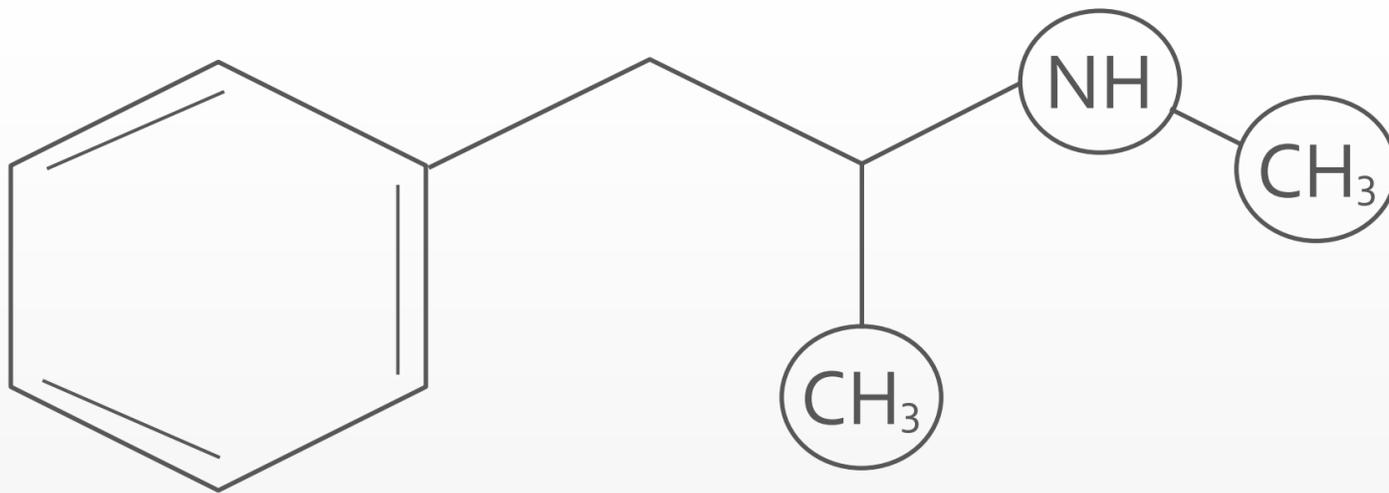




Meth-related Emergency Department Attendances

Report for July to December 2017



Prepared by:
Emergency Department Data Collections
Data and Information Branch
Information and System Performance Directorate

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Contents

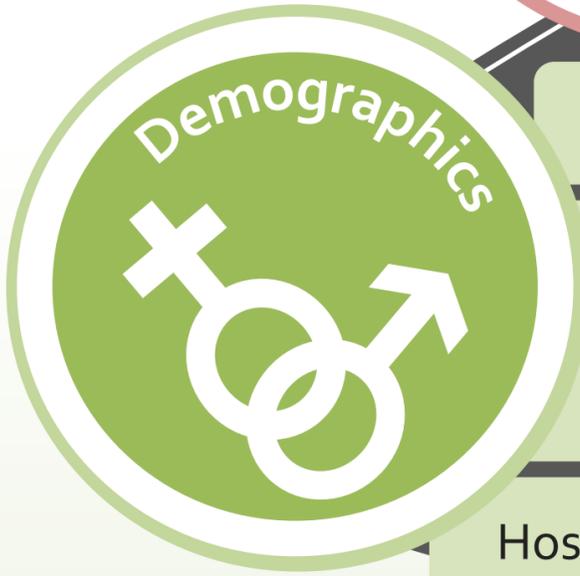


Purpose of this report

1

Summary Infographic

2



Gender

3

Age

4

Ethnicity

5

Hospital Distribution

6



Time of Day

7

Arrival to an ED

8

Departure from an ED

9

Urgency Category

10



Diagnosis & Symptoms

11

Median Times

12

Frequent Attendances

13



Demographic Notes

14

Basic Characteristics Notes

15

Further Characteristics Notes

16

Glossary

17



Purpose of this report

The use of Crystal Methamphetamine, better known as Meth or Ice, is a significant community health concern. The negative effects experienced between Meth users and first-hand encounters from health professionals in the Emergency Department have been well-documented in the media.

Of those who use amphetamines in Western Australia, more are choosing to use methamphetamine, a more potent form, and they are using it more frequently than in the past. Analysis of seizures by enforcement authorities shows that methamphetamine potency has increased in recent years. Amphetamine use can cause anxiety, depression, paranoia and psychosis in those people who have a vulnerability to mental health problems. However, alcohol use is of significant concern to the community and there are a range of problems that may occur as a result of drinking too much, resulting in a substantial number of hospitalisations and emergency department presentations. Therefore, it is important to note that substantial harm is also experienced from alcohol and other drugs – not just methamphetamine.

Both the Department of Health and the Mental Health Commission have identified a need for information about patients attending an ED who are affected or likely affected by Meth.

From 1 July 2017, Meth-related ED attendances data are being captured across the three main Tertiary sites and four selected metropolitan and rural hospitals, accounting for 50% of state-wide ED attendances. These sites all use the Emergency Department Information System (EDIS). There are on-going efforts to collect data from the remaining public hospitals.

This report provides information and aggregated data on the key findings, demographics and characteristics of Meth-related Emergency Department Attendances from July to December 2017.



Alcohol and other drug services are available to help you and your loved ones.

For free help, call the Meth Helpline on 1800 874 878



Key Findings



Summary on Meth-related ED Attendances for July to December 2017



Meth-related ED Attendances **3,369**

Admission Rate: **23.3%**

Of all ED Attendances **1.3%**



Male: 64.0%
Female: 36.0%



26-35 Years old
36.2%



20.9% Aboriginal

RPH: 25.7% **FSH: 12.7%** **SCGH: 14.5%** **Tertiary Total: 53.0%**



Time of Day: **6.8%**
5pm-6pm

Saturday 21.7% Average Attendances



40.0%

Arrived by: **Ambulance**

Departure from ED: **56.2%** Departed under own care

Triage Category: **47.8%** **3**

Top 3 Symptoms: Based on clinical judgement

- 17.5% SUICIDAL
- 16.8% DRUG USE
- 16.8% INAPPROPRIATE BEHAVIOUR

Top 3 Diagnoses: Based on clinical judgement

- 14.6% AMPHETAMINE POISONING
- 10.6% PSYCHOTIC EPISODE
- 10.6% DRUG INDUCED MENTAL DISORDER

Length of Stay: **4.2 hrs**

Wait Time: **24 min**

Re-attendance Rate: **20.1%**

Re-attended with an additional Meth-attendance



Demographic and Geographic Distribution of Meth-related ED Attendances

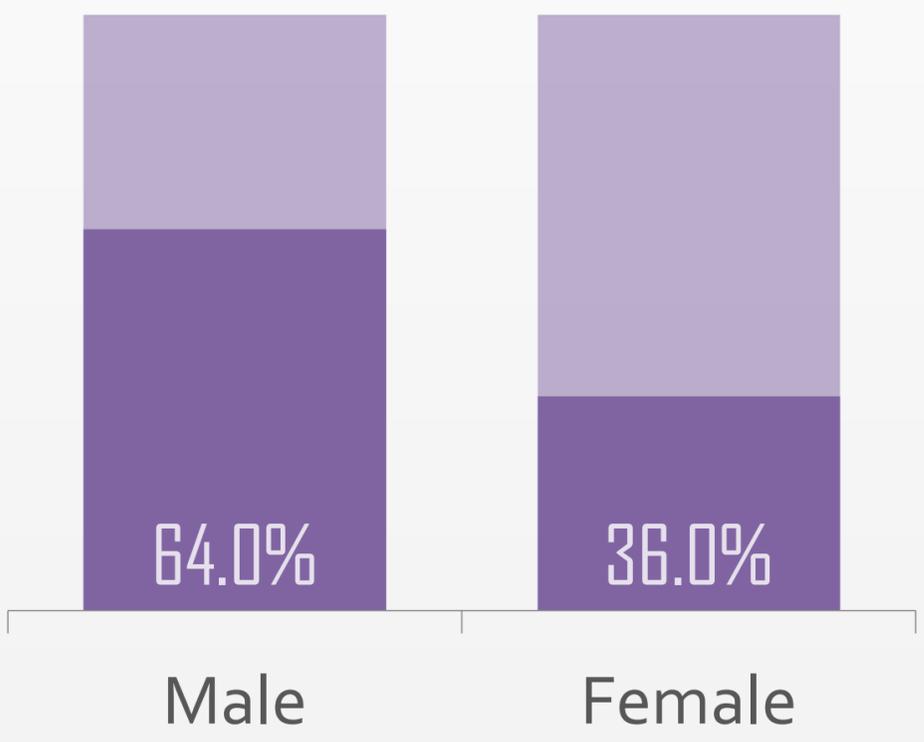




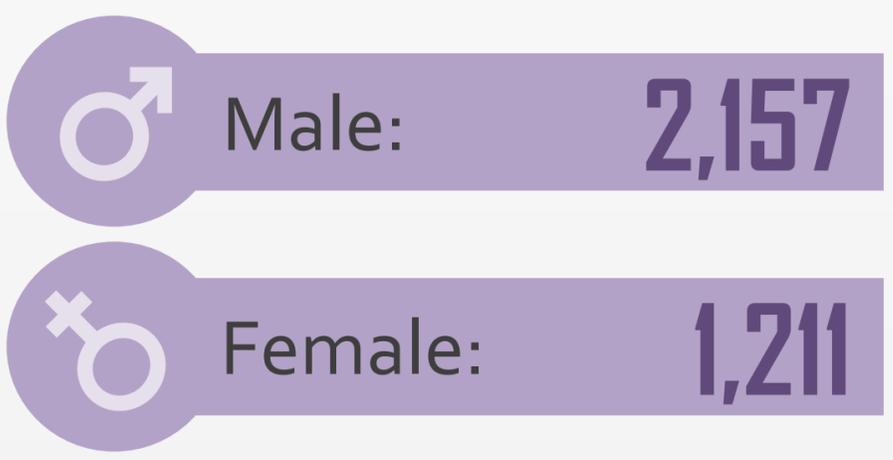
Which gender is the most common among Meth-related ED Attendances?



