Australasian College for Emergency Medicine

EMERGENCY

Report
August 2023

2022 Annual Site Census Part Two:
Emergency department resources and services

2022 Annual Site Census
Part two: Emergency department resources and services

Key findings

The Australasian College for Emergency Medicine's 2022 Annual Site Census was distributed to all 148 ACEM-accredited emergency departments (EDs); with 147 participating. Part two of the report focuses on ED resources, ED/ hospital services, and workplace safety.

All 147 EDs in Australia and Aotearoa reported having resuscitation and emergency or acute treatment spaces.

A higher percentage of Australian EDs (75.8%) than Aotearoa EDs (63.2%) reported having **mental health treatment spaces**.

Between 2016 and 2023, Aotearoa saw a **4.1% decrease** in the average number of beds or chairs across all ED treatment spaces, while Australia saw a **15.6% increase**.

21.9% of Australian EDs and 47.4% of Aotearoa EDs were designated as a **Major Trauma Service**.

52.3% of Australian EDs and 52.6% of Aotearoa EDs reported having an **on-site Cardiac Catheter Laboratory** available for urgent Percutaneous Coronary Intervention for ST-Elevation Myocardial Infarction.

Australian hospitals reported an average of **26** on-site speciality services compared with an average of **28** in Aotearoa hospitals.

127 (86.4%) of 147 ACEM-accredited EDs reported an incidence of **occupational aggression or violence** in the past month of the Census; 87.5% of Australian EDs compared with 78.9% of Aotearoa EDs.

122 (96.1%) of 127 EDs reported the incidence of occupational aggression or violence in their hospital internal processes or risk management system.

Australian EDs were more likely than the Aotearoa EDs (93.0% vs. 68.4%) to report having a program or process in place to **prevent and manage** occupational violence.

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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 148 ACEM-accredited emergency departments (EDs). The Census collected comprehensive data on ED staffing, ED activity and casemix, ED resources, and broader hospital services. This is part two of the report, focusing on findings relating to ED resources, broader hospital services, and workplace safety.

1.2   Summary of Findings

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

1.2.1   ED Resources

- All 147 responding EDs reported having resuscitation and adult and/or paediatric emergency/acute treatment spaces. While all but four EDs had low acuity, sub-acute or fast track treatment spaces, 130 (88.4%) had a short stay unit (or equivalent).
- Three-quarters (75.8%) of Australian EDs compared with less than two-thirds (63.2%) of Aotearoa EDs reported having ED mental health assessment spaces.
- Private and Small/ medium regional EDs in Australia had the lowest average number of each treatment space compared with other peer groups. Metropolitan EDs in Aotearoa reported nearly twice the average number of individual treatment spaces compared with Regional EDs.
- Aotearoa saw the largest overall percentage decrease in the average number of ED beds or chairs, over a six-year period (between 2016 and 2022), compared with all Australian regions.
- Australian EDs had, on average, a lower ratio of attendances to beds or chairs (1152 attendances per bed/ chair), compared with Aotearoa EDs (1242 attendances per bed/ chair).
- Small/medium regional EDs in Australia and Regional EDs in Aotearoa reported the highest number of attendances per ED bed/ chair, with 1310 and 1376 attendances per ED bed/ chair, respectively.

1.2.2   ED and/or Hospital Designated Staff and Services

- Comparable proportions of Australian EDs (n= 65/128, 50.8%) and Aotearoa EDs (n= 10/19, 52.6%) reported having a designated ACEM Director of Emergency Medicine Research.
- Less than one-quarter of accredited Australian EDs (21.9%) and under half of Aotearoa EDs (47.4%) were designated as a Major Trauma Service.
- Overall, 52.4% of EDs reported having an on-site Cardiac Catheter Laboratory available for urgent Percutaneous Coronary Intervention for ST-Elevation Myocardial Infarction, with comparable proportions in Australian (52.3%) and Aotearoa (52.6%) EDs.
- Australian hospitals reported an average of 26 on-site speciality services compared with an average of 28 in Aotearoa hospitals, consistent with the findings in the 2020 Census.
- Similar to the 2020 Census, the average number of onsite-speciality services that were accredited for training remained the same at 19 in Australian hospitals and 20 in Aotearoa hospitals.

1.2.3   Workplace Safety

- 127 (86.4%) of 147 of ACEM-accredited EDs reported an incidence of occupational aggression or violence in the past month; a higher proportion in Australian EDs compared with Aotearoa EDs (87.5% vs. 78.9%).
- All but five EDs with an incidence of occupational aggression or violence reported the incident through their hospital internal processes or risk management system.
- All Major EDs reported having incidence of occupational violence in the last month, whilst the Private, Specialist and Medium metropolitan EDs were less likely to report this.
- Australian EDs were more likely than the Aotearoa EDs (93.0% vs. 68.4%) to report having a program or process in place to prevent and manage occupational violence. All sites in Victoria, Western Australia and the Northern Territory had this program in place.

2.   Purpose and Scope

This report aims to provide the findings from ACEM's Annual Site Census, specifically on the sections relating to ED resources, broader hospital services, and workplace safety. The Census is distributed annually to all Australian and Aotearoa EDs accredited by ACEM, with the findings used to monitor the resources and services provision of the accredited sites, as well as provide an evidence base for ACEM policy and advocacy activities relating to ED workforce and functioning.

3.   Methodology

The Census is a mandatory activity for ACEM-accredited EDs, and it was distributed via customised email to all DEMs and DEMTs at 148 ACEM's accredited EDs in Australia and Aotearoa. The first invitation was sent in September 2022, and the follow-up for missing/ incomplete data concluded in March 2023.

