



Oifig anStiúrthóir
An tSeirbhís Náisiúnta,

Foirgneamh Aibhneacha, Crosbhóthar
Thamhlachta, Tamhlacht,
Baile Átha Cliath D24 XNP2

Office of the Director
National Ambulance Service

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Ref: WM/PQ's/220712

12th July 2022

Deputy David Cullinane
Dáil Éireann
Leinster House
Dublin 2

PQ35304/22

To ask the Minister for Health the number of patients transferred from the southeast region for percutaneous coronary intervention procedures to a hospital in Cork or Dublin in each of the years 2013 to date broken down by year and by county from which the patient was transferred further broken down by the average travel time to the hospital in tabular form; and if he will make a statement on the matter. -David Cullinane

PQ 35305/22

To ask the Minister for Health the number of patients transferred from the southeast region for a primary percutaneous coronary intervention for ST-elevation myocardial infarction procedure to a hospital in Cork or Dublin in each of the years 2013 to date broken down by year and by county from which the patient was transferred and further broken down by the average travel time to the hospital in tabular form; and if he will make a statement on the matter. -David Cullinane

Dear Deputy Cullinane,

The Health Service Executive (HSE) National Ambulance Service (NAS) has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response.

Protocol 37 was introduced by NAS effectively manage requests from hospitals for emergency interhospital transfers. Protocol 37 is defined as an emergency inter-hospital transfer where a patient has an immediate threat to life or limb that cannot be managed in the referring hospital. Those transfers driven by bed availability in the receiving hospital are specifically excluded from Protocol 37.

Protocol 37 transfers are allocated the nearest available emergency ambulance, and that ambulance responds on blue lights and sirens to the referring hospital – i.e. exactly the same response to a member of the public that dials 112/999. All Protocol 37 requests are made by a registrar, consultant or clinical nurse manager, and all Protocol 37 requests to come through the 112/999 system.

The timeframe by which the ambulance is required is provided by the hospital at the time of booking and this indicates how soon the ambulance is to respond.

Please find attached the three completed documents for the years 2019 to March 2022. I include a summary slide in each document to clearly show the percentage of calls related to cardiac issues vs the total number of all Protocol 37 requests made. As your request is for cardiac related transfers, I have also included in the specialist percutaneous coronary





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intervention (PCI) units for the respective destination hospitals, this has increased the total number of Protocol 37 requests in this report compared to what was previously supplied to you in other parliamentary questions answered.

In addition to this the timestamps used here for '*Time of Clinical Handover*' at the destination facility is for when the crew cleared from that hospital. It is a more accurate time as the handover time is not always populated on all calls.

Please note that due to the complex nature of this data this request has taken up to 10 hours to complete, as we need to review many calls individually to determine if they were cardiac related or not.

I trust this information is of assistance.

Yours sincerely

William Merriman
Deputy Director
National Ambulance Service

