

Update: IFEM global campaign against ED over-crowding

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I F E M



2019 IFEM report

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> **Emergency Department Crowding and Access Block in the COVID Era and Beyond: Webinar launch of the IFEM Taskforce Report**

Emergency Department Crowding and Access Block in the COVID Era and Beyond: Webinar launch of the IFEM Taskforce Report



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Share    

Emergency Department (ED) crowding and access block represent potentially the greatest threats to the core mission of emergency care across the world. The problem is pervasive, massive in scale, and amounts to a public health emergency with potentially lethal consequences. At its core, crowding and access block overwhelm ED resources and prevent the delivery of timely and effective care for patients

2022: in USA, Canada, UK, Australia, New Zealand.....



Canada's Health Care System Is on Life Support



State of Emergency: Inside Canada's ER Crisis

I've been an urgent-care doctor for 39 years, and my department has never been closer to collapse.
We're not alone.





Campaign timeline



→ bit.ly/3W50mWA

[#NoMoreLivesLostWaiting](#)

IFEM survey November 2022: **100% Presidents of national EM Societies (41 responses) reported over-crowding**

Global campaign against over-crowding launched December 12 2022 via social media

Taken up by the regions (North America, Latin America, Europe, Africa, Asia, Aus)

By 1 March 2023, IFEM social media alone:

115,000 impressions on Twitter

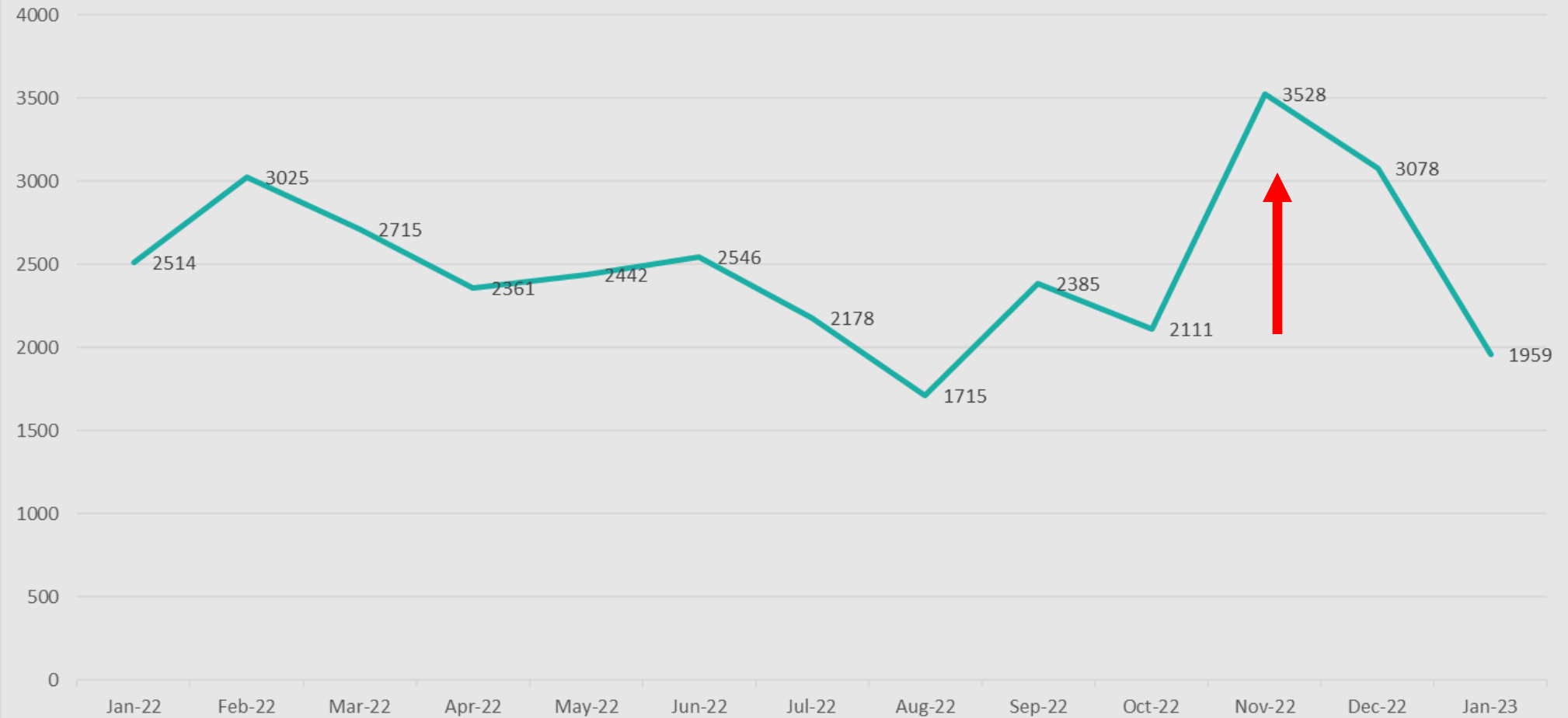
9,919 people reached on Facebook

1,533 people reached on Instagram

17,322 impressions on LinkedIn



Monthly unique website visitors



The toolkit

Editable campaign posters and
template letters available for download

Poster 1

Emotional / moral angle

#NoMoreLivesLostWaiting

#NoMoreLivesLostWaiting



International Federation
for Emergency Medicine



**THE PROBLEM IS UNIVERSAL
THE SOLUTION MUST BE LOCAL**

“My child was waiting
by a man who was lying
down, crying in pain.
She was terrified.”

MOTHER



“I saw a woman waiting
hours for a hospital bed.
I was so upset to find
out she died.”

NURSE



#RESETEMERGENCYCARE

Poster 2

Angle: that over-crowding is unacceptable and avoidable

- Look at your local data and sort out the causes of over-crowding
- Believe it is possible to change

#ResetEmergencyCare



Around the world round-up

USA, Canada

Mexico, Latin America

Finland, UK, Switzerland, Italy

India

Ethiopia

South Africa

Hong Kong



Boarding: Cause & Impact

Causes

- Staffing shortages, especially nursing
- Tridemic (COVID, RSV, flu), especially pediatric patients
- Misaligned economic drivers prioritize staff and bed space for more lucrative elective surgery patients
- Disproportionate lack of resources for patients with mental health emergencies

Impact

- Many patients—even ones severe enough to require admission—being treated in the ED waiting room
- Physicians and nurses burning out as each day they are unable to provide high-quality patient care
- Patients coming to preventable harm

Emergency Department Boarding and Crowding



Patients "boarding" in the emergency department (ED), or placed in a holding pattern while waiting for care or transfer, are overwhelming emergency physicians, care teams and staff who do all they can to treat or stabilize every patient that needs care.

