



Emergency Medicine Society of South Africa

**PRACTICE GUIDELINE
EM012**

EMERGENCY CENTRE OVERCROWDING

Emergency Centre overcrowding is the biggest challenge facing ECs worldwide today. In South Africa, resource restriction and the burden of disease compound this problem. Overcrowding is strongly associated with poor patient outcomes. The aim of this Practice Guideline is to define overcrowding and related conditions, to propose measures of overcrowding, and to highlight local solutions.

Excluding the cover page, this Practice Guideline is **2** pages.

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EMSSA Practice Guidelines provide advice on recommended practice for emergency centres, emergency personnel and emergency care activities.

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One of the biggest challenges facing Emergency Centres (EC) worldwide is that of EC overcrowding, which can lead to EC saturation.

Overcrowding describes a situation where EC function is impeded primarily because the number of patients waiting to be assessed, managed or admitted exceeds either the physical or staffing capacity of the department. EC overcrowding adversely affects the quality of care delivered within ECs, as well as having a negative impact on EC staff. EC saturation represents an acute clinical risk. The principal cause in 2009 is access block, aggravated by increased patient numbers, increased complexity of care and bed and staffing shortages.

EC Saturation occurs where patient need (defined as timely assessment and management) cannot be met for existing and/or additional patients due to fully committed EC resources.

Access Block occurs when patients in the EC requiring inpatient care are unable to gain access to appropriate hospital beds within a reasonable timeframe. The principal cause is inadequate system-wide bed capacity.

The decision as to whether an EC can safely manage a given patient load rests with the emergency physician in charge of that Centre.

Excessive numbers of admitted patients remaining in the EC after referral and acceptance by in-patient teams is associated with poor quality of care and adverse patient outcomes, including adverse events, errors, delayed time to critical care, increased morbidity and excess deaths.

Markers of EC overcrowding include the inability to offload EMS patients, and a resultant loss of capacity in the local emergency response in the community; inability to place critically unwell patients in an appropriate treatment space in the EC; patients undergoing clinical management in a non-treatment area, where privacy, and access to basic clinical resources is absent; admitted patients receiving a lesser standard of care than that applying in their destination unit, and obstruction to access and egress routes from the EC

Actions required by health facilities include developing systems to allow EMS to unload patients requiring EC care in a timely and efficient manner. In addition, facilities must have systems in place to monitor EC occupancy and capacity to safely manage new patients. Once EC occupancy (or reduction of physical and/or staffing capacity) affects the safe function of the EC, hospital management should initiate systems to ensure EC function is restored. This may include providing additional staff, transferring admitted patients to in-patient units, and implementation of local escalation plans.

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