



7th July 2020

Deputy Róisín Shortall, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 12288/20

To ask the Minister for Health the number of bed days required by patients treated for foot ulcerations which did not require a full or partial limb amputation in each of the years 2017 to 2019; the number of patients that had diabetes; and if he will make a statement on the matter

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Diabetes on your question and have been informed that the following outlines the position.

Year	Cases with foot ulcers without lower limb amputation	Bed days used for Cases with foot ulcers without lower limb amputation	Cases with foot ulcers without lower limb amputation, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, with diabetes
2017	5,490	75,117	2,081	33,761
2018	5,931	81,621	2,738	38,655
2019	5,899	83,549	2,830	44,277

Notes:

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-patient Enquiry (HIPE) system during 2017, 2018 and 2019.
- In-patient and day case discharges are reported only; ED and Out-patient attendances are not recorded on HIPE. Patients of No Fixed Abode or not normally resident in Ireland have been excluded. It is important to note that this data is based on hospital discharges only and does not include patients undergoing treatment who are not admitted to hospital. Furthermore, the data is based on hospitalisations which may include multiple admissions for the same patient. Therefore the data presented here cannot be construed as an estimate of the prevalence of the treatment specified.

- For every discharge HIPE captures a principal diagnosis and up to 29 additional diagnoses, and up to 20 procedures, in addition to administrative and demographic information.
- Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (from 2015 8th edition is used). ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.

Definitions used:

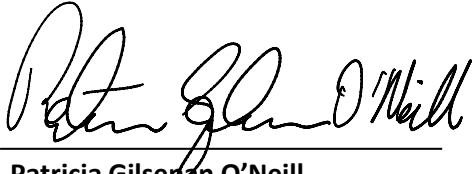
- Full or Partial lower limb Amputation: any procedure with a code of 44367-01 Disarticulation at knee, 44367-02 Amputation below knee, 44370-00 Amputation at hip, 44373-00 Hindquarter amputation, 44367-00 Amputation above knee, 44338-00 Amputation of Toe, 44358-00 Amputation of toe including metatarsal bone, 90557-00 Disarticulation through toe, 44361-00 Disarticulation through ankle, 44364-00 Midtarsal amputation, 44364-01 Transmetatarsal amputation, 44361-01 Amputation of ankle through malleoli of tibia and fibula
- Diabetes: any diagnosis with a code of E10 Type 1 Diabetes, E11 Type 2 diabetes, E13 Other specified diabetes mellitus, E14 Unspecified diabetes mellitus
- Foot Ulcer: any diagnosis of L97 Ulcer lower limb NEC, E10.73 Type 1 diabetes mellitus with foot ulcer due to multiple causes, E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes, E13.73 Other specified diabetes mellitus with foot ulcer due to multiple causes, E14.73 Unspecified diabetes mellitus with foot ulcer due to multiple causes
- Bed Days: number of days between admission date and discharge date, where admission date is equal to discharge date the bed day has been set to 0.5 days

Additional Information from NCP Diabetes:

Limb loss is one of the most devastating complications of diabetes and represents an enormous burden on individuals, their families and on the health and social care system in general. Reducing the number of diabetes-related amputations is a major goal of the National Clinical Programme (NCP) for Diabetes. Over the past number of years, the HSE has appointed 31 new diabetes specialist podiatrists. The first 22 of these posts have been deployed in the acute (hospital) setting with a focus on dealing with the management of patients with active foot disease. The National Clinical Programme for Diabetes is aware of many examples of excellent multidisciplinary care pathways that have been put in place around these new hospital podiatry appointments with local audits demonstrating improved decision making and reduction in length of stay for complex diabetic foot patients. The most recent HSE specialist podiatry appointments have been made in primary care. Each Community Health Organisation now has at least one community-based podiatrist assigned to provide care to patients at risk of future ulceration or limb loss.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,



Patricia Gilsean O'Neill
General Manager