While the causes of boarding are multifaceted, staffing shortages and the resulting burnout only exacerbate the crisis and perpetuate a dangerous and sometimes deadly cycle. To help address this crisis, ACEP President Christopher S. Kang, MD, FACEP is currently forming a task force to develop clinical recommendations as well.

ED Boarding: Frontline Stories

ACEP members are sharing stories about the impact of rising patient boarding, and the picture painted is bleak—emergency departments and hospitals are at a breaking point.

[READ THEIR STORIES](#)

[SHARE YOUR STORY](#)



Advocacy

ACEP has been leading national efforts to address ED crowding and boarding for several decades. Currently we are advocating directly with the White House, bipartisan members of Congress, regulatory agencies, and other stakeholders involved in constructive approaches to alleviate the factors that lead to our nation's boarding crisis.

(requires member log-in to view all resources)



Boarding and Crowding Talking Points

[READ MORE](#)



Letter to the White House (November 7, 2022)

[READ MORE](#)



Regs & Eggs: Update on The ED Boarding Crisis

[READ MORE](#)

USA

Letter to President Biden

December 2022



Emergency Physicians ✓

@EmergencyDocs

Collective action is urgent and necessary to help emergency physicians address the boarding crisis and save lives.

ACEP has collected and shared personal stories from the ER and lead the call for a White House summit on the issue:



emergencyphysicians.org

Boarding, Crowding, and Wait Times

The nation's emergency physicians are sounding the alarm—the number of patients “boarding,” or held in the emergency department while waiting for car...

2:51 PM · Dec 15, 2022

Boarding: Successes to Date

Initial

- Media visibility of domestic and international challenges growing following a multi-organization letter to the White House

Subsequent

- Organizational
 - Working on stakeholders summit
 - Updated policy statement protects the emergency physician and clarifies the responsibilities of the hospital and the admitting physician
- Multi-Organizational - IFEM
- Legislative – Engaging sponsors, advocating solutions
- Innovations – Practices and resources



February 9, 2023 • National Public Radio

One state looks to get kids in crisis out of the ER — and back home

"We see more and more mental health patients, unfortunately, languishing in emergency departments," says Dr. Chris Kang, president of the American College of Emergency Physicians. "I've heard stories ..."



December 22, 2022 • HealthLeaders

Emergency Department Length of Stay for Children with Mental Health Conditions Spikes

Last month, the American College of Emergency Physicians and 34 other healthcare organizations raised alarm over the boarding of patients in emergency departments for days or weeks, including pediatri...



November 18, 2022 • FOX News

Emergency rooms overloaded due to spike in viruses, staffing shortages

Facing what is being dubbed the tri-demic, hospitals across the nation are in crisis. ERs are overwhelmed. According to the American college of emergency physicians, the situation has been years in th...



November 17, 2022 • The Boston Globe

Megan Ranney: 'Political will' is needed to avoid ER disaster as crowding, wait times spiral

The American College of Emergency Physicians outlined a similar request in a Nov. 7 letter to President Joe Biden, co-signed by dozens of other provider organizations.



November 16, 2022 • HealthDay

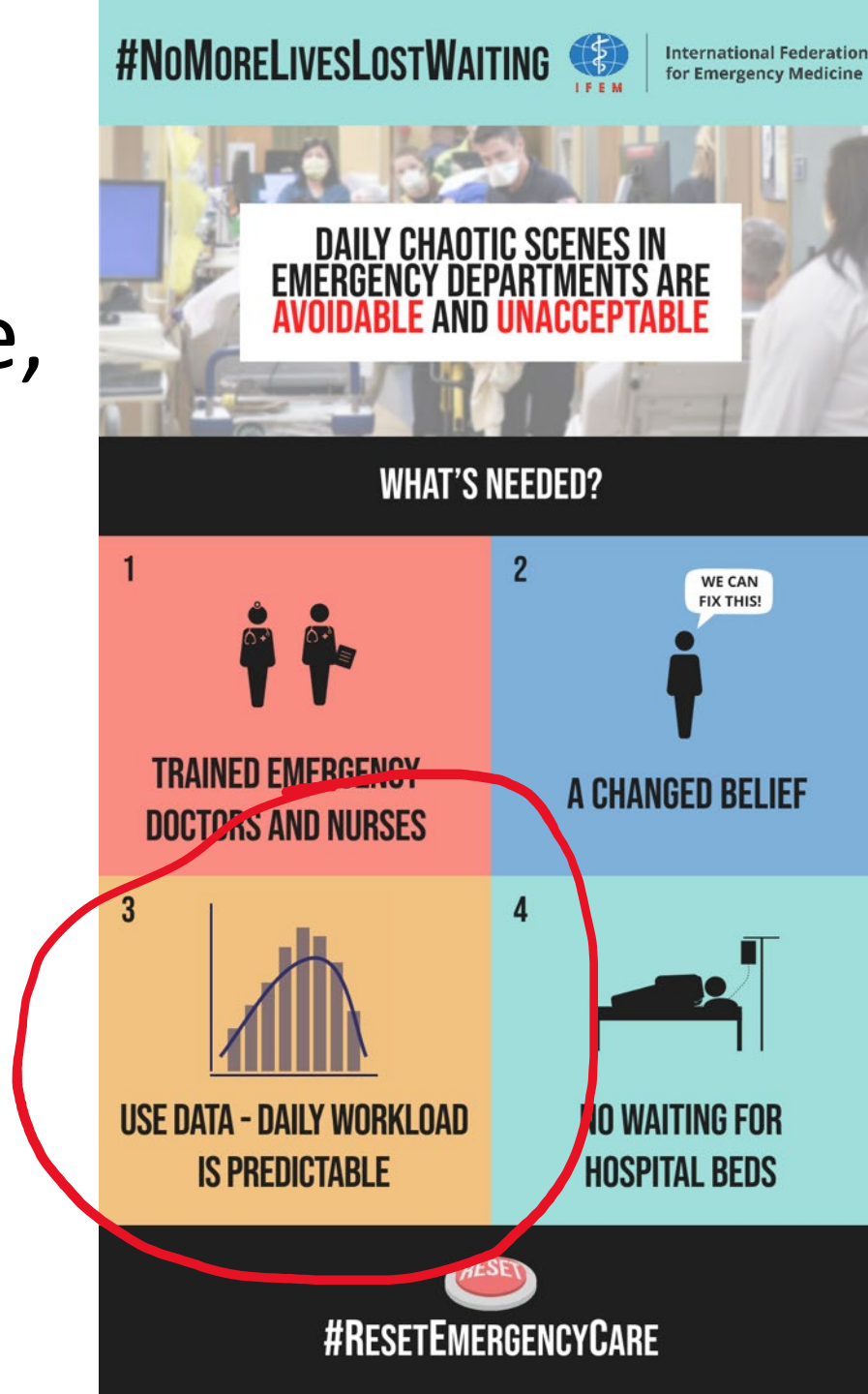
America's ERs Are Jammed, Affecting Patients on Other Wards

