

CC/ROD/MC

24th February 2022

Mr Richard O'Donoghue,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

Re: PQ 63266/21

To ask the Minister for Health the actions that will be put in place to reduce the number of patients on trolleys in emergency departments; if his attention has been drawn to the fact that University Hospital Limerick has the highest number of patients on trollies it is causing stress and concern to both patients and staff; and if he will make a statement on the matter.

Details supplied: Due to the fact that we are facing into the winter season and this always puts increased pressure on the hospital

Dear Deputy O'Donoghue,

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 reduced.

The Emergency Department at UHL continues to be exceptionally busy and we are seeing many frail elderly patients with complex conditions who require admission. We continue to manage record volumes of patients attending ED, a pattern that has been sustained over a number of months and is being replicated in other parts of the country.

We continue to follow our Escalation Plan, which includes use of surge capacity, undertaking additional ward rounds, accelerating discharges and identifying patients for transfer to our Model 2 hospitals. We have reduced scheduled care this month in order to concentrate on emergency medical and surgical patients in the context of the additional challenges presented by the Omicron wave. We are gradually increasing scheduled care however this is being kept under review on a daily basis as we continue to prioritise our sickest patients.

While COVID-19 has impacted on patient flow, the additional bed stock (98 in total) 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 minimizes the number of beds blocked due to infection prevention and control guidelines. 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.

In 2021, UHL provided more inpatient care than ever before. The number of inpatients discharged from UHL in 2021 increased by 13% on 2019.

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 that have significantly increased demand on our services.

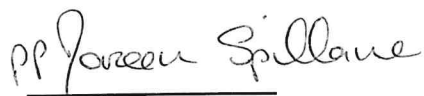
We had at all times said the 60-bed block would only go some of the way in meeting the acknowledged historical shortage of inpatient bed capacity in the Mid-West. In addition to bed capacity, reducing overcrowding in our hospitals depends on whole system approaches around integrated care, admissions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

I can advise in respect of the 96-Bed Block at UHL that this project is currently out to tender with tenders due to be returned in late January 2022. The tenders received will then be evaluated, and it is anticipated that the works contract will be awarded in early Quarter 2 2022 subject to HSE Board approval and funding availability.

I would like to again apologise to any patient who has experienced a long wait for admission to UHL during this period of exceptionally high demand for our services. Our staff are doing everything possible to minimise the length the length of time patients do wait.

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

Yours sincerely,



Colette Cowan
Chief Executive Officer
UL Hospitals Group