Gender Distribution



Meth-related ED Attendances by Gender

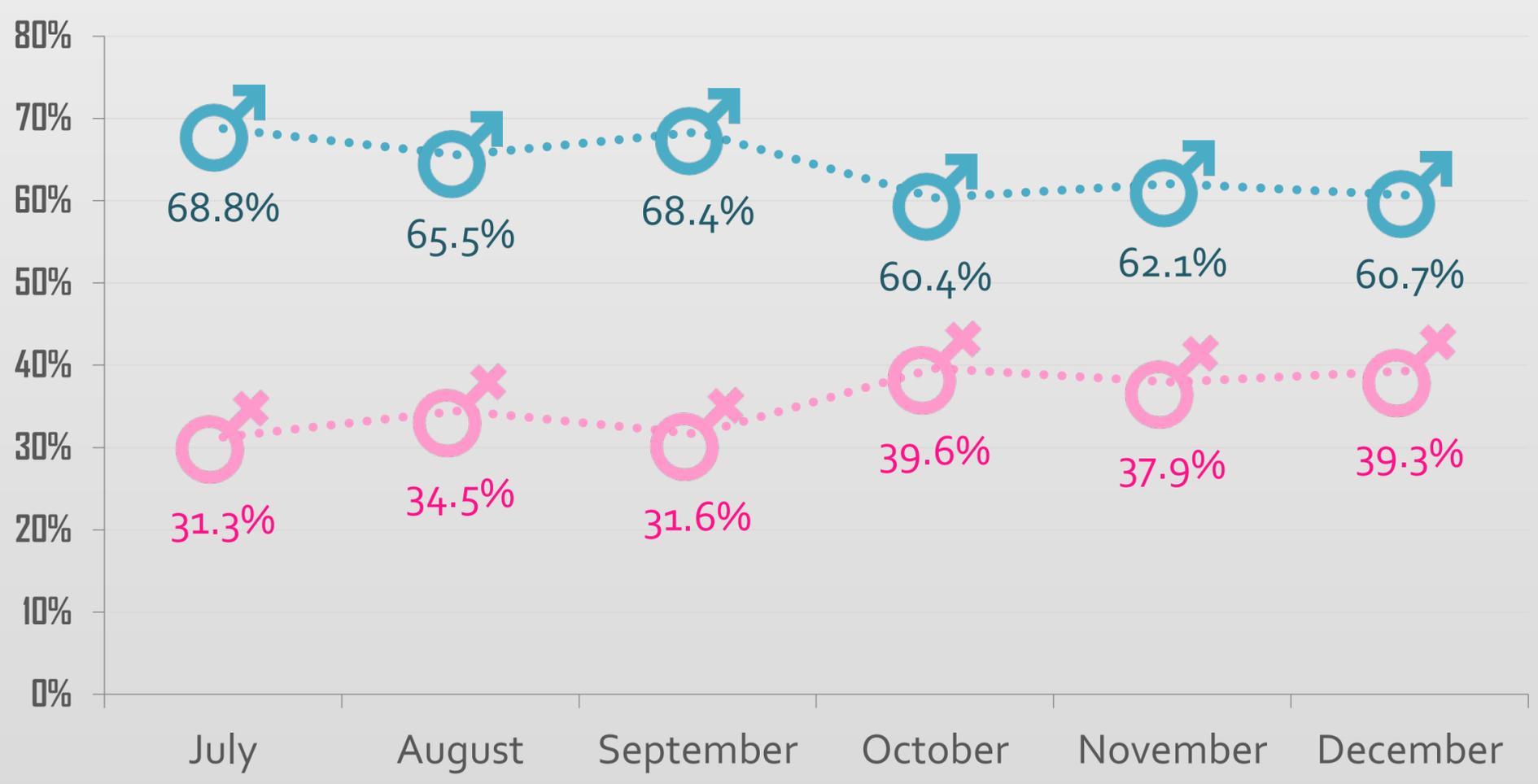


Snapshot: July to December 2017

Monthly Trends

Proportion of Males to Females Meth-related ED Attendances

♂ Male ♀ Female

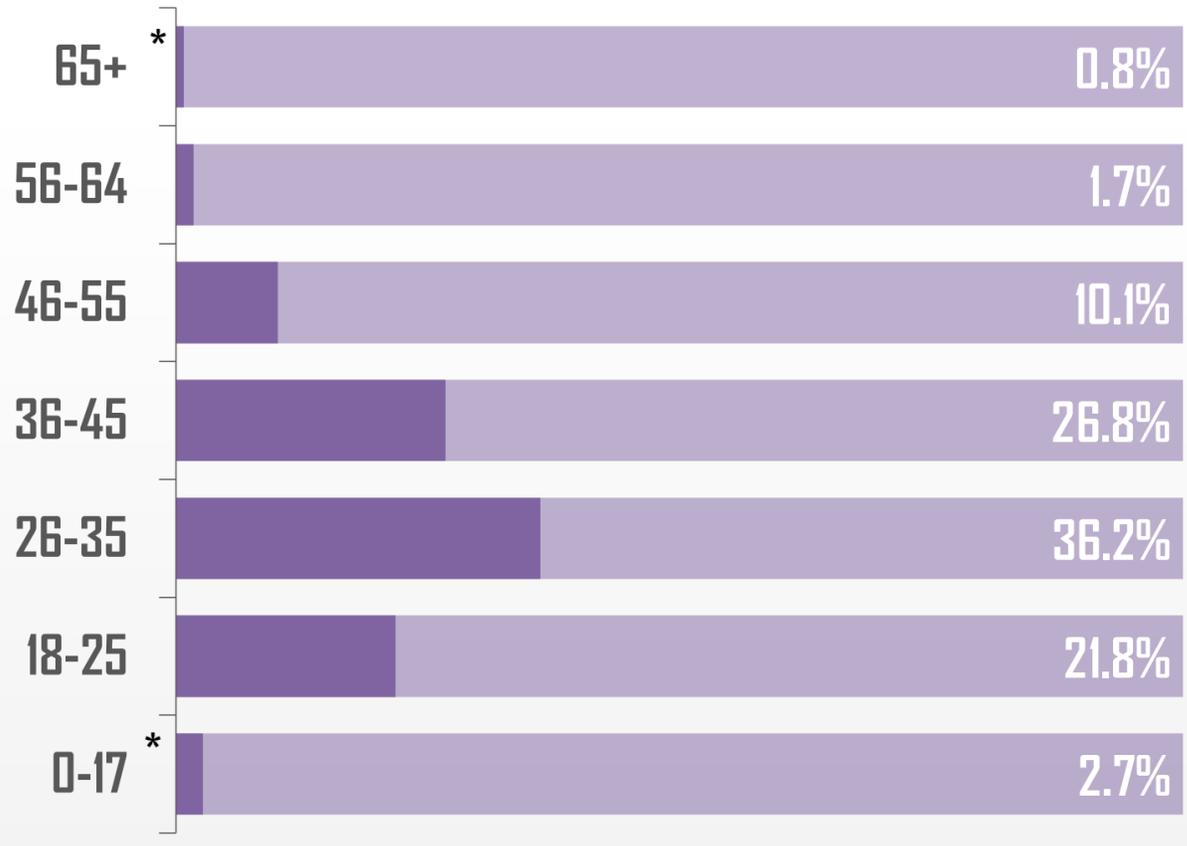




Which age-group produces the most Meth-related ED Attendances?



Age-group Breakdown



Highest Proportions

Highest
26-35 years old
36.2%

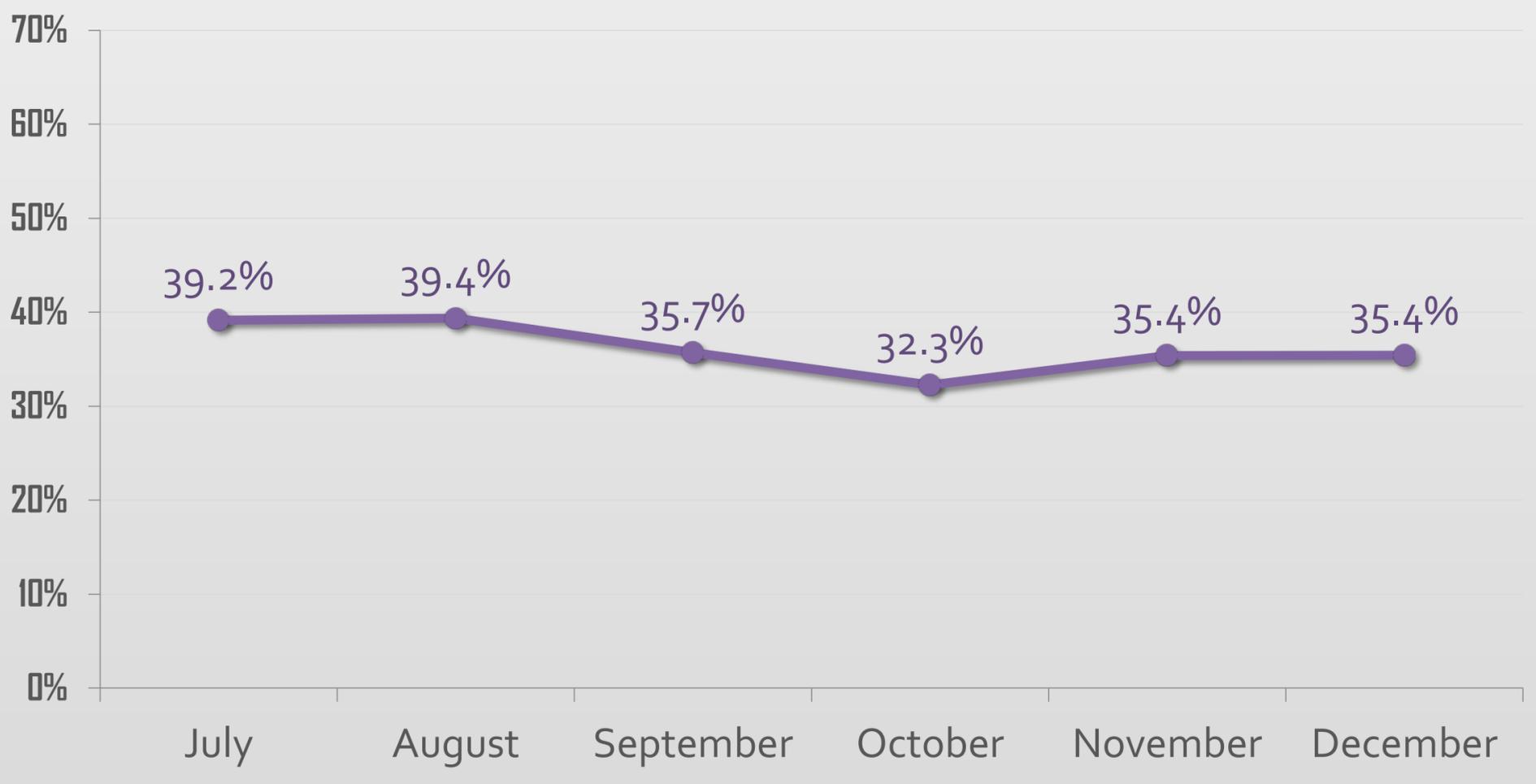
Second Highest
36-45 years old
26.8%

Snapshot: July to December 2017

Monthly Trends

Proportion of 26-35 year olds Meth-related ED Attendances

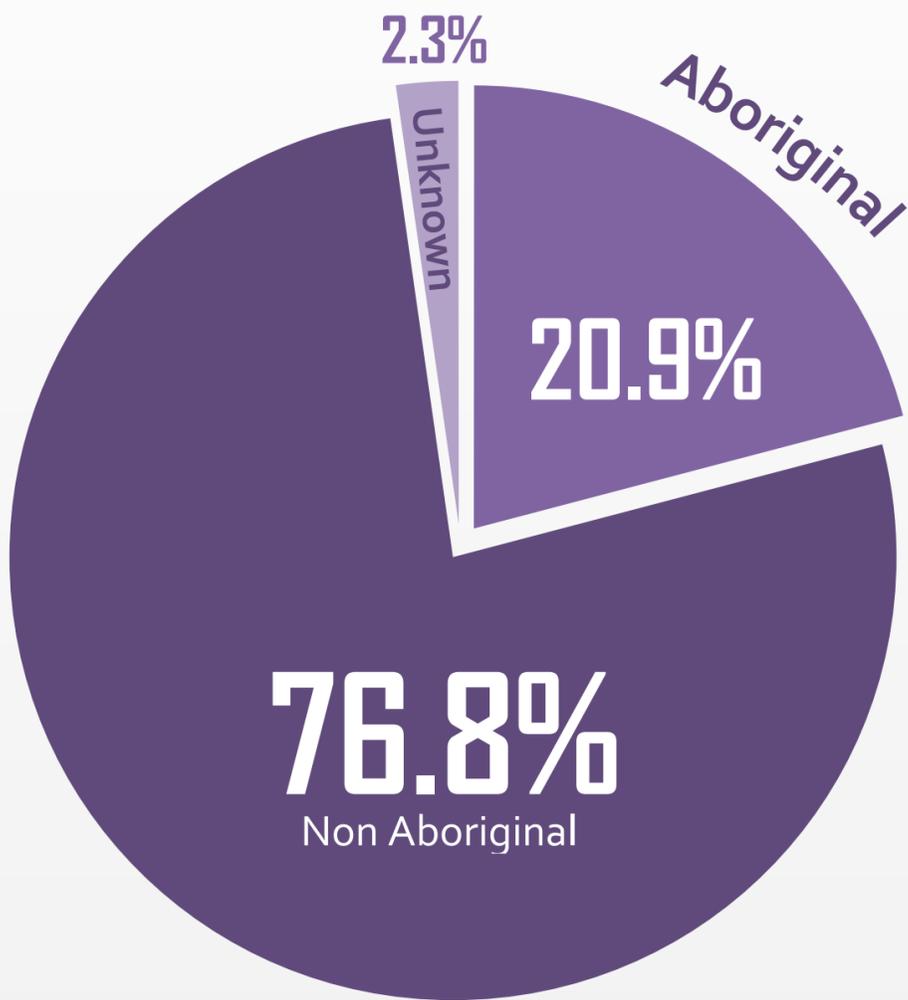
● 26-35 years old



*See Demographic Notes and Caveats on Age Group



Breakdown of Ethnicity among Meth-related ED Attendances



Note: Aboriginals represent 4.5% of all ED Attendances at the selected 7 hospitals

Aboriginal

patients account for:

20.9%

of Meth-related ED Attendances.