A crowded emergency department is a sign of a hospital that's running at its absolute limits, said Dr. Ryan Stanton, a board member of the American College of Emergency Physicians.

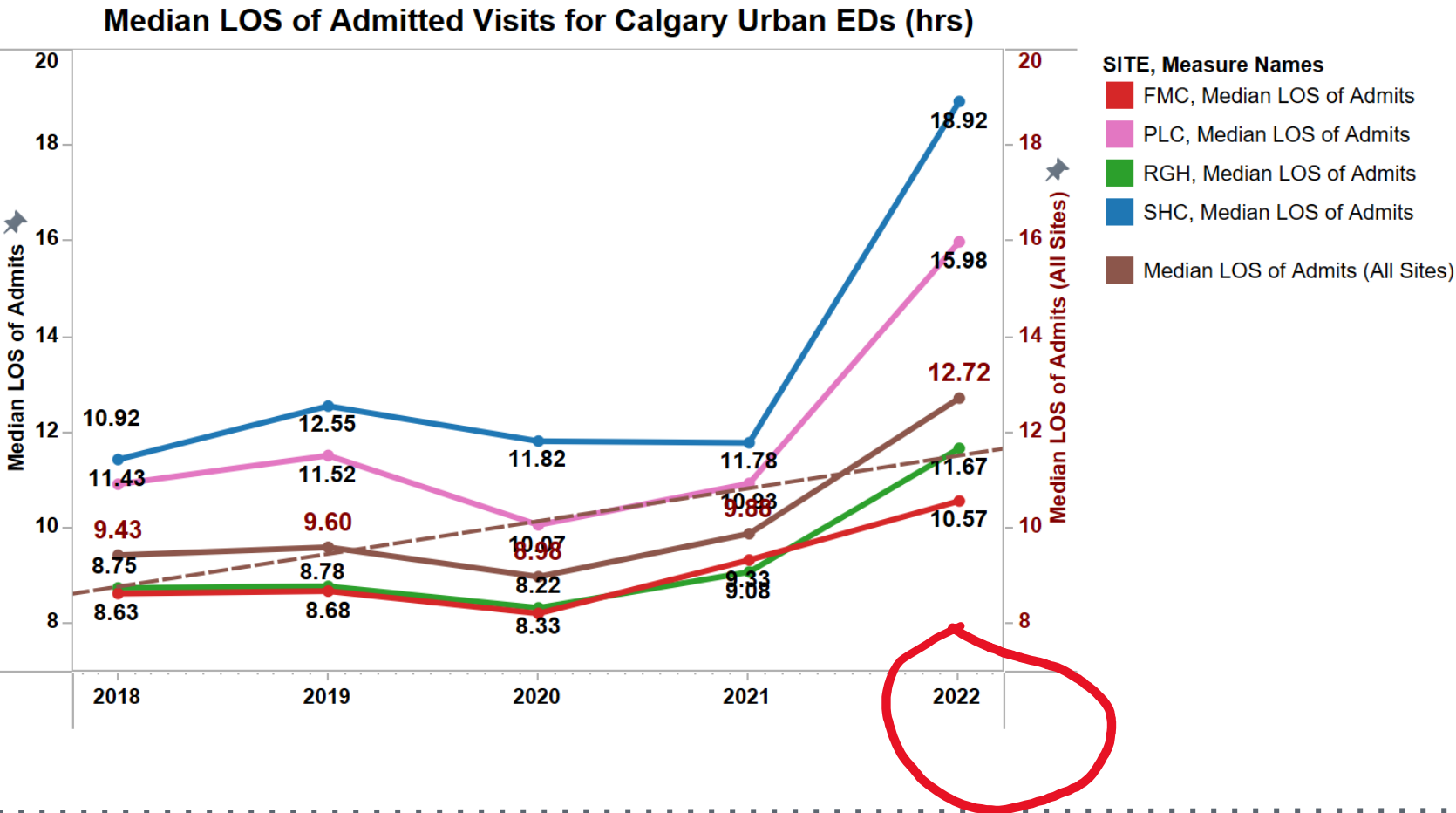
Data from Alberta state, Canada

Similar to USA, UK, Australia, NZ

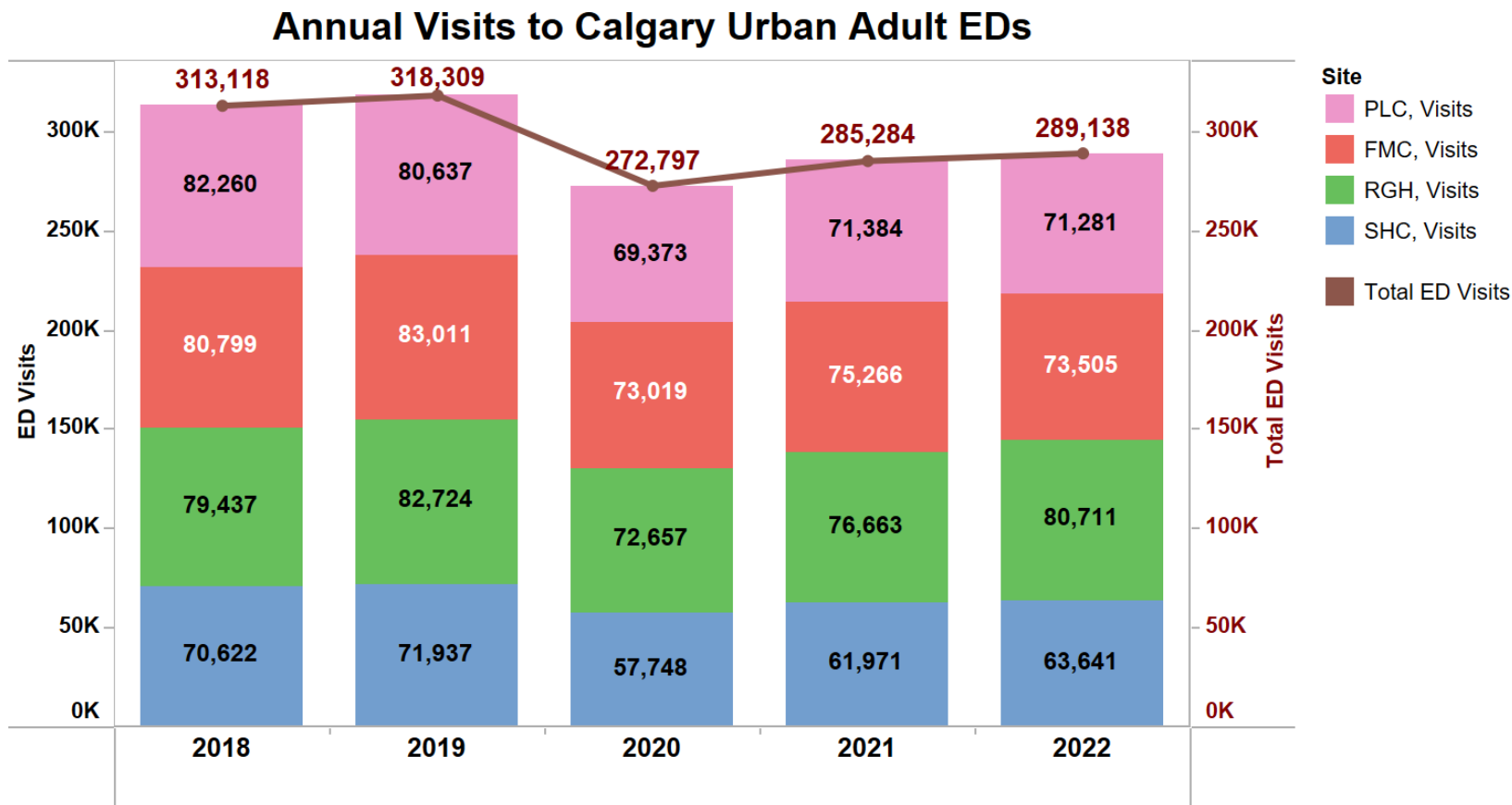
