

11th May 2015

IAEM Welcomes the HIQA Portlaoise Hospital Report

The Irish Association for Emergency Medicine welcomes the publication of 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. While the trigger for the report was deficiencies identified in the Obstetrics and Gynaecology service, HIQA makes a large number of findings relevant to the hospital as a whole and specifically the Emergency Department (ED).

Amongst the many deficiencies noted in its comments on the ED is uncertainty about the actual number of patients attending; the absence of suitable ED ICT system; very poor clinical governance which was different for medical and surgical patients and for paediatric medical and paediatric surgical patients; disproportionately high admission rates in spite of the relatively low triage categories assigned on arrival; limited access to diagnostics across the hospital and, most crucially, the absence of Consultant in Emergency Medicine input apart from during a proportion of daytime hours.

The Association is very firmly of the view that there are too many so-called Emergency Departments in the country that, like Portlaoise, have major deficiencies and are a cause for concern. Regrettably, the risks of such departments are often well known to senior HSE management but there is no concerted effort by the HSE to properly address these concerns and any 'solutions' employed often add to rather than address the problem. The need to keep open such services for political reasons seems to take precedence over all other matters, particularly patient safety concerns.

In the light of such a damning report the HSE must immediately take steps to fully address the deficiencies identified at Portlaoise if it is to stay open as a 24/7 service. Alternatively, the service at Portlaoise should be reconfigured as either a Local Injury Unit or Local Emergency Unit (as defined in the [National Emergency Medicine Programme Report 2012](#)) with restricted hours of opening but with appropriate staffing and Consultant input during the hours of opening to ensure that the service is safe. The glaring uncertainty as to the exact numbers seen in the ED and therefore the appropriateness of the attendance figures being returned centrally needs to be addressed as does the lack of an appropriate ED information system. Where these deficiencies are identified in other comparable hospitals, similar decisions need to be made so as to ensure the safety of patients attending in the

President:

Mr Mark Doyle FRCSI, FCEM
Consultant in Emergency Medicine.

Waterford Regional Hospital,
Dunmore Road,
Waterford,
Ireland.

Tel No: +353 51 842627
Fax No: +353 51 848550

Secretary:

Mr Cyrus Mobed FRCSI, DSM
Consultant in Emergency Medicine.

South Tipperary General Hospital,
Clonmel,
Co. Tipperary
Ireland

Tel No: +353 52 6177987
Fax No: +353 52 6177149

Treasurer:

Dr David Menzies FCEM, Dip Med Tox, DMMD, Dip IMC (RCSEd)
Consultant in Emergency Medicine.

St. Vincent's University Hospital,
Elm Park,
Dublin 4,
Ireland.

Tel No: +353 1 2214207
Fax No: +353 1 2213346

expectation of receiving the type and standard of services that should be delivered in a 21st Century Emergency Department. The lack of a national Emergency Department Information System (EDIS) using agreed definitions and allowing meaningful comparisons between EDs is absolutely unforgivable in 2015.

If, as seems likely, the decision is made to curtail the opening hours of Portlaoise or any other hospitals, steps will need to be taken to ensure that the EDs that will see additional patient attendances as a result of these changes are properly staffed and resourced to do so safely.