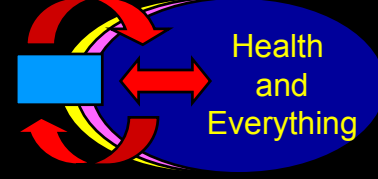


# **Why Emergency Rooms are Overloaded**

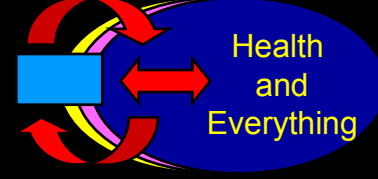




# Some Oddities

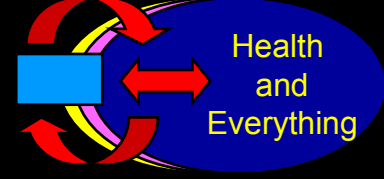
- **Desire to reduce acute care vs. increase pressure on emergency services**
- **Desire to reduce pressure on prisons vs. increase pressure on police**
- **Desire to reduce dependency of unemployed vs. reduced expenditure on developmental services in the community**

# Traditional entry points for people at risk



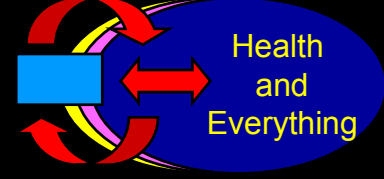
- **mothers and children**
  - prenatal support and services
  - housing and day care services
  - early childhood nutrition and educational services
- **the elderly**
  - housing and transportation
  - community support
  - home care, day care and nutritional services
- **young unemployed**
  - financial support
  - education and training
  - special job creation programs
  - mental health services

# Recent International Movements



- **The Victory of Capitalism**
  - **Collapse of the Soviet Empire**
  - **The Rise of American Influence**
- **Global Competition**
  - **Corporate expansion**
  - **International Financial Networks**
  - **Movement to lowest labour costs**

# Change in Families and Work



- **more fragmented families**
- **more women at work**
- **more work is contingent**
- **more hours out of 9 to 5**
- **more destabilization of work**

# Reductions of the Welfare Infrastructure



- **risks of excessive dependency**
  - **Reduce dependency on the state**
- **response to international pressures for fiscal constraint**
  - **Reduce public expenditure**
- **reduce state financed programs and services**
  - **Social support programs hit hardest**

# Fewer entry points for help



- **Less public housing**
- **Lower welfare payments**
- **Fewer daycare places**
- **Fewer support programs**
- **Fewer community resources**
- **Especially out of hours**
- **Marginalization of traditional GPs**

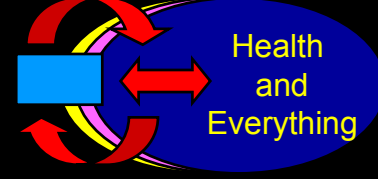


# Emergency Services

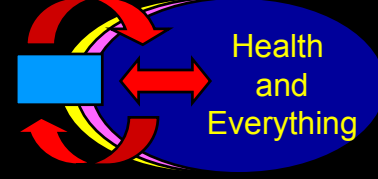
- **Police Fire Hospital Service**
  - **are centralized**
- **have priority of urgency**
- **potentially used by entire population**
- **not only for populations at risk**
- **cannot be eliminated**



# More Pressure on Remaining Points of Entry



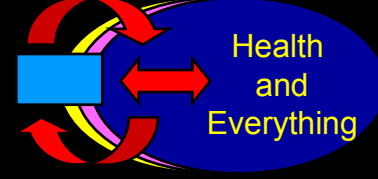
- **Emergency rooms and GP surgeries are filled with patients in at risk populations**
  - **mothers and children**
  - **the elderly**
  - **the mentally ill**
- **Police stations**
  - **the unemployed**



# Elderly Care in ERs

- **Old people come in ambulances after they have collapsed**
- **Often on gurneys for 24 hours**
- **Are admitted with five problems**
  - **Mobility problems**
  - **Confusion**
  - **Incontinence**
  - **Medication compliance**
  - **Congestive heart failure**

# Mothers and Children



- **Come to ER with crying child**
  - **mother anxious about child's health**
  - **mother worried about her response to crying**
- **Made to wait hours for doctor**
  - **child has ear ache**
  - **mother has no other support**

