Irish Medical Organisation (IMO) Statement to the Emergency Department Task Force

The IMO wishes to make a statement to the ED Task Force presenting viable and sustainable solutions to the on-going crisis in our Emergency Departments (EDs). **Overcrowding of the ED a direct result of capacity issues in the acute hospital system.** Trolley waits are not a result of ED performance as they occur after ED function has been provided to patients. Trolley waits occur because there are insufficient acute beds available to allow patients to be admitted in a timely manner.

The effect of 6 years of austerity cuts has had a wide and negative effect throughout the healthcare system. Not only is acute bed capacity insufficient for the needs of our ageing population (population over 70 increased by 20% between 2006 and 2014) but since 2007 the number of acute beds available has fallen despite the fact that both ED attendances and ED admissions have increased.

- ***Number of Acute beds fallen by 1,631 (13%)*** *since height in 2007 (12,123) and 2012 (10492) (Number of Acute beds fallen since height in 2007 (12,123) and 2013 (10411) by 1,712 – 2013 figures exclude some psychiatric unit beds and aren't exact but can still be used)*
- ***ED attendances up 13% between 2008 and 2014*** *– (2008 - 1,150,674 actual v 2014 – 1,291,048 expected) and*
- ***ED admissions have increased by 9%*** *(368341 in 2008 to 402202 in 2014)*
- ***Acute hospitals in 2012 were operating on average at 92.6% capacity*** *well above optimum levels of 85% capacity and beyond the safety tipping point of 92.5%*

The crisis in our ED is not new. Numerous reports over the years, including a 2005 Position Paper from the IMO) have made recommendations to address ED overcrowding and alleviate pressures on our EDs yet none have been implemented.

Health services are complex and require detailed long-term planning to run efficiently and to best serve the needs of patients. ED service planning must be based on a realistic assessment of the likely number of patients who will require assessment and admission. A long-term approach is required with ring-fenced, multi-annual funding to ensure the ED crisis does not continue into the future. The IMO is willing to work with the Department of Health to ensure a long-term sustainable solution to the ED crisis.

1. **Increase Capacity in the Acute Hospital System**

Urgent attention is needed to addressing the shortage of acute hospital beds. No Patient should wait longer than 6 hours before being admitted or discharged. In 2005, the IMO estimated that the hospital system required a minimum of 15,000 acute beds to meet demand. Since 2007 the number of acute bed has fallen by over 13% while ED attendances and admissions have increased.

- Urgent provision of additional acute hospital beds is the only immediate solution to the ED Crisis

2. **Urgent funding is required for long-term and rehabilitative care for elderly patients**

No patient should be in hospital longer than is necessary**.** The movement of patients from acute care to either: rehab, extended rehab, long term care or supported living in the community should be based on patient need, rather than limited by resources. In addition, failure to move patients along the dependency tree increases costs and reduces efficiency – patients are in the wrong place for the type of care that they need. The longer a patient spends in an acute facility, the less likely the patient is to ever go home. Between 2008 and 2014 the number of home help hours fallen by 18.5% or 2.3million hours despite the fact that the number of home care packages appears to have increased. In addition the number of long-stay beds has decreased by 2,186 (9%) between 2008 and 2013.

- Urgent funding is required to support immediate demand for both long-term residential and community care and intermediate rehabilitative care.

- A long-term investment plan for community and residential care and rehabilitation facilities is needed that reflects demographic change and predicted morbidity rates.

3. Adequately Resource the Acute Medicine Programme

The Acute Medicine Programme was originally set up to provide an alternative pathway to the acute hospital system allowing GPs to directly refer patients to Acute Medical Units (AMU)s. However again due to lack of capacity in the acute hospital system and failure to provide adequate resources AMUs are no longer satisfying the original set-up criteria and now serve as an extension to the ED.

- The Acute Medicine Programme requires urgent resourcing with appropriate pathways for referral and discharge from and to General Practice.

4. Investment in General Practice and Chronic Disease Management

General Practice in the short-term cannot and should not provide the solution acute ED Crisis although some alleviation to ED pressures can be made through assuring appropriate access to community-based diagnostics and appropriate referral through AMUs. In the long-term GP-led chronic disease management programmes can reduce the number of future ED presentations.

- Increase GP access to community- based diagnostics and AMUs
- Resource the implementation of Chronic disease management Programmes in General Practice