

# Reconfiguration Times

CREATING A SINGLE HEALTH CARE SYSTEM FOR CORK AND KERRY

VOL. 1, ISSUE 3, DECEMBER 2009

## We Say We Are “Patient Centred” – Are We?



Providing a service that is “patient centred” is one of the accepted goals of healthcare reform. The patient centred mantra is much more easily said than done.

It is certainly a challenge to the reconfiguration process to keep a patient centred philosophy at the heart of what we are doing. Too often our energies seem to have to focus on the issues of the service providers (all of us who work in healthcare), rather than the issues of the services users (our patients). Two recent activities have brought home to me the importance of putting patients at the centre of the changes we are planning.

First, we had a meeting with our Patient Advocates who have been working in all the reconfiguration subgroups. They were deeply appreciative of being involved in the reconfiguration process and in fact they strongly expressed the view that it would be very helpful if more of the general public had an insight into the dedication and hard work of all healthcare professionals. Their presence and their validation of the work we are doing will pay huge dividends as the subgroups move from the current planning phase to the implementation phase.

Secondly, we had an energising workshop session for the reconfiguration subgroup project managers. One of the key discussions was around how one persuades staff to “let go” of the past and begin the journey to organisational change. In 2010, we shall all be challenged to reflect on the work we personally deliver. We each need to ask ourselves “could my work be more patient centred?”

All the engagement we have had with hundreds of staff in the healthcare service in Cork and Kerry in 2009 suggests that you are willing and able to bring about real change. Together let’s make 2010 a real turning point in healthcare in Cork and Kerry. The work that each and every one of you do is of vital importance. We are all privileged to work in the Irish healthcare system.

*Nollaig Shona Daoibh*

Prof. John R. Higgins, Director of Reconfiguration

## West Cork Advanced Paramedics on YouTube

A video clip of the West Cork based advanced paramedics, running a crash exercise, has been posted on You Tube, Vimeo and HSE’s website. They can be viewed at the following addresses or by searching “advanced paramedics” on the sites’ homepages:

[www.youtube.com/watch?v=-S4SFrP0raQ](http://www.youtube.com/watch?v=-S4SFrP0raQ)

<http://www.vimeo.com/8020052>

[www.hse.ie/eng/services/news/corkparameds.html](http://www.hse.ie/eng/services/news/corkparameds.html)

Staff don’t have access to You Tube and Vimeo at work so they need to be viewed at home. If you think it’s a good clip pass the link on to family and friends!

★★★★★

Wishing all our readers  
a very Happy Christmas  
and Peaceful New Year

Nollaig shona agus  
Athbhliain faoi mhaise

From the Reconfiguration Team –  
John, Geraldine, Katie, Laura,  
Margaret, Michael, Nora,  
Norma & Sinead

## Single GP Referral Sub-Group: the view from a patient advocate

We caught up with Tom Delahunty a business development manager who was the patient advocate on the Single GP Referral Sub-Group to get his views on being part of a reconfiguration sub-group. The group was chaired by Dr. Tom O'Callaghan, GP, Mitchelstown and project managed by Mary McCarthy, Business Manager, Internal Medicine, CUH.



Tom Delahunty

### **Why were you chosen to act as a patient advocate?**

I see the Irish service through a patient's eyes, in the company of my father. It was a good experience, to a large degree. I had some frustration with elements of OPD organisation and some bewilderment at practices which would appear to be antiquated, inefficient and prone to error. I have some useful industry experience in change management and IT/data systems.

### **Was this your first time acting as a patient advocate in the health services?**

Yes. I found the process to be re-assuring. Perhaps unlike the stereotype which may exist in the public domain, I found the people to be dedicated and focused on working as a team to deliver improvement.

### **Did you find it an effective way of working?**

Yes. It can be difficult to manage any diverse group, through a change process, but the structure and platform provided for this project was very effective.

### **Were you happy that your voice was heard and included in the final report?**

Yes. This is perhaps the most important question. Every stakeholder should have the opportunity to influence the change process, and this group was open to all opinions.

