2017–2 Access Block Point Prevalence Survey Summary

Key points

Demand for emergency department (ED) services in Australia is at a record high.

Australian EDs are approximately 30% over-capacity.

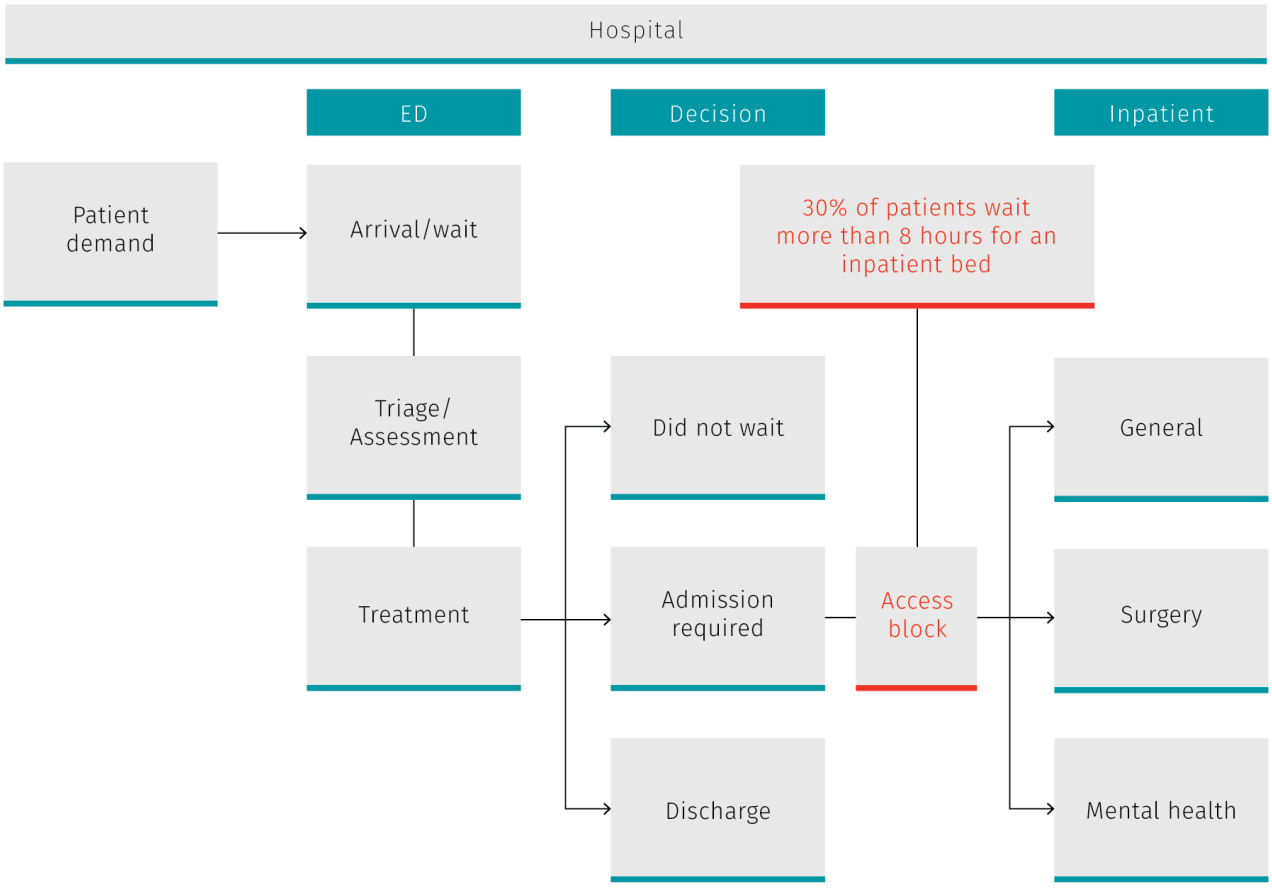
Around one-third of the workload of a typical ED involves caring for patients who have already received emergency care and are waiting for an inpatient bed elsewhere in the hospital.