Biggest problem = lack of hospital bed
capacity



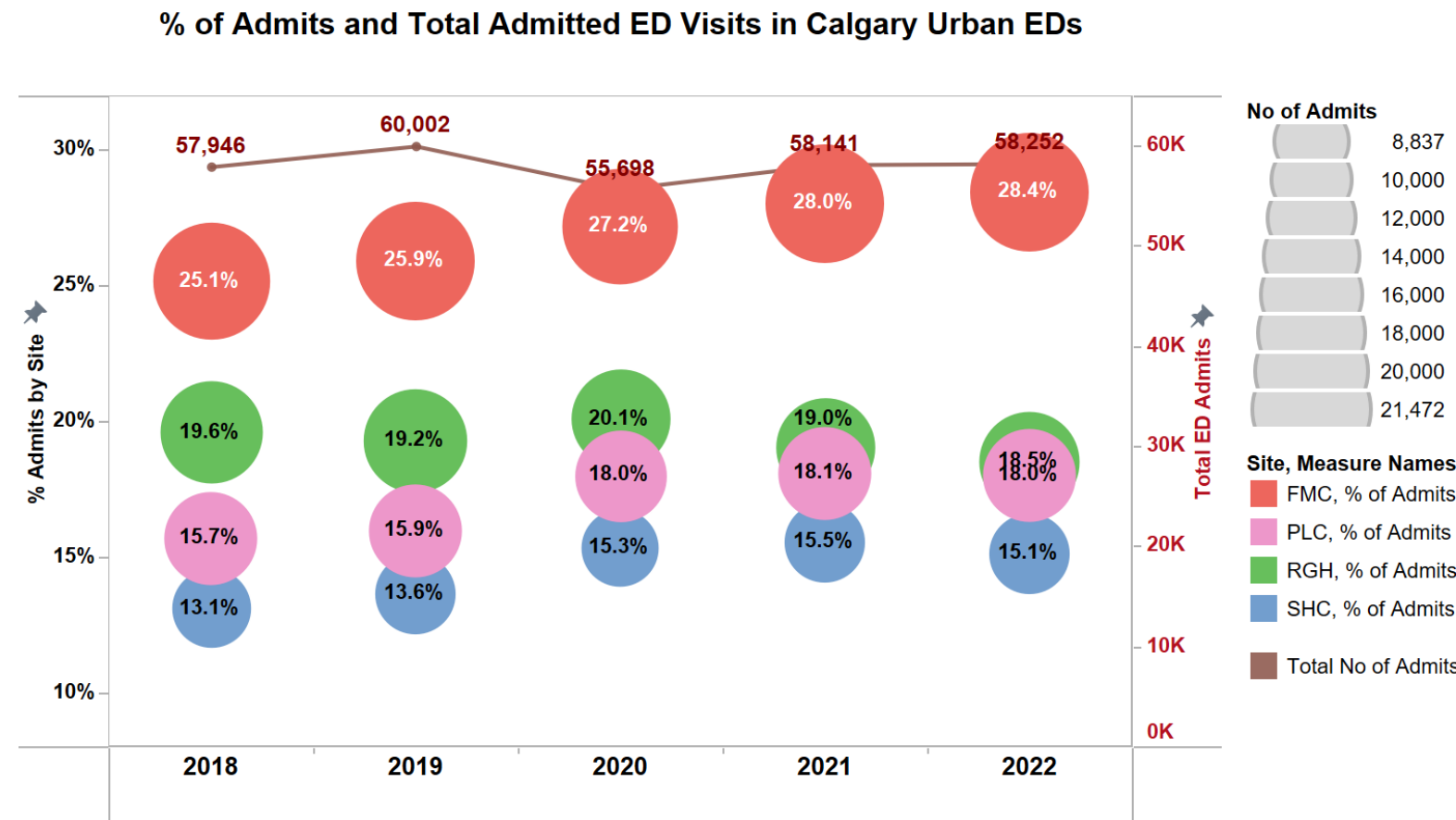
Marked Increase in ED Length Of Stay for hospital admission patients



Still Not at Pre-Pandemic Visit Volumes



Minimal Change in Admission Rates



...similar data seen in USA, UK, Germany, other

Progress in that area of Canada?

