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Engaging the Public in Healthcare Decision Making: Results from a Citizens' Jury on Emergency Care Services

Scuffham PA [1], Moretto, N [1], Krinks R [2], Burton P [3], Whitty JA [1,4], Wilson A [5], Fitzgerald G [6], Litttlejohns P [7], Kendall E [2].

Affiliations

[1] Centre for Applied Health Economics, Population and Social Health Research Program, Menzies Health Institute Queensland, Griffith University, Meadowbrook, Queensland, Australia

[2] Centre of National Research on Disability and Rehabilitation, Population and Social Health Research Program, Menzies Health Institute Queensland, Griffith University, Meadowbrook, Queensland, Australia

[3] Urban Research Program, Griffith School of Environment, Griffith University, Southport, Queensland, Australia

[4] School of Pharmacy, Faculty of Health and Behavioural Sciences, University of Queensland, St Lucia, Queensland, Australia

[5] Menzies Centre for Health Policy, School of Public Health, University of Sydney, Sydney, New South Wales, Australia

[6] School of Public Health, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland, Australia

[7] Division of Health and Social Care Research, Faculty of Life Sciences and Medicine, King's College London, United Kingdom

Address for correspondence:

Prof Paul A Scuffham

Centre for Applied Health Economics, School of Medicine, Logan Campus, Griffith University Meadowbrook, Queensland 4131, AUSTRALIA, Email: p.scuffham@griffith.edu.au

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Contributors

PS, JW, PB, EK, PL and AW conceived and designed the study, and obtained funding. PS, PB, EK, RK and AW undertook the study; PS, PB, EK, presented the background and functioning of a citizen jury to the jurors and AW and GF were independent content experts. RK undertook additional data collection from participants, supervised by EK and PS. NM undertook data analysis and prepared a draft of this manuscript and all authors provided substantial input to this version of the manuscript.

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Competing interests None declared.

ABSTRACT

Background: Policies to address emergency department (ED) overcrowding have failed to incorporate the public's perspectives; engaging the public in such policies is needed.

Objective: This study aimed to determine the public's recommendations related to potential changes to model of care intended to reduce overcrowding, optimising access to and provision of emergency care.

Methods: A Citizens' Jury was convened in Brisbane, Queensland, Australia, to consider priority setting and resource allocation to address ED overcrowding. The jury comprised 13 females and 9 males aged over 18 years recruited from the electoral roll, who were interested and available to attend the jury from 15–17 June 2012. Juror feedback on the jury process was collected via a survey immediately following the end of the jury.

Results: The jury considered that all patients attending the ED should be assessed with a minority of cases diverted for assistance elsewhere. Jurors strongly supported enabling ambulance staff to treat patients in their homes without transporting them to the ED, and allowing non-medical staff to treat some patients without seeing a doctor. Jurors supported (in principle) patient choice over aspects of their treatment (when, where, and type of health professional) with some support for patients paying towards treatment but unanimous opposition for patients paying to be prioritised. Most of the jurors were satisfied with their experience of the Citizens' Jury process, but some jurors perceived the time allocated for deliberations as insufficient.

Conclusion: These findings suggest that the general public may be open to flexible models of emergency care. The jury provided clear recommendations for direct public input to guide health policy to tackle ED overcrowding.

What this paper adds

- Efficient and responsive policy that considers the public's perspective is needed to address the complex and serious issue of emergency department overcrowding.
- There is limited research on public preferences for priority setting and resource allocation to optimise access to and provision of emergency care.
- Our Citizens' Jury provided clear recommendations for direct public input for policy decision-making.
- Our findings suggest that the general public may be open to flexible models of emergency care.

