

Clinical : Emergency Care
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Reporter
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E-mail: [REDACTED]

Dear [REDACTED],

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 12 June 2018. You requested the following information:

- **the longest a patient was recorded as waiting or being treated in the Emergency Department in the past year before they were either admitted to a ward bed or discharged.**

For context, the Emergency Department at Middlemore Hospital provides emergency medical, trauma and accident-related health care services for the entire Counties Manukau district. This population is in excess of 540,000 people, along with visitors and those requiring our specialist regional Burns and Spinal care services.

In the last year, we have seen more than 118,000 presentations at the Middlemore Hospital Emergency Department. The Emergency Care service is one of two major trauma centres for the Auckland region, and the service provides Emergency and Urgent care, as well as provision of the Hospital Short Stay Units (typically for care up to 28 hours). The Department has combined 146 resourced beds in the following areas:

Adult Monitored and Resuscitation	10 monitored beds and 4 resuscitation beds
Adult Assessment	25 beds
Paediatric Resuscitation	2 resuscitation bed
Paediatric Assessment	12 beds
Adult Short Stay	23 beds
Surgical Assessment	15 beds
Medical Assessment	42 beds (13 Assessment, 29 Short Stay)
Paediatric Short Stay	13 beds

Senior Medical staff are present in the Emergency Department for 18 hours a day, and nurses, Registrars and House Officers, alongside admin and clinical support staff work on roster shifts to provide 24/7 cover.

Like all DHBs, we continue to collect data against the National Health Target for Emergency Care length of stay. Currently, 90% of all patients eligible as defined by the Target are seen, treated, admitted or discharged within 6 hours of arrival.

Because every presentation will have differing clinical needs and urgency, it is complex for us to provide a straightforward “longest time waiting or being treated” to respond to your query.

We have extracted data for the period of 'last year' of 1st June 2017- 31 May 2018, and used times logged in the Emergency Department clinical recording system (Data warehouse), to define the following time for arrival to first seen (the time to first be seen by Doctor or Nurse, after triage). We have excluded people left without being seen after their arrival was logged, and cases with a pre-arranged admission direct to Short Stay Units.

In all cases, in the first instance a patient will be ‘triage’ assessed by a senior Nurse to determine their clinical priority to be seen (on a scale 1-5, with 1 most critical). We do this as soon as possible, however some people who arrive in the Emergency Department Waiting Area/ Reception will experience a delay until a Triage Nurse is available.

Following triage, some people will be asked to wait in the Waiting Room to be seen further, with urgent emergency cases are taken to treatment areas immediately for further assessment and/or treatment. In addition, there are times where there will be extended family or support people present in the Waiting Area, but not seeking treatment.

- *Longest wait to be seen after arrival by an Emergency Department Nurse or Doctor: 6.6 hours from an arrival time in the evening. The patient was seen by the Triage Nurse shortly after arrival, and was assessed as Triage 3, then waited in the Emergency Department Adult Assessment Area to see a House Officer. The next morning the patient went to Theatre.*

Managing the flow of patients into our Emergency Department, and providing urgent care to those in greatest need is a priority for our entire health service. Further, there are clinical situations where Emergency Care is the most appropriate location for a case to be treated. These typically involve ongoing care by the specialist Emergency Department (for example Resuscitation or Monitoring), or cases who are receiving ongoing care, and are in Short Stay Units within the wider complex, rather than requiring ward admission.

We will prioritise treatment based on clinical urgency, and this may mean that people with less urgent needs will wait longer. In addition, the flow of patients through the Emergency Department is impacted by the overall capacity of our hospital, and those waiting for a bed need to be accommodated within the Emergency Department if not able to be discharged.

We reiterate that we are actively encourage our community to “Choose the Right Care for You” – including consideration of the range of available options for healthcare, such as use of the national 0800 Healthline, Community Pharmacy, and early contact with General Practices (including for free and subsidised care), Accident and Medical Care centres, and community NGO support services. This assists us to ensure that Emergency Care and hospital is available for those in greatest need.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'G. Johnson', with a long, sweeping horizontal line extending to the right.

Gloria Johnson
Chief Executive (Acting)