

6th January 2011

IAEM expresses grave patient safety concerns as Emergency Department overcrowding reaches record levels

Yesterday's record level of ED overcrowding (569 inpatient boarders) is putting patient safety throughout the whole health system at grave risk. It is now well established that boarding hospital inpatients in EDs results in increased numbers of deaths among this group of ill patients, compared to similar patients who are admitted to a hospital ward in a timely fashion. ED overcrowding is therefore potentially a matter of life and death for patients, over and above their experience of being treated in surroundings which are inappropriate and compromise their dignity. The continued practice of treating hospital in-patients within EDs rather than in hospital wards, is detrimental to the health of all patients and the wellbeing of staff in EDs and beyond.

Whilst the predictable seasonal advent of Influenza H₁N₁ has increased the 'outpatient' workload of EDs, relatively few patients with H₁N₁ have required hospital admission to date. Contrary therefore to the line taken by the HSE, patients with seasonal influenza have **not** contributed significantly to the current excess of inpatients being boarded in EDs. Of course, most patients who need admission are in a 'high risk' group for H₁N₁ because of their underlying illnesses. Boarding them in a crowded environment in an ED, where there is a significant risk of exposure to other ED patients, a proportion of whom will carry H₁N₁ and other 'flu viruses is highly hazardous and is likely to lead to the spread of H₁N₁. This risk can be avoided by the controlled and timely admission of patients to wards as soon as the need for admission is identified, thus avoiding ED overcrowding and the potential spread of infection. Patients who are suspected to have H₁N₁ will need to be managed according to special isolation and clinical protocols.

IAEM therefore urges the HSE/DoHC to immediately facilitate the timely admission of inpatients. Eliminating access block will minimise the patient safety risks that are inherent in ED overcrowding. Much of the current problem arises from having more than 1,500 Acute Hospital beds closed or otherwise unavailable to receive acute admissions. This failure to provide adequate hospital bed capacity to deal with the health service's acute workload is the primary problem to be addressed and cannot and should not be blamed on seasonal 'flu.

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