

2011 Australian Access Block Point Prevalence Survey

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DECLARATION

- **This study was funded by ACEM**
- **Carried out by Road Trauma & Emergency Unit at Australian National University Medical School**
- **Approved by both relevant ethics committees as quality assurance activity: formal ethics committee review not required**
- **Results presented today are a little different from the abstract submitted due to further study**

Introduction

- **2 ACEM funded annual surveys of access block prevalence originally in 2004 then every year since 2007**
- **2009 survey first where not getting worse**

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ORIGINAL RESEARCH



Prevalence of access block in Australia 2004–2008

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Abstract

Objective: Access block is the inability of ED patients requiring admission to access appropriate inpatient beds in a timely fashion, defined in Australasia as more than 8 h in the ED. The present study describes changes in prevalence of access block in Australia over a 4 year period.

Methods: Email, telephone and fax survey of ED on six Mondays at 10.00 hours (31 May, 30 August 2004, 18 June, 3 September 2007, 2 June, 2 September 2008). Data collected included point data on the status of patients in the ED at the index time and of recent ED attendance numbers. Results were collated and analysed by state and hospital role delineation.

Results: Forty-eight (60%) of 80 eligible ED answered all six surveys. Presentations to the ED the day before rose 15% ($P < 0.0001$, paired t -test) in 4 years, and nationally access block patients in the ED rose an average of 27%, and patients waiting to be seen by a doctor 31%. There were differences between states, with hospitals in New South Wales reporting a significant reduction in access block patient (–51%, $P = 0.0002$), but all other states a significant increase (+45%, $P = 0.001$). There were differences by role delineation, with non-paediatric major referral hospitals experiencing the greatest access block, but smaller hospitals experiencing the greatest increase in patients waiting.

Conclusions: Around one-third of all patients receiving care in these ED surveys were experiencing access block. There is evidence that flow through New South Wales ED has improved. The data suggest that most hospitals have passed the point of efficiency.

Aim

- **Describe the prevalence of access block in Australian ACEM accredited EDs at two points in time**
- **10:00 30 May 2011**
- **10:00 29 August 2011**

Methods

- **Identical Methodology x 2**
- **Email and Telephone Survey of all Australian EDs accredited for training by ACEM**
- **Email notification, fax & email reply, telephone follow up**

Survey Tool

- 12 questions with simple numerical or yes-no answers in each survey
- 20 items altogether including hospital name

HOSPITAL DATA

1 Name of Hospital _____

Real Time ED status data: ALL OF THESE QUESTIONS REFER TO THE ED PROPER AND IGNORE ANY

SEPARATE OBSERVATION UNIT

Response

2.1	How many patients are under treatment in the ED as at 10:00 local time? (including patients awaiting admission to the wards but not those patients waiting to be seen)	
2.2	How many patients are waiting to be seen?	
2.3	How many of the patients under treatment are awaiting admission to the wards? (Admission decision made and admission process initiated)	
2.4A	How many of the patients awaiting admission have a total ED time of more than 8 hours? (Time of arrival/triage before 02:00 today)	
2.4B	How many of the patients awaiting admission have a total ED time of more than 16 hours? (Time of arrival/triage before 18:00 YESTERDAY)	
2.4C	How many of the patients awaiting admission have a total ED time of more than 24 hours? (Time of arrival/triage before 10:00 YESTERDAY)	
2.5	Is ambulance bypass used by your hospital? [Yes or No response]	
2.6	How many hours of bypass away from your hospital have you had in the last 24 hours?	
2.7	How many patients presented to your ED yesterday (ie 0000 to 2400)?	
2.8	How many of those presentations yesterday required admission to the wards? (ie 0000 to 2400 – include those still waiting for admission to the wards)	
2.9	How many patient spaces with oxygen and suction are there in your ED?	
2.10	How many of the patient spaces with oxygen and suction hours were occupied at 10:00?	
2.11	How many presentations were there to your ED last year? (circle range)	<15000 15-25000 25-35000 35-45000 >45000
2.12	Please complete the following for the patient waiting for a bed with the LONGEST total ED time, ie the earliest arrival still in your ED at 10AM	
2.12A	Date of Arrival:	2.12B Time of Arrival (24hr clock):
2.12C	Date Seen by Doctor:	2.12D Time Seen (24 hr clock):
2.12E	Date Bed request/Admission start:	2.12E Time Bed Request (24 hr clock):

