

# RCEM CARES

## Spotlight on: Crowding



Earlier this year we launched the **RCEM CARES** campaign which provides solutions to the pressing issues facing Emergency Departments. Our recommendations would ensure that our emergency care system is adequately resourced to deliver crucial services alongside managing the risk of coronavirus. The campaign focused on crowding, access, retention, experience, and safety. As we enter winter 2020/21, it is clear crowding has returned to our Emergency Departments. This briefing outlines the consequences of crowding with coronavirus present in the community and explains what steps the Welsh Government can take to eliminate it.

### What is the national picture?

Data for October 2020 showed that only 70.2% of patients were seen within the four-hour target in major departments. This represents a decrease of 1.4 percentage points when compared to last month. This is the worst performance since the initial wave of the pandemic. The number of patients waiting 12 hours or more in a major emergency care facility was 4350. This is an increase of 17.4% or 645 patients when compared to the previous month. It is the highest number of long waits since the beginning of the pandemic. 8,031 patients waited eight hours or more in a major department; in other words, 15 times the number of patients compared to the initial wave of the coronavirus.

### What is Emergency Department crowding and how does it occur?

Crowding where the number of patients occupying the Emergency Department is beyond the capacity for which the Emergency Department is designed and resourced to manage at any one time. This results in an inability to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the Emergency Department. This results in patients waiting in crowded corridors, and within the current context, this is often without social distancing measures in place. Crowding is a consequence of exit block, whereby patients who have been assessed in Emergency Departments are unable to move on from the department usually because another part of the hospital does not have enough beds to admit their patient to. The reduction of bed numbers in acute hospitals overtime has contributed to this, resulting in patients receiving care in corridors which is both unsafe and inhumane. In addition, the pandemic has further exacerbated this issue, resulting in a loss of beds in order to maintain social distancing in inpatient areas.

### What are the consequences of crowding?

Crowding has long been considered inhumane and undignified for patients even before the pandemic. With coronavirus present in the community, crowded corridors where social distancing cannot take place is unconscionable. It puts a huge amount of pressure on staff, as Emergency Departments are not resourced or designed for this type of care. It also means that staff are less able to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the department. This is why we are currently witnessing huge queues of ambulances outside hospitals, as they are unable to offload patients, meaning longer waits for these patients and a possible deterioration in their health outcomes as a result. With coronavirus present in the community, Emergency Departments have the dual challenge of managing crowding and coronavirus in their departments. This presents a further, real and avoidable, risk of death from a coronavirus infection acquired in an Emergency Department.

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### **Solutions: Build capacity in our emergency care system**

We urge the Welsh Government to take swift action to protect patients and Emergency Department staff from crowding and coronavirus. Below we outline immediate measures which will help manage the current situation and some longer term measures which will help build capacity in our emergency care system.

### **Recommendations**

1. Restore bed capacity to pre-COVID levels and open an additional 262 staff beds in hospitals to maintain patient flow in Emergency Departments and achieve safe 85% hospital bed occupancy.
2. Deliver a long-term workforce strategy for Emergency Medicine with a commitment to recruiting additional staff and addressing shortages in the workforce. Recruitment of Emergency Medicine Consultants should be based on a ratio of one Consultant per 4,000 attendances. At present, that would translate to 120 additional Consultants in Wales.
3. Adult social care in Wales faces substantial challenges and require significant investment in order to ensure patients are discharged safely and promptly when their medical care is complete. In Wales invest an additional £1.1 billion in social care by 2030/31 to match demand.
4. Rapidly expand Ambulatory Emergency Care provision in order to ensure they are open 12 hours a day seven days a week.

### **What you could do to support us:**

1. Tweet your support for our campaign, specifically to help eradicate crowding from our Emergency Departments. Please use the hashtag #RCEMCARES and our twitter handle @RCollEM
2. Table Senedd questions for our campaign on acute bed numbers and staff testing

If you have any questions or would like to table parliamentary questions please get in touch with Tamara Pinedo, Senior Policy Officer, Royal College of Emergency Medicine, [tamara.pinedo@rcem.ac.uk](mailto:tamara.pinedo@rcem.ac.uk)