

Responses to the COVID-19 Pandemic in Australasian EDs

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BACKGROUND

- The COVID-19 pandemic was associated with rapid changes in Emergency Department (ED) structure and function worldwide in anticipation of increased patient load

OBJECTIVES

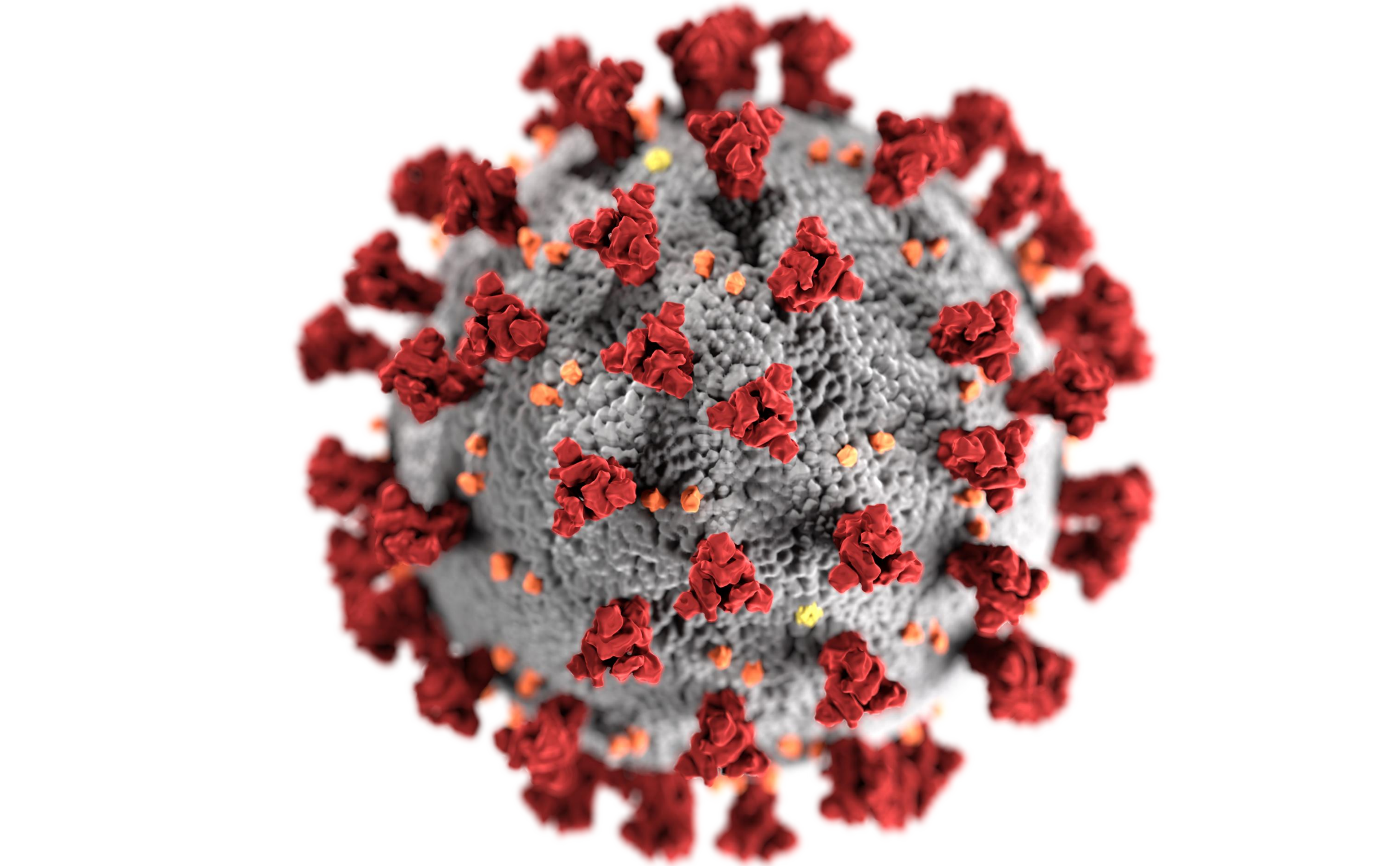
- To describe the reported pandemic-related changes in Australasian EDs

METHODS

- Voluntary survey of all EDs accredited by the Australasian College for Emergency Medicine in Australia and New Zealand in July 2020
- Answers were received by fax and email with telephone follow-up
- Analysed with descriptive statistics categorizing hospitals by jurisdiction and role delineation

RESULTS

- Seventy of 152 eligible EDs (46%, 95%CI 38-54) returned the survey, representing all jurisdictions and role delineations, with a minimum response rate of 25% (95%CI 4-64) in one Australian State and 33% (95%CI 22-46) in Urban District hospitals
- Returned surveys indicated a wide range of hospital approaches to the pandemic
- Free text submissions indicated that an opening date - closing date model for interventions such as “Hot Zones” was simplistic
- Most, 65/70, 93% (95%CI 83-97) EDs reported setting up a dedicated “Hot Zone” for care of suspected or proven COVID-19 patients (all major referral and paediatric hospitals)
- The majority (53/61) of Hot Zones were established between 1-Mar-2020 and 14-Apr-2020, although 5 were earlier and 3 later, and 14 had closed by the end of June 2020.
- Thirty-one of 70 44% (95%CI 33-57) reported opening a “Fever Clinic” in the ED at least briefly, although the survey answers did not always clarify whether these patients or the staff involved were regarded as part of ED workload



- Sixty EDs (86%, 95%CI 75-93) reported having an Observation Unit in February 2020 (all Major Referral Hospitals reported one)
 - Nine (15%, 95%CI 8-27) of these were completely closed and seven (12%, 95%CI 5-23) partially closed in order to accommodate pandemic-related changes
- Overall, 13 departments reported fewer patient spaces (ED plus observation Unit) on 30-Apr-2020 than 1-Mar-2020, and 14 reported more
 - The largest changes occurred in the largest hospitals: the greatest increase was 15 ED spaces and the greatest decrease was 17 Observation Unit spaces
 - Nine of 18, 50% (95%CI 27-73) of major referral hospitals reported a change in patient spaces compared to 8/27, 30% (95%CI 14-50) of regional/remote hospitals
- Additional medical staff were employed by 26 EDs (37%, 95%CI 26-50) and more nursing staff by 35 (50%, 95%CI 38-62)
 - This was more common in Major Referral hospitals (56% for both, 95%CI 31-78)

LIMITATIONS

- Possible participation bias
- Survey data with no external validation
- No data on changes outside ED including dedicated construction

CONCLUSIONS

- The onset of the pandemic was associated with a wide range of preparatory responses in Australasian EDs
- The pandemic itself did not conform to expectations and further follow-up data is required to understand which changes were reversed and which were maintained
- Given the impact on ED flow and even counting of presentations, any description of pandemic workload requires an understanding of how each ED changed

