



## MEMORANDUM

**To:** Each Hospital Group CEO  
Each Chief Officer  
David Walsh, National Director of Community Operations,  
Mary Day, National Director of Acute Operations,  
Sandra Broderick, Assistant National Director, Services for Older People

**CC:** SLT

**From:** Bernard Gloster, Chief Executive Officer

**Date:** 25 October 2023

**Subject:** Delayed Transfers of Care / Transitional Care / Long-term Care

**CEO Ref:** 10018

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Dear Colleagues

We refer to the ongoing pressures experienced in our hospitals and again want to thank all for the efforts in improving timely access for our patients to the care and services they need on discharge and thereby improving flow and reducing DTOC. We have seen some slight change in the positive DTOC downward trend in recent weeks and there is a need for a renewed and sustained focus in the months ahead.

Specifically, in the context of DTOC for patients in acute hospitals approved through NHSS process for long-term care and discharge operations, we want to make reference to the issue of availability of transition location versus choice. There is no doubt that in some of our hospital settings, including but not exclusively, in larger hospitals on the southside of Dublin, there are long-term care beds available but there are also DTOC for patients approved through NHSS process for long-term care. It is regularly the case that there may be patients approved through NHSS for long-term care on the South Side of Dublin and the only availability is on the North Side and similar happens in other regions of the country.



At all times the HSE wants to respect patient and public choice and self-determination as would be reasonable in any care context. However, it is recognised to be the case that what is available may have to be accepted while a patient's choice is awaited.

While choice has a particular meaning for long-term care (NHSS) it is simply not sustainable for us to continue to care for people in acute hospital settings when their acute care has finished and has been approved through NHSS process for long-term care, even though at times the available onward nursing home may not be the first choice of the patient or their family. The reality is that this is now presenting two significant problems in some hospitals.

1. People who have been approved through the NHSS process for long-term care are continuing to remain in hospital post their acute phase of care even when there is a transition option available for them and evidence shows this is not appropriate for the overall health and wellbeing of the person involved;
2. Delayed transfers of care at a total level are exceeding the numbers of admitted patients waiting on trolleys in emergency departments or other inappropriate arrangements within hospitals and this is a direct patient safety issue.

In order to achieve the best possible outcomes, we are confirming and mandating to Clinical Directors, Hospital Managers and Chief Officers that available options are to be put to any suitable DTOC inpatient who has either been approved for NHSS long term care or is assessed as suitable for post acute transition care in anticipation of their final care plan being fulfilled. We want to work compassionately with patients and families while equally ensuring that remaining in hospital post an acute phase of care is not any appropriate arrangement to continue or a choice to be exercised. Patient safety and appropriate access to care are critical considerations in all discharge planning and decision making.

We would be grateful of full attention by all hospitals in this particular issue.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bernard Gloster', written over a horizontal line.

**Bernard Gloster**  
**Chief Executive Officer**

Yours sincerely

A handwritten signature in black ink, appearing to read 'Colm Henry', written over a horizontal line.

**Colm Henry**  
**Chief Clinical Officer**