

4th June 2024

Association welcomes plan to increase Acute Bed capacity

The Irish Association for Emergency Medicine welcomes last week's publication of the [Acute Hospital Inpatient Bed Capacity Expansion Plan 2024-2031](#).

As an Association, we have long advocated for meaningful and urgent investment in bed capacity as Emergency Department (ED) crowding is a direct result of not having enough hospital beds for an admitted patient to go to, when a decision has been made that such a patient requires inpatient hospital care. We have repeatedly highlighted the dangers associated with such crowding. In addition to the increased mortality that has been shown to be caused by ED crowding itself, large international studies have also demonstrate that there is one excess death for every 82 patients who have to wait more than 6-8 hours in the ED for a hospital bed to be provided. Of note, this excess death rate increases as the delay to admission increases. The risk of death and adverse outcomes is thus substantially greater for patients over the age of 75, as so many end up staying in the ED overnight for want of an inpatient bed.

Now that the commitment has been made to address Ireland's acute hospital bed deficit, this additional capacity now needs to be delivered without delay, using expedited planning and procurement. Physical beds are important but clearly they must be staffed appropriately and safely. Steps need to be taken to define the staffing requirements associated with these beds and ensure that the recruitment of the necessary healthcare professionals matches bed delivery in a co-ordinated way.

While the delivery of this increased capacity and the personnel required to service them will obviously come at a cost, we are judged as a society on how we treat our sick and vulnerable. The harrowing ED crowding endured over the last two decades and continuing to be experienced by patients (and the staff looking after them) in so many departments around the country needs to be condemned to a dark place in Ireland's healthcare history as soon as possible. Now that there is a plan, it needs to be a key focus of both the Department of Health and HSE to have it delivered with the minimum of delay. Too many have died as a direct result of crowding for the inertia that often follows the publication of well-intentioned plans and strategies to be allowed to be tolerated.

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