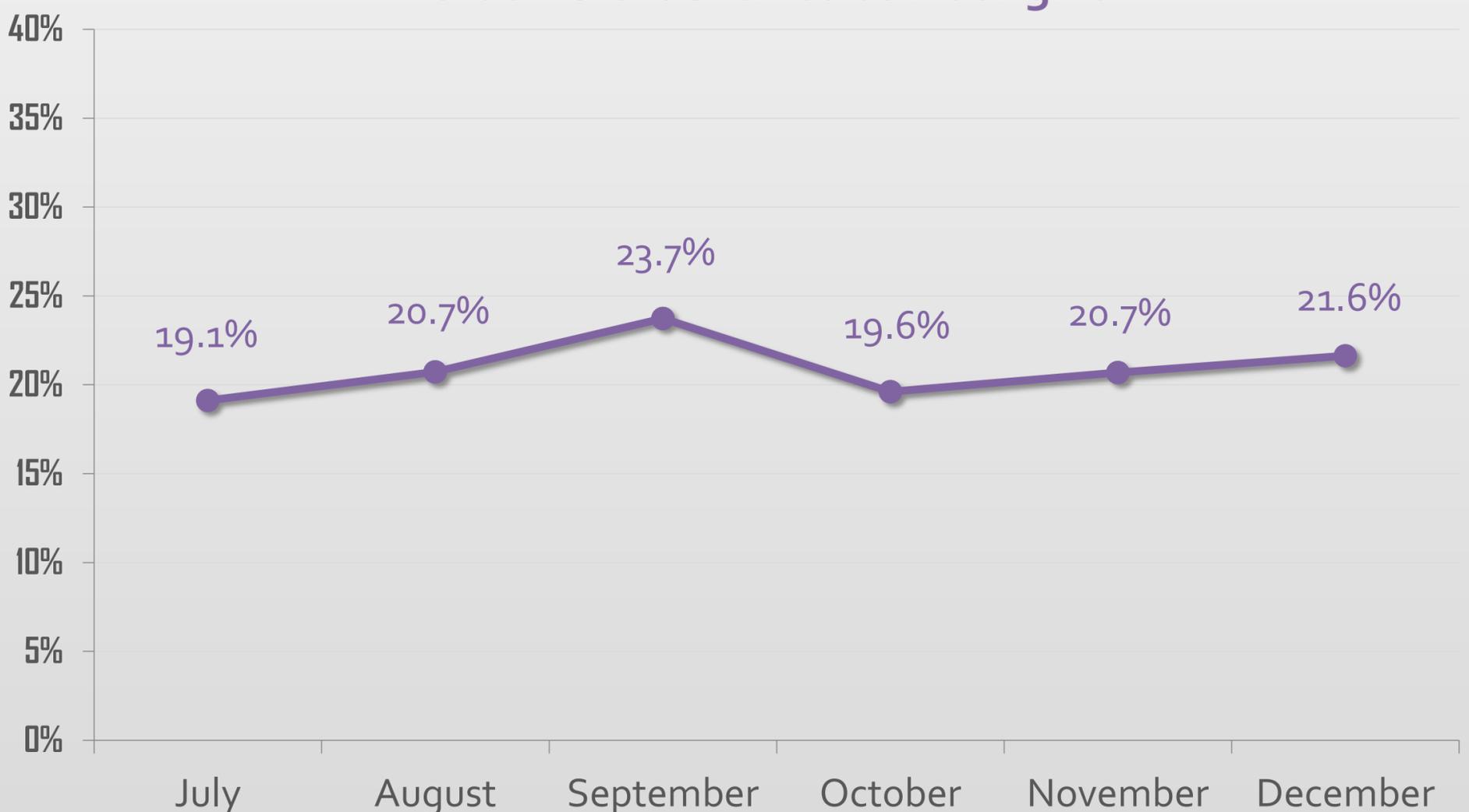
The hospital with the highest proportion of Aboriginal Meth-related ED Attendances is:

RPH at 37.4%

Snapshot: July to December 2017

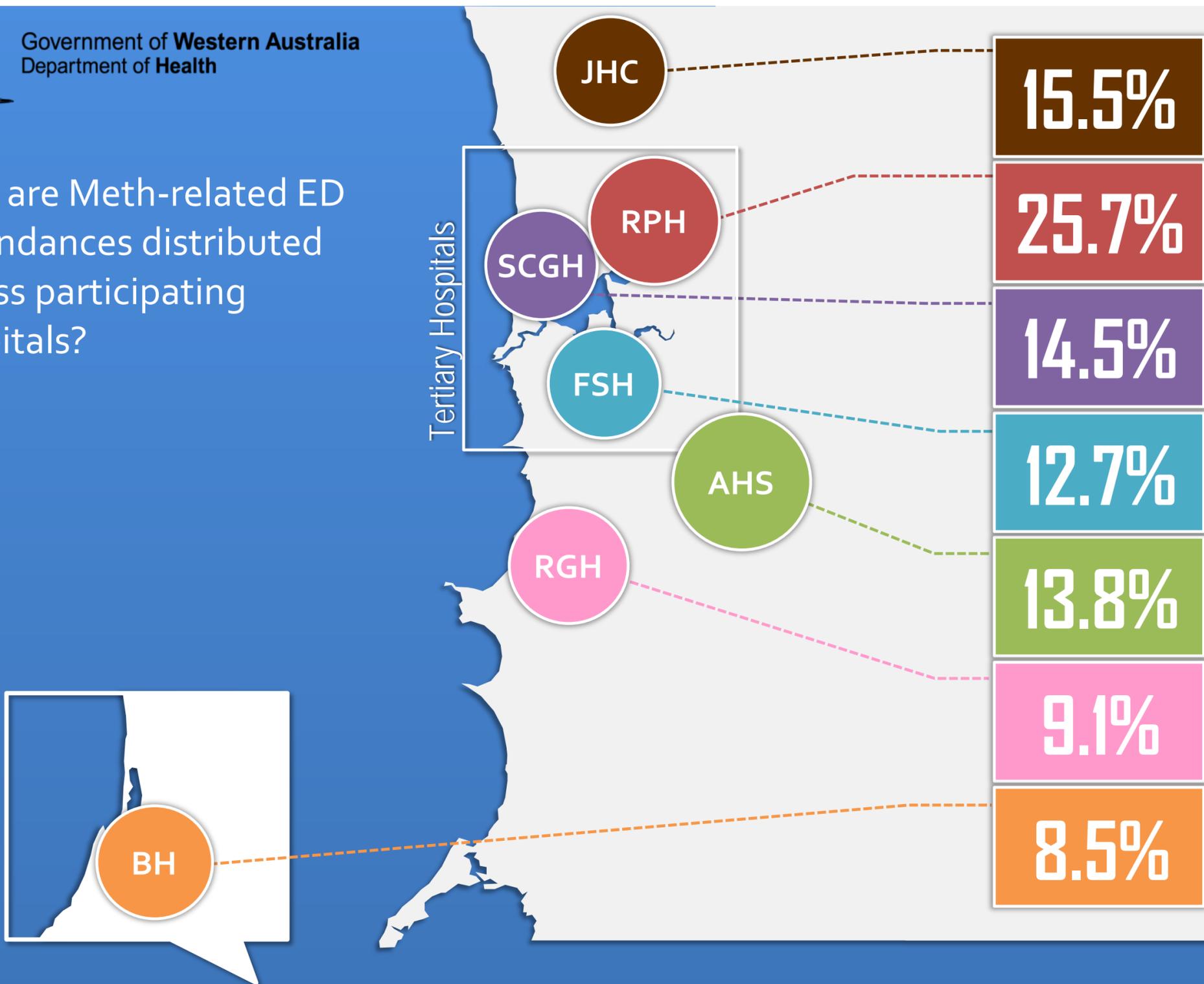
Monthly Trends

Proportion of all Meth-related ED Attendances that were identified as Aboriginal

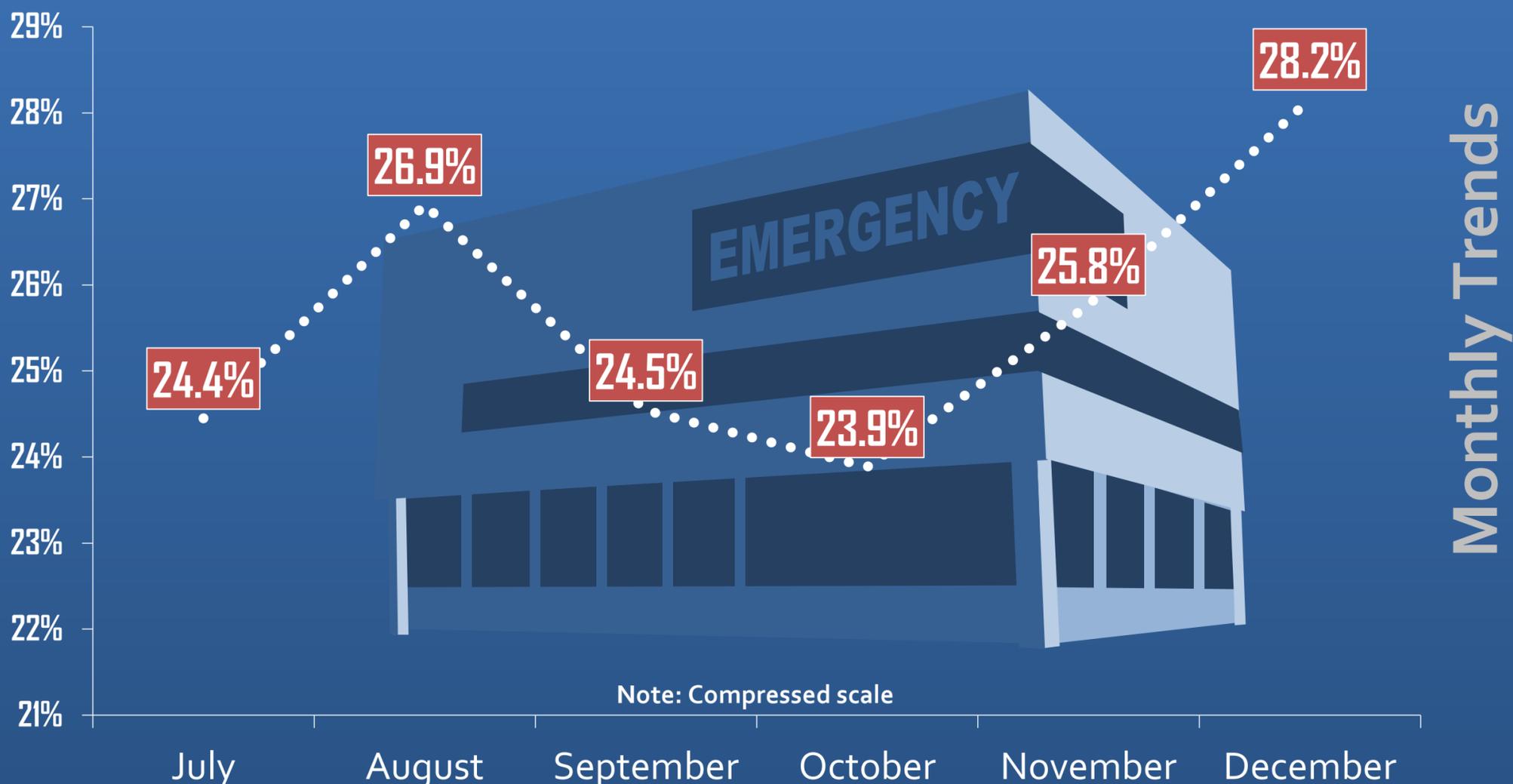




How are Meth-related ED Attendances distributed across participating hospitals?



Proportion of all Meth-related ED Attendances that presented at Royal Perth Hospital

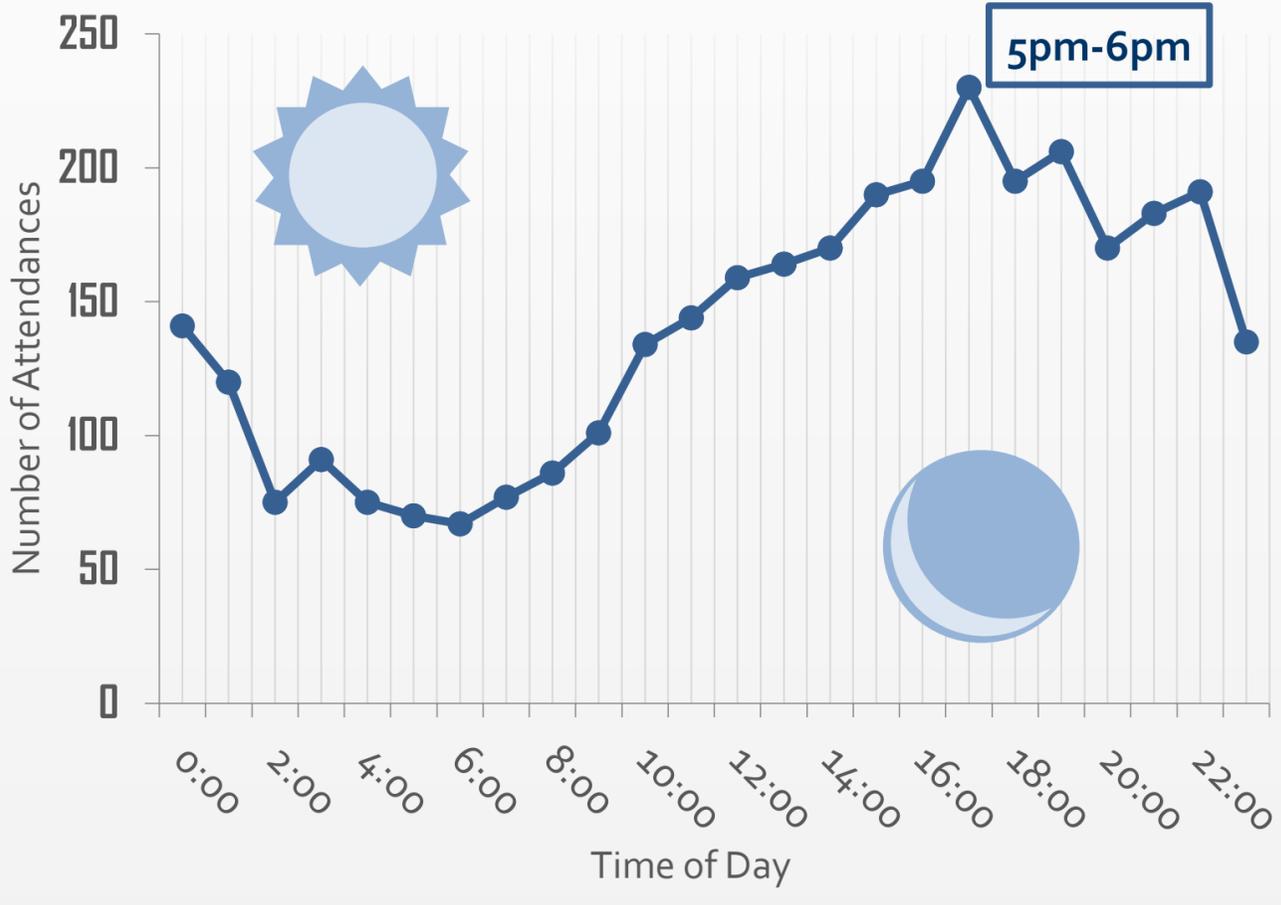






When are Meth-related ED Attendances most likely to occur?

Total Meth-related ED Attendances by Time of Day for July to December 2017



Day of the Week Saturday

had the highest average
Meth-related ED Attendances at:

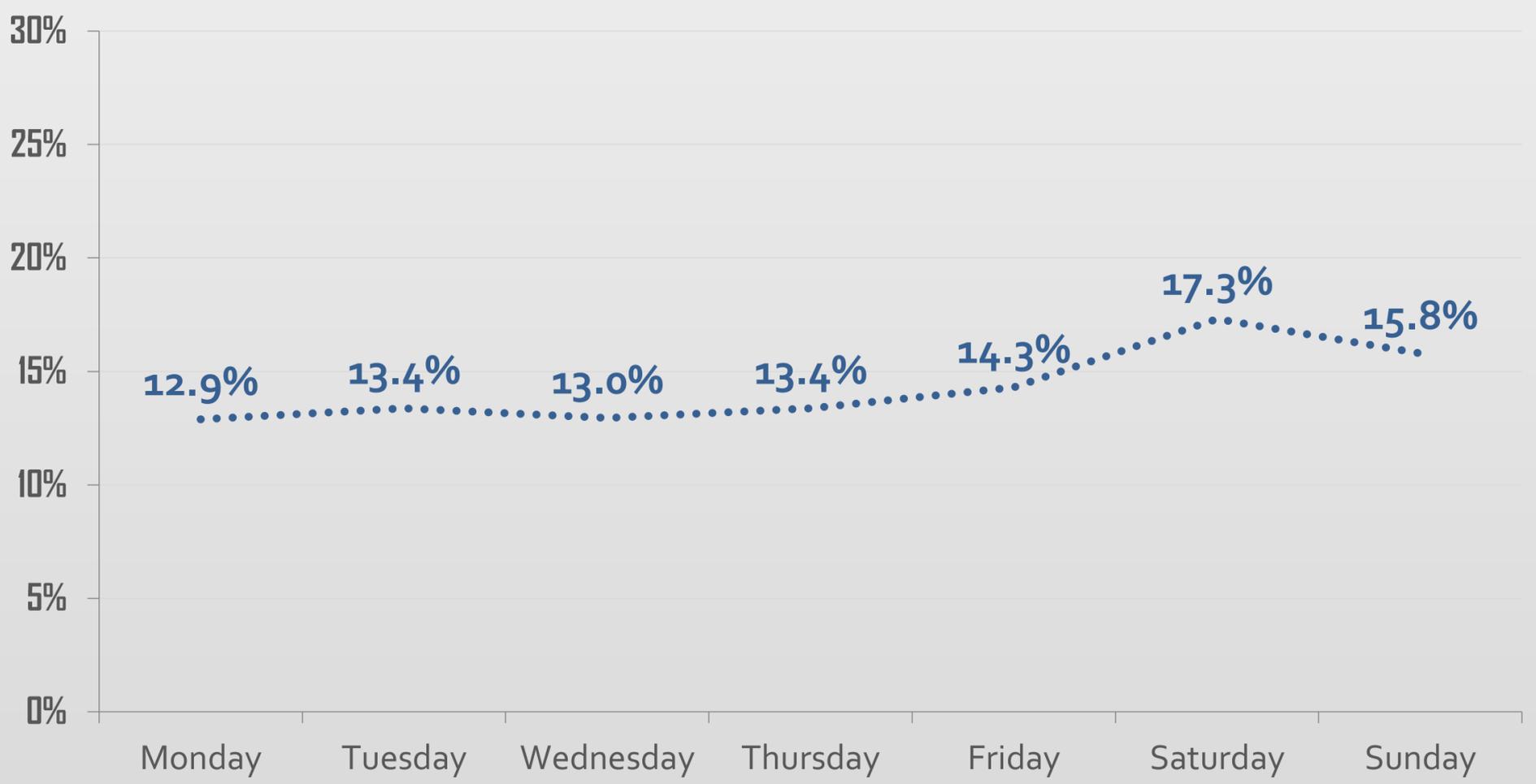
21.7

Followed by Sunday at 19.9

Snapshot: July to December 2017

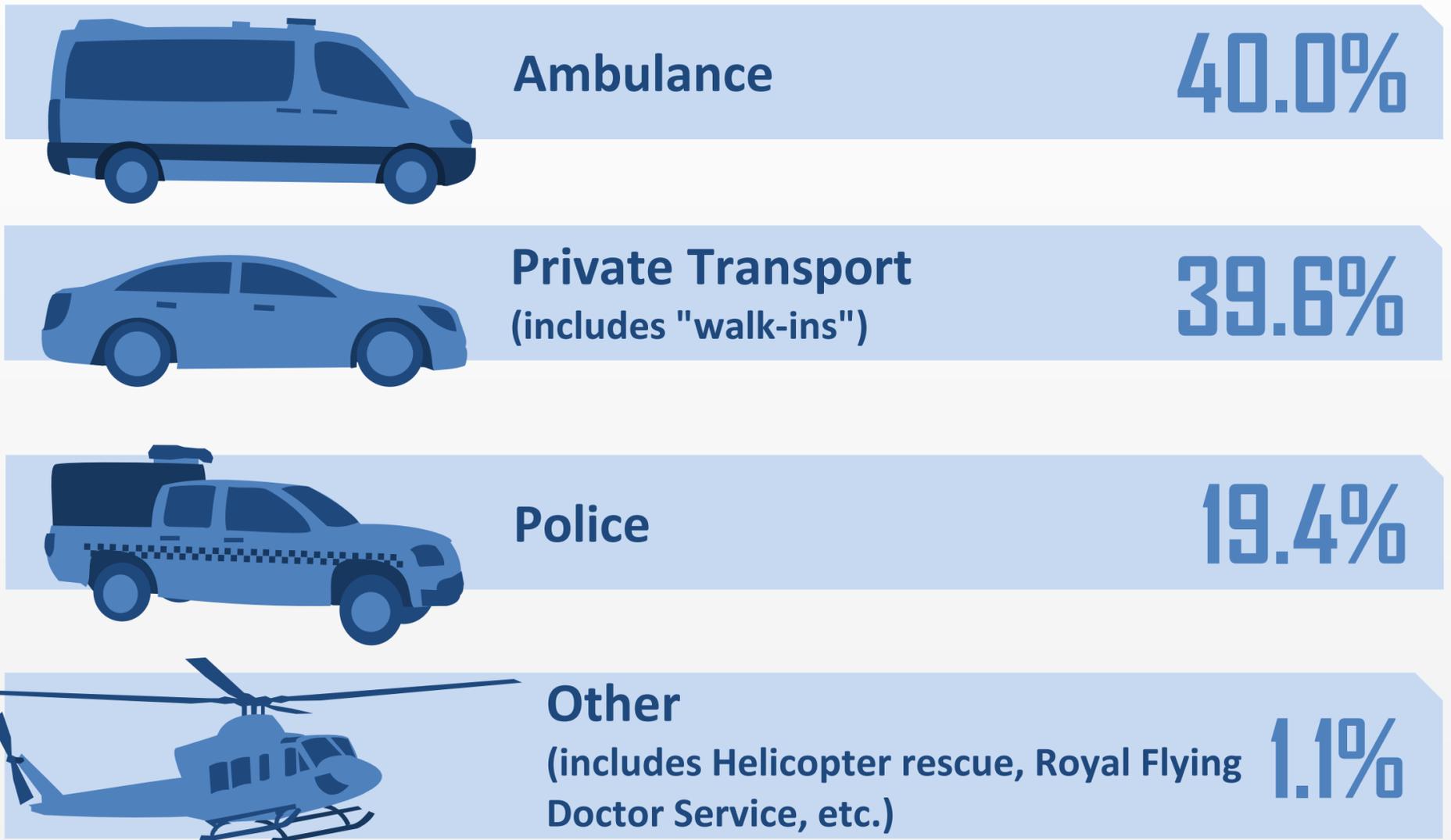
Proportion of Meth-related ED Attendances by Day of Week

... July to December





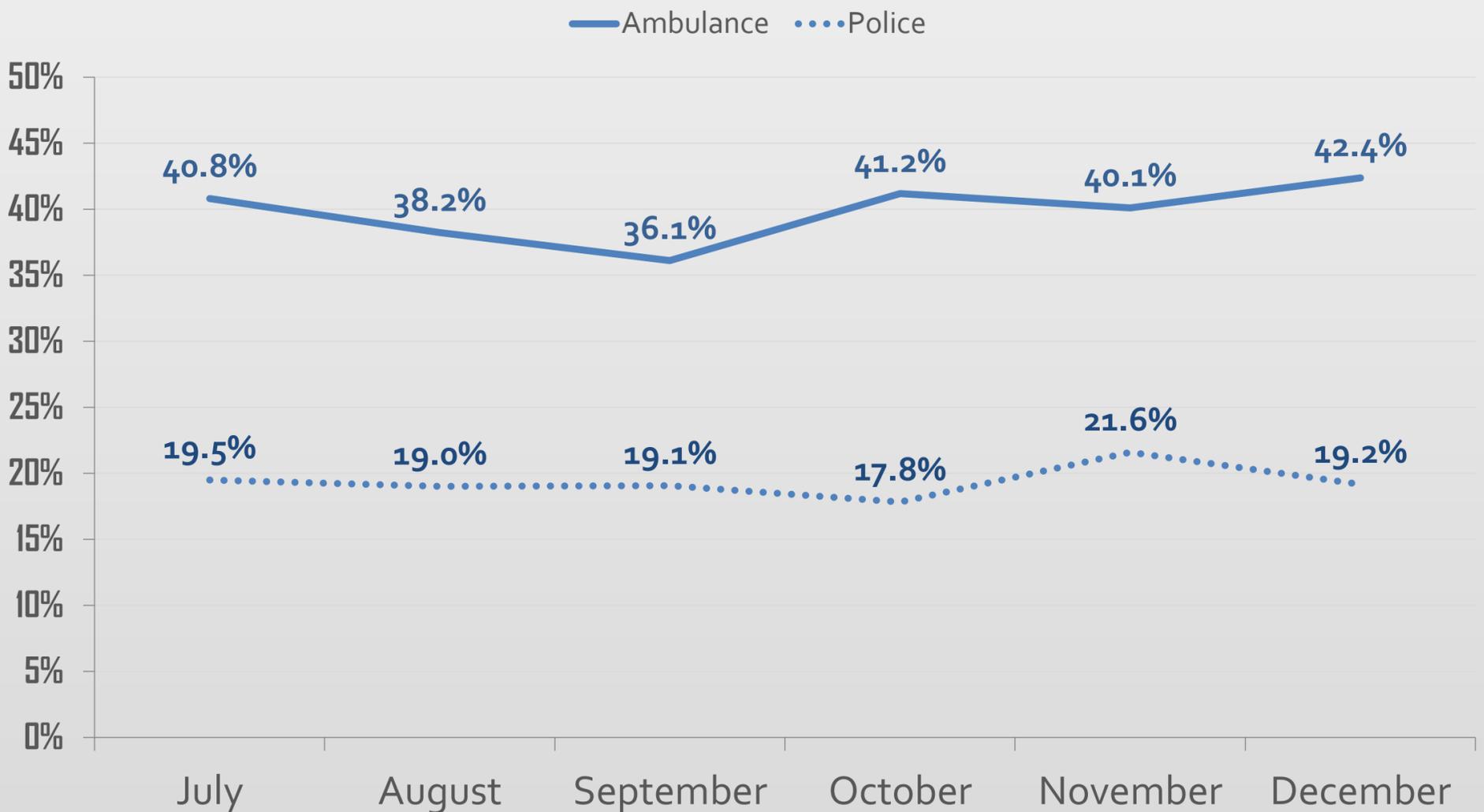
How are Meth-related ED Attendances arriving at the ED?



