

**Irish Association for Emergency Medicine**  
**Royal College of Surgeons in Ireland**  
**123 St Stephen's Green**  
**Dublin 2**

**President: Mr Fergal Hickey**  
**Consultant in Emergency Medicine**  
**Sligo General Hospital**  
**The Mall**  
**Sligo**  
**Tel: 071 91 74505**  
**Fax: 071 91 74646**

**Secretary: Mr James Binchy**  
**Consultant in Emergency Medicine**  
**University College Hospital**  
**Newcastle Rd**  
**Galway**  
**Tel: 091 542766**  
**Fax: 091 520154**

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5<sup>th</sup> April 2006

**Reply to HSE statement on A&E Task Force Inaugural**  
**Meeting 28<sup>th</sup> March 2006**

The Irish Association for Emergency Medicine (IAEM) welcomes the setting up of a high level task force to begin the process of resolving the problems faced by the Health Service, and manifest in Emergency Departments across the country. However, to describe the current situation as a National Emergency (as described by the Minister for Health) is disingenuous. Indeed it is a national problem that would better be described as a national disgrace. Emergency it is not: an emergency implies a *serious, unexpected and potentially dangerous situation requiring immediate action* (OED). There is no doubt that it is a serious and dangerous situation requiring immediate action. However it is not unexpected as it has been going on for many years and has been repeatedly highlighted by those working in Emergency Medicine.

We welcome in particular the inclusion on the task force of two Consultants in Emergency Medicine both of whom have considerable experience as Consultants in the UK and Ireland as well as having taken managerial responsibility for large NHS Emergency Departments. However, it is a matter of great regret to the Association that the expertise of the IAEM has been ignored, in spite of this being offered in writing on 3 separate occasions to the Chief Executive of the HSE.

While the IAEM believes that no patient should remain in an Emergency Department after the decision to admit has been made it recognises that before this goal can be achieved some short-term goals are necessary. However these intermediate goals must result in a significant improvement in conditions for patients and must have a finite life span. The HSE's short-term objectives fulfil neither of these criteria.

As an interim measure the IAEM believes the following are realistic goals in the short term and will result in significant improvements for patients:

From May 2006

1. No patient to spend more than 12 hours in an Emergency Department from the time of registration.
2. No Emergency Department will have more than twenty percent of its trolley spaces occupied by patients waiting admission to a ward.

3. No patient will wait on a trolley in a corridor while awaiting admission.

In the meantime the IAEM believes that the HSE should adopt a culture of zero tolerance for trolley waits in Emergency Departments and ensure that Emergency Departments are no longer be viewed as the safety net for deficiencies in other areas of the health service. The Chief Executive of each hospital should be responsible for ensuring that such a culture is enforced.

When such a culture is adopted it will be possible to rapidly move to a standard where by from January 2007:

1. No patient who is admitted as an inpatient will spend more than 6 hours in an Emergency Department from the time of registration
2. No Emergency Department will have more than 10 percent of its trolley spaces occupied by patients waiting admission to a ward.
3. No patient will wait on a trolley in a corridor while awaiting admission.

The ultimate goal should be that; **90% of patients requiring admission to hospital will spend no more than 4 hours in an Emergency Department from the time of registration.**

While these standards fall far short of the of the 4 hour standard set in the UK, which applies to total time spent in an Emergency Department from arrival to admission or discharge, they recognise the fact that we are starting from a much lower baseline, in terms of total capacity, than was the case in the UK and that it will take some time to institute systems to make this achievable. However the IAEM believes that given proper leadership and targeted resources from the HSE these standards can be achieved and indeed exceeded in this time frame.

The IAEM looks forward to working with the HSE to develop and implement standards that will deliver significant improvements in patient care. We hope that the expertise and experience of our Consultant in Emergency Medicine colleagues, sitting on the A&E Task Force, are given due weight by the Task Force, and that their presence is not seen as a method of adding credibility to an inappropriate set of recommendations.

The IAEM believes strongly that now is the time for action rather than further spin and misinformation on the causes and solutions to the problem. The problem has been misrepresented as an “*A&E crisis*” but in fact is due to a lack of capacity in the health care system.