Irish Association for Emergency Medicine
Royal College of Surgeons in Ireland
123 St Stephen's Green
Dublin 2

President: Mr Fergal Hickey
Consultant in Emergency Medicine
Sligo General Hospital
The Mall
Sligo
Tel: 071 91 74505
Fax: 071 91 74646

Secretary: Mr James Binchy
Consultant in Emergency Medicine
University College Hospital
Newcastle Rd
Galway
Tel: 091 542766
Fax: 091 520154

IAEM Response to HSE briefing paper on "A&E Departments" (Emergency Departments) of 11th May 2006

The IAEM welcomes the fact that the overcrowding experienced by many Emergency Departments in this country, as a result of inpatient boarders, is finally getting the attention it deserves. However, there are several issues in the document that are of great concern to the Association.

Targets

The document states that as an immediate measure:

1. *No patient is to wait more then 24 hours in an A&E (Emergency) Department for admission from the time they are referred by the A&E (Emergency Medicine) Team for admission.*
2. *No A&E (Emergency) Department will have more than 10 patients waiting for admission from the time they have been referred by the A&E (Emergency Medicine) Team for admission.*
3. *While awaiting admission patients will be guaranteed privacy and dignity.*

The Association believes that these interim targets fail to deliver the required improvement for the vast majority of patients waiting in an Emergency Department for admission to a hospital bed.

The HSE's longer-term target for 2007 is to ensure that no patient should have to wait in an Emergency Department for more than 6 hours for admission from the time they have been referred by the A&E (Emergency Medicine) Team. The Association strongly believes that this target will result in continuing significant delays for patients with ongoing overcrowding in Emergency Departments. The Association is of the view that the 6 hour target must commence from the time the patient is registered as arriving at the Emergency Department. It is self-evident that six patients waiting in clinical

areas in an Emergency Department for 6 hours after the decision to admit has been made will have a more detrimental effect on the running of the department then one patient occupying one clinical space for 36 hours.

Diversion of Patients from Emergency Departments.
There is still considerable emphasis in the document on developing primary and community care services and out–of-hours GP services. While these are laudable initiatives and good for patients, international experience shows conclusively that these interventions do not make a significant impact on Emergency Department attendances.

Consultant Delivered Service
There is an immediate need for more Consultants in all specialties. Much is made of having a Consultant delivered service but no thought has gone into the number of Consultants required to achieve this. If the speciality of Emergency Medicine were to provide a Consultant-led service which had Consultants present on the shop floor 12 hours a day 5 days a week and 6 hours a day at weekends this would require at least 8 Consultants per department based on the United Kingdom model. This equates to 288 Consultants in Emergency Medicine for the 36 Emergency Departments in Ireland whereas there are presently just 48 Consultants in Emergency Medicine in the country. Moving to a 24 hour Consultant presence in Emergency Departments would obviously require more than a doubling of this number. Consultant expansion in Emergency Medicine must be matched by parallel expansion in all acute specialties providing services to Emergency Departments if the promise of a better continuum of care for acutely admitted patients is to be realised

The Private Sector
The paper suggests that there is an increase in the number of acute beds being developed by private hospitals and that this will alleviate the current acute bed problem. Private Hospitals are selective in their admissions policies and will not take high-risk patients. While they may admit a small number of patients they are not presently structured to make a significant impact on the number of acute medical admissions to the public hospital system.
The Private Sector is also being approached in order to provide GP access to diagnostics. The Association is concerned that this will divert much needed money away from the public health system.

Extended Working Day
The Association welcomes the concept of the extended working day and believes that acute services should operate on a 12 hour day, seven days a week. This obviously involves negotiation with all health care craft groups.

The Association is aware that the organisations representing doctors have committed themselves to negotiating this type of flexibility since 1999 but is anxious to know what progress, if any, has been made in negotiations with other groups. Healthcare staff such as radiographers, porters, laboratory technicians, clerical and secretarial staff, etc will be necessary for this extended working day to deliver benefits to patients

15th May 2006