

11th January 2012

IAEM welcomes reduction in number of inpatient boarders from disastrous figures of January 2011.

On 5th January 2011, a total of 569 inpatients were lodged on trolleys in Emergency Departments (EDs) around Ireland, a figure that represented an all time high and an enormous risk to the health of both the patients on trolleys and those other patients obliged to attend Ireland's EDs. Official figures today describe "only" 373 patients being on trolleys in EDs around the country. The Association is pleased to see the figures for the first week of January 2012 showing an encouraging improvement, although there has been slippage in recent days. The higher priority awarded to this problem by the HSE coupled with local and national initiatives and the ongoing focus by the SDU on the issue over Christmas and New Year has contributed to the current reduction and demonstrates that concerted efforts can result in significant improvements.

The HSE and Department of Health now recognise that the causes of the problem lie in the wider health system and the SDU is focussed on tackling these. This is the start of a journey with the hope that the process of overall improvement will continue until the acceptable figure of zero is finally reached.

Although there has been a general fall in inpatient boarder numbers countrywide, there are some EDs whose hospitals continue not to be able to provide adequate inpatient beds for their emergency workloads. The two most persistent examples are Our Lady of Lourdes Hospital, Drogheda and Cork University Hospital, both of which continue to experience grossly unacceptable levels of ED overcrowding. These are followed by Cavan General Hospital and a number of the Dublin teaching hospitals.

The current levels of ED overcrowding experienced in Drogheda and Cork place the health and wellbeing of these admitted inpatient boarders at risk as well as causing long delays in the treatment of other ED patients, consequently worsening their outcomes. It is imperative that strenuous efforts are made to ensure that all EDs are allowed to provide a safe service by ensuring that those patients whose care in the ED is completed and who require a hospital bed are provided with a bed within an acceptable timeframe. In order to ensure safe care in these and the other overcrowded EDs, it is important that each hospital's emergency caseload is fairly distributed between the ED and each hospital's inpatient wards using effective escalation plans including application of a [Full Capacity Protocol](#).

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