

**Counties Manukau  
District Health Board**

**Emergency Medicine  
Health Services Plan**

**February 2008**

## 1.0 Current Services

The new Middlemore Hospital Emergency Care Unit was opened in November 2000 and provides Emergency Medicine Services for 78,000 presentations per annum.

The Emergency Care Unit is currently divided into three areas:

- Adult EC
- Kidz First Emergency Care with 12 Short Stay beds with a length of stay of 12 hours
- Adult Short Stay (for the care of adult patients for up to 24 hours)

Patients present to EC in a number of ways:

- Self-presenting patients
- Presentations by ambulance (following trauma, medical/surgical conditions etc)
- GP-referred patients following discussion between the GP and hospital medical staff

Emergency Care is staffed by Emergency Medicine trained SMOs, RMOs and nursing staff. Historically, Emergency Care Medical Staff have been responsible for the care of undifferentiated patients i.e. patients who are self-referred and not GP-referred, all major trauma at the time of presentation, patients in triage categories 1 and 2. GP-referred patients are managed by an inpatient medical, surgical, paediatric, or mental health teams.

Adult patients who require further observation and clinical management, and who are not thought to require an inpatient admission, may be managed in adult short stay unit for a period of up to 24 hours. This applies to patients of all specialties, not just patients being managed by an Emergency Medicine team.

## 2.0 Key Issues

### Waiting times for treatment

Waiting times from presentation to treatment for all patients do not currently meet clinically accepted standards for the Australasian College of Emergency Medicine and Ministry of Health. While the situation is good for Triage Category patients 1 with some improvement to be made to Triage Category 2, for those patients triaged as categories 3, 4 and 5 extensive delays can result with the potential clinical risk of unsatisfactory outcomes.

### Delays in patient flow process

For many patients the time spent in EC is unnecessarily protracted with resulting in a length of stay of greater than six hours in EC. In addition to the resulting lack of privacy for some patients who may end up being nursed in corridors, this also blocks the physical capacity within EC to treat new presentations.

### Staffing

An inability to recruit and retain nursing staff for EC has been an ongoing issue resulting in staff dissatisfaction and an ongoing challenge to recruit to vacant positions.

### Capacity for volume growth

The Middlemore Hospital EC department was built to cater for 100,000 presentations per annum and with the growing CMDHB population, associated bed access and extended length of stay for EC patients, the department will shortly reach capacity.

## **Model of Care**

Lack of consensus to an agreed model of care for patients in EC between EM (Emergency Medicine) staff and inpatient teams at CMDHB has resulted in issues relating to the responsibilities of relevant teams and this in turn contributes to issues related to patient flow.

## **3.0 Trends and Future Directions**

Currently models of care are being revised to achieve a more efficient and clinically safe patient journey through Emergency Care, meeting the ACEM and Ministry indicators relating to "Triage Time to be seen" and with a length of stay of < 6 hours.

With the development of the new Clinical Services building in five years, CMDHB will be developing an Assessment and Planning Unit. This unit for adult patients will be managed by medical and surgical teams and will be used predominantly for GP-referred patients in triage categories 3, 4 and 5.

## **4.0 Key Directions**

- ✓ *Redeveloped models of care to achieve timely response and shortened length of stay in EC.*
- ✓ *CMDHB will continue to function as a Regional Trauma Unit for the foreseeable future with supra-regional services for patients with neurosurgical, cardiothoracic surgery and paediatric surgery provided at Auckland City Hospital.*
- ✓ *Development of an Assessment and Planning Unit at Middlemore Hospital as part of the Clinical Services Building development. This will reduce the number of GP presentations to Emergency Care offsetting increases associated with population growth in Counties Manukau.*
- ✓ *Overnight provision of primary care will influence the staffing requirements in Emergency Care. If this responsibility rests in EC, this occurs over a period when there are lower numbers of presentations and adequate physical capacity. Additional staffing will be required. Decisions regarding overnight provision of primary care are still to be made and have been considered within the After Hours Workstream.*