INTRODUCTION

The Emergency Medicine Programme for Ireland set out a target that 95% of patients should be either admitted or discharged within 6-hours of arriving at an Emergency Department (ED).

However the target is currently achieved for only about 60% of all patients and for less than 30% of those requiring admission to a ward bed. The number of patients waiting on trolleys in Emergency Departments and on wards has reached record levels and continues to rise.

Long-waiting times in Emergency Departments and overcrowding impact on the quality of care, on patients' outcomes and on mortality.

The Irish Medical Organisation (IMO) with the assistance of the Irish Association for Emergency Medicine (IAEM) performed a study in 2018 into what Emergency Medicine specialists felt would be required to achieve 95% compliance with the 6-hour Target in Emergency Medicine.

Based on the results of the IMO survey and international best-practice the IMO is proposing 6 arrows to achieving the 6 hour target in Emergency Departments in Ireland which if appropriately resourced will improve patient care.

IMO Achieving the 6-Hour target for patients attending Emergency Departments in Ireland

1 Increase Acute Bed Capacity

The primary reason for delays in admission to a hospital bed is lack of capacity in the acute hospital system. The lack of availability of inpatient beds leads to the boarding of patients in the ED, who in turn as boarders, block access to clinical care spaces for emergency care for newly arriving patients experiencing an emergency.

Recommendations

- **Increase the number of acute hospital beds as a matter of urgency by at least 1,260, accompanied by appropriate staffing and resources, to bring bed occupancy to safer levels.**
- **Urgently assess the number of acute inpatient psychiatric beds required to ensure timely admission of patients presenting with acute psychiatric illness.**
- **Develop, finance and implement a detailed Capital investment plan over the next ten years to include:**
  - A substantial increase in the number of acute hospital beds substantially above the minimum recommendation of 2,600. The IMO would suggest a target of 5000 beds is a more realistic assessment of our population's needs.
  - The construction of stand-alone public hospitals for elective care to provide for scheduled patient care.
  - Increase critical care capacity with an increase of 300 intensive care beds in the acute hospital system to support the delivery of critical care to patients requiring intensive management of their life threatening conditions.

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2 Increase Access to Long-term and Rehabilitative care

A second major factor contributing to overcrowding is the lack of appropriate long-term and rehabilitative care and step down facilities. HSE figures show that at any one time approximately 600 patients or delayed discharges, unnecessarily occupy acute hospital inpatient beds while awaiting transfer to alternative care

Recommendations

- **Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages to free up acute hospital beds for admissions from the ED.**
- **Improve discharge planning with better data on delayed discharges, closer liaison between acute hospitals and community health organisations, appointment of discharge coordinators and the allocation of resources to support NHSS planning.**

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3 Increase Staffing Levels

Insufficient staffing levels in the acute hospital system and in Emergency Departments, in particular an under-supply of specialists/ senior decision makers, coupled with an over-reliance on non-training non consultant hospital doctors (NCHDs), results in delays in both admissions and discharges to and from the Hospital and the Emergency Department.

Recommendations

- **Increase the number of consultant posts in all specialties.**
- **Increase the number of Consultants in Emergency Medicine to 140 to provide a safe level of senior decision makers in Emergency Care**
- **Address the difficulties in recruiting and retaining hospital consultants by:**
  - **Immediately reversing the discrimination being suffered by all Consultants appointed since 2012,**
  - **Negotiating with the IMO new contracts for hospital doctors with competitive terms and conditions to attract highly qualified doctors to a career in the public health system.**

4 Improve Access to diagnostics

Frequently delays in accessing diagnostics, radiological imaging and laboratory services, can lead to bottlenecks in the Hospital and the Emergency Department. Diagnostic and laboratory testing is a key element of Emergency Department Assessment and the EMP recommends a maximum 2-hour turn around for all Emergency investigations. The IMO Survey identified access to diagnostics as a significant factor contributing to delays in throughput within the ED.

Recommendations

- **Appropriately resource diagnostic, radiology and laboratory departments to allow timely access to investigations and the results of same.**
- **Health care planning must include a detailed assessment of Diagnostics, Radiology and Laboratory service requirements across acute and community care to meet current and future demands.**

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5 Design Emergency Departments to Improve Patient Flow

Increasing physical space and capacity within the Emergency Department including increased numbers of assessment cubicles, observation cubicles, resuscitation cubicles, larger triage areas, investment in electronic health records will help to optimize patient flow and contribute to shorter ED waiting times.

In addition the creation of alternative routes into the acute hospital system will relieve pressure on the Emergency Department.

Recommendations

- **Optimise the physical space and improve patient flow within the Emergency Department to meet normal daily throughput including an increase in the number of assessment cubicles, observation cubicles, resuscitation cubicles and larger triage areas.**
- **Invest in the roll-out of a national system of electronic health records.**
- **Relieve pressure on the ED through the creation of alternative routes into the acute hospital system including acute medical and acute surgical units and direct admissions of patients returning to the hospital following discharge.**
- **Enact escalation procedures up to and including the Full Capacity Protocols to avoid Emergency Department overcrowding compromising patient safety.**

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6 Resource General Practice and Care in the Community

Contrary to popular belief, inappropriate attendances to the ED are not a major contributor to crowding of Emergency Departments. However, with long waiting lists even for urgent diagnostics and outpatient appointments, the ED is frequently the only way for patients to access the public hospital system, and often when the patient's condition has deteriorated.

General Practice with appropriate resources including investment in chronic disease management and prevention as well as timely access to investigations and specialist opinions, will improve outcomes, reduce avoidable hospitalizations and optimise use of Emergency Departments in Ireland.

Recommendations

- **Provide General Practice with direct and timely access to diagnostics**
- **Agree a multi-annual plan with the IMO for the development of General Practice to include:**
  - Resource and support measures to increase, medical and nursing capacity in General Practice.
  - Investment in chronic disease management programmes for which GPs are already trained.

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