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Joint Committee on Health

Overcrowding at Hospital Emergency Departments

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Chairman, Dr. Harty

May I begin with an apology? Despite your invitation being dated 16th December, it only got to me at 3pm yesterday. The absence of a more prepared opening statement reflects no disrespect for this committee but rather reflects the reality that the Irish Association for Emergency Medicine is a voluntary organisation with no administrative support and made up of Consultants and other doctors working full time in Emergency Medicine. You'll be well aware that it has been a particularly busy few weeks.

Thank you for the invitation to speak.

Crowding in Emergency Departments is caused by the boarding of admitted inpatients on trolleys in EDs because there are no acute hospital beds available for them. These patients have completed their emergency care and are not, so called, 'inappropriate attenders', 'drunks' or those with minor injuries or illnesses as those patients are not admitted and do not need hospital beds. In-patients languishing on ED trolleys cannot be diverted from needing a hospital bed by improving GP care, at least not in the short or intermediate term. General Practice needs investment in its own right and in the long term its role in preventative medicine and chronic disease care will undoubtedly reduce the need for hospital care. But that is in the future. Patients boarding on ED trolleys are not there because of poor care from GPs or Emergency Medicine. These, mostly elderly, patients are victims of a lack of capacity across the entire healthcare system and they need hospital beds. Crowding in EDs, the boarding of admitted in-patients on trolleys in EDs is the overflow valve of the Irish healthcare system. We do not say no. We do not close our doors. We should not be 'full'.

While crowding is EDs is not caused by EDs but by a capacity deficit across the entire health system, it causes significant reputational damage to Irish Healthcare system and to Emergency Medicine in particular.

About 1.3 million attended Irish EDs in 2015. Last year, the number of people attending the ED that I work in rose by 8.7% and this increase is reflected across the system. That should be no surprise - our population has grown, people are surviving longer from conditions that would have killed them in the past, our people's healthcare needs have become more complex, we are growing older and we expect and are told to expect timely care. Adding 8.7% to the previous figure of 1.3 million represents an extra 100,000 attendances at the country's EDs. About a quarter of patients attending an ED are referred for admission and thus go on to need a hospital bed so in broad terms a significant number of additional

patients needed a hospital bed last year. We need more beds, particularly as this is a trend that is likely to continue.

That is not to say that crowding in EDs is new - patients have suffered boarding on ED trolleys for nearly 2 decades: I remember statements from Members of the Oireachtas in the past. I believed the situation would improve. It did not. It is getting worse. 520 people on trolleys yesterday. The target set for the winter was to have no more than 236 patients on trolleys per day. As unambitious and unacceptable as that was from a clinical risk perspective, did we ever have a hope of meeting even that? No, not with the current bed capacity!

We lost so many beds from the acute hospital sector that we are now down to 2.8 acute hospital beds per 1000 population, well below the OECD norm of 4.3. Over the decade processes improved, we tried to cope, to keep patients moving through the system but as a healthcare system we failed. We fail every day.

The UK has about the same number of beds . There was massive investment in process change in the UK since 2000, with the introduction of targets and reduction in trolley waits. However the NHS is also now experiencing dreadful crowding in EDs because of inadequate bed capacity across their healthcare system. www.rcem.ac.uk

Ireland needs additional capacity in General Practice, in Community Care, in home care but we will see headlines about the trolley crisis again next year unless hospital bed capacity is also significantly increased - hospital beds must be commissioned, opened and staffed.

Crowding in EDs causes a greater risk of preventable deaths, poorer medical outcomes, longer lengths of stay and and lessens the chances of those over 75 returning to their pre admission level of independence. This is evidence from high quality international studies which are freely available and widely accepted. I can supply references if needed.

It is also undignified and uncomfortable….it is noisy and always bright. In your moment of crisis, imagine giving your intimate details to a doctor on a corridor where it is so noisy you have to shout, imagine having diarrhoea and queuing for a single toilet with 20 other admitted patients, imagine having your ECG done in public, imagine being immune-compromised and sharing a corridor with 10 others all coughing all over you. Imagine shouting at the nurses even though you know it's not their fault.

Imagine being a nurse coming onto a night shift to care for 10 patients over 75, who have all been on a trolley since your shift the night before. Last night you promised them that a bed was coming. Imagine that feeling of hopelessness. Imagine being an enthusiastic doctor who comes on shift every day knowing there are lots of patients in the waiting room waiting hours to be seen..and there is no place to see them. You take a history on the corridor but there is no place to lie a patient down for an abdominal examination. You circle the department for any spot that will provide a bit of privacy. You find a space but before you get your patient there another patient takes it. So you start again….

Imagine how enthusiasm wanes. Imagine how relationships turn sour. Spend years doing this and understand how it breaks morale in a department, in a specialty.

Are we surprised recruitment is difficult? We are again going abroad to recruit nurses while we export our own to countries with better resourced emergency medicine.

Ireland has excellent medical schools with large numbers of students interested in EM. We have excellent Core and Higher training in EM, delivered by Consultants in EM, and produce high quality Consultants in EM. But they cannot work in our system. The conditions for patients are too poor, the environment too hostile. There are more Irish Registrars in Emergency Medicine in Australia than there are Consultants in Emergency Medicine in Ireland.

Ireland has 80 Consultants in EM spread over 29 Emergency Departments. Some EDs do not have a Consultant in EM on call out of hours. This is not acceptable. IAEM has developed a staffing document showing how appointing additional Consultants in EM gives increased breadth and depth of care. With appropriate numbers we can look at further extending hours of direct shop floor clinical care and resuscitation. We can have Consultant-delivered Clinical Decision Units and Ambulatory Care systems to further enhance admission avoidance. Without more Consultants in EM we will continue to have a pyramidal system with most care delivered by junior doctors in training rather that fully trained Consultants. Consultants in EM, both for leadership and direct clinical care are essential for the running of high quality EM care.

However we do not work in isolation. On the shop floor seeing patients and supervising junior doctors, I need diagnostics and not just 9-5. I need to be able to access community beds and services not just 9-5. We need to move away from pretending that patients come for medical care just between 9 and 5. We must stop making them wait until the next day or the following Monday to get many of the services they need.

So is there hope? Yes.

If you the Oireachtas and the government can deliver us bed capacity and conditions to allowed trained staff to stay.

Irish Consultants in EM are trained to the highest standards. Irish Emergency Medicine is delivering on training. We know what good care looks like. Let's keep our doctors at home.

Irish nurses are internationally sought after – let's keep them at home.

Create capacity by commissioning beds where needed, perhaps modular in the short term, and staffing beds where they already exist. Allow Irish people to get good Emergency Care. Allow them to come in from the Waiting room to a vacant cubicle to be seen and allow them flow through into a bed when they need one. Allow them home or into other care when they are ready.

Do processes need to be efficient? Yes.

As a specialty, we have developed a Model of Care published in 2012. The National Emergency Medicine Programme published by National Emergency Medicine Clinical Programme describes in detail the processes needed and our path forward. Trauma Networks, Emergency Care Networks, Injury Units, Clinical Decision Units, Staffing Levels, Advanced Nurse Practice. So we know where we need to go.

We have leadership within Emergency Medicine locally and nationally to show the way. Give us space to do our job. Allow patients to move on from trolleys in EDs so that the incoming can be seen.

Access to public Emergency Care is a cornerstone of our society. How we treat our citizens in their moment of crisis marks us. It marks you. It marks me.

Please stop warehousing inpatients on trolleys in our Emergency Departments – it risks killing them.

Thank you

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