

Private & Confidential

2nd July 2025

Deputy Michael Cahill
Dáil Eireann, Leinster House,
Kildare St, Dublin 2

Dear Deputy Cahill,

Please see response below regarding PQ Ref 34869/25 :

To ask the Minister for Health the measures that will be taken to improve emergency department, maternity and radiotherapy services at University Hospital Kerry; and if she will make a statement on the matter. -Michael Cahill-Michael Cahill

Response provided by University Hospital Kerry:

Radiotherapy : As outlined in recent PQ reference 19612, Radiotherapy, due to its specialisation and level of expertise required, is only provided at approved centres [Model 4 Hospitals] throughout Ireland.

Maternity Service :

Ongoing enhancement to Maternity Services UHK are evident – Over the lifetime of the maternity strategy and to offer choice to women within our service, hereunder are some of the enhanced services ;

Outreach clinics for supported care pathway take place in Listowel, Killarney, Dingle, Caherciveen and Tralee. Postnatal Hubs have been established with outreach services in Listowel, Dingle, Killarney and Caherciveen. Our Homebirth service is operational and now under the governance of maternity services UHK. Perinatal Mental Health and Bereavement services have been developed in recent times. Additionally, assisted and Specialist Pathway is operational; a waterbirth service has been established and Birth Choice clinic is in place.

Work is ongoing in bringing a newly developed Women Health Hub for Q1 2026. UHK's New Maternity build is at re-appraisal stage -It is envisaged that the proposed new Maternity Unit will be situated within closer proximity to the operating theatres. With regard to the prevailing interim status to ensure timely and un-inhibited transfer of emergency obstetric cases to theatre, University Hospital Kerry has a dedicated Lift for Obstetric user only. This practical solution allows that upon delivering obstetric patients to theatre, the lift immediately and automatically re-sets to the ground floor for the next patient.

Emergency Department Service :

Across all categories of patient attending our Emergency Department, a suite quality improvements have and continue to be implemented to enhance processes and ultimately bring about an improved experience for patients. By age category, some of these include

75+ Age Group : GEMS [Geriatric Emergency Medicine Service] – New Clinical Nurse Specialist has commenced in role of Frailty CNS, this is very much a patient facing role providing specialist care . The overarching aim of GEMS is to improve patient experience for the 75 years + cohort. A Quality Improvement Plan 'Zero Tolerance 24 hour Patient Experience Time (PET) > 75 years + cohort' has been

developed which includes a number of actions that see this cohort prioritised for an inpatient beds. Additionally Delirium screening occurs now for all over 75s that are booked for inpatient bed.

All Adults : A suite of quality improvement plans (QIPs) are in place to promote a quality service delivery for all patients **examples include :**

- Zero Tolerance 24 hour Patient Experience Time (PET) > 75 years + cohort
- QIP to achieve 100% compliance with the daily and weekly arrest trolley and AED checks
- QIP to improve nursing compliance with the Emergency Medicine Early Warning System (EMEWS)
- Triage QIP – objective to align with National KPI for Registration to Triage within 15 minutes
- Paediatric Intravenous Antibiotic Therapy at The Acute Floor QIP
- To improve the process of involuntary admissions under the Mental Health Act (2001), from the Emergency Department.
- Clinical Handover (ISBAR) of Paediatric care from ED to Cashel Ward

Each QIP focuses on the patient and the aim is to align with UHK's vision, to provide excellence to all using the service. Communication Huddles now occur on the Main ED floor and the Navigation Hub, these huddles identify capacity, resource, clinical issues or any cues for concern that require attention. The huddles allow for a collaborative team approach to appropriately respond to any issues that arise in real time, to maintain quality service and egress.

The Emergency Department in conjunction with medical teams are also advancing other acute pathways ie provision of alternative options including maximisation of use of the Rapid Access clinic which in appropriate cases will circumvent requirement for admission from the ED. Benefit to the patients being they will have access to the right care at the right time in the right place (Slaintecare, Acute Floor Model). This will also improve departmental efficiencies due to effective streaming.

Urgent Virtual Care Hub [UVC] : A scoping exercise for the purpose of consideration of UVC Service Expansion into Co Kerry to appropriately navigate patients toward the most suitable pathway and care. Our recommendations and requirements for consideration were as follows:

Paediatrics: Paediatric Intravenous Antibiotic Therapy has been successfully implemented, implying that all Nursing Staff in ED are now in a position to administer Paediatric IV antibiotics, therefore effectively contribute to stabilisation and management of children in the ED.

For paediatrics there is also a three times daily huddle, again it allows identification of capacity, resource, clinical issues or any cue for concern to be approached collaboratively by the MDT. The Paediatric waiting area underwent significant upgrading in recent times.

With regard to the physical footprint of the Emergency Department, preparation of a DCP [Development Control Plan] for University Hospital Kerry is underway. Ultimate output will include a functional brief for architects including the Emergency Department.

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

Yours sincerely,

**Mary Fitzgerald
Hospital Manager / Head of Service
University Hospital Kerry**