



12 September 2008

## **Australia's emergency department overcrowding needs urgent solutions**

The latest "snapshot" of Australia's 90 major emergency departments, released today at the Access Block Solutions Summit in Melbourne, shows more than 40% of patients receiving care in emergency departments (EDs) were waiting for ward beds, and 77% of those had been in the ED for more than eight hours.

Conducted on Monday 1 September 2008 at 10am, this "snapshot" of access block and overcrowding in EDs is the fourth conducted by the Road Trauma and Emergency Medicine Unit of the Australian National University for the Australasian College for Emergency Medicine (ACEM).

The "snapshot" found access block was a nationwide phenomenon but of the five states reporting from two or more tertiary hospitals, NSW performed the best (8.0 access block patients out of 26.8 under treatment, 8.1 waiting to be seen), and Western Australia the worst (31.3 out of 47.7, but with only 5 waiting).

The data revealed a 7% increase in presentations, an 8% increase in admissions and a 21% increase in the number of patients under treatment since the previous snapshot taken on 2 June 2008.

Author of the study, A/Prof Drew Richardson said: "This study shows emergency staff are now spending one third of their work caring for patients whose emergency treatment is over.

"Emergency staff are very good at what they are trained for – resuscitating the critically ill, identifying serious disease, and starting the right treatments. But once they have diagnosed your heart attack or broken hip, then you need to go from the emergency department to the coronary care unit or the operating theatre, not stay lying on a trolley.

"Waiting too long for a hospital bed prolongs your treatment and increases the chances of a poor outcome. Around 2800 people are admitted to hospital through these emergency departments every day."

ACEM President, Dr Andrew Singer, said: "The results of this latest snapshot demonstrate why we have to work with all levels of government, hospital administration and professional bodies to effectively plan for ways to meet this increasing demand and provide a better environment for both patients and hospital personnel. Today's Access Block Summit is a good start."

The study was funded by ACEM and involved all EDs used for training specialists. 84 answered the "snapshot" survey showing that, on average, EDs were treating 26.8 patients at that time, 10.8 of whom were waiting for inpatient beds and 8.3 of those having already passed the eight-hour threshold recognised as "access block". At the same time, an average of only 7.8 people were waiting to see a doctor.

All types of hospital were shown to be affected but the large teaching hospitals had the greatest problems; with 37% of their patients already past the access block thresholds, compared to 28% for smaller hospitals and 16% for children's hospitals.

*Access block is the term that describes the delay patients who need hospital admission experience in the Emergency Department (ED) when their inpatient bed is unavailable and occurs once that delay exceeds eight hours. While no degree of access block is considered acceptable, research has revealed the functionality of an emergency department degrades once access block exceeds 10% of patients awaiting admission.*

**Summit Details:**

When: 9.00 am–5.00 pm  
Friday 12 September, 2008  
Where: Hilton on the Park, 192 Wellington Parade, East Melbourne

**FURTHER INFORMATION:**

Professor Drew Richardson  
Australian National University and Canberra Hospital  
Phone 0413 316 057

Dr Andrew Singer  
President, Australasian College for Emergency Medicine  
Phone 0416 070 991

Dr Sally McCarthy  
Vice President, Australasian College for Emergency Medicine  
Phone 0410 600 302

Detailed statistics are available.

If you would like a copy, please contact Heather Witham on 0437 911 276 or the College office on (03) 9320 0444. Also available on the ACEM website at: [www.acem.org.au/home.aspx?docId=1](http://www.acem.org.au/home.aspx?docId=1)