The 2022 Census contained questions on ED staffing and rostering, casemix and time measure performance, resources, and ED or broader hospital services. For more-detailed methodology, see part one of the report (ACEM, 2023). Refer to Appendix 1 for the survey tool.

4.   Results

This section presents the 2022 Annual Site Census findings and focuses on ED treatment spaces, ED and hospital services, access to research staff, and exposure to occupational aggression and violence.

4.1   Profile of Participating EDs

Of the 148 ACEM-accredited EDs at the time of the Census, 147 (128 in Australia and 19 in Aotearoa) completed the 2022 Census. Table 1 displays the breakdown of responding EDs by region in Australia and Aotearoa, and further breakdown 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 Resources

4.2.1   ED Treatment Spaces

All EDs reported having resuscitation treatment spaces and adult and/or paediatric emergency or acute spaces (Table 2). However, not all accredited EDs in Australia reported having low acuity, sub-acute, or fast track spaces (n= 124/128, 96.9%). Likewise, not all EDs reported the availabiltiy of a short-stay unit (SSU) or equivalent treatment space (n= 116/128, 90.6% in Australia and n= 14/19, 73.7% in Aotearoa, respectively). Three-quarters of accredited EDs in Australia (n= 97/128, 75.8%) reported having a mental health assessment space, an increase compared to the 2021 Census (n= 90/128, 70.3%). Less than two-thirds (n= 12/19, 63.2%) of Aotearoa EDs reported having a mental health assessment space, which remained unchanged from 2021.

Overall, the average number of beds/chairs available for individual treatment spaces in Australian and Aotearoa EDs remained relatively comparable with the 2021 Census, with an increase of less than one, on average, for each treatment space. A slightly higher increase was seen for the adult and/ or paediatric emergency/ acute beds/chairs (average 23.6), up from an average of 22.5 in the 2021 Census. The increase was primarily driven by an increase in South Australian (SA) EDs (up from an average of 33.3 to 41.0 beds/ chairs), as well as an increase in Aotearoa EDs (up from an average of 23.4 to 25.2 beds/chairs).

Table 2 EDs with specific treatment spaces and average number of beds or chairs available within each treatment space, by region.

Region	Resuscitation		Adult and/or Paediatric Emergency/ Acute		Low acuity/ sub-acute/ fast-track		SSU (or equivalent)		ED mental health assessment	
	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)
Australia	128	3.7	128	23.6	124	10.3	116	12.3	97	2.2
		(1.0 – 15.0)		(4.0 - 94.0)		(2.0 - 34.0)		(2.0 - 32.0)		(1.0 - 10.0)
NSW	41	3.3	41	22.4	41	12.0	35	9.4	33	1.8
		(1.0 - 9.0)		(6.0 - 56.0)		(4.0 - 34.0)		(2.0 - 20.0)		(1.0 - 6.0)
VIC	30	3.8	30	23.1	28	8.7	29	15.1	23	2.7
		(1.0 - 9.0)		(4.0 - 47.0)		(2.0 - 19.0)		(4.0 - 32.0)		(1.0 - 10.0)
QLD	30	3.9	30	23.0	28	9.4	27	13.9	19	2.5
		(1.0 - 14.0)		(6.0 - 41.0)		(2.0 - 25.0)		(2.0 - 27.0)		(1.0 - 9.0)
WA	12	4.5	12	21.4	12	11.3	11	12.4	9	2.2
		(1.0 - 15.0)		(9.0 - 46.0)		(4.0 - 25.0)		(4.0 - 23.0)		(1.0 - 6.0)
SA	7	4.3	7	41.0	7	10.0	6	9.7	5	2.4
		(2.0 - 8.0)		(20.0 - 94.0)		(2.0 - 18.0)		(5.0 - 14.0)		(1.0 - 6.0)
TAS	3	3.0	3	20.0	3	9.3	3	10.7	3	1.3
		(2.0 - 4.0)		(13.0 - 25.0)		(4.0 - 19.0)		(4.0 - 20.0)		(1.0 - 2.0)
ACT	2	4.0	2	28.5	2	12.5	2	15.5	2	2.5
		(3.0 - 5.0)		(19.0 - 38.0)		(12.0 - 13.0)		(12.0 - 19.0)		(1.0 - 4.0)
NT	3	2.3	3	19.7	3	6.3	3	10.7	3	2.0
		(2.0 - 3.0)		(14.0 - 27.0)		(6.0 - 7.0)		(8.0 - 12.0)		(1.0 - 4.0)
Aotearoa	19	3.6	19	25.2	19	8.1	14	8.4	12	1.5
		(2.0 - 6.0)		(7.0 - 64.0)		(1.0 - 20.0)		(2.0 - 36.0)		(1.0 - 3.0)
Total	147	3.7	147	23.8	143	10.0	130	11.9	109	2.1
		(1.0 - 15.0)		(4.0 - 94.0)		(1.0 - 34.0)		(2.0 - 36.0)		(1.0 - 10.0)

Note: ED mental health assessment spaces include behavioral assessment unit and/or safe assessment room.

Table 3 reports specific ED treatment spaces and the average number of beds/ chairs available within these treatment spaces by hospital peer group. In Australia, Major and Specialist EDs generally reported the highest average number of individual treatment spaces, followed by Large metropolitan EDs. In contrast, Private and Small/ medium regional EDs had the lowest average number of each treatment space

compared with other peer groups. Likewise, Metropolitan EDs in Aotearoa reported nearly twice the average number of individual treatment spaces compared with Regional EDs.

Only one of ten Private EDs reported having ED mental health assessment beds/chairs, and Private EDs were less likely to report having a SSU. Over one-third (n= 3/8, 37.5%) of Aotearoa Regional EDs reported having a mental health assessment space in their ED compared to 88.2% (n= 30/34) of Regional EDs in Australia.

