IRISH ASSOCIATION FOR EMERGENCY MEDICINE

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The Irish Association for Emergency Medicine responds to harrowing evidence heard at Aoife Johnston inquest

On behalf of the entire Emergency Medicine community in Ireland, the Irish Association for Emergency Medicine would like to offer its sincere condolences to the family and friends of Aoife Johnston and to all those who have been affected by her untimely death. Quite simply, the delays in her receiving essential care should never have happened.

Sadly, no one working in Ireland's Emergency Departments (EDs) was surprised at the evidence heard at the inquest into the death of Shannon teenager, Aoife Johnston, in University Hospital, Limerick (UHL). The only surprise has been how few of the many avoidable deaths have come before the Coroners' Courts, given the clear evidence of increased mortality and morbidity associated with both ED crowding and prolonged waits for admission to a hospital bed for the approximately 25% of ED patients deemed to require hospital admission after assessment and emergency treatment in the ED.

The primary cause of ED crowding is Ireland's grossly inadequate acute bed capacity that means that those patients who need admission to hospital do not get admitted to a hospital bed in a timely fashion, if at all. This turns EDs into holding bays for admitted inpatients negating the ED's capacity to provide emergency care to its own patients in a timely fashion that was so evident in the Johnston inquest. This critical capacity issue was identified over a decade ago but there has been little substantial effort to address it to the level required to make our EDs safe. This is in spite of repeated warnings by the Irish Association for Emergency Medicine over two decades as to the avoidable deaths ED crowding is causing. As the majority of those admitted patients who languish on trolleys are over the age of 75 years, perhaps their premature and avoidable deaths are often less obvious than what was described last week.

It is noteworthy that a number of medical and nursing staff who gave evidence at the inquest have left either Emergency Medicine or Emergency Nursing as a result of their experience of persistent, unremitting ED crowding and the trauma of being "at the coalface" struggling to prevent such an awful event occurring. The moral injury sustained by staff who are placed in an invidious position in attempting to care for patients in an impossible environment is deeply corrosive and the departure of experienced and enthusiastic clinical staff from the ED inevitably makes the situation even worse.

It is absolutely imperative that Aoife's almost certainly avoidable death in a grossly overcrowded and under resourced ED is seen as a line in the sand. No longer can those who bear management and political responsibility for the provision of a

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safe environment that, at its most basic, requires sufficient acute bed capacity and appropriate staffing, hide behind the defence of ignorance of the catastrophes that unfold due to overcrowding. It is vital that **all** play their part in supporting the work of the ED rather than seeing the situation that was laid bare so publicly at the inquest as a matter for the ED and the ED staff alone. It requires that the accommodation of admitted stuck in an Emergency Department is shared with all wards as these are a hospital's and Regional Health Area's responsibility to accommodate, and not just the responsibility of the ED. Hospital's and Regional Health Area's management need to see the resolution to this grossly unsafe situation as their number one priority.

It was absolutely appropriate that the CEO of the HSE, Bernard Gloster, accepted that the organisation he leads failed Aoife Johnston & her family and equally appropriate that the Minister for Health offered his apologies and condolences. However, unless both finally aggressively address the underlying national hospital bed capacity problem (Ireland's acute bed capacity is at most 2.9/1,000 population whereas the OECD average is 4.3 with Limerick's situation even worse than the national position), any such utterances are empty and meaningless. Indeed, without concrete action to definitively address Limerick's and Ireland's acute bed capacity deficit, they are open to the suggestion that their words are meaningless.