Forward this data collection sheet by
Email Anita.Taglieri@act.gov.au
or
Fax 02 6244 2594

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Results – highest ever response

	30 May	29 Aug	Common
Major	25	22	22 (85%)
Paed	5	6	5 (83%)
Urban	37	34	31 (74%)
Regional	25	23	21 (81%)
TOTAL	92	85	79 (79%)
Possible	100	101	100

- **22(67%) NSW, 18(85%) Qld, 17(74%)Vic, 9(90%) WA, 13(100%) others**

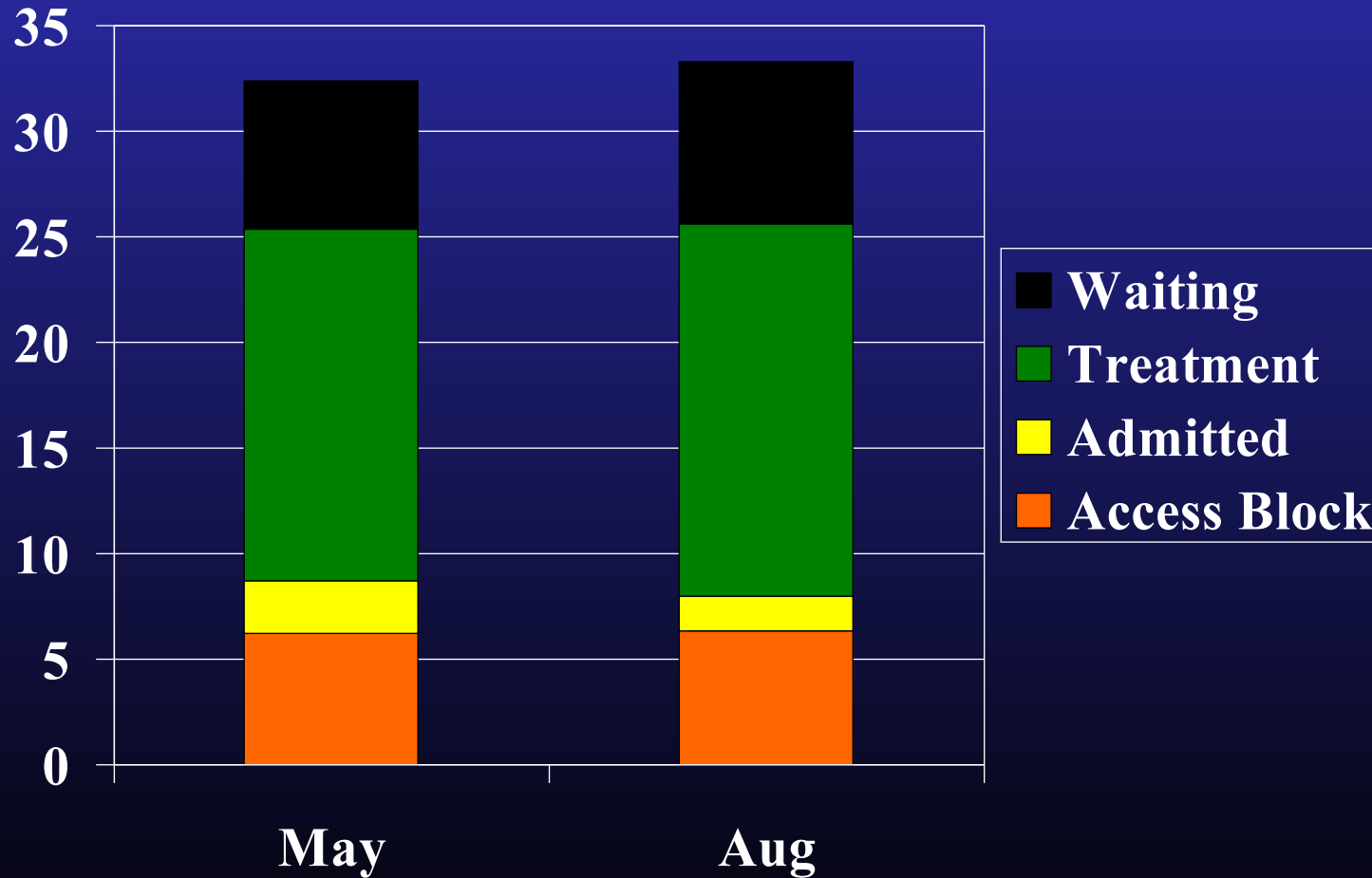
May 30

- **2243 patients receiving treatment**
- **580 patients waiting to be seen**
- **805 of receiving treatment were admitted**
 - **36% of those receiving care, more than waiting**
- **562 of those had Total ED Time > 8 hours**
 - **70% of all awaiting admission**
- **70 patients been in ED >24 hours (max 96:53)**
- **52 EDs reported at least one >12 hours since bed request (“NHS Ministerial”)**

