Royal College of Surgeons in Ireland

123 St. Stephen's Green
Dublin 2
Ireland

IAEM response to HSE statement *Achieving Improvements in A&E* of 4th January 2007

The Irish Association for Emergency Medicine (IAEM) welcomes any reduction in the number of inpatient boarders i.e. patients waiting in Emergency Departments (EDs) for admission to a hospital bed. While we accept that the number of patients waiting for extended periods i.e. over 24 hrs has declined, we dispute the claims made by the HSE over the extent of the reductions. Given that the HSE accepted that there needed to be a "zero tolerance" approach to inpatient boarders last March the current self-congratulatory tone of the HSE press release is inappropriate.

Inpatient Boarders (Daily *A&E waiting* Data)

IAEM is aware that there is significant gaming with the figures that are released daily on the HSE website. These figures bear little resemblance to what is happening in many Emergency Departments (EDs) around the country. This apparently rosy picture is also contradicted by the daily returns published by the Irish Nurses Organisation (INO). As long as the HSE continues to use the "decision to admit" time as the point to start the clock, these figures will never reflect the reality of the patient experience.

The proposed Six-Hour Target

The HSE has reaffirmed its intention to, over time, move to a six-hour target from the time patients present to an ED to the time they are discharged or are admitted. However it has failed to provide a time frame for this. The IAEM believes that this is an appropriate, realistic and achievable standard but it requires political will, resources and the sustained commitment of the HSE to achieve this.

President:

Mr. Fergal Hickey FRCS, FRCSEd. (A&E), DA(UK), FCEM
Consultant in Emergency Medicine

Sligo General Hospital
The Mall
Sligo
Ireland

Tel No: +353 71 9174505
Fax No: +353 71 9174646

Secretary:

Mr. James Binchy FRCSEd. (A&E), Dip.Med.Tox., FCEM.
Consultant in Emergency Medicine,

University College Hospital
Newcastle Road,
Galway,
Ireland

Tel No: +353 91 524 766
Fax No: +353 91 520 194

Treasurer:

Dr. Una Geary FRCSEd. (A&E), FRCPI, FCEM
Consultant in Emergency Medicine

St. James' Hospital
James' Street
Dublin 8
Ireland

Tel No: +353 1 4103581 / 4162777
Fax No: +353 1 4103451

The proposed Twelve-Hour Target.
The HSE is currently looking at implementing a twelve-hour target (again from the time of the "decision to admit") for the first quarter of 2007. If a six-hour (total time in and out) has been proposed by the Task Force that was set up to look at what the Minister of Health & Children referred to as "**a national emergency"** why is the HSE back tracking on this standard in favour of a spurious target? The proposed twelve-hour target, from decision to admit, remains open to significant gaming and will not result in any improvement for the majority of patients left waiting in the ED for an inpatient bed. A standard, even in the short term, that it is acceptable for a patient to wait for an inpatient bed up to 12 hours from the time of the decision to admit is morally reprehensible. It is little wonder that public expectation is so low when the HSE is prepared to accept such low standards.

The IAEM suggests that the HSE stops obfuscating and works with the professions to implement the six-hour target with immediate effect.

Management Control
The Health Service has suffered from many years of under-funding. To suggest that hospitals that cannot meet HSE targets because of inadequate resources (largely beds) are further penalised while those that already have the resources and meet the targets are rewarded, turns logic on its head. The IAEM supports the concept of performance-related funding but only once services have been adequately resourced to meet the minimum standards. For example once a hospital has been adequately resourced to achieve the six-hour ED standard further resources could be dependent on them making progress towards a four-hour target.

Admission lounges.
Admission lounges are nothing other than inpatient beds under another guise. The IAEM calls on the HSE to move away from its ideological bankruptcy of continuing to insist that there is adequate in-patient capacity. The IAEM is concerned that these lounges will simply be trolley holding areas that will allow the clock to stop without there being a significant improvement in the patient experience.

Hospital Avoidance
The IAEM is concerned at the HSE's persistent belief that initiatives aimed at diverting patients from EDs such as GP out-of-hours services will help solve the overcrowding issue. This is contrary to all the evidence in the international literature.

Infrastructure
The IAEM welcomes the commitment by the HSE to build replacement facilities for those Departments identified as having deficient infrastructure. The IAEM strongly urges the HSE to ensure that these facilities are built to international best practice standards and are not just newer versions of recently built but inadequate departments. There must be significant input from local Consultants in Emergency Medicine into the design process.

Long Stay Capacity
The IAEM welcomes any increase in the number of long stay beds. By allowing earlier discharge this should increase access to acute inpatient beds particularly in the Dublin region. However these will have to be provided on a recurring basis to allow continuing discharge of long-term patients from acute hospitals.
Many hospitals outside Dublin that are experiencing overcrowding in the ED do not have such a significant problem with long term patients occupying acute beds and therefore this measure will be of little benefit in relieving their problem.

Taskforce Report
The IAEM is concerned about and questions the motives behind the selective leaking of aspects of the Taskforce Report, which we view as entirely inappropriate. It is unacceptable that HSE management use their easy access to the findings and recommendations of the still unpublished report while the public and the professionals are denied the opportunity to see the report in its entirety. The IAEM calls on the HSE to immediately publish and implement the recommendations of the Taskforce without further delay.

12th January 2007