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IAEM releases its Position Paper on the role of the Full Capacity Protocol (FCP) - a high impact patient-centred approach to achieving clinical justice for all patients during Emergency Department overcrowding

Widespread hospital overcrowding due to inadequate and/or delayed availability of acute hospital beds poses a very severe danger to public health in Ireland. Many Irish Hospitals are overcrowded and the fact that they (and the HSE) choose to manifest all of the overcrowding in the ED is inappropriate, clinically unsafe and inequitable. There is now irrefutable international and national evidence that preferentially condensing all of a hospital's overcrowding into one single clinical area (the ED) increases the risk of avoidable death and harm, not only for those hospital inpatients who remain in the ED because no bed is available for them but also to ED patients who can be discharged and those who do not wait in the ED to be seen because of excessive delays.

A better, fairer, safer way to treat all patients during times of ED overcrowding is by implementing a simple patient care practice used successfully in other developed healthcare systems, namely the Full Capacity Protocol (FCP). Details of this innovative solution may be found in IAEM's Position Paper on [The Role of the Full Capacity Protocol in the management of Emergency Department Overcrowding](#) released today.

FCP is an internationally validated protocol whereby additional inpatient beds are placed on wards when the functioning of the ED is about to be compromised by the level of overcrowding. It has the effect of transferring patients from the ED to additional ward beds so as to allow adequate clinical space for the safe performance and delivery of Emergency Care.

The FCP is a reasonable, measured and fair approach to the significant dangers created by overcrowding of EDs. One or two additional patients admitted to multiple hospital wards at times of significant ED overcrowding is much safer and more clinically just for all patients rather than allowing tens of additional in-patients to be retained for more than 6 hours in a single dangerously overcrowded, compromised ED.

When launching its *Admission, Discharge and Escalation Framework* in January 2011, the HSE advised all hospitals that they must adapt their local plans in line with its framework which included the FCP as an integral part. Despite this, many hospitals with severe ED overcrowding have failed to invoke the FCP to date. The Minister of Health, Dr. James Reilly TD, has stated that the 6 hour target for patients to be admitted to a hospital bed or discharged from the ED is a key priority for his stewardship of the Health Service. To succeed, he must ensure that all hospitals with EDs rigorously invoke their escalation policies up to and including use of the FCP. To do otherwise is to guarantee that further patients will die unnecessarily in overcrowded EDs, even though safer alternatives exist.

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