

CC/MQ/MC

28th October 2021

Mr Maurice Quinlivan,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2

Re: PQ 50883/21

*** To ask the Minister for Health the number of persons who attended the emergency department at University Hospital Limerick in each of the years 2006 to 2020 and to date in 2021, in tabular form; and if he will make a statement on the matter. -Maurice Quinlivan**

Dear Deputy Quinlivan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for Health for response.

The Emergency Department at UHL continues to be exceptionally busy. So far in October, there has been an average of 246 attendances at the ED on weekdays. The Emergency Department has also seen a 13.9% increase in presentations compared to the same period in 2020. The trend of high emergency presentations and admissions has been sustained for a number of months, in the Mid-West and in hospitals across the country.

We deeply regret that many patients have been experiencing lengthy wait times for a bed in University Hospital Limerick (UHL). These are not the circumstances in which we wish to provide care, and we are doing everything we can to ensure that wait times are minimised.

We continue to follow our escalation plan at UHL, which includes additional ward rounds, accelerating discharges and identifying patients for transfer to our Model 2 hospitals. We are also working with our colleagues in HSE Mid-West Community Healthcare, in order to expedite discharges. However, it should be noted that patients being admitted to UHL at this time are generally very sick with complex conditions, and require longer inpatient stays to recover.

All patients who present to the ED with minor injuries at this time—such as suspected broken bones, cuts, bruises, sprains and strains—are being redirected to the Injury Units in Nenagh, Ennis and St John's for treatment.

However, we want to reassure the people of the Mid-West that anyone who requires emergency treatment for heart attacks, strokes and other serious illnesses will continue to be treated, 24/7, in the Emergency Department at UHL.

Please see below data in relation to the number of persons who attended the ED at UHL from 2006 to 2020 and to date in 2021.

Year	Total Attendances
2006	56,756
2007	58,365
2008	61,304
2009	63,775
2010	60,000
2011	57,916
2012	60,646
2013	58,830
2014	59,881
2015	61,299
2016	64,443
2017	67,818
2018	72,019
2019	71,315
2020	65,824
2021 (up to September 2020)	56,546

While COVID-19 outbreaks at UHL have impacted on patient flow, the additional bed stock introduced since August 2020 has enabled us to keep vulnerable patients safe, including haematology, oncology and renal patients; to provide a safe pathway for people attending UHL for surgery; and to isolate COVID-positive patients. These new beds have allowed to keep the hospital safe in a way that results in a minimum number of beds blocked due to infection prevention and control guidelines.

It is unfortunate that the additional bed capacity has not had a more significant impact in reducing the number of admitted patients waiting for a bed. The pandemic and the sustained surge in non-COVID care presenting to hospitals around the country in recent months are significant unforeseen factors.

We had at all times said the 60-bed block would only go some of the way in meeting the acknowledged historical shortage of inpatient bed capacity in the Mid-West. In addition to bed capacity, reducing overcrowding in our hospitals depends on whole system approaches around integrated care, admissions avoidance, community access to diagnostics and patient flow initiatives, all of which are committed to under Slaintecare.

This year, UHL has provided more inpatient care than ever before. The number of inpatients discharged in the second quarter of this year, at 9,451, was 25% up on the corresponding period in 2020 and 30% up on the same period in 2019.



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As well as allowing us to care for more patients, the additional single room capacity has allowed us protect our most vulnerable patients. It has also allowed us to better manage outbreaks and follow best practice around infection prevention and control. The value of this additional capacity must not be underestimated.

We apologise to any patient who has experienced a long wait for admission to UHL during this period of exceptionally high demand for our services.

I trust this clarifies the position. Please contact me if you have any further queries.

Yours sincerely,

A handwritten signature in black ink, reading 'Colette Cowan'.

Colette Cowan
Chief Executive Officer
UL Hospitals Group