INTRODUCTION

Emergency Department (ED) overcrowding is a serious issue facing hospitals in Australia and overseas.[1] This overcrowding is due to multiple factors including a lack of access to inpatient beds and increasing demands on the health system. ED overcrowding and access block have significant adverse impacts on all aspects of patient care including increased subsequent risk of death with increased overcrowding.[2] To address this, the Australian government introduced the National Emergency Access Target, requiring 90% of patients to be treated and discharged or transferred out from the ED within four hours. While there is some evidence that this was associated with a decrease in mortality,[3] however there are growing concerns that these time-based targets are unlikely to solve the overcrowding problem.[4]

To date, policy measures to address ED overcrowding have often failed to incorporate the public's perspectives as public input is often not sought or, if it is sought, it is disregarded.[5] Public engagement to inform healthcare decision-making has been recognised as a key ingredient in modern policy-making and may even increase the likelihood of the policy being more effectively implemented.[6] A Citizens' Jury is a well-accepted, deliberative method of public engagement which elicits public views around specific topics, including health policy.[7 8] This approach is particularly useful for informing complex policy decisions, such as those involving priority setting and resource allocation.[6] The UK's National Institute for Health and Care Excellence routinely employs a modified Citizens' Jury process for assistance in priority setting.[9 10] Support for Citizens' Juries is growing in Australia and overseas.[11 12] The Australian National Health and Hospitals Reform Commission recommended the use of Citizens' Juries to foster community engagement, especially in the area of allocation of limited resources in the context of competing priorities.[13] This is mirrored in Queensland's Hospital and Health Boards Act (2011), requiring hospitals and health services to consult with members of the community about the provision of health services.[14] To put this in context, the Australian healthcare system is a

mixed public and private system; EDs are predominantly located in public hospitals although some private hospitals operate an ED for fee-paying patients.

In a Citizens' Jury, a group of randomly selected individuals that demographically reflect the wider community is convened to examine a pre-specified topic. Expert witnesses present evidence to the jury, which forms the basis of the jury deliberations. The verdicts and recommendations are thought to broadly represent the values and intellect of the wider community.[9 11 12 15] This approach can directly impact policy, making Citizen Juries an invaluable community engagement approach for efficient and responsive policy.[8 16]

There is limited research on public preferences for strategies to optimise the utilisation of EDs and the allocation of resources to address overcrowding. Engaging the public in the design, promotion and implementation of strategies to address ED overcrowding is, therefore, needed. To address this issue, we conducted a Citizens' Jury to determine the public's preferences related to potential changes to the model of care intended to reduce overcrowding, optimising access to and provision of emergency care. This paper describes the findings and recommendations of the Citizens' Jury focusing on priority setting and resource allocation to tackle the problem of ED overcrowding. This study on the ED is part of a larger study described elsewhere.[17]

METHOD

Recruitment and selection

We used a combination of random and purposive sampling to recruit participants to this study. A random sample of 2000 people were selected from the electoral roll covering the Queensland Health Metro-South Health Service District (a large metropolitan health service in south-east Queensland that caters for 250,000 ED cases across five hospitals annually), were sent a letter of invitation, an information sheet, and a screening survey. The screening survey included interest and availability in participating, sociodemographic questions (including age, gender, income, employment status, country of birth, language, indigenous heritage, private health insurance status, and health concession card possession), affiliations

with special interest groups and occupation. Participants were eligible to participate if they were aged at least 18 years and were willing and available to participate in the Citizens' Jury. Exclusion criteria were affiliation with a special interest group such as a patient advocacy group, employed as a healthcare professional, or ever worked in an ED or an emergency care service. A sitting fee for the jurors (AU$300) and travel and accommodation expenses were offered to reduce volunteer bias.

Of the 490 screening surveys returned, 204 (42%) were interested and available to participate. Of these, 37 (18%) were excluded based on the pre-specified exclusion criteria. From the remaining sample of 167 respondents, 22 eligible respondents were purposively selected to be on the jury stratified to match the demographic profile of Queensland. Of the 22 respondents invited to be jurors, 18 agreed to participate. Seven replacement jurors were invited, and six accepted, leaving a jury of 22 with 2 alternate jurors. The jurors were mailed an information sheet, a discrete choice preference survey (findings to be reported as part of the overall discrete choice experiment) and a consent form which was signed and returned prior to the start of the Citizens' Jury. The jurors were then mailed information about the Citizens' Jury and relevant background information on EDs.