Table 3 EDs with specific treatment spaces and average number of beds or chairs available within each treatment space, by hospital peer group.

Hospital peer group	**Resuscitation**		**Adult and/or Paediatric Emergency/ Acute**		**Low acuity/sub-acute/fast-track**		**SSU (or equivalent)**		**ED mental health assessment**	
	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)	n	mean (range)
Australia										
Major	31	5.9	31	31.5	31	14.2	31	16.2	25	3.0
		(2.0 - 15.0)		(14.0 - 56.0)		(6.0 - 26.0)		(5.0 - 32.0)		(1.0 - 8.0)
Large metropolitan	31	3.5	31	25.6	31	10.7	30	14.0	22	2.6
		(1.0 - 7.0)		(6.0 - 47.0)		(2.0 - 25.0)		(4.0 - 32.0)		(1.0 - 10.0)
Medium metropolitan	16	2.8	16	18.1	15	7.7	15	11.1	13	1.4
		(1.0 - 6.0)		(8.0 - 32.0)		(4.0 - 13.0)		(4.0 - 24.0)		(1.0 - 3.0)
Large regional	24	3.1	24	18.8	24	8.2	23	9.5	22	1.8
		(2.0 - 6.0)		(7.0 - 32.0)		(4.0 - 16.0)		(2.0 - 20.0)		(1.0 - 4.0)
Small/medium regional	10	2.5	10	10.1	10	6.1	8	6.4	8	1.3
		(2.0 - 5.0)		(4.0 - 18.0)		(2.0 - 20.0)		(3.0 - 10.0)		(1.0 - 2.0)
Private	10	1.5	10	17.7	7	5.4	5	3.6	1	1.0
		(1.0 - 2.0)		(6.0 - 41.0)		(3.0 - 8.0)		(2.0 - 4.0)		-
Specialist	6	4.0	6	39.0	6	16.0	4	14.3	6	2.0
		(2.0 - 5.0)		(22.0 - 94.0)		(8.0 - 34.0)		(8.0 - 20.0)		(1.0 - 6.0)
Aotearoa										
Metropolitan	11	4.1	11	33.3	11	9.6	8	10.8	9	1.7
		(2.0 - 6.0)		(12.0 - 64.0)		(3.0 - 20.0)		(2.0 - 36.0)		(1.0 - 3.0)
Regional	8	2.9	8	14.1	8	6.0	6	5.2	3	1.0
		(2.0 - 5.0)		(7.0 - 20.0)		(1.0 - 13.0)		(4.0 - 6.0)		(1.0 - 1.0)

Note: ED mental health assessment spaces include behavioral assessment unit and/or safe assessment room.

The percentage change in the average number of beds or chairs available within specific treatment spaces between 2016 and 2022, is displayed by country in Figure 1 and by region in Table 4. Accredited EDs in Aotearoa have reported an overall percentage decrease (-4.1%) in the average number of beds or chairs available and across all reported treatment spaces, except for emergency/acute beds or chairs, compared with what was reported in the 2016 Census. The Australian EDs on the other hand, reported an overall increase across all types of treatment spaces (Figure 1 and Table 4).
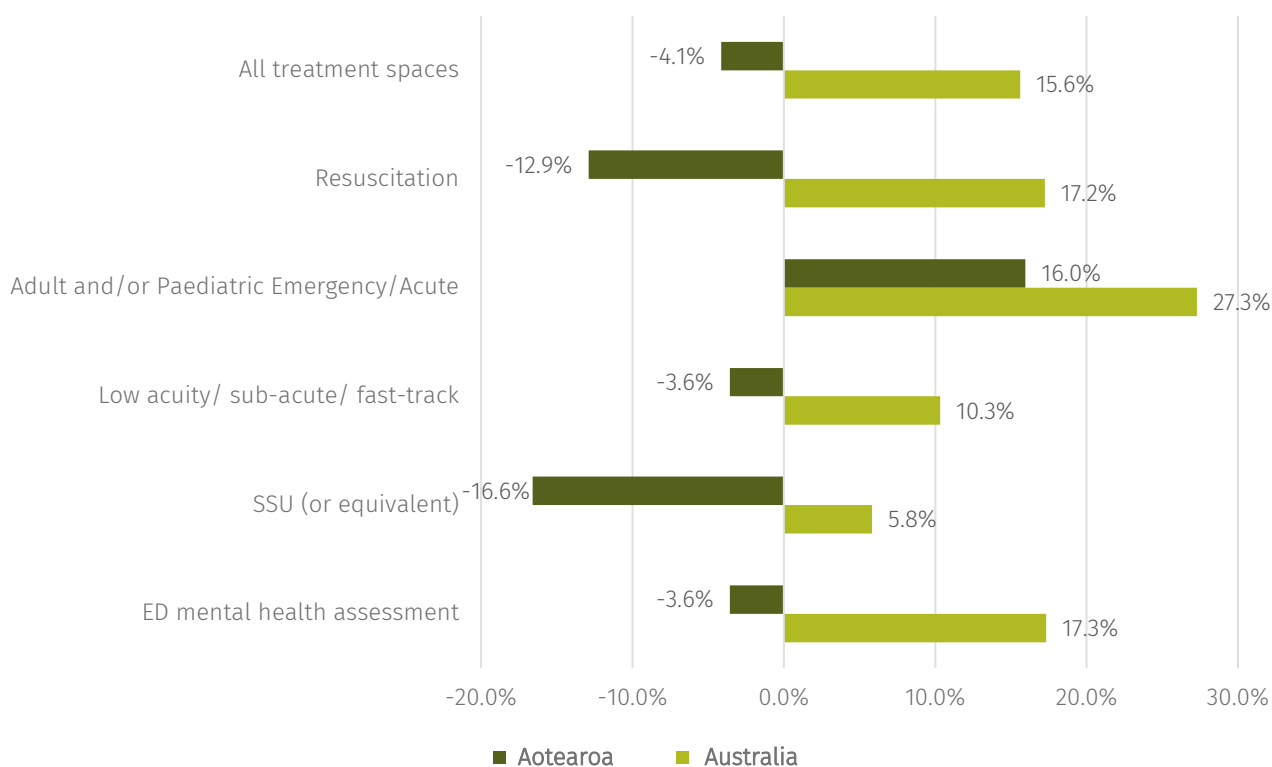
Figure 1 Percentage change in the average number of beds or chairs available within specific treatment spaces between 2016 and 2022, by country.

