

2009 ACCESS BLOCK POINT PREVALENCE SURVEY

CARRIED OUT BY

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

ON BEHALF OF

THE AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

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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 number of access block patients continues to exceed the number waiting to be seen by a doctor
3. The situation is statistically similar to earlier this 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.
4. There were changes in the number presenting to EDs on Sun 30 August compared to earlier, consistent with the epicentre of H1N1 influenza moving from Victoria to Queensland.
5. 21% 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, the level at which the British NHS requires a report to the Minister for Health.

A single survey of all 94 Australian EDs accredited by ACEM was undertaken by telephone, fax and email, and 75 supplied useable data. At 10:00 local time on 31st August, the average Australian Emergency Department had 21.8 patients under treatment, and a further 6.0 waiting to be seen. Of those under treatment, on average 8.0 were waiting for beds, representing 37% of the patient workload. Of these, 76% 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 1.3 access block patients out of 16.7 under treatment (8%) - and worst in adult/mixed tertiary hospitals with 9.2 out of 26.6 (35%) respectively. Overall amongst the 75 respondents, there were 456 access block patients and 447 waiting to be seen.

The problem was nationwide, but in tertiary hospitals, of the 5 states reporting from 2 or more, NSW performed the best (7.1 access block patients out of 21.7 under treatment, 8.0 waiting to be seen), and Western Australia the worst (12.7 out of 31.3, and 6.7 waiting). If all hospitals were included, South Australia's performance was at the bottom, with 12.7 access block patients out of an average of 33.0 under treatment, with 7 waiting to be seen. 34 of the 79 hospitals reported that some form of ambulance bypass was an option in their hospital, but only 6 hours of bypass had occurred in the last 24 hours, all of these in only 3 hospitals.

79 patients in 25 hospitals were waiting for a bed and had been in the ED more than 24 hours. The worst performing hospital had 10 such cases. 71 Emergency Departments identified their longest staying patient who was waiting for an inpatient bed, three of whom had been in the ED more than 60 hours after a bed had been formally requested. 38 of these hospitals (51% of the responders) had a patient who had been waiting more than 12 hours after their bed was requested. A wait for a bed of this magnitude is the level at which the British NHS requires a report to the Minister for Health.

65 hospitals answered both this survey and that carried out on 1st June. These data revealed little change between surveys, with only an increase in occupancy in paediatric hospitals, and an increase in access block in regional hospitals reaching statistical significance. Given the number of subgroups examined and the degree of seasonal change common in paediatric practice, this result means that the situation is unchanged.