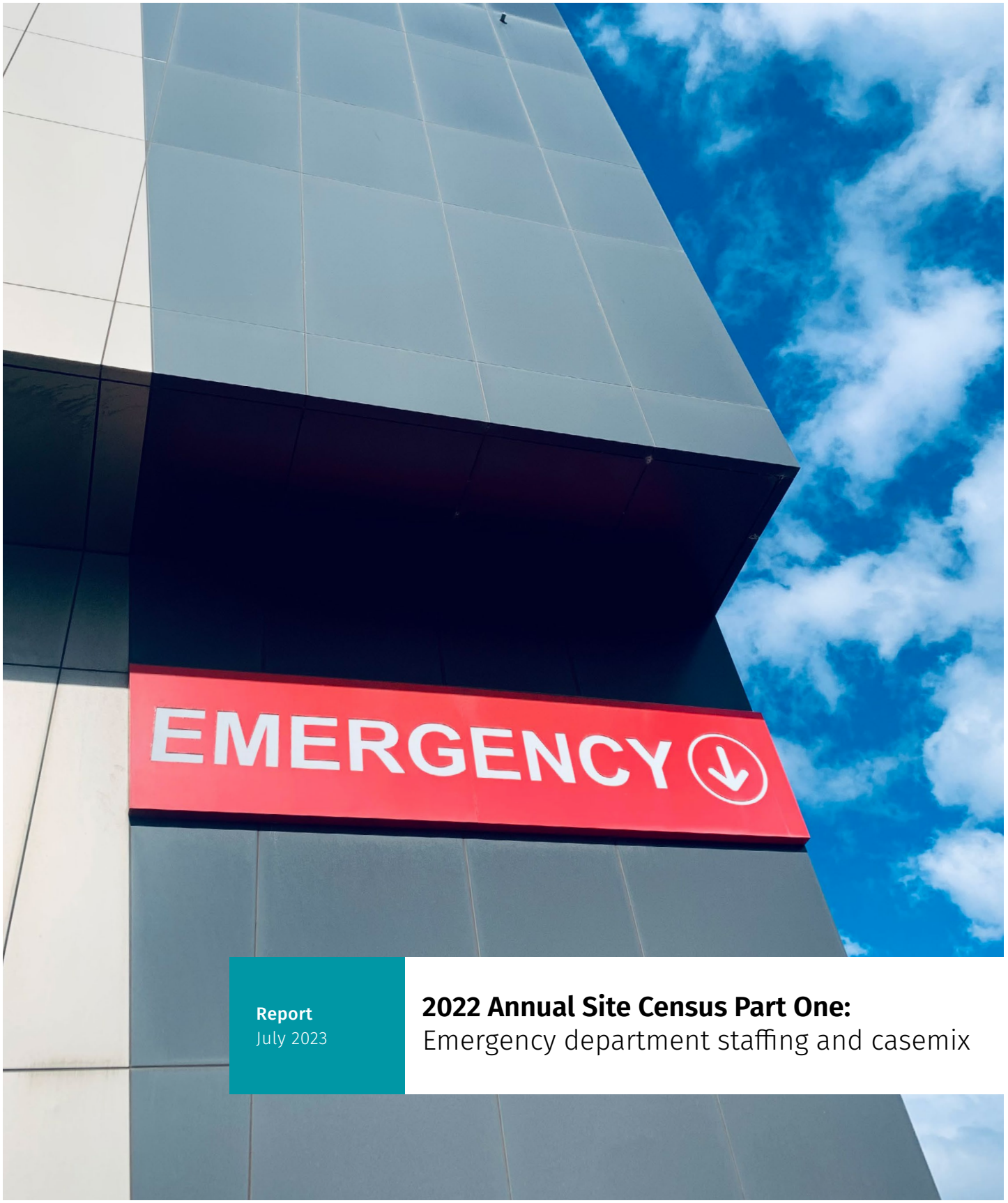
Australasian College
for Emergency Medicine

acem.org.au



Report
July 2023

2022 Annual Site Census Part One:
Emergency department staffing and casemix

Australasian College
for Emergency Medicine

2022 Annual Site Census

Part one: Emergency department staffing and casemix

Key findings

The Australasian College for Emergency Medicine's 2022 Annual Site Census was distributed to all 148 ACEM-accredited Emergency Departments (EDs); of which 147 participated. The Census gathered data on ED staffing, casemix, resources, staff training and hospital services. Part one of the report focuses on ED staffing and casemix.

Annual presentations decreased in both Australian (-0.5%) and Aotearoa New Zealand (-2.7%) EDs compared with the 2021 Census. **Eight** EDs saw greater than **100,000** annual ED attendances, compared to nine EDs in the 2021 Census.

93.0% of EDs reported patients staying in the ED for more than 24 hours, with large regional EDs reporting the highest average percentage of patients staying greater than 24 hours.

32.8% of Australian EDs and **44.4%** of Aotearoa EDs met the ACEM G23 minimum staffing model. **38.9%** of Australian EDs employed Visiting Medical Officers at the FACEM level. **Over half** (53.1%) of EDs reported having unfilled FACEM vacancies and over **three quarters** (76.2%) of EDs reported having FACEM trainee vacancies.

Over three quarters (81.3%) of Australian EDs and almost **half** (47.4%) of Aotearoa EDs reported instances of ambulances waiting more than **30 minutes** to complete handover, averaging **6,067 instances** (range: 7 – 29,670) increasing from 4,770 instances in 2021 (range: 2 to 26,438)

All Aotearoa New Zealand EDs (n= 19) reported the availability of an Indigenous Health Liaison Officer or equivalent, yet **eleven** Australian EDs (n= 11/128, 8.6%) did not have an Indigenous Health Liaison Officer available.

For the full findings, please refer to:
Australasian College for Emergency Medicine (2023),
2022 Annual Site Census Report - Part 1: ED Staffing and Casemix

Table of contents

List of Tables

1. Executive Summary

1.1 Background

This report presents the findings from the Australasian College for Emergency Medicine's (ACEM's) 2022 Annual Site Census, which was distributed to Directors of Emergency Medicine (DEMs) and Directors of Emergency Medicine Training (DEMTs) at all 148 ACEM accredited emergency departments (EDs). The Census collected comprehensive data on ED staffing, ED activity and casemix, ED resources, and broader hospital services available. Part one of the report focuses on three aspects, ED activity, staffing and cultural safety aspects.

1.2 Summary of Findings

Of the 148 accredited EDs, 147 sites (128 in Australia and 19 in Aotearoa New Zealand) completed the 2022 Census.

1.2.1 *ED Activity*

- Attendances between 1 July 2021 and 30 June 2022 averaged over 56,000 across Australian EDs and over 52,000 across Aotearoa EDs, equating to a -0.5% and -2.7% decrease from the previous financial year.
- Six Australian EDs and two EDs in Aotearoa saw greater than 100,000 annual ED attendances, compared to seven Australian EDs and two Aotearoa EDs in the 2021 Census.
- A greater proportion of ED attendances were admitted to Major and Private hospitals (30.5% and 36.3% of attendances, respectively) in Australia and Metropolitan hospitals (31.5% of attendances) in Aotearoa, compared to other hospital peer groups.
- 93.0% (132 of 142) of EDs reported having patients with an ED length of stay (LOS) of over 24 hours during the 2021-2022 financial year, an increase from 90.6% in the 2021 Census. The average percentage of patients with ED LOS of greater than 24 hours almost doubled in Australian EDs (2022, 0.9%; 2021, 0.5%), while this remained consistent in Aotearoa EDs at 0.3%.
- None of the Australian EDs and only one Aotearoa ED consistently met ACEM's recommended Hospital Access Targets (HATs) for admitted and transferred patients at four, six, eight, and twelve hours. Large regional EDs reported the lowest percentage of patients meeting each HAT time point, followed by Large metropolitan EDs.
- HATs for discharged patients were more achievable, with the percentage of EDs reporting achieving ACEM's HATs for discharged patients generally higher than that reported for admitted/ transferred patients at each target time point.
- On average, one in four (26.5%) attendances to Australian EDs arrived by ambulance, compared with 23.1% for Aotearoa EDs.
- In Australia, one in five (19.5%) EDs reported being on ambulance bypass during the 2021-2022 financial year, compared with 15.8% of EDs in Aotearoa. Over three-quarters (81.3%) of Australian EDs reported recording ambulance handovers of greater than 30 minutes at least once, compared to 47.4% of EDs in Aotearoa.
- Small/medium regional EDs in Australia and Regional EDs in Aotearoa had the highest average percentage of Short Stay Unit admissions with a LOS of over 24 hours (11.5% and 26.7%, respectively).
- Of the responding 123 Australian EDs, 7.1% of patient attendances were for Aboriginal and/or Torres Strait Islander peoples, and 22.3% of patient attendances to the 19 responding Aotearoa EDs were for Māori.
- Aotearoa EDs consistently demonstrated more proficient cultural capabilities in various aspects than Australian EDs, including having a dedicated Indigenous Health Unit (84.2% vs. 36.7% Australian EDs) and having access to Indigenous Liaison Officers or equivalent (100% vs. 92.3% EDs in Australia).

1.2.2 *ED Staffing*

- The overall average FTE of all categories of medical staff in Australian and Aotearoa EDs increased compared with the findings from the 2021 Census, except for Provisional FACEM Trainees, which remained unchanged, as a result of the changes to the FACEM Training Program.
- Improvement was seen in the number of attendances per ED staff in the 2022 Census, where a lower number of attendances per each ED staff category was seen.
- In Australia, there was one EM Specialist FTE to an average of 4,525 ED attendances, and one FACEM trainee FTE to 9,324 ED attendances. In Aotearoa, there was one EM Specialist FTE to an average of 3,693 ED attendances and one FACEM trainee to 10,443 ED attendances.
- Australian EDs had an average of one EM Specialist FTE to 0.8 FACEM trainee FTE (vs. 1 : 0.9 in 2021) and Aotearoa EDs reported one EM Specialist FTE to 0.5 FACEM trainee FTE (vs. 1 : 0.6 in 2021).
- The total unfilled FTE also increased for both EM Specialists (from 159.5 FTE to 211.3 FTE) and FACEM trainees (from 437.7 FTE to 547.3 FTE), compared with the 2021 Census.
- In Australia, Large regional (3.6) and Private (4.1) EDs had the highest average unfilled EM Specialist FTE. The Large regional EDs also had the highest average unfilled FACEM trainee FTE (9.2), with nearly all of these vacancies remaining unfilled for six months or more.
- Overall, 8 (44.4%) of 18 Aotearoa EDs and 40 (32.8%) of 122 Australian EDs met the minimum recommended FACEM staffing outlined in G23; both showed improvement compared with the 2021 Census.
- Over two-thirds (67.7%) of Australian Major hospital EDs met the G23 minimum recommended FACEM staffing model, increasing from 55.2% in the 2021 Census. On the contrary, none of Australia's Small/medium regional hospitals met the minimum recommended FACEM staffing.

2. Purpose and Scope

All ACEM-accredited EDs are mandated to complete the Annual Site Census, a joint initiative between the Research Unit within the Policy, Research and Partnerships Department and the Accreditation Unit within the Training Department. Findings from the Census are used to monitor activity and staffing of accredited sites and provide an evidence base for ACEM policy and advocacy activities relating to the ED workforce and functioning.

This report presents findings from the 2022 Annual Site Census, particularly on ED staffing and casemix.

3. Methodology

The 2022 Census was distributed to all 148 accredited EDs in Australia and Aotearoa New Zealand, comprising questions on ED staffing and rostering, ED activity (including casemix and performance), cultural safety aspects, ED resources, and other hospital services. ED activity and performance data were sought for the period 1 July 2021 to 30 June 2022, with all other collected data being current at the time of completing the survey. Refer to Appendix 1 for the survey tool.

The Census (in the format of PDF fillable form) was sent via customised email to all DEMs and DEMTs at individual ACEM-accredited sites in September 2022. Two reminder emails were sent to non-responding DEMs and DEMTs from the Research Unit, and one final reminder email was sent from the Accreditation Unit. The last submitted Census was received in mid-February 2023, and the follow-up for incomplete/ missing data concluded in March 2023.

Hospital, DEM and DEMT anonymity and confidentiality are maintained with data only reported in aggregate by jurisdiction (state/territory and country) and by hospital peer group, where appropriate. For Australian EDs, the peer group description from the AIHW's MyHospitals data (Australian Institute of Health and Welfare, 2018-2019) was used for the hospital peer group classification: Major, Large metropolitan, Medium metropolitan, Large regional, Medium regional, Small regional, Private, and Specialist. For this report, the EDs classified in the Medium regional and Small regional hospital peer groups were combined as Small/ medium regional.

For Aotearoa Hospital peer groups, EDs were classified using the Stats NZ Functional Urban Areas (FUA) methodology and classification (Stats NZ, 2021). The FUA classifies hospitals into four peer groups: Metropolitan, Large regional, Medium regional, and Small regional (Stats NZ, 2021). To ensure anonymity for reporting, all regional sites were combined in a single peer group as 'Regional'.

4. Results

4.1 Profile of Participating EDs

Of the 148 accredited EDs, 147 sites completed the 2022 Census. Table 1 displays the breakdown of responding EDs by region in Australia and Aotearoa, and further analysis by peer group within each region.

Table 1 Distribution of participating EDs, by region and hospital peer group.

	n	Region (%)	Total (%)
Australia	128		87.1%
New South Wales	41		27.9%
Major	11	26.8%	
Large metropolitan	10	24.4%	
Medium metropolitan	6	14.6%	
Large regional	9	22.0%	
Small/medium regional	2	4.9%	
Private	1	2.4%	
Specialist	2	4.9%	
Victoria	30		20.4%
Major	6	20.0%	
Large metropolitan	7	23.3%	
Medium metropolitan	5	16.7%	
Large regional	6	20.0%	
Small/medium regional	2	6.7%	
Private	3	10.0%	
Specialist	1	3.3%	
Queensland	30		20.4%
Major	6	20.0%	
Large metropolitan	6	20.0%	
Medium metropolitan	3	10.0%	
Large regional	6	20.0%	
Small/medium regional	3	10.0%	
Private	5	16.7%	
Specialist	1	3.3%	
Western Australia	12		8.2%
Major	3	25.0%	
Large metropolitan	4	33.3%	
Medium metropolitan	1	8.3%	
Small/medium regional	2	16.7%	
Private	1	8.3%	
Specialist	1	8.3%	
South Australia	7		4.8%
Major	2	28.6%	
Large metropolitan	3	42.9%	
Medium metropolitan	1	14.3%	
Specialist	1	14.3%	
Tasmania	3		2.0%
Major	1	33.3%	
Large regional	2	66.7%	
Northern Territory	3		2.0%
Major	1	33.3%	
Large regional	1	33.3%	
Small/medium regional	1	33.3%	
Australian Capital Territory	2		1.4%
Major	1	50.0%	
Large metropolitan	1	50.0%	
Aotearoa	19		12.9%
Metropolitan	10	52.6%	
Large regional	7	36.8%	
Medium regional	1	5.3%	
Specialist	1	5.3%	
Total	147		100.0%

Note: As only one specialist children's hospital in Aotearoa participated in the Census, to maintain the hospital's anonymity, their data has been incorporated into the Metropolitan peer group where appropriate.

4.2 ED Activity

This section contains ED activity, including time-based performance data and ambulance arrival data for the period 1 July 2021 to 30 June 2022, presented by region and hospital peer group. Table 2 displays the average number of attendances in Australia and Aotearoa, with a further breakdown by region for Australian EDs. The table also includes the average percentage of paediatric attendances, geriatric attendances, admissions and transfers.

Six Australian EDs and two Aotearoa EDs saw greater than 100,000 attendances during this period, similar to the 2021 Census (seven Australian EDs and two Aotearoa EDs). Australian EDs had an average of 56,093 annual attendances for the period, comparable to the 2021 Census (56,367). Aotearoa EDs averaged 52,417 attendances in the 2022 Census, a 2.7% decrease compared to the 2021 Census (53,872). The proportion of paediatric and geriatric attendances in Australia and Aotearoa were comparable, but Aotearoa EDs reported a relatively higher hospital admission rate.

Table 2 Average total number of attendances, and the average percentage of paediatric and geriatric attendances, admissions and transfers for the period 1 July 2021 to 30 June 2022, by region.

	Total attendance			Admissions	Transfers	Paediatric attendance	Geriatric attendance*
Region	mean	minimum	maximum	%	%	%	%
Australia	56093	12053	122234	24.5%	1.7%	20.5%	24.0%
NSW	52032	18890	84905	27.3%	1.6%	21.1%	24.3%
VIC	54789	16714	109118	25.6%	1.6%	19.4%	25.0%
QLD	59533	12053	122234	20.3%	1.5%	19.4%	23.0%
WA	64769	22095	113455	24.3%	1.6%	22.8%	24.8%
SA	59031	41904	84506	19.8%	2.5%	23.3%	27.1%
TAS	48344	27557	74053	31.9%	0.7%	17.7%	24.5%
ACT	71850	56762	86938	24.9%	1.4%	19.2%	19.0%
NT	45905	32493	62430	20.5%	3.7%	20.5%	11.1%
Aotearoa	52417	24767	114516	31.2%	0.9%	21.5%	26.1%
Total	55618	12053	122234	25.3%	1.6%	20.6%	24.2%

Note: Paediatric attendances are ≤15 years (definition may vary slightly across EDs) and geriatric attendances are ≥65 years. Three Aotearoa EDs did not provide transfers data; one Australian and one Aotearoa ED did not provide paediatric attendance data; and one Australian ED and one Aotearoa ED did not provide geriatric attendance data.
*Excludes n= 7 Specialist Children's EDs.

The average percentage of ambulance arrivals and attendances by triage category from 1 July 2021 to 30 June 2022 are presented in Table 3, by region. Approximately one-third of all presentations to ACEM-accredited EDs in Queensland (QLD), South Australia (SA) and Tasmania (TAS) arrived by ambulance, while the Northern Territory (NT) reported only half the percentage of ambulance arrivals, consistent with the 2021 and 2020 Census findings. Aotearoa recorded presentations to accredited EDs via ambulance arrival at 23.1%, comparable to that reported in the 2021 Census (22.4%).

Table 3 Average percentage of ambulance arrivals and patient attendances by triage category (ATS) for the period 1 July 2021 to 30 June 2022, by region.

	Ambulance arrivals	ATS 1 attendances	ATS 2 attendances	ATS 3 attendances	ATS 4 attendances	ATS 5 attendances
Region	%	%	%	%	%	%
Australia	26.5%	0.8%	15.6%	40.5%	36.3%	6.9%
NSW	23.5%	0.8%	14.9%	37.9%	37.1%	9.2%
VIC	27.3%	0.6%	15.8%	41.6%	35.7%	6.3%
QLD	32.5%	0.7%	16.0%	43.6%	33.4%	6.1%
WA	19.7%	0.9%	16.1%	38.3%	41.4%	3.7%
SA	30.6%	1.5%	16.9%	43.9%	33.4%	4.4%
TAS	33.7%	0.8%	14.6%	40.8%	37.0%	6.6%
ACT	22.3%	0.5%	11.8%	40.9%	37.8%	9.0%
NT	14.9%	0.7%	15.9%	35.0%	43.2%	5.2%
Aotearoa	23.1%	0.9%	15.8%	47.7%	31.2%	4.2%
Total	26.1%	0.8%	15.6%	41.5%	35.6%	6.5%

Note: ATS = Australasian Triage Scale. Two EDs in Aotearoa and one EDs in Australia did not provide ambulance arrival data and one Australian ED did not provide attendance data by Australasian Triage Scale.

The Census asked about the total number of patients who stayed in the ED for greater than 24 hours. A total of 132 (93.0%) EDs reported that patients stayed in the ED for over 24 hours. Australian EDs reported a higher proportion of patients with an ED length of stay (LOS) greater than 24 hours (1.0%) compared with Aotearoa EDs (0.3%) (Table 4). An increase in the average percentage of patients with greater than 24 hour ED stays was seen across all Australian jurisdictions. TAS reported the highest average percentage of patients with a LOS greater than 24 hours (3.6%), followed by the Northern Territory (1.5%). Seven EDs (all in Australia and four in New South Wales) reported over 3% of presentations had an ED stay longer than 24 hours.

