

14th May 2015

IAEM Expresses Serious Concerns about on-going Emergency Department Crowding

Recent [figures](#) confirm that the number of patients who need emergency hospital admission but for whom a hospital bed is not available, continues to rise. This is a cause for serious concern.

The practice of lodging patients awaiting admission in Emergency Departments (EDs) has been consistently shown to be unsafe and contributes to increased mortality and morbidity for patients. EDs are also rendered incapable of functioning safely or efficiently as EDs while acting as warehouses for admitted inpatients. At this stage no one doubts that this practice is unsafe but in spite of a myriad of investigations, reports, taskforces and repeated promises to solve the problem, crowding continues to worsen. This can only be interpreted as the continued toleration of this unacceptable situation by senior HSE management.

[*The Report of the Investigation into the safety, quality and standards of service provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise*](#) published by HIQA on 8th May 2015 unequivocally places the blame for patient safety failures in Portlaoise on HSE managers who did not take the necessary steps to address issues that had been repeatedly brought to their attention. The unaddressed severe patient safety risks of ED crowding, consistently and repeatedly highlighted by IAEM and its individual members, mirrors the HIQA finding of senior HSE managers being unwilling or seemingly incapable of resolving the issue.

The following points need to be emphasised again:

- Many hospital managers have chosen to allow their inpatient boarder problem be manifested exclusively in the ED and not shared equally throughout the hospital. This decision is made in spite of the clear evidence that the practice of warehousing hospital inpatients in EDs that are also expected to continue to function safely as Emergency Departments, results in far greater risks to patients;
- An unacceptable proportion of acute hospitals' bed capacity is taken up with delayed discharges i.e. patients whose hospital care is finished but remain in hospital pending accommodation in community residential facilities or discharge home with the necessary supports. To date, this problem has been addressed in a tardy and very limited manner;

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- The HIQA report on Portlaoise notes with concern the HSE's single focus on cost-cutting to the detriment of patient safety. This misdirected focus has allowed the ED crowding problem to worsen and has undoubtedly resulted in the deaths of patients and poorer clinical outcomes for many more;
- The solutions to ED crowding are described in the [Emergency Department Taskforce Report 2015](#). Projects developed to implement these good practice suggestions should be fast tracked and funded for rapid implementation.

We hope that in light of the HIQA Portlaoise report and recommendations that the Minister for Health has accepted and promised to implement in full, the insidious problem of ED crowding will finally be prioritised and addressed.

The Irish Association for Emergency Medicine requests that in view of the proven patient safety risks of ED crowding, HIQA should apply its investigative skills to establishing why patients have been allowed to die and endure poorer medical outcomes as a result of systemic management failures for so long.