



Géaroibríochtaí

Aonad 4A, Áras Dargan, An Ceantar Theas, An Bóthar
Míleata Cill Mhaighneann, Baile Átha Cliath 8

Acute Operations

Unit 4A, The Dargan Building, Heuston South Quarter,
Military Road, Kilmainham, Dublin 8

☎: 0179 59971 📧: acute.operations@hse.ie

Date: 30/09/21

Deputy Francis Noel Duffy TD
Dáil Éireann
Leinster House
Dublin 2

PQ No. 41520/21

To ask the Minister for Health if will consider that in cases in which a patient is told after triage that there is a 12 hour wait, the patient can be allowed to go home to rest and return to the hospital and not be put to the end of the queue; and if he will make a statement on the matter.

Dear Deputy Duffy,

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. I have examined the matter and the following outlines the position.

Response:

Patients being told at triage that there is a 12 hour wait in their assigned triage category is a highly regrettable reflection of the numbers of patients with lower priorities of the urgency of need for clinical intervention presenting (or being referred) to ED because of capacity issues elsewhere that have been enormously exacerbated by system pressures from dealing with the COVID pandemic.

Whilst it is understandable that a patient or their carer would want to be allowed to go home, rest and return to the hospital without having to begin the process again, that is not something that a triage nurse can reasonably be asked to take clinical responsibility for. If the patient needs to attend the ED, they cannot currently be given permission to leave without the completion of their assessment and the beginning of a plan of care needs by an appropriately authorised Clinical Decision Maker.

Given the demand-led nature and the heterogeneity of patient presentations to the ED, in terms of presenting complaints and seriousness of illness or injury, the advised current waiting time at the point of triage can fluctuate over subsequent hours. Should the patient choose to go home, with an associated risk of change in the acuity of their condition, there is no option to schedule an appointment time in the ED. The Emergency Medicine Programme is working with other stakeholders to develop other safe navigation options that may include scheduling an alternative assessment pathway or investigation that the patient has been determined to need by an available Senior Clinical Decision Maker.

I trust this answers your question to your satisfaction.

A handwritten signature in blue ink, appearing to read "Emma Benton".

Emma Benton

General Manager

Acute Operations