Table 4 Average percentage of patients with an ED LOS of >24 hours for the period 1 July 2021 to 30 June 2022, by region.

	Patients with a LOS >24 hrs
Jurisdiction	%
Australia	1.0%
NSW	1.2%
VIC	0.4%
QLD	0.7%
WA	0.7%
SA	1.2%
TAS	3.6%
ACT	0.8%
NT	1.5%
Aotearoa	0.3%
Total	0.9%

Note: LOS = length of stay. Four Australian EDs and one Aotearoa ED did not provide data.

The average percentage of SSU and combined Intensive Care Unit (ICU), Critical Care Unit (CCU), and High Dependency Unit (HDU) admissions for the period 1 July 2021 to 30 June 2022 are presented by region in Table 5, along with patients with an SSU LOS of more than 24 hours. Victoria (VIC) reported the greatest percentage of patients admitted to SSU (16.6%), closely followed by QLD (15.2%). An increase in SSU admissions was seen in Aotearoa EDs (15.5%, up from 10.8% in the 2021 Census). Western Australia (WA) and VIC reported the highest proportion of SSU admissions with a LOS of more than 24 hours, 8.0% and 7.6%, respectively.

Table 5 Average percentage of SSU and combined ICU, CCU and HDU admissions, as well as SSU LOS >24 hours, for 1 July 2021 to 30 June 2022, by region.

	SSU admissions	Patients staying in SSU only >24 hours	ICU, CCU and HDU admissions
Region	%	%	%
Australia	12.3%	5.3%	1.6%
NSW	8.2%	5.0%	1.9%
VIC	16.6%	7.6%	1.6%
QLD	15.2%	4.0%	1.5%
WA	8.8%	8.0%	1.5%
SA	11.9%	1.3%	1.7%
TAS	9.5%	6.1%	1.0%
ACT	13.2%	2.2%	1.0%
NT	5.1%	3.1%	1.5%
Aotearoa	15.5%	5.2%	1.9%
Total	12.7%	5.3%	1.7%

Note: CCU = critical care unit, ICU = intensive care unit, HDU = high dependency unit, LOS = length of stay, SSU = short stay unit; excludes n= 7 Specialist Children's hospitals; 116 Australian and 16 Aotearoa EDs provided SSU admissions; 107 Australian and 15 Aotearoa EDs provided LOS in SSU >24 hours data.

Table 6 displays the average total number of attendances, the average percentage of paediatric and geriatric attendances, as well as admissions and transfers by hospital peer group. Consistent with Census findings in previous years, Major and Metropolitan EDs had higher average ED total attendances than Regional EDs; Private EDs had the highest average percentage of admissions; and Aotearoa Metropolitan EDs had a higher average percentage of paediatric attendances than Regional EDs.

Medium metropolitan EDs and Small/medium regional EDs in Australia had the highest average percentage of transfers, consistent with the 2021 census. The average percentage of geriatric attendances was comparable between metropolitan and regionally located EDs in Australia and Aotearoa.

Table 6 Average total number of attendances, and the average percentage of paediatric and geriatric attendances, admissions, and transfers for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	Total attendance			Admissions	Transfers	Paediatric attendance	Geriatric attendance*
Hospital peer group	mean	minimum	maximum	%	%	%	%
Australia							
Major	79,069	38,190	122,234	32.2%	0.9%	13.4%	23.1%
Large metropolitan	65,314	35,679	109,118	23.6%	1.9%	16.9%	23.7%
Medium metropolitan	45,565	22,820	74,179	15.1%	3.4%	20.1%	20.7%
Large regional	43,718	25,184	86290	26.2%	0.9%	18.8%	23.8%
Small/medium regional	30,402	16,837	43109	11.8%	3.2%	20.4%	21.7%
Private	20,646	12,053	30,102	34.3%	1.5%	10.4%	38.4%
Specialist	62,970	36,513	91,150	19.0%	0.2%	96.1%	-
Aotearoa							
Metropolitan	63,866	28,319	114,516	31.0%	1.1%	24.2%	25.9%
Regional	36,674	24,767	45,760	31.5%	0.6%	17.5%	26.3%

Note: Paediatric attendances are ≤15 years (definition may vary slightly across EDs) and geriatric attendances are ≥65 years. Three Aotearoa EDs did not provide transfers data; two Australian and one Aotearoa ED did not provide paediatric attendance data; and three Australian EDs and Aotearoa ED did not provide geriatric attendance data.
*Excludes n= 7 Specialist Children's EDs.

The average percentage of ambulance arrivals and attendances by triage category are presented in Table 7, by peer group. Specialist EDs had the smallest percentage of their patients arriving by ambulance compared with EDs in other peer groups. Private and Regional Australian EDs had a higher percentage of ATS 5 attendances than EDs in other peer groups in Australia. In Aotearoa, the average percentage of ambulance arrivals and attendances by each triage category were relatively comparable between Metropolitan and Regional EDs.

Table 7 Average percentage of ambulance arrivals and patient attendances by triage category (ATS) for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	Ambulance arrivals	ATS 1 attendances	ATS 2 attendances	ATS 3 attendances	ATS 4 attendances	ATS 5 attendances
Hospital peer group	%	%	%	%	%	%
Australia						
Major	33.3%	1.3%	19.3%	43.2%	30.5%	5.5%
Large metropolitan	29.1%	0.8%	17.2%	43.8%	32.6%	5.5%
Medium metropolitan	20.0%	0.4%	15.4%	40.6%	36.9%	6.6%
Large regional	29.1%	0.6%	14.3%	39.0%	37.5%	8.7%
Small/medium regional	17.9%	0.4%	12.5%	35.1%	43.3%	8.8%
Private	18.8%	0.1%	8.9%	37.5%	43.3%	11.6%
Specialist	11.1%	0.6%	8.7%	29.3%	56.3%	5.0%
Aotearoa						
Metropolitan	23.0%	1.1%	16.0%	47.6%	30.7%	4.5%
Regional	23.2%	0.6%	15.6%	47.8%	32.0%	3.9%

Note: ATS = Australasian Triage Scale; Two EDs in Aotearoa and one EDs in Australia did not provide ambulance arrival data and one Australian ED did not provide attendance data by Australasian Triage Scale.

Consistent with the 2021 Census findings, Large Regional EDs had the highest average percentage of patients with an ED LOS over 24 hours (1.4%), followed by the Major referral EDs (1.1%) in Australia (Table 8). Similarly, Regional EDs in Aotearoa also reported a higher average percentage of patients with an ED LOS over 24 hours (0.5%) than Metropolitan EDs (0.2%).

Table 8 Average percentage of patients with an ED LOS of >24 hours for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	Patients with a LOS >24 hrs
Hospital peer group	%
Australia	
Major	1.1%
Large metropolitan	1.0%
Medium metropolitan	0.9%
Large regional	1.4%
Small/medium regional	0.5%
Private	0.4%
Specialist	0%
Aotearoa	
Metropolitan	0.2%
Regional	0.5%

Note: LOS = length of stay. Four Australian EDs and one Aotearoa EDs did not provide data.

The average percentage of SSU and combined ICU, CCU, and HDU admissions for the period 1 July 2021 to 30 June 2022 are presented by hospital peer group in Table 9, along with patients with an SSU LOS of more than 24 hours. Consistent with the Census findings from previous years, a greater percentage of patients attending Major and Metropolitan EDs in Australia were admitted to SSUs, whereas a greater proportion of

patients were admitted to ICU, CCU and HDUs in Private EDs. In Aotearoa, a higher percentage of patients attending Regional EDs were admitted to SSUs than Metropolitan EDs. Still, an opposing higher percentage was seen among SSU admissions with a greater than 24 hour LOS.

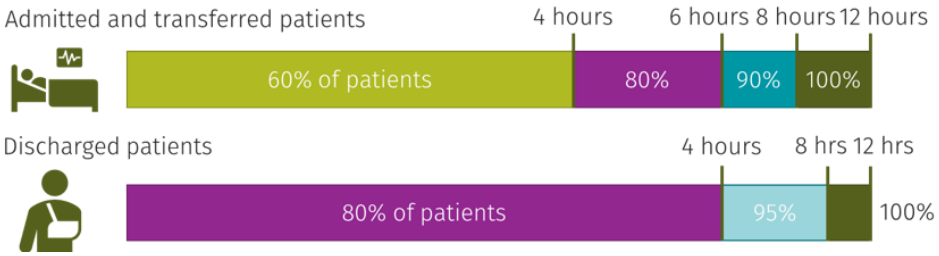
Table 9 Average percentage of SSU and combined ICU, CCU and HDU admissions, as well as SSU LOS >24 hours, for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	SSU admissions	LOS in SSU >24 hours	ICU, CCU and HDU admissions
Hospital peer group	%	%	%
Australia			
Major	13.7%	3.8%	1.9%
Large metropolitan	14.3%	6.2%	1.1%
Medium metropolitan	15.5%	4.5%	0.9%
Large regional	10.1%	7.7%	1.7%
Small/medium regional	8.2%	2.7%	1.6%
Private	2.2%	6.1%	3.6%
Aotearoa			
Metropolitan	14.1%	6.7%	1.9%
Regional	17.4%	1.8%	1.9%

Note: CCU = critical care unit, ICU = intensive care unit, HDU = high dependency unit, LOS = length of stay, SSU = short stay unit; excludes n= 7 Specialist Children's hospitals. 116 Australian and 16 Aotearoa EDs provided SSU admissions; 107 Australian and 15 Aotearoa EDs provided LOS in SSU >24 hours data.

4.2.1 *Hospital Access Targets*

ACEM has developed 'Hospital Access Targets', a new evidenced based measure that sets distinct targets for admitted/ transferred patients and discharged patients. Hospital Access Targets (HATs) are intended to reflect the complexity of patient needs and the diverse pathways patients may take following ED attendance; therefore, different time-based targets were recommended. The maximum ED LOS recommended by HATs for any patient stream is 12 hours; however, the percentage of patients at each targeted time point differs.



Admitted and transferred patients

The average percentage of admitted and transferred patients that met each of ACEM's recommended HATs are presented for Australian and Aotearoa EDs in Table 10. Across 18 Aotearoa EDs (one Regional ED did not provide valid data), only one ED consistently met ACEM's recommended HATs for admitted and transferred patients at four, six, eight, and twelve hours. Likewise, in Australia, only one of 124 EDs met the HAT at four-hours, with no ED meeting the six-hour target. Three Australian EDs met the HAT at the eight-hour target (i.e., ≥90% with ED LOS no greater than 8 hours), but none of the Australian EDs met the twelve-hour target.

Table 10: Average percentage of admitted and transferred patients with an ED length of stay no greater than 4, 6, 8, and 12 hours from 1 July 2021 to 30 June 2022, by region.

Region	Patients with a LOS ≤4 hrs		Patients with a LOS ≤6 hrs		Patients with a LOS ≤8 hrs		Patients with a LOS ≤12 hrs	
	n	mean % (range)	n	mean % (range)	n	mean % (range)	n	mean % (range)
Australia	124	21.6% (4.3% - 77.8%)	119	39.3% (10.3% - 75.7%)	121	54.9% (17.2% - 97.3%)	119	71.2% (26.1% - 99.7%)
NSW	40	21.2% (6.9% - 49.3%)	39	38.3% (13.9% - 71.2%)	39	53.5% (22.2% - 97.3%)	38	70.1% (37.3% - 99.7%)
VIC	28	20.2% (4.2% - 58.3%)	27	36.4% (10.3% - 73.7%)	27	50.7% (17.3% - 82.5%)	26	69.2% (26.1% - 91.7%)
QLD	29	20.0% (6.0% - 44.3%)	26	39.5% (14.1% - 66.0%)	28	57.4% (22.7% - 93.0%)	28	75.2% (34.0% - 99.3%)
WA	12	32.9% (16.3% - 77.8%)	12	52.4% (34.0% - 72.8%)	12	68.9% (45.9% - 89.3%)	12	83.1% (57.4% - 97.0%)
SA	7	20.9% (6.6% - 48.5%)	7	37.9% (15.0% - 75.7%)	7	51.6% (27.5% - 89.9%)	7	69.8% (50.0% - 98.4%)
TAS	3	13.3% (7.2% - 23.8%)	3	26.0% (17.8% - 42.0%)	3	37.2% (26.4% - 55.6%)	3	52.1% (37.4% - 73.9%)
ACT	2	16.6% (13.7% - 19.4%)	2	34.5% (26.8% - 42.2%)	2	51.6% (39.6% - 63.7%)	2	74.0% (60.5% - 87.5%)
NT	3	22.5% (12.5% - 32.7%)	3	43.6% (28.1% - 58.6%)	3	61.4% (44.4% - 77.4%)	3	80.6% (67.5% - 92.6%)
New Zealand	18	36.9% (11.9% - 82.1%)	18	61.4% (24.1% - 86.6%)	18	76.1% (37.9% - 96.7%)	18	87.7% (27.9% - 100%)

Note: Four Australian EDs and one Aotearoa ED did not provide valid ED LOS data.
ACEM's HATs recommended ≥60% should have an ED LOS no greater than four (4) hours; ≥80% should have an ED LOS no greater than six (6) hours; ≥90% should have an ED LOS no greater than eight (8) hours; and 100% should have an ED LOS no greater than twelve (12) hours

The average percentage of admitted and transferred patients with an ED length of stay no greater than four, six, eight and twelve hours are presented by hospital peer group in Table 11. In Australia, Large regional EDs reported the lowest percentage of patients with an ED LOS within each targeted time point, followed by Large metropolitan EDs. On the contrary, more comparable time-based performance was seen comparing the Metropolitan and Regional EDs in Aotearoa.

Table 11: Average percentage of admitted and transferred patients with an ED length of stay no greater than 4, 6, 8, and 12 hours, by hospital peer group

Hospital peer group	Patients with a LOS ≤4 hrs		Patients with a LOS ≤6 hrs		Patients with a LOS ≤8 hrs		Patients with a LOS ≤12 hrs	
	n	%	n	%	n	%	n	%
Australia								
Major	30	21.2% (6.0% - 58.3%)	30	38.2% (10.9% - 73.7%)	30	53.2% (17.6% - 82.8%)	30	69.9% (27.4% - 99.3%)
Large metropolitan	31	19.5% (4.3% - 77.8%)	29	33.3% (10.3% - 71.2%)	30	48.5% (17.3% - 84.3%)	31	67.3% (26.1% - 93.5%)
Medium metropolitan	16	24.7% (8.6% - 55.2%)	16	42.0% (22.7% - 70.6%)	16	58.2% (34.8% - 97.3%)	16	74.6% (50.0% - 99.7%)
Large regional	23	17.6% (6.9% - 28.5%)	22	34.0% (15.6% - 51.8%)	22	48.6% (24.4% - 73.0%)	21	66.8% (37.4% - 92.0%)
Small/medium regional	10	27.7% (14.1% - 56.1%)	10	48.9% (31.4% - 72.9%)	10	61.0% (24.0% - 89.4%)	10	74.2% (14.6% - 97.0%)
Private	8	22.9% (10.5% - 44.3%)	6	51.2% (28.3% - 66.0%)	7	76.1% (45.0% - 93.0%)	7	89.9% (68.7% - 99.0%)
Specialist	6	29.7% (18.9% - 48.5%)	6	58.4% (38.7% - 75.7%)	6	75.4% (51.8% - 89.9%)	6	78.4% (89.0% - 98.4%)
Aotearoa								
Metropolitan	11	34.6% (11.9% - 58.4%)	11	60.4% (24.1% - 76.8%)	11	76.4% (37.9% - 89.5%)	11	89.9% (59.4% - 98.5%)
Regional	7	40.6% (20.5% - 82.1%)	7	63.0% (47.7% - 86.6%)	7	75.7% (50.0% - 96.7%)	7	84.2% (27.9% - 100%)

Note: One Major, Two Large regional, and two Private EDs did not provide valid ED LOS data.
ACEM's HATs recommended ≥60% should have an ED LOS no greater than four (4) hours; ≥80% should have an ED LOS no greater than six (6) hours; ≥90% should have an ED LOS no greater than eight (8) hours; and 100% should have an ED LOS no greater than twelve (12) hours

Discharged patients

HATs for discharged patients were more achievable, with the percentage of EDs reporting achieving ACEM's HATs for discharged patients generally higher than that reported for admitted/ transferred patients (Table 12.). In Australia, ten (7.8%) EDs reported that at least 80% of discharged patients had an ED LOS of no greater than 4 hours, 89 (74.2%) EDs reported at least 90% of patients discharged within 8 hours, and six (4.9%) EDs met the twelve-hour HAT (i.e. 100% patients discharged within 12 hours).

In Aotearoa, three (17.6%) EDs reported at least 80% of discharged patients had an ED LOS of no greater than 4 hours, while eleven (64.7%%) EDs reported at least 90% of patients discharged within 8 hours. Four EDs (23.5%) met the twelve-hour HAT.

Table 12: Average percentage of discharged patients with an ED length of stay no greater than 4, 8 and 12 hours from 1 July 2021 to 30 June 2022, by region.

Region	Patients with a LOS ≤4 hrs		Patients with a LOS ≤8 hrs		Patients with a LOS ≤12 hrs	
	n	mean % (range)	n	mean % (range)	n	mean % (range)
Australia	124	64.7% (37.9% - 89.9%)	120	91.1% (70.4% - 100%)	122	96.4% (70.4% - 100%)
NSW	41	65.8 (41.4% - 89.9%)	40	91.1% (69.2% - 100%)	41	95.9% (70.4% - 100%)
VIC	28	59.8% (37.9% - 78.1%)	27	88.6% (75.4% - 97.2%)	27	95.6% (84.6% - 100%)
QLD	28	67.9% (54.1% - 84.1%)	26	93.5% (69.6% - 98.2%)	27	98.5% (92.4% - 100%)
WA	12	70.7% (60.9% - 88.8%)	12	94.8% (88.8% - 98.8%)	12	98.3% (96.7% - 100%)
SA	7	55.1% (50.1% - 64.0%)	7	86.1% (75.6% - 92.5%)	7	92.1% (77.4% - 98.2%)
TAS	3	60.6% (44.8% - 71.7%)	3	86.8% (69.7% - 95.9%)	3	91.4% (76.6% - 99.5%)
ACT	2	60.8% (56.8% - 64.7%)	2	92.1% (89.1% - 95.2%)	2	97.6% (95.9% - 99.2%)
NT	3	69.7% (62.1% - 83.6%)	3	94.4% (91.4% - 98.3%)	3	98.4% (97.3% - 99.7%)
Aotearoa	17	63.6% (36.6% - 98.9%)	17	90.0% (65.6% - 99.7%)	17	95.1% (74.3% - 100%)

Note: ACEM's HATs recommended ≥80% should have an ED LOS no greater than four (4) hours; ≥95% should have an ED LOS no greater than eight (8) hours; and 100% should have an ED LOS no greater than twelve (12) hours.

The average percentage of discharged patients with an ED length of stay no greater than 4, 8 and 12 hours is presented in Table 13 by peer group. In Australia, Regional EDs were generally more likely than the Major and Metropolitan located EDs to meet HATs at 4 and 8 hours. As for the HAT at 12 hours, nearly all hospitals in the individual peer groups met the target, with an average of over 95% of patients discharged within 12 hours.

In Aotearoa, four Regional EDs consistently met the HATs for discharged patients at 4, 8, and 12 hours. On the contrary, none of the 11 Metropolitan EDs met the HAT at the four-hour target, while four (21.1%) met the HAT at 8 hours (i.e., 95% discharged within 8 hours) and two EDs met the HAT at 12 hours (with 100% patients discharged by 12 hours).

Table 13: Average percentage of discharged patients with an ED length of stay no greater than 4, 8 and 12 hours from 1 July 2021 to 30 June 2022, by hospital peer group.