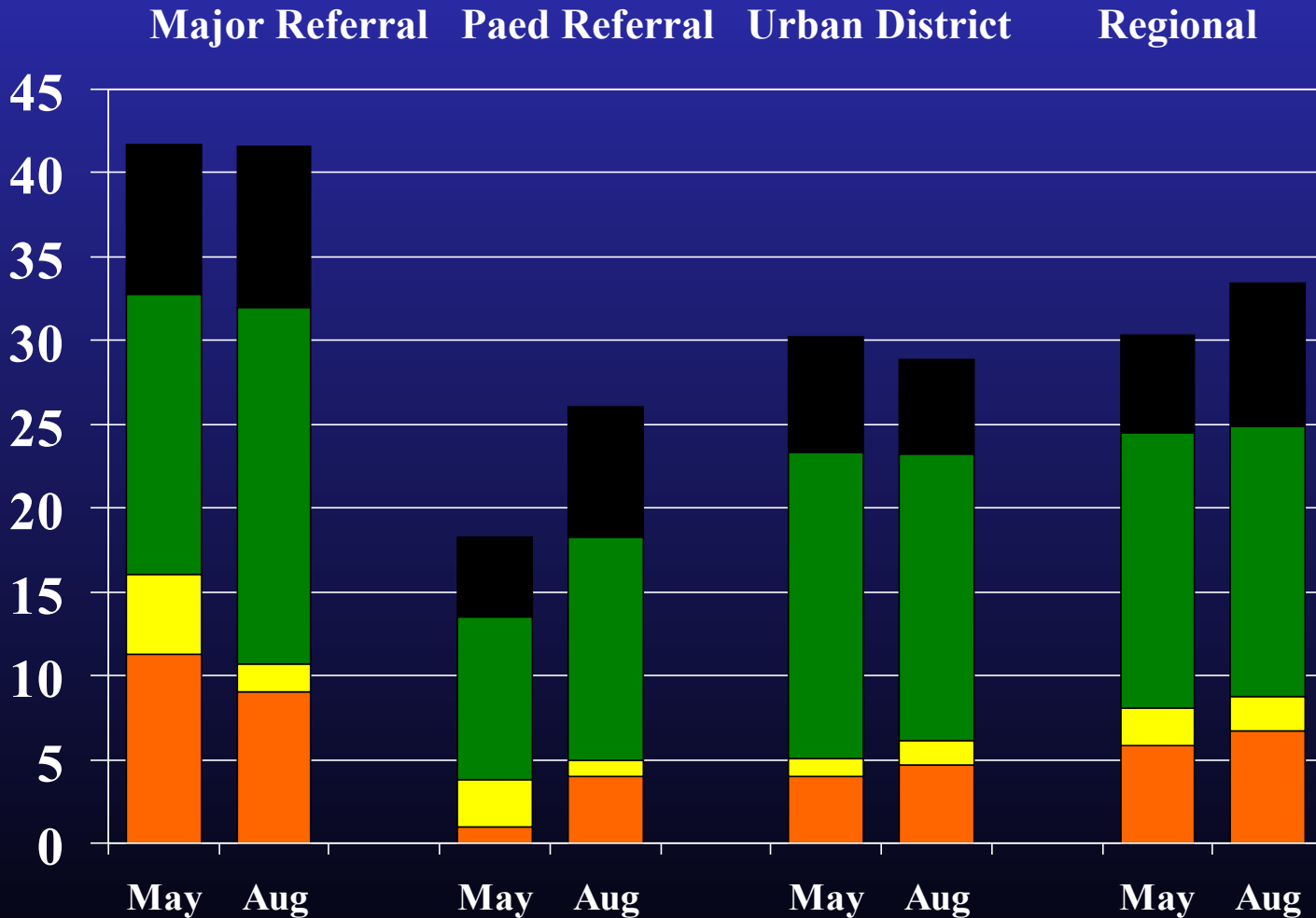
August 30

- **2176 patients receiving treatment**
- **609 patients waiting to be seen**
- **647 of receiving treatment were admitted**
 - **29% of those receiving care, more than waiting**
- **510 of those had Total ED Time > 8 hours**
 - **79% of those waiting admission**
- **73 patients been in ED >24 hours (max 88:16h)**
- **56 EDs at least one >12 hours since request**

