Australasian College
for Emergency Medicine

Backgrounder

Election 2023

Aotearoa New Zealand's emergency departments need help.

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Emergency departments and staff have always been there 24/7 for all people who need acute care. But they are under unprecedented pressure and need Aotearoa's help to keep providing vital care.

This election, political parties must commit to fixes that protect and restore New Zealand's struggling emergency departments (EDs) and staff – and get more people the timely emergency care they need.

Many solutions for problems inside emergency departments are found *outside* of the emergency department, in the broader health system. Aotearoa's emergency clinicians have examined the evidence and found five solutions for the issues that lead to long, dangerous waits for care, staff burnout and rising levels of aggression and violence in emergency departments.

> *"Emergency doctors from across the motu tell me that there are simply too many sick and injured people needing care, and not enough skilled staff, hospital beds, mental health care, aged care and other resources to go around. This creates overly long waits for care, and these waits are dangerous – for everyone. New Zealand can't wait any more."*
>
> – ACEM Aotearoa New Zealand Chair Dr Kate Allan

What are the problems in emergency departments?

Demands on emergency departments and staff are growing.

Presentations to EDs are growing, with a dip during the COVID-19 period.

In 2022, 790,414 people came to emergency departments seeking care, for a total of over 1.2 million presentations.

People are also coming to emergency departments with more complex health needs, requiring more time, and more resources from across the broader system.

But there are not enough staff, beds, or other resources in the broader health system to meet demand.

Staff shortages in emergency departments are dire – and getting worse. According to ACEM research, less than half of all accredited emergency departments in Aotearoa (47.4%) meet minimum staffing levels.

Deficiencies in areas outside the emergency department – particularly not having enough staff and inpatient beds in the main hospital, and staffed beds in aged care and mental health – create problems in the emergency department. This is because after ED staff have assessed and stabilised a patient, and determined they need further care, there is nowhere free for ED staff to transfer patients to.

People are being forced to wait longer for the care they need.

In a well-resourced health system, 95% of people who come to the ED should be assessed, treated, and then admitted, discharged or transferred within six hours.

In 2017, 91% of people presenting to EDs received care in that time. In 2022, this dropped dramatically to only 75%.

Hospitals are too full, too often.

Hospitals function efficiently when they are at 85 - 90% or less occupancy. That means there are still 10% - 15% of beds free, all the time. This provides space for patients who need a bed and allows for surges in demand from large incidents and natural disasters.

At occupancy of 85% and more, hospitals become stressed, and emergency departments begin to get overcrowded. At 100%, hospitals and EDs become gridlocked.

In 2022, there were 656 instances when a hospital was at or over 100% occupancy.

> *"Systemic deficits, such as a lack of staffing and beds across the broader health system, are leading to pressures in the ED. There are so many staff, patients, carers and whānau exhibiting stress behaviours. This can cause breakdowns in communication and processes and can lead to aggression and violence. Staff start to yell at each other for basic requests. Patients and relatives often get angry and frustrated if they perceive they are not receiving timely care, or not the care they were anticipating."*
>
> – Senior Emergency Clinician

A full hospital creates issues in the ED and for ambulances.

If over 90% of the hospital is full, the ED has difficulties transferring people out of the ED, and so it becomes overly full. This leads to long waits and delays in care for all patients, leading to increased risk of patient harm.

This leads to the waiting room becoming overcrowded. It also leads to ambulances not being able to safely leave patients, as the ED staff are busy with the patients already there.

This then leads to ambulance ramping and delays to people in the community receiving care.

Overly long wait times for care and understaffing leads to frustration and stress, and increases the risk of violence in the ED.

> *"When there's not enough beds, patients queue. They queue in our hallways, they queue in our ambulance bays, they queue in ambulances, and they don't get seen in a timely manner."*
>
> – ACEM NZ Chair Dr Kate Allan

How can these problems be fixed?

1. The delivery and appropriate staffing of all mental health facilities pledged in the 2019 budget, making more acute mental health care beds available for New Zealanders who need one.

