International Federation for Emergency Medicine

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PRESS RELEASE
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Global action required to address the hospital Emergency Department over-crowding crisis

#NoMoreLivesLostWaiting
#ResetEmergencyCare

The International Federation for Emergency Medicine (IFEM) is calling for a reset of emergency care around the world in a position statement released today. IFEM believes that such a reset is essential in order to regain control of the situation affecting hospital Emergency Departments and ensure that no more lives are lost while patients are waiting to be treated. All healthcare systems and governments must take urgent action to remedy the current situation, they say.

ED "over-crowding" occurs when there is an imbalance in patient demand, capacity of the ED to work efficiently and / or bed capacity within the hospital for those patients who need hospital admission.

Research has shown that over-crowding of hospital Emergency Departments (ED's) harms patients and can lead to loss of life. "Over-crowding" describes a situation of too many patients for the space available. Daily news headlines around the world attest to the harm to patients and the stress to staff in this growing and deadly problem.

Dr Ffion Davies, IFEM President, says that "When Emergency Departments are over-crowded and chaotic, this causes delays in treating patients and causes mistakes due to an impossible workload. This results in stress and burnout for healthcare professionals who strive every day to provide the best possible standard of care. If staff leave, the situation deteriorates further".

While these issues were present in healthcare systems across the world prior to the COVID-19 pandemic, the situation has deteriorated rapidly over the past three years. Of 41 IFEM member countries surveyed in November 2022, 100% reported over-crowding in their EDs. IFEM calls for healthcare systems to ensure enough space for staff to do their job and for patients to have some privacy and dignity.

The frustrating issue for many Emergency Medicine professionals is that while these problems are occurring in EDs, they are usually caused by situations outside of their control and outside of the ED. For ED's to work efficiently the mounting pressures of limited capacity within broader hospital and healthcare systems must not take their toll on the most precious part of the system – that which deals with emergency illnesses and injuries.

Dr Davies adds “The receiving area of the hospital (the ED) could operate like an airport. Arrival patterns are usually predictable, the time needed for assessing and treating patients is known, the staff and the equipment required can be planned. If something happens to cause congestion, the aim should be to get the situation under control and safe. Why then, are chaotic scenes in ED deemed acceptable every day?”

The most common cause of over-crowding is when the ED becomes full of patients who cannot be discharged home because they require hospital admission. The ED becomes gridlocked. Lack of bed capacity within the hospital may be due to a variety of factors including community care capacity (for hospital discharge). Without careful data management and planning to protect the ED, the end-result can be catastrophic as a chain of consequences. Newly ill or injured patients suffer long response times for an ambulance to arrive, because ambulances are being kept waiting outside the ED, unable to offload their patients.

IFEM is calling for all governments to implement local and national policies which address systemic issues, to protect Emergency Departments and patients from the risks they are currently being exposed to on such a widespread scale.

The Emergency Department, its patients and its staff must be recognised and supported as integral and vital components of a well-functioning healthcare system that ensures all patients globally have access to safe and affordable care they need, when and where they need it.

Download Position Statement released 12 December 2022 by the International Federation for Emergency Medicine

About IFEM
The International Federation for Emergency Medicine (IFEM) is a global membership-based organization promoting high quality emergency medical care for all people. Our purpose is to promote access to, and lead the development of, the highest quality of emergency medical care for all people across the world. IFEM is committed to achieving universal access to high quality emergency medical care, through education and standards, supporting growth of the specialty of emergency medicine in every country, and strong advocacy with governments, global health organizations, and communities.

About CAEP

As the national voice of emergency medicine (EM), CAEP provides continuing medical education, advocates on behalf of emergency physicians and their patients, supports research and strengthens the EM community. In co-operation with other specialties and committees, CAEP also plays a vital role in the development of national standards and clinical guidelines.

CAEP keeps Canadian emergency physicians informed of developments in the clinical practice of EM and addresses political and societal changes, that affect the delivery of emergency health care.

Further information and to arrange interviews:

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Key data from reference list

One extra death occurs for every 82 patients who are delayed for more than 6 to 8 hours for admission to hospital beds
8% increase in the 30-day standardised mortality ratio in the patient cohort that waited in the ED for more than 6 to 8 hours from the time of arrival. *UK. Jones, Swift, Mann et al. Ref (1)*

In England and Northern Ireland, on an annual basis if patients wait longer than twelve hours for a bed, then 4519 excess deaths occurred in England and 566 excess deaths occurred in Northern Ireland in 2020-21. **These numbers compare unfavourably with the number of deaths caused in road traffic collisions**: 1,827 across the UK in 2019. *UK. Royal College of Emergency Medicine (Ref 3)*

Effects on patients included **delays in being assessed and receiving required care**, increased frequency of exposure to error, including medication errors, reduced patient satisfaction, increased inpatient length of stay and poorer outcomes; delayed assessment and treatment - with crowding associated with delays in time to receive analgesic and antibiotic therapy, as well as delays in patients receiving their usual prescribed or 'home' medications. *Australia. Morley et al. Ref (8)*

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