

## **IAEM concerned that recent Department of Health and HIQA decisions will worsen Emergency Department crowding**

Despite multiple reports, taskforces, commitments and promises, Emergency Department (ED) crowding continues with little real sign of sustained improvement; indeed, new records have been set during the summer months. This is in spite of the reduction in delayed discharges (patients whose acute hospital care has been completed but who remain in an acute hospital bed while appropriate community facilities are obtained), a known major contributor to ED trolley waits. It is therefore of very serious concern to the Association that recent statements by the Department of Health and HIQA indicate that actions will be taken which are likely to significantly worsen the problem and further place the lives of patients at risk.

The Department of Health has signalled the introduction of a system of fines to penalise hospitals that do not meet scheduled (planned) care targets. Hospital management can only achieve these targets by favouring scheduled care at the expense of unscheduled (emergency) care. This will have the inevitable consequence of making it even more difficult for patients languishing in Emergency Departments (EDs) to get a hospital bed in a timely fashion, increasing mortality, morbidity and length of hospital stay for this group of patients. Scheduled care is important but the needs of unscheduled care patients represent the greater patient safety risk. This policy decision by the Department of Health is very dangerous and may well see individual managers being held accountable for the resulting negative impact on patient safety. Steps urgently need to be taken to increase hospital capacity if the intended ramping up of scheduled care targets is to take place safely.

HIQA recently announced its intention to place restrictions on long term care institutions or force closure of those it feels provide substandard accommodation. While HIQA's understandable frustration with the HSE's painfully slow improvement of facilities is understandable, this action will have a very negative impact on ED crowding. Reduced capacity in long term care will reduce the ability to discharge patients from acute hospitals to these facilities, inevitably causing an increase in numbers of patients forced to wait on hospital trolleys in EDs for increasingly long periods of time.

Not for the first time we ask: does society not believe that the plight of these, typically elderly, patients waiting on trolleys is important enough that definitive solutions are urgently found?

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