Australasian College for Emergency Medicine

A new approach to time-based targets and why we need one

Background: Why are people getting stuck in overcrowded emergency departments?

In response to escalating demand for Australian emergency department services the Commonwealth Government introduced a National Emergency Access Target (NEAT) in 2011. The intent was to address excessive patient waiting times, and associated concerns around patient safety.

Setting a target for 90% of **all** patients to depart public emergency departments within four hours of arrival, NEAT aimed to drive whole of system reform, improve system capacity, promote engagement and leadership, and minimise risks to patient safety and quality of care.

Despite initial improvements in patient flow through the emergency department upon the implementation of NEAT, as shown in this report **our emergency departments are now more crowded than ever before**. More people are presenting to public emergency departments in Australia, and the time people spend within the emergency department is increasing. **More presentations are requiring hospital admission and hospital beds, yet the number of available hospital beds is decreasing, leading to extended stays in the emergency department for patients.**

Extended stays in the emergency department, caused by bottlenecks in other parts of the healthcare system, is a patient safety risk. **Waiting in the emergency department more than eight hours for a hospital bed leads to longer stays in the hospital. Delays of more than 12 hours increases the chance of dying in hospital by 67%.**

We need to keep time-based targets. Indeed, the weight of current evidence suggests that time-based targets stand to enhance the safety and quality of patient care; however, we need to rethink how they are implemented. As a starting point we need to acknowledge the research.

As demonstrated in this report:

- Emergency department patients are not all the same. The experience for patients who are discharged home from the emergency department differs markedly from those who are admitted into hospital, the latter spending twice as long in the emergency department.
- Emergency department staff are spending over one third of their time looking after patients who are waiting for a hospital bed, delaying treatment and essential care needed for other patients.
- Lower urgency care patients (also referred to as 'GP-type' patients) do not block up emergency departments and are not the cause of long patient stays in the emergency department.
- Factors outside the control of the emergency department significantly impact on the time it takes for patients to be moved into a hospital ward.

We believe that time-based targets are beneficial. However, almost a decade after NEAT was implemented, it's time to revisit NEAT to ensure that systems and processes are beneficial to patient care and the overall patient journey.

Decision makers need to determine whether they stick with the status quo – where hospital bottlenecks lead to poorer patient health outcomes, longer hospital stays, increased errors in care, and an increased chance of dying in hospital – or whether they are willing to take the steps needed to move to targets that not only focus on different emergency department patient groups, but also provide better information to drive meaningful change and improvements across the healthcare system.

About us:

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all our communities through our committed and expert members.

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Recommendations

Time-based targets should remain, but we need to rethink how they are used

- Time-based targets should be used, conditional on appropriate safeguards being built into the performance measurement regimen at the local and national level.
- Time-based targets should be a set of tiered targets as opposed to single point and isolated targets.

Time-based target should be separated into different patient streams

- For patients needing to be **admitted** to hospital or **transferred** to another hospital:
  - ≥60% should have an emergency department length of stay no greater than four (4) hours;
  - ≥80% should have an emergency department length of stay no greater than six (6) hours;
  - ≥90% should have an emergency department length of stay no greater than eight (8) hours; and
  - 100% should have an emergency department length of stay no greater than twelve (12) hours.
- For **discharged** patients:
  - ≥80% should have an emergency department length of stay no greater than four (4) hours;
  - ≥95% should have an emergency department length of stay no greater than eight (8) hours; and
  - 100% should have an emergency department length of stay no greater than twelve (12) hours.
- For patients who need to be admitted to a **short stay unit (SSU)** for observation:
  - ≥60% should have an emergency department length of stay no greater than four (4) hours upon SSU admission;
  - ≥90% should have an emergency department length of stay no greater than eight (8) hours upon SSU admission; and
  - 100% should have an emergency department length of stay no greater than twelve (12) hours upon SSU admission.

We need a whole-of-hospital and whole-of-system approach

- System-wide assessment of the patient journey with a commitment to redesigning processes to ensure patients do not become ‘stuck’ at any point.
- Mandatory notification must be made to the hospital executive for any patient with an emergency department length of stay greater than 12 hours.
- Mandatory notification must be made to the relevant Health Minister for any patient with an emergency department length of stay greater than 24 hours.