Hospital peer group	Patients with a LOS ≤4 hrs n	Patients with a LOS ≤4 hrs mean % (range)	Patients with a LOS ≤8 hrs n	Patients with a LOS ≤8 hrs mean % (range)	Patients with a LOS ≤12 hrs n	Patients with a LOS ≤12 hrs mean % (range)
Australia						
Major	30	62.2% (41.4% - 77.3%)	30	91.1% (73.8% - 97.3%)	30	96.6% (81.6% - 99.9%)
Large metropolitan	31	59.7 (37.9% - 81.4%)	30	89.5% (79.8% - 97.5%)	31	96.1% (83.8% - 100%)
Medium metropolitan	16	63.8% (41.2% - 79.9%)	16	90.8% (78.9% - 100%)	16	96.1% (79.9% - 100%)
Large regional	23	68.6% (44.8% - 89.9%)	22	92.3% (69.7% - 100%)	22	96.9% (76.6% - 100%)
Small/medium metropolitan	10	72.9% (58.0% - 88.8%)	10	89.8% (69.2% - 98.8%)	10	95.3% (70.4% - 100%)
Private	8	66.8% (51.5% - 78.2%)	6	93.9% (86.5% - 97.5%)	7	98.2% (95.3% - 99.6%)
Specialist	6	73.0% (53.8% - 84.2%)	6	93.2% (75.6% - 98.2%)	6	95.5% (77.4% - 99.6%)
Aotearoa						
Metropolitan	11	54.9% (36.6% - 78.3%)	11	87.7% (65.6% - 99.4%)	11	93.9% (74.3% - 99.9%)
Regional	6	79.6% (55.8% - 98.9%)	6	94.3% (79.0% - 99.7%)	6	97.4% (91.7% - 99.9%)

Note: ACEM's HATs recommended ≥80% should have an ED LOS no greater than four (4) hours; ≥95% should have an ED LOS no greater than eight (8) hours; and 100% should have an ED LOS no greater than twelve (12) hours.

4.2.2 *Ambulance Bypass and Handover*

The Annual Site Census asked for further details on ambulance bypass and instances where ambulances waited more than 30 minutes to complete handover to EDs.

Table 14 presents the number and percentage of EDs that reported being on ambulance bypass or diversion, by region. In Australia, 25 EDs (compared with 12 EDs in the 2021 Census) reported that they were on ambulance bypass between 1 July 2021 and 30 June 2022, and three Aotearoa EDs (none in the 2021 Census) reported so. The mean number of hours on ambulance bypass or diversion across the Australian EDs over the 12 months was 1,347 (range: 8 – 6,205 hours). This remained consistent compared with the 2021 Census (average 1,361 hours; range: 13 – 6,653), which was increased significantly compared with the 2020 Census (average 706 hours; range: 4 – 3,502). In Aotearoa, the mean number of hours on ambulance bypass averaged 24.5 hours (range: 6 – 35 hours), which was relatively less compared with that reported in the Australian EDs.

Table 14 Number and percentage of EDs that reported being on ambulance bypass or diversion for the period 1 July 2021 to 30 June 2022 and the average number of hours on bypass or diversion, by region

	Ambulance bypass or diversion		Total hours on bypass or diversion	
Region	n	%	n	Average (range)
Australia	25	19.5%	16	1347 (8 – 6205)
NSW	4	9.8%	4	958 (8 – 3758)
VIC	9	30.0%	4	1716 (128 – 3191)
QLD	4	13.3%	4	2077 (157 – 6205)
WA	5	41.7%	2	24 (20 – 29)
SA	3	42.9%	2	1253 (150 – 2355)
TAS	0	-	-	-
ACT	0	-	-	-
NT	0	-	-	-
Aotearoa	3	15.8%	3	25 (6 – 35)

Note: 17 Australian EDs did not provide Ambulance bypass or diversion data. Five Australian EDs did not provide data for total hours on bypass or diversion.

The number and percentage of EDs that reported being on ambulance bypass or diversion is presented in Table 15, by region. Private EDs in Australia were more likely to report having been on ambulance bypass and had the highest average number of total hours on ambulance bypass. Ambulance bypass or diversion was only reported by EDs classified as Major or in metropolitan areas, with ambulance bypass/ diversion not allowed in Regional EDs or not an option given their geographical location.

Table 15 Number and percentage of EDs that reported being on ambulance bypass or diversion, and the average number of hours on bypass or diversion, by hospital peer group

	Ambulance bypass or diversion		Total hours on bypass or diversion	
Hospital peer group	n	n	n	Average (range)
Australia				
Major	4	12.9%	0	-
Large metropolitan	9	29.0%	6	1050 (8 – 3758)
Medium metropolitan	4	25.0%	2	90 (30 – 150)
Large regional	0	0%	0	-
Small/medium regional	0	0%	1	36 (36 – 36)
Private	6	66.7%	7	2149 (157 – 6205)
Specialist	1	16.7%	0	-
Aotearoa				
Metropolitan	3	15.8%	3	25 (6 – 35)
Regional	0	0%	0	-

Note: 17 Australian EDs did not provide Ambulance bypass or diversion data. Five Australian EDs did not provide data for Total hours on bypass or diversion.

Table 16 presents the number and percentage of EDs that reported instances where ambulances wait more than 30 minutes to complete handover and the average number of instances this occurred, by region. Nine Aotearoa EDs (47.4%) and 104 Australian EDs (81.3%) reported that they had at least one instance where ambulances had waited more than 30 minutes to complete patient handover to the ED between 1 July 2021 and 30 June 2022 (average 6,067 instances, range: 7 – 29,670). This increased from the 2021 Census, where three Aotearoa EDs and 91 Australian EDs reported an average of 4,770 instances (range: 2 – 26, 438) where this occurred.

Table 16 Number and percentage of EDs that reported instances where ambulances waited more than 30 minutes to complete handover for the period 1 July 2021 to 30 June 2022, and the average number of instances ambulances waited more than 30 minutes to complete handover, by region

	Ambulance handover greater than 30 minutes		Total instances ambulances waited over 30 minutes to complete handover	
Region	n	%	n	Average (range)
Australia	104	81.3%	94	6208 (14 – 29670)
NSW	34	82.9%	34	3195 (122 – 14287)
VIC	28	93.3%	25	7621 (140 – 18382)
QLD	24	80.0%	24	7415 (417 – 21518)
WA	8	66.7%	4	9775 (4243 – 12461)
SA	6	85.7%	4	12343 (14 – 29670)
TAS	3	100%	3	5975 (3940 – 8691)
ACT	0	0%	-	-
NT	1	33.3%	0	-
Aotearoa	9	47.4%	7	4178 (7 – 12958)

Note: Eight Australian EDs did not provide data on ambulance handovers greater than 30 minutes. Of these, ten Australian EDs and two Aotearoa EDs did not provide data on total instances ambulances waited over 30 minutes to complete handover.

Major and Medium metropolitan EDs were most likely to report ambulance handover exceeding 30 minutes, compared with EDs in other hospital peer groups. Similarly, Metropolitan EDs in Aotearoa were more likely than Regional EDs to report ambulance handovers exceeding 30 minutes (Table 17).

Table 17 Number and percentage of EDs that reported instances where ambulances waited more than 30 minutes to complete handover and the average number of instances ambulances waited more than 30 minutes to complete handover, by hospital peer group

	Ambulance handover greater than 30 minutes		Total instances ambulances waited over 30 minutes to complete handover	
Hospital peer group	n	%	n	Average (range)
Australia				
Major	29	96.7%	28	9434 (1729 – 29670)
Large metropolitan	27	87.1%	23	8512 (295 – 21518)
Medium metropolitan	14	100%	13	2774 (14 – 9785)
Large regional	21	87.5%	21	3817 (140 – 8177)
Small/medium regional	5	62.5%	4	809 (152 – 2163)
Private	5	55.6%	3	1176 (739 – 1695)
Specialist	3	50.0%	2	302 (122 – 482)
Aotearoa				
Metropolitan	6	60.0%	6	3257 (7 – 12958)
Regional	3	42.9%	1	9700

Note: Eight Australian EDs did not provide data on ambulance handovers greater than 30 minutes. Of these, ten Australian EDs and two Regional EDs in Aotearoa did not provide data on total instances ambulances waited over 30 minutes to complete handover.

The 2022 Census further asked for feedback on ambulance bypass/ diversion and handover, with 64 EDs providing feedback. One-third of the feedback (n=22) focused on bypass or diversion data was either incomplete or held by their respective ambulance services, limiting their ability to provide the required data. Sixteen EDs commented that ambulance bypass or diversion was not allowed or impossible due to their geographical location (particularly for EDs located in regional/ remote areas) or because they were the only referral centre in the region. Several other EDs (n=14) commented their ambulance key performance indicator (KPI) was not 30 minutes, noting the data provided following their KPIs. Twelve other EDs provided feedback that delays in ambulance handover were primarily caused by ED overcrowding and/ or access block.

4.3 Aboriginal and/or Torres Strait Islander and Māori Presentations

The total number of patients attending Australian EDs who identified as Aboriginal and/or Torres Strait Islander and those who attended Aotearoa EDs who identified as Māori, was provided for the period 1 July 2021 to 30 June 2022 (Table 18). According to the Australian Institute of Health and Welfare, the under-identification of Indigenous people in national health data sets is an ongoing challenge (Australian Institute of Health and Welfare, 2021). DEMs and DEMTs also had the opportunity to comment on the quality and reliability of the Aboriginal and/or Torres Strait Islander or Māori presentation data collected in their ED.

Five Australian EDs did not provide data regarding Aboriginal and/or Torres Strait Islander presentations. Of the 123 Australian EDs that provided data, Aboriginal and/or Torres Strait Islander patient attendances represented 7.1% of ED attendances, ranging from 2.5% of ED attendances in VIC to 45.7% in the NT (Table 18). Overall, more than three-quarters of Australian EDs rated the quality (77.0%) of their Indigenous status data as 'good', comparable to what was reported in the 2021 Census (78.4%). However, only two-thirds of Queensland and Tasmanian EDs (64.3% and 66.7%, respectively) rated the quality of this data as 'good'.

Table 18 Percentage of Aboriginal and/or Torres Strait Islander patient attendances; and the quality of the data collected in Australian EDs for the period 1 July 2021 to 30 June 2022, by region.

	Attendances		Quality of data			
				Poor	Fair	Good
Region	n	%	n	%	%	%
NSW	41	7.6%	39	0%	17.9%	82.1%
VIC	29	2.5%	29	6.9%	17.2%	75.9%
QLD	28	8.3%	28	14.3%	21.4%	64.3%
WA	10	5.3%	11	0%	27.3%	72.7%
SA	7	4.6%	7	0%	0%	100%
TAS	3	6.8%	3	33.3%	0%	66.7%
ACT	2	4.2%	2	0%	0%	100%
NT	3	45.7%	3	0%	0%	100%
Total	123	7.1%	122	5.7%	17.2%	77.0%

Note: The scale for data quality included 'Poor', 'Fair', 'Good', 'Very Good', and 'Excellent'. Responses rated as Good/ Very Good/ Excellent were grouped and presented as 'Good'. Five Australian EDs did not provide data for Aboriginal and/or Torres Strait Islander patient attendances.

DEMs and DEMTs were given the option to comment on Indigenous presentations to their ED or the quality of the Indigenous status data captured by their ED. Many commented that patients were generally asked to provide their Indigenous status at registration/ triage (n= 25). Comments also reflected that collecting good quality Indigenous data was an area of focus for the ED, or staff training had been provided in their ED with respect to 'asking the question' (n= 11). Other feedback focused on concerns regarding the quality of data captured, such as:

- Issues with the data management system or procedures to capture this information (n= 6),
- Patient's Indigenous status was self-reported (n=4),
- Some patients preferred not to provide this data (n= 3),
- Some patients were too unwell to be asked (n= 2).

Table 19 presents the percentage of Aboriginal and/or Torres Strait Islander patient attendances, and the quality of the Indigenous status data collected by hospital peer group. The proportion of Aboriginal and/or Torres Strait Islander attendances was significantly higher in EDs located in regional areas of Australia. The proportion of ED patients attending Private EDs in Australia who identified as Aboriginal and/or Torres Strait Islander was low to negligible (0.2%). Notably, the proportion of EDs that rated the quality of their Indigenous status data as 'good' generally decreased from the 2021 Census across all hospital peer groups, except for the Small/medium regional EDs (up from 80.0% in the 2021 Census) and Specialist EDs (up from 66.7%).

Table 19 Percentage of Aboriginal and/or Torres Strait Islander patient attendances; and the quality and reliability of the data collected in Australian EDs for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	Attendances		Quality of data			
				Poor	Fair	Good
Hospital peer group	n	%	n	%	%	%
Major	31	5.7%	30	6.7%	16.7%	76.7%
Large metropolitan	30	4.4%	30	3.3%	20.0%	76.7%
Medium metropolitan	16	4.1%	15	6.7%	20.0%	73.3%
Large regional	24	13.8%	23	0%	13.0%	87.0%
Small/medium regional	10	13.9%	9	0%	0%	100%
Private	6	0.2%	9	33.3%	33.3%	33.3%
Specialist	6	3.4%	5	0%	20.0%	80.0%

Note: The scale for data quality included 'Poor', 'Fair', 'Good', 'Very Good', and 'Excellent'. Responses rated as Good/ Very Good/ Excellent were grouped and presented as 'Good'. Five Australian EDs did not provide data for Aboriginal and/or Torres Strait Islander patient attendances.

All 19 Aotearoa EDs provided data regarding Māori presentations. Table 20 presents the percentage of Māori patient attendances and the quality of the data collected by hospital peer group. Māori patient attendances accounted for 22.3% of the total ED attendances to Aotearoa EDs, increasing from 19.3% in the 2021 Census. Nine (81.8%) Metropolitan EDs compared with six (85.7%) Regional EDs rated the quality of their Māori attendance data as 'Good'.

Table 20 Percentage of Māori patient attendances; and the quality and reliability of the data collected in Aotearoa EDs for the period 1 July 2021 to 30 June 2022, by hospital peer group.

	Attendances		Quality of data			
				Poor	Fair	Good
Hospital peer group	n	%	n*	%	%	%
Metropolitan	11	16.8%	11	0%	18.2%	81.8%
Regional	8	29.9%	7	0%	14.3%	85.7%
Total	19	22.3%	18	0%	16.7%	83.3%

*One ED did not provide Māori patient attendance quality of data.

4.3.1 *Indigenous Health Unit*

When asked if their hospital had a dedicated Indigenous Health Unit, just over one-third of Australian EDs (36.7%) reported the availability of an Indigenous Health Unit in their hospital (Table 21). On the contrary, all but three EDs in Aotearoa (84.2%) reported that their hospital had a dedicated Indigenous Health Unit.

Table 21 Number and percentage of EDs with a dedicated Indigenous Health Unit in their hospital, by region

	ACEM Accredited EDs	Have a dedicated Indigenous Health Unit	
Region	n	n	%
Australia	128	47	36.7%
NSW	41	15	36.6%
VIC	30	14	46.7%
QLD	30	10	33.3%
WA	12	3	25.0%
SA	7	2	28.6%
TAS	3	0	0%
ACT	2	1	50.0%
NT	3	2	66.7%
Aotearoa	19	16	84.2%
Total	147	63	60.5%

Table 22 presents the number and percentage of EDs with a dedicated Indigenous Health Unit in their hospital, by hospital peer group. None of the Private EDs in Australia reported that their hospital had an Indigenous Health Unit, whilst the Specialist EDs (83.3%) were most likely to report having a dedicated Indigenous Health Unit in their hospital.

Table 22 Number and percentage of EDs with a dedicated Indigenous Health Unit in their hospital, by hospital peer group

	ACEM Accredited EDs	Have a dedicated Indigenous Health Unit	
Hospital peer group	n	n	%
Australia			
Major	31	14	45.2%
Large metropolitan	31	12	38.7%
Medium metropolitan	16	2	12.5%
Large regional	25	11	45.8%
Small/medium regional	9	3	30.0%
Private	10	0	0%
Specialist	6	5	83.3%
Aotearoa			
Metropolitan	11	10	90.9%
Regional	8	6	75.0%

4.3.2 *Indigenous Health Liaison Officer(s)*

A total of 126 Australian-based EDs and 19 Aotearoa-based EDs responded to the question asking whether their ED has an Indigenous Health Liaison Officer (IHLO) or equivalent (Table 23). A higher percentage of Australian EDs (8.6%) reported that they did not have access to an IHLO in their ED, compared with no Aotearoa EDs, consistent with findings from 2021 and 2020. The majority of EDs reported that the IHLO was employed by the hospital but available in their ED (n= 109, 74.2%), with only 11 (7.5%) EDs reporting the IHLO was employed directly by their ED.

Table 23 DEM and DEMT response rates to whether their ED had an IHLO (or equivalent), by region.

		Employed by your ED	Employed by your hospital & available in your ED	Employed off-site but available in your ED	My ED does not have access to an IHLO
Region	n	%	%	%	%
Australia	126	6.3%	71.9%	14.8%	8.6%
NSW	41	7.3%	65.9%	32.3%	2.4%
VIC	30	0.0%	80.0%	10.0%	10.0%
QLD	30	6.7%	76.7%	6.7%	13.3%
WA	11	0.0%	75.0%	8.3%	8.3%
SA	7	14.3%	57.1%	28.6%	0.0%
TAS	3	0.0%	33.3%	0.0%	66.7%
ACT	2	0.0%	100.0%	0.0%	0.0%
NT	2	66.7%	66.7%	33.3%	0.0%
Aotearoa	19	15.8%	89.5%	0.0%	0.0%
Total	145	7.5%	74.2%	12.9%	7.5%

Note: Responses were not mutually exclusive, with respondents able to select more than one option. Two Australian EDs did not provide data on the availability of an Indigenous Health Liaison Officer.

Table 24 presents the response rates to whether EDs had an IHLO or equivalent by hospital peer group. Consistent with previous years, Private EDs were most likely to report not having access to IHLOs. There was an improvement in Regional EDs in Australia, with the number of EDs reporting having no access to IHLOs decreasing from three (in the 2021 Census) to one. Comparable percentages of Metropolitan and Regional EDs in Aotearoa reported having access to IHLOs, either employed by the ED or hospital.

Table 24 DEM and DEMT response rates to whether their ED had an IHLO (or equivalent), by hospital peer group.

		Employed by your ED	Employed by your hospital & available in your ED	Employed off-site but available in your ED	My ED does not have access to an IHLO
Hospital peer group	n	%	%	%	%
Australia					
Major	30	16.1%	71.0%	9.7%	3.2%
Large metropolitan	31	0.0%	83.9%	16.1%	0.0%
Medium metropolitan	16	0.0%	50.0%	50.0%	0.0%
Large regional	23	12.5%	87.5%	4.2%	4.2%
Small/medium regional	10	0.0%	90.0%	10.0%	0.0%
Private	10	0.0%	0.0%	10.0%	90.0%
Specialist	6	0.0%	100.0%	0.0%	0.0%
Aotearoa					
Metropolitan	11	18.2%	90.9%	0.0%	0.0%
Regional	8	12.5%	87.5%	0.0%	0.0%

Note: Responses were not mutually exclusive, with respondents able to select more than one option. Two Australian EDs did not provide data on the availability of an Indigenous Health Liaison Officer.

All 19 Aotearoa EDs provided details of weekday and weekend availability of their IHLOs or equivalent, while 117 (92.8%) of 126 Australian EDs with access to IHLOs provided this information. Of these, the availability of IHLOs in EDs across the day, evening, and night on weekdays and weekends are presented by region (Table 25) and hospital peer group (Table 26). IHLOs were less likely to be available for patients at night, with only one ED reporting the availability of an IHLO on-site during the night. On weekdays, IHLOs were more likely to be available on-site rather than off-site or on-call during the day but generally more likely to be available off-site or on-call in the evenings. Whereas on weekends, IHLOs were more likely to be available off-site or on-call across the day, evening and night.

