

Private & Confidential

12th April 2022

**Deputy P. Daly TD,
Dail Eireann,
Leinster House,
Kildare St, Dublin 2**

PQ Number: 16197/22

Dear Deputy Daly,

The Health Service Executive (HSE) – South (Cork & Kerry) has been requested to reply directly to you in the context of the following Parliamentary Question, which was submitted to this office for response.

PQ: To ask the Minister for Health his views on the current overcrowding crisis in University Hospital Kerry. - Pa Daly.

I wish to reassure Deputy Daly that much work has taken place and indeed continues in relation to addressing overcrowding in University Hospital Kerry. The hospital, with the support of the SSWHG and the HSE has introduced several new initiatives over the last few months and already these are beginning to show positive signs.

Through focus and pathway re-design, ambulance turnaround times have fallen from an average of 1hr 36mins in September 2021 to 1hr 01min in December 2021 and this has been further sustained in January 2022. Additionally, the introduction of the Kerry Alternate Patient Pathway vehicle is already resulting in treatment of some emergency patients at home thereby avoiding the need for them to attend the acute hospital setting.

University Hospital Kerry supports the Kerry Integrated Care Programme for Older Persons (Kerry ICPOP). The primary objective of Kerry ICPOP is to develop and implement integrated services and pathways for older people with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community based, planned and coordinated care.

Care is provided by a multidisciplinary team (Physiotherapy, Occupational Therapy, Speech and Language Therapy Dietetics, specialist nursing, healthcare assistants and administrative support) under the clinical governance of a Consultant Geriatrician.

Despite the COVID 19 Pandemic since March 2021 almost 1000 complex over 70's patients have received geriatrician led MDT assessments in Kerry ICPOP through a combination of one to one visits, virtual consultations and home visits. Referrals have been received from primary care and the community across the Co of Kerry. Ordinarily these patients would have presented to UHK ED. Given the average length of stay for this cohort nationally is 7-10 days (one can only surmise on the number of bed days saved)

In another collaboration in February 2021 The Kerry ICPOP Early Supported Discharge Team was established. The ESD/Outreach Service provides a specialist, interdisciplinary service in clients own homes. This service helps to reduce length of stay in hospitals and provide multidisciplinary rehabilitation in the older person's home. This service promotes greater levels of function and minimise the impacts of impairments on function and independence. The service assists older people to avoid admission or attendance to acute hospitals by having their rehabilitation needs managed in their own homes. It is outcome focused and time bound for older people who present with a risk of prolonged length of stay in an acute hospital, hospital attendance or admission.

*Treatment has been provided to over 120 patients who presented to UHK with Stroke, Mobility and Falls, orthopaedic and frailty issues. The average length of stay on this team was 5-6 weeks (*saving this number of bed days used in UHK). This again was provided during the pandemic.*

In another initiative, over the period of Sept 2019 – Sept 2020 there was 384 ambulance pick-ups from Private Nursing homes in Kerry with 77% of these attending University Hospital Kerry (UHK)(remaining attended BSH, Bantry Hospital & Other). There is currently limited data on UHK Emergency Department (ED) presentations of nursing home residents who have required Intravenous Antibiotics (IVAB's). Historically, these patients have required admission to UHK as ED consultants have been unable to refer to CIT directly from UHK ED.

In June 2021, Kerry ICPOP convened a working group to explore a pathway that would allow the administration of Intravenous Antibiotics (IVAB) to Private Nursing home residents. It is expected this pathway will eliminate the need for presentation to University Hospital Kerry (UHK) Emergency Department (ED) in patients where IVAB use is clinically indicated. Should a resident present to UHK ED requiring IVAB it is anticipated they may be returned to the Nursing Home with the support of Kerry ICPOP/Community Intervention Team (CIT) thus, eliminating admission onto an acute ward the Kerry Integrated Care Programme for Older Persons (ICPOP) programme which helps to avoid emergency presentation and admission of our older patients and from October – December a number of patients were successfully managed without the need for hospital admission.

Internally in the hospital, work continues with the roll-out of the 'Acute Floor' model with the support of the Acute Medical Unit, and in November, December and January ytd the daily Trolleygar number (the number of patients in ED awaiting a bed in the hospital) has fallen compared to the same time last year. Also functioning in the Emergency Department is the very successful Frailty Intervention Therapy Team which has been in operation for over 3 years and has prevented many hospital admissions.

Hospital egress initiatives such as Discharges to Assess for diagnostics, increased use of the Community Intervention Teams have also had a positive direct influence on Emergency Department wait times and patient flow.

UHK has successfully utilized the national arrangements brokered with the private hospitals and has an on-going support arrangement for in-patients beds with the Bon Secours Hospital Tralee. Accommodation of suitable inpatients at the Bon Secours reduces demand on inpatient beds at

UHK and improves the flow of patients out of the Emergency Department, thereby contributing to improve waiting times and ambulance turnaround times.

All of this work has taken place during the height of the fourth surge of COVID-19, against the backdrop of increasing in-patient numbers and increasing emergency presentations, as well as increasing staff sick leave associated with COVID. It demonstrates a continued and intense focus on a challenging area and also a commitment of the acute system to work in collaboration with their community partners in the interests of the patient.

I trust this response is to your satisfaction; should you have any further queries however, please do not hesitate to contact me.

Yours sincerely,



Fearghal Grimes
General Manager
University Hospital Kerry