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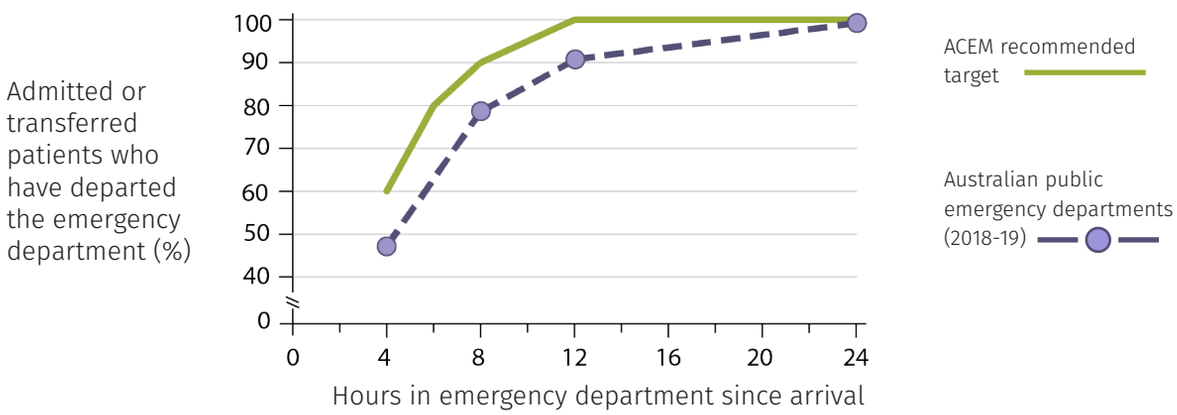
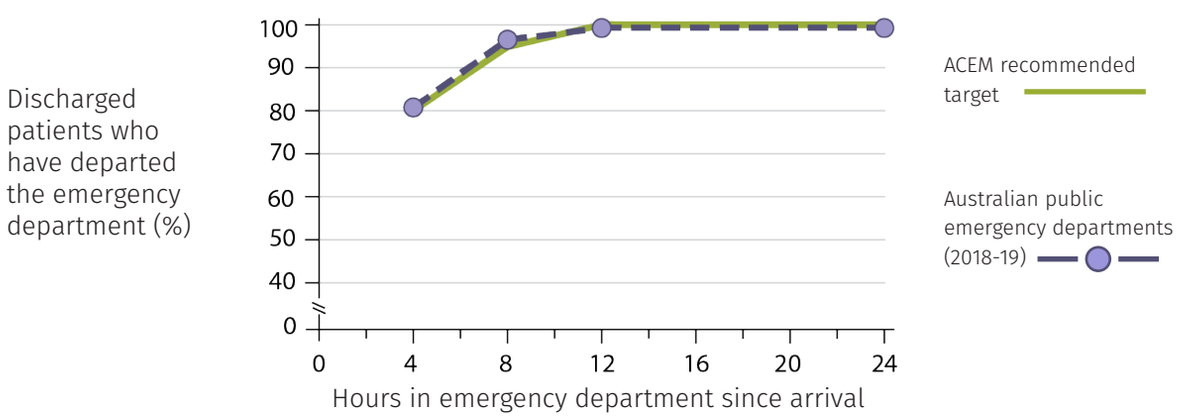
ACEM's recommended time-based targets

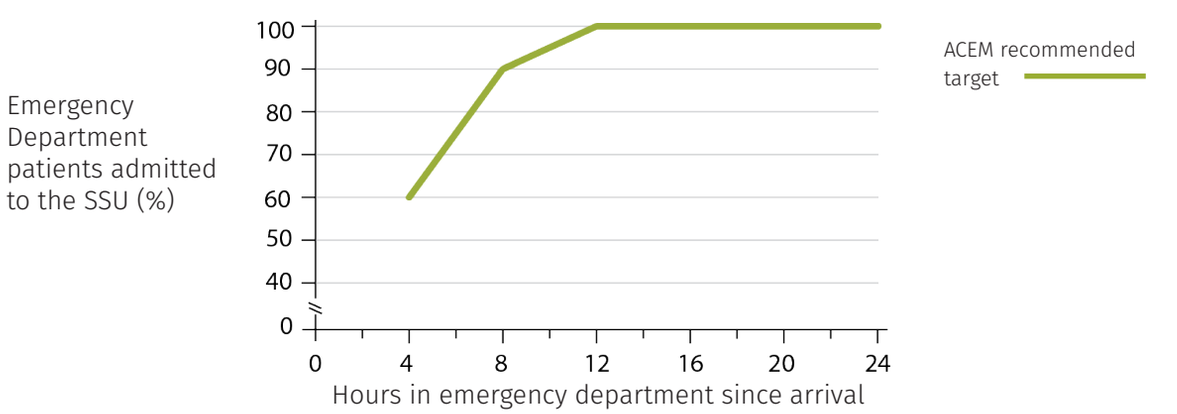
For patients needing to be admitted to hospital or transferred to another hospital:



For patients who are discharged home after receiving emergency department care:



For patients who need to be admitted to a short stay unit (SSU) for observation:



#ItsAboutTime