

11th April 2022

Mr Kieran O'Donnell TD
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2

Re: PQ 17025/22

*** To ask the Minister for Health the steps he is taking to address overcrowding at University Hospital Limerick; and if he will make a statement on the matter. -Kieran O'Donnell**

Dear Deputy O'Donnell,

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 minimised.

The Emergency Department at UHL continues to be exceptionally busy. Provisional data for March shows an average of 229 daily attendances, approximately 17% greater than in 2019. The lowest daily presentation during March (excluding weekends and Bank Holidays) was 212, and the highest 290. For comparison, the average daily attendance at the ED during 2019, the last full year prior to the pandemic, was 195.

We continue to follow our escalation plan at UHL, which includes additional ward rounds, accelerating discharges and identifying patients for transfer to our Model 2 hospitals. We are also working with our colleagues in HSE Mid-West Community Healthcare, in order to expedite discharges. However, it should be noted that patients being admitted to UHL at this time are generally very sick with complex conditions, and require longer inpatient stays to recover.

All patients who present to the ED with minor injuries at this time—such as suspected broken bones, cuts, bruises, sprains and strains—are being redirected to the Injury Units in Ennis, Nenagh and St John's for treatment.

However, we want to reassure the people of the Mid-West that anyone who requires emergency treatment for heart attacks, strokes and other serious illnesses will continue to be treated, 24/7, in the Emergency Department at UHL.

As you are aware, we added an additional 98 beds at UHL and an additional 10 critical care beds in response to the Covid-19 pandemic during 2020/2021.

This new capacity 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 results in a minimum number of beds blocked due to infection prevention and control guidelines.

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 in explaining this.

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.

This year, UHL has provided more inpatient care than ever before. The number of inpatients discharged in the second quarter of this year, at 9,451, was 25% up on the corresponding period in 2020 and 30% up on the same period in 2019.

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.

Our next significant project in terms of bed capacity is the 96-bed block for UHL. This project has full planning permission, fire certification and is fully designed. The tender process has now been completed and a recommendation has been made to the HSE for their approval to appoint a contractor. Construction of this four storey, single room inpatient facility will take approximately 18 months to complete.

It is envisaged that when the new 96-bed block opens, approximately half the beds will be used to replace older bed stock on the UHL site. This stems from a long-identified need to move away from nightingale wards to single en-suite rooms in hospitals due to cross-infection issues.

In the longer term, we have worked with HSE MidWest Community Healthcare to formalise a governance structure to deliver on the investment in community care, hospital avoidance, chronic disease management and older persons. Under the joint governance structure of this project, a number of sub-committees have been formed. These are jointly chaired by staff from UL Hospitals Group and Community Healthcare Mid-West and will help us put into effect the necessary reforms identified in Slaintecare.

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