### **What do you believe you brought to the table?**

I was probably more conscious of my responsibility to represent the patient, given my lack of qualification in this area, but probably succeeded in bringing some industry experience in change methodology and data systems.

### **Do you think that patient advocates should be used regularly by the health services?**

Yes, patients are just as much a stakeholder as any other group within the health service and all of those groups should participate in reconfiguration.

### **Any further thoughts...**

I could not over state the positive aspect of seeing so many people focus and dedicate their time for the best interest of improvement and change. This for me is the most crucial ingredient in any change project.

I would recommend the use of some tools/technology to assist the transformation projects.

I'm probably being deliberately naïve in saying that all members of such transformation teams need to have the trust and courage to support development and change which will not always deliver short term tangible improvement (or respective area improvement), but the overall success depends on creating teams with such an approach. As a patient representative it is easy for me to be so noble, but others have significantly more cause to be skeptical, so the respective coordinators need to consciously select, coach, inform etc, people who will support real change with a realistic aim of delivering sustained improvement, as ultimately this will be the larger benefit for all, for longer.

## Comments from the project manager

According to Mary McCarthy who was the group's project manager, "working with Tom was very refreshing. The group consisted of consultant medical staff, GPs, IT personnel, nursing, allied health, community and hospital representatives most of whom never met or worked together before, we built up a good team work relationship from the outset. Tom was a team member from the beginning; he always kept the patients' perspective in focus and this really contributed to the efficiency and outcome of the task in hand.

"Sometimes we (healthcare workers in general) are so set in our ways that we cannot see the wood from the trees. Tom used to stop us and bring us back to the task in hand. The experience of having Tom actually part of the team was particularly beneficial as we essentially worked with him in applying the tools of Lean principles to the task we had in hand.

"Finally, I think it was particularly valuable that Tom was not directly a patient himself; he could stand back and focus on the processes that will deliver on improvements rather than being influenced by any particular experience as a patient. He also gave the group a huge insight into how 'industry' can assist us through a change management process."

## Subgroup Update

Nearly all subgroup reports are now in and feedback sessions are taking place. Each follows a structured template that captures vision, priorities, looks for small wins as well as big ones, forces groups to think regionally. Membership has drawn in specialists, GPs, patient advocates, nurses and midwives, therapists, university representatives, technical staff and administrators. The sections in the template are:

- Present context of your service
- “Blue skies vision” (on 1 page!)
- Best models of patient care (national and international)
- Up to 5 good things about your current service that must not be lost
- Up to 5 problems/challenges that must be addressed.
- Up to 5 ways a closer alliance with higher education could help your service
- Up to 5 ways a closer alliance with PCCC could improve the patient journey
- Up to 5 ways to help your service through small capital outlay
- How would you provide a regional service in relation to:
  - GP liaison
  - Outpatient assessment
  - Pre assessment clinic/Medical Assessment and Admissions Unit
  - Elective non-complex treatment
  - Outpatient review
  - Chronic illness
  - Other
- Based on the principles of reconfiguration, suggest up to 5 changes that would bring about improvements in your service to patients.

Each subgroup was also given a data template to profile their service in relation to patients, staff and services. We have also conducted a detailed analysis of theatre utilisation (see next page). This work will anchor the reconfiguration plan to a broad base of knowledge, commitment, aspiration, reality. This in turn will increase the likelihood that patients and families will experience real service improvement at first hand.



Members of the Mental Health Services Subgroup who recently gave feedback to the Reconfiguration Team. From l-r: Dr. Eugene Cassidy, Consultant Psychiatrist, Dr. Eamonn Moloney, Clinical Director, Ms. Ber Cahill, Subgroup Project Manager, Prof. Ted Dinan, Subgroup Chair, Prof. John Higgins, Director of Reconfiguration and Michael Hanna, Reconfiguration Team



Members of the General and Internal Medicine Subgroup who recently gave feedback to the Reconfiguration Team. From l-r: Michael Hanna, Reconfiguration Team, Elaine O'Mahony, Subgroup Project Manager, Prof. John Higgins, Director of Reconfiguration and Dr. Mike O'Connor, Subgroup Chair



Organisers of the Project Management Training for Subgroup Project Managers from left to right: Michele Bermingham, Area Performance and Development Manager, Nora Geary, Executive Lead, Reconfiguration Team, Sarah McCormack, Course Tutor and Judy Foley, Head of Organisation Development & Design

## Theatre Activity Review Complete

The findings of a review of 2008 theatre activity in all acute hospitals in Cork and Kerry, organised by the Reconfiguration Team will be used to develop the Reconfiguration Plan for Cork and Kerry.

