What you should know about Emergency Departments:

Emergency Departments (EDs) provide life-saving care when required, 24 hours a day, seven days a week. EDs look after people who have emergency medical problems, injuries or psychological issues, whatever the cause may be. You may recognise and be familiar with the term *Casualty Department* or *Accident & Emergency (A&E) Department*; however the correct term for our departments has been ***Emergency Department (ED)*** since October 2000.

EDs are staffed by teams of doctors, nurses and other healthcare professionals who work together to identify and treat patients' emergency health problems. Once a patient receives the emergency care they need, the next steps in their care are planned. Some patients need to be admitted to hospital; most can be cared for by their General Practitioner (GP) or followed up at a hospital out-patient clinic.

It can be difficult for people to know whether to go to their local ED, phone for an ambulance or contact their GP or other services. If you, or a family member, think you need emergency care, you can come immediately to the ED. If you think the medical condition is, or may become life-threatening, you need to telephone the Ambulance Service (999 or 112). Symptoms that are serious for a child may not be as serious for an adult. Always get immediate medical attention if you think a child is having a medical emergency.

For further information see: ***Which types of symptoms usually need Emergency Department assessment?***

FAQs:

- ***Why are some people seen sooner than others?***
- ***Why are Emergency Departments often overcrowded?***
- ***Why do some Emergency Department visits take so long?***
- ***Which types of symptoms usually need Emergency Department assessment?***
- ***Should I go to my GP or the Emergency Department?***
- ***What are Urgent Care Centres?***
- ***What is Emergency Medicine?***
- ***Why are all services not available in my local Emergency Department?***
- ***What should I do if I am disappointed with my experience in an Emergency Department?***
- ***Why are there apparently so many intoxicated patients in the Emergency Department?***
- ***What is the Irish Association for Emergency Medicine (IAEM)?***
- ***What can you do to help improve patient care in Irish Emergency Department?***

Why are some people seen sooner than others?

Patients attending EDs are not always seen in order of arrival. Some patients must be seen sooner, if they have serious illness or injury or their condition has the potential to quickly become more serious. This process of prioritisation of patients based on clinical

need is called *Triage*. A standard Triage System is used to ensure safety and fairness. Similar systems are used in other countries.

Triage systems use the patient's symptoms and a focussed examination by a nurse or doctor. More seriously ill and injured patients who need to be seen immediately may arrive in the ED at any time. Patients who experience a change in their condition after having been triaged should always tell the triage nurse (or reception staff if the nurse is busy with another patient).

Why are Emergency Departments often overcrowded?

Many factors contribute to overcrowding in Irish EDs. However, the leading cause in most hospitals is the delay in admission to a hospital bed of patients who have had their emergency treated but cannot be safely discharged. This results in a loss of clinical spaces in which to see new ED patients.

The ED usually has no direct control over access to inpatient beds. Delays for beds are largely due to there being inadequate numbers of available acute hospital beds (the types of beds ED patients need) and a lack of Intensive Care beds.

Many Irish EDs are too small to safely accommodate the numbers of patients who need Emergency treatment. International standards tell us that many Irish EDs need to be rebuilt or extended to reach an acceptable standard. It is difficult for EDs to work efficiently if they are too small and poorly designed.

Why do some Emergency Department visits take so long?

You may be in the ED for some hours, particularly if you have a complicated health problem that requires special blood tests, x-rays, or other specialists to help in your assessment. It may take the ED team several hours to stabilise very ill patients.

Unfortunately, many EDs do not have adequate resources to provide timely care for all patients, particularly during the busiest times. This may relate to problems with ED overcrowding, inadequate nursing, medical or administrative staff numbers or inadequate support from within the hospital for the ED. Improved ED design and organisation would help reduce waiting times for all patients.

The nature of emergency care means that the vast majority of our patients arrive "unscheduled" and unannounced. Services that do not operate by appointment, especially those such as EDs that provide services that can vary from minutes to hours for each patient will always have occasional, unexpected delays, no matter how well planned they are. However, we do try to deal with everybody as quickly as we can, without compromising on safety.

The Irish Association for Emergency Medicine (IAEM) believes that all Irish EDs should be able to deal with all patients within 6 hours, from arrival to admission or discharge. This standard has been accepted in principle by the HSE.

