



DATE: 14/09/2019

## CENZ-NZNO POSITION STATEMENT

### EMERGENCY DEPARTMENT OVERCROWDING

#### SUMMARY

The College of Emergency Nurses New Zealand – NZNO recognises the detrimental effect of overcrowding on the safety and quality of care provided in the Emergency Department.

Overcrowding occurs when the number of patients waiting to be seen, undergoing assessment and treatment, or waiting for departure exceeds the available physical or resource capacity. During episodes of overcrowding there is increased risk to patients and decreased quality of care.

The situation is multifactorial and requires whole of system strategies to decrease the incidence of overcrowding and provide effective pathways to restore safe operation for patients and staff.

#### CENZ POSITION: KEY RECOMMENDATIONS

It is the position of the College of Emergency Nurses – NZNO that strategies to reduce overcrowding and restore safe operation of Emergency Departments should:

- include a functional escalation plan that provides a timely response to mitigate the known risks of Emergency Department overcrowding
- ensure patient and staff safety is maximised
- be evidence-based
- utilise whole of hospital strategies to restore department safety
- acknowledge the risks of increase in violence and aggressive behaviour that occur with overcrowding
- exclude backward flow from inpatient areas into the Emergency Department or prolonged provision to intensive care level patients
- require all hospitals to have a mass casualty plan

**CENZ does not support** the use of virtual bed spaces, treatment in public spaces, or ambulance ramping.

## **BACKGROUND:**

Emergency Department overcrowding has well established causes, is multifactorial and reflects whole of health service processes and capacity (Affleck, Parks, Drummond, Rowe, & Ovens, 2013; Australasian College of Emergency Medicine, 2018; Emergency Nurses Association, 2017; Morley, Unwin, Peterson, Stankovich, & Kinsman, 2018). It is recognised as an international problem, and one that has significant implications for both patients and staff (Boyle, Beniuk, Higginson, & Atkinson, 2012; Di Somma, et al. 2015; Pines, et al., 2011). It is closely associated with 'access block' whereby patients who have been accepted for admission onto in-patient units are unable to be transferred from the ED, within reasonable timeframe, due to lack of bed capacity (Affleck, et al., 2013; Australasian College of Emergency Medicine, 2018a & 2018b; Emergency Nurses Association, 2017; Crawford, Morphet, Jones, Innes, Griffiths, & Williams, 2014; Forero, McCarthy, & Hillman, 2011). Overcrowding in the ED affects the whole of system, and is in turn impacted by the functionality of other service areas (Affleck, et al., 2013; Ardagh, 2015).

The contributing factors identified in overcrowding within EDs include increasing volume of presentations to the Emergency Departments, greater complexity and time-consuming treatments and investigations, the impact of ageing populations, delays to patient transfer to inpatient wards and insufficient hospital capacity. Given the complicated nature and multiple factors involved, a single focus of intervention is insufficient to address these issues (Affleck, et al., 2013; Australasian College of Emergency Medicine, 2018; Boyle, et al., 2012; Emergency Nurses Association, 2017; Morley, et al., 2018).

Once patient numbers exceed capacity, there are delays for assessment and treatment of new arrivals as well as delays to care for those patients already under assessment or awaiting transfer.

There is strong evidence of negative impact on patients and staff with significant concerns around the quality and safety of care that can be accessed (Durand, et al., 2010; Johnson & Winkelman, 2011; Singer, Thoder, Vicellio, & Pines, 2011). Specific findings from research have enabled an evidence-based understanding of the risks and hazards associated not only with the direct effects of overcrowding, but also as a result of some of the initiatives trialled to facilitate management of this issue (Durand, et al., 2011; Vicellio, 2001). Specific patient threats in terms of increased mortality and morbidity have been demonstrated. These include delays to urgent care interventions such as provision of analgesia, antibiotics, thrombolysis, and urgent treatment (Abir, et al. 2019; Hwang, Richardson, Sonuyi, & Morrison, 2006; Pines, et al., 2009; Pines, Hollander, Localio, & Metlay, 2006; Resnek, Murray, Youngren, Durham, & Michael, 2017; Schull, Vermeulen, Slaughter, Morrison, & Daly, 2004). There is also evidence of reduced patient satisfaction and engagement with care (Pines, et al., 2008; Tekwani, Kerem, Mistry, Sayger, & Kulstad, 2013; Weiss, et al., 2005). The impact on staff and potential implications of this have also been identified, including risk of increased staff attrition, burn-out, and compassion fatigue (Emergency Nurses Association, 2017; Rowe, et al., 2006; Rondeau, Francescutti, Zanardelli, 2005).

Research into effective strategies to manage overcrowding has highlighted that whole of health service responses are required. These strategies include increasing hospital capacity (beds, throughput, over capacity protocols, transparent bed management, time based targets to inpatient units, expand after hours service), and hospital avoidance strategies - such as ambulatory care,

hospital in the home, outreach for chronic disease, individual plans for frequent attenders, step down care access (Affleck, et al., 2013; Boyle, et al., 2012; College of Emergency Nursing Australasia, 2015; Crawford, et al. 2014; Forero, McCarthy, & Hillman, 2011; Johnson & Winkelman, 2011; Tenbenschel, et al., 2017).

Emergency department projects continue to streamline emergency department processes while improving the quality of care provided. There is no consensus yet on safe staffing model or ratios for Emergency Departments.

## **RATIONALE FOR CENNZ RECOMMENDATIONS**

Overcrowding:

- leads to decreased patient safety and quality of care
- increases the risk of adverse events, violence, errors and near miss
- delays patient access to definitive care
- increases morbidity and mortality
- affects staff satisfaction, recruitment and retention

Use of public spaces for treatment breaches the patient right to treatment with dignity, impacts the ability to provide safe, quality care and compromises therapeutic communication.

Safe staffing ratios and models are essential to enable effective quality care provision.

Research identifies the multifactorial nature of overcrowding and the need for whole of system strategies to address the problem.

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**Emergency Department Overcrowding**  
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