Indeed, Aotearoa saw the largest overall percentage decrease in the average number of beds or chairs, over a six-year period, compared with all other Australian regions. The highest percentage increase in average beds/ chairs available across treatment spaces was observed in SA, particularly for adult and/or paediatric emergency or acute spaces (+102.5%) and resuscitation (+91.1%). Victorian (VIC) EDs also saw a larger increase in their low acuity/ subacute/ fast-track beds or chairs (+23.7%) and ED mental health assessment space beds/ chairs (+53.0%), compared with EDs in other regions. On the contrary, Tasmanian (TAS) EDs saw the largest decrease in the average number of ED mental health assessment treatment space beds/ chairs (-35.0%). EDs in the Northern Territory (NT) also saw percentage decreases in the average number of beds/ chairs across most treatment spaces, except for SSUs (or equivalent) and mental health assessment spaces.

Table 4 Percentage change in the average number of beds or chairs available within specific treatment spaces from 2016 to 2022, by region.

Region	Resuscitation %	Adult and/or Paediatric Emergency/ Acute %	Low acuity/sub-acute/fast-track %	SSU (or equivalent) %	ED mental health assessment %	Average across treatment spaces %
Australia	17.2%	27.3%	10.3%	5.8%	17.3%	15.6%
NSW	26.2%	23.9%	12.8%	7.2%	24.6%	18.9%
VIC	15.7%	17.6%	23.7%	9.4%	53.0%	23.9%
QLD	12.0%	31.3%	9.4%	-2.3%	-9.6%	8.2%
WA	-2.5%	29.4%	-5.2%	10.7%	20.0%	10.5%
SA	91.1%	102.5%	6.7%	2.1%	52.7%	51.0%
TAS	0.0%	0.0%	11.6%	7.0%	-35.0%	-3.3%
ACT	60.0%	29.5%	19.0%	34.8%	0.0%	28.7%
NT	-8.0%	-25.7%	-33.7%	33.8%	33.3%	-0.1%
Aotearoa	-12.9%	16.0%	-3.6%	-16.6%	-3.6%	-4.1%
Total	13.4%	26.0%	8.3%	4.1%	14.0%	13.2%

Note: The largest increase and decrease are highlighted for each treatment space in the Australian regions.

The total number of beds/ chairs and the change in the ratio of beds/chairs to patient attendances are presented by region in Table 5. Overall, Australian EDs had a lower number of attendances to beds or chairs (1152 attendances per bed/ chair), compared with Aotearoa EDs (1242 attendances per bed/ chair). In Australia, Western Australia (WA) had the highest ratio (1293 attendances per bed/ chair), which remained consistent with the 2016 Census findings. Aligning with the earlier findings on the increase in beds/ chairs SA saw the largest decrease in the number of patient attendances per bed/ chair between 2016 and 2022. There has been a noticeable change (+52.6%) in the ratio for EDs in the Australian Capital Territory (ACT), from the smallest number of 740 patient attendances per bed/chair in 2016, increasing to 1129 attendances per bed/chair in 2022.

Table 5 The ratio of ED beds/ chairs across all reported treatment spaces to total ED attendance, by region.

| | 2016 | | 2022 | | % Change: |
| | Number of beds/ chairs | Ratio of ED beds/ chairs: attendances | Number of beds/ chairs | Ratio of ED beds/ chairs: attendances | Ratio of attendances per bed/ chair |
Region	n		n		%
Australia	5075	1:1236	6420	1:1152	-6.8%
NSW	1524	1:1257	1935	1:1150	-8.5%
VIC	1214	1:1176	1549	1:1075	-8.6%
QLD	1159	1:1257	1494	1:1228	-2.3%
WA	553	1:1316	603	1:1293	-1.7%
SA	323	1:1285	457	1:991	-22.9%
TAS	108	1:1215	133	1:1093	-10.0%
ACT	98	1:740	126	1:1129	52.6%
NT	96	1:1173	123	1:1100	-6.2%
Aotearoa	669	1:1268	836	1:1242	-2.1%
Total	5744	1:1239	7256	1:1164	-6.1%

Note: smallest and greatest ratios and largest percentage increase and decrease are highlighted for Australian EDs.

Table 6 presents the ratio of ED beds/ chairs across all ED treatment spaces to total ED attendances, by hospital peer group. In Australia, the smallest number of attendances per bed/ chair were reported in Private EDs, consistent with the 2016 Census. However the number of patient attendances per bed/chair increased from 911 attendances per bed/chair to 937 attendances per bed/chair (+2.9%) in Private EDs. On the contrary, Small/medium regional EDs in Australia and Regional EDs in Aotearoa reported the highest number of attendances per ED bed/ chair, with 1310 and 1376 attendances per ED bed/ chair, respectively. Regional EDs in Aotearoa also saw the largest increase in the number of of attendances per bed/chair between 2016 and 2022.