Table 25 Percentage of EDs that reported having Indigenous Health Liaison Officer(s) or equivalent available in their ED and their weekdays and weekend availability (onsite vs. off-site or on-call), by region.

		Availability on weekdays					Availability on weekends				
Region	n	Day (ON) %	Day (OFF) %	Eve (ON) %	Eve (OFF) %	Night (OFF) %	Day (ON) %	Day (OFF) %	Eve (ON) %	Eve (OFF) %	Night (OFF) %
Australia	117	81.2%	23.1%	9.4%	19.7%	16.2%	13.7%	18.8%	7.7%	21.4%	17.9%
NSW	40	75.0%	27.5%	5.0%	22.5%	20.0%	7.5%	20.0%	5.0%	25.0%	22.5%
VIC	27	81.5%	29.6%	3.7%	37.0%	29.6%	11.1%	37.0%	3.7%	37.0%	29.6%
QLD	26	84.6%	11.5%	19.2%	3.8%	3.8%	26.9%	3.8%	15.4%	7.7%	7.7%
WA	11	90.9%	27.3%	9.1%	0.0%	0.0%	18.2%	0.0%	18.2%	0.0%	0.0%
SA	7	85.7%	14.3%	14.3%	28.6%	14.3%	0.0%	42.9%	0.0%	28.6%	14.3%
TAS	1	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ACT	2	100.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NT	3	100.0%	0.0%	0.0%	33.3%	33.3%	33.3%	0.0%	0.0%	33.3%	33.3%
Aotearoa	19	78.9%	26.3%	10.5%	52.6%	36.8%	15.8%	52.6%	15.8%	42.1%	36.8%
Total	136	80.9%	23.5%	9.6%	24.3%	19.1%	14.0%	23.5%	8.8%	24.3%	20.6%

Note: ON = On-site. OFF = off-site or on-call. Only one NSW ED reported on-site availability during the night shift (data not presented in the table). Responses were not mutually exclusive, with respondents able to select more than one option.

In Australia, a lower percentage of Regional EDs reported having access to IHLOs in the evenings and at night than other peer groups. The onsite vs. on-call availability of IHLOs was more comparable between Metropolitan and Regional EDs in Aotearoa.

Table 26 Percentage of EDs that reported having Indigenous Health Liaison Officer(s) or equivalent available in their ED and their weekdays and weekend availability (on-site vs. off-site or on-call), by hospital peer group.

		Availability on weekdays					Availability on weekends				
Region	n	Day (ON) %	Day (OFF) %	Eve (ON) %	Eve (OFF) %	Night (OFF) %	Day (ON) %	Day (OFF) %	Eve (ON) %	Eve (OFF) %	Night (OFF) %
Australia											
Major	30	93.5%	16.1%	9.7%	29.0%	29.0%	22.6%	16.1%	9.7%	35.5%	35.5%
Large metropolitan	31	74.2%	25.8%	9.7%	16.1%	12.9%	9.7%	22.6%	6.5%	19.4%	12.9%
Medium metropolitan	16	56.3%	50.0%	0.0%	31.3%	12.5%	0.0%	37.5%	0.0%	25.0%	12.5%
Large regional	23	79.2%	16.7%	16.7%	0.0%	0.0%	20.8%	0.0%	12.5%	0.0%	0.0%
Small/medium regional	10	100.0%	20.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
Private	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Specialist	6	83.3%	0.0%	0.0%	50.0%	50.0%	0.0%	50.0%	0.0%	50.0%	50.0%
Aotearoa											
Metropolitan	11	81.8%	36.4%	9.1%	54.5%	36.4%	9.1%	54.5%	9.1%	45.5%	36.4%
Regional	8	75.0%	12.5%	12.5%	50.0%	37.5%	25.0%	50.0%	25.0%	37.5%	37.5%

Note: ON = On-site. OFF = off-site or on-call. Only one Large Regional ED reported on-site availability during the night shift. Responses were not mutually exclusive, with respondents able to select more than one option.

A total of 115 Australian EDs and 17 Aotearoa EDs provided an estimate of the percentage of Indigenous patients that saw IHLOs in their ED (Table 27). Overall, EDs in Australia (51.3%) and Aotearoa (88.2%) were more likely to report an estimation that less than half of Indigenous patients saw an IHLO in their ED, with only a small proportion (3.5% of Australian EDs and 5.9% of Aotearoa EDs) estimating that over 75% of their Indigenous patients were seen by an IHLO.

Table 27 The estimated percentage of Indigenous patients that saw an Indigenous Health Liaison Officer in the ED, by region.

		Less than 25%	25-<50%	50-<75%	Over 75%	Unsure
	n	%	%	%	%	%
Australia	115	32.2%	19.1%	14.8%	3.5%	30.4%
NSW	37	35.1%	13.5%	5.4%	2.7%	43.2%
VIC	27	37.0%	22.2%	11.1%	3.7%	25.9%
QLD	26	23.1%	19.2%	23.1%	7.7%	26.9%
WA	10	30.0%	30.0%	20.0%	0%	20.0%
SA	7	42.9%	14.3%	14.3%	0%	28.6%
TAS	3	66.7%	0%	0%	0%	33.3%
ACT	2	0%	50.0%	50.0%	0%	0%
NT	3	0%	33.3%	66.7%	0%	0%
Aotearoa	17	70.6%	17.6%	0%	5.9%	5.9%
Total	132	37.1%	18.9%	12.9%	3.8%	27.3%

No major differences were seen in EDs across peer groups for the estimated percentages of Indigenous patients that saw the IHLOs, except for the Private EDs that all reported unsure about the percentage of Indigenous patients seeing IHLOs (Table 28). Likewise, 90.0% of Metropolitan and 85.7% of Regional EDs in Aotearoa reported less than half of the Indigenous patients were seen by IHLOs in their ED.

Table 28 The estimated percentage of Indigenous patients that saw an Indigenous Health Liaison Officer in the ED, by hospital peer group

		Less than 25%	25-<50%	50-<75%	Over 75%	Unsure
	n	%	%	%	%	%
Australia						
Major	30	26.7%	30.0%	20.0%	3.3%	20.0%
Large metropolitan	30	33.3%	16.7%	13.3%	0%	36.7%
Medium metropolitan	15	26.7%	0%	0%	20.0%	53.3%
Large regional	23	47.8%	13.0%	17.4%	0%	21.7%
Small/medium regional	9	22.2%	33.3%	33.3%	0%	11.1%
Private	3	0%	0%	0%	0%	100%
Specialist	5	40.0%	40.0%	0%	0%	20.0%
Aotearoa						
Metropolitan	10	70.0%	20.0%	0%	0%	10.0%
Regional	7	71.4%	14.3%	0%	14.3%	0%

4.3.3 *Indigenous Health or Support Worker(s) and Cultural Safety Initiatives*

Sites were asked if there were any other Indigenous health or support workers who operate in the ED or waiting room to support Indigenous patients and carers. Indigenous health or support workers encompass roles such as Peer Support Workers, Aboriginal Access Workers, and Waiting Room Greeters. Thirty-seven EDs (32 Australian EDs and five Aotearoa EDs) reported the availability of other Indigenous health or support workers in their ED. Of these, 33 sites reported that it was an identified position.

These 37 sites were further asked to describe the role(s), of which 24 provided descriptions. The most common roles were patient experience officers who operated in a non-clinical capacity (n= 20). Their tasks included meeting patients on arrival, speaking to patients in the waiting room, providing cultural and emotional support, preparing meals, and liaising with clinical staff and patient advocacy. Other described

roles included mental health Indigenous liaison officers (n= 3), and a charity providing a peer-support program in the ED (n= 1).

Twelve Aotearoa EDs and 49 Australian EDs provided feedback on other activities or initiatives focusing on cultural competency or safety for Indigenous patients and carers in their ED. The activities varied across EDs in Australia, with some common initiatives including having compulsory cultural safety staff training (n= 16), displaying Aboriginal artwork/ posters in patient waiting areas (n= 5), or other culturally appropriate signage (n= 5). In Aotearoa EDs, the establishment of Manaaki Mana groups or associated programs was among the most common initiative reported (n= 4).

4.4 ED Staffing

This section presents the ED staffing data (at the time of reporting), including the full-time equivalent (FTE) of a wide range of ED roles and roster data, with comparisons by region and hospital peer group.

4.4.1 *ED Staffing Profiles*

The average FTE for various ED staff roles is presented by region for medical doctors, nursing staff and administrative staff in Table 29, Table 30 and Table 31, respectively.

The overall average FTE of EM Specialists (15.7) has slightly increased compared with the findings from the 2021 Census (14.0 FTE). Likewise, the average FTE of FACEM Advanced trainees (9.2) also increased compared to the 2021 Census (8.1). However, the average FTE of FACEM Provisional trainees (4.3) remained unchanged. There was also an increase in the average FTE of other specialists (2.6 compared to 1.7 in the 2021 Census). Medical Officer's average FTE increased from 8.3 in the 2021 Census to 10.8 in 2022. Increases were also seen in the average FTE of non-ACEM registrars (from 4.4 in the 2021 Census) and JMO/ interns (from 12.4 in the 2021 Census). Comparable FACEM FTE was seen between Australian and Aotearoa EDs; however, the FACEM trainee FTE in Australian EDs was significantly higher than that in the Aotearoa EDs.

Table 29 Average FTE for medical doctor staff in Australian and Aotearoa EDs, by region.

Region	EM Specialists mean (range)	Other Specialists mean (range)	FACEM AT mean (range)	FACEM PT mean (range)	Medical Officers mean (range)	Non-ACEM Reg. mean (range)	JMO/ Interns mean (range)
Australia	15.3	2.2	9.6	4.6	11.2	7.2	16.4
	(2.3 – 52.4)	(0.1 – 9.6)	(0.3 – 33.3)	(0.5 – 23.0)	(0.3 – 54.0)	(0.5 – 41.0)	(1.0 – 69.0)
NSW	12.0	1.7	9.8	4.5	11.1	6.7	12.2
	(2.3 – 28.5)	(0.3 – 8.0)	(0.3 – 33.3)	(0.5 – 23.0)	(1.0 – 30.0)	(1.0 – 41.0)	(1.0 – 36.0)
VIC	17.4	2.1	9.2	4.8	7.7	8.1	18.4
	(2.5 – 41.1)	(0.1 – 7.0)	(0.5 – 24.5)	(1.3 – 16.5)	(1.0 – 35.0)	(1.0 – 27.5)	(5.0 – 39.0)
QLD	17.7	2.6	10.8	5.0	13.8	7.0	15.5
	(3.0 – 52.4)	(0.3 – 7.5)	(0.8 – 29.0)	(1.0 – 17.8)	(0.5 – 54.0)	(0.5 – 15.3)	(2.0 – 46.0)
WA	17.7	3.1	7.6	3.5	7.5	8.4	26.4
	(6.0 – 33.7)	(0.1 – 6.0)	(0.5 – 28.5)	(0.5 – 7.0)	(0.3 – 46.0)	(1.0 – 14.3)	(2.0 – 54.5)
SA	18.0	2.5	9.3	5.5	9.9	5.8	22.5
	(8.0 – 30.3)	(0.5 – 9.6)	(1.8 – 18.5)	(0.8 – 11.8)	(1.3 – 29.0)	(2.8 – 7.5)	(1.0 – 69.0)
TAS	14.9	2.0	6.1	1.0	-	10.7	20.7
	(6.8 – 25.2)	(0.1 – 4.0)	(1.5 – 13.3)	-	-	(5.0 – 20.0)	(9.0 – 32.0)
ACT	18.6	2.1	11.1	4.4	26.6	6.3	21.3
	(8.8 – 28.5)	(1.3 – 3.0)	(3.5 – 18.8)	(1.3 – 7.5)	(17.3 – 36.0)	(2.0 – 10.5)	(18.0 – 24.5)
NT	11.7	0.1	10.8	3.3	18.3	3.0	4.7
	(7.0 – 20.0)		(7.5 – 13.8)	(2.0 – 5.0)	(13.0 – 24.0)	(1.0 – 7.0)	(1.0 – 7.0)
Aotearoa	14.7	4.4	6.3	2.7	7.9	5.6	7.5
	(6.8 – 27.4)	(0.8 – 15.9)	(0.8 – 19.0)	(1.0 – 5.0)	(1.0 – 17.3)	(0.5 – 23.0)	(4.0 – 17.0)
Total	15.7	2.6	9.2	4.3	10.8	7.0	15.6
	(2.3 – 52.4)	(0.1 – 15.9)	(0.3 – 33.3)	(0.5 – 23.0)	(0.3 – 54.0)	(0.5 – 41.0)	(1.0 – 69.0)

Note: Where no range is provided, n ≤ 1 or there is no variation from the mean. EM Specialist = FACEM and Paediatric EM Specialists. AT = Advanced trainee. PT = Provisional and Training Stage 1 trainee. Medical Officers include CMOs; SMOs; SRMOs; SHOs and MOs (NZ EDs). *Tasmanian EDs provided no or zero FTE for Medical Officers.

With respect to nursing staff FTE, despite the average total nursing staff FTE remaining comparable with the findings from the 2021 Census (102.6 vs. 100.1), there was a noticeable increase in the average FTE of mental health nurses (2.1 to 6.1) in Australian EDs, while this remained relatively consistent in Aotearoa EDs (1.5 in 2022 vs. 1.1 in 2021).

Table 30 Average FTE for nursing staff in Australian and Aotearoa EDs, by region.

Region	Nurse Practitioners mean (range)	Nurse Unit Managers mean (range)	Mental Health Nurses mean (range)	Nurse Educators mean (range)	Total Nursing mean (range)
Australia	5.3	2.5	6.1	2.2	104.6
	(0.6 – 95.0)	(1.0 – 12.3)	(0.9 – 27.0)	(0.3 – 9.0)	(0.5 – 320.0)
NSW	4.1	4.5	4.0	2.0	82.5
	(0.8 – 19.7)	(1.0 – 12.3)	(1.0 – 27.0)	(0.8 – 4.4)	(20.0 – 161.5)
VIC	7.8	1.7	8.7	3.0	116.1
	(0.6 – 95.0)	(1.0 – 11.7)	(0.9 – 20.8)	(0.3 – 9.0)	(0.5 – 320.0)
QLD	5.8	1.4	6.9	1.4	110.5
	(1.0 – 20.3)	(1.0 – 4.6)	(2.0 – 20.0)	(0.5 – 4.0)	(20.0 – 261.9)
WA	4.3	1.4	4.4	3.0	110.1
	(1.0 – 7.5)	(1.0 – 3.8)	(1.0 – 6.4)	(1.0 – 6.8)	(35.0 – 215.3)
SA	4.7	2.2	7.6	1.4	131.5
	(2.2 – 6.6)	(1.0 – 5.4)	(5.7 – 10.0)	(0.4 – 2.5)	(63.0 – 206.2)
TAS	4.5	1.0	0	2.0	139.5
	(3.0 – 6.0)			(1.0 – 3.0)	(60.6 – 200.0)
ACT	2.5	2.0	0	4.1	131.7
	(1.0 – 4.0)	(1.0 – 3.0)		(4.0 – 4.2)	(102.0 – 161.3)
NT	4.5	1.7	6.0	2.7	93.2
	(1.5 – 9.0)	(1.0 – 3.0)		(1.0 – 6.0)	(61.0 – 145.0)
Aotearoa	5.3	2.2	1.5	1.3	89.3
	(1.4 – 12.9)	(1.0 – 9.0)	(0.4 – 5.0)	(0.6 – 3.0)	(29.4 – 360.0)
Total	5.3	2.5	5.4	2.1	102.6
	(0.6 – 95.0)	(1.0 – 12.3)	(0.4 – 27.0)	(0.3 – 9.0)	(0.5 – 360.0)

Note: Where no range is provided there is no variation from the mean. One ED did not provide nursing staff data. Nurse Practitioners include Clinical Nurse Consultant/ Specialist).

A total of 124 Australian EDs and 19 Aotearoa EDs reported having an ED ward receptionist, a slight increase from the 2021 Census findings (118 and 18, respectively). For the EDs reporting employing EM Specialist secretarial or ED administrative assistant(s), the average FTE was 1.9 (remained unchanged compared with the 2021 Census) and comparable across regions.

Table 31 Average FTE of ED ward receptionist or clerk(s) and EM Specialist secretarial or ED administrative assistant(s), by region.

	ED ward receptionist/ clerk			EM Specialist secretarial/ ED administrative assistant		
Region	n	mean	(range)	n	mean	(range)
Australia	124	14.7	(1.0 – 38.0)	116	2.0	(0.3 – 30.0)
NSW	40	12.3	(2.0 – 26.0)	38	1.5	(0.4 – 4.0)
VIC	30	16.1	(1.9 – 35.0)	25	2.7	(0.8 – 30.0)
QLD	29	13.8	(1.0 – 34.1)	27	2.3	(0.6 – 8.0)
WA	11	18.6	(5.0 – 35.4)	12	1.7	(0.3 – 3.9)
SA	6	18.1	(8.0 – 33.0)	7	1.8	(1.0 – 3.0)
TAS	3	12.1	(5.3 – 21.0)	3	1.4	(1.0 – 2.0)
ACT	2	27.0	(16.0 – 38.0)	2	2.6	(1.0 – 4.2)
NT	3	13.5	(7.0 – 23.0)	2	3.0	(1.0 – 5.0)
Aotearoa	19	17.9	(6.0 – 60.0)	15	1.0	(0.5 – 2.0)
Total	143	15.1	(1.0 – 60.0)	131	1.9	(0.3 – 30.0)

Table 32 presents the average FTE for ED medical doctor staff, Table 33 presents the FTE for nursing staff, and Table 34 presents the FTE for ED administrative staff, by hospital peer group. Similar to the findings from the 2021 Census, Major hospital EDs had the highest average FTE for EM Specialists (increasing from

22.5 FTE in the 2021 Census), FACEM Advanced trainees (19.4 FTE in 2022 and 18.5 FTE in 2021) and Provisional trainees (6.0 FTE in 2022 and 7.7 FTE in 2021), medical officers (14.9 FTE in 2022 and 11.7 FTE in 2021) and junior medical officers/ interns (24.3 FTE in 2022 and 22.7 FTE in 2021), compared with EDs in other peer groups in Australia. Private EDs generally had the lowest average FTE for all categories of medical doctor staff, except for EM Specialists, which was slightly higher than that in the Small/medium regional EDs (7.3 FTE compared to 6.1 FTE), and Other Specialists FTE. In Aotearoa, Metropolitan EDs consistently reported a higher average FTE for each medical doctor role, except for FACEM Provisional trainees and medical officers, where Regional EDs reported a higher average FTE.

Table 32 Average FTE for medical doctor staff in Australian and Aotearoa EDs, by hospital peer group.

