

8th December 2007

IAEM marks the First Anniversary of the completion of the *ED Task Force Report*

In March 2006, the Minister for Health and Children declared the continuing overcrowding in Irish Emergency Departments (EDs) “a national emergency” and set up the **A&E** later **ED Task Force**. The Task Force Report¹ was completed one year ago on 8th December 2006. The HSE delayed publishing it for a further 6 months.

The major conclusions of the Task Force report were:

- Seven EDs (of the 18 reviewed) were “unfit for purpose”
- Most EDs had inadequate physical infrastructure
- The key causes of delays in EDs are due to inadequacies in hospital and community services
- The health system should adopt a culture of ‘zero tolerance’ for trolley waits
- A 6-hour total wait time from arrival to discharge/admission represented a realistic operational target for the HSE and hospitals
- By 1st February 2007, the HSE should have set a date from which hospitals will meet a performance target of 6-hours or less wait time **from the decision to admit**. (It is accepted in the report that this time is inaccurate and subject to gaming).
- By 1st February 2007, the HSE should have determined a timeframe from which a total maximum wait of 6 hours from **arrival** at the Emergency Department to admission or discharge will apply.

One year on, little or nothing has changed:

- Seven EDs are still “unfit for purpose”
- Most EDs have inadequate physical infrastructure
- There is still a culture of acceptance of trolley waits which extends right up to the Minister for Health and Children who stated in the Dail that waiting on a trolley could be “a pleasant experience”.²
- The HSE has **failed** to set a date from which hospitals will meet a performance target of 6-hours or less wait time **from the decision to admit**.

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- The HSE has **failed** to determine a timeframe from which a total maximum wait of 6 hours from **arrival** at the Emergency Department to admission or discharge will apply.
- The HSE has **failed** to meet its own innocuous target for October 2007 whereby no patient would wait in an Emergency Department for more than 12 hours for admission from the moment that the decision to admit had been made.

On the first anniversary of the completion of the *ED Task Force Report*, the single biggest issue still facing Emergency Departments in Ireland is the persistent and excessive overcrowding with boarded inpatients i.e. patients who have completed their episode of emergency care and are awaiting an inpatient bed.

There is no doubt that this is adversely affecting patient outcome. Two independently published papers from Australia last year suggested that ED overcrowding, due to lack of hospital capacity, was associated with a significantly increased hospital mortality.^{3,4} Applying these figures to Ireland suggests that there are an excess of 360 deaths a year, i.e. one a day, directly attributable to ED and hospital overcrowding.

The IAEM calls on the HSE to implement the ED Task Force Report in full. Any delay in doing so will only further compromise patient care.

1 Emergency Department Task Force Report. Health Services Executive; June 2007.

2 Mary Harney, Minister for Health and Children. As for trolleys, some people spend all their time, perhaps 24 hours, being observed on a trolley. Recently, a close friend of mine who would be known to many members [of the Dail] had such an experience in a Dublin hospital. He told me it was a very pleasant experience. Dail Eireann: 27th June 2007.

3 Sprivulis PC. The association between hospital overcrowding and mortality among patients admitted via Western Australian emergency departments. *Med J Aust* 2006;184: 208-212

4 Richardson DB. Increase in patient mortality at 10 days associated with emergency department overcrowding. *Med J Aust* 2006; 184: 213-216