

## Media statement

### Life inside the emergency department

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**The Emergency Department is a complex and often misunderstood environment – a place people love to hate. But a region like ours relies heavily on our critical after hours care and we are lucky to have a dedicated team that provides it for us.**

The staff working in ED have a particular passion for the work they do and the people they treat. It's lucky they do, as it's not all rosy. At times, it can be a downright daunting experience. Those that sit in our waiting room, often for longer than they'd like, feel the frustration of a system that may appear to them insufficient, or inadequate. I have worked in this environment for many years, I have felt the anguish. But it is a shared frustration and it is borne, not from inadequacy or ineptitude, but from an increasingly high demand for care.

For the ED staff the pressure of a full waiting room is felt right throughout the department. That pressure starts with our administrative staff, is passed to the triage nurse, and filters all the way to the ambulance bay. In an emergency environment, every staff member carries the risk of the waiting room – that unknown condition that needs to be fully assessed, the quick deterioration of an illness, the in-pain and at-risk in the queue. From the public's perspective, it can be easy to judge someone in the waiting room and assume they aren't so sick, or that their need is less than their own. The reality can be quite different.

It takes significant training and years of experience to become a competent triage nurse. The urgency is not always evident from the outside and the triage system is not well explained or understood outside of the Emergency setting. Decisions around who is seen first are based on a raft of criteria, and the decision process is evidenced-based and widely accepted as the best available system to assess urgency of need.

Yes, waiting is a hugely undesirable and objectionable thing to have to do. In our very instantaneous world, no one likes to wait. We do understand how frustrating it is and have been there ourselves, sitting in ED waiting for care while other, more critical people, get to 'go first.' The rapid population growth Wairarapa has experienced of late, along with our aging population and the illness and injury it brings with it, does impact on the front door of the hospital, and our health services are feeling the effects.

The emergency department is a busy place. The staff are committed to providing quality care and we do just that. We care for everyone from every corner of our community because we are also part of that community. We care about the elderly lady in pain after fracturing her hip in a fall and the fifty year old having a heart attack. We care about the teenager who has killed his passenger in his car and now is struggling with his own head injury and the grief of his actions. We care about the child who has had a seizure and the family that are now beside themselves with worry, and the middle aged man who has just overdosed on his antidepressants, and the child with the broken arm. The woman who has significant injuries following a domestic assault and the man with the suspected appendicitis. Most often, we receive compliments and thanks, but sometimes, our patients complain and suggest *we don't*

*care*. Indeed we do care. And as we care, we have the constant thought that the next arrival may require even more immediate care than those already in front of us.

We are processing sicker, more compromised patients now than ever before, and with this comes the sad reality that many must wait. The national target wants us to process and admit, transfer or discharge patients within six hours, and sometimes this simply can't be achieved. Often, the reported data is misconstrued. A patient coming in and being treated in ED might be more comfortable staying in the bed in the bay overnight, rather than going home in the middle of the night when they are not ill enough to be admitted, but still not great. They become a 'breach' – a 17 hour statistic from presentation at ED to time of departure – far more than the 6 hour target, but far happier for it. In the reporting, you see a 17 hour wait. In reality, we see a happier, well-served patient.

Like every ED in the country, we know we have patients sitting in the waiting room that really shouldn't be there, subjected to a long wait, as they are not requiring critical care. They could be seen at Wairarapa After Hours. That could be a choice about payment. Sometimes after hours fees put people off and we understand that. We do not send patients away, but if they are triaged as a low priority, they will wait. At ED, we will always see our worst, first.

Staff leave many shifts questioning if they have done enough, if they have assessed appropriately and delivered care well. They may have been sworn at, spat on or even physically assaulted, but they keep coming back. They continue to advance their skills, gain experience and undertake post graduate education to be better. To manage better and care better for our community. And care, they do.

We hate a full waiting room as much as those sitting in it but priority care is and will always be our primary focus.

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