Hospital peer group	**EM Specialists** mean (range)	**Other Specialists** mean (range)	**FACEM AT** mean (range)	**FACEM PT** mean (range)	**Medical Officers** mean (range)	**Non-ACEM Reg.** mean (range)	**JMO/ Interns** mean (range)
Australia							
Major	25.7	1.4	19.4	6.0	14.9	6.2	24.3
	(9.3 – 52.4)	(0.1 – 2.8)	(5.5 – 33.3)	(1.0 – 21.0)	(1.0 – 54.0)	(0.5 – 20.0)	(7.0 – 69.0)
Large metropolitan	17.1	1.9	8.6	5.5	13.3	10.1	18.3
	(2.3 – 34.8)	(0.1 – 6.0)	(0.3 – 26.5)	(0.5 – 17.8)	(0.3 – 36.0)	(1.0 – 41.0)	(4.0 – 54.5)
Medium metropolitan	12.1	3.4	4.8	2.9	11.8	6.3	10.1
	(2.5 - 37)	(0.5 – 9.6)	(0.3 – 18.0)	(0.8 – 7.0)	(2.3 – 21.8)	(1.0 – 13.0)	(1.0 – 25.0)
Large regional	10.1	2.4	4.8	2.7	7.9	5.9	13.2
	(2.8 – 23.8)	(0.1 – 7.0)	(0.5 – 13.5)	(1.0 – 4.5)	(0.5 – 22.9)	(1.0 – 19.0)	(4.0 – 42.0)
Small/medium regional	6.1	2.5	2.4	2.3	6.6	2.4	6.4
	(2.5 – 9.3)	(0.3 – 6.0)	(0.5 – 7.5)	(1.0 – 5.0)	(1.2 – 13.0)	(1.0 – 8.0)	(1.0 – 19.0)
Private	7.3	3.0	2.6	0.5	3.6	1.0	2.5
	(3.0 – 14.3)	(1.3 – 7.5)	(0.8 – 7.0)	-	(2.0 – 9.5)	-	-
Specialist	15.9	1.1	11.6	1.0	9.3	12.6	11.0
	(7.5 – 24.5)	(0.4 – 2.0)	(4.5 – 21.0)	-	(4.3 – 13.5)	(7.0 – 20.0)	(1.0 – 30.0)
Aotearoa							
Metropolitan	17.4	6.0	7.6	2.6	7.4	7.0	8.1
	(8.5 – 27.4)	(0.8 – 15.9)	(0.8 – 19.0)	(1.0 – 5.0)	(1.0 – 15.9)	(1.0 – 23.0)	(4.0 – 17.0)
Regional	11.0	2.5	2.8	2.9	8.6	3.9	6.5
	(6.8 – 18.1)	(1.0 – 5.5)	(1.0 – 4.0)	(1.0 – 5.0)	(1.0 – 17.3)	(0.5 – 10.0)	(4.0 – 11.0)

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean. n.d. = no data. EM Specialist = FACEM and Paediatric EM Specialists. AT = Advanced trainee. PT = Provisional and Training Stage 1 trainee. Medical Officers include CMOs; SMOs; SRMOs; SHOs and MOs (NZ EDs).

Consistent with the 2021 Census findings, Private and Small/medium regional EDs in Australia and Regional EDs in Aotearoa had the lowest total nursing FTE compared to all other hospital peer groups. The average FTE of mental health nurses increased across all hospital peer groups except for Specialist hospitals in Australia and Metropolitan hospitals in Aotearoa.

Table 33 Average FTE for nursing staff in Australian and Aotearoa EDs, by hospital peer group.

Hospital peer group	Nurse Practitioners mean (range)	Nurse Unit Mangers mean (range)	Mental Health Nurses mean (range)	Nurse Educators mean (range)	Total Nursing mean (range)
Australia					
Major	6.2	3.6	7.4	3.1	162.8
	(1.0 – 19.7)	(1.0 – 11.0)	(1.0 – 27.0)	(1.0 – 6.0)	(68.0 – 320.0)
Large metropolitan	8.1	2.9	7.5	2.9	121.5
	(1.0 – 95.0)	(1.0 – 12.3)	(1.0 – 20.0)	(0.9 – 9.0)	(61.4 – 250.0)
Medium metropolitan	4.1	1.8	3.9	1.5	74.1
	(0.8 – 14.2)	(1.0 – 6.6)	(1.0 – 12.6)	(0.3 – 5.6)	(25.0 – 149.3)
Large regional	3.0	2.1	5.2	1.4	82.0
	(0.6 – 10.4)	(1.0 – 6.9)	(1.0 – 20.8)	(0.4 – 4.0)	(0.5 – 206.0)
Small/medium regional	2.1	1.2	2.6	1.1	43.0
	(0.6 – 4.0)	(1.0 – 2.1)	(1.0 – 4.2)	(0.6 – 3.0)	(20.0 – 70.0)
Private	1.0	1.0	1.0	1.1	35.1
	-	-	-	(0.5 – 2.0)	(14.0 – 70.0)
Specialist	4.2	2.9	0.9	3.0	105.7
	(1.5 – 9.5)	(1.0 – 5.0)	-	(1.8 – 4.0)	(54.8 – 135.2)
Aotearoa					
Metropolitan	7.1	2.1	2.0	1.7	118.0
	(4.3 – 12.9)	(1.0 – 8.0)	(0.7 – 5.0)	(0.8 – 3.0)	(38.0 – 360.0)
Regional	2.6	2.3	0.9	0.9	49.8
	(1.4 – 4.0)	(1.0 – 9.0)	(0.4 – 2.0)	(0.6 – 1.2)	(29.4 – 68.2)

Note: Where no range is provided, there is no variation from the mean. One ED did not provide nursing staff data. Nurse Practitioners include Clinical Nurse Consultant/ Specialist).

Consistent with the findings of the 2021 Census, Small/ medium regional EDs in Australia had the smallest average FTE of both ED ward receptionists or clerks and EM Specialist secretarial or ED administrative assistant roles. Similarly, Regional EDs in Aotearoa reported a lower FTE for ED ward receptionists or clerks and EM Specialist secretarial or ED administrative assistant roles than Metropolitan EDs.

Table 34 Average FTE of ED ward receptionist or clerk(s) and EM Specialist secretarial or ED administrative assistant(s), by hospital peer group.

	ED ward receptionist/ clerk			EM Specialist secretarial/ ED administrative assistant		
Hospital peer group	n	mean	(range)	n	mean	(range)
Australia						
Major	29	22.8	(4.0 – 38.0)	31	2.5	(1.0 – 8.0)
Large metropolitan	29	16.2	(1.0 – 31.0)	30	1.6	(0.8 – 4.0)
Medium metropolitan	16	11.8	(3.4 – 19.2)	14	1.3	(0.3 – 4.5)
Large regional	24	11.7	(1.9 – 32.0)	22	1.5	(0.8 – 3.5)
Small/medium regional	10	5.6	(2.0 – 9.0)	5	0.9	(0.5 – 1.0)
Private	10	7.8	(3.7 – 12.4)	8	4.9	(0.6 – 30.0)
Specialist	6	14.3	(7.9 – 19.5)	6	2.5	(1.1 – 6.0)
Aotearoa						
Metropolitan	11	25.4	(7.7 – 60.0)	10	1.0	(0.5 – 2.0)
Regional	8	7.7	(6.0 – 9.5)	5	0.9	(0.6 – 1.0)

4.4.2 *EM Specialist to FACEM Trainee Ratios and ED staff to Patient ED Attendance Ratios*

Table 35 displays the ratio of EM Specialist FTE to FACEM trainee FTE, and the ratios of various ED staff to ED attendance by region; Table 36 shows this data by hospital peer group. Senior medical staff includes EM Specialists, other specialists, FACEM trainees, non-ACEM registrars and medical officers (MOs), excluding junior medical officers (JMOs) and interns. All medical staff consists of all senior staff, JMOs and interns.

On average, Australian EDs reported one EM Specialist FTE to 0.8 FACEM trainee FTE (vs. 1 : 0.9 in 2021) and Aotearoa EDs reported one EM Specialist FTE to 0.5 FACEM trainee FTE (vs. 1 : 0.6 in 2021). Improvement was seen in the number of attendances per ED staff in the 2022 Census, where a relatively lower number of attendances per ED staff was seen across all staff categories.

Consistent with the 2021 and 2020 Census, the NT has one of the lowest ratios of EM Specialists to FACEM trainees, with a ratio of one EM Specialist FTE to 1.4 trainee FTE. There was a significant change in the ratio of one EM Specialist FTE to FACEM trainee FTE in TAS, from the lowest (1 : 3.8) in the 2021 Census to the highest of 1: 0.4 in the 2022 Census. Associated with this, TAS also had one of the highest numbers of EM Specialists per attendance (one FTE : 3,472 attendances) compared with other regions.

Four Australian EDs had a ratio of one EM Specialist FTE to greater than 10,000 annual attendances, consistent with the 2021 Census. The EM Specialists to ED attendances ratio remained high in NSW (one EM Specialist FTE to 5,828 in 2021 vs. one FTE to 5,370 in 2022). In Aotearoa, one EM Specialist FTE per attendance ratio was 1 : 3,693, a slight decrease from 1 : 4,098 in the 2021 Census.

The lowest number of FACEM trainee FTE to attendance was observed in WA (one FACEM trainee FTE: 12,257), compared with the 2021 Census (1: 9681), while the ratio remained high in NSW (one trainee FTE : 10,623 attendances) compared with the 2021 Census (1 : 12,660). The ratio of FACEM trainees to ED attendances in Aotearoa EDs, also decreased in the 2022 Census (1 : 10,443) compared to the 2021 Census (1 : 7,965)

Table 35 Ratio of EM Specialist FTE to trainee FTE, and the ratios of various ED staffing FTE to ED attendance, by region.

Region	EM Specialists: FACEM Trainee	EM Specialists: Attendance	FACEM Trainee: Attendance	Senior Medical Staff: Attendance	All Medical Staff: Attendance	Nursing Staff: Attendance
Australia	1 : 0.8	1 : 4525	1 : 9324	1 : 1510	1 : 1102	1 : 602
NSW	1 : 1.1	1 : 5370	1 : 10623	1 : 1417	1 : 1115	1 : 691
VIC	1 : 0.7	1 : 4512	1 : 7212	1 : 1819	1 : 1110	1 : 541
QLD	1 : 0.7	1 : 3918	1 : 8970	1 : 1408	1 : 1167	1 : 588
WA	1 : 0.5	1 : 4005	1 : 12257	1 : 1632	1 : 1110	1 : 642
SA	1 : 0.6	1 : 3606	1 : 7956	1 : 1295	1 : 937	1 : 475
TAS	1 : 0.4	1 : 3472	1 : 11992	1 : 1547	1 : 948	1 : 380
ACT	1 : 0.7	1 : 4770	1 : 7631	1 : 1040	1 : 793	1 : 548
NT	1 : 1.4	1 : 4371	1 : 3225	1 : 987	1 : 903	1 : 515
Aotearoa	1 : 0.5	1 : 3693	1 : 10443	1 : 1453	1 : 1289	1 : 697
Total	1 : 0.8	1 : 4416	1 : 9467	1 : 1502	1 : 1126	1 : 614

Note: EM Specialist = FACEMs and Paediatric EM Specialists. FACEM Trainee = ACEM Advanced and Provisional trainees. One Victorian site did not provide nursing staff FTE.

The ratio of EM Specialist FTE to FACEM trainee FTE, and the ratios of ED staff to ED attendance, by hospital peer group are displayed in Table 36. Private, Medium metropolitan, and Small/medium regional hospitals in Australia had the smallest number of FACEM trainee FTE per one EM Specialist FTE compared to other peer groups. The ratio of EM Specialist FTE to attendances remained consistent for Australian EDs across all peer groups, except for the Large regional EDs (from 1 : 7,991 in 2021 to 1 : 5,587 in 2022). In Australia, the number of attendances per FACEM trainee FTE also remained relatively comparable in all hospital peer groups, except for Private EDs (one FTE : 16,590 attendances in 2021, to one FTE : 11,354 in 2022).

In Aotearoa, ED attendances per one FTE in all categories of ED staffing were comparable between Metropolitan and Regional EDs, except for the ratio of FACEM Trainee FTE to attendances in Regional hospitals (from one FTE : 9664 in 2021 to one FTE : 13581 in 2022).

Table 36 Ratio of EM Specialist FTE to trainee FTE, and the ratios of various ED staffing FTE to ED attendance, by hospital peer group.

Hospital peer group	EM Specialists: FACEM Trainee	EM Specialists: Attendance	FACEM Trainee: Attendance	Senior Medical Staff: Attendance	All Medical Staff: Attendance	Nursing Staff: Attendance
Australia						
Major	1 : 1.1	1 : 3323	1 : 3503	1 : 1196	1 : 895	1 : 513
Large metropolitan	1 : 0.9	1 : 4666	1 : 6811	1 : 1376	1 : 975	1 : 571
Medium metropolitan	1 : 0.6	1 : 5077	1 : 18444	1 : 1708	1 : 1117	1 : 665
Large regional	1 : 0.7	1 : 5587	1 : 11251	1 : 1756	1 : 1126	1 : 617
Small/medium regional	1 : 0.6	1 : 5547	1 : 18075	1 : 2040	1 : 1595	1 : 775
Private	1 : 0.3	1 : 3513	1 : 11354	1 : 1587	1 : 1540	1 : 671
Specialist	1 : 0.8	1 : 4121	1 : 6370	1 : 1292	1 : 1136	1 : 600
Aotearoa						
Metropolitan	1 : 0.6	1 : 3714	1 : 8447	1 : 1468	1 : 1319	1 : 646
Regional	1 : 0.4	1 : 2553	1 : 13581	1 : 1432	1 : 1250	1 : 766

Note: EM Specialist = FACEMs and Paediatric EM Specialists. FACEM Trainee = ACEM Advanced and Provisional FACEM trainees. One Large regional site did not provide nursing staff FTE.

4.4.3 *FACEM FTE to FACEM Head Count*

This section presents the ratios of FACEM FTE to FACEM head count by region (Table 37) and hospital peer group (Table 38). On average, 1.6 FACEMs (head count) were working to cover 1.0 FTE across Australia and 1.2 FACEMs covering 1.0 FTE in Aotearoa. Western Australia and South Australia had a slightly higher number of FACEMs (headcount; 1.7) covering one FACEM FTE, compared with other regions.

Table 37 FACEM FTE to head count, by region.

Region	FACEM FTE: Head Count
Australia	1 : 1.6
NSW	1 : 1.6
VIC	1 : 1.6
QLD	1 : 1.5
WA	1 : 1.7
SA	1 : 1.7
TAS	1 : 1.5
ACT	1 : 1.3
NT	1 : 1.5
Aotearoa	1 : 1.2
Total	1 : 1.6

Private, Medium metropolitan and Small/medium regional EDs in Australia had a higher number of FACEMs (head count) to cover 1.0 FTE, compared to other peer groups. Regional and Metropolitan EDs in Aotearoa had a comparable number of FACEMs (head count) to cover 1.0 FTE, which was lower compared with all hospital peer groups in the Australian EDs, consistent with the findings in the 2021 census.

Table 38 FACEM FTE to head count, by hospital peer group.

Hospital peer group	FACEM FTE: Head Count
Australia	
Major	1 : 1.5
Large metropolitan	1 : 1.5
Medium metropolitan	1 : 1.7
Large regional	1 : 1.4
Small/medium regional	1 : 1.7
Private	1 : 2.3
Specialist	1 : 1.6
Aotearoa	
Metropolitan	1 : 1.3
Regional	1 : 1.2

4.4.4 *EMC and EMD Staffing*

This section reports on the number of graduates of ACEM's Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD), and Emergency Medicine Advanced Diploma (EMAD) that were employed by ACEM accredited EDs. The mean and range of the respective graduates are presented by region in Table 39 and by hospital peer group in Table 40. A total of 72 EDs reported having EMC, EMD and EMAD graduates employed in the 2022 Census, decreasing from previous years' Census (2020: 89, 2021: 75). The average FTE of graduates for EMC and EMD programs that were employed, however, increased in both Australia and Aotearoa, compared with the 2021 Census.

Table 39 Average FTE for Emergency Medicine Certificate, Emergency Medicine Diploma and Emergency Medicine Advanced Diploma graduates, by region.

	Emergency Medicine Certificate			Emergency Medicine Diploma			Emergency Medicine Advanced Diploma			EMC, EMD and/ or EMAD	
Region	n	mean	(range)	n	mean	(range)	n	mean	(range)	n	%
Australia	45	2.3	(1.0 – 10.0)	16	1.4	(1.0 – 3.0)	25	1.2	(1.0 – 3.0)	65	50.8%
NSW	16	2.2	(1.0 – 10.0)	6	1.2	(1.0 – 2.0)	4	1.5	(1.0 – 3.0)	18	43.9%
VIC	9	3.1	(1.0 – 8.0)	3	1.0	-	12	1.2	(1.0 – 2.0)	20	66.7%
QLD	8	1.4	(1.0 – 3.0)	1	1.0	-	3	1.0	-	9	30.0%
WA	5	3.0	(1.0 – 5.0)	2	2.5	(2.0 – 3.0)	4	1.0	-	8	66.7%
SA	3	3.0	(1.0 – 4.0)	2	2.0	-	2	1.0	-	5	71.4%
TAS	1	3.0	-	0	-		0	-		1	33.3%
ACT	1	2.0	-	2	1.0	-	0	-		2	100%
NT	2	1.5	(1.0 – 2.0)	0	-		0	-		2	66.7%
Aotearoa	2	1.5	(1.0 – 2.0)	5	1.4	(1.0 – 2.0)	1	1.0	-	7	36.8%
Total	47	2.3	(1.0 – 10.0)	21	1.4	(1.0 – 3.0)	26	1.2	(1.0 – 3.0)	72	49.0%

Note: Where no range is provided, $n \leq 1$.

Specialist (16.7%) EDs in Australia and Metropolitan (18.2%) EDs in Aotearoa were less likely to employ EMCD graduates, which remained consistent with findings from the 2021 Census. The average FTE of EMCD graduates employed in EDs increased across all hospital peer groups compared with the 2021 Census.

Table 40 Average FTE for Emergency Medicine Certificate, Emergency Medicine Diploma and Emergency Medicine Advanced Diploma graduates, by hospital peer group.

	Emergency Medicine Certificate			Emergency Medicine Diploma			Emergency Medicine Advanced Diploma			EMC, EMD and/ or EMAD	
Hospital peer group	n	mean	(range)	n	mean	(range)	n	mean	(range)	n	%
Australia											
Major	11	2.5	(1.0 – 8.0)	3	1.3	(1.0 – 2.0)	5	1.4	(1.0 – 3.0)	14	45.2%
Large metropolitan	12	2.6	(1.0 – 10.0)	5	1.2	(1.0 – 2.0)	5	1.0	-	18	58.1%
Medium metropolitan	4	1.8	(1.0 – 4.0)	1	3.0	-	3	1.3	(1.0 – 2.0)	7	43.8%
Large regional	9	2.2	(1.0 – 5.0)	4	1.3	(1.0 – 2.0)	5	1.1	(1.0 – 1.3)	13	54.2%
Small/medium regional	6	2.0	(1.0 – 4.0)	2	1.5	(1.0 – 2.0)	1	1.0	-	6	60.0%
Private	3	2.7	(1.0 – 4.0)	1	1.0	-	5	1.2	(1.0 – 2.0)	6	60.0%
Specialist	0			0			1	1.0	-	1	16.7%
Aotearoa											
Metropolitan	1	1.0	-	1	1	-				2	18.2%
Regional	1	2.0	-	4	1.5	(1.0 – 2.0)	1	1.0	-	5	62.5%

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean.

4.4.5 *EM Specialist and FACEM Trainee Vacancy Rates*

Seventy-one (55.5%) EDs in Australia and seven (36.8%) EDs in Aotearoa reported FACEM or Paediatric EM (PEM) Specialist vacancies (i.e. funded but unfilled), increasing from 58 (45.3%) in Australia but decreasing from nine (47.4%) in Aotearoa (Table 41). FACEM trainee vacancies increased between 2021 and 2022, with 100 (78.1%) EDs in Australia and twelve (63.2%) in Aotearoa reporting FACEM trainee vacancies, increasing from 89 (69.5%) EDs in Australia and five (26.3%) in Aotearoa. The total unfilled FTE also increased significantly for both EM Specialists (from 159.5 FTE to 211.3 FTE) and FACEM trainees (from 437.7 FTE to 547.3 FTE), compared with last year's Census.

A higher percentage of Australian EDs had unfilled FACEM or PEM FTE for six or more months (38.3%) than Aotearoa EDs (26.3%), increasing from 25.8% and 5.3%, respectively, compared with the 2021 Census. Similarly, a higher percentage of Australian EDs reported unfilled FACEM trainee FTE for six months or longer (64.8%) than Aotearoa EDs (36.8%), also increasing compared with the 2021 Census (39.0% in Australia and 15.8% in Aotearoa). Importantly, over half of the vacancies were unfilled for six months or more, which was seen for both EM Specialists and FACEM trainees.

Table 41 Percentage of EDs who reported having unfilled EM Specialists and FACEM trainee FTE, the percentage of those EDs with unfilled FTE for 6+ months; and the total unfilled FTE, by region.

