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IAEM welcomes Ministerial launch of the Emergency Medicine Early Warning System (EMEWS) but warns of need to properly address ED crowding

The Irish Association for Emergency Medicine warmly welcomes the publication of the Emergency Medicine Early Warning System (EMEWS) by the National Clinical Effectiveness Unit and its launch today by the Minister for Health, Mr Simon Harris T.D. This development was triggered by the HIQA Tallaght Report in 2012 which mandated the introduction of a tool to better identify patients who clinically deteriorate, while either waiting to be seen in an Emergency Department (ED) or after being initially seen. The Association recognises the considerable body of work carried out by Consultants in Emergency Medicine, Senior Nurses in EDs and the wider Guidelines Development Group which has resulted in the publication of the tool which is specific for the ED environment and which has already been piloted in Irish EDs.

It is unfortunately the case that ED crowding continues to worsen and many hospitals have had large numbers of admitted inpatients warehoused on trolleys in their EDs over the summer. Crowding with already admitted patients is, of itself, one of the main reasons why patients wait to be seen by a doctor in an ED. EMEWS introduces a system to review patients' clinical condition while they wait and while EMEWS is a worthy attempt to make a very unsafe situation less unsafe, it must never be considered a means of legitimising ED crowding. The Association is pleased that the expert group that developed this tool has been unambiguous in making this point. ED crowding and the practice of hospitals warehousing admitted hospital inpatients in EDs is totally unacceptable. Regrettably, ED crowding will continue until the underlying hospital and community bed capacity issue is addressed in a comprehensive way.

It is well-established that the introduction of any Early Warning System into an ED requires a dedicated nursing resource and the Association is pleased to see that the need to provide the necessary resource to allow the implementation of this tool is recognised in the document. Introducing this tool in the absence of the necessary nursing resource will risk causing harm to patients, as other Emergency Nursing work will remain undone and also make life even more intolerable for ED nursing staff who are already under significant workload pressures.

It remains the Association's hope that definitive steps will be taken to finally address ED crowding. This will allow EMEWS to only be required during periods where there are surges in presentations of the kind that can happen from time to time in all EDs.

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