

23rd January 2012

Council Committee of the IMO – Commentary on The National Emergency Medicine Programme 2011

The Council Committee of the IMO welcomes the opportunity to comment on the draft National Emergency Medicine Programme 2011 and appreciates the extensive work and consultation that has been put into producing this document. Without further consultation with the different Committees the IMO Council Committee would like to raise the following issues:

Resources

The IMO recognise the huge amount of work that has gone into producing a template for the future development of Emergency services nationally. The plan is ambitious and has significant resource implications. The plan will lead to fewer units providing a full range of Emergency Care Services and different levels of service provision depending on the categorisation of the hospital. The Programme has massive implications for the Ambulance Services, it will involve the expansion of the numbers of consultants in Emergency Medicine and represents a potential improvement in the national governance structures for Emergency Services.

The success of this programme is dependent on the resources available. The Emergency Medicine Programme must be accompanied by a comprehensive implementation plan that includes

- the capital requirements to upgrade Emergency and related Departments, investment in modern diagnostic and treatment technologies and Information and communication technologies including electronic health records.
- Operational budgets and manpower requirements must be based on a realistic assessment of current and future patient demand.

The National Emergency Programme will lead to the closure of Emergency Departments around the country. Model 3 and 4 hospitals must have the capacity to cater for the dependent populations and to admit the thousands of extra patients that are likely to transfer from model 2 hospitals.

Acute hospitals have been struggling under the pressure of reduced budgets and Emergency Department Staffing issues. We are already witnessing the added pressures that have been placed on the Emergency Departments at University Hospital Galway and Our Lady of Lourdes Hospital, Drogheda as a result of the Hospital Transformation Programme and the closure of Emergency services in



Roscommon and Louth County Hospital and the Trauma Unit in Navan. During October 2011, the Full Capacity Protocol was used on 5 occasions in 3 Hospitals (Drogheda on three occasions, Galway and Connolly) and at least a further 7 times during November 2011 (four times in Galway, twice in Drogheda and once in Connolly).¹

Compliance with the European Working Time Directive (EWTD) is set to further impact on the ability to provide Emergency Department Services in all hospitals, according to the Department of Health's Plan to Progress Measures Required to Ensure EWTD Compliance. In larger hospitals, while EWTD compliance may be readily achievable in Emergency Medicine and other specialties at sub-specialty level EWTD compliance at current staffing levels would mean the cessation of 24/7 emergency services.²

The key interfaces with Primary Care Programmes and other Acute Hospital Programmes must be strengthened and services must be in place before any further Emergency Departments are closed down. National Clinical Care Programmes Chronic Diseases in Primary Care have yet to be agreed between the IMO and the HSE nor has funding for such been planned.

Medical Manpower issues

Currently the HSE is experiencing substantial difficulties in the recruitment of NCHDs in general but in particular at Emergency Medicine at Registrar level. These difficulties arise from:

- Difficult working conditions and inappropriate tasks, long working hours and the consequent negative effects on patient care;
- Non-application of NCHD contractual entitlements;
- Lack of access to training in terms both of funding and protected training time;
- Lack of structured career paths for NCHDs.

The IMO welcomes plans to increase the number of Consultants in Emergency Medicine. This will do much to improve patient safety and standards of care as well as improve career prospects for NCHDs.

In order to address NCHD recruitment difficulties the IMO also recommends

- Full implementation of NCHD Contract 2010
- Improved working conditions and removal of inappropriate tasks
- Reduction in onerous working hours and appropriate application of EWTD

¹ HSE Performance Report October 2011

² Department of Health, Plan to Progress Measures Required to Ensure EWTD Compliance Downloaded 17 January 2012 from http://www.dohc.ie/press/releases/pdfs/Plan_to_progress_measures_EWTD.pdf?direct=1



- Improved structured training in terms of access & funding including the introduction of more flexible, family friendly training and restructuring of current non-training posts

Emergency Care must be supervised by a doctor on a Specialist Register in the division of Emergency Medicine.

Potential Contractual issues for Consultants and NCHDs would need to be teased out. The speciality of Emergency Medicine is onerous and intense and to help recruit to it consideration should be given to incentivising it as a career option for NCHDs.

Performance Indicators

Target response times and a 6 hour maximum wait times are appropriate performance indicators but there may need to be some tempering of indicators based on appropriate attendances and referrals. Performance should not necessarily be measured by the number of attendances that are not emergencies (but present at the ED due to failings elsewhere in the system) and who end up waiting longer for care.

Patient Experience

In order to further improve patient experience in Emergency care, consideration should be given to the following:

- 24/7 availability of pharmacy services on discharge from an EMD
- Dedicated drop-off, carparking and pick-up arrangements are vital for patients.
- Availability of transport home on discharge.
- Addressing the needs of accompanying persons is part of the ED service including the proper handling of enquiries by telephone.
- Language interpreter arrangements require to be documented.
- Arrangements for the special challenges associated with acutely ill elderly need further development.
- Further expansion is warranted on the arrangements for acute illnesses triggered by alcohol.
- Arrangements for obstetric care need to be clarified.

ICT / EMRs

As many of those who attend and require admission are those with chronic conditions, there also needs to be some assurance of consistent prompt access to patient's ongoing medical records (not just the electronic records of their ED attendance). The advantages of a secure system allowing physician access to electronic medical records (EMR) are widely recognised. EMRs can enhance patient safety and quality



of care, reduce repetition and errors in diagnosis and treatments and lead to administrative efficiencies. The collection of data also allows for clinical audit, research and service planning and is crucial to ensure value for money and that costs are validated.

Future Health System Developments

Future Developments in the Health System must be taken into consideration. Under the Current Government for National Recovery 2011-2016, the HSE is to be disbanded and a licensing arrangement is to be put in place with hospitals as independent entities managed by Hospital Trusts. Clarification is needed as to how Emergency Care Networks will operate under this system. The Government for National Recovery 2011-2016 states that a Hospital Insurance Fund will provide direct payments to Hospitals for Emergency Department Services. The exact funding arrangements under a system of Universal Health Insurance will also be required.

The concept of an acute floor in each hospital needs to be adopted and incorporated into future hospital design. In the case of the National Children's Hospital, the next hospital to be constructed, this is an urgent consideration. Its design is not finalised. How the EM programme is adopted in its design will be the critical test for the credibility of the programme.

In summary the IMO is impressed with the detail and scope of the EMP document. The document represents the possible future development of emergency services and acute hospitals nationally. Our concerns would be around the provision of the resources necessary to deliver on such a programme of development in the context of the reducing health budget and the staffing challenges facing the health service. There are potentially significant social, political, professional and industrial relations issues raised by the extensive reconfiguration of services described in the document.