



Media release

Access block and overcrowding a problem in tertiary hospitals – NZ's first published study

Hospital access block and emergency department overcrowding continues to be a problem in tertiary hospitals in New Zealand, and contributes significantly to the ability of these hospitals to meet the “Shorter Stays in ED” target, according to Dr Peter Jones, from the Adult Emergency Department at Auckland City Hospital, and Dr Sarah Olsen, from the Emergency Department at North Shore Hospital in Auckland.

In an “Early View” paper published in *Emergency Medicine Australasia*, the journal of the Australasian College for Emergency Medicine, they report a study of New Zealand’s emergency departments at two points in 2010 to determine ED occupancy.

The researchers also obtained data on target achievement during corresponding time periods from the NZ Ministry of Health.

The data collected in May and August of all 27 hospitals in New Zealand were the same as in previous surveys conducted in Australia.

This paper is the first to publish research on the extent of ED overcrowding and hospital access block in NZ.

The study found that access block was seen more in tertiary than secondary hospitals (64% compared with 23%), and that no hospitals with access block were able to meet the Shorter Stays in ED target of 95% discharged or admitted within six hours.

Overcrowding was seen in 57.1% of tertiary hospitals and in 39% of secondary hospitals.

Patients experiencing admission delays of eight hours or more numbered 25 in May and 59 in August.

This represented 45.5% and 79.7% of patients waiting for admission, respectively.

The researchers concluded that hospital access block was seen more often in larger hospitals and significantly associated with failure to meet the Shorter Stays in ED health target, whereas ED overcrowding was seen in both small and large hospitals, but not associated with failure to meet the target.

The time spent by patients in EDs has been under the spotlight in Australia and New Zealand for several years.

New Zealand introduced the Shorter Stays in ED target in July 2009.

District Health Boards are encouraged to ensure that 95% of patients presenting to the ED are either discharged from the ED or admitted to hospital within six hours of arrival.

Recently, Australia introduced a National Access Target of 95% leaving ED within four hours.

The impetus for the Shorter Stays in ED target in New Zealand was the desire by ED clinicians to reduce ED overcrowding and hospital access block in NZ hospitals in the hope of improving both outcomes for patients and health service efficiency.

This was based on overseas experience and anecdotal evidence from NZ.

ED overcrowding and hospital access block have well-documented associations with adverse outcomes for patients, including an increase in mortality both for patients discharged from ED and those admitted to hospital from ED (according to recent Canadian and Australian studies), and as such, these indicators reflect when the acute care system is failing.

FURTHER INFORMATION:

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