



STATEMENT ON ACCESS BLOCK

1. PURPOSE

This document outlines the position of the Australasian College for Emergency Medicine (ACEM) on the issues associated with access block within Australasian hospitals. Access block is defined by ACEM as “the situation where patients who have been admitted and need a hospital bed are delayed from leaving the Emergency Department (ED) because of lack of *inpatient* bed capacity”(1). An accepted measure of access block in Australasia is an admitted patient who spends longer than 8 hours in the ED from their time of arrival.

2. SCOPE

This document applies to all Australian and New Zealand public hospitals.

3. ACEM’S POSITION

Access block is the single most serious issue facing Emergency Departments in Australasia as it negatively affects the provision of safe, timely and quality medical care to patients.

Access block:

- Is the principal factor responsible for ED overcrowding which adversely impacts on all aspects of acute medical system performance including: increased patient harm and mortality, increased patient waiting times, increased patient hospital length of stay and increased ambulance turnaround times (2-4).
- Continues to worsen due to increasing pressure on the health system. Both Australian and New Zealand populations are living longer, with more chronic and complex illnesses, for which there are more available treatment options, subsequently placing significant increased demand on the health system.
- Has historically been considered to be an ED only problem. It is however symptomatic of a health system in crisis – a relative lack of hospital inpatient bed capacity compared to demand, which cannot be solved solely by ED based interventions.
- Requires multifactorial, evidence-based sustainable solutions, primarily related to increasing capacity throughout the public health system through investments in hospital infrastructure, clinical workforce and efficiencies in patient care.

4. RECOMMENDATIONS

There is no simple solution to access block. Australasian hospitals will continue to experience significant increases in demand, in the context of changing patterns of diseases, an ageing population and increased availability of therapies; with ongoing operational funding constraints.

ACEM considers that sustainable improvements to address access block can only be achieved by parallel improvements in the following domains:

- A whole-of-hospital and whole-of-system approach.
 - Transformational change implemented across the entire health system, with the identification of system-wide clinical process redesign solutions that are tailored to local needs.
- Increasing hospital and alternative care capacity, including:
 - Increases in physical inpatient bed capacity of public hospitals
 - Improving hospital efficiency through clinical process redesign

- Implementing over-capacity protocols to share the patient load more equally throughout the hospital
- Improving, and transparent, bed management practices
- Extending time based targets, which currently apply to the ED, to inpatient clinical units
- Extending hospital function beyond business hours
- Reducing hospital inpatient bed demand:
 - Decreasing inpatient and ED bed pressures by hospital avoidance strategies, such as:
 - Hospital-in-the-home and hospital-in-the-nursing-home
 - Improved access to ambulatory care
 - Chronic disease outreach programs
 - Frequent attenders programs
 - Promotion of advanced care directives
 - Improved access to step-down care and residential care
- Creating an evidence base.
 - An evidence base of interventions that successfully decrease access block is required to inform future funding decisions. Current evidence suggests that interventions such as co-located general practice services, telephone advice lines and nurse walk-in clinics, while publically popular, are ineffective in decreasing access block(5).

All actions to facilitate improvement must be underpinned by an unfailing emphasis on safe, timely and quality care for all patients.

5. REFERENCES

1. ACEM. P02 - Policy on Standard Terminology. Melbourne: Australasian College for Emergency Medicine; 2009.
2. Forero R, Hillman K. Access block and overcrowding: a literature review. Sydney: University of New South Wales, 2008.
3. Fatovich DM, Nagree Y, Sprivulis P. Access block causes emergency department overcrowding and ambulance diversion in Perth, Western Australia. *Emergency Medicine Journal*. 2005;22(5):351-4.
4. ACEM. S57 - Position Statement on Emergency Department Overcrowding. Melbourne: Australasian College for Emergency Medicine; July 2011.
5. Nagree Y, Camarda, V.J., Fatovich, D.M., Cameron, P.A., Dey, I., Gosbell, A.D., McCarthy, S.M., and Mountain, D. Quantifying the proportion of general practice and low-acuity patients in the emergency department. *Medical Journal of Australia*. 2013;198(11):4.

6. DATES AND NOTES

Approved by Council: *March 2014*

oOo

© Copyright – Australasian College for Emergency Medicine. All rights reserved.

34 Jeffcott Street West Melbourne VIC 3003

Ph: 61 3 9320 0444 Web: www.acem.org.au