

27<sup>th</sup> June 2011

## **IAEM urges HIQA to extend its investigation to include all hospitals with chronic Emergency Department overcrowding as a matter of urgency**

The Irish Association for Emergency Medicine (IAEM) welcomes the Health Information & Quality Authority (HIQA) statement yesterday that it is to undertake an urgent investigation into the *'quality and safety of care provided to patients requiring acute admission and receiving care'* at the Emergency Department (ED) of the Adelaide and Meath, incorporating the National Children's Hospital (AMNCH), Tallaght. This follows the widely reported Coroner's Inquest into the tragic death of Mr. Thomas Walsh, an admitted patient who spent the last hours of his life on a hospital corridor adjacent to the ED at AMNCH, where the hospital had failed to provide an inpatient bed for the deceased's care. It must be emphasised that the tragedy at AMNCH ensued as a result of an admitted patient deteriorating in a grossly overcrowded ED after the need for hospital admission had been identified. The IAEM extends its sincerest condolences to the Walsh family at this difficult time.

The IAEM has consistently alerted the public, hospital management and healthcare authorities to the significant and extensively proven dangers of ED overcrowding with such in-patient boarders (patients who have completed their ED treatment but require hospital admission). The risks apply to the health outcomes of both the boarded patients and to ED patients newly arrived for acute care. Research recently published in the *British Medical Journal* proves yet again that ED overcrowding leads to increased harm to all patients attending EDs. This mirrors previous research, that when extrapolated to Ireland suggests that more people suffer avoidable death in overcrowded EDs in Ireland each year than on the country's roads. Given the persistence and perpetual worsening of ED overcrowding and the series of reported preventable deaths, it is perhaps surprising that the public bodies responsible for patient and staff safety have not responded to this issue to date.

No level of ED overcrowding can ever be accepted as safe and the comments at the inquest of the AMNCH Acting CEO (who suggested a cap of 25 inpatient boarders as making the risk acceptable) and its Director of Nursing (who suggested that the ED corridor was the safest place for the deceased) fly in the face of the international evidence and confirm a tacit acceptance at hospital level of a fundamentally unethical and unsafe practice. The only safe situation is the complete ban on the practice of keeping admitted patients boarded on trolleys in EDs.

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The Association has consistently advocated adherence to a maximum 6 hour target from patient arrival to being in an in-patient hospital bed for patients requiring admission from an ED and has welcomed the recent introduction of the Special Delivery Unit (SDU) by Minister of Health, Dr. James Reilly TD to focus on delivery of this vital health standard as its principal priority.

We urge HIQA to extend, as a matter of urgency, its landmark investigation to include **all** hospitals that have proven chronic ED overcrowding with in-patient boarders. There should be an immediate focus on regional centres that are likely to have to cope with unprecedented increases in attendance rates with patients re-directed from smaller EDs due to the imminent shortage of NCHD staff. The recent IAEM survey (validated by the HSE) confirmed a shortfall of over 30% in the more senior medical staffing of EDs effective from 11<sup>th</sup> July 2011, prompting confirmation by Dr. Reilly that there will be unavoidable deficits in the ED provision of smaller hospitals from July.

We would ask that HIQA consider the unacceptable practice of the closure of hospital beds by hospital management for supposed cost-containment reasons while in-patients are accommodated in overcrowded conditions in EDs and corridors with proven risks to their safety.

The 'Perfect Storm' predicted by IAEM is now upon us and hospital patient safety requires that contingency measures, including an effective Full Capacity Protocol, whereby affected hospitals are placed on a major emergency / major incident type footing, are activated immediately and without further delay. Failure to act immediately will lead to further unnecessary deaths among patients waiting in unsafe conditions for in-patient admission. How many more lives have to be needlessly lost before appropriate action is finally taken?