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IAEM responds to changes in the 4 hour “target” for Emergency Departments in the UK

The recent decision of the Minister for Health in Westminster to change the UK’s “4 hour (Emergency Department) access standard” from 98% to 95% compliance has attracted a considerable amount of ill-informed comment. The impression has been given that the target has ‘failed’ and needs to be changed. It is important that the issues are clarified so that the rationale for amendment is understood.

Currently, the main measure of Emergency Department (ED) ‘performance’ in the UK is adherence or otherwise to the 4 hour standard. It is now widely accepted that the introduction of this standard has resulted in enormous improvements in ED performance to the benefit of patients. The main impact of the target has been to ensure that inpatient and diagnostic services optimised their performance so that the ED was supported to facilitate adherence to the standard. It has equally been recognised that this single standard on its own is inadequate to assess overall performance. For example, some patients require immediate treatment and anything less than that would be poor practice. The [College of Emergency Medicine](http://www.collegeofemergencymedicine.org) has been working to develop a suite of performance indicators of which time to admission or discharge is but one. It is expected that this suite of indicators will be introduced as part of the modification of the time standard.

The absence of a systematically implemented, consistent standard in Ireland has been to the enormous detriment of Emergency Medicine and the performance of EDs. The Irish ‘standard’ of 6 hours from registration in an ED by which time 100% of patients should be either discharged or admitted to a hospital bed was due to have been implemented in January 2009 having been proposed 2 years earlier. This must now be fully implemented without further delay or obfuscation. What made the application of the standard in the UK successful was that hospital Chief Executives were made personally responsible for the delivery of the standard which ensured that the myriad of issues outside the ED which impact on the ED’s ability to have a patient admitted within the timeframe were comprehensively addressed. Only a similar standard, albeit a 6 hour rather than 4 hour standard, will deliver the type of performance improvement that patients attending the country’s EDs deserve.

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