Table 6 The ratio of ED beds/ chairs across all reported treatment spaces to total ED attendance, by hospital peer group.

| | 2016 | | 2022 | | % Change |
Hospital peer group	Number of beds/ chairs	Ratio of ED beds/ chairs: attendances	Number of beds/ chairs	Ratio of ED beds/ chairs: attendances	Ratio of attendances per bed/ chair
	n		n		
Australia					
Major	1970	1:1234	2178	1:1141	-7.5%
Large metropolitan	1584	1:1350	1710	1:1206	-10.7%
Medium metropolitan	651	1:1120	633	1:1187	+6.0%
Large regional	853	1:1195	979	1:1180	–1.3%
Small/medium regional	223	1:1401	248	1:1310	-6.5%
Private	283	1:911	249	1:937	+2.9%
Specialist	269	1:1307	423	1:1023	-21.7%
Aotearoa					
Metropolitan	522	1:1313	618	1:1162	-11.5%
Regional	147	1:1180	218	1:1376	+16.6%

Note: The smallest and greatest ratios and largest increase and decrease are highlighted for Australian EDs; greatest ratio and largest increase are highlighted for Aotearoa EDs.

Sites were asked to provide further details on other treatment spaces not specified in the Census. Almost two-thirds (n= 94, 63.9%) of ACEM-accredited sites reported the availability of other types of treatment spaces. The most frequently mentioned treatment spaces in the ED included procedure room (n=24), eye room/ ophthalmology procedure room (n=20), triage/ rapid assessment room (n=19), plaster room (n=13), isolation/ negative pressure room (n=10), ear/nose/throat (ENT) exam room (n=7), ambulance offload area (n=7), designated COVID-19 treatment area (n=7), and a dedicated mental health space (n=2).

4.3 ED and/or Hospital Designated Staff and Services

4.3.1 Designated Research Position

EDs were asked to provide details of staff with a designated research position. The percentage of EDs that reported having a Director of EM Research (DEMR) and the full-time equivalent (FTE) allocated to clinical support time to do the role is presented, as well as the availability of an ED research coordinator, by region (Table 7) and hospital peer group (Table 8). Half of Australian EDs (n= 65/128, 50.8%) reported the availability of a designated DEMR, decreasing from 55.5% (n=71) of EDs in the 2021 Census. The number of Aotearoa EDs (n= 10/19, 52.6%) that reported having a designated DEMR remained unchanged from 2021. The mean FTE allocated for this role widely varied, ranging between 0.2 and 1.5 FTE in Australian EDs, and between 0.5 to 1.0 FTE in Aotearoa EDs. There were generally larger percentages of EDs that reported having an ED research coordinator than a DEMR across jurisdictions, except for SA and the NT.

Table 7: Percentage of EDs reported having designated research position, including the FTE of the Director of EM Research, by region

Region	Director of EM Research			ED Research Coordinator	
	n	%	Mean FTE (range)	n	%
Australia	65	50.8%	0.8 (0.2 – 1.5)	76	59.4%
NSW	19	46.3%	0.8 (0.5 – 1.5)	24	58.5%
VIC	17	56.7%	0.8 (0.2 – 1.0)	17	56.7%
QLD	14	46.7%	0.8 (0.3 – 1.0)	19	63.3%
WA	6	50.0%	0.6 (0.5 – 0.8)	9	75.0%
SA	4	57.1%	0.7 (0.5 – 1.0)	3	42.9%
TAS	1	33.3%	1.0 -	1	33.3%
ACT	1	50.0%	0.9 -	1	50.0%
NT	3	100%	1.0 -	2	66.7%
Aotearoa	10	52.6%	0.9 (0.5 – 1.0)	15	78.9%
Total	75	51.0%	0.8 (0.2 – 1.5)	91	61.9%

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

Not surprisingly, Major EDs (93.6%) in Australia were most likely to report having a designated DEMR, followed by Specialist EDs (66.7%). Likewise, Metropolitan EDs (63.6%) in Aotearoa were also more likely than Regional EDs (37.5%) to report the availability of a DEMR. The mean FTE allocated to the research role was comparable across all hospital peer groups.

Table 8: Percentage of EDs with designated research position, , including the FTE of the Director of EM Research, by hospital peer group

Region	Director of EM Research			ED Research Coordinator	
	n	%	Mean FTE (range)	n	%
Australia					
Major	29	93.6%	0.8 (0.3 – 1.5)	21	67.7%
Large metropolitan	15	48.4%	0.7 (0.2 – 1.0)	19	61.3%
Medium metropolitan	2	12.5%	1.0 -	7	43.8%
Large regional	10	41.7%	0.8 (0.5 – 1.0)	12	38.7%
Small/medium regional	3	30.0%	0.9 (0.6 – 1.0)	6	60.0%
Private	2	20.0%	0.7 (0.5 – 0.8)	6	60.0%
Specialist	4	66.7%	0.9 (0.6 – 1.0)	6	100%
Aotearoa					
Metropolitan	7	63.6%	0.9 (0.5 – 1.0)	9	81.8%
Regional	3	37.5%	1.0 -	6	75.0%

4.3.2   Other Hospital Services

This section presents data on the availability of an on-site Cardiac Catheter Laboratory for urgent Percutaneous Coronary Intervention (PCI) for ST-Elevation Myocardial Infarction (STEMI), and if the hospital was designated as a Major Trauma Service. Sites were also asked to select which speciality services were available onsite and if the onsite services were accredited for training.

With respect to Cardiac Catheter Laboratories providing urgent PCI for STEMI, approximately half of Australian (n= 67, 52.3%) and Aotearoa EDs (n= 10, 52.6%) had this available on-site.

A larger proportion of Aotearoa EDs (n= 9, 47.4%) reported their hospital was designated as a Major Trauma Service, compared with Australian EDs (n= 28, 21.9%) (Table 9). However, the mean number of major trauma cases treated with an injury severity score (ISS) greater than 12 in Aotearoa EDs was relatively lower compared with the Australian EDs (150 vs. 358).

