'Flawed data' driving hospital emergency department policy, study finds

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(Medical Xpress)—Measures taken to ease the pressure on overcrowded hospital emergency departments have been based on flawed data which wrongly blames general practice patients for clogging the system, according to a study by emergency specialists from The University of Western Australia.

Professor of Emergency Medicine and Fremantle Hospital emergency physician Yusuf Nagree, of UWA's School of Primary, Aboriginal and Rural Health Care (SPARHC), said there was a common belief that emergency departments were being stretched by patients who should be treated by a GP instead.

This belief was supported by Australian Institute of Health and Welfare data relied upon by governments and other organisations to inform health policy decisions. That data suggests that up to 25 per cent of ED patients would be more suited to GP assistance.

However, a study by Professor Nagree and his emergency specialist colleagues compared the data-gathering method used by the AIHW with three other methods, all of which found that the figure was closer to 10-12 per cent. The lower figure tallied with a similar study conducted recently in the United States.

The Australian study - which appears in the latest edition of the *Medical Journal of Australia*, published by the Australian Medical Association - also found that GP-type patients accounted for less than five per cent of the total ED length of stay.

The study said the AIHW methodology determined which ED attendees were GP-type patients by looking at where ED staff placed them on the Australasian Triage Scale (ATS), which prioritises care on a scale of 1-5 (1 being the most urgent).

"It has been postulated that general practice-type patients are associated with ATS categories 4 and 5, but this is not well-founded," the authors wrote. This was because the ATS was an urgency scale, not a complexity scale.

"A patient can have a low triage category but need complex care," the authors said. An example was an elderly patient who fell and broke her forearm, who would be low in urgency but high in complexity, requiring extensive allied health support to ensure safe discharge.

The authors, who examined more than 500,000 ED attendances at three tertiary hospitals in Western Australia between 2009 and 2011, said it was essential to estimate accurately the proportion of GP-type patients in the ED because incorrect data led to poor policy and planning.

"After-hours GP clinics, super clinics and polyclinics may fill gaps in medical services but have minimal effects on ED attendances," they wrote. "The impact on the ED from diverting general practice-type patients is low, and inaccurate reporting of the true proportion of these patients results in policy and program initiatives that do not address the real cause of ED overcrowding, which is the lack of available inpatient beds.

"While general practice-type patients may add to waiting room numbers, they do not cause ED overcrowding or ambulance diversion and have little effect on ED workload or waiting times."

The authors concluded: "The AIHW methodology overestimated general practice-type patient workload in EDs and should no longer be used to guide policy decisions."

Professor Nagree said the study clearly showed the data was flawed.

"We need to look at changing the indicator we use.

The data suggests one thing and sure, we have policy going along with it, but the actual true picture isn't as it seems. We're putting in policies aimed at a non-existent problem."

More information: 'Quantifying the proportion of general practice and low-acuity patients in the emergency department' *Medical Journal of Australia*, 2013.

Provided by University of Western Australia