

6th October 2017

Emergency Department Overcrowding: Department of Health and HSE inertia continues to cause unnecessary patient deaths

The news that there were 516 patients on trolleys when the [INMO daily Trolleywatch](#) returns were published on the morning of 4th October 2017 (representing the highest figure ever for that date) and the harrowing experiences of [individual patients](#) forced to remain on trolleys for days on end, as reported in the media in the [past week](#), should have resulted in some action to address this unacceptable state of affairs but, needless to say, it hasn't. The fact that we have not entered the 'Clinical Winter' yet and we have seen such large numbers of admitted inpatients warehoused in Emergency Departments (EDs) (particularly, taken in conjunction with record numbers on trolleys during some of the summer months) should have prompted an aggressive campaign to produce at least some capacity in the hospital system to accommodate these patients but, needless to say, this hasn't either. Based on these trends and the inertia, it is inevitable now that the winter of 2017/2018 will be worse for patients (and staff in EDs) than even the very difficult winter of 2016/2017. If the expected virulent strain of influenza arrives to these shores in early 2018, the situation will become immeasurably worse.

If the concerns about patients warehoused on trolleys in EDs were simply about lack of privacy, dignity and inhumane treatment, this would be bad enough but there is incontrovertible evidence of harm to patients as a direct result of ED crowding. We know that crowding kills patients; patients who would not otherwise die. In addition to the 300 - 350 patients per year who are likely to die as a direct result of ED crowding, many others suffer harm with inferior medical outcomes which in turn lead to multiple further interactions with the Health Service. This is both a personal tragedy for the patient concerned and their loved ones, but is also an additional cost to the Health Service which could have been avoided had an acute hospital bed being available at the point when their emergency care in the ED was completed and a hospital bed required.

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The past 15 years has been characterised by committees, taskforces and a variety of talking shops; public promises and commitment to address the issue; bluster and claims of improvement in the absence of improvement etc., but the reality is that there has been little or no concrete action to address the fundamental problem which is the lack of capacity in the Health Care system. Each political party that has been part of successive governments has equally failed to grasp the issue and address it, no doubt scared by the fact that substantial capital investment is required.

The patients on trolleys awaiting admission require a **hospital bed** and unless and until a hospital bed is available when a patient needs it, patients will continue to remain on trolleys. Warehousing of admitted inpatients in EDs limits the functioning of the ED for the role intended for it. The knock-on delays that result also cause further harm to other patients who are no longer in a position to receive their ED care in a timely fashion, in turn lengthening their hospital stay and the cost of their care.

Sadly, the grossly abnormal is now accepted as 'normal' in the Irish Health Care system. The Association asks, yet again, how long more will it take and how many additional patients will have to die before political responsibility is acknowledged and management focus finally applied and the problem definitively addressed?

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