	EM Specialists unfilled FTE					FACEM trainee unfilled FTE				
	Unfilled	Unfilled for 6+ months	Trying to fill	Total unfilled	Total unfilled for 6+ months	Unfilled	Unfilled for 6+ months	Trying to fill	Total unfilled	Total unfilled for 6+ months
Region	%	%	%	FTE	FTE	%	%	%	FTE	FTE
Australia	55.5%	38.3%	50.0%	195.8	124.9	78.1%	64.8%	60.9%	507.3	389.0
NSW	53.7%	41.5%	46.3%	52.8	43.8	87.8%	70.7%	68.3%	255.1	197.6
VIC	70.0%	50.0%	60.0%	84.5	47.8	86.7%	80.0%	73.3%	96.5	75.5
QLD	40.0%	16.7%	40.0%	20.9	3.9	60.0%	43.3%	43.3%	53.5	30.8
WA	75.0%	58.3%	75.0%	25.5	20.6	83.3%	66.7%	58.3%	40.0	25.0
SA	42.9%	28.6%	42.8%	3.5	2.5	57.1%	42.9%	42.9%	31.2	31.2
TAS	100.0%	66.7%	66.7%	5.7	3.3	100.0%	100.0%	100.0%	18.0	18.0
ACT	0.0%	0.0%	0.0%	0.0	0.0	50.0%	50.0%	50.0%	8.0	8.0
NT	33.3%	33.3%	33.3%	3.0	3.0	66.7%	66.7%	33.3%	5.0	3.0
Aotearoa	36.8%	26.3%	36.8%	15.5	12.9	63.2%	36.8%	47.4%	40.0	7.0
Total	53.1%	36.7%	48.3%	211.3	137.8	76.2%	61.2%	59.2%	547.3	396.0

Note: EM Specialist = FACEMs and Paediatric EM Specialists. FACEM Trainee = ACEM Advanced and Provisional trainees.

The percentage of EDs with EM Specialist and FACEM trainee vacancies, reported as unfilled FTE, are displayed in Table 42 by hospital peer group. Large regional and Small/medium regional and Private EDs in Australia were more likely to report having unfilled EM Specialist FTE, compared to EDs in other peer groups. Large Regional EDs also reported the greatest number of unfilled FTE (75.5). Over 90% of Large metropolitan and Large regional EDs reported FACEM trainee vacancies (93.5% and 91.7%, respectively). In Aotearoa, the percentages of EDs that reported vacancies for EM Specialists and FACEM trainees were comparable between Metropolitan and Regional EDs.

Table 42 Percentage of EDs who reported having unfilled EM Specialist and FACEM trainee FTE; the percentage of those EDs with unfilled FTE for 6+ months, and the total unfilled FTE; by hospital peer group.

	EM Specialist unfilled FTE					FACEM trainee unfilled FTE				
	Unfilled	Unfilled for 6+ months	Trying to fill	Total unfilled	Total unfilled for 6+ months	Unfilled	Unfilled for 6+ months	Trying to fill	Total unfilled	Total unfilled for 6+ months
Hospital peer group	%	%	%	FTE	FTE	%	%	%	FTE	FTE
Australia										
Major	38.7%	16.1%	29.0%	17.1	5.6	67.7%	48.4%	48.4%	96.9	60.2
Large metropolitan	48.4%	38.7%	45.2%	35.3	23.5	93.5%	77.4%	83.9%	191.7	157.9
Medium metropolitan	56.3%	37.5%	50.0%	26.0	15.6	75.0%	56.3%	50.0%	39.0	24.3
Large regional	87.5%	66.7%	79.2%	75.5	57.9	91.7%	91.7%	70.8%	147.6	131.6
Small/medium regional	70.0%	70.0%	70.0%	13.4	11.4	70.0%	70.0%	60.0%	23.0	12.0
Private	70.0%	30.0%	70.0%	28.5	10.9	60.0%	40.0%	60.0%	6.0	3.0
Specialist	0.0%	0.0%	0.00%	0.0	0.0	50.0%	33.3%	33.3%	3.0	0.0
Aotearoa										
Metropolitan	36.4%	18.2%	36.4%	7.1	5.2	63.6%	54.5%	54.5%	25.0	2.0
Regional	37.5%	37.5%	37.5%	8.4	7.7	62.5%	50.0%	37.5%	15.0	5.0

Note: EM Specialist = FACEMs and Paediatric EM Specialists. FACEM Trainee = ACEM Advanced and Provisional trainees.

Table 43 displays the average EM Specialist and FACEM trainee unfilled FTE by region. In Australia, the average unfilled EM Specialist FTE ranged between 1.2 FTE in SA and 4.0 FTE in VIC. Forty-nine of (69.0%) 71 Australian EDs and five (71.4%) of seven Aotearoa EDs with EM Specialist vacancies still had them unfilled for six months or longer. The average unfilled FACEM trainee FTE was higher than the unfilled EM Specialist FTE in EDs across all regions, ranging considerably between 2.5 FTE (NT) and 18.0 FTE (TAS).

Table 43 Average unfilled FTE and unfilled FTE for 6+ months of EM Specialists and FACEM trainees, by region.

	EM Specialist unfilled FTE				FACEM trainee unfilled FTE			
	Unfilled		Unfilled for 6+ months		Unfilled		Unfilled for 6+ months	
Region	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)
Australia	71	2.8	49	2.5	71	7.1	46	8.5
		(0.3 - 12.0)		(0.1 - 9.0)		(0.8 - 32.0)		(1.0 - 32.0)
NSW	22	2.4	17	2.6	32	8.0	22	9.0
		(0.4 - 9.0)		(0.1 - 9.0)		(0.8 - 25.0)		(2.0 - 25.0)
VIC	21	4.0	15	3.2	14	6.9	9	8.4
		(0.3 - 12.0)		(0.3 - 9.0)		(1.0 - 32.0)		(1.0 - 32.0)
QLD	12	1.7	5	0.8	11	4.9	5	6.2
		(0.5 - 4.3)		(0.5 - 1.0)		(1.0 - 10.0)		(1.0 - 10.0)
WA	9	2.8	7	2.9	7	5.7	4	6.3
		(0.5 - 6.9)		(0.4 - 5.0)		(1.0 - 10.0)		(3.0 - 10.0)
SA	3	1.2	2	1.25	3	10.4	3	10.4
		2.8		(0.5 – 2.0)		(3.0 - 20.0)		(3.0 - 20.0)
TAS	3	1.9	2	1.6	1	18.0	1	18.0
		(1.5 – 2.4)		(1.5 – 1.75)				
ACT	0	-	0	-	1	8.0	1	8.0
NT	1	3.0	1	3.0	2	2.5	1	3.0
						(2.0 – 3.0)		
Aotearoa	7	2.2	5	2.6	9	4.4	2	3.5
		(0.3 - 5.0)		(0.3 - 5.0)		(2.0 - 10.0)		(2.0 - 5.0)
Total	78	2.7	54	2.6	80	6.8	48	8.3
		(0.3 - 12.0)		(0.1 - 9.0)		(0.8 - 32.0)		(1.0 - 32.0)

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean. EM Specialist = FACEMs and Paediatric EM Specialists (PEMs). FACEM Trainee = ACEM Advanced and Provisional trainees.

The average unfilled FTE and average unfilled FTE for six or more months for FACEMs and FACEM trainees, for the EDs that reported unfilled FTE, is presented in Table 44, by hospital peer group. In Australia, Large regional (3.6) and Private (4.1) EDs had the highest average unfilled EM Specialist FTE. The Large regional EDs also had the highest average unfilled FACEM Trainee FTE (9.2), with nearly all of these vacancies remaining unfilled in six months or more. In Aotearoa, Regional EDs had a slightly higher unfilled FACEM FTE, while Metropolitan EDs reported a higher average unfilled FACEM trainee FTE.

Table 44 Average unfilled FTE and unfilled FTE for 6+ months of EM Specialists and FACEM trainees, by hospital peer group.

	EM Specialist unfilled FTE				FACEM trainee unfilled FTE			
	Unfilled		Unfilled for 6+ months		Unfilled		Unfilled for 6+ months	
Hospital peer group	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)
Australia								
Major	12	1.4	5	1.1	14	6.9	6	10.0
		(0.4 - 3.0)		(0.1 - 2.0)		(0.8 - 25.0)		(3.0 - 25.0)
Large metropolitan	15	2.4	12	2.0	23	8.3	18	8.8
		(0.5 - 7.0)		(0.5 - 5.0)		(1.0 - 32.0)		(1.0 - 32.0)
Medium metropolitan	9	2.9	6	2.6	7	5.6	3	8.1
		(0.5 - 7.0)		(1.0 - 5.0)		(1.0 - 16.0)		(2.0 - 14.0)
Large regional	21	3.6	16	3.6	16	9.2	15	8.8
		(1.0 - 9.0)		(0.9 - 9.0)		(2.0 - 20.8)		(2.0 - 18.8)
Small/medium regional	7	1.9	7	1.6	7	3.3	3	4.0
		(0.3 - 5.3)		(0.3 - 4.3)		(1.0 - 6.0)		(1.0 - 6.0)
Private	7	4.1	3	3.6	3	2.0	1	3.0
		(0.5 - 12.0)		(0.4 - 9.0)		(1.0 - 3.0)		
Specialist	0	-	0	-	1	3.0	0	-
Aotearoa								
Metropolitan	4	1.8	2	2.6	4	6.3	1	2.0
		(0.3 – 4.9)		(0.3 – 4.9)		(2.0 – 10.0)		-
Regional	3	2.8	3	2.6	5	3.0	1	5.0
		(1.4 – 5.0)		(0.7 – 5.0)		(2.0 – 5)		

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean. EM Specialist = FACEMs and Paediatric EM Specialists (PEMs). FACEM Trainee = ACEM Advanced and Provisional trainees.

4.4.6 *Visiting Medical Officer Staffing*

This section reports on the percentage of EDs that reported employing Visiting Medical Officers (VMOs) at the FACEM level, the average number of VMOs employed, and the average total hours they worked per week, by region (Table 45) and by hospital peer group (Table 46).

Forty-eight EDs in Australia (down from 56 EDs in the 2021 Census) and three EDs (up from 2 EDs in 2021) in Aotearoa reported employing FACEM VMOs to staff their ED. Care must be taken when comparing regions as there was significant variation across jurisdictions, with the majority of EDs in NSW (86.8%) reporting employing VMOs at the FACEM level, whilst four other regions (SA, WA, TAS, and the NT) reported not employing VMOs. The number of hours VMOs worked also vastly varied between 2 and 633 hours.

DEMs and DEMTs were asked to select the types of employment contracts (fixed hours, zero hours, or other) VMOs were employed on within their ED, with 18 out of 51 sites selecting multiple options (one ED did not provide the VMO contract type). Overall, zero-hours contracts were the most common type of contract VMOs were employed on in Australian EDs (86.3%). Ten EDs indicated that VMOs were employed on other types of employment contracts, including casual contracts (7), via a contractor (1), internal agreement (1), or minimum hours contract (1).

Table 45 Percentage of EDs who employed VMOs; average number of VMOs employed and average total hours VMOs worked per week; and proportion of EDs utilising various VMO contract types, by region.

	EDs with VMOs employed		Number of VMOs employed	Hours per week VMOs work	Employed on a fixed hours contract*	Employed on zero hours contract*	Other type of employment contract*
Region	n	%	mean (range)	mean (range)	%	%	%
Australia	49	38.9%	13.9	115.8	37.3%	86.3%	7.8%
			(1.0 – 38.0)	(2.0 - 633.0)			
NSW	34	82.9%	13.4	68.5	27.8%	94.4%	2.8%
			(1.0 – 38.0)	(5.0 - 200.0)			
VIC	8	26.7%	22.6	330.4	75.0%	50.0%	25.0%
			(3.0 – 36.0)	(2.0 - 633.0)			
QLD	5	16.7%	6.8	78.6	40.0%	80.0%	0%
			(1.0 – 20.0)	(5.0 - 168.0)			
ACT	2	100.0%	5.5	100.0	50.0%	100.0%	50.0%
			(1.0 – 10.0)				
Aotearoa	3	15.8%	4.3	46.7	33.3%	66.6%	0%
			(2.5 – 8.0)	(30.0 – 80.0)			
Total	52	35.4%	13.3	111.6	29.0%	66.7%	5.7%
			(1.0 – 38.0)	(2.0 – 633.0)			

Notes: Where no range is provided, $n \leq 1$ or there is no variation from the mean. Two of the 52 EDs that reported employing VMOs did not provide number of VMOs employed, seven did not provide the hours that VMOs worked. *Option not exclusive; multiple options can be selected. One ACT ED did not provide hours per week for VMOs. Four Australian regions (SA, WA, TAS, NT) did not report the availability of VMOs.

When assessed by peer group, the largest average number of VMOs employed at the FACEM level was reported by Australian Major EDs (18.6), followed by Large (15.7) and Medium (15.3) metropolitan EDs. The employment of VMOs at the FACEM level was relatively uncommon in Aotearoa EDs, with comparable proportions of Metropolitan and Regional EDs reporting so.

Table 46 Percentage of EDs that employed VMOs; average number of VMOs employed and average total hours VMOs worked per week; and proportion of EDs utilising various VMO contract types, by hospital peer group.

	EDs with VMOs employed		Number of VMOs employed	Hours per week VMOs work	Employed on a fixed hours contract*	Employed on zero hours contract*	Other type of employment contract*
Hospital peer group	n	%	mean (range)	mean (range)	%	%	%
Australia							
Major	14	45.2%	18.6	165.7	28.6%	92.9%	14.3%
			(1.0 – 37.0)	(8.0 - 633.0)			
Large metropolitan	13	41.9%	15.7	112.3	46.2%	100%	0%
			(1.0 – 36.0)	(5.0 - 601.0)			
Medium metropolitan	7	43.8%	15.3	134.7	14.3%	100%	0%
			(1.0 – 38.0)	(5.0 - 548.0)			
Large regional	8	33.3%	6.2	40.0	50.0%	87.5%	12.5%
			(1.0 – 17.0)	(10.0 - 120.0)			
Small/medium regional	2	20.0%	6.0	124.0	100%	50%	0%
			-	-			
Private	4	40.0%	7.8	76.5	25.0%	75.0%	25.0%
			(2.0 – 20.0)	(2.0 - 168.0)			
Specialist	1	16.7%	9.0	60.0	100%	0%	0%
			-	-			
Aotearoa							
Metropolitan	2	18.2%	2.5	30.0	0%	100%	0%
			-	-			
Regional	1	12.5%	8.0	80.0	100%	0%	0%
			-	-			

Notes: Where no range is provided, $n \leq 1$ or there is no variation from the mean. Two of the 52 EDs that reported employing VMOs did not provide number of VMOs employed, seven did not provide the hours that VMOs worked. *Option not exclusive; multiple options can be selected. One Major ED did not provide hours per week for VMOs.

4.4.7 *Locum FACEM Staffing*

This section presents the number and percentage of EDs that employed locums at FACEM level, the average number of locums employed and the average total hours they worked per week, by region (Table 47), and by hospital peer group (Table 48).

Less than one-quarter of Australian EDs (23.4%) employed locum FACEMs, decreasing from 28.9% in the 2021 Census, while the percentage of Aotearoa EDs was 22.2%, down from 31.6% in 2021. None of the EDs in SA had employed locum FACEMs. Of the EDs that employed locum FACEMs, the average total hours per week locum FACEMs worked in Australian EDs widely ranged between 0.3 and 170.0 hours, compared with a range between 6.6 and 20.1 hours in Aotearoa EDs.

Table 47 Percentage of EDs that employed locums, average number of locums employed, and average total hours locums worked per week, by region.

Region	EDs with locum FACEMs employed		Number of locum FACEMs employed	Hours per week locum FACEMs work
	n	%	mean (range)	mean (range)
Australia	29	23.4%	4.3	42.7
			(0 - 20)	(0 - 170)
NSW	8	20.0%	3.7	53.7
			(0 - 17)	(1 - 170)
VIC	10	34.5%	5.8	25.2
			(1 - 20)	(0 - 75)
QLD	2	6.9%	3.0	7.5
			(1 - 5)	(5 - 10)
WA	4	36.4%	4.5	57.5
			(3 - 8)	(10 - 160)
SA	0	0.0%	-	-
TAS	2	66.7%	5.0	111.8
			(2 - 8)	(100 - 124)
ACT	1	50.0%	1.0	18.0
NT	2	66.7%	1.0	40.0
			(1 - 1)	(40 - 40)
Aotearoa	4	22.2%	4.7	11.7
			(2 - 8)	(7 - 20)
Total	33	23.2%	4.3	38.8
			(0 - 20)	(0 - 170)

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean.

Large regional and Small/ medium regional EDs in Australia were more likely than EDs in other peer groups to employ locum FACEMs, at 58.3% and 37.5%, respectively. Similarly, Regional EDs in Aotearoa were also more likely than Metropolitan EDs to report employing locum FACEMs. Private EDs in Australia had the highest mean number of locums employed (11.5), while Large regional EDs had the highest average total hours per week locum FACEMs worked (56.6). None of the Medium metropolitan and Specialist EDs in Australia reported employing locum FACEMs.

Table 48 Percentage of EDs that employed locums, average number of locums employed, and average total hours locums worked per week, by hospital peer group.

Hospital peer group	EDs with locum FACEMs employed n	EDs with locum FACEMs employed %	Number of locum FACEMs employed mean (range)	Hours per week locum FACEMs work mean (range)
Australia				
Major	3	9.7%	1.7	43.3
			(1 – 3)	(40 – 50)
Large metropolitan	7	22.6%	2.9	31.2
			(1 – 5)	(0 – 160)
Medium metropolitan	0	0.0%	-	-
Large regional	14	58.3%	4.4	56.6
			(0 – 17)	(1 – 170)
Small/medium regional	3	37.5%	5.0	20.6
			(3 – 8)	(2 – 30)
Private	2	22.2%	11.5	24.0
			(3 – 20)	(16 – 32)
Specialist	0	0.0%	-	-
Aotearoa				
Metropolitan	2	18.2%	5.0	14.5
			(2 – 8)	(9 – 20)
Regional	2	25.0%	4.0	8.8
			(4 – 4)	(7 – 11)

Note: Where no range is provided, $n \leq 1$ or there is no variation from the mean.

4.5 How EDs Compare to ACEM's Minimum Recommended FACEM Staffing Model, Guideline 23

A total of 140 ACEM-accredited adult and mixed EDs provided annual presentation data and were included in the sample for comparison against ACEM's Guideline on constructing and maintaining a senior emergency medicine workforce (G23) (ACEM, 2015) on the minimum recommended permanent FACEM staffing model. This does not apply to the Paediatric EDs (n=7); therefore, they were excluded from the analysis.

The percentage of EDs that met the minimum recommended FACEM staffing model, at the time of reporting, is presented in Table 49 by region and Table 50 by hospital peer group. Overall, 44.4% of Aotearoa and 32.8% of Australian EDs met the minimum recommended FACEM staffing outlined in G23; both showed improvement compared with the 2021 Census. The most significant increase in the proportion of EDs that met the minimum recommended FACEM staffing was seen in QLD.

Table 49 Number and percentage of adult and mixed EDs meeting ACEM's G23 minimum FACEM staffing model, 2022 vs. 2021, by region.

Region	2021 Number of EDs	2021 Number of EDs that met G23	2021 %	2022 Number of EDs	2022 Number of EDs that met G23	2022 %	Percent change
Australia	119	31	26.1%	122	40	32.8%	25.7%
NSW	39	5	12.8%	39	6	15.4%	20.3%
VIC	29	14	48.3%	29	15	51.7%	7.0%
QLD	26	4	15.4%	29	9	31.0%	101.3%
WA	11	3	27.3%	11	4	36.4%	33.3%
SA	6	3	50.0%	6	3	50.0%	0%
TAS	3	1	33.3%	3	1	33.3%	0%
ACT	2	0	0.0%	2	1	50.0%	-
NT	3	1	33.3%	3	1	33.3%	0%
Aotearoa	18	5	27.8%	18	8	44.4%	59.7%
Total	137	36	26.3%	140	48	34.3%	30.4%

Over two-thirds (67.7%) of Australian Major hospital EDs met the G23 minimum recommended FACEM staffing model at the time of reporting, increasing from 55.2% in the 2021 Census. Consistent with the Census findings from previous years, none of Australia's Small/medium regional hospitals met the minimum recommended FACEM staffing. On the other hand, Regional EDs in Aotearoa saw an increase in the number of EDs that met the G23 minimum FACEM staffing requirements.