Snapshot: July to December 2017

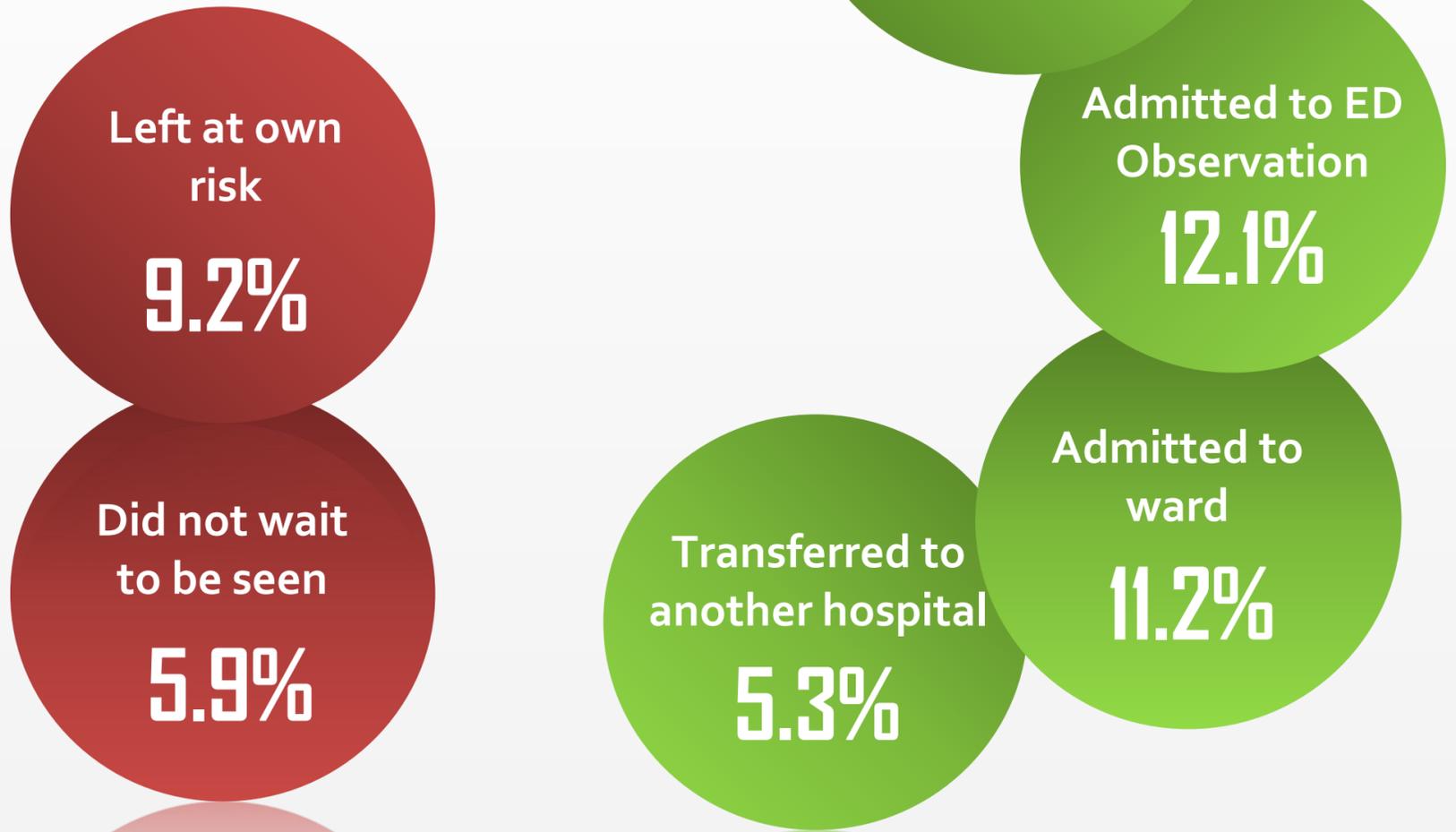
Monthly Trends

Proportion of Ambulance and Police Arrivals





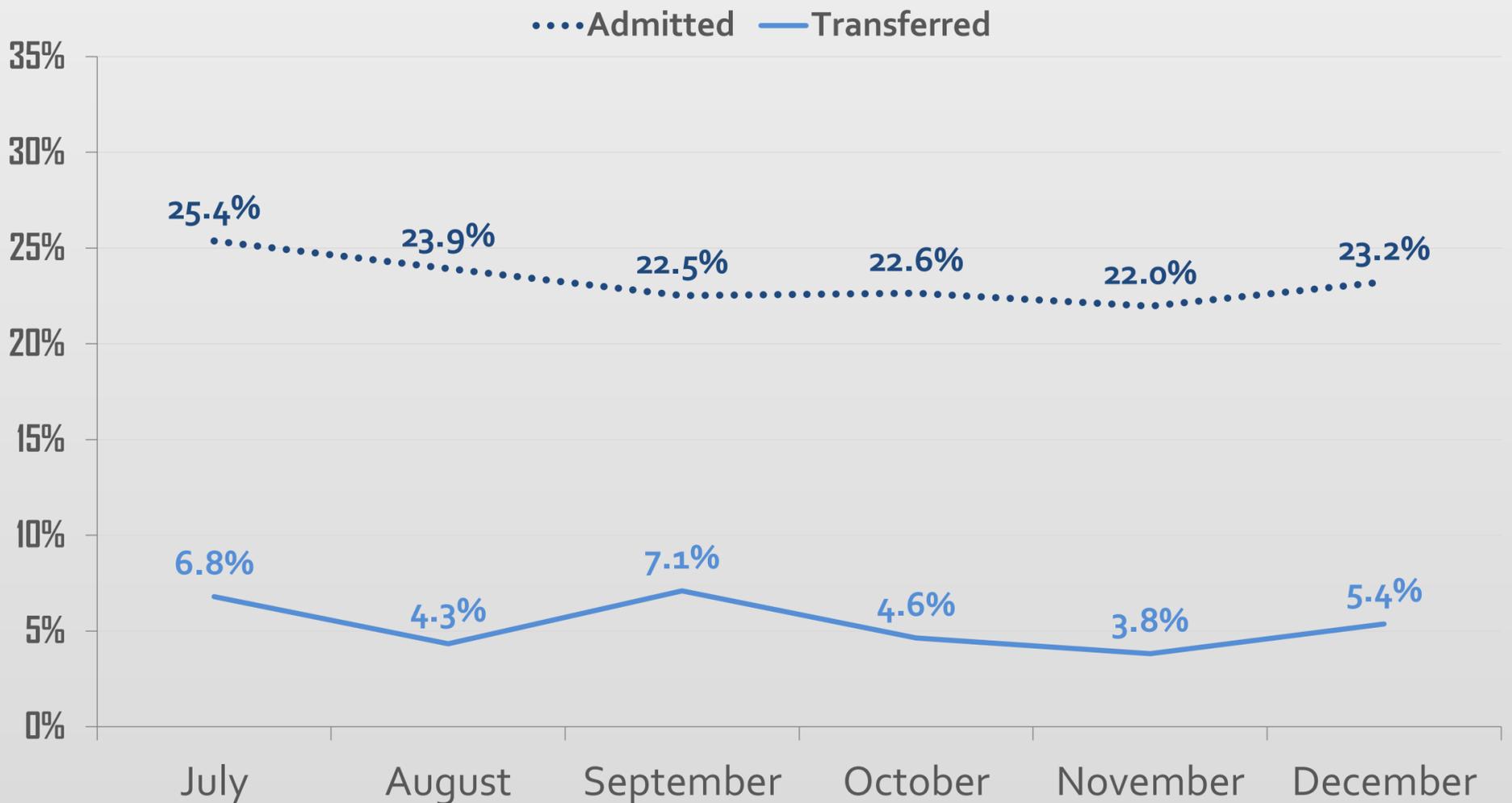
How are Meth-related ED Attendances departing the ED?



Snapshot: July to December 2017

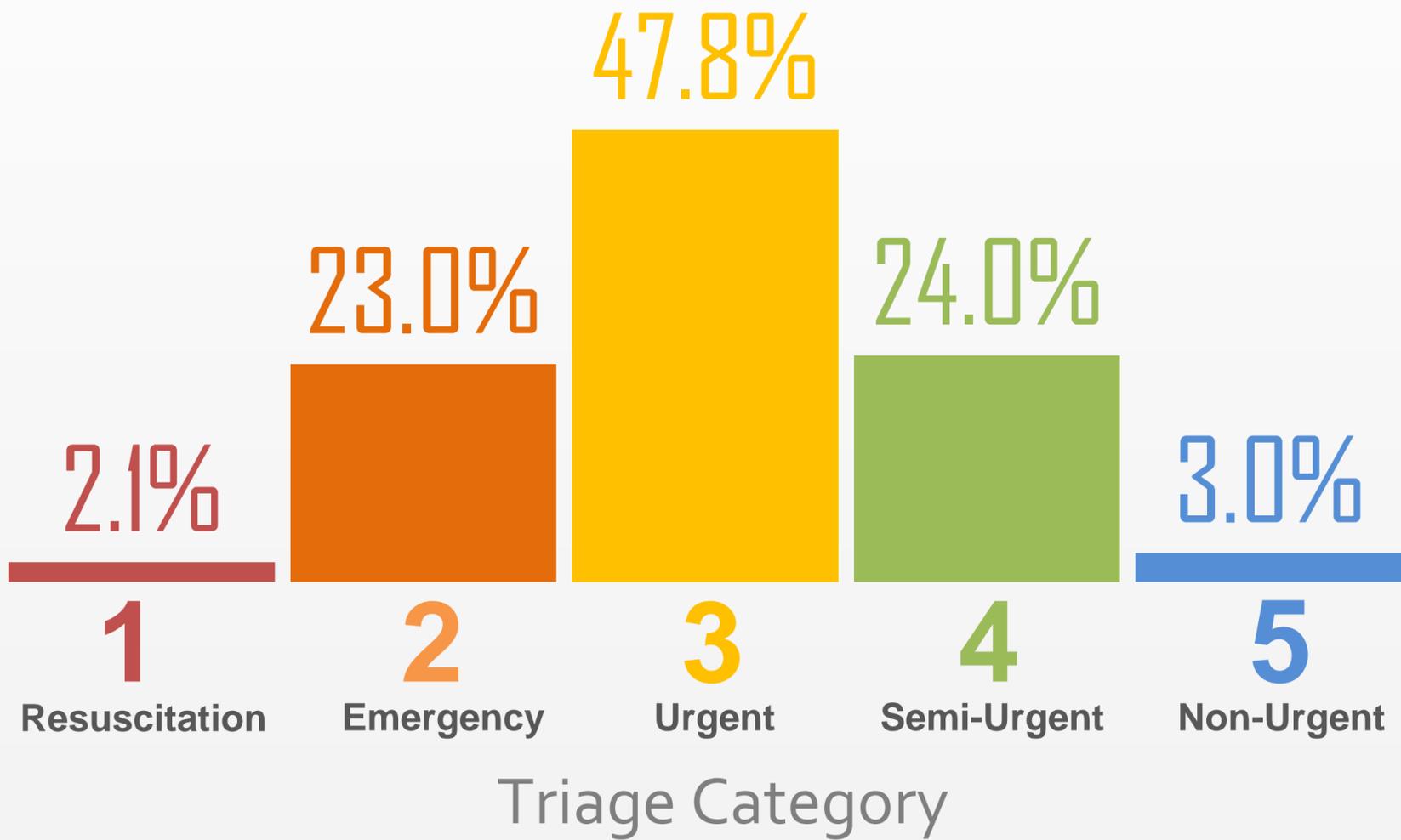
Monthly Trends

Proportion of Admitted or Transferred Meth-related ED Attendances





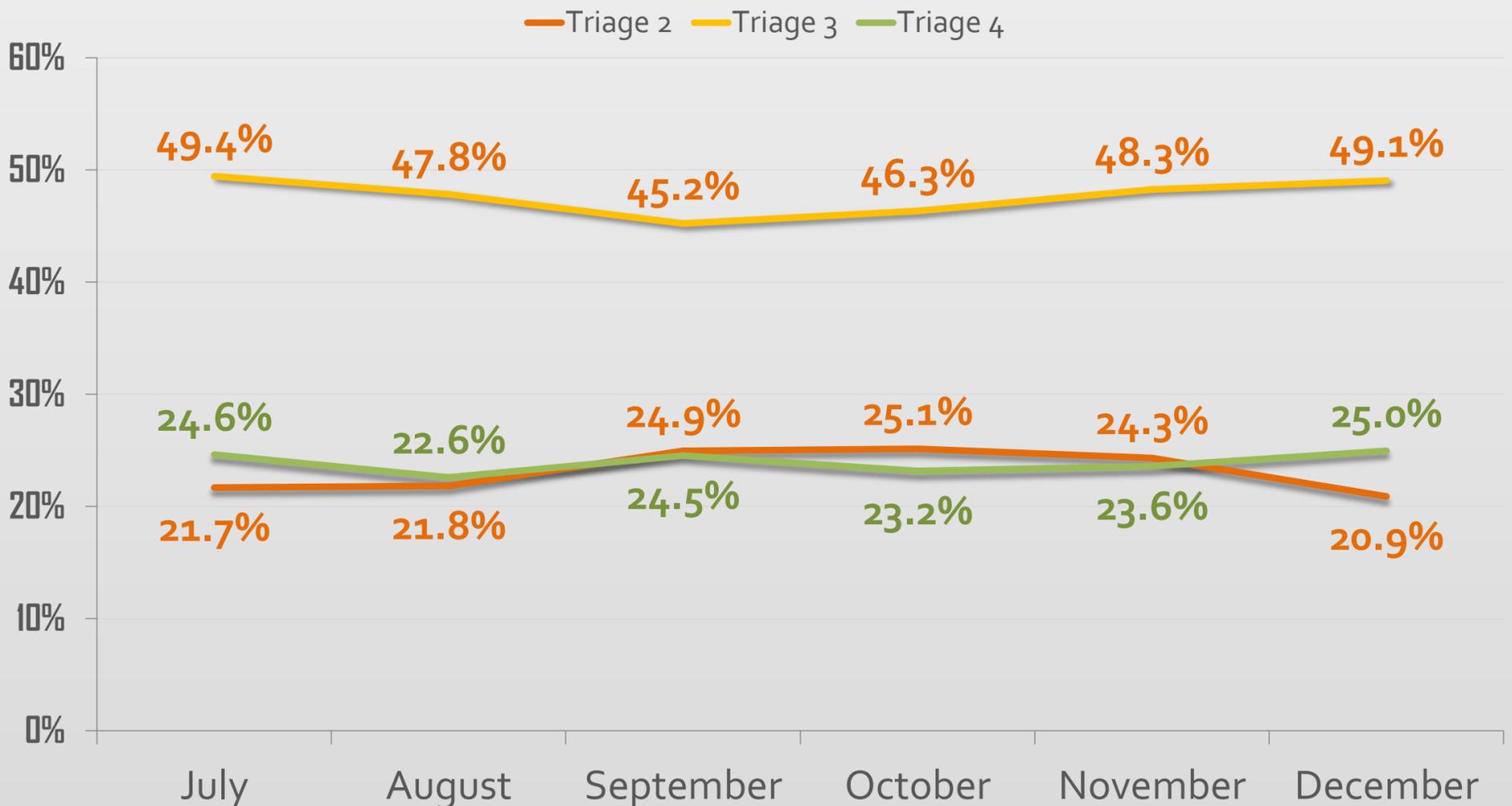
How urgent are Meth-related ED Attendances?