Consistent with the findings in the 2021 Census, WA (n= 2, 18.2%), Queensland (n= 5, 16.7%) and VIC (n= 3, 10.0%) were jurisdictions with the lowest percentage of hospitals being designated as a Major Trauma Service.

Table 9 The percentage of hospitals with an on-site Cardiac Catheter Laboratory, the percentage designated as a Major Trauma Service, and the average number of major trauma cases treated with an injury severity score (ISS) of greater than 12, by region.

Region	On-site Cardiac Catheter Lab for urgent PCI for STEMI %	Designated as Major Trauma Service %	Major trauma cases treated with an ISS>12* mean (range)
Australia	52.3%	21.9%	358.5 (56 – 1469)
NSW	61.0%	29.3%	146.0 (8 - 594)
VIC	53.3%	10.0%	238.5 (2 - 1469)
QLD	40.0%	16.7%	236.9 (1 - 520)
WA	50.0%	18.2%	321.3 (44 - 1103)
SA	57.1%	42.9%	178.8 (8 - 489)
TAS	66.7%	33.3%	227
ACT	50.0%	50.0%	-
NT	33.3%	33.3%	170
Aotearoa	52.6%	47.4%	150.2 (30 - 417)
Total	52.4%	25.2%	190.9 (1 - 1469)

Note: ISS = injury severity score, * major trauma cases presenting to EDs during the period 1 July 2021 to 30 June 2022. Where no mean or range is provided, *n* ≤ 1. One ACT ED and one NSW ED that were a designated Major Trauma Service did not provide the number of trauma cases.

In Australia, on-site Cardiac Catheter Laboratories for urgent PCI for STEMI were available in all Major and a larger percentage (70.0%) of Private hospitals, compared with the other hospital peer groups (Table 10). While half of the Large metropolitan hospitals (50.0%) reported having on-site Cardiac Catheter Laboratories, this was only available in 18.8% of Medium metropolitan hospitals. Likewise, only one in every ten Small/medium regional hospitals reported having on-site Cardiac Catheter Laboratories, compared with 45.8% of Large regional hospitals. In Aotearoa, nine of 11 Metropolitan hospitals compared with none of the Regional hospitals reported having on-site Cardiac Catheter Laboratories.

In Australia, all of the Specialist hospitals compared with less than two-thirds of Major hospitals (n= 19, 61.3%) were designated as Major Trauma Services. While in Aotearoa, Metropolitan hospitals (n= 7, 63.6%) were more likely than Regional hospitals (n= 2, 25.0%) to be designated as Major Trauma Services.

Major hospitals in Australia and Metropolitan hospitals in Aotearoa reported the highest mean number of major trauma cases treated with an ISS of more than 12 in the previous financial year, at 414 and 210, respectively (Table 10). Despite none of the Large metropolitan hospitals in Australia being designed as a Major Trauma Service, there were an average of 58 major trauma cases being treated with an ISS>12.

Table 10 The percentage of hospitals with an on-site Cardiac Catheter Laboratory, the percentage designated as a Major Trauma Service, and the average number of major trauma cases treated with an injury severity score (ISS) of greater than 12, by hospital peer group.

Hospital peer group	On-site Cardiac Catheter Lab for urgent PCI for STEMI %	Designated as Major Trauma Service %	Major trauma cases treated with an ISS>12* mean (range)
Australia			
Major	100%	61.3%	413.7 (9 - 1469)
Large metropolitan	50.0%	0%	58.3 (2 - 134)
Medium metropolitan	18.8%	0%	21.0 (8 - 34)
Large regional	45.8%	12.5%	77.9 (31 - 111)
Small/ medium regional	10.0%	0%	25.7 (7 - 50)
Private	70.0%	0%	1
Specialist	0%	100%	87.5 (56 - 121)
Aotearoa			
Metropolitan	81.8%	63.6%	209.6 (42 - 417)
Regional	0%	25.0%	61.2 (30 – 105)

Note: ISS = injury severity score, * major trauma cases presenting to EDs during the period 1 July 2021 to 30 June 2022. Where no mean or range is provided, *n* ≤ 1.

The average number of speciality services available on-site across hospitals and the average number of these speciality services accredited for training are presented in Table 11 by region and Table 12 by hospital peer group. Consistent with the findings from the 2020 Census (as these questions are included in the Census every two years), Australian hospitals reported an average of 26 on-site speciality services compared with an average of 28 in Aotearoa hospitals. Similarly, the average number of onsite-speciality services that were accredited for training remained the same at 19 in Australian hospitals and 20 in Aotearoa hospitals, when compared with the 2020 Census.

Table 11 Average number of speciality services available on-site and average number of these accredited for training, by region

		On-site			On-site and accredited for training	
Region	n	mean	(range)	n	mean	(range)
Australia	128	25.8	(2.0 – 45.0)	123	19.2	(1.0 – 45.0)
NSW	41	27.0	(3.0 – 44.0)	39	20.8	(2.0 – 44.0)
VIC	30	26.3	(2.0 – 42.0)	29	18.4	(1.0 – 38.0)
QLD	30	24.0	(6.0 – 43.0)	29	17.1	(1.0 – 41.0)
WA	12	24.9	(9.0 – 43.0)	11	16.4	(3.0 – 31.0)
SA	7	22.4	(3.0 – 37.0)	7	22.1	(3.0 – 36.0)
TAS	3	31.3	(20.0 – 43.0)	3	22.0	(9.0 – 41.0)
ACT	2	33.5	(22.0 – 45.0)	2	30.5	(16.0 – 45.0)
NT	3	24.3	(5.0 – 43.0)	3	17.0	(4.0 – 30.0)
Aotearoa	19	27.8	(9.0 – 45.0)	19	20.1	(3.0 – 45.0)
Total	147	26.1	(2.0 – 45.0)	142	19.3	(1.0 – 45.0)

Australian Major and Specialist hospitals had the highest average number of speciality services available on-site (n=38, respectively), compared with an average of 37 speciality services for the respective hospital peer groups in the 2020 Census. While Australian Private hospitals had on average 32 on-site speciality services, only five on average were accredited for training, again comparable with what was reported in the 2020 Census (29 on-site speciality services, six accredited). In Aotearoa, Metropolitan hospitals had a larger average number of on-site speciality services, and on-site services accredited for training, compared with the Regional hospitals.