Averages – 79 Like vs Like



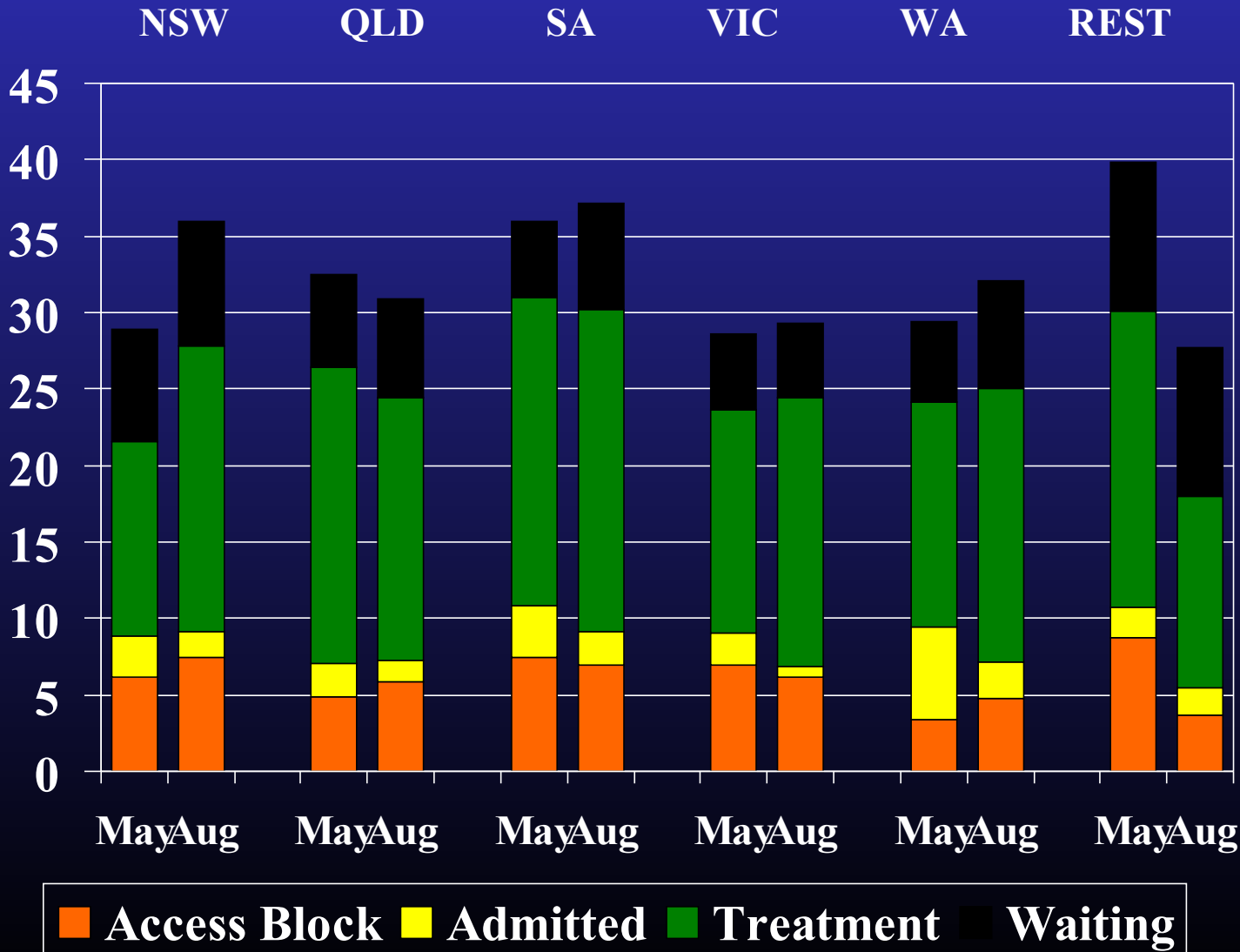
By Role Delineation



- Usual pattern
- Seems little seasonal effect in cities
- Regional catching up

