

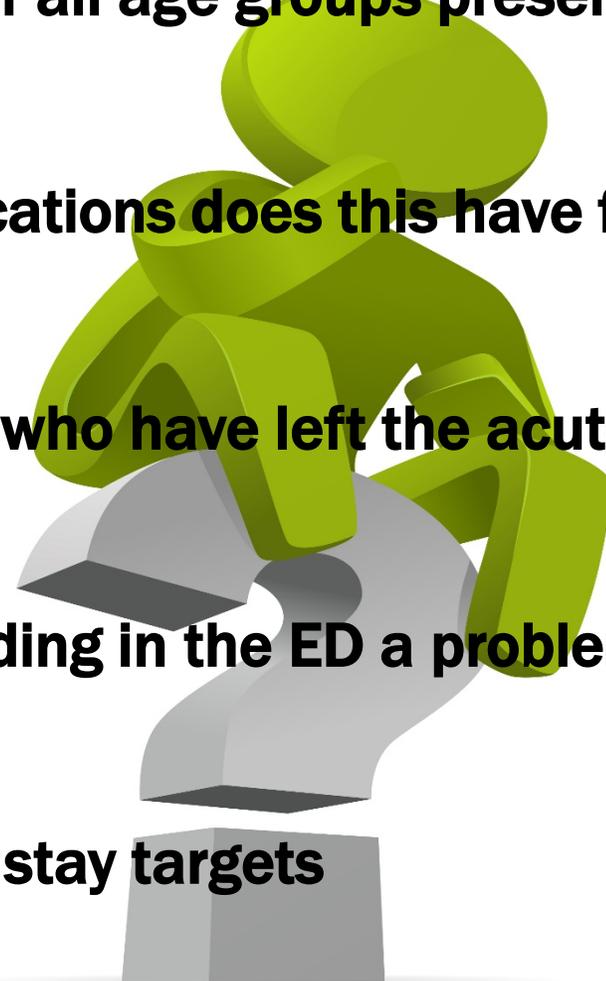
# Bed Block

BY ADRIENNE KIRI



# PECOT

- **Population**= Patients of all age groups presenting to the ED
- **Exposure**= What implications does this have for patients?
- **Comparison**= Patients who have left the acute setting
- **Outcome**= Is overcrowding in the ED a problem?
- **Timeframe**= Length of stay targets



## Question:

***“Why is “bed block” an issue in the Emergency Department and how does this effect patients and staff?”***

# Clinical issue

AKA: “Access block”, “boarding”, or “exit block”.

*“access block refers to delayed transfer of admitted patients in the Emergency Department to wards from lack of an inpatient bed” Paoloni & Fowler (2008).*



# Overview



**A phenomenon that  
occurs in ED worldwide  
and struggles to be  
resolved.....**



**Affecting patient flow  
through the hospital...**

**Causing overcrowding....**



**affecting provision of care..**



**Detriment to patient safety, morbidity  
and mortality rates.**



# What influences bed block?



Richardson & Mountain  
(2009)

# Overcrowding & Patient outcome

**“Crowded EDs are associated with poorer outcomes including increased mortality for patients seen during crowded periods”**

**(Affleck et al, p.359, 2013)**



## Length of Stay target: A NZ context

“The shorter stay target is a measure of “how efficiently our acute (urgent) patients are flowing through our public hospitals to get back home again (MOH, 2017)”.

**Length of stay target= 6  
hours**

# Performance for 2017

		Quarter three performance (%)	95%	Change from previous quarter
1	West Coast	100		0.4
2	Wairarapa	98		3.1
3	Waitemata	97		0.4
4	Bay of Plenty	96		0.2
5	South Canterbury	96		-0.8
6	Tairāwhiti	95		0.3
7	Nelson Marlborough	95		-0.5
8	Counties Manukau	95		-0.9
9	Auckland	95		-0.2
10	Whanganui	94		-0.2
11	Canterbury	94		-0.4
12	Hawke's Bay	94		-0.9
13	Lakes	94		0.7
14	Hutt Valley	93		-2.0
15	Northland	92		-0.3
16	Southern	92		-1.8
17	Capital & Coast	92		3.6
18	Taranaki	92		-2.0
19	MidCentral	91		-1.3
20	Waikato	88		0.7
	<b>All DHBs</b>	<b>94</b>		<b>-0.2</b>

# Recommendations

**LOS targets should be implemented throughout the whole hospital, a shared target will yield accountability across all departments involved in the patients' care.**

**A whole systems approach to healthcare should be adopted to ensure appropriate care planning for the patient**

**More research is needed to determine exactly the extent of the problem**

# References

Ministry of Health. (2017, 10 August). Health targets: Shorter stays in emergency departments. Retrieved from the MOH website: <http://www.health.govt.nz>

Paoloni, R., & Fowler, D. (2008). Total access block time: A comprehensive and intuitive way to measure the total effect of access block on the emergency department. [Abstract] *Emergency Medicine Australasia*, 20 , A1–A38. Retrieved from: <http://www.onlinelibrary.wiley.com>.

Richardson, D & Mountain, D. ( 6 April, 2009). Myths versus facts in emergency department overcrowding and hospital access block. *The Medical Journal Australia*, 190,369 -374. Retrieved from: Proquest.

Sprivulis, P. Da Silva, J. Jacobs, I. Frazer, A & Jelinek, G. (2006). The association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments. *Medical Journal Australia*, 184, 208 – 212. Retrieved from Proquest.