Questions for deliberation by the jury

The questions put to the Citizens' Jury were developed based on information from a literature review, scoping meetings with stakeholders, a focus group with ED clinicians and other stakeholders, and input from research partners. One overarching and six sub-questions about emergency care services were put to the jury for consideration (Table 1).

Table 1. Questions about emergency care services put to the jury

Charge question:
The Emergency Department (ED) should treat everyone who presents.
Sub-questions:
- Are there circumstances where it is acceptable to not treat someone presenting at the ED? - Should patients be given a choice over when they are treated, where they are treated, and by whom (type of health professional)? - Is it acceptable for patients to be treated by non-medical staff such as paramedics, nurses, and allied health professionals without seeing a doctor? - Should paramedics be enabled to treat patients in their home without bringing them to the ED? - Are there any circumstances that patients should pay towards the cost of treatment? - Should patients with minor illnesses or injuries have a choice to pay to be seen in a priority queue?

Citizens' Jury process

The Citizens' Jury was convened on the 15–17 June 2012 in Brisbane, Queensland, Australia. It was conducted in line with the standardised Citizens' Jury procedure proposed by the Jefferson Center,[15] including juror and witness selection, question development, planned hearings, deliberative periods for discussion and compilation of recommendations. At the outset the jurors were informed that Queensland Health and the Southern Adelaide Local Health Network Inc. had sponsored the study and that the purpose of the jury was to make recommendations to both organisations on what they considered to be acceptable approaches to managing the ED given the overcrowding issues. This would potentially have a direct impact on healthcare policy. They were told that their recommendations would be compiled into a report and presented to senior management in both organisations.

During the three consecutive days, jurors listened to 12 expert witnesses across eight sessions on the topic of optimising access to and provision of emergency care (Table 2).

Jurors questioned the witnesses and clarified the evidence presented to them. The eight sessions comprised six evidence sessions (30–60 minutes each) and two panel sessions (60 minutes each), which included time for questions from the jury. Any unanswered questions were followed up with witnesses and the responses were relayed to jurors at the earliest opportunity.

In plenary and small group sessions, jurors engaged in four deliberative discussion periods with the two independent and experienced facilitators (Table 2). Witnesses were absent during the deliberations. These deliberations were interspersed between the witness sessions allowing the jurors the opportunity to reflect on the expert witness testimonies, prioritise their preferences, reach verdicts and develop recommendations. The jury's verdicts and recommendations were documented and finalised on Day 3. Following this, the jurors attended a debriefing feedback session in which they were asked what they thought of the jury experience and what they would take away and completed an evaluation survey.

Table 2. Summary of witness sessions and deliberations

Day 1
Introduction
Jury welcome and induction – Facilitator/s (135 minutes)
Session 1
Topic: Emergency Departments (EDs) in Australia – Researcher / policy expert (45 mins)
An overview of EDs within the Australian health system.
Session 2
Topic: How an ED functions – Nurse Unit Manager (60 mins)
An overview of how EDs function.
Day 2
Session 3
Topic: Issues and priorities in EDs – Director of an ED (45 mins)
Information about how the ED interacts with the rest of the hospital.
Session 4
Panel – Nurse (bed management); Paediatrician (retrieval); Ambulance driver (60 mins)
Panellists responded to the charge and sub-questions from their own perspective.
Deliberation (70 mins)
Session 5
Consumer panel (advocates for: mental health, mothers/babies, carers) (60 mins)
Consumer panellists provided information from their own perspective.
Deliberation (30 mins)
Session 6
Topic: Emergency Nurse Practitioners – Nurse Practitioner (30 mins)
An overview of role and training of emergency nurse practitioners and efficacy data.
Session 7
Topic: Primary care – General Practitioner (GP) (30 mins)
An overview of the role of primary health care, a model of primary care and ED care.
Deliberation (90 mins)
Day 3
Session 8
Topic: Summary – Researcher / policy expert (45 mins)
An overview of emergency care services in Australia and a summary of the testimony.
Deliberation and Recommendations (150 mins)

