

Factors

Pre hospital

- Inc patient number / seasonal
- Inc patient complexity
- Inc patient expectation
- Lack of available GP is not a major factor

ED

- Triage
- Medical - Dr/Nurse, No./Skill mix
- Inv - XR, Path times
- Allied health
- ED design and size
- Delays in decision-making
- In-patient team - time to team review/necessary in ED intervention
- Clerical/transport/bed allocation

Post ED/Access Block (pt for admission who remains in ED > 8h because of delay in accessing inpatient bed)

- Length of stay
 - Availability of outpatient/clinic
 - DC planning/lounge
 - Critical care/transfer
- Admin
- Resources - insufficient open beds, high hospital occupancy (> optimal 85%), availability of appropriate admission bed, specialisation of whole wards
- Financial incentives - elective vs emergent

Impact of overcrowding (Consultoid issues)

Bio

- Adverse events
- Morbid/mortality - 20-30% extra, 1500+ more deaths/yr
- Pt care
- Infectious disease

Ψ/soc

- Pt dissatisfaction/complaints
- Staff stress
- Financial strain on hosp/ED

Legal/ethical

- Record mixing
- Privacy
- OH+S risk

Departmental

- Increase wait time and hospital stay (+20-25%)
- Communication load
- Error risk

Solutions

Pre hospital

- Pt - education, awareness
- Appropriate non-ed services/clinics - GP, Clinics, Community groups
- Ambulance service communication/coordination/distribution
- Community health - prevention of illness
- Direct interhospital/specialist rooms ward transfer/admission

In ED

- Triage - Fast tracking
 - Team allocation to areas of ED
 - Supervisor vigilance of waiting times
- Medical - Dr, Nurse, Allied, Inv
 - Skill mix and availability
 - Medications, Equipment, Education, Protocols, Staff
- Design/layout/EMU
- Systems - computerization, documentation, clinical pathways (PTCA, trauma calls), communication systems
- Team - policies re admission
 - Time to review
 - Incentives
- Clerical - bed officer, clerical, staff

Post ED

- Surge beds
- Shortened inpatient stay
 - Outpt mx
 - Clinics
 - Hospital in the home
- DC planning (incl earlier DC ward rounds) / DC lounge
- Info systems / bed tracking / bed availability
- Incentives - Elective vs Emergent bed prioritisation (cancel elective surgery)