Table 50 Number and percentage of adult and mixed EDs meeting ACEM's G23 minimum FACEM staffing model, 2022 vs. 2021, by hospital peer group.

Hospital peer group	2021 Number of EDs	2021 Number of EDs that met G23	2021 %	2022 Number of EDs	2022 Number of EDs that met G23	2022 %	Percent change
Australia							
Major	29	16	55.2%	31	21	67.7%	22.6%
Large metropolitan	30	7	23.3%	31	9	29.0%	24.5%
Medium metropolitan	16	2	12.5%	16	3	18.8%	50.4%
Large regional	23	3	13.0%	25	4	16.0%	23.1%
Small/medium regional	10	0	0.0%	9	0	0%	0.0%
Private	11	3	27.3%	10	3	30.0%	9.9%
Aotearoa							
Metropolitan	11	4	36.4%	10	5	50.0%	37.4%
Regional	7	1	14.3%	8	3	37.5%	162.2%

4.6 ED Staff Rosters

Weekday and weekend rosters for EM specialists (FACEM and PEM Specialists) and FACEM trainees were provided by 140 EDs. Table 51 displays the average EM Specialist and FACEM Trainee headcount for weekday and weekend rosters by region, while the breakdown by hospital peer group is presented in Table 52.

There was a consistently higher average number of FACEM trainees than EM Specialists rostered on-floor for both weekdays and weekends, and this was seen in EDs across all regions in Australia but not Aotearoa. FACEM trainees were less likely to be rostered on-call, with only NSW, QLD and WA having FACEM trainees rostered on the weekend on-call. WA (7.1) and ACT (8.0) had the highest average number of EM Specialists rostered on-floor shifts during weekdays, while WA (6.4) and SA (6.4) had the highest number of EM Specialists for weekend on-floor shifts.

Table 51 Average EM Specialist and FACEM Trainees headcount on weekday and weekend rosters, by region.

	EM Specialists								FACEM Trainees							
		Weekday on-floor		**Weekend on-floor**		**Weekday on-call**		**Weekend on-call**		**Weekday on-floor**		**Weekend on-floor**		**Weekday on-call**		**Weekend on-call**
Region	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)
Australia	128	6.0	128	5.6	125	1.3	122	1.4	122	8.4		8.1	16	1.7	18	1.7
		(1.0 – 21.0)		(1.0 – 22.5)		(0.5 – 6.0)		(1.0 – 7.0)		(0.4 – 33.0)		(0.4 – 33.0)		(0.5 – 4.0)		(0.5 – 4.0)
NSW	41	4.8	41	4.3	41	1.5	41	1.5	39	7.5	39	7.3	8	2.2	10	2.0
		(2.0 – 9.0)		(1.0 – 9.0)		(1.0 – 5.0)		(1.0 – 5.0)		(0.8 – 33.0)		(0.4 – 33.0)		(1.0 – 4.0)		(0.8 – 4.0)
VIC	30	6.9	30	6.5	29	1.3	28	1.3	27	9.4	27	9.1	0	-	0	-
		(1.0 – 21.0)		(1.0 – 19.5)		(1.0 – 6.0)		(1.0 – 7.0)		(3.0 – 23.0)		(3.0 – 21.0)		-		-
QLD	30	6.4	30	6.1	29	1.2	29	1.3	29	8.4	29	8.3	3	1.3	3	1.3
		(2.0 – 17.5)		(2.0 – 22.5)		(1.0 – 3.0)		(1.0 – 4.0)		(0.4 – 25.0)		(0.4 – 25.0)		(1.0 – 2.0)		(1.0 – 2.0)
WA	12	7.1	12	6.4	12	1.1	11	1.2	12	8.3	12	7.9	4	0.9	5	1.3
		(3.0 – 16.0)		(2.0 – 16.0)		(0.5 – 3.0)		(1.0 – 3.0)		(3.0 – 19.0)		(3.0 – 17.0)		(0.5 – 1.0)		(0.5 – 3.0)
SA	7	6.1	7	6.4	6	2.0	5	2.0	7	9.6	7	8.0	1	2.0	0	-
		(2.0 – 10.0)		(2.0 – 17.0)		(1.0 – 3.0)		(1.0 – 3.0)		(2.0 – 26.0)		(1.0 – 26.0)		-		-
TAS	3	5.3	3	5.3	3	1.0	3	1.0	3	9.5	3	10.2	0	-	0	-
		(4.0 – 7.0)		(4.0 – 7.0)		-		-		(5.0 – 18.5)		(5.0 – 18.5)		-		-
ACT	2	8.0	2	5.0	2	1.0	2	1.0	2	7.5	2	7.5	0	-	0	-
		(7.0 – 9.0)		(4.0 – 6.0)		-		-		(3.0 – 12.0)		(3.0 – 12.0)		-		-
NT	3	4.0	3	3.7	3	1.0	3	1.0	3	8.0	3	8.0	0	-	0	-
		(2.0 – 7.0)		(2.0 – 6.0)		-		-		(6.0 – 11.0)		(6.0 – 11.0)		-		-
Aotearoa	19	4.5	19	4.0	18	1.0	18	1.0	19	4.7	19	4.6	0	-	0	-
		(2.3 – 8.0)		(2.0 – 9.0)		-		-		(0.3 – 9.0)		(0.3 – 10.0)		-		-
Total	147	5.8	147	5.4	143	1.3	140	1.3	141	7.9	141	7.7	16	1.7	18	1.7
		(1.0 – 21.0)		(1.0 – 22.5)		(0.5 – 6.0)		(1.0 – 7.0)		(0.3 – 33.0)		(0.3 – 33.0)		(0.5 – 4.0)		(0.5 – 4.0)

Note: Five Australian EDs did not provide rostering data for Weekday on-floor FACEM trainees, whereas six Australian EDs did not provide data for Weekend on-floor FACEM trainees.

The highest average number of EM specialists and FACEM trainees rostered on-floor for weekdays and weekends was seen in the Major EDs, followed by Large metropolitan and Specialist EDs. In contrast, Australian Small/ medium regional EDs had the smallest average number of EM specialists and FACEM trainees rostered on-floor. Likewise, Metropolitan EDs in Aotearoa had higher headcounts of EM specialists and FACEM trainees rostered for weekdays and weekends than

Regional EDs. The Large regional and Small/medium regional EDs in Australia had a slightly higher average number of FACEM trainees rostered on-call during weekends, compared with other peer groups.

Table 52 Average EM Specialist and FACEM Trainees headcount on weekday and weekend rosters, by hospital peer group.

	EM Specialists								FACEM Trainees							
Hopsital peer group	n	**Weekday on-floor** mean (range)	n	**Weekend on-floor** mean (range)	n	**Weekday on-call** mean (range)	n	**Weekend on-call** mean (range)	n	**Weekday on-floor** mean (range)	n	**Weekend on-floor** mean (range)	n	**Weekday on-call** mean (range)	n	**Weekend on-call** mean (range)
Australia																
Major	31	8.8	31	8.1	30	1.3	29	1.4	31	13.5	31	13.2	5	1.4	6	1.3
		(5.0 – 17.5)		(4.0 – 22.5)		(1.0 – 3.0)		(1.0 – 4.0)		(5.0 – 26.0)		(5.0 – 26.0)		(1.0 – 3.0)		(0.8 – 3.0)
Large Metropolitan	31	6.4	31	5.8	31	1.4	30	1.4	31	9.2	31	8.8	5	1.6	4	1.5
		(3.0 – 12.0)		(2.0 – 16.0)		(1.0 – 3.0)		(1.0 – 7.0)		(1.5 – 33.0)		(1.5 – 33.0)		(1.0 – 2.0)		(1.0 – 2.0)
Medium Metropolitan	16	4.1	14	3.8	15	1.7	14	1.6	14	5.7	14	5.2	2	1.5	2	1.5
		(1.0 – 9.0)		(1.0 – 8.0)		(1.0 – 5.0)		(1.0 – 5.0)		(2.0 – 9.5)		(1.0 – 9.5)		(1.0 – 2.0)		(1.0 – 2.0)
Large regional	25	4.8	23	4.5	25	1.4	25	1.2	23	5.8	23	6.0	1	4.0	2	3.0
		(2.0 – 21.0)		(2.0 – 19.5)		(1.0 – 6.0)		(1.0 – 3.0)		(0.4 – 16.0)		(0.4 – 16.0)		-		(2.0 – 4.0)
Small /medium regional	9	3.1	8	3.0	9	1.4	9	1.6	8	2.5	8	2.7	0	-	1	3.0
		(2.0 – 4.0)		(2.0 – 4.0)		(1.0 – 3.0)		(1.0 – 4.0)		(0.8 – 4.0)		(0.8 – 5.0)		-		-
Private	10	4.6	9	4.7	9	1.0	9	1.1	9	3.0	9	2.8	1	0.5	1	0.5
		(2.0 – 8.0)		(2.0 – 8.0)		(0.5 – 1.0)		(1.0 – 1.5)		(0.9 – 9.0)		(0.4 – 9.0)		-		-
Specialist	6	5.8	6	5.0	6	1.0	6	1.0	6	10.2	6	9.3	2	2.0	2	2.0
		(3.0 – 9.0)		(3.0 – 8.0)		-		-		(4.0 – 17.0)		(3.0 – 17.0)		(1.0 – 3.0)		(1.0 – 3.0)
Aotearoa																
Metropolitan	11	5.4	11	4.7	11	1.0	11	1.0	11	5.6	11	5.4	0	-	0	-
		(4.0 – 8.0)		(2.0 – 9.0)		-		-		(3.0 – 9.0)		(1.0 – 10.0)		-		-
Regional	8	3.4	8	3.0	7	1.0	7	1.0	8	3.4	8	3.5	0	-	0	-
		(2.3 – 4.0)		(2.0 – 4.0)		-		-		(0.3 – 6.0)		(0.3 – 6.0)		-		-

Note: Five Australian EDs did not provide rostering data for Weekday on-floor FACEM trainees, whereas six Australian EDs did not provide data for Weekend on-floor FACEM trainees.

5. Discussion of Findings

This report focuses on ED staffing and casemix of the 2022 Annual Site Census. Overall, a higher number of ED attendances per EM Specialist were seen in Australian Regional EDs compared with other hospital peer groups. Moreover, Regional EDs in Australia were also more likely to report having funded but unfilled EM or PEM Specialist FTE than all other peer groups, with the Large regional EDs reporting the highest number of unfilled EM Specialist FTE. This data suggests that despite increasing FACEM numbers each year, there is still an underrepresentation of FACEMs in regional-based EDs.

In addition, Advanced and Provisional trainee FTE were the lowest in Small/ medium regional EDs in Australia. Likewise, in Aotearoa, the FTE for Advanced Trainees were almost three times higher in Metropolitan EDs than in Regional EDs. Associated to this, the Small/ medium EDs in Australia were seen to have an average of 18,075 ED attendances per one FACEM trainee FTE. In Aotearoa, Regional EDs also recorded a ratio of one FACEM trainee FTE to 13,581 ED attendances, compared to 1 : 8447 in the Metropolitan EDs. Again, this highlights the ongoing issue of inadequate FACEM trainee workforce to support the ED demands, particularly in the Regional EDs in Australia and Aotearoa.

VMOs and locums were employed at varying degrees to staff ACEM-accredited EDs. Only four of eight Australian jurisdictions reported employing VMOs at the FACEM level, with none of the EDs in WA, SA, TAS, and the NT having used FACEM VMOs. SA was the only jurisdiction not employing FACEM locums in their EDs. The employment of VMOs was primarily seen in the Major and Metropolitan EDs; on the contrary, Regional EDs were more likely to report employing locum FACEM staff in their EDs. It was relatively uncommon for EDs in Aotearoa to report employing VMOs or locums at the FACEM level.

Overall, the average annual ED presentations remained unchanged in Australia but slightly decreased (-3%) in Aotearoa, compared with the 2021 Census. The number of ACEM-accredited EDs that reported meeting the minimum recommended FACEM FTE according to ACEM's *Constructing and Retaining a Senior Emergency Medicine Workforce*, Guideline 23 (G23) increased, with over a third (34%) of ACEM-accredited EDs meeting the guidelines, compared with 26% in 2021. The increase was seen in EDs across all hospital peer groups, except for the Small/ medium regional EDs, where none of the EDs in the peer group have ever met the minimum recommended FACEM FTE per G23. It is noteworthy that the G23 is currently undergoing major revisions to address increased ED demand and reinforce the need for FACEM care in EDs.

Notably, the percentage of EDs reporting ED length of stays (LOS) of >24 hours has continued to increase, from 84% (119/142) in the 2019 Census, 90% (119/132) in the 2020 Census, 91% (126/139) in the 2021 Census, to 93% (132/142) in 2022. Additionally, none of the Australian EDs and only one Aotearoa ED consistently met ACEM's recommended Hospital Access Targets (HATs) for admitted and transferred patients. With longer stays in the ED associated with longer inpatient stays (Richardson, 2003) and poorer patient outcomes (Donatelli, 2013) (Jones, 2021) (Forster, 2003), more proactive interventions are warranted to address the ongoing issue of prolonged ED stays. An advocacy priority of the College is to promote ACEM's HATs more widely to encourage the uptake and compliance with the new access measures.

Australian EDs (81.3%) were significantly more likely than those in Aotearoa (47.4%) to report instances where ambulances waited more than 30 minutes to complete patient handover to the ED. The instances of over 30 minutes handover also increased considerably over the years, from 3,136 instances (range: 8 – 20,196) in 2018-19, 3,284 instances (range: 5 – 20,079) in 2019-20, 4,770 instances (2 – 26,438) in 2020-21, to 6,067 instances (range: 7 – 29,670) in 2021-22. This was a concerning trend, potentially reflecting the deterioration of the issues related to ambulance ramping and ED overcrowding.

Overrepresentation of Aboriginal and/or Torres Strait Islander peoples in ED presentations continued, accounting for 7% of all presentations to ACEM-accredited EDs in Australia, compared with 3.2% of their proportion in the Australian population (Australian Bureau of Statistics, 2022). Māori accounted for 22% of all ED presentations to ACEM-accredited EDs in Aotearoa, compared with 17.4% of Māori in the Aotearoa population (New Zealand Government, 2022). A positive shift was seen in Australian EDs for their capabilities to promote a culturally safe environment for Indigenous patients over the years; however, Aotearoa EDs have consistently demonstrated more proficient cultural capabilities in various aspects, including having a dedicated Indigenous Health Unit and access to Indigenous Health Liaison Officers. Ongoing monitoring via the Annual Site Census of cultural safety practices in ACEM-accredited EDs will continue.

The 2022 Census has presented a detailed assessment of Australia and Aotearoa's EM workforce and ED demands. Concerning trends, such as the continuous increase in the excessive ED LOS and ambulance handover over 30 minutes, difficulty in filling FACEM and FACEM trainee vacancies, and the disparity in EM workforce between Regional and Metropolitan/Major EDs have been highlighted as areas that warrant action.

6. References

ACEM. (2015, November). *Guidelines on Constructing and Retaining a Senior Emergency Medicine Workforce*. Retrieved from https://acem.org.au/getmedia/3dc2b00e-f91d-470d-bd2e-6092b9b8deb6/G23_V02_Constructing_Senior_EM_Workforce_Nov-15.aspx

Australian Bureau of Statistics. (2022). Australia: Aboriginal and Torres Strait Islander population summary. Canberra: ABS. Retrieved from https://www.abs.gov.au/articles/australia-aboriginal-and-torres-strait-islander-population-summary

Australian Institute of Health and Welfare. (2018-2019). Emergency department care (Emergency department multilevel data - Time in ED). Retrieved 2020, from https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care

Australian Institute of Health and Welfare. (2021). Indigenous Australians: Indigenous Identification. Retrieved from https://www.aihw.gov.au/reports-data/population-groups/indigenous-australians/indigenous-identification

Donatelli, G. a. (2013). Extended ED stay of the older adult results in poor patient outcome. *Journal of emergency medicine, 39*(3), 268-72.

Forster, S. W. (2003). The effect of hospital occupancy on emergency department length of stay and patient disposition. *Academic Emergency Medicine, 10*(2), 127-133. doi:10.1111/j.1553-2712.2003.tb00029.x

Jones, P. V. (2021). Emergency department crowding and mortality forpatients presenting to emergency departments in New Zealand. *Emergency Medicine Australia*, 655–664.

New Zealand Government. (

Richardson, D. (2003). Responses to access block in Australia: Australian Capital Territory. *The Medical journal of Australia, 178*(3), 103–104.

Stats NZ. (2021). Functional urban areas - methodology and classification. Wellington, New Zealand: Stats NZ Tatauranga Aotearoa. Retrieved from https://www.stats.govt.nz/assets/Methods/Functional-urban-areas-methodology-and-classification.pdf

7. Suggested Citation

Australasian College for Emergency Medicine (2023). Annual Site Census 2022 Report – Part 1: ED Staffing and Casemix. ACEM Report: Melbourne.

8. Contact for Further Information

Jolene Lim

Manager, Research
ACEM Research Unit, Department of Policy, Research and Partnerships
Australasian College for Emergency Medicine (ACEM)
34 Jeffcott Street, West Melbourne VIC 3003, Australia

Telephone: +61 3 9320 0444

9. Appendix 1 – 2022 Annual Site Census Tool

Australasian College for Emergency Medicine

2022 Annual Site Census

Sites with DUAL Accreditation

1. Introduction

Each Emergency Department (ED) accredited by ACEM is required to complete this annual site census. Information gathered will inform site accreditation status and provide benchmarking data across Australia and Aotearoa New Zealand to inform College activities, including quality improvement initiatives in education, training, advocacy and policy. The census covers:

- ACEM ED Staffing
- Other ED Staffing
- ED Casemix
- ED Cultural Capabilities and Workplace Safety
- ED Resources
- Other Hospital Services

All EDs will receive a report of the survey findings. If you have any questions about this survey or the procedures, you may contact the Research Unit at: Research-Evaluation@acem.org.au

Please check your hospital name and the type of ED you have ACEM accreditation for:

Hospital: _____

ED Type: _____

2. Administration

2.1 ED and FACEM Training Program Management

Please complete the following tables relating to FACEMs with clinical or management roles in your ED, *where applicable (if zero, please indicate '0')*:

	Name	Total FTE
DEM 1		
DEM 2		
DEM 3		
DEM 4		
DEM 5		
DEMT/Co-DEMT 1		
DEMT/Co-DEMT 2		
DEMT/Co-DEMT 3		
DEMT/Co-DEMT 4		
DEMT/Co-DEMT 5		
DEMT/Co-DEMT 6		
Local WBA Coordinator(s)		
Mentoring Coordinator(s)		

2.1.1 On-Floor Supervision and Clinical Support Time

	Adult/ Mixed ED Hours per week	**Paediatric ED** Hours per week
How many hours per week are FACEMs or PEM Specialists rostered for on-floor supervision (excluding clinical support time)? (hours per week should be no greater than 168 = 24h x 7 days)		
On average, how many hours per week of Clinical Support Time are allocated for the FACEMs or PEM Specialists involved in the training, education and assessment of your trainees?		
What is the total clinical support time (hours) of the DEM role per week?		
What is the total clinical support time (hours) of the DEMT role per week?		
What is the total clinical support time (hours) the ED provides for Local WBA Coordinator duties per week?		

	Adult/ Mixed ED %	**Paediatric ED** %
On average, what is the percentage of individual trainee time under direct FACEM or PEM Specialist supervision?		
What is the percentage of FACEMs or PEM Specialists actively completing and assessing trainee's EM-WBAs?		