Snapshot: July to December 2017

Monthly Trends

Proportion of Triage Category 2, 3, 4
Meth-related ED Attendances





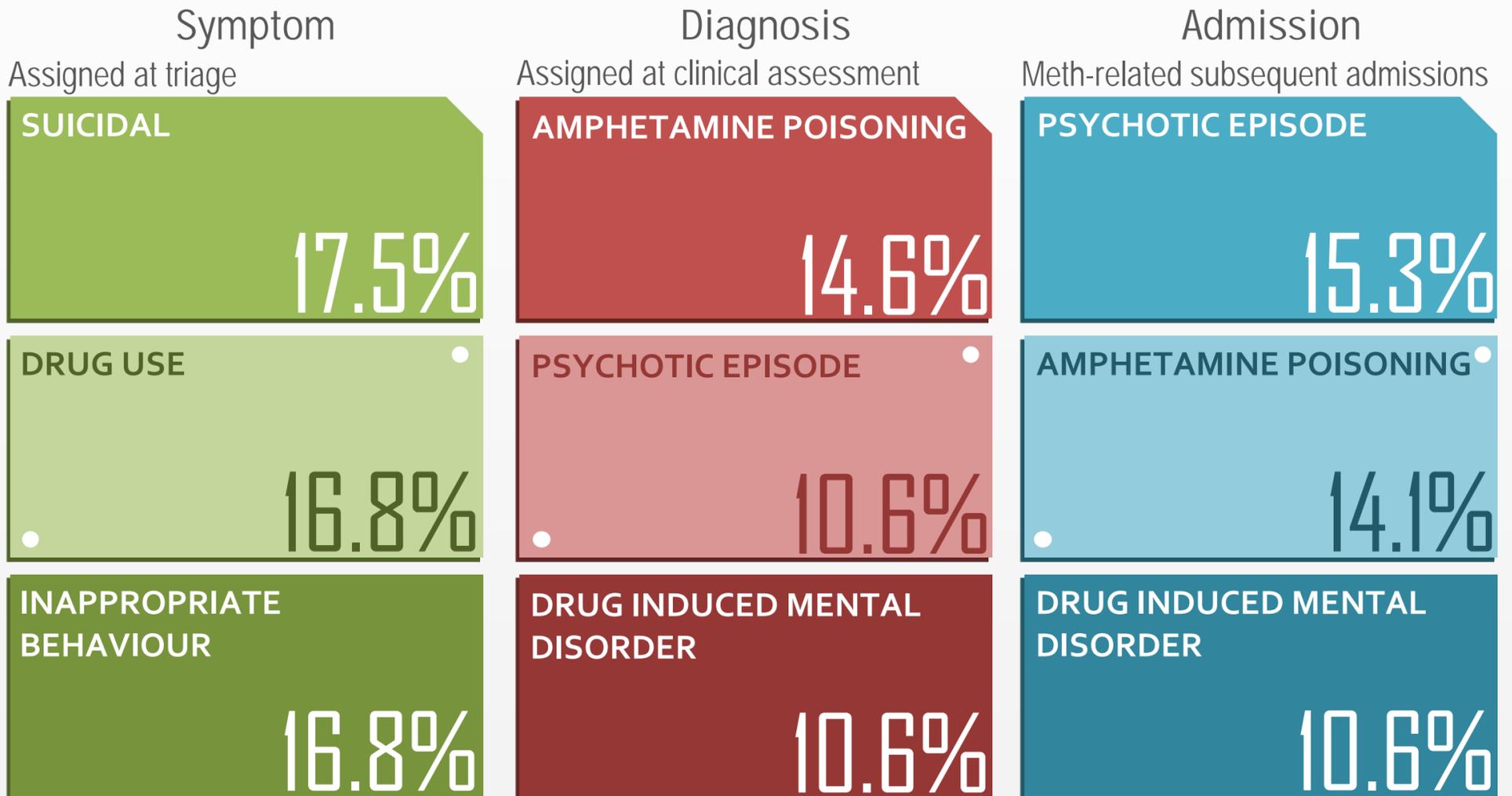
Further Characteristics





Diagnosis and Symptom classifications

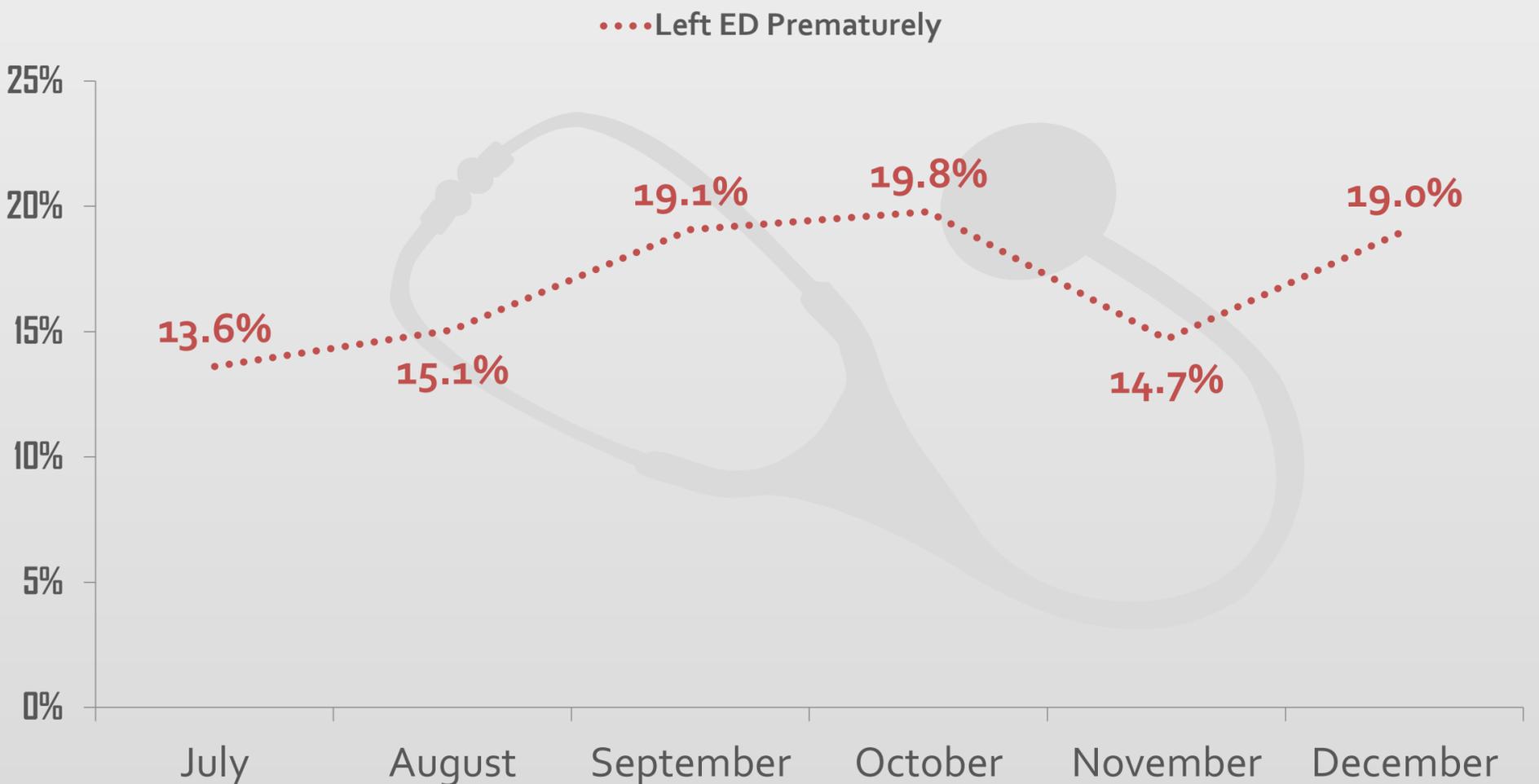
Categories are independent of each other



Snapshot: July to December 2017

Monthly Trends

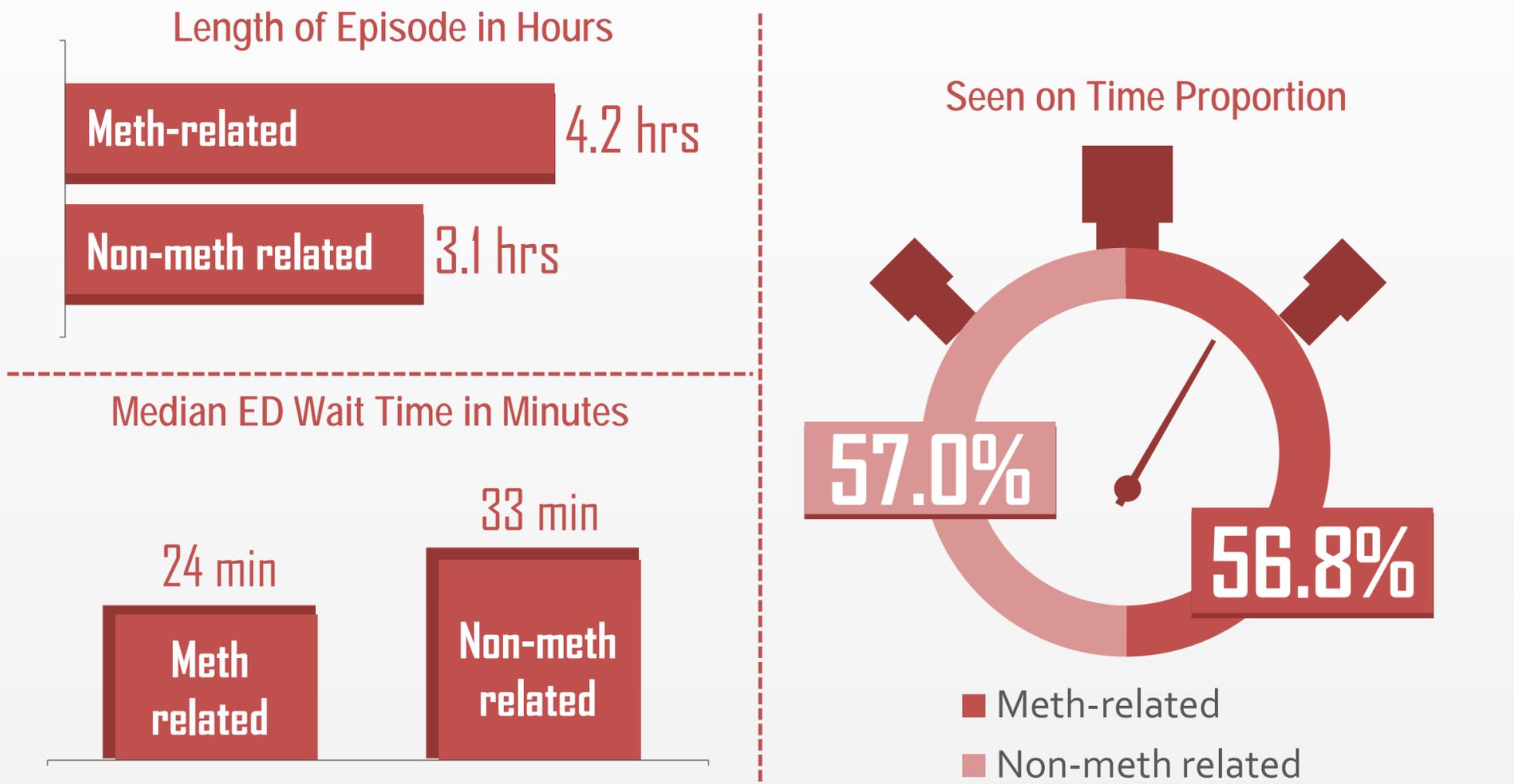
Proportion of Meth-related ED Attendances who left the ED prematurely*



