Statement By

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to the

Oireachtas Joint Committee on Health

Overcrowding in Hospital Emergency Departments

Wednesday, 25th January 2017

Chairperson and Members of the Committee

1. The Irish Congress of Trade Unions is very pleased to accept the invitation to address this Joint Oireachtas Health Committee on the critical, and very topical, issue of overcrowding within all of our hospital Emergency Departments. This engagement is all the more important days after 612 patients, admitted for in-patient treatment, were left on a trolley, in our overcrowded hospitals.

2. Congress has monitored, with increasing concern, the marked increase in hospital overcrowding in recent years. We note that it is the elderly and ordinary workers, and their families, who suffer most through that overcrowding and the compromising of care that follows.

3. Congress has also been informed, on an ongoing basis, of this situation through the work of our health union affiliates and, on a daily basis, the Trolley/Ward Watch figures released by the Irish Nurses and Midwives Organisation (INMO).

In that regard, and in order to graphically measure the extent of the growing crisis, I draw the committee's attention to Appendix 1 of this submission. This records the unacceptable increase, in the number of admitted patients, on trolleys in Emergency Departments or throughout hospitals, over the 10 year period 2006 to 2016. These figures confirm that, notwithstanding the measures that have been taken the reality is that overcrowding continues, unabated, with a record number of admitted patients, on trolleys, in 2016 of 93,621.

4. In terms of a political response we remind you that, in 2006, the then Minister for Health declared that 486 people on trolleys was a "national emergency" which required a significant, and sustained, response. Regrettably history shows that the required response was not forthcoming and, after 2008, the economic recession saw our public health service subject to significant contraction in terms of:

- overall financial allocation;
- staffing numbers through a recruitment embargo; and
- the resultant closure/curtailment of services including the closure of public acute / long term care beds and the restrictions on community nursing / support services.

5. This contraction, which was unmanaged and undertaken without any risk assessment or reference to the growing concern of health service staff who saw the implications, has, without doubt, been a major contributory factor to the record levels of ED overcrowding that is now taking place.

6. In addition, and as a direct result of flawed decision making and policy analysis, ED overcrowding was exacerbated under the guise of the "reconfiguration" of services particularly in such areas as the Mid-West and the North East.

I refer you again to Appendix 1 to see the damage that is done when budget considerations determine health decisions regardless of their impact upon services, patients or staff i.e. Limerick and Drogheda.

7. In the context of the current, record, level of overcrowding Congress believes that the problem must be addressed, with both short and medium term measures, recognising the following:

- overcrowding in Emergency Departments is not the fault of Emergency Departments. It is simply the outward manifestation of a public health service that is too small to cater for the demands being placed upon it, year on year, through changing demographics, health expectations and scientific developments; and

- hospital overcrowding cannot be laid at the door of senior managers who are not given the resources, both in terms of acute and community based services, to adequately respond to the demands being placed upon any given hospital;

    - it is also worth noting that any individual hospitals ability to respond to this ever increasing demand, is influenced by its own bed capacity, access to transitional / long term care beds, access to primary and social care services including public health nursing/home help and other supports.

In other words capacity, both in terms of capital and human resource, are central to resolving this problem.

8. In terms of short and medium term actions we believe these must include:

Short Term:

- an immediate requirement that all hospitals roster senior clinical decision makers over the extended day, on a seven day week basis, at least until the end of this winter period;

    - this will aid the speed of decision making, within the hospital environment, thus assisting patient flow as decisions to admit/ discharge/refer are made quicker;

- special measures must be taken to alleviate the staffing crisis which exists right across our hospital services at this time. This will have to include, at least for a defined period, incentivised measures so that we minimise the impact upon patient care arising from overcrowding;

- special measures must also be taken to allow for the re-opening of public acute and long term care beds, again including incentivised measures where required, so that we make maximum use of all available bed stock;

- the committee must note that, as of today, approximately 150 acute beds are closed with hundreds of long term (public) beds closed all due to staff shortages;

- senior management, who can make resource decisions, must also be present on a 7/7 basis until the end of the winter period.

Medium Term:

In relation to medium term solutions, and by this we mean a three to five year period, Congress believes the following is required:

- we must provide the capital and current funding necessary to increase our acute bed capacity, by at least 1,500, with the additional beds being allocated in areas of greatest need;

  - we would remind the committee that, if one refers to OECD figures, Ireland has 2.8 beds per 1,000 population with the OECD average being 4.8;

- there is also a need for a significant, sustained, investment in our public long term care bed capacity which will have both a capital and ongoing cost;

  - this is in recognition of our massive change in demographics, in the coming years, with the reality that this will see us with an aging population, with co-morbidities, requiring high levels of intervention and support to maintain their quality of life and, where possible, their independence;

- there is also a need for investment in our primary/community services which would see them operate on an extended day basis, over the seven day cycle. This should provide access to services, and individual care supports, as required, as an active, and more effective, alternative to attendance at an Emergency Department;

  - this will again require significant, sustained, investment as, currently, most primary/community services are available on a Monday to Friday basis with only urgent/priority cases serviced on the weekend and public holidays. This is not a model of delivery which keeps people out of hospital.