The Wellbeing Budget 2019 promised to provide or upgrade 16 acute mental health facilities across the motu. Funds have been allocated, but the majority of approved projects are way overdue their planned completion dates.

ACEM is calling for political parties to commit to urgently delivering these facilities, so more people don't have to wait for the urgent mental health care they need.

Emergency departments play an important role in providing care for people experiencing a mental health crisis.

However, due to profound pressure on specialist mental health and substance use services, they are increasingly becoming the only option for people to turn to. There is nowhere else to go.

Once in the ED, people get stuck waiting for a space in a specialised mental health facility to become free. There are simply not enough staffed mental health beds for everyone that needs one.

The number of people coming to ED for mental health support is growing, but beds, staff and other resources are shrinking.

The number of inpatient mental health and addiction (MHA) beds per population has fallen by nearly 10% in the past five years. Hospitals frequently exceed 100% occupancy levels for MHA inpatient beds.

The number of ED presentations for mental health related reasons have nearly doubled from 18,886 in 2014/15 to a peak of 34,378 in 2020/21 and remained high at 29,908 in 2021/22.

These presentations are increasing more rapidly than overall ED presentations. In that time, presentations primarily attributed to mental health issues almost doubled, increasing from 1.7% of presentations to 3%.

People needing mental health care are experiencing long and dangerous waits.

In 2017/2018, people seeking help for mental health issues had to wait an average of 3.5 hours. By 2021, this had increased to 4.3 hours. In 2022, this was nearly 5 hours.

More people are leaving the ED before their care is completed. This is dangerous, and an indicator of overly long waits for care. In 2021, 3.3% of people left before assessment. In 2022, 4.7% of people, or 59,153, left before receiving a full assessment.

An ED length of stay of eight or more hours while waiting for a mental health inpatient bed increased between 2017 and 2018 from 4.5% to 27.5%.

Long waits for inpatient care often make mental health issues worse. Waits increase the use of restrictive practices, and lead to a slower recovery, increased risk of re-presentation to ED and other harms.

Alcohol and other drugs impact ED presentations. Alcohol-related ED attendances in NZ contribute to more than 16% of all ED presentations and 24% of all youth ED presentations annually.

2. The urgent delivery of 150 appropriately staffed high-level aged care residential beds.

At any time, there are approximately 150 older people stuck in hospitals across the country, waiting for a high-level aged care bed to free up.

Political parties must commit to urgently adding 150 high-level aged care beds across Aotearoa so more older people get the care they need, and more hospital beds are made available for other patients who need them.

Older people use emergency departments more than any other age group.

Twenty-two per cent of 75+ year olds visited the ED at least once in 2021/22 compared to 16% of the total adult population.

Most aged care facilities are full or almost full and demand for aged residential care is increasing.

The actual occupancy rate for ARC beds was 85.9% in 2020/21 and is projected to be 94.8% in 2023/24 (including dementia, psychogeriatric, rest home and hospital-level beds). Psychogeriatric bed capacity alone is projected to be over 100% capacity in 2023/24.

By 2030, New Zealand will need an estimated extra 15,000 aged residential care beds.

There are also administrative issues that delay access to residential care for older people. A Needs Assessment Service Coordination (NASC) takes a long time to complete but a search for a care bed can't begin until this occurs, and older people get stuck in hospital waiting for this to happen.

There are severe staff shortages in aged residential care. Worse, 30% of aged care staff are leaving the workforce each year.

More beds in aged care would improve care for all people.

The delayed transfer of care of older people when they are medically fit for discharge has harmful physical and emotional effects to the patient. It also has flow on effects as hospital beds that are occupied by someone who needs to be in a residential care facility is one less bed for a patient that is stuck in the emergency department waiting for one.

ARC bed shortages also create broader funding issues at a national level. Public funding for a person in ARC is between $130 and $250 per night, compared to close to $1,000 per day in a public hospital.

3. The implementation of identified solutions to provide and retain the emergency care workforce needed to deliver safe care and protect the wellbeing of staff.