The review provides data required to inform key decisions in the reconfiguration of surgical services. Ordinarily Hospital Inpatient Data Enquiry (HIPE) data would be used for this purpose. However, the level of detail required, specifically the location and timing of theatre procedures is not routinely available in HIPE.

In addition to documenting activity, the review also involved an examination of time tracking sheets completed for individual theatres and some qualitative research to determine the view of front-line service providers on how surgical services could be altered to improve efficiency and effectiveness, in the context of reconfiguration.

All data and information was handled in accordance with a strict information governance protocol devised for the purpose of this review, in line with HSE Information Governance policy.

The project management team was made up of staff from the Department of Public Health, HSE South, the Reconfiguration Team and the CHAIR registry. Data collection was performed by UCC students including medical and nursing students.

## Allied Health Professional Representative Joins Reconfiguration Team

Sinead Glennon, physiotherapy manager, at CUH has joined the Reconfiguration Team, representing the allied health professionals. Sinead came to CUH in 2006 as deputy physiotherapy manager from a clinical specialist physiotherapy post in St. James' Hospital, Dublin. While in James', Sinead was involved in providing an award winning "hospital in the home" outreach service to patients with chronic respiratory disease. Sinead hopes to involve and co-ordinate the allied health professionals with the reconfiguration programme.

According to Sinead "it is very important that reconfiguration engages with all allied health professionals as they have a significant role to play in embracing the current climate of change particularly in optimising existing resources to achieve best outcomes for all. As these professionals are directly involved in patient care, their opinions are vital in achieving an overall holistic approach to the care we provide."

Prof. John R. Higgins, Editor; Norma Deasy, Nora Geary, Micheal Hanna and Geraldine Keohane, staff writers.  
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## Reconfiguration Calendar

Engagement, consultation and planning meetings with staff and external stakeholders continued during November. Here's some of whom we met in November:

### NOVEMBER 2009

- 2 Reconfiguration Forum Meeting  
Friends of Mallow General Hospital
- 5 Advanced paramedics presented to HSE South's Regional Health Forum
- 9 High Level Planning Steering Group on cancer services  
Non-Executive Advisory Board
- 10 Launch of West Cork Advanced Paramedic Service
- 12 Max Fax & Primary Dental Subgroup feedback session to Reconfiguration Team
- 13 Meeting on Review of Theatre Activity in Cork and Kerry Hospitals  
Physicians at Mallow General Hospital  
Professor of Medicine, CUH
- 16 Reconfiguration Forum Meeting  
Rheumatology Subgroup feedback session to Reconfiguration Team  
Infectious Diseases Subgroup feedback session to Reconfiguration Team  
Palliative medicine consultants
- 18 HSE South psychiatrists  
Review of Emergency Departments and Pre-Hospital Emergency Care in Cork and Kerry published  
HSE South ophthalmology consultants  
Plastic Surgery Subgroup feedback session to Reconfiguration Team
- 20 Upper GI consultant surgeons
- 23 High Level Planning Steering Group on cancer services
- 25 Executive Management Board and senior medical staff at Kerry General Hospital Meeting on Review of Theatre Activity in Cork and Kerry Hospitals
- 26 Cork City Manager  
Mental Health Services Subgroup feedback session to Reconfiguration Team  
General Internal Medicine Subgroup feedback session to Reconfiguration Team  
Ophthalmology Subgroup feedback session to Reconfiguration Team
- 30 Reconfiguration Forum Meeting



Feidhmeannacht na Seirbhíse Sláinte  
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