

CC/DC/MC

Email: pgmidwestacute@hse.ie

28th June 2022

Mr David Cullinane TD,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

RE: PQ 20899/22, PQ 30108/22, PQ 30109/22

***To ask the Minister for Health if he will provide an update on emergency department activity at University Hospital Limerick in 2022; the number of presentations and admissions; the average patient experience time to admission; and if he will make a statement on the matter. -David Cullinane**

***To ask the Minister for Health his plans to expand capacity to manage the high volume of unscheduled care at University Hospital Limerick; and if he will make a statement on the matter. -David Cullinane**

***To ask the Minister for Health if he has considered or plans to provide additional emergency department capacity at any hospitals in the UL group to take pressure off of University Hospital Limerick; and if he will make a statement on the matter. -David Cullinane**

Dear Deputy Cullinane

The Health Service Executive 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.

Please see below data in relation to the number of presentations and admissions and the average patient experience time to admission during 2022 at University Hospital Limerick.

Year	Month	Presentations	Admissions	Average Patient Experience Time for Admitted Patients (Hours)
2022	January	6,611	1,492	19.58
2022	February	6,227	1,365	21.40
2022	March	7,090	1,476	23.04
2022	April	6,620	1,343	26.01
2022	May	6,740	1,379	24.49

We apologise to all patients who have faced long wait times in our Emergency Department in recent months. The scale of the challenge faced by the Emergency Department in University Hospital Limerick must not be underestimated. In 2021, the ED at UHL saw a record 76,473 attendances, an increase of 17% on the previous

year. In the first five months of this year, we have seen a further 33,288 ED attendances, an increase of another 17% on the corresponding period for 2021. The number of over 75s attending our ED has also risen by an even greater proportion.

Patients have been attending the ED in record numbers over the last 15 months and it is essential that seriously ill or injured patients who require emergency care continue to do so. Injury units, GP, GP out-of-hours and pharmacy services are all available as alternatives to the ED and we encourage members of the public to consider these options.

During times of acute service pressure, we follow our escalation plan, which includes additional ward rounds, identifying patients for discharge or transfer to our Model 2 hospitals and other measures. As a last resort, reductions in scheduled care may also be necessary to decongest the UHL site and improve patient flow. We have reviewed our escalation plan in review to the significant increase in demand over recent months.

A team from the HSE, UL Hospitals Group and the Mid-West Community Healthcare is currently being established to devise and implement specific actions to deal with the challenges in responding to the unprecedented level of demand for services at UHL and the wider region in recent months. This team will examine, among other things, how we optimise existing resources and improve patient flow.

The establishment of this new group follows a review of unscheduled care at UHL carried out by HSE personnel in May and June. The team is similar to teams that have recently supported services in both Cork University Hospital and University Hospital Kerry.

In addition, I have commissioned Deloitte to conduct an external review of patient flow at University Hospital Limerick. This review is intended to provide an independent and comprehensive overview of patient flow through the ED at UHL while at the same time looking at the use of resources, processes in place and identifying any constraints. Our community and GP colleagues in the Mid-West are also being consulted as part of this review and the final report from Deloitte is expected in the coming weeks.

The longstanding efforts of local management and staff, and of the HSE nationally, to alleviate pressure on the ED through adding capacity, resources and providing alternatives also need to be acknowledged.

These include:

- Increased activity in our Injury Units with an annual growth in attendances (YTD April 30th) of 68% at Nenagh Injury Unit so far this year and 27% at Ennis Injury Unit. In April 2022, Nenagh Injury Unit had its busiest month to date and Ennis, its second busiest.
- Attendances at our Medical Assessment Units in Ennis and Nenagh grew by a combined 19% between 2019 and 2021. In the first five months of this year they have seen a further annual increase of 17% combined.
- An increase in staff of 37% across UL Hospitals Group since December 2019.
- An increase in bed capacity at UHL of 98 inpatient beds and 10 critical care beds since the start of the pandemic.
- More patients receiving care than ever before at UHL with an increase of 24% in inpatient discharges between 2019 and 2021 and a further year-on-year increase of 12% in the first quarter of this year.

In addition, management and staff have put in place integrated care pathways, hospital avoidance and other initiatives to improve patient flow. These include

- Red2Green an electronic patient flow system is completed twice daily by ward managers and the information inputted is available to patient flow, bed management and senior nurse management in order to assist in managing patient flow on a daily basis. The focus is on predicted date of discharge, transfers and identifying complex discharges early and ensuring discharge plans are in place for all patients. This also ensures there is a hospital wide focus on ensuring patient flow from our ED, Acute Medical Unit and Acute Surgical Assessment Unit.
- OPTIMEND a new model of delivering ED care to elderly people involving a multidisciplinary team of health and social care professionals (e.g. physiotherapy, occupational therapy, speech and language therapy, medical social work, clinical pharmacy) has been introduced in UHL. The overall aim of the OPTIMEND team is to commence early assessment and intervention of frail older adults within the ED with the view of facilitating discharge home. In 2021 the team saw 804 patients with an average discharge rate of 70%.
- There are plans in place to introduce the Pathfinder Programme in Mid-West region. Recruitment campaigns for a Clinical Specialist Physiotherapist, Occupational Therapist, Senior Physiotherapist and Senior Occupational Therapist are ongoing to support the launch of this service. In addition, the National Ambulance Service has identified two Advanced Paramedics to support this programme. Once staff are in place we will be able to indicate when the Pathfinder Programme will launch in the Mid-West region.
- Twice daily teleconferences are chaired by the Unscheduled Care Lead and focus on patient flow in UHL and across the entire group. All directorate teams and sites participate and barriers to flow are escalated and addressed.
- Weekly discharge teleconference calls are held with Community Healthcare Mid-West to manage and agree plans for patients who are Delayed Transfers of Care, as well as planning for complex cases who are not yet ready for discharge.

We are also working with colleagues in HSE Mid-West Community Healthcare on integrated care pathways and hospital avoidance, including initiatives focused on older people living with frailty. These include:

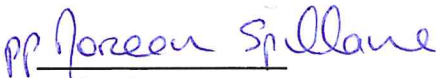
- Integrated Care Programme for Older Persons (ICPOP) is a Community-based specialist service that provides rapid access to a multidisciplinary-delivered comprehensive geriatric assessment (CGA) for older adults living with frailty or at risk of developing frailty. To date this year, ICPOP teams in Clare, Limerick and North Tipperary have received approximately 400 referrals and completed approximately 3,000 assessments and interventions.
- Almost 6,000 radiology tests completed up to the end of April 2022 under the direct GP access Community Diagnostics Programme.
- Community Intervention Teams (CIT) based in Clare, Limerick and North Tipperary focus on hospital avoidance and early supported discharge to the person's home.

Regarding your question to provide additional emergency department capacity at our other hospital sites, I can advise that this is not a matter for UL Hospitals Group. Government policy titled 'Securing the Future of Smaller

Hospitals: a Framework for Development', published in February 2013 shaped the future of Ennis, Nenagh and St John's Hospital and reaffirmed the integral role these hospitals have to play in the future growth of healthcare in the Mid-West region: in the provision of ambulatory care, chronic disease management, day surgery, endoscopy, Injury Units, Medical Assessment Units and much more.

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

Yours sincerely,



Prof Colette Cowan
Chief Executive Officer
UL Hospitals Group