



Media release

Access block: far from resolved, needs national focus, affects everyone, results in increased mortality ... new research

The problem of hospital access block is far from being resolved, with bed occupancy rates over 90% in most Australian public hospitals, increases in emergency department (ED) presentations, despite major policy changes proposed and/or implemented in the last few years across Australia.

This is the finding of new research published in the latest issue of *Emergency Medicine Australasia*, the journal of the Australasian College for Emergency Medicine.

“The root cause of the problem will remain unless hospital capacity is addressed in an integrated approach at both national and state levels,” said study authors Dr Roberto Forero and Professor Kenneth M Hillman, from the Simpson Centre for Health Services Research which is affiliated with the Australian Institute of Health Innovation at the University of New South Wales; Dr Sally McCarthy, Director of the Department of Emergency Medicine at Prince of Wales Hospital and President of the Australasian College for Emergency Medicine; Professor Daniel Fatovich, from the Department of Emergency Medicine at Royal Perth Hospital and the University of Western Australia; Dr Tony Joseph, from Royal North Shore Hospital and the University of Sydney; and Professor Drew Richardson of the Australian National University Medical School.

All patient groups are affected by access block.

The researchers examined the results of prospective and retrospective access block hospital intervention studies from 1998 to 2008 to assess the evidence for each type of intervention around access block and ED overcrowding.

These studies included over 220 documents reported in *Medline* and data extracted from *The State of our Public Hospitals Reports* (published by the Department of Health and Ageing).

“There is consistent evidence suggesting between 20% and 30% increased mortality is associated with access block and emergency department overcrowding,” the researchers said.

“There is strong evidence suggesting that a combination of increased hospital admissions, ED presentations, with almost no increase in the capacity of hospitals to meet this demand, is responsible for the existing phenomena of access block and ED overcrowding.”

Australia has seen a reduction in bed availability over the research period, at the same time as ED visit numbers have almost doubled, that is, bed numbers have not increased to cope with increased demand.

“The rate of available beds reduced between 2002 and 2007 to 2.4/1 000 in 2002, from 1998-99 levels of 2.6 beds/1000, and has remained steady at between 2.5-2.6 beds/1,000.

“In the same period, the number of ED visits increased over 77% from 3.8 million to 6.74 million.

“Similarly, the number of public hospital admissions increased at an average rate of 3.4% per year from 3.7 to 4.7 million. This is equivalent to a 34% increase over 10 years.”

The researchers suggest that access block is like an illness, with known morbidity and mortality rates.

“Indeed, if access block was considered an incurable disease, we would be forced to treat only some of the symptoms and the fundamental condition would remain unaffected.”

The researchers found that most of the positive interventions were based on single hospitals rather than being multicentre interventions.

They also endorse the Australian Medical Association’s recommendation of providing an adequate numbers of beds to meet the needs of the population, including adequate mental health and transitional care beds as well as the need for robust, long-term data collection and analysis systems.

“The complexity of the problem of access block and overcrowding is such that there are no single studies large enough to cover all the factors associated with the problem, nor are there ever likely to be.

“Funding complex interventions on a short-term basis is short-sighted, inefficient and expensive to run and maintain.

“We believe that the NHMRC and the Federal Government should provide long-term funding strategies to support researchers, clinicians, and decision makers in dealing with the problem as there is a need for a national focus and strong leadership to deal with access block and ED overcrowding.”

Background

Access block is defined by the Australasian College for Emergency Medicine as “the situation where patients are unable to gain access to appropriate hospital beds within a reasonable amount of time, no greater than eight hours”.

ED Overcrowding is defined as “the situation where ED function is impeded by the number of patients waiting to be seen, undergoing assessment and treatment, or waiting for departure, exceeding the physical or staffing capacity of the department”.

FURTHER INFORMATION

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