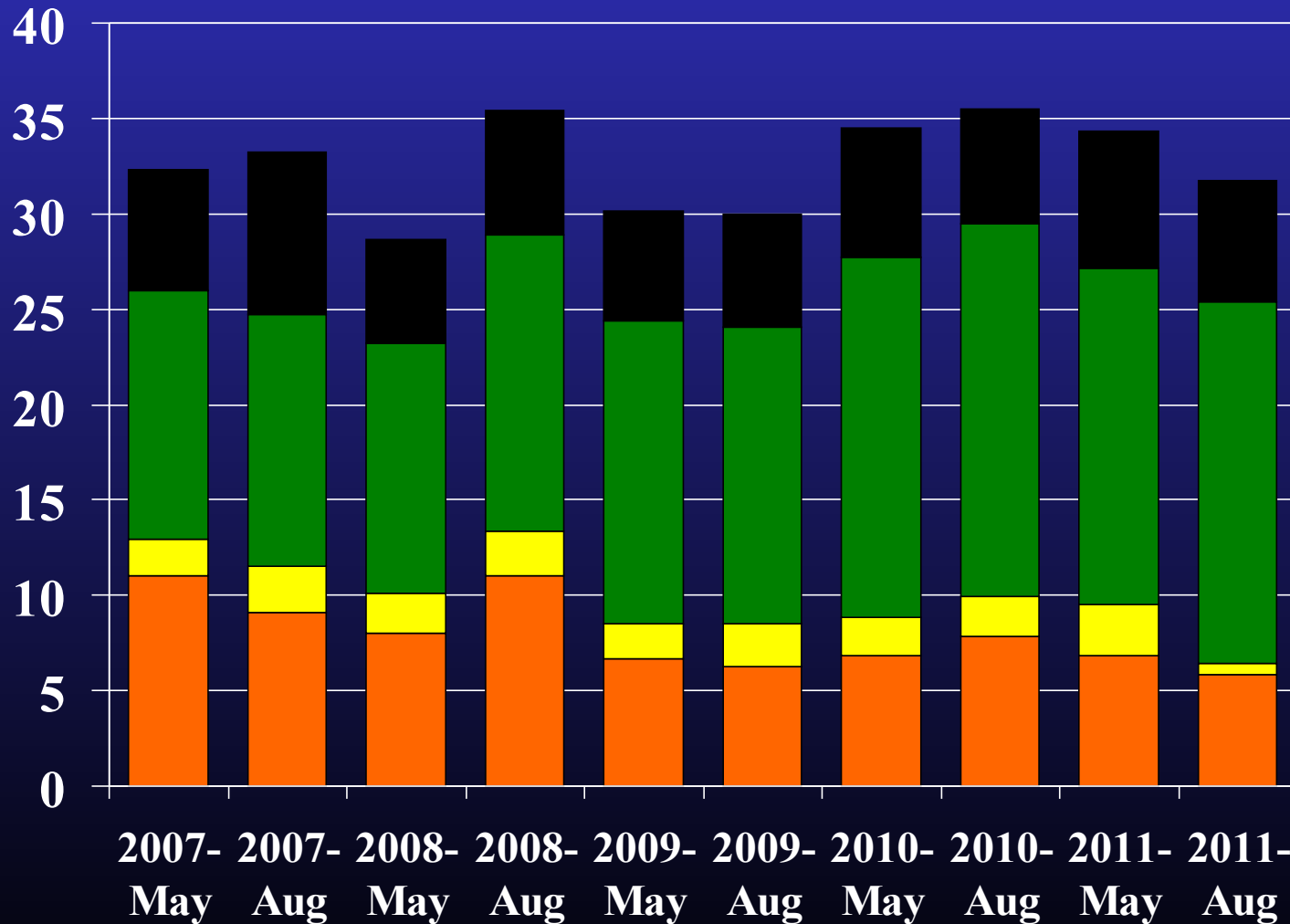
Access Block Admitted Treatment Waiting

By State



- **SA** returned to the fold after bad years
- **WA** looking good
- **NSW** now worst in tertiary hospitals