Around 21% of ED patients who need to be admitted to hospital have to wait over eight hours for a bed, with some patients waiting more than 24 hours.

When EDs operate at this level of over-capacity, patient care is compromised and hospital resources are not used efficiently.

Increased resources, realistic targets and the implementation of evidence-based protocols for dealing with over-capacity are required in order to reduce the pressure on EDs and improve patient outcomes.

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



Survey details

The Access Block Point Prevelance Survey is carried out by the Road Trauma and Emergency Medicine Unit and Australian National University on behalf of the Australasian College for Emergency Medicine (ACEM). The survey, which has been running since 2011, is undertaken twice a year (May/June and August/September). Poorer results are typical of the second survey due to the impact of seasonal demands for ED care.

Participating Australian EDs accredited by ACEM responded to the latest round of the survey by telephone, fax and email, with the data obtained providing a snapshot of Australian EDs at 10:00 local time on 28 August 2017.

Survey findings

120 of 123 (97.5%) Australian accredited EDs responded to the survey. A record number of 17 848 people were attending an Australian hospital ED at the time of the survey.

3 805 (21%) of the 17 848 patients attending EDs required admission to the hospital after receiving emergency treatment.

The survey reported a total of 817 patients waiting for inpatient beds after their emergency care was finished. Some of these patients had been waiting longer than eight hours for a bed. For example, 106 patients from 31 hospitals were classified as having a dangerously long ED time of more than 24 hours, with the worst performing hospital having nine such cases. This is worse than the findings of previous surveys.

Waiting in an ED for a hospital bed for more than eight hours is defined as 'access block'. At the time of the survey, around 30% of patients waiting for beds in EDs were experiencing access block. High levels of access block occurred in hospitals in all state and territories and across all types of hospitals, although children's hospitals had lower levels than adult/mixed hospitals.

Each ED was asked to identify their longest staying patient waiting for a hospital bed. Eight hospitals reported patients who had been in the ED for more than 48 hours and five reported patients staying more than 60 hours.

EDs operating at this level of are unlikely to provide optimum patient care and do not represent an efficient use of resources.

Patients who have finished their ED treatment and who need to be admitted to hospital require the specialised care and resources available in a hospital ward. While they remain in the ED they are taking up the time and attention of ED doctors and nurses who could be treating new ED patients.

The average hospital ED

On the day of the survey, the average Australian hospital ED had 22 patients undergoing treatment and a further seven waiting to be seen. Eight out of the 22 people being treated had already received emergency care and were waiting for a bed in other areas of the hospital. These people represented one-third of the ED workload.

