

2nd January 2018

Record Numbers of Patients on Trolleys in Emergency Departments

The sense of déjà vu is overwhelming but disappointing, nonetheless.

Today, 656 of our most vulnerable citizens are being boarded on trolleys, the majority of whom are being warehoused for prolonged periods of time in noisy, bright, busy, packed Emergency Departments (EDs) around the country. We are also seeing children who need a hospital bed being held overnight in EDs; a new and worrying trend that is not captured in any of the official figures. This is not just a problem today; this situation has been very challenging all through the Christmas and New Year period.

The Irish Association for Emergency Medicine is gravely concerned but not surprised at what has transpired. This was always going to be how 2018 started in our EDs. Everyone, from the Minister for Health to the clinician at the frontline knew it, yet little of substance was done by the DoH & the HSE to address it. The Health Service is quite simply over-stretched with the ED the part of our acute system that never says 'no' and therefore the place that patients come up against access block, the inability to access an acute hospital bed. All parts of the system are overstretched; Emergency Medicine, General Practice, the National Ambulance Service, Acute Medicine, Acute Paediatrics are all struggling. Non-urgent surgical care is being cancelled causing frustration for surgical colleagues who see their waiting lists extending and further misery for patients.

There are now large numbers of patients on trolleys throughout the twelve months of the year. EDs are operating all year round at 100% capacity with any increase in workload, such as the predictable 'flu season' and the surge in respiratory admissions at this time of the year causing an even worse crisis. Currently, there are waits to see a Triage nurse, long waits to see a doctor and for the 25-30% of ED patients that need admission, there are particularly long waits for a hospital bed. Although some may think otherwise, the reality is that patients awaiting a bed cannot be dealt with in Primary Care or diverted to other services.

President:

Dr. C. Emily O'Connor
MRCPi, FRCEM
Consultant in Emergency Medicine.
Connolly Hospital,
Blanchardstown, Dublin
D15 X40D Ireland.
Tel: +353 1 646 6250
Fax: +353 1 646 6286

Secretary:

Mr. M. Ashraf Butt
FRCSI, Dip IMC (RCSEd), FRCEd (A&E), EMDM
Consultant in Emergency Medicine.
Cavan General Hospital,
Lisdarn, Cavan
H12 Y7W1 Ireland.
Tel: +353 49 437 6401
Fax: +353 49 437 6468

Treasurer:

Dr. Sinead O'Gorman
MMedSci, DCH, FRCSI, FACEM, FRCEM
Consultant in Emergency Medicine.
Letterkenny University Hospital,
Letterkenny, Co. Donegal
F91 AE82 Ireland.
Tel: +353 74 912 3744
Fax: +353 74 912 3797



No solutions seem to be in sight. HSE Plans are unambitious and token and are either not implemented or are too slow or too feeble to respond. The Acute Bed Capacity Review will tell us what we have already known for years, namely that we need many more beds. In the longer term, investment in Primary Care may improve our nation's health but this is currently little more than an aspiration. This winter and next need immediate solutions. Last year, we said we needed more beds. We said that in some hospitals modular ward units needed to be commissioned as a short term measure, pending longer term capital projects. We were told that modular builds would take months. We said 'start now' then but it didn't happen. The number of delayed discharges needs to be reduced dramatically to free up beds.

Any extra beds created will need staff and the reality of persistently difficult working conditions is that we are haemorrhaging doctors, nurses and other staff involved in acute care.

We recognise that it is really tough being a patient in an ED currently. We are also aware just how difficult it is working in grossly crowded EDs at the moment. Our goal continues to be to attend to the sickest as soon as we can but we know that those that are less unwell will unfortunately wait longer.

As we experience another predictable crisis, it is long overdue that the 'national emergency' declared in 2006 by the then Minister for Health, at a time far fewer were on trolleys, finally receives the attention it deserves. How many more have to die needlessly while inertia prevails?

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