RCEM CARES

Spotlight on: Crowding

Earlier this year we launched the RCEM CARES campaign which provides solutions to address the pressing issues facing Emergency Departments. Our recommendations would ensure that our emergency care system is adequately resourced to deliver crucial services alongside managing the risk of coronavirus. The campaign focused on crowding, access, retention, experience, and safety. As we enter winter 2020/21 it is clear that crowding has returned to our Emergency Departments. This briefing outlines the consequences of crowding with coronavirus present in the community and explains what steps the Health Boards in Wales can take to eliminate it.

What is the national picture?

Data for October 2020 showed that only 70.2% of patients were seen within the four-hour target in major departments. This represents a decrease of 1.4 percentage points when compared to last month. This is the worst performance since the initial wave of the pandemic. The number of patients waiting 12 hours or more in a major emergency care facility was 4350. This is an increase of 17.4% or 645 patients when compared to the previous month. It is the highest number of long waits since the beginning of the pandemic. 8,031 patients waited eight hours or more in a major department; in other words, 15 times the number of patients compared to the initial wave of the virus.

What is Emergency Department crowding and how does it occur?

Crowding where the number of patients occupying the Emergency Department is beyond the capacity for which the Emergency Department is designed and resourced to manage at any one time. This results in an inability to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the Emergency Department. This results in patients waiting for in crowded corridors, and within the current context, this is often without social distancing measures in place. Crowding is a consequence of exit block, whereby patients who have been assessed in Emergency Departments are unable move on from the department usually because another part of the hospital does not have enough beds to admit their patient to. The reduction of bed numbers in acute hospitals over time has contributed to this, resulting in patients receiving care in corridors which is both unsafe and inhumane. In addition, the pandemic has further exacerbated this issue, resulting in a loss of beds in order to maintain social distancing in inpatient areas.

What are the consequences of crowding?

Crowding has long been considered inhumane and undignified for patients even before the pandemic. With coronavirus present in the community, crowded corridors where social distancing cannot take place is unconscionable. It puts a huge amounts of pressure on staff, as Emergency Departments are not resourced or designed for this type of care. It also means that staff are less able to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the department. This is why we are currently witnessing huge queues of ambulances outside hospitals, as they are unable to offload patients, meaning longer waits for these patients and a possible deterioration in their health outcomes as a result. With coronavirus present in the community, Emergency Departments have the dual challenge of managing crowding and coronavirus in their departments. This presents a further, real and avoidable, risk of death from a coronavirus infection acquired in an Emergency Department.

RCEM CARES

Spotlight on: Crowding

Solutions: Build capacity in our emergency care system
We recognise that building capacity in the emergency care system is an important aspect of tackling the crowding. We have called on the Welsh Government to take swift action to protect patients and Emergency Department staff from crowding and coronavirus. Below we outline recommendations for Health Board Chief Executives, senior managers and Emergency Medicine Clinical Leads to tackle crowding and support flow through the hospital.

Senior Managers:

1. Improve clinician involvement with call handling services. Referral rates drop if there is ready access to an experienced clinician, to provide advice.
2. Performance standards should be viewed as a hospital wide priority.
3. Hospital wide acute services need to match service availability to patient need throughout the whole week.
4. Internal Professional Standards should be negotiated and delivered.
5. Ensure patients can be discharged promptly from inpatient wards throughout the week, focussing on improvements in daylight and weekend discharges.
6. Agree and evaluate escalation plans during times of overcrowding with the Trust Board.

EM Clinical Leads:

1. Advocate on behalf of patients on the harms that are caused by crowding.