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## IAEM Response to the Publication of *ED Task Force* Report

The Irish Association for Emergency Medicine (IAEM) welcomes the eventual publication of the *ED Task Force* Report. We are very concerned however that the completed report has sat on the desk of various managers within the HSE bureaucracy for 6 months, particularly during a period when record numbers of patients were obliged to wait on trolleys for admission to a hospital bed in a number of hospitals. This report is nonetheless welcome as it represents the first effort to look, in any detail, at problem of overcrowding in Emergency Departments. It concludes that overcrowding in Emergency Departments is largely due in an inability to move admitted patients (inpatient boarders) into hospital beds. This is due to a lack of capacity in hospital and community services. De facto the "A&E crisis" is a symptom of the deficiencies in the health service rather than a cause.

The Terms of Reference of the *ED Task Force* precluded it from considering the need for additional bed capacity. Its remit was to specifically deal with the issues **within the current capacity constraints**. This obviously reduces the usefulness of the exercise given that those working at the coal-face are aware that there are significant capacity constraints across the country both in the acute hospital services and community services.

The IAEM wholeheartedly supports the need to move to a 6 hour door-to-door standard within which time a patient presenting to the Emergency Department should either have been discharged or have been admitted to a hospital bed. There is a need for the HSE to move much more rapidly to this target so that this becomes the standard of care that patients can expect in 2007. The proposed interim targets are not appropriate and represent an abdication of the HSE's responsibility to this vulnerable patient group.

While individual hospitals have different problems and differing levels of similar problems the *Task Force* has identified a number of common threads that are crucially important.

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- **Infrastructure**

It is finally recognised that many Emergency Departments are not fit for purpose. Even those built or refurbished in recent years are to a lower standard than found elsewhere in the developed world.

- **IT Systems**

There is the recognition in the report that IT Systems within the HSE nationally and particularly Emergency Department IT Systems are deficient. The proposed iSOFT hospital computer system will not address these deficiencies.

- **Calculation of Waiting Time**

The report concedes that the current method of calculating waiting times i.e. from the time of decision to admit to the time a patient finally arrives in a hospital bed is unreliable and has been (and continues to be) subject to significant manipulation. It is regrettable that the HSE does not move immediately to counting real rather than manipulated times.

- **Access to Diagnostics**

The recognition that many Emergency Departments have poor access to diagnostics, such as ultrasound and CT scanning, and endure significant delays to x-ray reporting is welcome. It is noted that the solution to this will require considerable work practice changes outside of Emergency Medicine.

**Now that the report has been published, it is time for the HSE to publish a timetable for rapidly implementing the Report's recommendations so that when patients attend an Emergency Department they can expect to receive a first class service in a timely fashion.**

The time for talking is over; it is now time for action. The IAEM believes that the 6 hour standard is achievable and is fully committed to working with the HSE to achieve it. It is now up to the HSE and DoHC to provide the resources necessary to make this the standard of care for every patient attending an Emergency Department by the end of 2007. This will require a significant investment in appropriate physical facilities, staffing, equipment and supporting services. It will also involve a change in work practices, in particular moving to an extended working week for all staff and services involved in delivering acute care.