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7th July 2020

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

RE: PQ 12290/20

To ask the Minister for Health the number of hospital bed days required by patients undergoing full and partial lower limb amputations procedures in each of the years 2017 to 2019, by county on persons under 65 years of age; the number of patients that had diabetes in tabular form; 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.

County	2017				2018				2019			
	Cases with lower limb amputation aged under 65 years	Bed days used by Cases with lower limb amputation aged under 65 years	Cases with lower limb amputation aged under 65 years, with diabetes	Bed days used by Cases with lower limb amputation aged under 65 years, with diabetes	Cases with lower limb amputation aged under 65 years	Bed days used by Cases with lower limb amputation aged under 65 years	Cases with lower limb amputation aged under 65 years, with diabetes	Bed days used by Cases with lower limb amputation aged under 65 years, with diabetes	Cases with lower limb amputation aged under 65 years	Bed days used by Cases with lower limb amputation aged under 65 years	Cases with lower limb amputation aged under 65 years, with diabetes	Bed days used by Cases with lower limb amputation aged under 65 years, with diabetes
Carlow	~	*	~	*	~	*	~	*	7	249	~	*
Cavan					~	*	~	*	~	*	~	*
Clare	14	397	10	330	8	177	6	132	6	222	~	*
Cork	32	736	22	564	35	1009	18	633	38	987	26	847
Donegal	~	*	~	*	~	*	~	*	6	57	~	*
Dublin	111	5733	73	3075	108	3270	72	1937	128	4975	91	2595
Galway	20	497	12	297	20	867	16	714	13	1011	8	652
Kerry	11	349	~	*	10	178	6	164	11	290	9	286
Kildare	29	802	18	202	21	516	14	150	27	401	21	325
Kilkenny	~	*	~	*	6	177	~	*	~	*	~	*
Laois	10	113	8	98	10	252	8	143	9	71	~	*
Leitrim					~	*			~	*	~	*
Limerick	10	131	7	119	23	289	20	257	24	451	19	400
Longford	~	*	~	*	~	*	~	*	~	*	~	*
Louth	16	851	9	292	10	358	~	*	13	275	~	*
Mayo	8	303	~	*	11	254	~	*	9	175	8	165
Meath	9	404	~	*	6	29	~	*	15	813	10	645
Monaghan	~	*	~	*	6	191	~	*	~	*	~	*
Offaly	~	*	~	*	7	78	~	*	7	71	6	70
Roscommon	6	68	~	*	9	294	6	178	~	*	~	*
Sligo	~	*	~	*	~	*	~	*	~	*	~	*
Tipperary	10	454	6	59	6	134	~	*	12	343	7	194
Waterford	10	178	8	162	16	644	10	423	12	749	8	668
Westmeath	8	183	~	*	~	*	~	*	6	117	~	*
Wexford	18	242	11	201	17	293	11	211	16	273	12	126
Wicklow	24	476	14	340	22	361	17	342	14	493	9	404

*Where number of cases is suppressed number of bed days is also suppressed.

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.
- The Healthcare Pricing Office does not report cells where the number of discharges reported to HIPE is between 1 and 5. In this output, such cells have been presented as ~.

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
- Age Under 65: Restricted to patients aged less than 65 at discharge
- County: The county of residence code identifies the place where the person would normally reside, i.e. 'home address'. Those from a foreign country that are now resident in Ireland would have a code assigned for where they now live in Ireland.
- 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

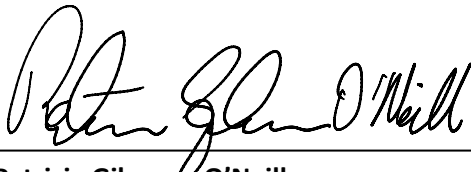
Additional Information from NCP Diabetes:

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 Gilsenan O'Neill
General Manager