

Username

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Please indicate your sector of involvement/interest

Acute Care

Location

Dublin

1. What changes in models of care and in the way we deliver care are (a) most urgent, and (b) what implications will this have on capacity requirements?

THE IRISH ASSOCIATION FOR EMERGENCY MEDICINE (IAEM) ACKNOWLEDGES THAT IN THE LONG-TERM IMPROVEMENTS IN PUBLIC HEALTH AND PRIMARY CARE WILL (HOPEFULLY) RESULT IN LESS NEED FOR UNSCHEDULED HOSPITAL ATTENDANCE VIA THE EMERGENCY DEPARTMENT. HOWEVER, AT THE MOMENT ACCESS TO ACUTE CARE IS LARGELY VIA EMERGENCY DEPARTMENTS (ED) IS CRITICAL FOR ALL OUR CITIZENS AND PARTICULARLY VULNERABLE GROUPS SUCH AS THE ELDERLY, THOSE WITH ADDICTIONS, THOSE WITH LITTLE INCOME AND THOSE POORLY LINKED TO PRIMARY CARE. QUALITY, EMERGENCY MEDICINE MUST BE ADEQUATELY RESOURCED WITH STAFF AND SPACE. TIMELY FLOW FROM ED TO HOSPITAL BEDS IS ESSENTIAL FOR BOTH THE ~ 25% OF PATIENTS NEEDING HOSPITAL ADMISSION AND THE 75% THAT ARE TREATED AND DISCHARGED BY ED. INTERNATIONAL RESEARCH APPLIED IN THE IRISH SETTING, INDICATES THAT EXTRA DEATHS OCCUR IN IRELAND BECAUSE OF OVERCROWDING IN EDS.

2. How can current capacity be more effectively used?

ENSURE THERE IS ADEQUATE HOSPITAL BEDS AVAILABLE TO PATIENTS REQUIRING ADMISSION FROM ED. INCREASE THE NUMBER OF HOSPITAL BEDS. ENSURE TIMELY DISCHARGE FROM HOSPITAL BEDS TO COMMUNITY. ENHANCE ED STAFFING AND ACCESS TO DIAGNOSTICS TO ALLOW AS MANY DISCHARGES FROM ED AS POSSIBLE. RESOURCE ALTERNATIVES TO HOSPITAL BEDS WITH INITIATIVES SUCH AS EM LED CLINICAL DECISION UNITS.

3. What do you consider to be the priorities for capital investment over the next 15 years?

EXTRA HOSPITAL BEDS IN THE SYSTEM IS NEEDED IMMEDIATELY