2.2 ED or hospital contacts

Please provide the following information relating to the best person to contact for data from your ED and the person who coordinates research (formally or informally) at your ED.

2.2.1 ACEM Director of Research (if applicable)

Does your ED have an ACEM Director of Research?

☐ No

☐ Yes [If yes] Please provide the following details:

Name: _____

Total FTE for this person(s): _____

Total FTE allocated to clinical support time of the ACEM Director of Research role: _____

2.2.2 ED research coordinator (not necessarily the ACEM Director of Research)

Name: _____

Job title: _____

Research qualifications: _____

Email: _____

2.2.3 ED or hospital data manager

☐ Same as ED research coordinator

Name: _____

Job title: _____

Email: _____

3. EM Specialist and FACEM Trainee Staffing

3.1 FACEMs and Paediatric EM Specialists

For all current staff employed, either permanently or on fixed-term contracts (excluding VMOs and Locums) by your **Paediatric ED**, please complete the following table, *where applicable (if zero, please indicate '0')*:

	Paediatric ED Total FTE	**Paediatric ED** Total Head Count
FACEMs (with no PEM qualification)		
FACEM PEM Specialist		
FRACP PEM Specialist		

For all current staff employed, either permanently or on fixed-term contracts (excluding VMOs and Locums) by your **Adult/ Mixed ED**, please complete the following table, *where applicable (if zero, please indicate '0')*:

	Adult/ Mixed ED Total FTE	**Adult/ Mixed ED** Total Head Count
FACEMs (with no PEM qualification)		
FACEM PEM Specialist		
FRACP PEM Specialist		

3.1.1 Vacancies

What is your current funded but unfilled FTE for the following emergency department roles? *If zero please indicate '0':*

	Funded but unfilled FTE	**Funded but unfilled for more than 6 months FTE**	**Are you actively trying to fill this vacancy?**
FACEMs			Please select...
PEM Specialists†			Please select...

† Includes FRACP PEM Specialists and FACEM PEM Specialists

If you have any comments relating to FACEM or PEM Specialist vacancies, please add them below:

3.1.2 Locums

Please answer the following questions relating to Locums with a FACEM qualification:

Are FACEMs (who are not employed at your hospital or ED) employed as Locums within your ED?

☐ No (please go to section 3.1.3)

☐ Yes

How many (total head count) are currently working in your ED? _____

How many total hours per week on average are Locums currently working in your ED? _____

3.1.3 Visiting Medical Officers

Please answer the following questions relating to Visiting Medical Officers (VMOs) with a FACEM qualification:

Are VMOs (with FACEM qualification) currently employed within your ED?

☐ No (please go to section 3.2)

☐ Yes

For all VMOs employed by your ED, please provide the following information, *where applicable (if zero, please indicate '0')*:

Total VMO FTE: _____

Total VMO Head Count: _____

Total hours per week on average VMOs currently work in your ED: _____

Please select which contract options VMOs are employed on:
(please select all that apply)

☐ Fixed hours contract

☐ Zero hours contract

☐ Other (please explain below)

3.2 FACEM trainees

For FACEM trainees currently employed in your **Paediatric ED**, please complete the following table, *where applicable (if zero, please indicate '0')*:

	Paediatric ED Total FTE	**Paediatric ED** Total Head Count
Provisional trainees (Enrolled prior to 2022)		
Advanced trainees (Enrolled prior to 2022)		
Stage 1 trainees (Enrolled in 2022)		
Stage 2 trainees (Enrolled in 2022)		

For FACEM trainees currently employed in your **Adult/ Mixed ED**, please complete the following table, *where applicable (if zero, please indicate '0')*:

	Adult/ Mixed ED Total FTE	**Adult/ Mixed ED** Total Head Count
Provisional trainees (Enrolled prior to 2022)		
Advanced trainees (Enrolled prior to 2022)		
Stage 1 trainees (Enrolled in 2022)		
Stage 2 trainees (Enrolled in 2022)		

Given the current number of FACEMs in your ED available to provide on-floor supervision and the allocated clinical support time for DEMTs, do you have capacity to take more FACEM trainees?

☐ Yes [If yes] How many more FACEM trainees can you employ? _____

☐ No

If you have any comments relating to your capacity to take more FACEM trainees, please add them below:

3.2.1 Vacancies

What is your current funded but unfilled FTE for the following emergency department roles?
If zero please indicate '0':

	Funded but unfilled FTE	**Funded but unfilled for more than 6 months FTE**	**Are you actively trying to fill this vacancy?**
Advanced/ Stage 2 trainees			Please select...
Provisional/ Stage 1 trainees			Please select...

If you have funded but unfilled FTE: Have you filled this/ these vacancies with staff other than FACEM trainees?

- ☐ Yes
- ☐ No

If you have any comments relating to FACEM trainee vacancies, please add them below:

4. ED Clinical Cover

4.1 Paediatric ED Roster

Please complete the below tables for your current **typical** weekday and weekend medical rosters for all relevant shifts in your **Paediatric ED**, providing the **shift time** (e.g., 7am – 3pm) and the **number of each staff** for each shift rostered **on-floor** and **on-call**:

Monday to Friday		**Shift 1**	**Shift 2**	**Shift 3**	**Shift 4**	**Shift 5**	**Shift 6**
Shift time (e.g., 7am – 3pm)							
PEM Specialists†	On-floor						
	On-call						
FACEMs	On-floor						
	On-call						
FACEM trainees	On-floor						
	On-call						

Saturday and Sunday		**Shift 1**	**Shift 2**	**Shift 3**	**Shift 4**	**Shift 5**	**Shift 6**
Shift time (e.g., 7am – 3pm)							
PEM Specialists†	On-floor						
	On-call						
FACEMs	On-floor						
	On-call						
FACEM trainees	On-floor						
	On-call						

† Includes FRACP PEM Specialists and FACEM PEM Specialists

4.2 Adult/ Mixed ED Roster

Please complete the below tables for your current **typical** weekday and weekend medical rosters for all relevant shifts in your **Adult/ Mixed ED**, providing the **shift time** (e.g., 7am – 3pm) and the **number of each staff** for each shift rostered **on-floor** and **on-call**:

Monday to Friday		**Shift 1**	**Shift 2**	**Shift 3**	**Shift 4**	**Shift 5**	**Shift 6**
Shift time (e.g., 7am – 3pm)							
FACEMs/ PEM Specialists†	On-floor						
	On-call						
FACEM Trainees	On-floor						
	On-call						

† Includes FRACP PEM Specialists and FACEM PEM Specialists

Saturday and Sunday		Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6
Shift time (e.g., 7am – 3pm)							
FACEMs/ PEM Specialists†	On-floor						
	On-call						
FACEM Trainees	On-floor						
	On-call						

† Includes FRACP PEM Specialists and FACEM PEM Specialists

If you have any feedback regarding the rostering at your ED, please outline it here:

5. Other ED Staffing

5.1 Other specialist ED staff (excluding FACEMs with dual qualification and FRACP PEM Specialists)

Please complete the following table regarding other specialist ED staff (excluding FACEMs with dual qualification) working in your ED:

	Total FTE
Fellows of the Royal Australian College of General Practitioners (FRACGP) or Fellows of the Royal New Zealand College of General Practitioners (FRNZCGP)	
Fellows of the Australian College of Rural and Remote Medicine (ACCRM) or Fellow of the Division of Rural Hospital Medicine of New Zealand (FDRHMNZ)	
Fellow of the Royal New Zealand College of Urgent Care (FRNZCUC) (NZ only)	
Fellows of overseas emergency medicine specialist college (on the SIMG pathway†)	
Fellows of overseas emergency medicine specialist college (not on the SIMG pathway†)	
Medical Officers on the New Zealand Specialist Scale (NZ only)	
Other specialist physicians (excluding the above)	

† SIMG Pathway refers to the ACEM Specialist International Medical Graduate (SIMG) Pathway.

5.2 Other medical staff

Please complete the following table regarding other medical staff working in your ED:

	Total FTE
Non-ACEM Registrars	
Medical Officers† (Includes CMO; SMO; SRMO; SHMO; SHO and MO (NZ EDs))	
Interns/ Junior Medical Officers	
Other medical staff excluding administrative staff (not covered by the above) Please specify:	

†CMO: Career Medical Officer; SMO: Salaried Medical Officer; SRMO: Salaried Resident Medical Officer; SHMO: Senior Hospital Medical Officer; SHO: Senior House Officer.

With respect to any of your other ED staff identified above, how many of these are:

	Paediatric ED Head Count	**Paediatric ED** Total FTE
Graduates of ACEM's EM Advanced Diploma		
Graduates of ACEM's EM Diploma (excluding EM Advanced Diploma)		
Graduates of ACEM's EM Certificate (excluding EM Diploma)		

With respect to any of your other ED staff identified above, how many of these are:

	Adult/ Mixed ED Head Count	**Adult/ Mixed ED** Total FTE
Graduates of ACEM's EM Advanced Diploma		
Graduates of ACEM's EM Diploma (excluding EM Advanced Diploma)		
Graduates of ACEM's EM Certificate (excluding EM Diploma)		

5.3 ED Administrative staff

Please complete the following table regarding ED administrative staff working in your ED:

	Total FTE
ED ward receptionist/ clerk	
EM specialist secretarial/ ED administrative assistant	

5.4 Nursing staff

Please complete the following table regarding nursing staff working in your ED:

	Total FTE
Nurse Practitioners (Including Clinical Nurse Consultant/ Specialist)	
Nurse Unit Managers	
Nursing Educators	
Mental Health nursing staff	
Total nursing staff (Including the above nursing staff and any other nursing staff e.g., enrolled nurses and registered nurses)	

6. ED Casemix

6.1 Attendances, admissions and transfers

For the period **1 July 2021- 30 June 2022**, please provide where applicable the total number of:
(*If not applicable write n/a*)

	Total	**Adults** Incl. geriatric	**Paediatrics** ≤15 years*	**Geriatrics** ≥65 years
Patient attendances				
ATS 1 attendances				
ATS 2 attendances				
ATS 3 attendances				
ATS 4 attendances				
ATS 5 attendances				
Number of ambulance arrivals				
Inpatient admissions				
Inter-hospital transfers from ED				
SSU (or equivalent) admissions from ED				
ICU admissions from ED				
HDU admissions from ED				
CCU admissions from ED				
Paediatric ICU admissions from ED				

SSU=Short Stay Unit; ICU=Intensive Care Unit; HDU=High Dependency Unit; CCU= Critical Care Unit.

*We acknowledge that some sites capture paediatric data using a different definition for paediatric patients, please provide paediatric data that fits within your definition.

For the period **1 July 2021- 30 June 2022**, please provide where applicable the total number of:
(*If not applicable write n/a*)

	Total
The total number of Aboriginal & Torres Strait Islander presentations for Australian EDs OR the total number of Māori presentations for Aotearoa New Zealand EDs	

6.2 ED Performance and Hospital Access Targets

For the period **1 July 2021- 30 June 2022**, please provide where applicable the total number of:
(*If not applicable write n/a*)

	Total
The total number of patient attendances who stayed in your ED (excluding SSU or equivalent) for >24 hours	
The total number of patient attendances who stayed in your SSU (or equivalent) for >24 hours	

ACEM has developed 'Hospital Access Targets', a new access measure that describes three patient streams and sets distinct targets for those streams. For more information please see: https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block-(1)/Hospital-Access-Targets.

6.2.1 Patients needing to be admitted or transferred

For the period **1 July 2021 - 30 June 2022**, please provide where applicable the total number of patients needing to be admitted to hospital or transferred to another hospital:
(*If not applicable write n/a*)

	Total
The total number of patients needing to be admitted to hospital or transferred to another hospital	
The total number of patients needing to be admitted or transferred to another hospital who stayed in your ED (excluding SSU or equivalent) for **no more than four (≤4) hours.**	
The total number of patients needing to be admitted or transferred to another hospital who stayed in your ED (excluding SSU or equivalent) for **no more than six (≤6) hours.**	
The total number of patients needing to be admitted or transferred to another hospital who stayed in your ED (excluding SSU or equivalent) for **no more than eight (≤8) hours.**	
The total number of patients needing to be admitted or transferred to another hospital who stayed in your ED (excluding SSU or equivalent) for **no more than twelve (≤12) hours.**	

6.2.2 Discharged patients

For the period **1 July 2021 - 30 June 2022**, please provide where applicable the total number of discharged patients:
(*If not applicable write n/a*)

	Total
The total number of discharged patients	
The total number of discharged patients who stayed in your ED (excluding SSU or equivalent) for **no more than four (≤4) hours**.	
The total number of discharged patients who stayed in your ED (excluding SSU or equivalent) for **no more than eight (≤8) hours**.	
The total number of discharged patients who stayed in your ED (excluding SSU or equivalent) for **no more than twelve (≤12) hours**.	

6.2.3 Patients needing to be admitted to a SSU (or equivalent) for observation

For the period **1 July 2021 - 30 June 2022**, please provide where applicable the total number of patients needing to be admitted to a SSU (or equivalent) for observation:
(*If not applicable write n/a*)

	Total
The total number of patients needing to be admitted to a SSU (or equivalent) for observation	
The total number of patients needing to be admitted to a SSU who stayed in your ED for **no more than four (≤4) hours**.	
The total number of patients needing to be admitted to a SSU who stayed in your ED for **no more than eight (≤8) hours**.	
The total number of patients needing to be admitted to a SSU who stayed in your ED for **no more than twelve (≤12) hours**.	

6.3 Ambulance bypass and handover

For the period **1 July 2021- 30 June 2022**, was your ED ever on ambulance bypass or diversion?

☐ No

☐ Yes

[If yes] Please provide the total number of hours of ambulance bypass/ diversion for your ED: _____

For the period **1 July 2021- 30 June 2022**, were there instances where ambulances waited more than 30 minutes to complete the handover to your ED?

☐ No

☐ Yes

[If yes] Please provide the total number of instances ambulances waited more than 30 minutes to complete the handover: _____

If you have any feedback relating to ambulance bypass/ diversion and handover in your ED, please outline them below:

7. Cultural Capabilities

According to the Australian Institute of Health and Welfare: Under-identification of Indigenous people in national health data sets is an ongoing challenge.

Please consider if the standard Indigenous status question is appropriately asked of all patients attending your ED and rate the quality of Indigenous status data collected in your ED using the scale provided:

	Poor	Fair	Good	Very Good	Excellent
The quality of the data	☐	☐	☐	☐	☐

If you have any comments on Indigenous presentations to your ED or the quality of the Indigenous status data captured by your ED, please provide them here:

Does your hospital have a dedicated Indigenous Health Unit?

- ☐ No
- ☐ Yes

Does your ED have an Indigenous Health Liaison Officer or equivalent (*please select all that apply*)?

- ☐ Employed by your ED
- ☐ Employed by your hospital and available in your ED
- ☐ Employed off-site but available to your ED
- ☐ My ED does not have access to an Indigenous Health Liaison Officer

If you have access to an Indigenous Health Liaison Officer or equivalent in your ED:
What is the availability of the Indigenous Health Liaison Officer(s) or equivalent in your ED:
(please select all that apply)

		Day	Evening	Night
On site	Monday to Friday	☐	☐	☐
	Saturday and Sunday	☐	☐	☐
Off site or on call	Monday to Friday	☐	☐	☐
	Saturday and Sunday	☐	☐	☐
Other, please specify:				

If you have access to an Indigenous Health Liaison Officer or equivalent in your ED:
What percentage of Indigenous patients see an Indigenous Health Liaison Officer (or equivalent) in your ED?

- ☐ Over 75%
- ☐ 50% - <75%
- ☐ 25% - <50%
- ☐ Less than 25%
- ☐ Don't know/ Unsure

Does your ED have any other Indigenous health or support workers (e.g. Peer Support Workers, Aboriginal Access Workers, Waiting Room Greeters, Patient Experience Officers) who operate in the ED or waiting room to support your Indigenous patients and carers?

- ☐ No
- ☐ Yes **[If yes]** Is it/ are they an identified position?
  - ☐ No
  - ☐ Yes

  Please describe what this/these role(s) are and how they operate in your ED or waiting room:

Please describe any other activities or initiatives that focus on cultural safety for Indigenous patients and carers in your ED:

8. Workplace Health and Safety

Safe Work Australia defines ***Occupational aggression or violence*** *as any incident in which 'a person is abused, threatened or assaulted in the circumstances arising out of or in the course of their work'.*

Has there been an incidence of occupational aggression or violence in your ED in the last month?

- ☐ No
- ☐ Yes [If yes] Was the most recent incident reported through your hospital's internal processes or risk management system?
  - ☐ Yes
  - ☐ No

Does your ED have a program or process in place to prevent and manage occupational aggression or violence?

- ☐ Yes
- ☐ No

Please provide any suggestions and/or practical measures that your ED has undertaken to improve staff safety in relation to occupational aggression or violence:

9. ED Resources

9.1 Beds and chairs

Please provide the number of beds and chairs within treatment spaces for clinical use, where applicable, for the following areas:
If zero, please indicate '0'.

	Adult/ Mixed ED		Paediatric ED	
	Beds	**Chairs**	**Beds**	**Chairs**
Resuscitation				
Emergency/ Acute				
Short Stay Unit (or equivalent)				
Low Acuity / Sub-Acute / Fast-track				
ED Mental Health Assessment (includes Behavioural Assessment Unit, Safe Assessment Room)				

9.2 Other treatment spaces

Does your ED have any other treatment spaces not covered in the table above?

☐ No

☐ Yes [If yes] Please provide more detail:

10. Other Hospital Services

10.1 Cardiac Catheter Lab

Do you have an on-site Cardiac Catheter Lab for urgent PCI in STEMI?

☐ Yes

☐ No

10.2 Major Trauma Service

How many major trauma cases with an ISS>12 did your hospital treat in the 2021-22 financial year?

_____

Is your hospital designated as a Major Trauma Service?

☐ Yes

☐ No

10.3 Speciality Services

Please select all of the speciality services you have on-site or on-site *and* accredited for training:

	On-site	On-site and accredited for training
Anaesthetics	☐	☐
Cardiac surgery	☐	☐
Cardiology	☐	☐
Dental	☐	☐
Dermatology	☐	☐
Drug and Alcohol	☐	☐
Developmental Paediatrics	☐	☐
Endocrinology	☐	☐
Ear, Nose and Throat (ENT)	☐	☐
Facio-maxillary	☐	☐
Gastroenterology	☐	☐
General medicine	☐	☐
General surgery	☐	☐
Geriatrics	☐	☐
Gynaecology	☐	☐
Haematology	☐	☐
Hyperbaric Medicine	☐	☐
Immunology	☐	☐

	On-site	On-site and accredited for training
Infectious disease	☐	☐
Intensive Care	☐	☐
Metabolic/ Genetic	☐	☐
Neonatology	☐	☐
Neurology	☐	☐
Neurosurgery	☐	☐
Obstetrics	☐	☐
Oncology	☐	☐
Opthalmology	☐	☐
Orthopaedics	☐	☐
Paediatrics	☐	☐
Paediatric ENT	☐	☐
Paediatric Gastroenterology	☐	☐
Paediatric Intensive Care	☐	☐
Paediatric Orthopaedics	☐	☐
Paediatric Surgery	☐	☐
Paediatric Thoracic	☐	☐
Palliative Care	☐	☐
Plastic surgery	☐	☐
Psychiatry	☐	☐
Radiology/ Medical Imaging (excluding interventional radiology and ultrasound)	☐	☐
Radiation Oncology	☐	☐
Rehabilitation Medicine	☐	☐
Renal	☐	☐
Respiratory	☐	☐
Rheumatology	☐	☐
Thoracic	☐	☐
Toxicology	☐	☐
Transplant	☐	☐
Trauma	☐	☐
Urology	☐	☐
Vascular Surgery	☐	☐

Total number of speciality services you have on-site: _____

Total number of on-site speciality services accredited for training: _____

Please outline any other on-site speciality services (not listed in the above table) and if they are accredited for training below:

This is the end of the Census, please save it and email it to the Research Unit at:

Research-Evaluation@acem.org.au