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IAEM response to the publication of the *Review of Acute Hospital Services in the HSE Mid-West*

The Irish Association for Emergency Medicine (IAEM) notes the publication of the *Review of Acute Hospital Services in the HSE Mid-West*. The detail of the report, completed in April 2008 but not published until January 2009, had been the subject of significant speculation with understandable concern among the local population about downgrading, withdrawal of service and potential inadequacy of emergency care. The eventual publication of the report provides some clarity about the proposals and the likely future shape of acute healthcare provision in the Mid-West.

The Association's position on reconfiguration is spelled out in a statement published in January 2008 (***IAEM Position Paper on Reconfiguration and/or Regionalisation of Emergency Services*** (www.iaem.ie) (www.emergencymedicine.ie). In short, IAEM supports the core principle behind regionalisation as it applies to emergency care – that of getting the right patient to the right hospital at the right time – subject to community, pre-hospital and regional services being adequately resourced to deliver a safe and effective service and with the caveat that any service enhancements necessary to support regionalisation be in place prior to any change.

The report recommends that the Emergency Departments (EDs) in Ennis and Nenagh restrict their opening to 12 hours a day, seven days a week. Currently, these departments provide a 24 hour service to most emergency cases. A trauma by-pass protocol, which identifies major trauma cases that should be brought by ambulance directly to the Mid-Western Regional Hospital in Limerick, has been in operation since 2008. The report proposes the creation of nurse-led urgent care centres treating minor illness and injury, in lieu of the EDs in Ennis, Nenagh and St John's Hospital in Limerick.

Given the relative paucity of suitably trained nurses, the difficulty in defining an illness or injury as minor prior to clinical assessment and the inevitable need for occasional patient resuscitation in these units, IAEM welcomes the

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decision of the HSE to staff these newly configured Local Emergency Units (LEUs) with doctors. The report notes the difficulty in staffing the existing EDs in Ennis and Nenagh with appropriate medical staff. IAEM notes that the newly created LEUs, which will essentially deal with the ambulant portion of the Emergency Medicine workload, will be under the overall governance of the speciality of Emergency Medicine. These should be staffed by doctors suitably trained and experienced in Emergency Medicine. The current situation in Ireland is that a hospital doctor is either a trainee or a Consultant. Staffing the LEUs with these grades is unlikely to be any more of an option in the new configuration than in the current one. IAEM has previously advocated the introduction of a permanent non-Consultant career grade to Irish hospital practice (*IAEM Position Paper on Staffing Emergency Departments – November 2006* (www.iaem.ie)(www.emergencymedicine.ie)). Such *Associate Emergency Physicians* would have a defined training period leading to an appropriate qualification. This model may provide an answer to LEU medical staffing.

The proposed reconfiguration will inevitably lead to increased ED attendance at the Mid-Western Regional Hospital in Limerick. While the HSE envisages that such additional numbers will be small (given the modest numbers currently attending the EDs in Ennis and Nenagh after hours) any increase in workload will be occurring on a background of ongoing significant ED overcrowding in Limerick. IAEM acknowledges attempts by the HSE to address ED overcrowding nationally. However, the problem persists and is deteriorating in the larger EDs. The removal of boarded inpatients from the ED is an essential prerequisite for reconfiguration in the Mid-West and elsewhere. IAEM repeats its call on the HSE to fully implement, without delay, the findings of the *ED Task Force Report*. If patients from the Ennis and Nenagh catchment areas are to travel to Limerick for emergency care, they must be assured that the hospital has capacity to accommodate them should they need to be admitted.

The issue of clinical safety necessarily arises in the context of patients with severe illness or injury having to travel further to hospital once 24 hour ED services cease in Ennis and Nenagh. This issue is considered in detail in the IAEM statement on reconfiguration and regionalisation. IAEM notes the recommendation in the report that advanced paramedics be deployed in the Ennis and Nenagh catchment areas. IAEM further notes that plans for the implementation of 24 hour advanced paramedic rostering in the Mid-West are progressing. Once this service is in place, the assessment and treatment of life threatening conditions at the roadside with subsequent transport to the Regional ED has the potential not simply to adequately replace the existing system but to deliver enhanced care and better outcomes.

In summary, IAEM supports the regionalisation of Emergency Services in the Mid-West **provided the infrastructure has been put in place both centrally, at the Mid-Western Regional Hospital in Dooradoyle, and peripherally in Ennis and Nenagh before services are reconfigured. At the same time there needs to be a parallel up-skilling and expansion of pre-hospital services.**