

2009 ACCESS BLOCK POINT PREVALENCE SURVEY

CARRIED OUT BY

**THE ROAD TRAUMA AND EMERGENCY MEDICINE UNIT
AUSTRALIAN NATIONAL UNIVERSITY**

2009 ACCESS BLOCK POINT PREVALENCE SURVEY

ON BEHALF OF

THE AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

Executive Summary Report prepared by Drew Richardson

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EXECUTIVE SUMMARY

1. Caring for patients waiting for beds still represents over 1/3 of ED workload in major hospitals
2. The situation is statistically similar to last year, with some evidence of an improvement in SA, TAS and the Territories (which were the worst performers last year) and Queensland now better than NSW, although not significantly so.
3. There was a significant 6% increase in the number presenting to EDs on Sun 31 May compared to last year, though this may only represent a temporary H1N1 influenza effect.
4. 28% of EDs had at least one patient who was waiting for a bed and had been in ED more than 24 hours and more than half of all EDs had a patient waiting more than 12 hours after a bed was formally requested.

A single survey of all 94 Australian EDs accredited by ACEM was undertaken by telephone, fax and email, and 79 supplied useable data. At 10:00 local time on 1st June, the average Australian Emergency Department had 21.6 patients under treatment, and a further 5.5 waiting to be seen. Of those under treatment, on average 7.1 were waiting for beds, representing 33% of the patient workload. Of these, 70% were experiencing access block, that is, they had already been in the ED more than 8 hours. The situation was best in Paediatric hospitals – an average of 0.6 access block patients out of 8.8 under treatment (7%) - and worst in adult/mixed tertiary hospitals with 8.0 out of 32.1 (25%) respectively.

The problem was nationwide, but in tertiary hospitals, of the 5 states reporting from 2 or more, Queensland performed the best (5.0 access block patients out of 32.3 under treatment, 7.7 waiting to be seen), and Western Australia the worst (13.0 out of 35.7, and 7.3 waiting). If all hospitals were included, South Australia's performance was at the bottom, with 11.8 access block patients out of an average of 34.4 under treatment, with 8.8 waiting to be seen. 34 of the 79 hospitals reported that some form of ambulance bypass was an option in their hospital, but only 10 hours of bypass had occurred in the last 24 hours, all of these in only 5 hospitals.

44 patients in 22 hospitals were waiting for a bed and had been in the ED more than 24 hours. The two worst performing hospitals each had 6 such cases. 68 Emergency Departments identified their longest staying patient who was waiting for an inpatient bed, one of whom had been in the ED more than 45 hours after a bed had been formally requested. 43 of these hospitals (54% of the total) had a patient who had been waiting more than 12 hours after their bed was requested.

Altogether these 79 hospitals reported 2129 patient spaces equipped with oxygen and suction, of which 1365 (64%) were occupied. Again, of the sizeable states Queensland performed best (53% occupied), but in SA, the mean physical occupancy of these spaces was 85 %, leaving an average of only 5.6 spaces free in each hospital (4.0 in tertiary hospitals). This is clearly an insufficient physical surge capacity for even a modest mass casualty event, regardless of staffing.

66 hospitals answered both this survey and the equivalent 2008 carried out on 2nd June. These data revealed a significant 6% increase in presentations (from 129.1 to 136.6), and an insignificant 2.5% increase in reported admissions between the surveys (recorded for the day before). The majority of the increase in presentations occurred in Victoria and in urban hospitals which treated children, suggesting that the H1N1 influenza outbreak may be a factor. Nationwide, there was no statistically significant change in access block, with 33 hospitals reporting an increase and 33 reporting a decrease, although at least no State average increased. There was a decrease in the number of patients waiting for a bed in South Australia from 20.6 to 13.4 per ED which did reach statistical significance, and an encouraging trend from 8.3 to 3.7 in Tasmania and the Territories. These are thought to represent real progress in the management of access block, but further data are obviously required.