- ED wait times and EMS response now a government priority in Alberta
- Emergency Inpatient Task Force (35% bed-wait patients trigger)
- Concerted effort to increase hospital bed capacity
- Surge to long-term care (heavy push to transfer out of hospital)
- Aim to eliminate “Ambulance Car Park”
- Postponement of scheduled surgery
- Regionwide “dashboard” displaying current waiting times etc


FOCUS: Emergency Departments

https://focus.hqca.ca/emergencydepartments/

F·O·C·U·S·
ON HEALTHCARE

HQCA
Health Quality Council of Alberta

FOSTERING OPEN CONVERSATIONS THAT UNLEASH SOLUTIONS




Emergency Departments

Welcome to Alberta's go-to resource for reliable information about what patients experience in our province's 16 busiest emergency departments. The Health Quality Council of Alberta (HQCA) believes that reporting about emergency departments, from things like patient wait times to hospital occupancy rates, are all important pieces of information that can lead to quality improvement and a better healthcare system in Alberta.

CHANGE
F·O·C·U·S·

See all of the healthcare areas that the HQCA is reporting on. → [GO](#)



SELECT CATEGORY BELOW

EMERGENCY


CURRENT
EMERGENCY
WAIT TIMES
→ [GO](#)

Over to Mexico / Latin America: IFEM toolkit used and translated



Federación Latinoamericana de Medicina de Emergencias



 **Federación Latinoamericana de Medicina de Emergencias** is feeling determined. 12 December 2022 · 🌐

El sobrecupo y colapso de los servicios de emergencias incrementa la mortalidad a los pacientes, genera estrés y agotamiento para el personal de medicina de emergencia que se esfuerza todos los días para brindar el mejor estándar de atención posible.

La [International Federation for Emergency Medicine](#) & [Federación Latinoamericana de Medicina de Emergencias](#) lo invitan a unirse a la **Campaña mundial contra el hacinamiento en los departamentos de emergencias hospitalarias**.

La vo... See more

See translation



#ResetEmergencyCa

 International Federation for Emergency Medicine

Carta de posición sobre el sobrecupo y colapso de los servicios de emergencias en el mundo.

Diciembre 2022.

La Federación Internacional de Medicina de Emergencias (IFEM) es una federación que agrupa a casi todos los organismos profesionales especializados en Medicina de Emergencias (DE) "seculares y regenerales" del mundo. Cuenta miles de médicos y enfermeras que prestan DE.

La misión de IFEM es crear un mundo donde todos los pacientes, en todos los países, tengan acceso a servicios médicos de emergencia de alta calidad.

Los Servicios de Urgencias (SU) de un hospital son el área dedicada a recibir pacientes que sufren enfermedades o lesiones repentinas. El personal médico y de enfermería con formación especializada en DE atiende a los pacientes las 24 horas del día, trabajando para diagnosticar, tratar y estabilizar a los pacientes y transferirlos a otros servicios de salud cuando sea necesario.

El "sobrecupo" de los SU ocurre cuando hay un desajuste entre la demanda de pacientes, la capacidad del SU para trabajar eficientemente y la capacidad de camas dentro del hospital para aquellos pacientes que necesitan ingresos hospitalarios. El colapso en los servicios de urgencias está presente en los sistemas de salud de todo el mundo y se ha agravado en los últimos meses debido a la crisis de la pandemia de COVID-19, que convirtió la situación como nunca antes. De 14 países miembros de IFEM encuestados en noviembre de 2021, el 100 % informó sobrecupo en sus servicios de urgencias.

El estado actual de sobrecupo experimentado en los servicios de emergencias de los hospitales en muchas naciones a nivel mundial es una amenaza insostenible y potencialmente para la seguridad del paciente crítico y/o grave que debe abordarse de inmediato.

¿Cuáles son las causas más comunes?

1. Gran cantidad de pacientes que acuden al servicio de urgencias. Caída, los síntomas.

Los retrasos en la transferencia de pacientes fuera del servicio de urgencias se el problema más común. A veces, los hospitales están cerrados al paciente.

¿Cuáles son los peligros?

Los investigadores muestran que cuando los servicios de urgencias están saturados, caídas y errores, se produce daño al paciente y incluso incrementa la mortalidad, debido a la demora y a errores al momento de recibir al paciente y a la falta de recursos. Significa que los pacientes no tienen prioridad ni dignidad. Los pacientes a sus familias pueden tener que esperar con el personal. El nivel del personal de enfermería, cuando la situación se deteriora, no se puede esperar. Si el personal se resaca o falta, la situación se deteriora aún más.

En muchos países, los hospitales no pueden entregar a los pacientes y no pueden responder. Para dar servicio de urgencias a que se desocupe los servicios, los hospitales pueden responder al primer caso de emergencia en la comunidad.

¿Qué se puede hacer para evitar que los pacientes sufran los sobrecupos?

El sobrecupo es prevenible. Las estadísticas demuestran que, mantener las causas frecuentes de ingreso al servicio de urgencias en sus regiones. Se deben crear unidades regionales y locales para mejorar los servicios de urgencias y los servicios de los departamentos de urgencias.

La atención médica es esencial para mantener la vida de los pacientes en "normal" o mejorarla todos los días. No se ocupan en otros áreas dentro del hospital como hospitalización o unidades de cuidados intensivos. Los médicos deben estar en el servicio de urgencias más en condiciones de proporcionar evaluación y tratamiento oportuno a los pacientes en estado crítico en todo momento. Respuestas "rápidas al borde de la vida".

#NoMasSobrecupoEnUrgencias

El sobrecupo se puede prevenir y debe terminar ahora.