Which types of symptoms usually need Emergency Department assessment?

It can be very difficult to decide when your symptoms or medical condition are an emergency. If you or a family member thinks you need emergency care, you can come immediately to the ED. If you think the medical condition is, or may become, life-threatening, call the Ambulance Service (999/112).

Symptoms that usually need immediate ED assessment include:

- Difficulty breathing or shortness of breath
- Chest or upper abdominal pain or pressure
- Severe abdominal pain
- Severe or persistent vomiting or diarrhoea
  (most vomiting or diarrhoea can be dealt with by self-care or your GP)
- Vomiting blood
- Collapse, sudden dizziness, weakness
- Sudden changes in vision
- New confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Difficulty speaking
- Significant injury

This is not intended to be a complete or exclusive list – if you think you have an emergency condition, seek medical help immediately.

Children have particular medical problems and may have different symptoms to adults. The younger the child, the more difficult it can be to fully assess. Children under three years are particularly susceptible to serious infections such as meningitis, pneumonia, urinary infections etc. Children may also be unable to tell an adult how they feel. Always get immediate medical attention if you think a child is having a medical emergency such as a seizure; persistent high temperature with listlessness or vomiting; blueness around the lips/mouth or hands/feet; irregular pattern of breathing or short periods of not breathing at all.

Should I go to my General Practitioner (GP) or the Emergency Department?

Your GP is the best person to be responsible for your ongoing healthcare. You should therefore always ensure that you are registered with a GP. After discharge the ED doctor may give you a letter to give to your GP. You should always attend your GP in relation to long-term medical problems, unless you experience a problem which you think requires emergency treatment.

If your GP or a Primary Care Co-op service is available, it may be better to discuss your symptoms with a GP before going to the ED. In less urgent medical conditions, your GP will examine and treat you. In cases of injury your GP may be able to organise for you to have X-rays and other tests done directly, without the need to attend an ED. However, with certain conditions, in particular if you have chest pain or signs of a stroke (see references below), you should go immediately to your nearest ED.

You will not be charged the Statutory (Government) Charge (currently €100) for ED attendance, if you have a letter from you GP.

What are Urgent Care Centres (UCCs)?

These units can provide care to patients with acute illnesses and injuries, which are not thought to be life-threatening. These are commonly private facilities. UCCs aim to maximise convenience and access for some patients with less-serious injuries and illnesses. UCCs cannot provide the level of services which are available at well-developed EDs and are not a substitute for care from a patient's regular GP. IAEM has developed a set of standards, which should be the minimum requirement for Urgent Care Centres in Ireland. They are available here.

What is Emergency Medicine?

Emergency Medicine is the medical specialty recognised by the Medical Council as providing immediate and urgent treatment for patients with all possible illnesses, injuries or behavioural problems. This care is provided in an unscheduled manner, whenever it is needed, 24 hours a day, 7 days a week.

A Consultant in Emergency Medicine is trained in the assessment, resuscitation and initial treatment of emergency illness and injury of all types. Most of their work is based in the ED, although they are often involved in other parts of the delivery of emergency care, e.g. providing advice or direct assistance to paramedics or GPs before the patients arrive in the ED, training of staff in other specialties etc.

EDs are staffed by teams of workers, including nurses, administrative staff and porters. Some EDs have dedicated social workers, physiotherapists, occupational therapists and radiographers.

Emergency Medicine teams in various EDs provide other services including mental health assessment, social work assessment, bereavement care, in-patient ward care (sometimes called Emergency Observation Medicine, Chest Pain Assessment or Clinical Decision Units), pre-hospital support at the scene of accidents, injury prevention, health promotion and Major Incident response. Emergency Medicine teams draw down and coordinate support from other hospital specialties and services to meet the care needs of the patients they serve. Emergency Medicine is connected to many other services within local communities, including the ambulance, fire and police services, GPs, first aid training, social services and community services.

Why are all services not available in my local Emergency Department?

All health services, including emergency care, must be of high quality but they must also be provided in a way that gives value for tax-payers' money. Resources must be used wisely, in a well coordinated way, for the overall benefit of the population. Everyone should have access to the best standard of emergency care, no matter where they live or how much money they have.

