

28th January 2008

IAEM Response to Acute Hospital Bed Capacity Review: A Preferred Health System in Ireland to 2020

The HSE finally published this report on 18th January 2008 - a report it has been considering since its completion on 7th September 2007. **The Association notes with concern that according to this report, which the HSE appears to accept, there is currently a deficit of 1,118 beds. This lack of vital capacity is contributing significantly to the overcrowding of Emergency Departments (EDs).**

The IAEM is not fundamentally opposed to the policy direction that the *Acute Bed Capacity Review* is suggesting i.e. that the Irish Health Service moves to a more community based service. However, before the HSE talks about reducing the number of acute hospital beds it needs to address the continuing and increasing problem of ED overcrowding, which is leading to increased patient mortality and morbidity. Furthermore, it would be inappropriate to reduce the number of acute hospital beds until after the infrastructure envisaged for Primary and Community Care is in place and **seen to be working**.

It is nearly two years since the Minister for Health and Children declared ED overcrowding "a national emergency". It is over a year since the ED Task Force completed its report and **ED overcrowding with inpatient boarders is now worse than ever**. The Task Force report clearly defines the causes of ED overcrowding and provides a clear framework to solve it. However, to date, there has been no meaningful attempt by the HSE to implement its recommendations.

The record of the HSE, so far, in "tackling" the ED overcrowding issue raises serious concerns about its capacity and determination to see through the significant changes in medical practice which will be required to deliver the preferred model of care that this report suggests is appropriate. The historical inability and/or unwillingness of the HSE to address many of the blatant issues raised in the report (e.g. Day surgery rates, admission on day of surgery etc), particularly in the face of such persistent and wholly unacceptable ED overcrowding, is a cause for concern amongst all those working in Emergency Medicine and beyond.

The IAEM also questions the unqualified support given in the report for the widespread development of Medical Assessment Units (MAUs). There is no doubt that properly resourced MAUs **streamline the process of care and can lead to shorter hospital stays** but there is no conclusive evidence that they lead to a reduction in the number of admissions. The case studies quoted in the report simply confirm this obvious truism. No other model of care appears to have been considered, such as fully resourced EDs with

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Clinical Decision Units (CDU) which have been shown internationally to provide a safe and cost effective service.

While the HSE fails to implement the ED Task Force Report, those waiting on hospital trolleys for admission to Ireland's Acute Hospitals (i.e. the substantial population of inpatient boarders) could be forgiven for asking whether the HSE has any real interest in solving the problems that have led to their inappropriate lodgment in an ED. It seems that HSE is more interested in a future model of care than ensuring that it meets its current responsibilities to those patients who need acute hospital admission today.