Skilled healthcare workers are the most vital part of the health system. But there is an increasing and dangerous shortage of staff in EDs – and more are leaving.

Political parties must commit to implementing identified solutions to provide and retain the emergency care workforce needed to deliver safe care and protect the wellbeing of staff.

There are significant gaps in staffing – and staff are burnt out.

Less than half of all EDs (47.4%) met ACEM's minimum recommended staffing model and there are significant gaps in certain areas, including nursing.

ACEM's research indicates that 63% of Aotearoa's ACEM-accredited emergency departments had unfilled emergency medicine trainee vacancies in 2022, compared with 21% in 2020. Forty-two per cent of EDs had unfilled emergency medicine specialist vacancies in 2022, compared with 10.5% in 2020.

In 2022, 40% of emergency clinicians that responded to an ACEM survey said that they were likely to leave their career in the next 10 years. Fifty-six per cent of respondents said they had moderate to severe work-related burnout.

Access block and ED overcrowding contribute to staff shortages.

Emergency clinicians reported to ACEM that overcrowding in the ED (77% of respondents), and access block (66% of respondents) were the top two stressors.

Systemic issues create unsafe working environments. This disincentivises physicians to continue working in the ED – and can prevent people from training in emergency medicine in the first place.

What are the identified solutions to the workforce crisis?

Initiatives in the Te Whatu Ora Health Workforce Plan 2023/24 must be implemented, including pathways for Māori in health, earn-as-you-learn programs, lifting medical placement numbers, measures to improve the recruitment of locally trained, overseas based doctors, and establishing pathways to build specialist expertise in vulnerable service areas.

Inpatient teams must be supported to enable more effective patient care for people entering the hospital via the ED, in Short Stay Units (SSU) and acute surgical and mental health assessment units, so same-day patient care can be delivered.

Streamlined patient transfers from ED to inpatient or community care must be supported by increasing the capacity of inpatient, high-level ARC and acute mental health services. EDs, including waiting rooms, must be culturally safe, patient and whānau-friendly.

> *"Staff work in healthcare because they want to help people, and they train for a long time to learn the best and safest ways to provide this care. When the system is preventing them from giving patients the best care – when there are simply not enough staff, beds and other resources for every person who needs them – this takes a massive toll, and leads to burnout, and to leaving a job they love".*
>
> – ACEM NZ Chair, Dr Kate Allan

4. The implementation of a plan to collect accurate ethnicity data, audit health care outcomes for equity and address identified inequities in the emergency department.

The interim NZ Health Plan states that Te Whatu Ora will implement a nationally consistent data system to ensure equity of access and outcomes for all health services.

However, there are no details on ED data collection or strategies to address ED inequities, and current IT systems are not fit for purpose. Political parties must commit to designing and implementing a plan to help emergency departments and staff provide the best care for Māori.

Māori use the emergency department more than non-Māori.

In 2021/22, Māori were 1.36 times more likely than non-Māori to have used an ED one or more times.

The health system, including EDs, does not operate equitably for all patients in Aotearoa.

Māori are more likely to experience an increased burden of disease and injury and are 2.5 times more likely to die from conditions that are potentially preventable.

Māori are less likely to be admitted for similar presenting complaints, despite similar triage acuity, and are more likely to be discharged or to self-discharge from the emergency department compared to non-Māori.

Māori patients are triaged to be seen within a longer time frame compared to non-Māori.

Māori experience poorer health outcomes than non-Māori

Preventable mortality and hospitalisation rates due to treatable illnesses are both significantly – 2.4 and 1.6 times respectively – higher for Māori than non-Māori. Māori mortality within 10 days of ED presentation is significantly higher than non-Māori patients, regardless of whether patients are discharged from the ED or admitted to hospital.

Māori are 1.6 times more likely to die after a first ED event than non-Māori.

Equity in EDs can be improved – with the right data, support and planning.

Health outcomes are expected to improve when Māori have more say in health decision-making.

ACEM's Te Rautaki Manaaki Mana: Excellence in Emergency Care for Māori strategy, aims to achieve equity for Māori in EDs within Aotearoa.