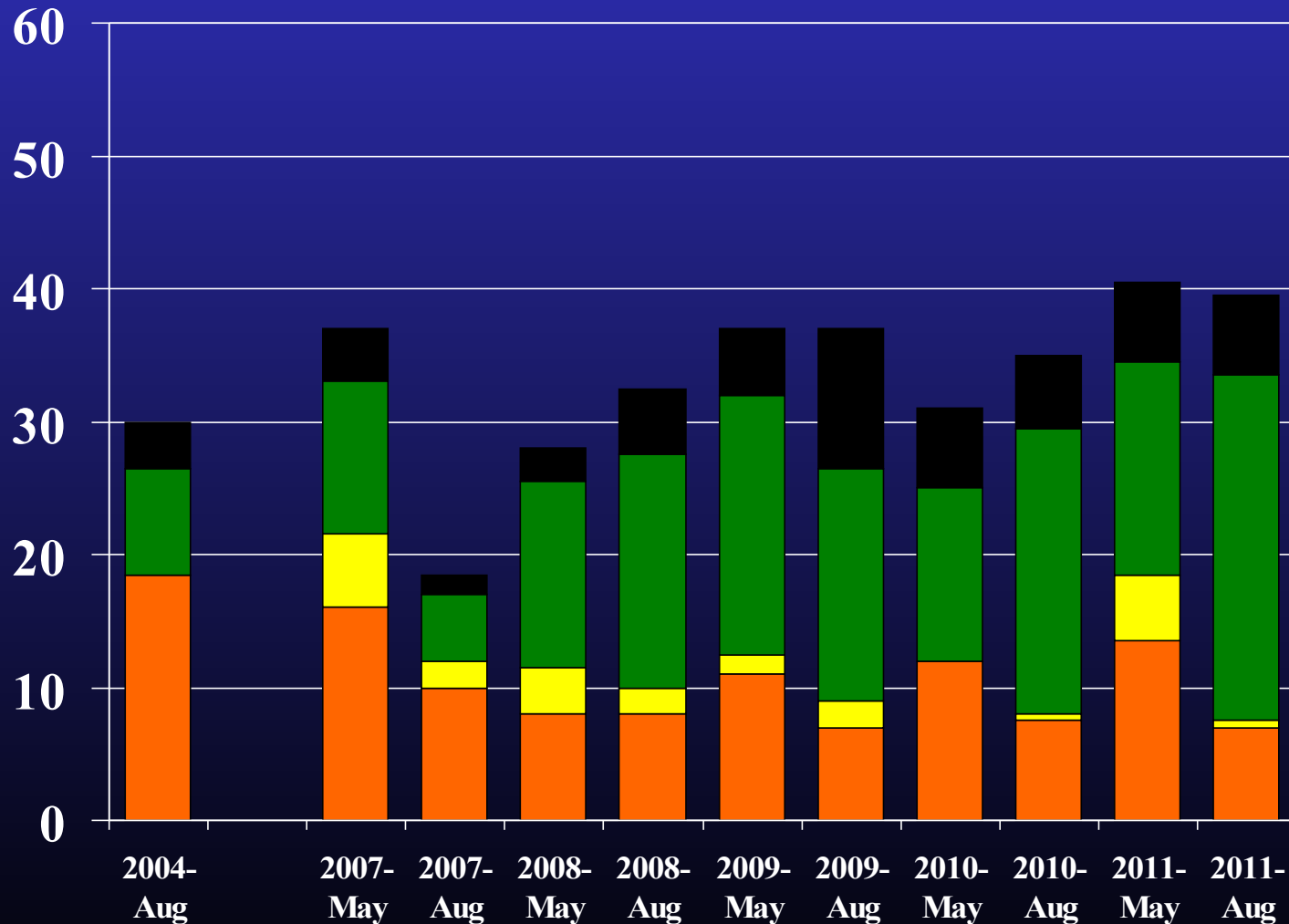
Over Time – 28 hospitals



- **National high water mark of Access Block 2008**
- **But still crowded, treating more**

