

10th February 2015

## **IAEM Remains Concerned About Persistent Emergency Department Crowding and Likely Impact of Influenza**

The Irish Association for Emergency Medicine acknowledges that there was some improvement in the number of patients waiting on trolleys for an inpatient bed in the country's Emergency Departments (EDs) in mid - January but this has deteriorated in the past two weeks. While numbers are down from the shameful record of early January 2015, they still clearly unacceptable with 4<sup>th</sup> February having the highest total since 6<sup>th</sup> and 7<sup>th</sup> January ([INMO Trolleywatch](#)). Any improvement has been the result of steps finally being taken to reduce the number of delayed discharges (patient whose acute hospital care is finished but remain in an acute hospital bed awaiting the provision of appropriate community facilities); however the number of delayed discharges remains unacceptably high. Not alone does this large cohort of patients occupying hospital beds cause most of the ED crowding, it is hugely wasteful of scarce resources. Suitably supported care at home or in a community setting is much cheaper than the cost of a patient being kept in an acute hospital bed.

Evidence shows that if a patient is over the age of 75 and remains on a hospital trolley for more than 12 hours, they will experience increased length of stay as a hospital inpatient; have a lesser likelihood of being able to return to an independent existence and suffer greater numbers of complications of their underlying condition. This means that the practice of warehousing patients in the country's EDs is not alone unsafe but also makes it more likely that these older patients will be unable to be discharged home, adding to the number of delayed discharges. In addition to the negative implications for individual patients, it also costs a greater amount of money.

The failure to adequately resource the attempts to provide alternative accommodation for delayed discharge patients is therefore incredibly short sighted and ultimately more expensive and counterproductive.

The Association remains deeply concerned about the likely impact of Influenza on patients in our already crowded EDs. Most Influenza cases this year are caused by a virus for which the vaccine is less effective. This means that we may expect worse outcomes from any outbreak. The elderly and the medically vulnerable patients who are the group waiting hospital admission are especially at risk from this potentially fatal condition.

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The failure to definitively address ED crowding is unacceptable, particularly at this time. The ED Task Force established in December to address hospital crowding needs to issue its report urgently; implementation of its recommendations must immediately follow.