Entre parte que los gobiernos, los líderes del sistema de salud y los administradores de hospitales trabajan en asociación con los líderes comunitarios y académicos de medicina de emergencia hospitalaria para mejorar la atención de urgencias y sostenibilidad. Se deben implementar acciones rápidas y efectivas en los departamentos de urgencias.

 International Federation for Emergency Medicine

Global Campaign Against Hospital Emergency Department Over-Crowding



"Todos podemos buscar soluciones, administrar y gestionar con calidad"

#NoMasSobrecupoEnUrgencias

FLAME

Mexico media

OVACIONES

Promueven recuperar servicios de urgencia

Ante el incremento de muertes por infartos y accidentes durante la temporada de diciembre, instituciones de salud promueven una campaña que busca recuperar los servicios de urgencias en México y el mundo.

"Creemos que es importante hacer un 'reinicio' de los sistemas de los servicios de urgencias, mejorar la infraestructura de los hospitales, apoyar al personal de salud, mejorar el primer nivel de atención, prevenir enfermedades desde los consultorios y evitar saturaciones en urgencias", dijo a EFE Daniel Sánchez, presidente de la Sociedad Mexicana de Medicina de Emergencias (SMEE).

El especialista señaló que, junto con la Federación Internacional de Medicina de Emergencia (IFEM, por sus siglas en inglés), consideran esencial "recuperar el control de los servicios de urgencias de los hospitales y garantizar que no se pierdan más vidas mientras los pacientes esperan a ser tratados".

Detalló que en la temporada decembrina la atención en salas de urgencias de los hospitales, a nivel mundial, se incrementan en promedio un 30 %, mientras que las muertes por enfermedades cardíacas aumentan un 8 % respecto a otras épocas del año, además de que incrementan las urgencias por enfermedades respiratorias.

"Las salas de urgencias a nivel mundial están viviendo un retraso en los tiempos de atención y una sobrepoblación de pacientes y en México nunca vamos atrás", señaló.

La mortalidad cardíaca es mayor en Navidad y Año Nuevo que en cualquier otra época y las fiestas son factor de riesgo de muerte

LA CRÓNICA DE MEXICO

Reportan 41 países de la IFEM hacinamiento en sus servicios hospitalarios de urgencias

En temporada decembrina, cuando hay mayor demanda y pocas camas disponibles

Cecilia Higuera Albarrán
nacional@cronica.com.mx

Comenzar el año nuevo con un propósito de vida en el que la salud personal, sea una prioridad, es la mejor forma de iniciar un nuevo ciclo y minimizar el riesgo de sufrir un evento cardíaco que cada año le cuesta la vida a miles de personas en el país.

El presidente de la Sociedad Mexicana de Medicina de Emergencia, doctor Daniel Sánchez Arreola, puntualizó que "ante el incremento de enfermedades respiratorias en la temporada decembrina, los médicos de emergencias hacemos un llamado para hacer buen uso de los servicios

de urgencias de los hospitales y evitar la saturación".

TEMPORADA DECEMBRINA, INCREMENTO DE MUERTES POR ENFERMEDADES CARDÍACAS

Hay que tomar en cuenta, abundó, que durante las fiestas de fin de año por lo regular, los accidentes que llegan a salas de urgencias aumentan 30% y las muertes por enfermedades cardíacas se disparan hasta en un 8% con respecto a noviembre.

"De hecho, la mortalidad cardíaca es mayor en Navidad y Año Nuevo que en cualquier otra época y las fiestas pueden ser consideradas un factor de riesgo de muerte, según investigaciones de la Asociación Americana del Corazón de los Estados Unidos, refirió.

En el mismo sentido, el doctor Daniel Sánchez Arreola, señaló que datos de la Federación Internacional de Medicina de Emergencia (IFEM, por sus siglas en inglés) y la Sociedad Mexicana de Medicina de Emergencia

EL HERALDO DE TABASCO

SALUD / MIÉRCOLES 28 DE DICIEMBRE DE 2022

Muertes por enfermedades cardíacas repuntan en Navidad y Año Nuevo, advierte especialista

Es durante las fiestas decembrinas que se registra un incremento en muertes por enfermedades cardíacas, lo que también aumenta la afluencia en salas hospitalarias



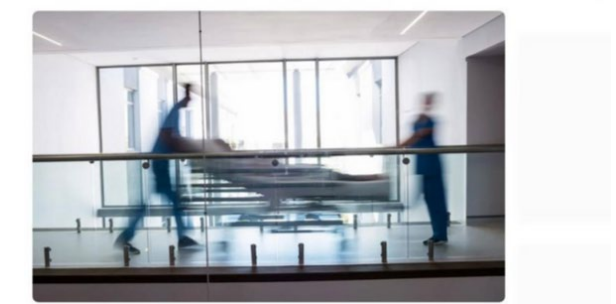
Antonio Campos | El Sol de Tampico

Las muertes por enfermedades cardíacas son mayores en Navidad y Año Nuevo que en cualquier otra época, por lo que las fiestas pueden ser consideradas un factor de riesgo de mortalidad y por

debate

INICIO SALUD MUNDIAL QATAR GINX SINALOA GUADALAJARA MONTERREY

Accidentes e infartos saturan servicios de urgencias en Navidad y Año Nuevo



97 Urgencias médicas FreeSpk

Pacientes que esperaron en urgencias más de 6 a 8 horas desde su llegada tienen un 8% más de riesgo de morir

SALUD

EL REFLEJO DE SU GENTE CRÓNICA DE XALAPA

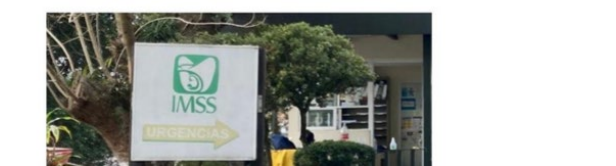
Portada Xalapa Coatepec Estado Política Elecciones Columnas Farándula Tribuna Ateneo El Reportaje País Mundo

