

## Media Release

### Australia's Emergency Departments continue to decline in function, new "snapshot" reveals

A "snapshot" of the emergency departments of over 70 Australian hospitals has revealed a major decline in their function since they were first subject to a snapshot in 2004.

The snapshot, conducted by the Australasian College for Emergency Medicine, was taken at 10.00 am local time on June 18 this year.

Data were analysed by the Road Trauma and Emergency Medicine Unit of the Australian National University.

This is the third snapshot conducted by the College, the others being on May 30 and August 30, 2004 and looks at access block and overcrowding in the nation's emergency departments.

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 8 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.

The major results of the 2007 survey were:

- The situation in relation to access block has significantly deteriorated with over a third more patients waiting more than 8 hours for their hospital bed since the previous study. The problem has become significantly worse in South Australia and Queensland with the figures nearly trebling in those states over the past three years.
- Caring for access block patients represents around 40% of ED workload in major hospitals. This means that ED staff have a considerably depleted ability to provide their core business. It also means that, in terms of physical space, there is inadequate surge capacity for a multi-casualty incident.

Most of the change in occupancy was due to access block patients.

"The results of this survey are a damning indictment of the various governments' unwillingness or inability to address one of the most important needs in healthcare today, namely, access to emergency care for all Australians," commented Dr Andrew Singer, Australasian College for Emergency Medicine President.

"Our hospital emergency department staff are unable to provide best possible care to all patients because the EDs are overcrowded, and this is the result of the decline in inpatient hospital beds.

"Nothing will change in our emergency departments until that situation is fixed."

### Detailed snapshot results

A single survey of all 87 Australian EDs accredited for training by ACEM was undertaken by telephone, fax and email, and 71 supplied useable data. At 10:00 local time on 18th June, the average Australian Emergency Department had 23.6 patients under treatment, and a further 6.5 waiting to be seen. Of those under treatment, on average 9.7 were waiting for beds, representing 41% of the patient workload. Of these, 81% were experiencing access block, that is, they had already been in the ED more than eight hours. The situation was best in paediatric hospitals – an

average of 1.3 access block patients out of 12.3 under treatment (11%), and worst in adult/mixed tertiary hospitals with 13.3 out of 32.7 (41%) respectively.

The problem was nationwide, but of the five states reporting from two or more tertiary hospitals, NSW hospitals performed the best (11.1 access block patients out of 31.2 under treatment, 5 waiting to be seen, on average), and Western Australia the worst (24.5 out of 35.5, but with only 1.5 waiting).

Altogether these 71 hospitals had 1858 patient spaces equipped with oxygen and suction, of which 1346 (72%) were occupied. Again NSW tertiary hospitals performed best (59% occupied), but in WA, Victoria, SA, and Queensland, the average physical occupancy of these spaces was 86%, leaving an average of only 5 spaces free in each tertiary hospital. This is clearly an insufficient physical surge capacity for even a modest mass casualty event, regardless of staffing.

The data revealed:

- a 16% increase in presentations
- a 15% increase in reported admissions between the surveys (recorded for the day before).

However, there was over the three years:

- a 30% increase in the number being treated at 10:00 am
- a 70% increase in the number waiting to be seen
- a 27% increase in the number waiting for beds, and
- a 36% increase in the number of access block patients.

These figures are based on the 59 hospitals which answered both surveys.

“These figures are most consistent with a system which has passed the point of maximum efficiency and is now in a situation where even small changes in demand cause large changes in the number waiting,” said survey leader Professor Drew Richardson, from the Australian National University Medical School and the Canberra Hospital.

#### FURTHER INFORMATION:

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Detailed statistics are available. If you would like to receive a copy, please contact Marilyn Bitomsky (numbers listed below) or the College office on 03 9320 0444.

A major research document prepared in 2004 by the Australasian College for Emergency Medicine on access block and overcrowding in emergency departments is available at <http://www.acem.org.au/infocentre.aspx?docId=56>.

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