



9th June 2022

Deputy Bernard Durkan, TD
Dáil Éireann
Leinster House
Dublin 2

PQ 27119/22

To ask the Minister for Health the extent to which he has identified the ten most-regularly overcrowded accident and emergency departments throughout the country; the measures that are being put in place to deal with the issue; and if he will make a statement on the matter. -Bernard J. Durkan

Dear Deputy Durkan,

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.

The HSE is currently facing unprecedented levels of unscheduled care activity with attendances exceeding pre-covid19 pandemic levels with a notable increase in the over 75 year's patient cohort.

The table below outlines the increases as compared to the same period year to date last year and for 2020.

Category	vs 2021	vs 2020
ED Attendances (all)	+ 12.2%	+20.7%
Admissions (all)	+ 14%	+ 12.2%
ED Attendances > 75 years	+ 8.3%	+ 12.9%
ED Admissions > 75 years	+16.3%	+12.6%

It is acknowledged that the use of trolleys and surge capacity is, unfortunately, increasing whilst patient experience times (PET) performance has declined. These issues are in line with experiences internationally. Since the COVID-19 pandemic, new challenges are emerging additional to these previously existing issues including:

- COVID-19 pathways and the ongoing related IPC requirements in both acute and community services;
- On-going COVID-19 related hospitalisations;
- Community outbreaks limiting egress options;
- Staff absenteeism due to COVID-19 infections;
- Recruitment challenges;
- The impact of delayed and postponed care;
- Difficulty accessing timely GP appointments due to challenges in that sector.



Prior to the COVID-19 pandemic, such high levels of emergency department activity were typically seen during the winter period in line with seasonal viruses. These pressures are now occurring outside of the winter period and despite reduced COVID-19 disease acuity. The on-going presence of the virus, necessitates the requirement to manage and stream patients through COVID-19 pathways both within our acute and community services in line with recommended Infection Prevention and Control (IPC) guidelines. The context and requirements for the delivery of unscheduled care services is now fundamentally different to that at the beginning of 2020.

Focused on supporting the most overcrowded Hospitals and Emergency Departments, each with their own unique set of challenges, the HSE ensures that support in various ways is directed to reduce levels of ED overcrowding and address the many and varied challenges.

Significant progress has been made in enhancing capacity in both our acute and community services to facilitate patient flow within our acute hospital system and egress:

- As of April 2022, there are 69,262 WTEs in the hospital groups, representing a total increase of 14.46% in comparison to December 2019;
- As of April 2022, there are 56,490 WTEs in the Community Healthcare Organisations (CHOs), representing a total increase of 9.8% in comparison to December 2019 ;
- 847 acute beds delivered to date; with 381 further approved to be delivered 2022/2023.
- 306 critical care beds delivered to end of April; 27 further beds expected to be delivered in 2022.
- 73 sub-acute beds delivered;
- 36,489 private hospital beds days used to date from 3/01/22 – 29/5/22.
- 342 community intermediate care beds delivered; and
- 554 private intermediate care beds contracted on a weekly basis.

In addition, there is ongoing work underway in developing alternative pathways of care to EDs and to ensure care is delivered in the right place at the right time, and includes:

- The Enhanced Community Care Programme.
- Additional Home support Hours.
- GP access to diagnostics.
- National Ambulance Service and multidisciplinary teams providing alternative pathways to EDs (Pathfinder)
- Expansion of Community Intervention teams.

The HSE is currently working with all Hospital Groups and their aligned community health colleagues to develop a 3-year Unscheduled Care (USC) Plan, in addition to identifying immediate actions, to reduce the current levels of hospital overcrowding and trolley numbers. The plan will focus on the key elements of USC improvement and change to ensure escalation is an exception, through implementation of the Five Fundamentals of Unscheduled Care as the framework to deliver improvement as a whole systems integrated approach.

In addition to the added capacity outlined above, immediate measures being deployed to ensure optimal unscheduled care flow include:

- Ensuring maximum operational grip through identified named senior operational staff;
- Ensuring, where possible, clinical cover to ensure the availability of senior clinical decision-makers;
- Effecting optimal sustained discharges and ensuring that admission avoidance is facilitated utilising all available egress options;
- Reducing patient length of stay with on-going active patient discharge;



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- Maximising access to diagnostics and investigations;
- Maximising utilisation of available community beds, both public and private.

I trust the above outlines the significant measures that have been, and continue to be made, to address emergency department overcrowding.

Yours sincerely,

Jacqueline McNulty

Jacqueline McNulty
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Acute Operations