

Emergency Medicine General Election Manifesto 2020

The Irish Association for Emergency Medicine is a Registered Charity and is the expert representative body for the Medical Specialty of Emergency Medicine. It seeks to ensure that the best possible emergency care is delivered in Emergency Departments (EDs) across Ireland and its members are doctors working in Ireland's EDs.

The current situation

EDs across Ireland are operating well beyond their capacity. ED attendances are rising year-on-year* and although properly functioning EDs generally discharge approximately 70-75% of the patients that they see, the number of admissions is inexorably rising. Ireland's inadequate acute bed capacity means that an increasing proportion of patients that require admission to a hospital bed from an ED remain in that ED. This causes increased clinical risk for these and other patients but also means that the ED is significantly compromised in its ability to see the next group of patients safely and efficiently. This effect is compounded by inadequate community facilities which mean that on any given day approximately 600-700 patients whose acute hospital care is finished (sometimes called "delayed discharges") are not in a position to go to the community for the want of provision of the necessary supports or resources. This contributes very significantly to the number of inpatient boarders that EDs are forced to accommodate and along with the indisputable hospital bed shortage, is at the heart of the "trolley problem". Although the causes of ED crowding have been known for over 15 years, it is unfortunately true that there has been **no sustained attempt made to address the capacity** constraints in the hospital or community, resulting in clearly proven clinical risks for patients and staff alike.

What a new Government needs to do?

As crowding in EDs is proven to cause the death of patients who wouldn't otherwise die and inferior medical outcomes for all ED patients, the first health priority for an incoming Government **must be the elimination of ED crowding**. While individual political parties and the Dáil as a whole have espoused Sláintecare as a model for future healthcare delivery, this laudable project will have no impact unless the current hospital capacity problem is addressed. Although Primary and Community Care will have a long term impact on the numbers of patients with chronic medical conditions requiring acute care, the patients who languish on trolleys are those deemed to require acute in-patient hospital care and need hospital beds.

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Concrete Actions

Any political party that aspires to be in government after the General Election must:

- (1) Commit to an accelerated plan to create an additional 2,000 acute hospital beds within 3 years and a further 500 beds within the following 2 years;.
- (2) Immediately address the issue of delayed discharges to ensure that the current number of approximately 700 per day is reduced to no more than 100 patients at any given time;
- (3) Provide sufficient diagnostics to ensure that patients presenting urgently are not admitted to hospital to facilitate a diagnostic workup that could be done while in the ED (or, even worse with less urgent need where it is thought that "admission is the only way to access scans"). Diagnostics should be front loaded in such a way as to ensure that an appropriate clinical decision can be made as to the necessity for admission for treatment;
- (4) Resource EDs with the necessary staff and space to allow timely and safe care.

Implications of allowing the status quo to continue

It has been known for many years that detaining patients in an ED beyond the time of the decision that they require hospital admission is dangerous and some patients die as a result. Evidence emerging from a study of over 4,000,000 ED attendances in NHS England strongly suggests that 1 in 83 patients who remain in an ED awaiting admission to a hospital bed for more than 6 hours and 1 in 31 patients who remain in the ED for more than 11 hours **will die as a direct result** of the failure to provide a hospital bed in an appropriate timeframe.

Currently, many of the patients that require admission from an ED wait excessive periods of time; therefore the implication of these statistics for Ireland is truly frightening. No other public health issue in Irish medicine currently has such profound and devastating implications for patients as ED crowding does. Clearly, the option of avoiding dealing with the root causes of ED crowding is no longer tenable.

*2.7% increase in ED attendances between October 2018 and October 2019 with a 3.1% increase in patients over the age of 75.

25th January 2020