Data collection and analysis

With minimal direction from the facilitators, jurors drafted the final verdicts and recommendations. Juror feedback about the Citizens' Jury process was collected from a jury debriefing session, and a 17-item evaluation survey covering factors such as time allocated

for deliberations, the duration of the jury, information presented, and overall satisfaction with the process. A PhD student (RK) collected additional information on consumer voices using diaries provided to the jurors; this will be reported separately. Jurors' feedback during the debriefing was audio-recorded and transcribed. Feedback comments from the jurors' diaries were compiled. Satisfaction ratings in the survey used a five-point Likert scale (ranging from very dissatisfied to very satisfied) regarding the juror's satisfaction with the Citizens' Jury process. A thematic analysis of the qualitative data from all three sources was performed to identify emergent themes.[18]

RESULTS

Description of jury participants

Members of the jury came from a broad range of age groups, place of residence, and occupations. Table 3 shows that the age and sex distribution of the jury broadly reflects the Queensland population; women (aged 35 to 54 years) and men (aged 55 years and over) were slightly over- and under-represented in the jury, respectively, when compared to the Queensland population.

Table 3. Age and sex of the Citizens' Jury and the Queensland population

Age group (years)	Citizens' Jury			Queensland population[19]		
	Female	Male	Total	Female	Male	Total
	%	%	%	%	%	%
18–34	18	14	32	15	15	30
35–54	23	18	41	19	18	37
55+	18	9	27	17	16	33
Total	59	41	100	51	49	100

The profile of the jury was comparable on numerous relevant demographic characteristics to the profile of the Queensland population (Table 4).

Table 4. Demographic characteristics of the Citizens' Jury and the Queensland population

Demographic characteristics	Citizens' Jury		Queensland population
	n	%	%
Born overseas[19]	4	18	21
Speak a language other than English at home[19]	2	9	10
Indigenous[19]	1	5	4
Have private health insurance[20]	11	50	48
Have a concession card[21]	4	18	25
Highest educational attainment[22]			
Up to Year 12	12	54	51
Diploma or trade certificate	5	23	28
Bachelor's degree or higher	5	23	21
Employment[23]			
Full-time	8	36	45
Part-time	4	18	18
Not in labour force	8	36	33
Unemployed	2	9	5
Occupation of those in labour force, n=14[24]			
Manager and professionals	5	36	32
Technicians and trades	2	14	15
Community and personal services; Clerical and administrative; Sales	6	43	34
Machinery operators; Drivers and labourers	1	7	18
Annual household income[19]			
<AU$50,000	7	32	30
$AU50000–$200000	14	64	65
>AU$200000	1	5	5

Jury's verdicts to the charge and sub-questions

The jury's verdicts to the charge and sub-questions including additional recommendations are detailed below (Day 3, n=22) (Table 5). Overarching Question: The jury recommended that all patients attending EDs should be assessed, with a minority of cases diverted for assistance elsewhere (e.g. to their GP or their social worker), if appropriate. The jurors considered that assessment of a patient was part of treatment (i.e., determining that no medical intervention was required). Sub-question One: The Jury considered there were very limited instances when it is acceptable to refer patients elsewhere such as when patients were too violent. Sub-question Two: The majority of jurors supported in principle, with some dissent, that patients with the capacity to make an informed choice over aspects of their treatment (when, where, and type of health professional) should be given the option to do so. Jurors believed patient choice was important, yet highlighted the need for guidelines to inform the process. Sub-question Three: The jury strongly agreed it is acceptable for patients with non-life-threatening conditions and minor injuries (Australasian Triage Scale categories 3–5;[25]) and uncomplicated pregnancies to be treated by appropriate non-medical staff without consulting a medical practitioner. Sub-question Four: The jury strongly agreed that paramedic staff should be enabled to assess and treat consenting patients in their homes or at the site, without transporting them to the ED (provided the patient is stable, confident, capable of self-management, and understands their options). For this to occur, jurors recommended introducing policies, legislation, administrative structures, training (including psychiatric and paediatric), and technology (e.g. telemedicine linked to medical practitioners) to support paramedics in this extended care role. Sub-question Five: The jurors displayed diverging views, with tempered support, that patients should pay towards the costs of treatment under some circumstances (e.g. if additional costs are incurred due to patients' requests). Sub-question Six: All jurors strongly opposed patients with minor illnesses or injuries having a choice to pay to be seen in a priority queue.

