Low Acuity Patients do not significantly contribute to ED workload

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Low Acuity Patients in ED

- ED attendances growing at rates faster than population growth throughout most of the Western world

- ED overcrowding and access block is a major issue
Record Number of Ambulances queue outside Perth Hospitals

John Ambulance chief executive Tony Ahern said at 1pm today there were 26 out of the 48 ambulance vehicles in the metropolitan area stuck outside hospitals waiting to offload patients – a term known as “ramping”.
Low Acuity Patients

• Perception out there propagated by many authorities that Low Acuity Patients (“so called GP type patients”) are the main cause of ED problems
Hospitals overrun due to GP shortage

By Amanda Dann
Health Reporter
June 6, 2003

Access to basic medical services has reached crisis point in Melbourne's outer west, with a chronic shortage of GPs and doubled waiting lists placing further strain on hospital emergency departments.

Dr. Andrew Rambaud, a doctor at Noble Park Hospital, said that over 25 percent of his patients waiting for emergency treatment were not able to access a GP in time.

The main reason for this was a lack of GPs willing to work in the area. The area had one of the highest unemployment rates in Australia, with many GPs finding it impossible to make ends meet.

Western Health, which incorporates Western Hospital at Footscray, Sunshine Hospital and the Williamstown Hospital, has reported an increase in emergency room patients at all three sites in the past year. Sunshine had the largest rise: 17.1 percent from December 2001 to December 2002. The Western Hospital increased by 7.6 percent in the same period.

Western Health estimates that 30 per cent of patients arriving at the emergency department have complaints that could be treated by a GP, but a shortage of doctors, limited out-of-hours access and declining bulk billing compel patients to wait for hours to be treated by emergency staff.

Member for Footscray, Robert Jackson, said he had written to the Federal Health Minister to express concern about the situation.

He said: "We need more GPs in this area. The shortage is putting a strain on emergency services and patients are waiting too long for treatment."

In response, the Federal Health Minister said that the Government was aware of the problem and was taking steps to address it.

The minister announced a new scheme that offered incentives for GPs to move to regional areas, and increased funding for training new GPs.
Clinics will give free after-hours GP care

By Cathy O'Leary
Medical Editor

WEST AUSTRALIANS will have free after-hours GP care at four hospitals in a few months under a special deal between the State and Federal governments.

The clinics, which will open during peak demand times at hospital emergency departments, will be based at Royal Perth, Fremantle, Joondalup and Rockingham hospitals. Low-priority patients arriving at hospitals will be referred to adjoining emergency primary care clinics for free treatment by bulk-billing doctors.

The Australian Medical Association said the concept was "dumb" and would have little impact on emergency departments because the real issue was one of access block, or beds which were filled with patients who had nowhere to go.

But Federal Health Minister Tony Abbott and WA Health Minister Jim McGinty said the move would relieve pressure on emergency departments. The Commonwealth will pay Medicare fees while the State will pay for capital works and consumables.

Mr Abbott said he recognised the need for improved after-hours GP services and had sought an exemption to allow patients seen in the clinics to be bulk-billed under Medicare. "It won't solve all the problems in emergency departments or general practice but it will take some of the pressure off," he said in Perth yesterday.

Mr McGinty said 80 per cent of the 300,000 people who visited emergency departments each year were category three, four or five and some of these only needed to be seen by a GP.

The clinic at Royal Perth Hospital was already under construction in a disused building next to the emergency department and would be ready for use next month. The other three clinics would be operating by winter.

AMA WA president Brent Donovan said the move was a waste of money and time and the two governments would have been better off putting their resources into improving after-hours access in existing GP services.
How The Clinic Operates:
The Service provides accessible and high quality after hours primary medical care services within the hospital area. The freestanding clinics includes, but is not limited to, the communities of Agnes Water, Garbutt, Ashgrove, Graceville, Logan River, Upper Coomera, and surrounding areas. Furthermore, the database shows that patients have attended the service from a wider area e.g., Drs Why, Albion Park, Green, etc.

There are currently 10 clinicians participating in a rotational roster. Patients attending the Service are seen in a triage order. All patients who hold a current Medicare card or OHA card are eligible for consultations.

Patients attending the Service for whom a consultation is required to make such arrangements are in line with JAM WorkCover Notes or General Practitioners and are provided with a receipt for reimbursement from their employer.

The Service does not have after hours access to pathology or radiology services. Requests are written by the GP and the patient is advised to await during normal working hours. If the GP sees a patient that requires these services urgently, then the patient will be referred to the ED.