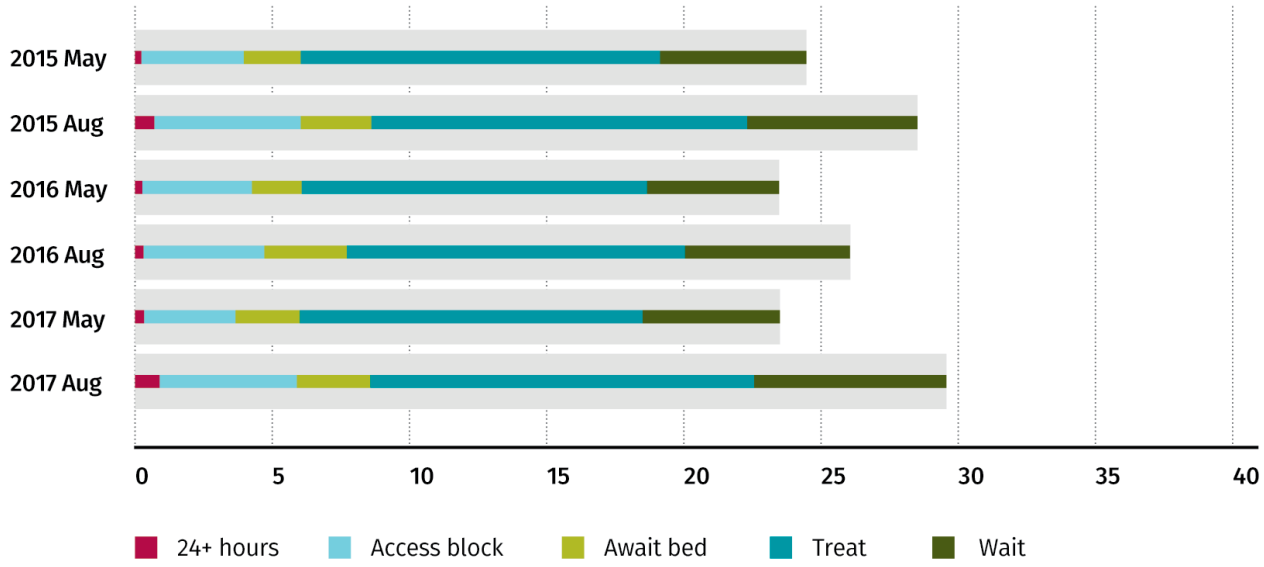
Average number of patients by ED status

	24+ hours	Access block	Await bed	Treat	Wait
NSW	1.5	6.5	2.8	13.2	8.7
VIC	0	5.0	3.4	12.5	5.4
QLD	0.3	2.6	1.6	17.3	6.9
WA	0.8	4.0	2.3	12.0	5.6
SA	0.6	3.0	2.1	17.4	6.1
ACT-TAS-NT	3.4	6.4	3.2	14.0	9.0
All	0.9	5.0	2.7	13.9	7.1
	24+ hours	**Access block**	**Await bed**	**Treat**	**Wait**
Major Referral	1.8	8.2	4.3	20.7	8.0
Major Referral Children	0	3.3	8.3	12.3	9.0
Urban District	0.4	3.7	2.2	11.8	6.0
Regional Referral	0.9	4.3	2.3	10.8	7.6

The average hospital ED over time

Although comparison between results from different years is difficult to make due to the opening and closing of hospitals, 89 hospitals answered the last six surveys, with their data showing that nationwide access block remains an issue, with the situation a little worse for patients waiting 24 hours or more this time, compared to the same time in 2015.

Average number of patients by ED status from May 2015 to August 2017



Solutions

Access block and overcrowding in hospital EDs can be reduced through a combination of increased resources, realistic targets and improved hospital management.

The following strategies would together significantly reduce the current pressure on EDs and improve both patient care and the efficiency of resource use:

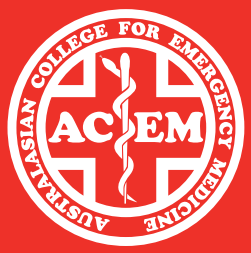
1 Increase public hospital funding and capacity by increasing the number of available beds, to keep better pace with population growth and the growing demand for public hospital services.

2 Implement evidence-based, over-capacity protocols, in line with international best practice, to spread any excess demand more evenly throughout the hospital. Work with hospital staff to support the implementation of these to ensure their effectiveness.

3 Hospitals should identify system-wide process solutions that are tailored to their local needs. These should consider how patients travel through a hospital, and address factors preventing a timely and clinically appropriate patient journey e.g. inpatient discharge processes, extending service availability beyond traditional business hours, a better balance of full-time versus visiting medical officer specialists.

4 Set realistic targets for hospital performance developed by State Governments in conjunction with hospitals, clinicians and consumers. These targets should promote optimum patient care and minimise the potential for unintended consequences.

5 Increase funding for EDs to meet growing demand for care and allow flexibility in finding arrangements to accommodate unexpected increases in demand, for example, due to an unusually severe flu season.



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