Table 5. Verdicts to the questions put to the jury and recommendations

Jury's verdicts and recommendations

Verdicts

Charge:

The Emergency Department (ED) should treat everyone who presents.

Verdict: Support; all patients should be assessed

Sub-questions:

- Are there circumstances where it is acceptable to not treat someone presenting at the ED?

  Verdict: Very strong support

- Should patients be given a choice over when they are treated, where they are treated, and by whom (type of health professional)?

  Verdict: Supported in principle

- Is it acceptable for patients to be treated by non-medical staff such as paramedics, nurses, and allied health professionals without seeing a doctor?

  Verdict: Very strong support

- Should ambulance staff be enabled to treat patients in their home without bringing them to the ED?

  Verdict: Very strong support

- Are there any circumstances that patients should pay towards the cost of treatment?

  Verdict: Diverging views, with tempered support

- Should patients with minor illnesses or injuries have a choice to pay to be seen in a priority queue?

  Verdict: No (unanimous)

Recommendations

Short-term strategies:

- Expand the roles and responsibilities of nurses
- Allow paramedics to treat patients on-site
- Provide the legislative and organisational support for enhanced care roles
- Introduce transit lounges between EDs and hospital wards
- Improve transfer and handover procedures between between paramedics and ED staff, ED and ward staff and between and within disciplines
- Increase the frequency of hospital rounds to improve discharge rates
- Provide better community care options
- Educate the public about self-care, first aid, health, function of EDs, alternative services, private EDs
- Improve access to patients' medical histories (to help assess patient capacity)
- Sign a disclaimer (by patients)
- Provide free transport home for patient transported to an ED >20kms

Long-term strategies:

- Cover treatment costs for private patients attending private EDs
- Improve design of EDs for privacy (e.g. private areas for triage)
- Authorise paramedics to determine whether to transport patients to the ED or super clinic
- Improve flexibility in Medicare funding options for private clinics and private EDs
- Introduce financial incentives for private ownership of clinics
- Introduce incentives for general practitioners (GPs) to provide minor procedures / wound care
- Explore alternative care options on- or off-site (24 hour super clinics, after-hours GP clinics)
- Develop "best practice" systems or processes through research with trial hospitals

Rationale for the jury's verdicts

The main driver behind the jury passing these verdicts was their understanding of the critical issues facing EDs in Australia and the importance of improving the efficiency of the system. The jury believed that the majority of patients presenting to the ED are legitimately ill

or injured and felt that any changes to the system should have an emphasis on patient autonomy, safety and confidence through the provision of quality and culturally-sensitive emergency care. The jurors insisted on appropriate training, resources, and support systems, to treat patients effectively and mitigate against potential litigation. Jurors held a strong belief that public EDs and any clinical-based treatment decisions should remain free of charge in the Australian Public Health system.

Juror feedback and emerging themes

At the end of the jury, most of the jurors were satisfied or very satisfied with the Citizens' Jury in general and as an unbiased method to elicit their views, but a substantial minority were not satisfied with the amount of time allocated to the various components. Juror's comments indicated that they would have preferred more time for witness and deliberative sessions, more panel sessions, more frequent diary moments, and the ability to recall witnesses.

A thematic analysis of the qualitative data on the jury process identified four themes: the value of the Citizens' Jury as a model, improved understanding of EDs, personal growth, and consensus among a diverse group. Jurors' comments indicate they found the jury experience to be positive and thought Citizens' Juries were a good model for public engagement. For many jurors, their involvement in the jury not only improved their understanding and changed their perceptions of EDs and the health system, but also formed part of a broader learning experience. Many jurors were surprised that agreement could be reached among such a diverse group.