* See Glossary for more information on patients who left the ED prematurely



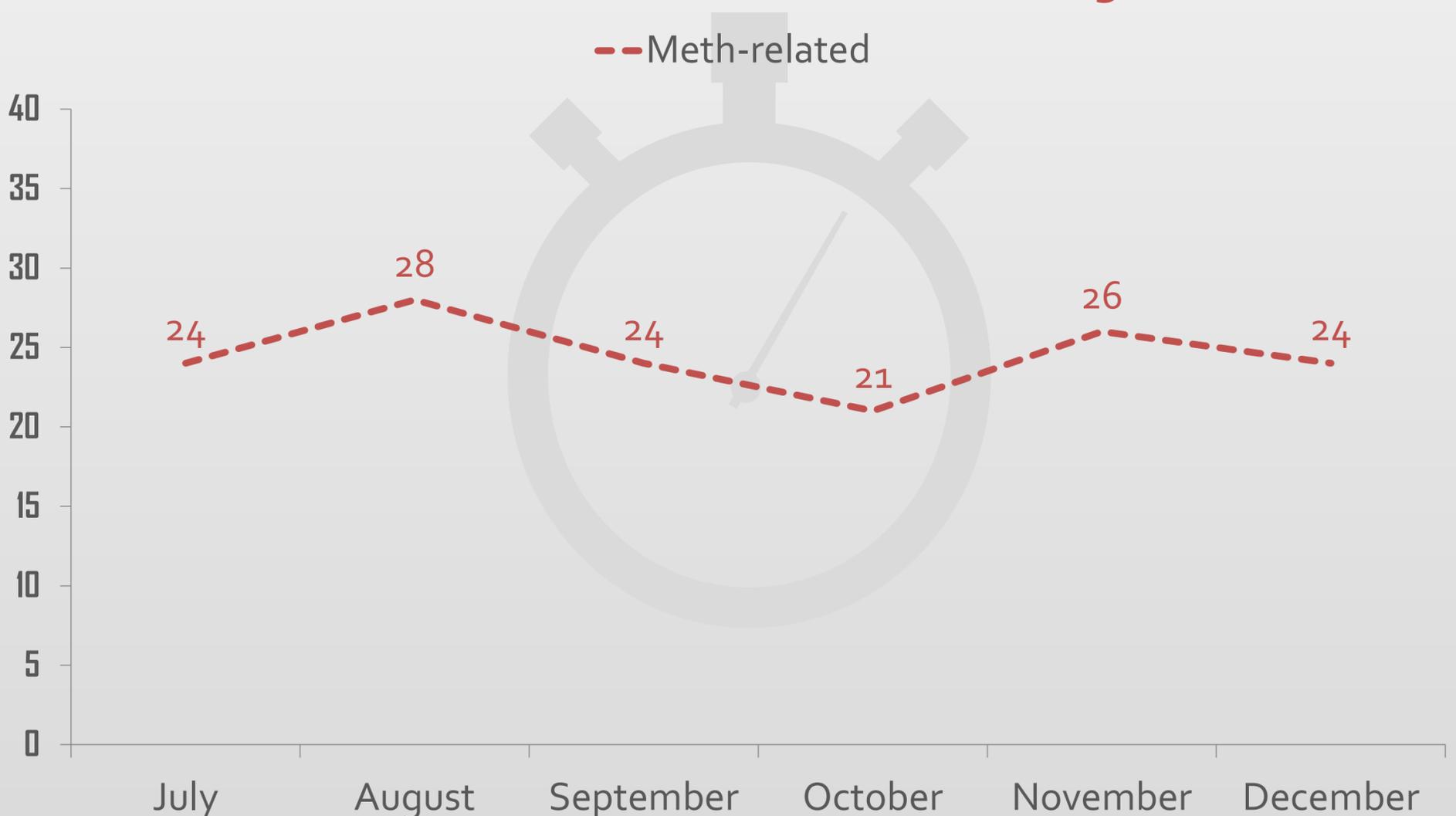
Characteristics of Meth-related ED Attendances



Snapshot: July to December 2017

Monthly Trends

Meth-related ED Attendances Median Waiting Time (mins)



* See Glossary for more information on Length of episode, Medians and ED Wait times



Meth-related ED Attendances
that were re-attendees for Meth-related
treatment or Non-Meth related treatment



39.7%

Single Meth
Attendance, no
reattendance

20.1%

Two or more
Meth Attendances

40.2%

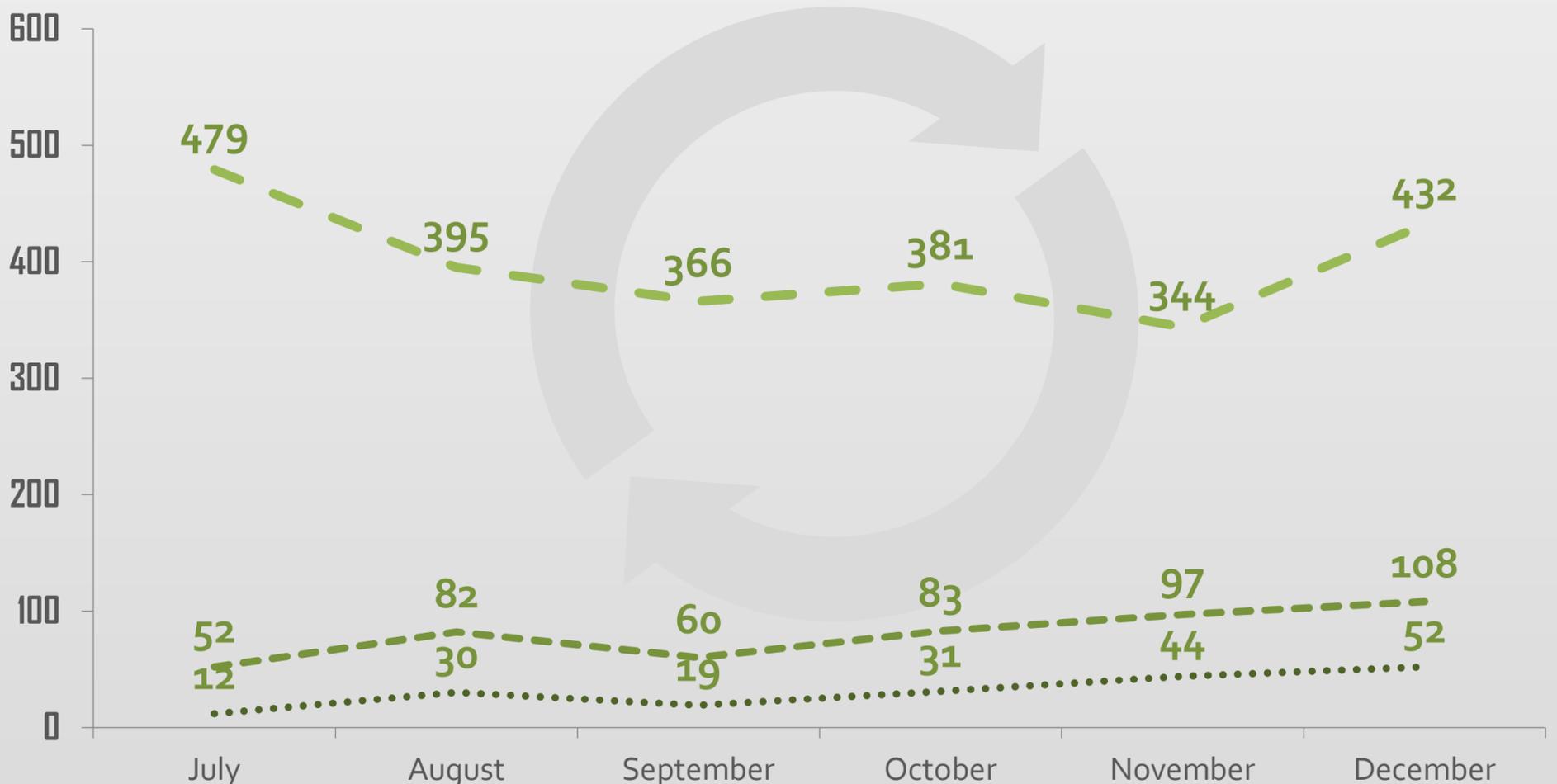
Single Meth Attendance with
a Non-Meth re-attendance

Snapshot: July to December 2017

Monthly Trends

Meth-related ED Attendances

— First Time - - - Second Time* ···· Third Time*



* See Further Characteristics notes and caveats as well as the glossary for more information on Re-attendances



Demographic Notes and Caveats

Meth-related ED Attendances

ED Attendances are considered Meth-related based on the opinion of the treating doctor or nurse. The decision to flag an ED Attendance as Meth-related can be made at the time of triage, diagnosis or at any other time during a patient's ED episode.

A specific list of symptom codes (when assigning triage) and diagnosis codes (when assigning diagnosis) will prompt ED staff to consider whether or not they believe a patient's ED Attendance is related to Meth.

Age-group

Any records in the 65+ and 0-17 years age groups are returned to hospitals as part of the quality assurance process for validations.

Age group figures and totals exclude ED Attendances with a missing date of birth.

Percentages may not sum to 100% due to rounding.

Ethnicity

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia.

No disrespect is intended to our Torres Strait Islander colleagues and community.

Aboriginal figures and totals include ED Attendances where a patient's ethnicity is both Aboriginal and Torres Strait Islander.



Basic Characteristics Notes and Caveats

Hospital Distribution

Percentages refer to Meth-related ED Attendances at each hospital divided by the total Meth-related ED Attendances. Hospital figures and totals may not sum due to rounding.

Departed from the ED

Disposal code figures and totals include the following categories:

Transferred to another hospital; Did not wait to be seen; Left at own risk;

Admitted to Ward; Admitted to ED Obs and Departed under own care. These are pre-set options that are selected by medical staff.

Triage Category

Triage Category figures and totals exclude Direct admissions to the hospital. Direct admissions are low in number and would not normally occur for meth-related patients.

Triage category 1

Life-threatening condition.

Requires treatment Immediately or within two minutes .

Triage category 2

Imminently life-threatening condition.

Requires treatment within 10 minutes.

Triage category 3

Potentially life-threatening condition.

Requires treatment within 30 minutes.

Triage category 4

Potentially serious condition.

Requires treatment within one hour.

Triage category 5

Less urgent condition.

Requires treatment within two hours.



Further Characteristics Notes and Caveats

Left the ED prematurely

Meth-related ED Attendances who left the ED prematurely include patients who departed the ED before being treated or patients who departed the ED against medical advice.

Clinical Judgement

If a patient presents to an ED with a pre-determined set of presenting complaint or primary diagnosis which may be indicative of being Meth affected, the “Meth-related” pop-up will be triggered once the matched presenting complaint or primary diagnosis is entered into the triage screen or clinical screen.

ED staff then exercise judgement (if possible) to identify whether or not the patient is likely under the influence of Meth, or their ED attendance has resulted from taking Meth.

Re-attendances

The Emergency Department Data Collection began receiving Meth-related ED Data as of July 2017 and a patient's re-attendance history can only commence from this date.

It is expected subsequent Meth-related ED Attendances will rise for a period of time given the commencement of the data collection.



Glossary

RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
FSH	Fiona Stanley Hospital
AHS	Armadale Health Service
RGH	Rockingham General Hospital
JHC	Joondalup Health Campus
BH	Bunbury Hospital
Tertiary	This includes Royal Perth Hospital, Sir Charles Gairdner Hospital and
Departure from ED	The outcome of a patient's ED attendance (e.g. discharged home, admitted to ward)
Wait Time	The number of minutes a patient waits to be treated at an Emergency Department based on arrival time to commencement of care
Median	The value at the midpoint of an odd set of numbers, in the case of an even set of numbers, the median is the average of the two midpoint
LOE	The total time a patient is in the Emergency Department based on arrival time to departure time
Transferred to another hospital	The patient was transferred to another hospital
Did not wait to be seen	The patient departed from the ED before seeing a doctor
Left at own risk	The patient departed from the ED against medical advice
Left ED Prematurely	Patients who either did not wait to be seen or left the ED at their own risk
Admitted to Ward	The patient was admitted to a ward in the hospital
Admitted to ED Observation	The patient was admitted to a short-term ward for observation
General Admission	The patient was admitted to any ward in the hospital
Departed under own care	The patient was discharged from the ED following treatment
First time Meth-Attendances	The first time a patient visits an ED for a meth-related attendance
Second time Meth-Attendances	The second time a patient visited an ED for a meth-related attendance
Third time Meth-Attendances	The third time a patient visited an ED for a meth-related attendance
Triage Category	A numerical score of 1 to 5 assigned by nurse that reflects urgency of care with 1 being most urgent and 5 being least urgent
Seen on Time	A measure to determine whether a patient was seen within the recommended time based on their triage category

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