College of Emergency Nursing New Zealand (CENNZ[NZNO]) Position Statement on Overcrowding in the Emergency Department

Purpose

The College of Emergency Nurses New Zealand (CENNZ) recognises the detrimental effect of overcrowding on the safety and quality of care provided to patients in the Emergency Department (ED). CENNZ considers overcrowding as a critical indicator of health system dysfunction. The government and Health New Zealand must adequately resource EDs and have key stakeholders such as CENNZ and the Australasian College for Emergency Medicine (ACEM) included in discussions surrounding future funding and policy development.

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

Overcrowding is multifactorial and requires whole-system strategies to decrease the incidence of overcrowding and provide effective pathways to restore safe operations for patients and staff.

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 for Emergency Medicine, 2018; Emergency Nurses Association, 2017; Morley, Unwin, Peterson, Stankovich, & Kinsman, 2018). It is recognized 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' or bed block whereby patients who have been accepted for admission onto in-patient units are unable to be transferred from the ED, within reasonable timeframes, due to lack of bed capacity (Affleck, et al., 2013; Australasian College for 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: an increasing volume of presentations to EDs, greater complexity and time-consuming treatment and investigations, the impact of aging populations, delays, reduced capacity, access to primary care, delays in 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 for Emergency Medicine, 2021; Boyle, et al., 2012; Emergency Nurses Association, 2017; Morley, et al., 2018).

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

There is compelling evidence of the negative impact of overcrowding 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). Overcrowding, and initiatives to manage this issue have demonstrated risks (Durand, et al., 2011; Vicellio, 2001), including increased patient morbidity and mortality. Overcrowding contributes to delays to urgent interventions such as the 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), as well as a reduction in patient satisfaction and engagement with care (Pines, et al., 2008; Tekwani, Kerem, Mistry, Sayger, & Kulstad, 2013; Weiss, et al., 2005). The impact of overcrowding on staff and the potential implications of this have also been identified, including the 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, promotion of advanced care directives, individual plans for patients who attend the ED frequently, and 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; Tenbensel, et al., 2017).

Emergency department projects continue to streamline ED processes while improving the quality of care provided. There is no consensus yet on safe staffing models or ratios for EDs. Work continues to be undertaken in this area with the Safe Staffing Unit and the use of Care Capacity Demand Management (CCDM) frameworks, along with the NZNO Ratio Justice Campaign in 2024.

Key Recommendations

It is the position of CENNZ that ED overcrowding should not exist. Where ED overcrowding does exist, strategies must be employed to keep it to a minimum; to restore the safe and efficient operation ofdepartments. Strategies must include:

- A functional escalation plan such as within the CCDM framework, or similar, to promptly mitigate the known risks of ED overcrowding.
- The development and utilisation of hospital and Health New Zealand protocols to aid in the restoration of the ED to a safe working environment. This can include specialty teams taking responsibility for reviewing and managing their patients and the use of Rapid Assessment and Treatment teams to ensure patient safety. CENNZ does not support triaging away and the refusal of care for patients in ED. However, redirection from ED as per CENNZ's position statement can be utilised with caution.
- Employing whole of hospital and whole of system strategies to restore the department to safe working parameters.
- Ensuring patient and staff safety is maintained and maximised.
- An evidence-based approach. This evidence must be used to inform policy development.
- An acknowledgement and mitigation of the risk of increased violence and aggression that occurs in overcapacity EDs.
- A hospital policy to support the management of critically unwell patients who have not been accepted into intensive care (or similar) areas, but are requiring prolonged high-dependency and intensive nursing care in the ED. This policy must address how the patient can be cared for in the in-patient environment.

- An all of system approach to mitigate patients requiring in-patient care who are suffering as the result of access block out of the ED environment. A mandatory notification of patients' length of stay in ED (including assessment units, short-stay units and similar) that exceeds six hours must be sent to the Ministry of Health quarterly.
- Require all hospitals to have a mass casualty plan.
- N.B. CENNZ does not support the use of virtual bed spaces, treatment in public spaces, ambulance ramping, triaging away, and bed block.

Further Rationale

- Overcrowding:
    - Leads to decreased patient safety and quality of care, including health inequities.
    - Increases the risk of adverse events, violence and aggression, errors and near miss events.
    - Delays patient access to definitive care.
    - Increases morbidity and mortality.
    - Affects staff satisfaction, health and well-being, 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. CENNZ, ACEM, and other key stakeholders must be involved in future discussions on policy development on overcrowding.

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