

Position Statement

National Emergency Access Target

Purpose

This position statement outlines the College of Emergency Nursing Australasia (CENA) recommendations for the implementation of the National Emergency Access Target.

Rationale

As part of the National Health Reform Agreement, the Australian Government has made a commitment to improve public patient access to elective surgery, emergency department and subacute services. On 2 August 2011, all states and territories signed a revised National Partnership Agreement on Improving Public Hospitals. Under this Agreement, a performance target has been set for emergency departments – by 2015, it is expected that 90 per cent of emergency department presentations will be admitted, referred for treatment to another hospital or discharged within four hours.

Position

The College supports initiatives and targets aimed at improving the patient access to emergency services. Furthermore, performance based targets can serve to focus attention on service deficits and promote reform. However, the College is committed to the provision of evidence based care and it is the College's position that the pursuit of efficiency targets should not result in compromises in patient safety or in the quality of the care provided in emergency departments.

In light of the National Emergency Access Target (NEAT), CENA makes the following statements:

1. That NEAT should not overrule clinical judgement, and that patient safety remains the highest priority¹
2. NEAT should be considered a 'whole of hospital' target, and as such the focus should be on improving capacity within the organisation and reducing factors which contribute to Emergency Department overcrowding
3. The NEAT targets should be implemented incrementally
4. A clear definition of ED type and a tighter definition of a 'short stay unit' should be developed to assist organisations application of the targets and improve accuracy of performance and reporting

¹ A Review of the Implementation of the Elective Surgery targets and national access Guarantee and the Four Hour National Access Emergency Department Target Information Paper, 5 May 2011. Department of Health and Ageing, Australian Government.

5. The ED reporting and auditing requirements should be clearly articulated, particularly with respect to:
 - a. Data collection methods and the impact on current IT systems and the associated costs,
 - b. Suggested data sources,
 - c. Stratification variables,
 - d. Data validation, and
 - e. Auditing methodologies.
 - f. In relation to the monitoring and the evaluation of the NEAT, CENA recommends that the patient demographics, patient acuity and, the level of activity in the ED of each hospital must be considered

6. That monitoring includes parameters to observe for possible unintended adverse impacts on the safety and quality of care. These should include:
 - a. Did not waits,
 - b. Ambulance 'off-stretcher" times,
 - c. Unplanned representations to the ED, i.e. patients representing with the same complaint as the initial presentation
 - d. Inpatient admission rate from short stay units, and
 - e. Medical Emergency Calls and/or Unplanned ICU transfer for admitted patients from ED within 8 hours of initial admission
 - f. Time from presentation to decision to admit
 - g. Time from disposition decision to physical departure from ED
 - h. Time from requested Inpatient Team review to time of Inpatient Team review commencement.