9. Congress holds the view that the ever increasing levels of overcrowding, in our hospitals, must be viewed as being totally unacceptable and a reality which, notwithstanding our economic constraints, cannot be allowed to continue. No public acute hospital can function safely with bed occupancy rates at up to 100% when anything over 85% is viewed as overcrowding internationally.

10. It can only be addressed, however, by a complete realignment of our current approach, to healthcare, which views Emergency Departments as separate from all other parts of our public health system.

The only way in which we can address this overcrowding is integrating care through a series of initiatives, which include increasing our acute bed capacity, increasing our transitional / long term care bed capacity, expanding our community nursing and other support services as well as our home care services.

11. Congress, and in particular our health union affiliates, will fully support, all investments, and new ways of working, which are designed to increase our public health services capacity, ensure full integration of care from the home, to supported living, to long term care, to acute intervention.

We reference Congresses submission, to the Special Oireachtas Committee on the Future of Healthcare, to demonstrate our commitment to such radical change.

In conclusion we thank the committee for its time. We very much look forward to engaging with you so that we can elaborate upon this submission or to answer any other questions you have.

Thank you.

Appendix One

INMO Trolley Plus Ward Watch – Full Year Analysis 2006 - 2016

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Beaumont Hospital	4304	6164	8065	8748	8195	7410	6327	7062	6565	8243	6130
Connolly Hospital, Blanchardstown	2418	2709	2706	2667	3562	4207	3937	5852	5062	5165	2698
Mater Misericordiae University Hospital	4248	5083	5984	4910	5425	3936	4213	2854	3576	4704	4473
Naas General Hospital	3025	1323	2268	3797	3282	4409	2116	1836	2951	3210	3054
St Colmcille's Hospital	1267	751	1104	2589	2231	2208	2201	1130	n/a	n/a	n/a
St James' Hospital	2008	1022	2471	2441	1366	1590	1288	1706	2220	2654	1851
St Vincent's University Hospital	4190	6093	5694	5427	6063	6403	4735	2872	2478	5150	4836
Tallaght Hospital	4941	3962	5782	6044	7011	4784	1906	3943	3717	4718	4166
Eastern	**26401**	**27107**	**34074**	**36623**	**37135**	**34947**	**26723**	**27255**	**26569**	**33844**	**27208**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	147	233	627
Cavan General Hospital	2816	2779	2189	1975	3291	4572	2569	1954	460	1000	771
Cork University Hospital	3867	3615	4516	4539	7021	6649	4230	4102	3574	4670	6032
Letterkenny General Hospital	3059	1253	388	378	474	592	539	1277	2755	2814	2047
Louth County Hospital	200	88	152	146	25	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	2285	1391	1207	1454	1760	599	1525	1145	1908	1868	2241
Mercy University Hospital, Cork	1431	1270	1534	1270	1910	1943	1922	2491	2196	2227	2859
MWRH, Ennis	867	961	252	368	431	411	324	333	7	125	330
MRH, Mullingar	169	91	183	528	1921	3204	2398	2845	3908	4366	4849
MRH, Portlaoise	469	283	425	297	426	1926	539	824	1589	2162	3364
MRH, Tullamore	64	34	95	77	766	1857	1303	1156	3746	2758	4748
Monaghan General Hospital	106	287	293	119	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	103
Our Lady of Lourdes Hospital, Drogheda	3444	2811	2927	3415	3484	7449	6761	3349	6249	7783	5608
Our Lady's Hospital, Navan	520	847	851	1084	453	1469	745	1029	1059	1000	595
Portiuncula Hospital	403	281	306	605	840	941	821	813	912	1100	892
Roscommon County Hospital	589	764	725	755	1036	719	n/a	n/a	n/a	n/a	n/a
Sligo Regional Hospital	784	732	667	955	1754	1505	2086	963	2017	2478	2308
South Tipperary General Hospital	727	784	881	500	666	768	2138	2762	1959	2028	5399
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	140	1034	695	1817	1921	3514	3144
University Hospital Galway	1654	2414	3470	3444	4103	6544	4193	3907	5312	6514	5807
University Hospital Kerry	1144	507	763	337	623	672	606	694	1005	1389	1664
University Hospital Limerick	1814	1367	1735	2422	3715	3658	3626	5504	6150	7288	8090
University Hospital Waterford	n/a	n/a	496	589	1349	1165	1590	2269	2249	2445	3835
Wexford General Hospital	2907	736	1306	1833	2536	3857	975	1374	1399	1333	1100
Country	**29319**	**23295**	**25361**	**27090**	**38724**	**51534**	**39585**	**40608**	**50522**	**59154**	**66413**
Total	**55720**	**50402**	**59435**	**63713**	**75859**	**86481**	**66308**	**67863**	**77091**	**92998**	**93621**

Increase between 2015 and 2016: 1%
Increase between 2014 and 2016: 21%
Increase between 2013 and 2016: 38%
Increase between 2012 and 2016: 41%
Increase between 2011 and 2016: 8%

Increase between 2010 and 2016: 23%
Increase between 2009 and 2016: 47%
Increase between 2008 and 2016: 58%
Increase between 2007 and 2016: 86%
Increase between 2006 and 2016: 68%