Table 12 Average number of specialty services available on-site and average number of these accredited for training, by hospital peer group

		On-site			On-site and accredited for training	
Hospital peer group	n	mean	(range)	n	mean	(range)
Australia						
Major	31	37.5	(27.0 – 45.0)	31	35.2	(25.0 – 45.0)
Large metropolitan	31	23.9	(4.0 – 41.0)	31	17.7	(4.0 – 32.0)
Medium metropolitan	16	10.6	(2.0 – 21.0)	15	7.4	(1.0 – 18.0)
Large regional	31	24.5	(11.0 – 39.0)	24	14.3	(2.0 – 31.0)
Small/ medium regional	10	9.7	(3.0 – 20.0)	7	5.4	(3.0 – 13.0)
Private	10	32.4	(13.0 – 41.0)	9	4.7	(1.0 – 10.0)
Specialist	6	37.5	(31.0 – 44.0)	6	30.0	(8.0 – 44.0)
Aotearoa						
Metropolitan	11	31.6	(9.0 – 45.0)	11	26.3	(8.0 – 45.0)
Regional	8	22.5	(10.0 – 33.0)	8	11.6	(3.0 – 23.0)

4.4 Workplace 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' (Safe Work Australia, 2021).

When asked if there had been an incidence of occupational aggression or violence in the ED in the previous month, the majority (86.4%) of DEMs from ACEM-accredited EDs reported *Yes* to the question (Table 13). DEMs from all but five EDs who reported an incidence of occupational aggression or violence reported the incident through their hospital internal processes or risk management system. A higher proportion of DEMs from Australian EDs than Aotearoa EDs reported an incidence of occupational aggression or violence in the past month, with DEMs from all EDs in WA, the ACT and NT reporting so.

Table 13 Number and percentage of EDs that reported an incidence of occupational aggression or violence in the last month, and if the most recent incident was reported through the hospital internal processes or risk management system, by region

Region	Incidence of occupational aggression or violence in the previous month		Reported incident through hospital risk management system	
	n	%	n	%
Australia	112	87.5%	108	96.4%
NSW	34	82.9%	33	97.1%
VIC	28	93.3%	28	100%
QLD	25	83.3%	23	92.0%
WA	12	100%	11	91.7%
SA	6	85.7%	6	100%
TAS	2	66.7%	2	100%
ACT	2	100%	2	100%
NT	3	100%	3	100%
Aotearoa	15	78.9%	14	93.3%
Total	127	86.4%	122	96.1%

The number and percentage of DEMs from EDs that reported an incidence of occupational aggression or violence in the previous month and if the incident was reported through hospital internal processes, is presented by hospital peer group in Table 14. All Major EDs reported having encountered incidence of occupational violence in the last month, whilst the Private, Specialist and Medium metropolitan EDs were less likely to report this. DEMs from Large metropolitan EDs in Australia were slightly less likely to report their recent incident through the hospital risk management system, compared with those from other hospital peer groups.

Table 14 Number and percentage of EDs that reported an incidence of occupational aggression or violence in the last month, and if the most recent incident was reported through the hospital internal processes or risk management system, by hospital peer group

Hospital peer group	Incidence of occupational aggression or violence in the previous month		Reported incident through hospital risk management system	
	n	%	n	%
Australia				
Major	31	100%	31	100%
Large metropolitan	29	93.5%	26	89.7%
Medium metropolitan	10	62.5%	10	100%
Large regional	23	95.8%	22	95.7%
Small/medium regional	9	90.0%	9	100%
Private	6	60.0%	6	100%
Specialist	4	66.7%	4	100%
Aotearoa				
Metropolitan	9	81.8%	9	100%
Regional	6	75.0%	5	83.3%

Sites were also asked if a program or process was in place in the ED to prevent and manage occupational aggression or violence. The number and percentage of EDs with a program/ process in place is presented by region in Table 15. Australian EDs were more likely than the Aotearoa EDs (93.0% vs. 68.4%) to report having a program or process in place to prevent and manage occupational violence, with all EDs in VIC, WA and the NT reporting so.

Table 15 Number and percentage of EDs with a program or process in place to prevent and manage occupational aggression or violence, by region

Program or process in place to prevent and manage occupational violence / aggression		
Region	n	%
Australia	119	93.0%
NSW	38	92.7%
VIC	30	100%
QLD	27	90.0%
WA	12	100%
SA	6	85.7%
TAS	2	66.7%
ACT	1	50.0%
NT	3	100%
Aotearoa	13	68.4%
Total	132	89.8%

Table 16 presents the number and percentage of EDs with a program or process in place to prevent and manage occupational violence/aggression by hospital peer group. In Australia, Specialist EDs were less likely to report having a program or process to prevent occupational violence. Comparable percentages of EDs in regional and metropolitan areas in Australia reported having a program or process in place. While in Aotearoa, Metropolitan EDs were more likely than Regional EDs to report having a program or process in place to prevent and manage occupational violence.

