IMO Opening Statement to the Oireachtas Committee on Health – Welfare and Safety of Patients and Staff in our Public Health Services –

8th February 2023

Thank-you Chair and members of the Committee for this invitation to discuss the welfare and safety of both patients and staff in our public health services.

Issues of patient safety and staff welfare are endemic in our health services where demand consistently exceeds capacity. . While each winter record levels of overcrowding make headline news, our hospitals are operating beyond safe capacity limits all year round and there is simply no excess capacity in the system to deal with the increased demand. This directly impacts on health outcomes and morbidity. This is not a Winter Crisis nor one caused by COVID or Respiratory Illness – this is a crisis of capacity with insufficient investment in workforce planning, beds and all other physical infrastructure.

We know the risks that overcrowding and staff burnout have on patients including:

- Delays in admission from the Emergency Department are associated with increased mortality (within 30 days) and poorer outcomes for patients;[1] - It is estimated that up to 400 people could die every year as a result of ED overcrowding;
- Studies have shown that ED overcrowding is associated with delays to receiving pain relief, medication errors, and greater hospital lengths of stay;[2]
- Delays in the ED also lead to poor patient experiences and patients leaving the ED without being seen;[3]
- Hospital overcrowding contributes to the spread of healthcare associated infections[4] and the risk of adverse events due to rationing of resources and elevated stress levels;[5]

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[1] Plunkett P. Byrne, D. Breslin T et al. Increasing wait times predict increasing mortality for emergency medical admissions. Eur J Emerg Med 2011 Aug;18(4):192-

[2] See IMO Position Paper 2018 - Achieving the 6-Hour target for patients attending Emergency Departments in Ireland https://www.imo.ie/news-media/publications/Compliance-PP.pdf

[3] ibid

[4] Health Service Capacity Review 2018.

[5] Kuntz L. Mennicken, and Scholtes, Stress on the ward: Evidence of safety tipping points in Hospitals, Management Science, May 2014

- Long waiting lists add delays in diagnosis and treatment inevitably mean that patients are treated at a more advanced and complex stage of illness[6] while overcrowding can lead to the further cancellation of non-urgent care.

Healthcare settings are inherently hazardous environments with staff facing risks of violence, accidents, healthcare associated infections and poor mental health outcomes However by failing to address core issues of understaffing and capacity, our Government and the HSE are placing both staff and patients at additional unnecessary risk.

For the past number of years the IMO has surveyed our members in relation to their mental health and well-being.[7] Our most recent survey carried out early last year revealed that long standing issues of staffing shortages, the backlog of waiting patients and personal health and well-being were the main issues of concern among IMO doctors.
The survey also revealed that:

- 94% of doctors reported having experienced some form of depression, anxiety, exhaustion, stress, emotional stress or other mental health condition relating to or made worse by work;
- 81% of doctors are at risk of burnout;
- 62.3% of doctors have had there working week extended beyond their normal contractual hours by 11 hours or more; In particular NCHDs regularly work rosters of 80 hours per week with insufficient rest and the employer is consistently in breach of the organisation of Working Time Act.
- 72% of doctors reported not being able to take their scheduled breaks to eat/drink during the working day;
- 59.3% reported not being in a position to take two-consecutive weeks off over the past year;

Short-term solutions to address overcrowding and waiting lists are not sustainable.

The IMO recommends
- Investment in bed capacity and ensure that our hospitals operate at the recommended safe occupancy levels of 85%
- Determine and resource appropriate and safe staffing levels based on population needs;
- Urgently address the underlying issues of chronic staff shortages and workload pressures that impact the wellbeing of doctors -
- Create a better working environment - A recent paper from the OECD found that improving worker well-being has intrinsic value, but it also lowers the costs of occupational harm (estimated at up to 2% of health spending) and contributes to

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[6] IMO Opening Statement to the Oireachtas Health Committee on the Impact of the Covid-19 pandemic on cancer services. 2nd June 2021
[7] IMO Mental health and Well-being Survey 2022

minimising adverse outcomes for patients (estimated at up to 12% of health spending worldwide).[8]

- Ensure clear policies and procedures are in place so all healthcare professionals feel able to take breaks and to take time off when ill
- Increase efficiency and patient safety through on-going investment and development of eHealth including investment in electronic health records in acute hospital and community settings and the roll-out of eHealth initiatives;
- Ensure risk assessments consider both patient and staff welfare;
- Without any further delay, all healthcare workers should have access to appropriately resourced, fully Consultant led occupational health services including mental health supports;
- Address stigma and encourage the use of support services.

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[8] de Bienassis, K., L. Slawomirski and N. Klazinga (2021), "The economics of patient safety Part IV: Safety in the workplace: Occupational safety as the bedrock of resilient health systems", OECD Health Working Papers, No. 130, OECD Publishing, Paris, https://doi.org/10.1787/b25b8c39-en.