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Ireland's Emergency Departments seeing record numbers of patients while cyberattack impact continues

Many of Ireland's 28 Emergency Departments (EDs) have seen record daily numbers of patients in the past few weeks which has resulted in severe congestion and delays, particularly for those with less acute care needs. This sharp increase is occurring at a time when very few EDs have a fully functioning suite of ICT as a result of the cyberattack on the HSE in mid-May. This, in turn, is contributing to delays as many previously ICT-enabled processes continue to have to be performed manually or are being performed with significantly limited ICT functionality. The fact that the effects of the cyberattack are still so significant so long after the attack is a reflection of the level of destruction the attack wreaked on the HSE's ICT Infrastructure. While many might understandably assume the problem had been resolved at this stage, this is very far from the case.

Those who work in Emergency Medicine are very familiar with an increase in workload in EDs when difficulties arise with accessing other parts of the healthcare system. This is well recognised internationally and is currently happening in Ireland. The very significant, prolonged restrictions on 'usual' access to primary care and other hospital services caused by both the COVID19 pandemic itself and service reconfigurations and curtailments in the attempts to deal with it, have inevitably caused difficulties with access to care for patients and this is being manifested in EDs at present. EDs are seeing referrals of patients with significant clinical problems which would typically have been seen in primary care and referred to outpatient type services many months ago but in the absence of access to these services the need for care has become more acute. This is adding to the increasing numbers of patients presenting as a result of typical summer and holiday injuries and the normal throughput of medical emergencies.

The capacity of EDs is finite and many are genuinely struggling to deal with the patient workload at the current time. It is imperative therefore that steps are urgently taken to provide suitable but functional alternatives to ED referral, e.g. dedicated rapid access clinics in general medicine and surgery, for those patients where Emergency Medicine has nothing to offer.

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