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IAEM voices grave concern at dangerous levels of Overcrowding in Paediatric Emergency Departments

The serious clinical risks associated with overcrowding in hospital Emergency Departments (EDs) are well proven. However, ED overcrowding is generally perceived to be a problem almost exclusively affecting elderly patients forced to wait in the ED for an inpatient bed.

What may not be recognised is that ED overcrowding also occurs in Paediatric Emergency Departments (PEDs) and that the quality of care for children cared for in EDs is adversely affected by ED overcrowding.[1]

PED overcrowding poses unique challenges. For example, it is neither ethically acceptable nor physically possible to place 'boarded' children and their parents on hospital ED corridors. Having admitted inpatients in an ED also creates even more pressure on ED staff to locate adequate space to see new patients presenting. PED overcrowding is more a seasonal phenomenon than in adult practice with the main difficulty being the availability of single isolation rooms suitable to accommodate children with infectious disease who instead must wait for a bed in the less appropriate environment of a PED.

Levels of overcrowding in Irish PEDs are now at historically high and dangerous levels and they need immediate attention. Clinicians at the EDs of the Children's University Hospital, Temple Street (CUH) and Our Lady's Children's Hospital Crumlin (OLCHC) report significantly worsening ED overcrowding this winter which follows on from gradually deteriorating conditions over recent years. The situation in Tallaght Hospital (formerly AMNCH, Tallaght), although worse than previously, has been addressed by reversing plans to close beds supported by other proactive measures.

Clinicians at the PED at OLCHC have recently presented research on this issue with the following key findings:

- The number of 'boarded' children i.e. children awaiting admission but remaining 'on trolleys' has increased by nearly 700% in little over 3 years;
- Not infrequently children are spending longer than 12 hours on a 'trolley' and in some cases over 24 hours;
- The number of children who now receive their complete episode of care in the PED is now 8 times greater than in 2008. This means a decision has been made to admit these children but their entire admission and treatment has occurred in the PED because they were unable to get to a hospital bed;
- The rate of children leaving without being seen has also increased, a rate often used as an indicator of ED overcrowding.

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These worrying findings are accompanied by data confirming that the acuity of presentations has not increased with overall hospital admission rates remaining at a steady state. This confirms the view that increased demand for services is not the root cause of this problem. Indeed, these dramatic increases in PED overcrowding have occurred following closure of significant numbers of beds in paediatric hospitals in the last few years.

IAEM recognises the severe financial constraints in which the health service must operate; however immediate and cost-effective solutions are available to this particular problem:

1. Reopening numbers of hospital beds in paediatric hospitals for a short (but predictable) period each winter to accommodate the increased demand for short-term hospital care of children with infectious disease;
2. Resourcing the development of 'observation medicine' and Clinical Decision Units in PEDs to accommodate a significant proportion of these patients; and
3. Incorporation of performance measures from PEDs into national data on a regularised basis and consideration of PEDs when developing national solutions to ED overcrowding.

Children are amongst the most vulnerable members in our society and PED overcrowding should simply be regarded as unacceptable.

Reference

1. Emergency Department Crowding Is Associated With Decreased Quality of Care for Children.

   Sills MR, Fairclough D, Ranade D et al. *Pediatr Emer Care* 2011; 27: 837-845