Inicio País Aumenta mortalidad cardíaca en fiestas decembrinas

País

Aumenta mortalidad cardíaca en fiestas decembrinas

Por David Arcos - 30 diciembre, 2022 - 2:25 PM



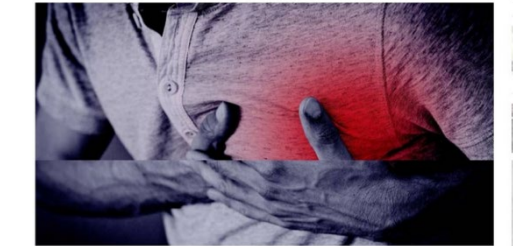
El Sol de Tampico

LOCAL - POLÍTICA - MÉXICO - REPÚBLICA - MUNDO - FINANZAS - ANÁLISIS - GOSSIP - CÍRCULOS - TENDENCIAS - Tampico - Tamaulipas - Clima - Empresarios - Frente Frio - Ola de frío - Co

SALUD / MIÉRCOLES 21 DE DICIEMBRE DE 2022

Muertes por enfermedades cardíacas repuntan en Navidad y Año Nuevo, advierte especialista

Es durante las fiestas decembrinas que se registra un incremento en muertes por enfermedades cardíacas, lo que también aumenta la afluencia en salas hospitalarias



Las enfermedades cardíacas se manifiestan más durante las fiestas de Navidad y Año Nuevo debido al estrés, cambios de temperatura y descuidos | Pixabay

Antonio Campos | El Sol de Tampico

Mujer saludable Vida sana Nutrición Estilo de Vida Vida holística Accesibilidad

Portada Voluntades en Acción

Mortalidad cardíaca se dispara en Navidad y Año Nuevo. Hacen un llamado para optimizar la atención en los servicios de urgencias

Perifonea Salud Mujer

Publicada viernes, 30 diciembre 2022 12:21, hace 4 hora(s)

Última actualización viernes, 30 diciembre 2022 14:41

Tiempo estimado de lectura 6 minutos

Ante el incremento de enfermedades respiratorias en temporada decembrina, los médicos de emergencias hacen un llamado para evitar la saturación en los servicios de urgencias de los hospitales.



Flurry of TV interviews President of EM society in Mexico

December 2022 - January 2023



- ☐ Press release adaptation
- ☐ Press release
- ☐ Management of 8 interviews

Interviews

| # | State | Media | Journalist | Speaker | Month | Date | Status |
|---|-------|---------------|----------------------|--------------------|----------|--------|------------------|
| 1 | CDMX | Canal 44 | Isaura López | Dr. Daniel Sánchez | December | | Published |
| 2 | CDMX | EFE | Cristina Sánchez | Dr. Daniel Sánchez | January | 03-ene | Published |
| 3 | CDMX | 24 Horas | Karina Aguilar | Dr. Daniel Sánchez | January | 10-ene | Published |
| 4 | CDMX | ACIR | Armando Arteaga | Dr. Daniel Sánchez | January | 10-ene | Published |
| 5 | CDMX | El Economista | Nelly Toche | Dr. Daniel Sánchez | January | 18-ene | Published |
| 6 | CDMX | Medscape | | Dr. Daniel Sánchez | January | 18-ene | Performed |
| 7 | CDMX | ADRN | Mariano Riva Palacio | Dr. Daniel Sánchez | January | 18-ene | Published |
| 8 | CDMX | La Prensa | Genoveva Ortíz | Dr. Daniel Sánchez | January | 19-ene | Published |

Europe



Maaret Castren

Biggest newspapers in Finland and our tv has today published stories from our EDs after I sent them our campaign info

13:43

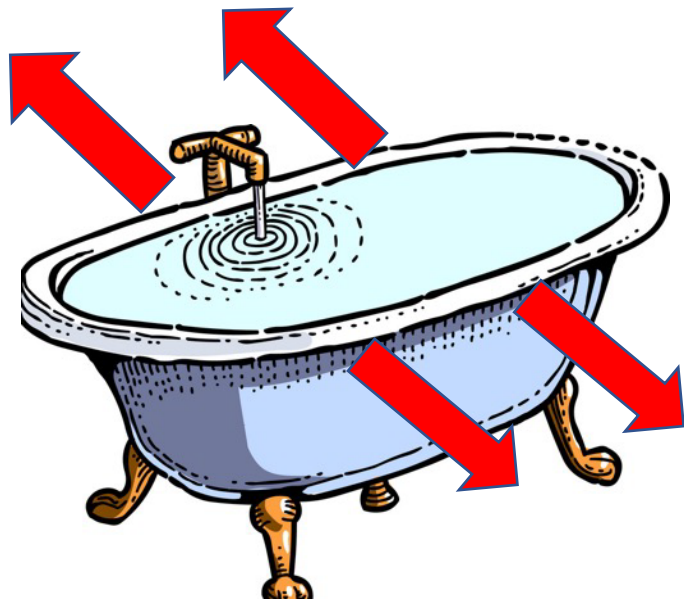


4



IFEM

The view from the UK



What are your region's top causes of ED over-crowding?

ANSWER: UK

- Primary care is generally **good** in the UK
- Due to national performance targets introduced in 2004 processes in ED are **very swift and efficient**, until you get **staffing gaps...**
- Staffing gaps are **common**, large amount of money spent filling gaps with “agency” nurses & doctors
- Hospital **beds** are **blocked** because **elective surgery** is given priority (waiting times built up during the pandemic)
- Biggest problem: many **elderly** patients medically fit for discharge but **awaiting care homes** who have big staffing issues (low morale, low wages)

Have you had any successes in improving your situation?

- “Flow managers” roaming the ED solving problems helping doctors and nurses
- Hot lab for ED bloods – results <40 minutes
- Electronic requests from doctors to nurses (bloods, cannula, ECG, urine dip, meds, suturing etc etc) - not roaming to look for nurses all the time!
- ED authorized bed requests for most specialties (no referral conversation / permission needed)
- National society (Royal College of Emergency Medicine) highly politically active with Government and over Dec/January “over-crowding kills” was clearly heard by politicians

BUT – whatever we improve –
the queue seems not to change!!!



RCEM President Dr Adrian Boyle
Saturday 7 January 2023
Prime Minister's Office, London

SWITZERLAND

- In some cantons (states) both increase in number of patients and shortage of beds
- *root causes* lack of doctors so need to close smaller ED and hospitals

ITALY

- Chronic problem due to hospital bed reductions over years. The problem has become more acute with the pandemic
- Boarding in some hospitals is more than 5 days and adverse events are frequent
- Doctors and nurses are tired and discouraged and are leaving the job
- Lots of agency workers to cover shifts
- *root causes* it is a systemic problem that needs to be addressed more by politicians

Have you had any successes in improving your situation?

