



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohifigeach Cliniciúil  
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Deputy Róisín Shortall, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 12289/20**

**To ask the Minister for Health the number of hospital bed days required by patients by county treated for foot ulcerations which did not require a full or partial limb amputation in each of the years 2017 to 2019; the number of patients that had diabetes; and if he will make a statement on the matter**

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Diabetes on your question and have been informed that the following outlines the position.



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County	2017				2018				2019			
	Cases with foot ulcers without lower limb amputation	Bed days used for Cases with foot ulcers without lower limb amputation	Cases with foot ulcers without lower limb amputation, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, with diabetes	Cases with foot ulcers without lower limb amputation	Bed days used for Cases with foot ulcers without lower limb amputation	Cases with foot ulcers without lower limb amputation, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, with diabetes	Cases with foot ulcers without lower limb amputation	Bed days used for Cases with foot ulcers without lower limb amputation	Cases with foot ulcers without lower limb amputation, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, with diabetes
Carlow	66	1,020	37	526	82	1,012	36	538	74	853	36	493
Cavan	166	1,982	45	1,006	145	1,826	43	858	203	1,992	94	1,355
Clare	125	1,670	61	994	162	2,305	64	886	162	1,648	75	726
Cork	424	6,285	183	2,758	494	8,609	249	3,772	490	8,846	255	4,253
Donegal	78	1,068	42	476	81	1,266	48	729	103	1,680	57	995
Dublin	1,839	24,501	425	9,116	1,845	26,210	671	12,880	1,800	28,890	664	14,139
Galway	214	3,662	115	1,641	210	4,907	109	1,738	164	2,837	101	1,748
Kerry	102	1,653	32	348	159	2,368	67	866	138	1,752	64	755
Kildare	181	3,011	93	1,419	179	2,866	94	1,671	188	3,411	98	2,066
Kilkenny	84	1,517	42	645	79	1,368	45	766	109	1,813	66	925
Laois	96	926	59	565	96	932	58	496	83	890	51	560
Leitrim	44	734	18	232	51	869	27	555	54	800	24	423
Limerick	255	3,869	116	1,870	264	4,465	117	2,107	236	3,027	120	1,302
Longford	65	684	33	496	82	833	49	506	71	883	35	619
Louth	292	2,255	111	1,264	327	2,379	136	1,267	299	2,338	90	1,353
Mayo	93	2,511	38	1,621	111	1,765	60	818	116	1,925	66	1,148
Meath	250	2,467	96	1,072	206	2,654	71	1,001	234	2,119	92	746
Monaghan	110	1,173	31	689	106	1,387	43	887	99	1,233	30	542
Offaly	68	898	37	550	69	729	37	410	84	1,120	46	660
Roscommon	99	1,152	53	566	101	1,121	40	431	81	1,116	37	588
Sligo	127	1,479	56	742	130	2,131	61	1,191	137	1,831	72	1,083
Tipperary	148	2,606	60	1,197	142	2,040	52	663	161	2,903	81	1,593
Waterford	121	2,365	58	1,052	118	2,083	67	992	132	2,397	81	1,415
Westmeath	126	1,265	68	699	121	1,238	65	489	92	1,100	48	680
Wexford	167	2,315	93	1,398	376	2,450	283	1,390	255	3,493	168	2,574
Wicklow	150	2,056	79	826	195	1,812	146	753	334	2,657	279	1,543

## Notes:

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-patient Enquiry (HIPE) system during 2017, 2018 and 2019.
- In-patient and day case discharges are reported only; ED and Out-patient attendances are not recorded on HIPE. Patients of No Fixed Abode or not normally resident in Ireland have been excluded. It is important to note that this data is based on hospital discharges only and does not include patients undergoing treatment who are not admitted to hospital. Furthermore, the data is based on hospitalisations which may include multiple admissions for the same patient. Therefore the data presented here cannot be construed as an estimate of the prevalence of the treatment specified.
- For every discharge HIPE captures a principal diagnosis and up to 29 additional diagnoses, and up to 20 procedures, in addition to administrative and demographic information.
- Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (from 2015 8th edition is used). ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.

## Definitions used:

- Full or Partial lower limb Amputation: any procedure with a code of 44367-01 Disarticulation at knee, 44367-02 Amputation below knee, 44370-00 Amputation at hip, 44373-00 Hindquarter amputation, 44367-00 Amputation above knee, 44338-00 Amputation of Toe, 44358-00 Amputation of toe including metatarsal bone, 90557-00 Disarticulation through toe, 44361-00 Disarticulation through ankle, 44364-00 Midtarsal amputation, 44364-01 Transmetatarsal amputation, 44361-01 Amputation of ankle through malleoli of tibia and fibula
- Diabetes: any diagnosis with a code of E10 Type 1 Diabetes, E11 Type 2 diabetes, E13 Other specified diabetes mellitus, E14 Unspecified diabetes mellitus
- Foot Ulcer: any diagnosis of L97 Ulcer lower limb NEC, E10.73 Type 1 diabetes mellitus with foot ulcer due to multiple causes, E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes, E13.73 Other specified diabetes mellitus with foot ulcer due to multiple causes, E14.73 Unspecified diabetes mellitus with foot ulcer due to multiple causes
- County: The county of residence code identifies the place where the person would normally reside, i.e. 'home address'. Those from a foreign country that are now resident in Ireland would have a code assigned for where they now live in Ireland.
- Bed Days: number of days between admission date and discharge date, where admission date is equal to discharge date the bed day has been set to 0.5 days

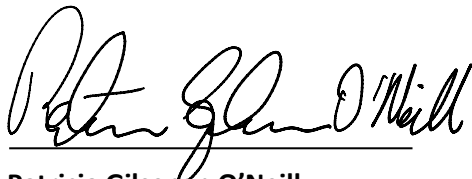
## Additional Information from NCP Diabetes:

Limb loss is one of the most devastating complications of diabetes and represents an enormous burden on individuals, their families and on the health and social care system in general. Reducing

the number of diabetes-related amputations is a major goal of the National Clinical Programme (NCP) for Diabetes. Over the past number of years, the HSE has appointed 31 new diabetes specialist podiatrists. The first 22 of these posts have been deployed in the acute (hospital) setting with a focus on dealing with the management of patients with active foot disease. The National Clinical Programme for Diabetes is aware of many examples of excellent multidisciplinary care pathways that have been put in place around these new hospital podiatry appointments with local audits demonstrating improved decision making and reduction in length of stay for complex diabetic foot patients. The most recent HSE specialist podiatry appointments have been made in primary care. Each Community Health Organisation now has at least one community-based podiatrist assigned to provide care to patients at risk of future ulceration or limb loss.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,



**Patricia Gilsean O'Neill**  
General Manager