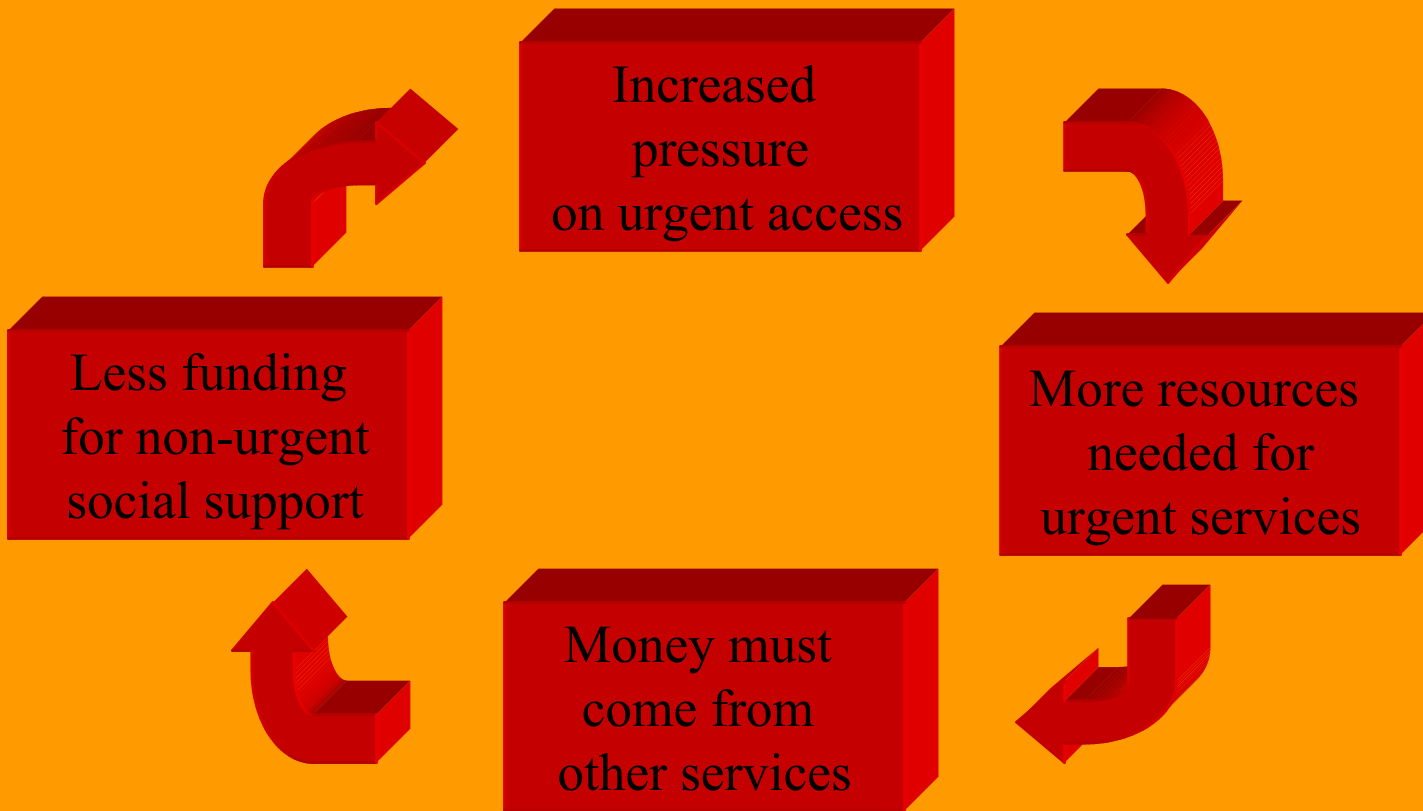


# The Mentally III

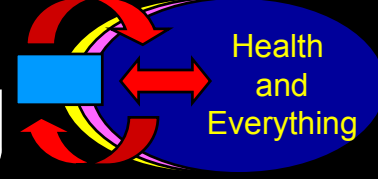
- **High anxiety and psychiatric symptoms in young adults (usually males)**
- **Made to wait unless agitated**
- **Waiting can lead to agitation, violence and transfer to police facilities**
- **Assessment of chronic anxiety**



# The Feedback Loop



# Short, Medium & Long Term Investment



# Breaking the Loop:



## Some Short Term Solutions

- **Provide more support services**
  - **through emergency rooms?**
  - **through police stations?**
- **Rethink and activate new social supports**
- **Recognize which existing services break the loop**

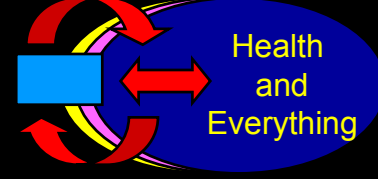


# Elderly support

- **Nannies to feed elderly patients who are hungry**
- **ambulate them while they wait for the doctor**
- **Take them to the loo so that they don't become incontinent**
- **Provide them with blindfolds so that they can sleep in darkness**

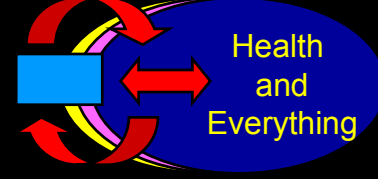


# Child and parental support



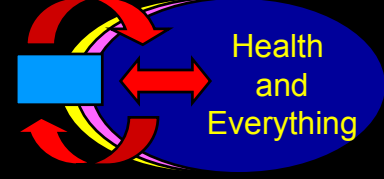
- **More nannies for mums with kids so that mother can have a break from the crying**
- **More availability of other social support for mother**
  - her response to crying
  - her economic and social situation
- **Other support mechanisms?**
  - **Surrogate grandmothers**
  - **Using health visitors in A &E**

# Support for distressed unemployed adults



- **Introduce counselling on demand for distressed adults in A & E and police stations**
- **Provide gateways there to other services for distressed adults**
  - **e.g. educational service**
  - **financial support**
  - **job opportunities**

# Breaking the Loop:

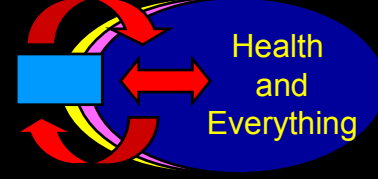


## Some Medium Term Solutions

- **Create more access points for urgent care with other supports**
  - **late night primary care**
  - **more telephone access and advice**
  - **nurse and nanny on demand**
  - **call out services**
  - **expand others that break the loop**

# Breaking the Loop: Some Long Term Solutions

- **Rethink policy mix for vulnerable populations**
  - **the elderly**
  - **mothers and children**
  - **unemployed young adults**
- **Invest in**
  - **early interventions**
  - **demand reduction mechanisms**
  - **diversion methods**
  - **improved independence**
  - **sustainable systems**



# Some Testable Hypotheses

- **More people in at risk populations come to the emergency room than 3 years ago**
  - **Elderly**
  - **Single mothers and children**
  - **Unemployed young adults**
- **More of these are admitted to hospital**
- **Many of these admissions are avoidable**
- **Breaking the loop will reduce these numbers**