

## Emergency medicine: stretched to the limit

*Stretched to the limit: A survey of Emergency Medicine consultants in the UK* has been published by the College of Emergency Medicine (2013). This report describes the working practices of consultants and other senior decision makers in the emergency department, the pressures they face and the impact on their working lives.

The response rate of the survey was 70% of the current UK emergency medicine consultant workforce (1077 respondents). Overall 62% report that their current job plans are unsustainable, while 94% of respondents regularly work in excess of their planned activities.

The College of Emergency Medicine has called for three key recommendations to be adopted:

1. Immediate action by executive boards of



trusts and commissioners to ensure that there is adherence to good job planning for consultants and other senior decision makers in emergency medicine

2. An urgent review by the British Medical Association (BMA) and NHS Employers to consider ways in which safe and sustainable working practices for consultants and other senior decision makers in emergency medicine can be appropriately recognized, especially out of hours and night time work

3. A clear focus to address and improve urgent and emergency care system design to allow safe and effective delivery of care.

Dr Taj Hassan, Vice President of the College and one of the authors of the report, said: 'This report has major implications

for health policy makers, regulators, commissioners and executive board of trusts in the UK... A failure to address these issues will compromise this ability and also further worsen the present workforce crisis affecting emergency departments.'

Responding to the report, Dr Paul Flynn, Chair of the BMA's Consultants Committee said: 'We urgently need to look at how we can make working practices in emergency medicine safe and sustainable to address this recruitment and retention crisis... The government has a responsibility to ensure patient safety and doctors' well-being are not compromised by unsafe and unsustainable working practices and the BMA will ensure they don't shirk this responsibility.'

College of Emergency Medicine (2013) *Stretched to the limit: A survey of Emergency Medicine consultants in the UK*. <http://secure.collemergencymed.ac.uk/code/document.asp?ID=7461> (accessed 18 October 2013)

## Data show patient-reported Columbia Suicide Severity Rating Scale is effective

A new study has evaluated the results from over 35 000 electronic Columbia Suicide Severity Rating Scale assessments. It looked at whether lifetime suicidal ideation with intention to act and/or suicidal behaviours reported directly by the patient at baseline predicted risk of prospectively reporting suicidal behaviour during subsequent study participation (Mundt et al, 2013).

'The most important finding... is the predictive relationship between lifetime suicidal ideation and behaviours, reported at study baseline, and the risk of prospectively reporting suicidal behaviour during subsequent study participation,' said lead author Dr Jim Mundt of the Center for Telepsychology, Madison, Wisconsin.

He continued: '...patients reporting lifetime ideation with an intention to act, prior suicidal behaviours, or both at baseline were roughly 4 to 9 times more likely to report suicidal behaviour during a study follow-up visit than patients who reported no lifetime ideation with intent to act or prior behaviour.'

Mundt JC, Greist JH, Jefferson JW, Federico M, Mann JJ, Posner K (2013) Prediction of suicidal behavior in clinical research by lifetime suicidal ideation and behavior ascertained by the electronic Columbia-Suicide Severity Rating Scale. *J Clin Psychiatry* 74(9): 887-93

## Postoperative complications in older patients differ with race, ethnicity and sex

Older black and Hispanic patients are at greater risk than white patients of developing complications after surgery, a difference that can be explained by a patient's gender and pre-existing medical conditions. These findings indicate that risk factors need careful evaluation before surgery, particularly for older minority patients (Brooks Carthon et al, 2013).

Investigators at the University of Pennsylvania School of Nursing explored the impact of patient characteristics, including race, ethnicity and sex.

They examined the occurrence of postoperative complications among older adults using patient discharge data, results from the American Hospital Association's Annual Survey, and the 2010 US Census. They also examined 13 frequent complications among 587 314 white, black and Hispanic patients 65 years and older who underwent general, orthopaedic or vascular surgery in 600 hospitals.

Investigators discovered that black patients were nearly three times more likely than white patients to develop 12 of the 13

complications; Hispanic patients were twice more likely than white patients to develop nine of the 13 complications but less likely than white patients to develop two of the complications. When hospital and patient characteristics were taken into account, the number of complications experienced more by black and Hispanic patients significantly dropped.

Brooks Carthon JM, Jarrin O, Sloane D, Kutney-Lee A (2013) Variations in postoperative complications according to race, ethnicity, and sex in older adults. *J Am Geriatr Soc* 61(9): 1499-507 (doi: 10.1111/jgs.12419)