DISCUSSION

After deliberating the evidence on EDs, our Citizens' Jury found that the ED should assess, but not necessarily treat, all presenting ED patients. The jury supported a multifaceted and community-based approach to divert a minority of patients to alternative care services for

treatment, if appropriate and available. To this end, the jury supported the provision of improved community care and funding options to better sustain patients in their homes and increase use of alternative cost-effective services. These recommendations are consistent with those of the Australasian College for Emergency Medicine (ACEM).[1 26] As most initiatives have a marginal effect, if any, on relieving ED patient capacity pressure,[27] more research is needed to establish which models of care are clinically effective in addressing ED overcrowding. The jury believe public education is essential in order for Australians to shift their existing views of EDs and embrace fundamental changes to the system. Such education should be directed not only to patients but the wider community as the decision to attend an ED can equally fall on either party.[28] The impact of education on ED demand is unknown; however, it is encouraging to note that educating the jurors, who themselves are ordinary citizens, resulted in a better understanding of the issues that often plague EDs and the health system and an appreciation for the need for innovative and flexible solutions.

The jury's strong support for enabling adequately trained ambulance staff to treat a subgroup of patients in their homes, at the scene or transfer them to alternative care services—without transporting them to the ED—are largely consistent with previous studies that suggest the public are supportive of such initiatives.[28] With nearly one-quarter of all public hospital ED presentations in Australia arriving by an ambulance service, the majority of which are not emergencies or resuscitations,[29] utilising paramedics in these enhanced roles has the potential to moderate the growth in demand for ED services.[4] This alternative care model to the existing inflexible transport-focussed paramedic service may gain broad support from the community, and if found to be safe and effective without compromising response times and patient safety, has the potential to reduce ED presentations and help ameliorate ED overcrowding.

The jury's strong support for enhancing the roles of non-medical staff to treat patients with non-life-threatening conditions/injuries—without a medical consultation—is largely consistent with previous studies that suggest the public support expanded roles for non-medical personnel, if safe to do so.[28] As the vast majority of all public hospital ED

presentations in Australia are triaged as non-emergency cases,[29] increasing the scope of all non-medical health professionals may prove worthwhile; however, the impact on staff workload would need to be managed. The jury's recommendation to introduce whole-of-hospital strategies in the form of effective transfer and handover procedures, frequent hospital discharge rounds, and transit lounges (an interim waiting area for patients such as waiting for bed allocation on admission) are in line with the ACEM's mandate for urgent reform across the system to address access block.[26] Further, the transit lounges, which have already been introduced in some hospitals in Australia, may gain support from the broader public for their continued use or expansion into other hospitals.

The jury's general support for greater patient choice over treatment reflects the health sector's commitment to patient-centred care; yet, how this would work in practice remains unknown. While concerned that co-payment models for EDs may unknowingly decrease the ED presentations of those requiring emergency care,[30] the jury's support for patients contributing to the cost of treatment under limited circumstances may be more appropriate (e.g. where a patient requests ambulance staff to take them to an ED that is not the nearest appropriate ED). The jury's unanimous opposition to patients paying for prioritised treatment reflects the fundamental values of fair and equitable emergency care. The jury's support for crucial research to develop "best practice" systems or processes is echoed by the ACEM's urgent request for an evidence base of interventions to inform funding decisions.[1]

This study has several limitations. Selecting jurors from a sample that were willing and available to sit on the jury and that resided in the same geographical area may have produced an unintended selection bias not evident in the sample demographic characteristics such that the jury's views may not have been fully representative of the broader Queensland population. Time constraints may also have played a role in the facilitator putting disagreements between jurors aside rather than dealing with them at the time. It is possible that the jury may have been more influenced by some of the witness testimony than others and that the verdicts and recommendations from this small group of citizens may not reflect of views of the broader public. With the ED and elective surgery units competing for limited resources and funding,

the findings of this jury may have been further enriched by expanding the scope of the topic to encompass the whole-of-hospital system. However, a larger scope would likely have bene challenging to manage in a single jury process, particularly given juror feedback requesting longer deliberation time.

Citizens' Juries were found to be an effective method of engaging members of the public in decision making on the complex issues such as the improvement of EDs. The study extends our understanding of public views on optimising access to and provision of emergency care and provides clear recommendations for direct public input to guide health policy. The jury's findings suggest that the public may be supportive of a multifaceted approach and may be open to flexible models of emergency health service delivery to combat ED overcrowding.

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