

Reconfiguration Times

CREATING A SINGLE HEALTH CARE SYSTEM FOR CORK AND KERRY

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Welcome to this issue

Change can be messy. While all the meetings, consultation sessions, subgroups and workshops will help, the reconfiguration agenda will always throw up issues in an unpredictable and uneven way. These have to be managed and must not deflect us from our goal. The next few weeks are critical for the reconfiguration programme. We need to lay out a comprehensive plan for our hospitals. This plan must outline changes in where services are delivered and how they are delivered. Changes in the processes through which we look after patients are the most important part of what we need to achieve.

Recently, we had a workshop focused on providing a risk assessment of the Reconfiguration Programme. As part of this workshop we were asked to clarify the ultimate purpose of our work. It is worth restating this purpose:

That the people of Cork and Kerry benefit from having a unified acute healthcare system, integrated with all the other parts of the health service, that:

- Achieves the best possible health outcomes for the people it serves,
- Realises for the people of the region the economic and other benefits that flow from leading edge health research, technology and innovation,
- Delivers value for money.

These ambitious goals can only be achieved by the hard work and dedication of all our staff. Each and every one of you has a vital role to play. We are all privileged to work in the Irish healthcare system.



Prof. John Higgins

MAAU expert joins the Reconfiguration Team

Dr. Jennifer Carroll, a consultant physician with a special interest in medicine for the elderly, has just joined the Reconfiguration Team to participate and help with the establishment of medical assessment and admission units (MAAUs).



Dr Jennifer Carroll says the MAAUs should ensure acute medical assessment is by the right person in the right place, first time around

Dr. Carroll joins the team from St. Luke's Hospital in Kilkenny where she and with her colleagues, Dr. Garry Courtney, Consultant Gastroenterologist, George O'Neill, Director of Nursing and Carmel O'Dwyer, CNM2 supported by Primary Care were highly successful in setting up a medical assessment unit which overnight eliminated the daily problem of "corridor trolleys." This had been a major issue for over 20 years in St Luke's. The team set up a joint hospital and community services MAU model which according to Dr. Carroll, "provides a fast track quality service for the public that is patient centered and has been hailed as a exemplary model to be implemented across the country."

In her new role, Dr Carroll's objectives are ambitious "hoping to:

- streamline and assess acute, unselected, medical patients presenting to the Emergency Departments.
- ensure acute medical assessment is by the right person, in the right place, first time around.

"The entire model is geared toward delivering the best possible standards of care by focusing on outputs rather than inputs. As all hospitals differ, the configuration of acute medical units will depend on local circumstances, including available resources. These units will help to foster a closer working relationship with Primary Care and Community Services resulting in improved outcomes and patient satisfaction."

Having qualified from UCC, Dr. Carroll completed her postgraduate training at CUH and North Thames/Westminster Hospital Group. She was appointed consultant physician in elderly medicine at Whipps Cross Hospital in London in 1995 where she worked with the over 75s until she joined St. Luke's in 1999.

Subgroups Update

Most of the subgroup reports have now been submitted and we have provided an opportunity for each subgroup to present and discuss their main findings with the director of reconfiguration and members of the reconfiguration team. We thought maybe half an hour would do it, 15 minutes to present and 15 minutes for questions. It worked out quite differently: sessions typically take anything from 45 minutes to two hours and develop into real in-depth discussions of each service, its problems and potential, and in some cases, a cat and mouse hunt through the undergrowth of passionate argument for the underlying issues!

Through these feedback sessions a picture begins to emerge of how the different pieces of the jigsaw can fit together.

Common Themes in Subgroup Reports:

- The need for a universal electronic healthcare record accessible in all locations in both hospitals and the community
- The need for standardised pro forma referral forms
- The need for structured patient pathways of care through primary, secondary and tertiary care
- Improve links with educational institutions – UCC, CIT, ITT and involve clinicians in the development and teaching of undergraduate and postgraduate courses
- The request for more staff
- The need for a dedicated speciality specific area with access to inpatient beds when required (elective and trauma)
- The need for more day ward beds and day centres for minor procedures such as infusions
- Information websites – details of clinics, waiting times, consultant special interests etc.
- Video conferencing facilities in all locations to improve communication.

