

Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil Ospidéal Dr. Steevens, D08 W2A8 R: clinicaldesign@hse.ie

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Deputy Catherine Murphy, TD Dáil Éireann Leinster House Kildare Street Dublin 2

RE: PQ 50574/21

To ask the Minister for Health the hospitals which have a TRASNA telemedicine stroke machine installed; if each machine is operational; and the uses in each case for the machine

Dear Deputy Murphy,

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 Stroke on your question and have been informed that the following outlines the position.

Telemedicine for stroke was introduced as a national service in 2012, following a successful pilot project, led by Tallaght University Hospital (TUH) in the Dublin Mid-Leinster Hospital Group, demonstrating both feasibility and increased rates of acute stroke treatment with thrombolysis, 2010-2012.

Telemedicine in stroke, in general, and the TRASNA programme in Ireland have undergone a number of upgrades and revisions to ensure optimal data security and, in response to the changing nature of acute stroke treatment, a more widespread installation of the national imaging system (NIMIS), specialised stroke mobile apps to aid acute decision making in stroke and quality improvement (QI) programmes in acute stroke, which have led to a general upskilling of our emergency response to stroke.

In 2020, TRASNA systems have been operational in Naas General Hospital, Tallaght University Hospital, Mater Misericordiae University Hospital and Cavan General Hospital and, more recently, have been installed in Kilkenny General Hospital. The system is available to every hospital dealing with acute stroke on request.

The system has recently been upgraded following the HSE cyber/ransomware attack on the health service. Data regarding use of the TRASNA system in 2021 will be available at the end of the year, though this is likely to show reduced activity as a result of the impact of the HSE cyber-attack, which necessitated a temporary reconfiguration of our acute care pathways for stroke in a number of



instances e.g. the temporary bypass of acute stroke patients from Naas to Tallaght University Hospital (TUH).

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

Anne Horgan

General Manager

