STATEMENT ON NATIONAL TIME BASED EMERGENCY ACCESS TARGETS IN AUSTRALIA AND NEW ZEALAND

1. INTRODUCTION

The Australasian College for Emergency Medicine welcomes the acknowledgement by governments of the serious consequences for emergency department (ED) patients due to lack of hospital bed capacity implicit in adopting an ED length of stay target [1,2].

2. POSITION

2.1 Access Block and consequent emergency department overcrowding constitute the greatest threat to quality emergency care

Inadequate hospital bed capacity, or lack of an available bed when it is needed, results in delayed transfer of admitted patients from ED to an appropriate in-hospital bed, or "access block"[3]. Access block and the ED overcrowding it causes, constitute the greatest threat to quality emergency care, being associated with adverse events, errors, delayed time-critical care, increased morbidity and excess deaths[4]. In large EDs, 40% or more of staff time is spent caring for patients who are waiting for a bed, rather than looking after new emergency patients[5].

2.2 An emphasis on what is clinically appropriate for patients underpins success in improving access to care

ACEM seeks to work with Federal and State governments to guide development and implementation of strategies leading to better access to care through EDs. We aim to do this in a partnership which emphasises clinically appropriate care for patients, determined by the patient's treating clinician.

2.3 Time based targets are a tool to drive change and not an end in themselves

Time based targets are a tool to drive systematic changes in care delivery and improve patient journeys throughout hospitals[6]. Therefore, time based targets are not an end in themselves. Any time based measure relating to EDs (or any other site of care) should be one of a suite of indicators measuring aspects of the whole patient care process, to identify and quantify areas for further improvement.

Access targets for ED length of stay can only work if access to appropriate care during a patient's hospital journey and into post-discharge care is improved. These targets are intended to drive change throughout the hospital and into the community, and not just in the ED. The onus is on hospital administrators to facilitate the ability to get patients to appropriate beds when clinically indicated, without delay, by improving the whole hospital's function.

There is evidence that ED length of stay targets drive important changes in work practices, hospital and system processes, and discharge planning, leading to more efficient use of resources and reducing ED overcrowding[7]. However, evidence also demonstrates that emphasis on time alone, rather than quality of patient care, can adversely affect patient safety and staff morale[8].

2.4 Additional resources are required to achieve improvements

Additional resources will be required for redesigning current processes, improving access to diagnostic and other support services and making effective use of hospital infrastructure over extended hours, 7 days a week. In particular, appropriate, and improved, staffing of EDs, wards and diagnostic and support services is necessary to ensure prompt, timely and safe care for patients, 24 hours per day, every day.

Resources must support the continued ability of the ED, hospital and community providers to fulfil clinical education, training and supervisory obligations in accordance with national professional guidelines and standards.

2.5 Increasing system capacity

The efficiencies gained from successful implementation of national access targets may lead to a one-off improvement in capacity and access to beds through improvement in processes, possibly the equivalent of 5-8% capacity. These changes may help our health systems deal more effectively with the long term growth in demand for acute beds of 2-4% per year but cannot be the only solution[9]. Increased physical bed capacity in hospitals is required[10].

Out of hospital, demand management strategies and improved community support are necessary. In particular, the demand associated with aged care and mental health must be addressed as a matter of urgency so that sufficient resources are available for these patients to be treated in the community, thus avoiding acute hospital admission where appropriate.

2.6 Monitoring and evaluation of national access targets

Accurate audit or research data for the benefits / risks of introducing these targets are limited. Evaluation, continuous audit and transparent dissemination of results are essential to allow flexible changes in response to outcomes at the local level, and across the system. Consideration of hospitals' differing circumstances, for example, local populations and disease severity, availability of specialised resources or staffing models, must guide local implementation.

Rigorous and independent monitoring at the national level must be mandatory to safeguard quality clinical care, and to ensure optimal use of health system resources.

3. REFERENCES

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4. DATES AND NOTES

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