SAQ 1

You are preparing for your job interview for an Emergency Consultant position at a busy metropolitan hospital. You are aware that NEAT is an important national policy affecting Australian Emergency Departments.

a. What does NEAT stand for? (1 mark)

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b. What is the definition of Access Block ? (2 Marks)

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c. What is the National Emergency Access Target ? (2 Marks)

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d. Outline potential solutions to improving Access Block & Overcrowding (6 Marks)

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Answers

a. National Emergency Access Target.

b. Access Block – the % of patients who are admitted to the hospital from the ED who cannot access the definitive site of care. For example, those who are destined for inpatient locations for definitive care. Locations: inpatient wards (any type) , another hospital.
Access block also includes those who have died in the ED.
The access block refers to inability to access a definitive care location within 8 hours of arrival in ED.
The period used for comparison between hospitals is 6 months.

1 Mark for recognising proportion / percentage of patients who do not reaching in-patient bed
1 Mark for accurate time frame of exceeding 8 hours

c. The National Emergency Access Target requires that by 2015, 90% of all patients presenting to a public hospital Emergency Departments will be admitted, transferred or discharged within four hours.
Applies to all of Australia. Taken from WA Government Emergency Access Reform Web Site.
NOTE - New Zealand Access Time Target is 95% within six hours.

d.

2 Solutions to access block and overcrowding

Reducing demand

In the community

- Improved funding of complex care for general practitioners and community providers
- Improved planning for end-of-life care
  - ➢ Mandate for residential care
  - ➢ Improved education of community and providers
- Coordination of community services
  - ➢ Reduce duplication between state, federal and community services
- Integrated and coordinated care of "frequent attenders"
- Hospital outreach — hospital-in-the-home, hospital-in-the-nursing-home, and medical assessment teams

In the emergency department

- Senior decision making (24/7)
- Short-stay units
- Accelerated evidence-based protocols
- Access to consultations and investigations

Balancing demand between elective and emergency programs

Increasing capacity

Emergency department processes

- Fast-tracking
- Laboratory and x-ray turnaround times
- Senior staffing 24/7
- Full capacity protocol (send patients to ward when emergency department is full)

Emergency department beds

- Only to the levels recommended by the Australasian College for Emergency Medicine.

Ward processes

- Whole-of-health-service bed coordination 24/7
  - ➢ Designated bed coordinator
  - ➢ Daily coordination rounds
  - ➢ Improved information technology for bed tracking and demand prediction
  - ➢ Long-stay monitoring
- Clinical inpatient rounds at least daily
- Improved speed of investigations and consultations

Ward beds

- Increase to > 3 acute hospital beds per 1000 population

Improving exit

Ward processes

- Morning discharge
- Weekend discharge
- Improved allied health and pharmacy access
- Better use of transit lounge

Community capacity

- Increased residential aged care beds
- Post-acute care services

Monitoring of acute health sector

- Emergency department processes
- Hospital processes
- Community processes

Non-solutions (unproven to reduce overcrowding)

- Nurse on call
- Ambulatory care clinics
- Ambulance bypass

1 Mark per entry to maximum of 6 marks- a maximum of 3 marks can be given for Emergency Department specific strategies i.e. for full marks must include minimum of 3 hospital or community based strategies. Table taken from Cameron PA, Joseph AP, McCarthy SM. Access block can be managed. MJA 190;7:364-368. April 2009.

SAQ 4

a) Define triage (3 marks)

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b) What are the underlying principles of triage? (2 marks)

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c) Populate the following table with the correct values (5 marks)

ATS Category	Max waiting time	ACEM target % seen in time
ATS 1		
ATS 2		
ATS 3		
ATS 4		
ATS 5		

Answers

a)

Answer must include: a process for sorting patients based on the urgency of need for medical care (3 marks)

b)

Answer must include equity (or justice/fairness) and efficiency (2 marks)

May also mention ongoing process, doing the greatest good for the greatest number, fairness/appropriateness of treat those in greatest need ahead of those who arrived before them.

c)

ATS Category	Max waiting time	ACEM target % seen in time
ATS 1	immediate	100%
ATS 2	10 minutes	80%
ATS 3	30 minutes	75%
ATS 4	60 minutes	70%
ATS 5	120 minutes	70%