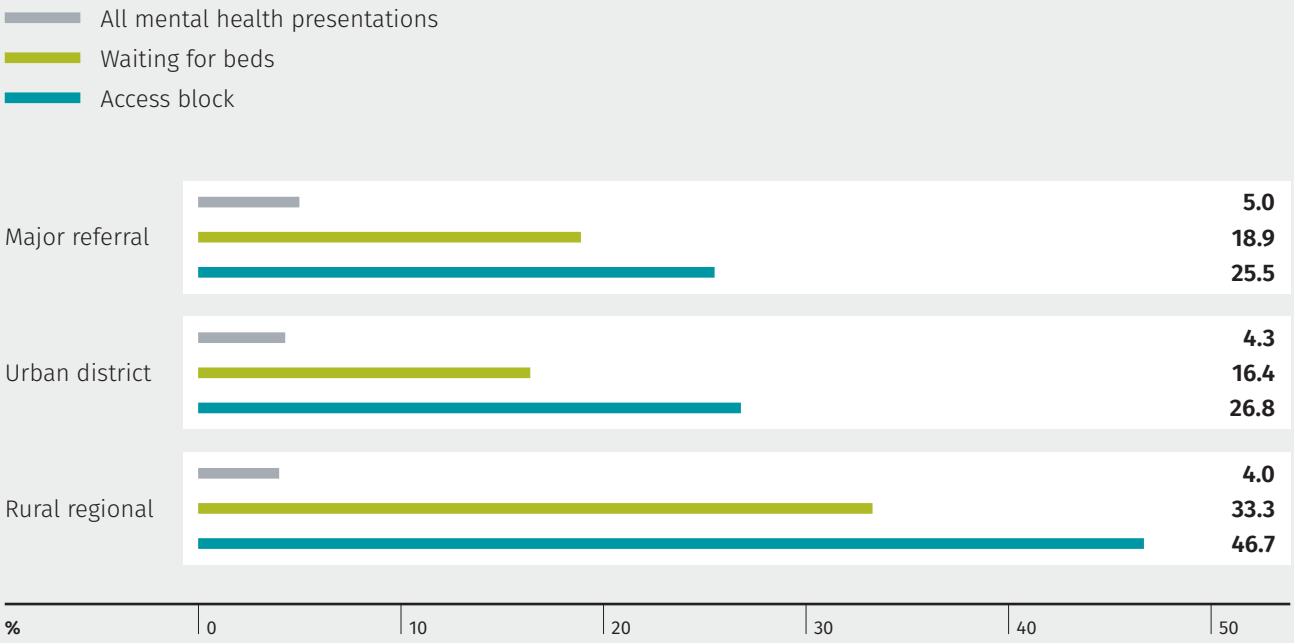
| All presentations | Waiting for beds | Access block |
|---|---|---|
|  |  |  |
| Non-mental health **95.4%** | Non-mental health **79.9%** | Non-mental health **71.5%** |
| Mental health **4.6%** | Mental health **20.1%** | Mental health **28.5%** |

**New Zealand**

| | | |
|---|---|---|
|  |  |  |
| Non-mental health **96.3%** | Non-mental health **92.9%** | Non-mental health **75.0%** |
| Mental health **3.7%** | Mental health **7.1%** | Mental health **25.0%** |

Significant differences were found between metropolitan, urban and rural/regional hospital settings. The percentages of mental health ED presentations were comparable. However, in rural/regional settings significantly higher percentages of presentations were waiting for inpatient beds and experiencing mental health access block (Figure 6).

**Figure 6** Overall ED occupancy at 10:00 by hospital role delineation

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#### 4.3.1 Longest ED length of stay

For the POMAB Snapshot, hospital EDs also reported the longest time in the past year that a patient with a mental health presentation waited in the ED for an inpatient hospital bed. Fifty-six EDs in Australia and New Zealand provided data, with 62% reporting ED lengths of stay for more than 24 hours and 23% reporting lengths of stay for more than 72 hours. The maximum reported ED length of stay for a mental health presentation was 145 hours, translating to a wait of more than six days for an inpatient bed.