However, convenience may have to be balanced against the quality of the care that can realistically be provided. Highly complex services and treatments, that require very specialised staff and equipment on a 24 hour basis, can only be provided at centres of a certain size to ensure that the staff remain expert and the costs can be justified. If all emergency services are well-planned and coordinated with appropriately trained staff at all levels and good access for patients to the type of care they need, irrespective of where they first go for emergency care, then the overall standard of care can be equally good for everyone.

What should I do if I am disappointed with my experience in an Emergency Department?

All patients are entitled to have their concerns and complaints addressed by the hospital General Manager or Chief Executive Officer, the person in charge of managing the hospital. You should write or phone the hospital's Complaints Officer – the exact title may vary from hospital to hospital. If the problem relates to a clinical care issue the Complaints Officer, General Manager or CEO will ask the senior nurse or doctor in the ED to investigate your complaint and deal with the specific issues you have raised. EDs welcome constructive comment and will use patient feedback to advocate for improved services.

Why are there apparently so many intoxicated patients in the Emergency Department?

There is a public misconception that EDs are full of intoxicated patients engaging in anti-social behaviour. This is often reinforced by the views of uninformed commentators. While occasionally intoxicated patients do cause disruption in EDs, for most of the time this is not the case. However, people who have taken alcohol or other drugs commonly require medical assistance, either as a direct result of the substances they have taken or because they are more likely to be injured or develop an acute medical complaint. EDs provide a 24 hour healthcare service for people irrespective of the nature of their problems or their social circumstances.

Emergency Medicine is the "healthcare safety net" for the community. To provide this crucial service to society ED staff adopt a non-judgemental approach to patients who are intoxicated, misuse substances, have social problems or who may be temporarily unable to look after themselves.

However, all EDs should be designed, equipped and staffed to care for patients who are intoxicated or are engaging in anti-social behaviour without this impacting on other service users. All patients have a right to feel safe when they attend an ED and patients and relatives are encouraged to contact staff immediately if they feel uncomfortable or threatened in any way.

What is the Irish Association for Emergency Medicine (IAEM)?

The Irish Association for Emergency Medicine is an organisation of doctors working in Emergency Medicine, including Consultants in Emergency Medicine and doctors in

training in the specialty. IAEM works to promote the highest standards in the diagnosis and management of patients who attend EDs. We aim to ensure that there are adequate numbers of suitably trained staff to meet and maintain these standards. We advocate on behalf of patients with the Health Service Executive (HSE) and the Department of Health and Children (DoHC) for appropriate resources to support high standards of emergency care. We also support and encourage research and audit so that standards are kept under review and are improved.

IAEM has produced a number of position papers outlining how Irish Emergency Medicine services should be delivered and standards of care improved. The Association is affiliated to the International Federation for Emergency Medicine, the European Society for Emergency Medicine and many of its members are Fellows and Members of the College of Emergency Medicine (UK and Ireland).

What can you do to help improve patient care in Irish Emergency Departments?

- Contact your local government and / or Dáil representative. Let them know that you expect the highest possible standard of care if you, a family member or a friend needs Emergency care. In particular, make it clear that:

    1. It is unacceptable for any patient to wait in an ED to be admitted to a hospital bed after the decision to admit has been made.
    2. All ED patients should be assessed and discharged or admitted within a six hour time limit from arrival as recommended in the *ED Taskforce Report* of June 2007.
    3. Everyone has a right to be assessed in an ED that is clean, safe and pleasant and Irish EDs should be of an internationally acceptable standard.
    4. You hold your elected representatives accountable to ensure adequate resources are provided to support high standards of emergency care, in the ambulance service, EDs and acute hospital services.

- Provide feedback to your local ED. You may wish to become involved in a hospital - patient liaison committee or simply write to the Consultant in Emergency Medicine indicating aspects of the service that you appreciated or areas you think need to be improved.

To learn more about Emergency Medicine issues access the IAEM website: http://www.emergencymedicine.ie

Other links:

- Signs of stroke: *American Stroke Association*. www.strokeassociation.org
- Signs of a heart attack and stroke: Irish Heart Foundation; www.irishheart.ie/iopen24/pub/informationleaflets/allaboutyourheartand_stroke.pdf

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