Access Block **Admitted** **Treatment** **Waiting**

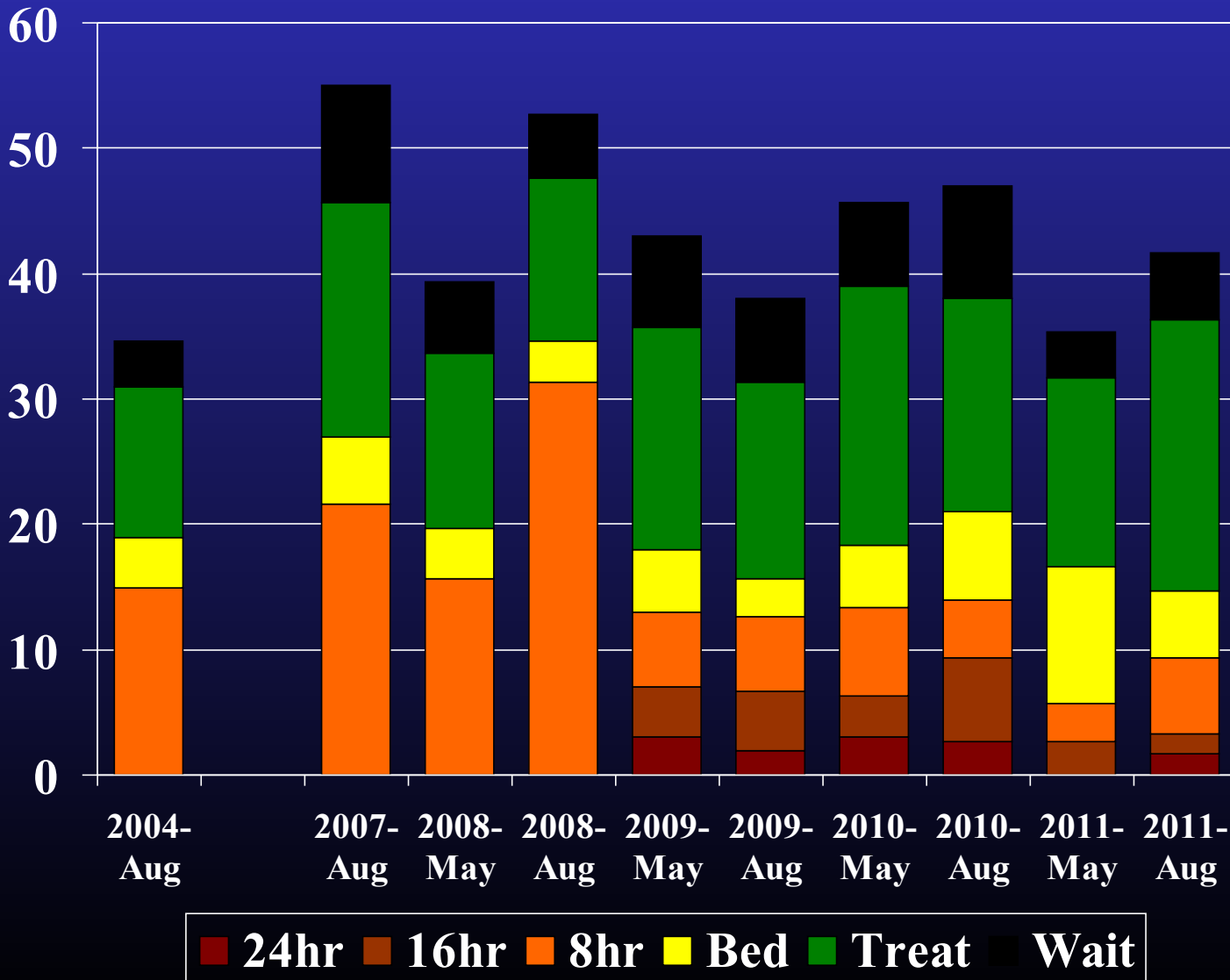
2 NSW Tertiary over time



- Lots of noise
- From worst in country to best, now headed back again

Access Block Admitted Treatment Waiting

3 WA Tertiary over time



- **Bigger EDs**
- **2008 worst**
- **Now less waiting, much less long stays**
- **Nowhere near 4 hours**

Discussion

- **Patients waiting for beds continue to constitute around 30% of ED workload**
 - **Of those, 70% experiencing access block**
- **EDs more crowded despite Access block not increasing**
 - **Is this more “inpatient substitute” work?**
- **Average: no significant change nationally, but**
 - **Regression to mean for SA**
 - **Gradual worsening for NSW**
 - **Definite improvement in WA**

Discussion

- **Light seen in tunnel last couple of years**
- **Now confirmed that Sept 2008 had the highest ever reported access block**
 - **Just at time of Summit**
- **Summit was qualified success**
- **Bad news is that increase in ongoing crowding**
- **This is independent confirmation that WA 4-hour project was associated with improvement**
 - **It has been sustained**
 - **It has not even approached 4 hours for 90%**
 - **They spent a lot of money**

Limitations

- **Low numbers for longitudinal work**
- **No accounting for new EDs**
- **Risk of selection bias – not so busy they “did not have time to answer”**
 - **Reasonable sample size for this sort of work**
- **Point prevalence is not the whole story**
- **Paediatric hospitals suffer big fluctuations**

Future Directions

- **Revision of the study underway**
- **Add new means of contact (text)**
- **New means of reply?**
- **Cleaner definition of admission (obs unit)**
- **Definitely add some “4-hour” questions**
- **Incorporate survey of directors for some annual figures when starting collection**

Conclusions

- **Access Block patients continue to constitute a major proportion of ED staff work**
- **Overcrowding/demand continues to increase**
- **2008 was the worst for block**
- **Real Improvements have occurred in WA**
- **Need to monitor effect of national access targets**

