CS46: EMERGENCY HEALTHCARE DEMAND

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DISCLOSURE INFORMATION

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Co-Authors: None to declare.
Trends in demand for Emergency Health Services in Australia: 2005-06 to 2014-15

Annual growth
- Public ED: 3%
- Ambulance: 1.5%
- Population: 1.6%
Where is the growth?

• In high urgency categories (ATS 1–3)
• Across all diagnostic groups, mainly Injury & Poisoning, Respiratory, Digestive, Infections, Circulatory, Mental disorders
• All ages, but higher in very young (<10 yo) and elderly (>60 yo)
• Male and female

Demand ➔ Congestion ➔ Consequences
Are they “inappropriate” users?

• Not from patients’ perspective

- They need medical care, many urgently
- 1 in 4 low acuity (ATS 4–5) is admitted

*Perceived Severity and Urgency as Reasons for Using EHS*

<table>
<thead>
<tr>
<th>Category</th>
<th>Not considered</th>
<th>Considered to some extent</th>
<th>Considered to a great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance: Severity</td>
<td>16.4</td>
<td>19.3</td>
<td>64.3</td>
</tr>
<tr>
<td>Ambulance: Urgency</td>
<td>12.9</td>
<td>24.4</td>
<td>62.7</td>
</tr>
<tr>
<td>ED: Severity</td>
<td>26.2</td>
<td>28.7</td>
<td>45.1</td>
</tr>
<tr>
<td>ED: Urgency</td>
<td>12.6</td>
<td>32.4</td>
<td>55</td>
</tr>
</tbody>
</table>

~90% use EHS for urgent care
We need to manage demand

• **Improved primary** and **secondary prevention** to lower the rate of acute health crises. Requires extensive system wide strategies

• **Treatment in-situ**: information provision, using technology to monitor status from afar and provide assurance, treat and not transport by ambulance and primary care options (e.g. mobile GPs)

• **Diversion** to an alternative service, e.g. primary care, private ED etc
What works and what doesn’t?

😊 Prevention: healthier people
😊 Telephone & Nurse Advisory services
😊 General practitioner (GP)
😊 Other Primary Healthcare
😊 Private sector

• Expanded paramedic role
  😊 In-situ treatment; Diversion
  😊 Extra pressure on ambulance

➢ Patient’s perceived need for urgent care is the key.
Coordinated Approach to Acute Care

• To identify and provide access to safe and cost-effective alternatives to meet the patients’ needs

• System-wide coordination of pathways to EDs and inpatient care

• Coordinated approach to information and advice:
  – Utilising existing ED, ambulance dispatch, and telephone and nurse advisory services
  – Working in partnership and supported by medical advice

• Service provision including primary care and community services facilitated by nurse / advisory systems

• Enhanced education and scope of paramedics’ practice to facilitate primary evaluation and deferral or fast-tracking to appropriate services

• Coordinated approaches to data collection, sharing and analysis to facilitate system-wide evaluation
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See you in Brisbane, Australia in 2019!
Thank you!