

RCEM CARES



Spotlight on: Safety

Earlier this year we launched the **RCEM CARES** campaign which provides solutions to address the pressing issues facing Welsh 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? In December 2020:

- 65.1% of patients attending major emergency departments (Type 1) were admitted, transferred or discharged within four hours - a decrease of 5.3 percentage points when compared to November 2020.
- 50,127 patients attended Type 1 departments, a decrease of 28% when compared to December 2019
- 10,227 patients waited eight hours or more, an increase of 20% compared to November 2020. 1 in 5 patients waited eight hours or more.
- 6354 patients waited 12 hours or more, the highest figure since the beginning of the pandemic.

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. 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.

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. 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.

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Solutions: Invest in our Emergency Care system and manage the levels of coronavirus transmission in the community

NHS Management

1. Implement RCEM's Safety Toolkit and Emergency Department 'Infection Prevention and Control (IPC) during the Coronavirus Pandemic' Best Practice Guideline.
2. Ensure that management is aware that some staff are disproportionately vulnerable to COVID-19 including those from a minority ethnic background and those with pre-existing conditions, and these staff have adequate safety, protection and support in place.
3. Review whistleblowing procedures and ensure protection for whistle-blowers.
4. Promote electronic patient records that integrate multiple systems efficiently, easily and support clinical care.

EM Clinical Leads

1. Promote a safety culture and embed the principles of Patient FIRST in Emergency Departments.
2. Ensure there are robust systems that ensure the most ill and injured patients are quickly treated.
3. Ensure that staff understand the rules about getting tested and self-isolating.
4. Work with clinical colleagues to implement the recommendations of the Improving Medical Pathways statement.
5. Ensure that there are systems to identify deteriorating patients.
6. Ensure that there are adequate supplies of PPE and that all staff are properly trained to use PPE.
7. Participate in the RCEM Infection Prevention and Control Quality Improvement Project 2020/21.