

24th February 2010

**Comptroller and Auditor General's *Special Report on Emergency Departments*  
– Some done, a lot more for the HSE to do!**

The Comptroller and Auditor General's *Special Report on Emergency Departments* [http://audgen.gov.ie/documents/vfmreports/70\\_Emergency\\_Departments.pdf](http://audgen.gov.ie/documents/vfmreports/70_Emergency_Departments.pdf) which was published on 12<sup>th</sup> February 2010 is the most recent of a series of reports carried out by various external agencies reviewing the operation and function of Emergency Departments (EDs). The C&AG's report is the 12<sup>th</sup> report dealing to a greater or lesser extent with EDs published in the past 8 years! Yet again, the report confirms the Association's contentions that the operation of and efficiency of the country's EDs is at the mercy of many factors outside the direct control of the ED and that there has been very little progress by the HSE in addressing matters which are theirs to resolve.

The report confirms that EDs continue to have suboptimal access to hospital beds resulting in worsening delays for patients requiring inpatient admission; inadequate access to timely diagnostics, particularly outside office hours, and have an inadequate number of Consultants in Emergency Medicine and other senior decision makers. For many years the Association has called on the HSE and its predecessors to address these glaring deficiencies and these calls have become more strident since the publication of the *Emergency Department Task Force Report* in 2007 which laid bare the extent of the problems.

At this stage, the problems facing EDs and the issues arising from a lack of capacity in the healthcare system to deal with emergency admissions are well documented. It is now time that the valuable recommendations made in this and a multitude of other reports are implemented without further delay and obfuscation. The responsibility for the difficulties which EDs encounter on a daily basis is primarily that of the HSE to resolve. Resolution of these issues will require more than vague talk about 'reconfiguration', 'transformation' or other concepts. Access to diagnostics and hospital beds will not be improved by the creation of many other competing access points for patients, such as Acute Medical Units, without appropriate increases in system capacity.

If, as this report yet again confirms, a significant number of senior clinical decision makers need to be appointed both to EDs and the inpatient admitting teams, then the HSE should announce a targeted Consultant expansion programme both in Emergency Medicine and the acute receiving specialties, sooner rather than later. Having just 53 substantive Consultants in Emergency Medicine spread between 33 hospitals with EDs (the February 2010 position) is little more than paltry provision.

It is now time for action rather than further reports.

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