- The EM society in Switzerland has done a campaign of information to the political authorities
- Situation is very different from one area to another and also the legislation is cantonal (varies state to state)
- The issue of the status of the specialty in EM is national, with insufficient specialist staff

A close-up, slightly blurred photograph of two hands, one light-skinned and one dark-skinned, gently holding a small, dark, round object between their fingers. The hands are positioned in the center of the frame. A semi-transparent white rectangular box is overlaid on the image, containing the word "India" in red text. The background is a soft-focus image of the hands and the object they are holding.

India

What are your region's top causes of ED over-crowding?

- Lack of primary care
- Mixing up “true” ED with out-patients
- Lack of skilled staff (nurses and doctors)
- Slow processes (bloods, imaging)
- Not enough critical care beds



**SOCIETY FOR
EMERGENCY
MEDICINE
INDIA**

Have you had any successes in improving your situation?

Mumbai: 6 new service managers with MBA qualification

- Analysed ED processes
- Diverted out-patient stream to avoid ED (eg blood tests, imaging)
- Limited number of relatives with patients
- Unblocked space occupied by trolleys and wheelchairs
- Spotting urgent actions (ECG for chest pain)
- Enforced job clarity (role and responsibilities of security, other staff)

Ethiopia



IFEM

Have you had any successes in improving your situation?

- The main challenge we were facing was difficulty in hospital admission
- We, the emergency team, created a "short stay ward" to treat all patients after the first 24 hours
- We gave 15 beds within the emergency room to the internal medicine team. They take full responsibility by making rounds and admission or discharge. They have their own internist, intern and resident.
- Now the internal medicine team make frequent rounds to discharge or admit. They also improved discharging stable patients from their wards.
- That is all due to the ownership they felt over the 15 beds of the green area in ER. It makes them feel more responsible.
- That way since Feb 1,2023 over the past three weeks, the ER overcrowding, prolonged Length Of Stay, and mortality decreased.



This is the ER on the 9th day of our intervention – empty seats!!!

SOUTH AFRICA



IFEM

SOUTH AFRICA's top causes of ED over-crowding

- Poorly maintained infrastructure
- Access block – limited facilities
 - large migrant population
 - unfunded public for private health care – 80%
 - staff shortages – doctors and nurses
- Exit block – limited capacity of hospital beds
 - long waiting times for radiology/blood results
 - specialist consultation/takeover delays
- Major mental health care user problem – up to 26 pts in ED at any one time

- Stock/equipment shortages
- Limited budgets – funding decreases annually
- Staff shortages aggravated by emigration of HCW o other countries



Have you had any successes in improving your situation?

- Adoption of 24 hour Primary Healthcare satellite unit – reduced referrals / admissions to the larger central hospital ED, basic investigations can be done – also can be sent to out-patient clinics rather than ED
- Effective triage – EMSSA (EM national society) developed SA Triage Score (SATS) – nationally being utilised – also helps sift out patients that do not need hospital care
- Need much more public awareness – policy change of no use if public not aware – overcrowding / overutilization of hospital services needs to be driven from bottom up – public needs the education on accessing HC appropriately

Hong Kong



IFEM

ED Overcrowding in Hong Kong



Even worse during upsurge in COVID-19



What are your region's top causes of ED overcrowding?

- High daily attendance rate
 - About 5,000 per day (68 per 100,000 population)
- High attrition rate in both medical and nursing staff
 - About 10% for medical staff
 - About 20% for nursing staff
- Increased in complexity for patient care
 - 24/7 PPCI programme
 - Sepsis programme
- Space constraint
 - Especially after impact from COVID-19
 - Access Block
- Inadequate primary medical care system
 - Not many people have their own family doctors

Have you had any successes in improving your situation?

- Measures
 - Public appeal
 - Special honorarium scheme to increase manpower (existing ED staff receive motivational pay rate, to avoid agency staff usage)
 - Geriatric specialist “front door” programme to reduce admission
 - Development of better primary medical care systems in the community
 - Electronic Hospital Command System
- Any improvement observed?
 - Sometimes
 - But ED is still vulnerable because of low buffering capacity

Common themes

Dealing with the ageing population (multiple comorbidities)
Increase in mental health patients (eg USA, UK, South Africa, Hong Kong, Australia, NZ) who are attending ED and waiting days or weeks for in-patient beds



NEXT STEPS

- Asian Society of Emergency Medicine webinar March 25 2023 – all welcome
- European Society of Emergency Medicine “Emergency Medicine Day” annual campaign May 27 2023
 - This year’s theme is “Patient Safety” – links closely to overcrowding
- Please continue to use social media hashtags
 - #NoMoreLivesLostWaiting #ResetEmergencyCare
- IFEM dedicated email address: overcrowding@ifem.cc

A new “useful tips” document will be appearing in the IFEM toolkit

Examples

”Flow manager” roles (UK, India)

Display waiting times clearly for patient

WhatsApp groups for nurses / managers with bed management responsibility

Etc

Etc



#NoMoreLivesLostWaiting (Webinar on ED Overcrowding)

25 March 2023 (Sat)
14:00 – 16:00 (GMT+8)



Organized by:
Asian Society for Emergency Medicine



ID : 840 0545 1360
Password : 425716

Agenda

14:00 – 14:05 Opening Remarks
14:05 – 15:00 Overview of ED Overcrowding in Asia-
Situation Report and Strategy Sharing

- (A) Hong Kong
- (B) Philippines
- (C) Taiwan
- (D) Thailand

15:00 – 15:30 ED Overcrowding and IFEM

15:30 – 16:00 Panel Discussion

SPEAKERS :

Dr. Axel SIU (President, ASEM)

Dr. Sam Yang (HKSEMS)

Dr. Richard Henry Santos (PCEM)

Dr. Tsai Kuang-Chau (TSEM)

Dr. Nathida SUMETCHOTIMAYTHA (TAEM)

Dr. Ffion Davies (President, IFEM)

Moderators

Dr. Pauline Convocar (PCEM)

Dr. Lee Ching-Hsing (TSEM)



Free
Registration
for all
No pre-
registration is