From the surgical subgroup, the following were highlighted specifically:

- Pre-assessment clinics
- Management of emergency and elective work
- Requirements for day, 3-day, 5-day and 7-day beds.

Highlights from the feedback sessions:

“This is the first time we have sat down together with all members of our specialty to discuss how we do things”. In one case it was the first time the Kerry members had met their Cork counterparts!”

A eureka moment of realisation that fixing the blockage in one part of the system could have a beneficial effect right down the line.

An appreciation of the potential that could be released by reorganising a service in a particular way.

An understanding of the huge demands on different clinical services and in some cases, how these demands might be eased by doing things differently.

From the medical subgroup, the following were highlighted specifically:

- Medical assessment / admissions units
- General internal medicine on call
- Management of acute medical conditions
- Management (incl. acute exacerbation) of chronic illness
- Ambulatory care.

Subgroups Update continued

The outputs from the subgroups will become the steel framework for the Reconfiguration Plan, the structure in which a reconfigured health service for Cork and Kerry can be constructed. That construction will take time and will itself require careful and detailed planning of each move. Already it is clear that we must have certain key enabling changes in place before we can safely move services to different locations. These changes include for example:

- rapid image transfer;
- a single patient information system accessible by computer;
- a patient identifier to link patient information from MUH, SIVUH and the HSE hospitals in the region;
- medical admission and assessment units;
- how diagnostics (both laboratory & imaging) will support initiatives planned, e.g. MAAUs.

The Reconfiguration Plan will be completed over the coming weeks and subgroups will then commence the next stage of their work which will be the detailed implementation planning phase. Training will be provided to the Subgroups to ensure that this phase of work is carried out in keeping with good project management principles.

Reconfiguration Calendar

December was a very busy month as we continued our programme of communicating and engaging with staff and external stakeholders. Here's some of whom we met in December.

DECEMBER 2009

- 7** High Level Planning Steering Group on Cancer Services
Mercy Order, Board Chair and CEO of MUH
Neurosciences subgroup feedback session to Reconfiguration Team
Dermatology subgroup feedback session to Reconfiguration Team
Centre for Advanced Manufacturing and Management Systems, CIT, on Lean Project
- 9** Senior management of the National Rehabilitation Hospital
- 10** Single Patient Chart subgroup feedback session to Reconfiguration Team
CEO of the Health and Information Quality Authority (HIQA)
Anaesthetics subgroup feedback session to Reconfiguration Team
- 14** Reconfiguration Forum
Patient advocate representatives on the subgroups
Minister for Health and Children, Mary Harney TD
Single GP subgroup feedback session to Reconfiguration Team
Medical and Radiation Oncology subgroup feedback session to Reconfiguration Team
Radiology subgroup feedback session to Reconfiguration Team
- 21** Members of the Theatre Activity Review Study
Centre for Advanced Manufacturing and Management Systems, CIT, on Lean Project
CEO and Medical Director, Irish Heart Foundation
- 22** President of UCC



Some members of the Obstetrics, Gynaecology and Neonatology Subgroup who recently gave feedback to the Reconfiguration Team. From l-r: Obstetrician Gynaecologists, Prof. Richard Greene and Dr. Helen McMillan; Mary Barry, Manager, Division of Obstetrics, Gynaecology and Neonatology, CUMH; Dara Philpott, CNS Colposcopy, CUMH; Prof. John Higgins, Director of Reconfiguration; Pauline Kennedy, CNM2 Gynaecology, CUMH; Rosaleen O'Donovan, Allocations Liaison Officer, CUMH; Margo Topham, Planning, Development & Strategy Manager, SIVUH and Norah Quirke, Director of Centre of Midwifery Education

Prof. John R. Higgins, Editor. Dr. Jennifer Carroll, Norma Deasy, Nora Geary, Micheal Hanna and Geraldine Keohane, staff writers.
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