There are local pharmacies that operate for most of the Service hours. After outlining the opening hours of local pharmacies, we have developed and the pharmacist of these pharmacies accordingly. See here for list.

Ensuring Continuity of Care for Patients:
The Service is provided as an after hours support service and not as a replacement of the local GP. Patients are encouraged to have their own local GP and to sign the consent that enables us to be informed of any such consultation, and any pathology results that are due to their local GP on the date of the consultation. This process continues to strengthen our membership with local GPs.

We have developed and established a structured way to inform your local GP, which is needed to patients who do not have a local GP. The document contains a list of local practices, their address and contact numbers and is updated regularly. See here for a download of structure.

Some located within the Community Health Centre has made GPs more aware of all the services provided by the allied health team and assists them with referring patients.

Joining the After Hours Team:
Benefits to GPs:
- Access to after hours care for your patients.
- Assistance in meeting accreditation and MGP requirements.
- Increased income opportunities.
- Flexible working arrangements.
- Salary packaging.
- Reduced time on call after hours commitments.
- sandy of stress.

Service Facilities:
- Ability to negotiate shifts.
- Early check in.
- Well-equipped, 2 rooms.
- Close to Emergency Department.
- No overheat.
- Medications provided.
- Future plan to provide.

Intravenous Therapy:
- Internal/external blood access in Emergency Department and patient waiting areas.
- Early access to OP’s same day service.

2 of 3
19/11/11 15:09
So you can see our early investment in GP Super Clinics is a forerunner of that proposed reform, providing a range of services which go well beyond the standard GP surgery.

GP Super Clinics are taking off across the nation and benefiting communities (like this one) in two ways:

1. They make it easier to get the right care to get healthy and stay healthy;
2. They take pressure off stretched emergency departments
Low Acuity Patients

*Defined to be a patient that could be seen in a general practice setting and a GP would not be expected to refer to an Emergency Department*

Australasian Triage score is given to every patient:

- **category 1** - seen immediately
- **category 5** - see within 2 hours

Common error is to use the triage category as a measure of acuity or complexity – ie. “1,2,3” are ED patients; “4,5” GP patients
Low Acuity Patients

Low Acuity Patient

Example 2

25 year old well looking male with a febrile illness and a rash

Triage category 2 (fever + rash) – see within 10 minutes

However, well looking. Possibly can be seen in a GP’s rooms
AIM

- To determine the burden of low acuity patients to metropolitan tertiary hospital Emergency Departments (ED)
METHODS

- Data extracted from the EDIS (iSOFT, version 9.46) software for the financial years 2009/10 and 2010/11 for the three tertiary hospitals in Perth

- Number of low acuity patients calculated using two methodologies
METHODS

- Methodology 1
  - ATS 4,5
  - Self referred
  - Total medical consultation time < 1 hour
  - Not admitted
METHODS

- Methodology 2
  - Looked at the difference between discharge rate between self-referred and GP referred ATS 3, 4, 5 patients
  - The difference would be regarded as low acuity burden

## RESULTS

<table>
<thead>
<tr>
<th>Methodology</th>
<th>% low acuity</th>
<th>% of ED LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Discharged ATS 4,5 with &lt; 1 hr consult</td>
<td>9.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>2 Difference between self referred &amp; GP referred</td>
<td>7.1%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>
DISCUSSION

-Regardless of which method you use, less than 10% of patients could be regarded as low acuity ("GP cases")

-Furthermore, their contribution to ED length of stay (LOS) is very small (< 4%)
DISCUSSION

• A recent Australian Institute of Health and Welfare (AIHW) report\(^1\) suggested that 41% of patients to EDs are inappropriate “GP type” patients

• They assumed that any discharged ATS 4,5 patient was a potential GP patient

DISCUSSION

- Flawed as triage category is urgency scale, not complexity.

- Our results show that ~10% of patients could be potentially GP.

- Also showed that they contribute very little to ED overcrowding with their contribution to total LOS ~4%.
DISCUSSION

- Lot of policy decisions based around perception that EDs are full of GP-type patients:
  - Super-clinics
  - Co-located GP practices on hospitals
  - GPs working in ED

- Evidence shows that GP services are in short-supply but that this is not contributing significantly to ED overcrowding
DISCUSSION

- There is evidence that co-located clinics increase ED workload

CONCLUSION

- ED over-crowding and access block is a significant issue throughout most of the Western World

- This study showed that low acuity patients comprise a small number of patients and an even smaller amount of workload

- The evidence does not support the notion that low acuity patients contribute to ED overcrowding

- Continuing down this path is leading to misguided policies and failing to address the real problem