Table 16 Number and percentage of EDs with a program or process in place to prevent and manage occupational aggression or violence, by hospital peer group

Program or process in place to prevent and manage occupational violence / aggression		
Hospital peer group	n	%
Australia		
Major	29	93.5%
Large metropolitan	27	87.1%
Medium metropolitan	16	100%
Large regional	23	95.8%
Small/medium regional	10	100%
Private	8	80.0%
Specialist	6	60.0%
Aotearoa		
Metropolitan	10	90.9%
Regional	3	37.5%

DEMs and DEMTs were invited to provide suggestions or practical measures that their ED had undertaken to improve staff safety in relation to occupational aggression or violence. Feedback from 98 sites was received, with the comments primarily focusing on the introduction of occupational violence staff training (n=48) of which 12 stated this was mandatory for ED staff; the presence of 24/7 security staff (n=31); enabling staff to activate a duress alarm whenever required (n=24); and encouraging staff to to report incidents of occupational aggression or violence through a risk management system (n=11). Several other comments included ensuring sufficient staff to use physical restraints when necessary (n=3), and having posters and signage in the waiting rooms highlighting zero tolerance to occupational violence or aggression (n=2). Some sites (n= 3) also stated that there was low uptake of training or it was not offered.

5. Discussion of Findings

The 2022 Census findings highlight the availability of resources across ACEM-accredited EDs, focusing on various types of ED treatment spaces, the changes in resourcing between 2016 and 2022, and the ratio of ED attendances per ED bed/ chair. The comparison of ED treatment spaces between 2016 and 2022 showed an increase in overall capacity (+15.6%) across all treatment spaces in Australian EDs, but a decrease in Aotearoa EDs (-4.1%). It is concerning that the average number of beds/ chairs for almost all types of treatment spaces in Aotearoa EDs had decreased since 2016.

Overall, Australian EDs had a lower number of attendances to beds or chairs (1152 attendances per bed/ chair), compared with Aotearoa EDs (1242 attendances per bed/ chair). Obvious disparity in resources was seen by geographical location; for instance, Metropolitan EDs in Aotearoa reported nearly twice the average number of individual treatment spaces compared with Regional EDs. Likewise, Small/ medium regional EDs in Australia also had the lowest average number of each treatment space compared with EDs from other peer groups. Indeed, Small/medium regional EDs in Australia and Regional EDs in Aotearoa also reported the highest number of attendances per ED bed/ chair, compared with other hospital peer groups.

An overall increase in the average number of beds/chairs across treatment spaces was seen in almost all regions in Australia, aligning with the improvement in the ratio of ED attendances per bed/chair, except for the ACT, which saw a significant increase (from 740 attendances per bed/chair in 2016 to 1129 attendances per bed/chair in 2022). Across hospital peer groups in Australia, Specialist EDs saw the largest improvement in the ratio of ED attendances per bed/chair (2016: 1307 attendances per bed/chair vs. 2022: 1012 attendances per bed/chair), followed by Major and Large metropolitan EDs. Similarly, Metropolitan EDs in Aotearoa saw an improvement of attendances per bed/chair but an opposing trend was seen in Regional EDs (2016: 1180 attendances per bed/chair; 2022: 1376 attendances per bed/chair).

On-site Cardiac Catheter Laboratories available for urgent Percutaneous Coronary Intervention (PCI) for ST-Elevation Myocardial Infarction (STEMI) were reported at 52.3% of Australian and 52.6% Aotearoa EDs. In Australia, these facilities were primarily available on-site in Major EDs (n= 31, 100%) and Private EDs (n= 7, 70.0%), with only 10% of Small/medium regional EDs having these. Likewise in Aotearoa, on-site Cardiac Catheter Laboratories were only available in Metropolitan hospitals (n= 9, 81.8%), but none were reported as available in Regional hospitals. Similarly,in Australia, only Specialist EDs (n= 6, 100%), Major EDs (n= 19, 61.3%) and three (12.5%) Large regional EDs were designated as a Major Trauma Service. In Aotearoa, more Metropolitan EDs (n= 7, 63.6%) than Regional EDs (n= 2, 25.0%) reported their hospital was designated as a Major Trauma service.

The 2022 Census also showed that occupational aggression or violence was a common occurrence in the ED environment, with the majority (86.4%) of ACEM-accredited EDs reporting at least one incidence of occupational violence in the past month of the Census, although this was less common at Private and Specialist EDs. Despite similar proportions of Australian and Aotearoa EDs reporting occupational violence incidents, Aotearoa EDs were less likely than Australian EDs (68.4% vs. 93.0%) to report having a program or process in place in their ED to prevent and manage these incidents.

In summary, the 2022 Census has illustrated the differences in services and resources by region and peer group and highlights trends and disparity in resource and service availability. Some differences reflect differing access to and equity in care available to ED patients and will be continuously monitored in future iterations of the Annual Site Census.

6. References

ACEM (2023). *Annual Site Census 2022 Report - Part 1: ED Staffing and Casemix.* Melbourne.

Safe Work Australia. (2021). *Preventing workplace violence and aggression: National guidance material.* Canberra: Safe Work Australia. Retrieved June 29, 2023, from https://www.safeworkaustralia.gov.au/sites/default/files/2021-06/Guide%20for%20preventing%20workplace%20violence%20and%20aggression.pdf

7. Suggested Citation

Australasian College for Emergency Medicine (2023). Annual Site Census 2022 Report – Part 2: ED Resources, Occupational Violence, and Hospital Services. ACEM Report: Melbourne.

8. Contact for further information

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9. Appendix 1

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)

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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:

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┌──────────────────────────────────────────────────────┐
│                                                        │
│                                                        │
│                                                        │
│                                                        │
└──────────────────────────────────────────────────────┘
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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:

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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:

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This is the end of the Census, please save it and email it to the Research Unit at:
Research-Evaluation@acem.org.au