

CC/JC/MC

1st November 2021

Mr Joe Carey,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2

Re: PQ 51893/21

***To ask the Minister for Health his plans to address the chronic overcrowding at University Hospital Limerick; and if he will make a statement on the matter. -Joe Carey**

Dear Deputy Carey,

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.

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.

The Emergency Department at UHL continues to be exceptionally busy. During October, the overall daily attendance at the ED averaged at 226, compared with 195 over the whole of 2019, the last full year pre-pandemic. 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 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 Ennis, Nenagh 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.

Since the start of the pandemic, we have added an additional 98 beds at UHL and an additional 10 critical care beds.

This new capacity 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 in explaining this.

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.

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.

Our next significant project in terms of bed capacity is the 96-bed block for UHL which was granted planning permission earlier this year and is currently at the detailed design stage. Completion of this important project will bring us closer in line with other regions in terms of overall inpatient capacity.

To reduce demand on our services in the coming weeks, we are focused on progressing the Covid-19 booster vaccinations for members of the public and healthcare workers; the flu vaccination campaign for healthcare workers; and working with our colleagues in the HSE nationally and with HSE MidWest Community Healthcare on improving discharges through enhanced community supports including home help hours. We expect that further details of same will be announced shortly.

An initiative of note in County Clare is the continued expansion of services in the Medical Assessment Unit at Ennis Hospital, which is funded by the NTPF. We continue to recruit medical, nursing, allied health and administrative staff to support the expansion of slots available for GPs in Clare and across the region to refer their patients for medical assessment.

The most recent HSE employment report (September 2021) outlines that the number of staff employed across UL Hospitals Group has increased by 563 WTE to 4943 WTE over a 12-month period. This includes an additional 252 WTE nursing and midwifery staff.

In the longer term we have worked with HSE MidWest Community Healthcare to formalise a governance structure to deliver on the investment in community care, hospital avoidance, chronic disease management and older persons. Under the joint governance structure of this project, a number of sub-committees have been formed. These are jointly chaired by staff from UL Hospitals Group and Community Healthcare Mid-West and will help us put into effect the necessary reforms identified in Slaintecare.



Working together, caring for you

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

Yours sincerely,

A handwritten signature in black ink that reads "Colette Cowan".

Colette Cowan
Chief Executive Officer
UL Hospitals Group