> *Emergency departments in Aotearoa New Zealand will embody Pae Ora, providing excellent, culturally safe care to Māori, in an environment where Māori patients, whānau and staff feel valued, and where leaders actively seek to eliminate inequities.*

5. 24/7 safety staff posted at every emergency department, integrated and appropriately trained to best support staff, patients, whānau and visitors.

Everyone must be safe to deliver, receive or support care in emergency departments. But as waits for care rise, violence in ED – including physical assault, verbal abuse, threats and aggressive behaviours – is getting worse. Political parties must commit to 24/7 safety staff posted at every emergency department, integrated, and appropriately trained to best support staff, patients, whānau and visitors.

Violence in emergency departments is getting worse.

Reported violence incidents against staff in healthcare settings have risen across all Te Whatu Ora settings, from 6,806 in 2019/20 to 7,422 in 2021/22.

The number of assaults against Te Whatu Ora staff also rose dramatically, from 1179 in 2021, to 3459 in 2022. In the first three months of 2023, 1,887 assaults occurred.

There has been an increase in "challenging behaviours" at specialist or emergency services. Emergency departments have among the highest instances of violence in healthcare.

Violence negatively affects everyone in the emergency department.

Violence impacts staff, patients, whānau and carers.

Staff in EDs are at an increased risk of experiencing violence due to their unique work environment, which includes people experiencing intense emotions, pain, dementia, or who are under the influence of alcohol and/or other drugs. For staff, violence is detrimental to physical and mental health, and significantly contributes to burnout, absenteeism, intention to leave, poor job satisfaction, decreased productivity and a decrease in the quality of patient care.

In a 2022 ACEM Sustainable Workforce Survey, 40% of respondents reported bullying, discrimination, sexual harassment or harassment by a patient or carer in the past 12 months.

All people should be safe to deliver, receive or support care in emergency departments. But in August 2023, ACEM asked emergency clinicians across the country if they had experienced violence in the last month in ED.

> *"I was assaulted by a patient's relative who was affected by alcohol. They became verbally aggressive and then physically attacked me, grabbing me by the head and neck. I sustained only minor physical injuries, but the psychological injury of being attacked at work lingers. Work is meant to be a safe space."*

> *"We have patients under the influence of alcohol or other drugs, in the ED, escorted or restrained by police or hospital security. Recently, a person ran around the ED, upsetting and harming patients. We had to get him to the ground before sedating him to keep him, and other people, safe."*

> *"Because the system is so overloaded, patients are being forced to wait 12 – 18 hours to be seen, so are often angry. It's never easy to start a consultation with a patient that's pissed off at you from the outset."*

> *"A patient experiencing mental health issues had been stuck waiting in our ED for over 12 hours and punched a senior doctor."*

> *"A senior doctor in the ED was punched by an angry relative."*

> *"A patient experiencing extreme mental health distress threw faeces at staff."*

> *"A nurse got punched by a patient and was knocked unconscious."*

> *"I was pushed from behind onto a corridor bed by an angry psych patient trying to leave, called a c___, and had 'f___ you' yelled at me twice."*

> *"A patient experiencing severe mental health issues, who got stuck in ED waiting for transfer for appropriate care, ended up stabbing a security officer."*

EDs need a 24/7 timely response to any violent incident occurring in the ED.

The time and day of the week does not significantly impact the incidence of violence, location of the episode or demographics of the perpetrator.

A safety response presence is essential 24/7 in emergency departments to allow staff to focus on delivering vital care.

Safety staff must be appropriately trained and imbedded in the ED.

Security staff must have adequate trauma-informed training, competencies and clear responsibilities, be fully integrated into the clinical team, and take part in appropriate, ongoing and team-based training designed to best suit the individual needs of each community.

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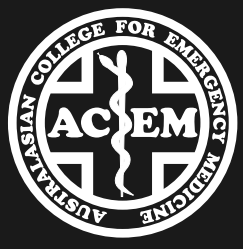

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