



18th January 2007

IAEM Response to *National Survey of Emergency Department Services in Ireland 2006 – Patient Profiles, Experiences and Perceptions*

The Irish Association for Emergency Medicine (IAEM) welcomes this report commissioned by the HSE and in particular the public recognition that Emergency Departments do a very good job under trying circumstances. This achievement is due to the excellent work being carried out on a 24 hour a day, seven day a week basis by Emergency Department staff (medical, nursing and support staff). Having reviewed the report we would comment as follows.

Overview

As the experts on Emergency Medicine in Ireland we believe that the HSE should have consulted the Association so as to maximise the usefulness of this exercise. The document purports to assess the responses of patients that have attended one of the 35 departments in the Republic of Ireland that the HSE have categorised as Emergency Departments. The Association would be very much of the view that many of these departments are not sufficiently developed for them to be appropriately termed Emergency Departments and many are little more than “Casualty Departments” of old. There are many other methodological flaws in the analysis that bear comment.

- The critically ill or their representatives were excluded from consideration and yet these are the group that Emergency Departments are particularly intended to serve.
- Given that the majority of Emergency Department patients requiring hospital admission are elderly the demographics of the sample profiled differ significantly from this reality.
- No consideration is given to those factors outside the Emergency Department that inevitably contribute to patients “experience” of their time in the Emergency Department. Obvious examples include delays / difficulties with diagnostic services and the reality that a patient who is subsequently reviewed by a Specialty team member while in the Emergency Department will attribute any adverse interaction to the Emergency Department even though this individual is outside the direct control of the Emergency Department.

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- As patients / their representatives were asked to describe their interaction with Emergency Department, potentially at some remove from the interaction, there is a significant possibility that their recall is inaccurate particularly their recall of time spent in departments. This is particularly the case given the patient profile of Emergency Departments that includes those intoxicated, disorientated and unwell, factors that inevitably affect their recall of times.

Comment

The Association welcomes the very high satisfaction ratings that Emergency Departments have received in the survey notwithstanding the enormous difficulties that departments face in dealing with their large throughput of patients. In particular the difficulties with department infrastructure, staffing levels, access to supporting services and the ongoing and persistent problem of inpatient boarders produce an environment in which such high patient satisfaction is difficult to achieve. Emergency Department Medical and Nursing staff are to be commended on the achievement of such a positive review in spite of the obvious difficulties. The reality is that Emergency Departments perform well given the constraints placed on them by difficulties in the Hospital and Community Health Services as a whole. These external constraints result in the “A&E Crisis” which has received significant publicity in the past 2-3 years. Were it not for the ongoing valiant efforts of Emergency Department staff (finally recognised in this report), the situation that affects patients in Emergency Departments would certainly be much worse than it currently is.

We note with interest that a group of patients felt that “the Emergency Department staff did not have the knowledge and skills to deal with their particular problem” and that those referred by Medical Practitioners, (presumably General Practitioners), were more likely to be represented in this group. This suggests that some patients sent to Emergency Departments by General Practitioners are sent with problems or conditions for which Emergency Departments are not suitable or are frankly inappropriate. Such referrals give rise to unrealistic expectations that Emergency Departments are not designed to meet.

Overall, the Association welcomes the public recognition that Emergency Departments in Ireland do an extremely good job under trying circumstances. We would hope that before any further such studies are carried out by the HSE that consultation takes place with the Association so that we can be assured that such studies are made as meaningful as possible in planning and developing services. The opportunity also needs to be urgently taken to improve the infrastructure, staffing and supporting facilities for all departments that receive acutely ill or injured patients so that consistent high standards of care can be delivered to all patients in an appropriate environment.