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IAEM welcomes reductions in numbers on ED trolleys but far more needs to be done

The Irish Association for Emergency Medicine genuinely welcomes the reduction in the number of patients waiting on trolleys from a truly appalling total of 601 to the still completely unacceptable number of 371 in recent days. This has been due to efforts to create capacity which regrettably had only been mobilised in any meaningful way in recent days. The creation of capacity to allow Emergency Departments (EDs) to function as intended, and not simply act as warehouses for admitted hospital inpatients, is acknowledged but such capacity needs to be made available on an ongoing basis, every week of every year, if the current overcrowding which imperils the lives of patients is to be avoided.

The Minister for Health, Dr Leo Varadkar TD, has requested the Irish Nurses and Midwives Organisation (INMO) to facilitate the placing of up to two additional admitted inpatients onto hospital wards as a short term measure to improve patient safety. There is clear medical evidence¹ that this practice which helps to decompress overcrowded EDs is both safer from a patient safety perspective and is regarded as preferable by individual patients. We are certain that this is an essential part of the immediate approach so that the reception of the next cohort of emergency patients can continue. When there is such definitive evidence of harm to patients detained on trolleys in EDs and there is a much safer, although admittedly less than ideal option, the best interests of admitted patients demand that this action is taken.

Taking this action in no way absolves the HSE of its responsibility to address the delayed discharge numbers which it has allowed to escalate over 2014 without the appropriate

¹ The evidence that this practice is both safer and preferable from a patient perspective is summarised at www.hospitalovercrowding.com

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intervention to address this worsening problem. An obvious example of the absurdity that pervades the management of patients suffering delayed discharge is the interval between processing of Fair Deal applications and delivery of funding. This interval typically has been 14 weeks and this ridiculous delay is a significant factor in the genesis of the very unsatisfactory situation which is costing lives of admitted hospital inpatients languishing on trolleys in our EDs. Solving this and the delivery of an appropriate number of home care packages so that elderly patients can return to their own homes with suitable supports is completely within the gift of the HSE. Although its response to this problem as it worsened during 2014 was poor, perhaps at last those in charge will prioritise solving this problem appropriately.