

# RCEM CARES

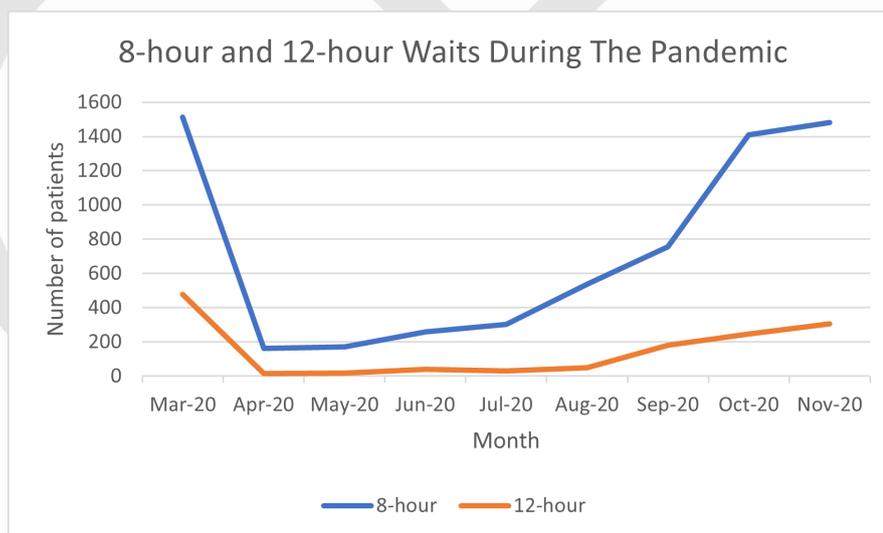


## Spotlight on: Safety

Earlier this year we launched the **RCEM CARES** campaign which provides solutions to address the pressing issues facing Scottish Emergency Departments. The campaign focused on crowding, access, retention, experience, and safety. Last month we looked at crowding, this month we will focus on the impact of crowding on safety in Emergency Departments.

### What is the national picture?

ISD Scotland performance data paint a concerning picture of pressures. Attendances in November 2020 decreased by 6.6% or 6,091 patients compared to the previous month. Despite this, the number of patients waiting longer has increased. As the graph below shows **in November 2020, 1482 patients waited eight hours or more, and 305 patients waited twelve hours**. These figures represent the largest number of long waits since the beginning of the pandemic. Last winter, Scottish departments saw the worst performance on record with record numbers of patients waiting longer than 12 hours. This trend must be curbed if we are to ensure safety for our patients which is of the upmost importance.



Source: [ISD Scotland \(2020\) 8-hour and 12-hour ED waits](#)

### Coronavirus and risk to patient safety this winter

With coronavirus present in the community, EDs 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. **Since the beginning of the pandemic until the week ending 13th December 2,934 of those infected in Scotland either definitely or probably acquired COVID-19 in a hospital setting.** This represents **2.73% off all positive Covid cases** in Scotland. In order to reduce the risk of the nosocomial spread of the virus, there must be bed capacity to allow for safe occupancy levels and physical distancing. Although the availability of the vaccine is positive news, healthcare services will—for some time—be working to minimise the risk of hospital-acquired coronavirus. As coronavirus may be present for many years to come, it is vital that the Government carries out a rapid review immediately to enable lessons to be learned for multiple successive waves of coronavirus. As we enter Winter 2020/21, Emergency Departments face considerable challenges ahead. Some parts of the UK are focusing on recovering healthcare services that were disrupted due to the pandemic and others have cancelled elective operations due to growing numbers of coronavirus related hospitalisations.

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There is also the unprecedented risk of managing the elective backlog presenting as emergencies, along with seasonal norovirus, flu, and COVID-19. We need to ensure that Emergency Departments can safely manage undifferentiated patients whilst providing urgent and emergency care and minimising nosocomial spread of COVID-19. This means timely access to Personal Protective Equipment and testing; Emergency Departments employ many staff who have young children and delays in test results for Coronavirus, either for staff or those that staff have caring responsibilities for, can create significant workforce problems.

### **Overcrowding, coronavirus, and patient safety**

Crowding posed a serious risk to patient safety even before the coronavirus pandemic; many studies have highlighted the close association between crowding and patient mortality. Unfortunately it is the sickest and most vulnerable patients who are most affected by crowding, as they are often stuck on a trolley in a busy corridor. This is an indicator of a health system that is struggling to offer timely care to patients.

Furthermore, we are currently witnessing worryingly long queues of ambulances outside hospitals, as they are unable to offload patients due to insufficient staffed beds in the department, meaning longer waits for these patients and a possible deterioration in their health outcomes as a result. With beds taken out of the system to achieve physical distancing and the continual issue of delayed discharges, patients are not able to flow through the system in a safe and timely manner, which is important now more than ever.

### **Recommendations for Government:**

1. Open additional staffed beds in hospitals to allow Emergency Departments to adequately manage demand and promote flow through the hospital.
2. Carry out a forward-looking rapid review of the UK's preparedness for successive waves of the coronavirus pandemic. This will help Emergency Departments tackle the inevitable challenges of COVID-19, flu, and seasonal norovirus during the winters of 2020/21 and 2021/22.
3. Ensure that there is adequate capacity for COVID-19 testing for Emergency Department staff (and their households), with short turn-around times that allow prompt and safe return to work and minimises staff absences.

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

1. Tweet your support for our campaign. Please use the hashtag #RCEMCARES
2. Table Scottish parliamentary questions for our campaign

If you have any questions or would like to table Scottish parliamentary questions please get in touch with Tamara Pinedo, Senior Policy Officer, Royal College of Emergency Medicine  
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