<table>
<thead>
<tr>
<th>Title</th>
<th>Case fatality ratios for serious emergency conditions in the Republic of Ireland: a longitudinal investigation of trends over the period 2002-2014 using joinpoint analysis</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Lynch, Brenda; Fitzgerald, Anthony P.; Corcoran, Paul; Healy, Orla; Buckley, Claire; Foley, Conor; Browne, John</td>
</tr>
<tr>
<td>Publication date</td>
<td>2018-06-19</td>
</tr>
<tr>
<td>Type of publication</td>
<td>Article (peer-reviewed)</td>
</tr>
<tr>
<td></td>
<td><a href="http://dx.doi.org/10.1186/s12913-018-3260-1">http://dx.doi.org/10.1186/s12913-018-3260-1</a></td>
</tr>
<tr>
<td></td>
<td>Access to the full text of the published version may require a subscription.</td>
</tr>
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## Significant Reconfiguration

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<tr>
<th>Region</th>
<th>Characteristics</th>
<th>Summary of Regional Change</th>
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</table>
| South (Cork and Kerry) | Population: 663,176 Area (km²): 12,161 | **Regional Reconfiguration**  
- Region-specific reconfiguration plan largely implemented, beginning 2012-2013  
- Region-wide clinical governance structures established  
- Single general practice (GP) out of hours co-operative  

**Emergency Department Services Reconfiguration**  
- Acute stroke, coronary and major trauma care provided at hub in Cork [Cork University Hospital] with support of ambulance protocols and outlying centres [Kerry: University Hospital Kerry; Cork: Bantry General Hospital]  
- Two EDs reconfigured to local injury units [Cork: Mallow General Hospital (2013) and Bantry General Hospital (2013)]  
- One emergency department (ED) closed [Cork: South Infirmary Hospital (2012)] |

| Mid-West (Limerick, Clare and Tipperary North) | Population: 378,210 Area (km²): 8,252 | **Regional Reconfiguration**  
- Region-specific reconfiguration plan largely implemented, 2009 - 2013  
- Ambulance bypass protocols and region-wide clinical directorates established  
- Single GP out of hours co-operative  

**Emergency Department Services Reconfiguration**  
- All emergency care centralised to one hospital [Limerick: University Hospital Limerick]  
- Two EDs reconfigured to local injury units [Clare: Ennis Hospital (2009); Tipperary North: Nenagh Hospital (2009)] |

## Some Reconfiguration

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</table>
| West (Galway, Roscommon, Mayo, Leitrim, Sligo, Donegal) | Population: 702,966 Area (km²): 22,649 | **Regional Reconfiguration**  
- Clinical directorates established across the region  
- Several out of hours GP co-operatives  

**Emergency Department Services Reconfiguration**  
- Single hub for acute coronary and major trauma care [Galway: University Hospital Galway] with major trauma support services provided at other centres [Mayo: Mayo University Hospital; Donegal: Letterkenny University Hospital; Sligo: Sligo University Hospital]. Acute stroke care at all centres, excluding Roscommon General Hospital  
- One ED reconfigured to local injury unit [Roscommon: Roscommon General Hospital (2011)]  
- No ED in Leitrim |

| North East (Cavan, Meath, Louth and Monaghan) | Population: 440,211 Area (km²): 6,395 | **Regional Reconfiguration**  
- Region-specific reconfiguration plan partly implemented from 2006 – 2010  
- Limited regional clinical governance  
- Roll-out of general practitioner (GP) out of hours care  

**Emergency Department Services Reconfiguration**  
- Some centralisation of trauma, acute stroke and coronary care [Cavan: Cavan General Hospital; Louth: Our Lady of Lourdes Drogheda] with
Regional Reconfiguration
- Informal clinical network with shared regional rota for emergency medicine consultants
- Single GP out of hours co-operative.

Emergency Department Services Reconfiguration
- Designated hub for major trauma, and acute coronary care [Waterford: Waterford Regional Hospital – PCI centre supported out of hours by Cork] with ambulance bypass protocols
- Acute stroke care available at all 4 hospitals
- No ED in Carlow

Little reconfiguration

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<tr>
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<th>Characteristics</th>
<th>Summary of Regional Change</th>
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</table>
| Dublin North East | Population: 578,317 Area (km²): 532 | Regional Reconfiguration
  - No major changes
  - Out of hours GP co-operative established

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<tr>
<th>Tokyo</th>
<th>Emergency Department Services Reconfiguration</th>
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<tbody>
<tr>
<td>Tokyo</td>
<td>Centralisation of acute stroke, coronary and trauma care to two hospitals (both in Tokyo) but limited differentiation and integration between both</td>
</tr>
<tr>
<td>Tokyo</td>
<td>One ED reconfigured to local injury unit [Tokyo: Tokyo Metropolitan General Hospital (2013)]</td>
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<tr>
<td>Tokyo</td>
<td>One ED with reduced hours [Tokyo: Tokyo Metropolitan Kanto Hospital (2003)]</td>
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<tr>
<td>Tokyo</td>
<td>No ED in Tokyo</td>
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Dublin Midlands
(Dublin South, Longford, Westmeath, Laois, Offaly, Kildare)
Population: 761,324 Area (km²): 8,442

Regional Reconfiguration
- Limited integration of clinical governance
- Several out of hours GP co-operatives operating

Emergency Department Services Reconfiguration
- Centralisation of acute stroke [Kildare: Naas General Hospital; Westmeath: Midlands Regional Hospital Mullingar, and Dublin South: Tallaght Hospital] coronary care [Dublin South: Tallaght Hospital] and trauma [Offaly: Midland Regional Hospital Tullamore; Dublin South: Tallaght Hospital] at several hospitals, supported by ambulance bypass protocols
- No ED in Longford

Rehab support in other hospitals
- Dublin North [Mater Hospital] is the percutaneous coronary intervention (PCI) centre with supporting ambulance protocols
- Two emergency departments reconfigured to local injury units [Louth: Louth County Hospital (2010); Monaghan: Monaghan General Hospital (2009)]