

12th May 2010

IAEM depllores attempts at precipitous 'Reconfiguration' of Emergency Departments

On 21st January 2008 the Irish Association for Emergency Medicine put forward its [Position Paper on Reconfiguration and/or regionalisation of Emergency Services](#). The Association strongly supports the concept of reducing significantly the number of Emergency Departments (EDs) in the country provided that the process is done in a transparent and planned way which ensures that the services available to the community are provided in a safe and consistent fashion at all stages. This support is based on international evidence that patients attending larger well-resourced EDs with access to appropriate specialist inpatient teams have better clinical outcomes. The recent experience of reconfiguration of emergency services in the Mid West shows that with suitable planning, resourcing and attention to detail, the reconfiguration process can be done in a way which gives better outcomes for patients.

For some months now the Association has been drawing public attention to the current staffing difficulties affecting the country's EDs and the more significant staffing difficulties that will arise on 1st July 2010. The Association has suggested that some EDs may be forced to restrict their opening hours to 12 hours a day (0800 – 2000 hrs) and others may be forced to close altogether, where alternative facilities exist within travelling distance to the service being restricted or closed. Notwithstanding this recognition of the likely outcome of the inability to recruit doctors to staff many EDs, the Association is concerned that appropriate contingency planning is not taking place.

It is not possible to safely restrict the hours of operation of an ED without considering the impact on the Ambulance Service, out-of-hours Primary Care and adjacent EDs. Additional resources will be required to ensure that these services can safely deal with the additional patients that they will receive. The Association regards it as imperative that the necessary arrangements be immediately put in place to ensure that the current standard of care provision is not replaced by hastily conceived, chaotic 'reconfiguration' which will place patients' lives at risk.

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