## 5 Limitations

There are some limitations to the data presented in this brief report:

- The impact of mental and behavioural conditions in the ED is significantly underestimated in AIHW ED care data collections, e.g. presentations involving self-harm are currently excluded and those involving multiple comorbidities may be classified under other primary causes. [9]
- ACEM Annual Site Census data are based on subjective perceptions of DEMTs.
- The findings for New Zealand and Western Australia should be interpreted with caution due to the relatively small numbers of patients in EDs at the time of the POMAB Snapshot Survey.
- Data for the Australian Capital Territory, Northern Territory and Tasmania are combined so that individual hospitals cannot be identified.

While mental health presentations account for only around 4% of ED presentations, this patient population disproportionately experiences access block compared with patients presenting with other emergency conditions.

## 6 Conclusions

While mental health presentations account for only around 4% of ED presentations, this patient population disproportionately experiences access block compared with patients presenting with other emergency conditions. The phenomenon of mental health access block is potentially worse in adult and mixed Australian hospital EDs and in rural and regional hospital EDs.

ACEM believes that all community members have the right to timely, high quality emergency medical care delivered in a respectful environment, free from discrimination and regardless of predisposing factors. Long waits in the ED experienced by patients presenting with acute mental and behavioural conditions are unacceptable and likely to lead to serious deterioration in wellbeing.

To address this long-standing issue, ACEM proposes the following solutions.

- Strategies should be taken to ensure that long ED waiting times and lengths of stay are minimised for this patient population. To achieve this, appropriate measures might include:
  - Reporting access block exceeding 12 hours for mental health presentations to the relevant health minister, human rights and/or health rights commissioner
  - Piloting alternative models of care for this cohort, particularly after-hours mental health support models, that might reduce mental health presentations to EDs (e.g. the Safe Haven Café model being trialled at St Vincent's Hospital Melbourne) [10]
  - Increasing mental health expertise in EDs.
- Improvements to ED design to ensure settings support the wellbeing of patients experiencing acute mental and behavioural conditions, particularly for patients who are agitated and in distress (e.g. access to quiet, low-stimulus private spaces)
- Increases to funding for community-based and inpatient mental health and alcohol and other drug services. It is likely that many mental health presentations to EDs occur as a result of chronic underfunding in community treatment settings. ACEM believes that funding to mental health services should occur as a matter of urgency.

## 7 References


1 Australasian College for Emergency Medicine, *Access block and overcrowding in emergency departments.* 2004, ACEM: Melbourne.

2 Australasian College for Emergency Medicine, *Statement on access block (S127).* 2014, ACEM: Melbourne.

3 Forero, R., et al., *Access block and ED overcrowding.* Emerg Med Australas, 2010. 22: p. 119-135.

4 American College of Emergency Physicians. Definition of boarded patient. 2017 [2 Feb 2018]; Available from: www.acep.org/content.aspx?id=75791#sm.0001xg6bui110qfssw1vh8lgn4w57.

5 Australasian College for Emergency Medicine, *Access block point prevalence survey.* 2016, Melbourne: ACEM.

6 Australian Institute of Health and Welfare, *Emergency department care 2014/15: Australian hospital statistics. Health services series no. 65. Cat. no. HSE 168.* 2015, AIHW: Canberra.

7 Australian Institute of Health and Welfare, *Emergency department care 2015/16: Australian hospital statistics. Health services no. 72. Cat. no. HSE 182.* 2016, AIHW: Canberra.

8 Australian Institute of Health and Welfare, *Emergency department care 2016/17: Australian hospital statistics. Health services series no. 80. Cat. no. HSE 194.* 2017, AIHW: Canberra.

9 Australian Institute of Health and Welfare. *Mental health services provided in emergency departments [Internet].* 2016 [8 Feb 2017]; Available from: www.mhsa.aihw.gov.au/services/emergency-departments/.

10 Better Care Victoria. *A Safe Haven Cafe for mental health consumers.* 2016 [2 Feb 2018]; Available from: www.bettercare.vic.gov.au/innovation-projects/browse-all-projects-listing/safe-haven-cafe-for-mental-health.


## 8 Suggested Citation

Australasian College for Emergency Medicine, Waiting times in emergency departments for people presenting with acute mental and behavioural conditions. 2018, ACEM: Melbourne.

## 9 Contact For Further Information


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