

Anne O' Connor
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Health Service Executive
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03 May 2022

Dear Anne

Re: Severe ED Crowding at University Hospital Limerick, and service capacity in the Midwest

I refer to our recent engagement on 1 March, where as part of the meeting we discussed overcrowding at the ED at University Hospital Limerick. Through this engagement, a number of key causal factors were identified by the HSE as contributing to the severe overcrowding at the hospital. These included the adequacy of the core acute capacity at the hospital relative to the population it serves, ongoing challenges in terms of community capacity in the Midwest region, the sustained and significant increase in the numbers of patients presenting to the ED, and the ongoing impact of COVID-19.

As you know, HIQA conducted an unannounced risk-based inspection of the Emergency Department at the UL hospital on 15th March. This inspection was conducted in light of the potential additional challenges and risks of overcrowding posed by an impending double bank holiday weekend against a backdrop of sustained pressures in the emergency department at the hospital.

HIQA is currently working to conclude this report and has issued a first draft to the hospital for review. We will be proceeding to publish the report shortly once we have received the Group response to the draft report. The findings from the inspection identified very significant concerns and risk associated with overcrowding, a situation which was compounded by chronic nursing staff shortages in the ED on the day of inspection and in the preceding weeks.

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As a consequence, HIQA has issued the hospital with a compliance plan to address those adverse findings that required immediate intervention and remediation. Moreover we will continue to monitor the situation at the hospital with specific reference to over-crowding within ED and in the wider hospital. However, given the seriousness of the issues identified, it was considered appropriate to apprise you simultaneously of the key capacity and capability issues identified and to seek your input and early response in the matter. HIQA notes and acknowledges the very significant level of investment in bed capacity that has occurred in more recent years at UHL. We also note that this does not appear to have addressed the overcrowding situation at the hospital. HIQA is aware that the Hospital Group has escalated their concerns about the ongoing mismatch between the volume of patients who continue to present to their emergency department relative to their underlying bed capacity. Indeed, our recent inspection identified a very high number of patients presenting to the ED, with a recent average daily presentation incidence in excess of 220 patients a day – and indeed 290 patients in the 24 hours prior to our inspection.

To place this into national context – we are aware that University Hospital Limerick experiences the second highest number of patients presenting to its Emergency Department nationally, yet it has one of lowest bed bases of all model four hospitals. Furthermore, we found through our inspection that in recent times, a majority of patients had presented directly to the ED without first seeking treatment from their GP. It is also noted that UHL was the only hospital that saw no diminution in attendances between 2020/2022 and this has clearly created sustained pressures on the emergency department.

Given that many of the issues raised above would appear to be acknowledged within the HSE at various levels, I am writing to seek clarity around the HSE's additional plans to address the over-crowding situation at UHL. During the inspection, it was indicated to HIQA that planning was underway for the development of a further 96 bed block. The HSE position on the status of this project would be important.

Specifically, I am also seeking clarification on your proposals as to how community services can be further enhanced to support effective patient flow. HIQA learnt through inspection that UHL were participating in the OPTIMEND, frailty at the front door and ICPOP hub initiatives. The limitations of a one day unannounced inspection meant that a full evaluation of implementation status for these initiatives or their impact was not feasible for HIQA. However consideration of these and other potential initiatives in this analysis would likely add benefit. Moreover, an assessment of primary care services in the region is

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also indicated based on the trend in ED presentations over the period 2020-2022.

Finally, it should also be noted that HIQA's inspection on 15th March identified a number of issues in relation to the adequacy of the hospital management response to patient flow and overcrowding issues at the hospital. While it was evident that volume of patient presentations at the Emergency Department was clearly a key factor in contributing to the crowding situation, HIQA also identified that managerial oversight with associated intervention and purposeful action to identify and address operational issues including nursing staffing levels could be improved. Therefore it is requested that any plan would also take consideration of measures to strengthen 24/7 operational management on the ground at the hospital.

Given the ongoing very serious safety concerns posed by the crowding situation at the hospital, it is requested that further clarity related to the HSE's plans to address this situation be provided through return correspondence to HIQA on or before 31st May. Should you feel it would be helpful, HIQA would be happy to meet with you in the intervening period to further articulate our concerns and clarify our request.

Yours sincerely



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Director of Healthcare Regulation

CC: Liam Woods, National Director Acute Operations, HSE
Colette Cowan, Chief Executive, University of Limerick Hospital Group

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