

Reconfiguration Times

CREATING A SINGLE HEALTH CARE SYSTEM FOR CORK AND KERRY

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The Trolleys Must Go!

In many meetings around the region, members of the public have been blunt and direct in expressing their concerns about the issue of trolleys in our emergency departments. Their patience is wearing thin. The trolleys must go!



Prof. John Higgins

These trolleys are like the tip of a giant iceberg. Ensuring that they are removed from our hospitals will require us to look “beneath the surface” and to review all the processes and patient pathways within our hospitals.

A particular focus of the Reconfiguration process in the past month has been to review how we deal with patients with serious medical emergencies who present to our emergency departments. We need to ensure that these patients are seen by senior physicians as quickly as possible and that their investigation and management is appropriately streamlined. There has been great engagement from all staff to find solutions. The hard work of staff should be acknowledged. While much progress has been made on this issue, we now need to look more broadly and fundamentally at all the emergency and elective admissions to the hospitals to see if we can make better use of our inpatient beds.

Once patients have been appropriately treated in the hospital we need to ensure that their discharge to home or to rehabilitation or to continuing care is fast-tracked. The need to integrate the work of the hospital with community services on this issue has never been more pressing.

As with all our problems, only by working together, can we change the health care system. The contribution each and every one of you make is important. We are all privileged to work in the Irish Health Care system.

Prof. John R. Higgins, Director of Reconfiguration

Medical Resource Utilisation Subgroup Formed

A Medical Resource Utilisation Subgroup has been established this month to:

- improve service and safety for patients by ensuring a seamless journey through the system and promote easy access for primary care practitioners e.g. GPs to access acute care.
- organise and deliver complex acute care on one site.
- reconfigure medical services within existing resources while maximising economy, efficiency and effectiveness.
- set up acute medical units (also referred to as medical assessment and admission units) in the network of acute hospitals and establish rapid access to diagnostics e.g. pathology, radiology and endoscopy services.
- consider the future location of medical specialties in the “Single Hospital System” for Cork and Kerry.

The members of this team are meeting weekly to share views and proposals for positive change. There has been open and frank discussion on the structure of acute medicine and how acute medical units will integrate with the hospital system to provide a leaner more efficient service that is “patient centred”.

THE SUBGROUP MEMBERS ARE:

Dr. Richard Greene, Clinical Director, CUH, subgroup chair
Ms. Margo Topham, Planning, Development and Strategy Manager, SIVUH, project manager
Dr. Jennifer Carroll, Consultant Physician, Reconfiguration
Dr. Cornelius Cronin, Consultant Physician, MGH
Dr. Orla Healy, Specialist in Public Health Medicine
Ms. Nora Geary, Executive Lead, Reconfiguration
Mr. Michael Hanna, Clinical Development Advisor, UCC
Dr. Andrew Hanrahan, Consultant in Rehabilitation, HSE South
Dr. Colm Henry, Clinical Director, MUH
Prof. John Higgins, Director of Reconfiguration
Prof. Mary Horgan, Consultant in Infectious Diseases, CUH
Ms. Anne Keating, Bed Manager, CUH
Dr. Peter Kearney, Consultant Cardiologist, CUH
Ms. Geraldine Keohane, Nurse Advisor to Reconfiguration
Dr. Richard Liston, Clinical Director, KGH
Dr. Eugene Moylan, Consultant Oncologist, CUH
Dr. Michael O'Connor, Consultant Geriatrician, CUH
Ms. Mary Owens, Director of Nursing, MGH
Dr. Mark Phelan, Consultant Rheumatologist, SIVUH
Dr. Barry Plant, Respiratory Consultant, CUH
Dr. William Plant, Consultant Renal Physician, CUH
Ms. Carmel Walsh, Bed Manager, MUH

Rehab Medicine Consultant Working with Reconfiguration

Dr. Andrew Hanrahan, the first Consultant in Rehabilitation Medicine appointed to work in Cork and Kerry, has just completed his Reconfiguration Subgroup's report. Dr. Hanrahan started by doing a mapping exercise across the rehabilitation continuum, which revealed that, while there were large gaps in service and barriers to accessing services, there were also examples of good practice that occurred in isolation.

According to Dr. Hanrahan, "what was not lacking was an enormous enthusiasm for change and a unanimous feeling that rehabilitation as a speciality and as a service was necessary and long overdue for the region. Clearly, as this is a new service, only limited 'reconfiguration' will be possible! Reconfiguration has provided a once in a generation opportunity to acknowledge that rehabilitation, across the spectrum of the patient pathway – from community services, to acute and back again to the community – has been the vital missing link in an integrated, co-ordinated, goal-oriented, outcome-driven, cost-effective process." The next stage will be one of implementing reconfiguration – restructuring and re-allocating dedicated

resources. Central to this piece is the recommendation for a Regional Rehabilitation Unit to be set up in Cork to serve the needs of the local and regional population. It is recommended that most specialist rehabilitation services should be provided from this Unit. However, there will be the need to transfer patients to the National Rehabilitation Hospital (NRH) in Dublin who are in need of more specific specialist and complex specialised rehabilitation.

Dr. Hanrahan is currently reviewing all referrals to the NRH from the neuro-surgical and neurology wards and those patients who have had an amputation. This means that patients will only travel to the NRH at clinically appropriate times and avoid unnecessary transfers for those not yet 'Rehab ready'.

Below: Some members of the Reconfiguration Subgroup on Rehabilitation Medicine, from left to right: Nora Geary, Executive Lead Reconfiguration; Anne Quirke, Occupational Health Manager, MUH; Regina Crowley, Discharge Co-ordinator CUH; Dr. Jennifer Carroll, Consultant Physician, Reconfiguration; Dr. Andrew Hanrahan, Consultant in Rehabilitation Medicine; Norah Mansell-Quirke, Director of Centre of Midwifery Education; Siobhan O'Brien, A/Superintendent PHN; Liz Owens, Headway; Spencer Turvey, Physiotherapy Manager, MUH; Eibhlis Cahalane, A/Physiotherapy Manager, KGH; Dr. Helen Richards, Clinical Psychologist, MUH and Prof. John Higgins, Director of Reconfiguration



Presentation to Corporate Staff on Reconfiguration

Many thanks to the brave souls who defied the torrential rain to attend the most recent staff presentation on reconfiguration by Prof. Higgins. All Cork city based corporate, PCCC and ambulance staff were invited to attend. These ongoing staff presentations are part of the communication action plan to inform, engage and consult with staff. A suggestion to have presentations available on-line will be followed up.

Here's what those in attendance who completed a questionnaire told us:

100% found the presentation informative!!!

57% of respondents want the information directly from Prof. Higgins and the Reconfiguration Team with 29% requesting it from line managers.

70% were happy with the presentation content and of the 30% still having further queries, these include:

- concerns that reconfiguration will be a top down initiative
- AHP supports for consultants moving out from acute hospital bases.

Reconfiguration Times

Update on Lean Project

The staff working on the Lean project being run in wards of the six acute hospitals, (Reconfiguration Times, November issue), are currently working on Lean's 5S approach. 5S is a system of organising workplaces to ensure that everything that is needed is available when it is needed. It involves 5 steps:

- Sort
- Set in Order
- Shine
- Standardise
- Sustain.

This has been implemented successfully in many organisations to improve areas where:

- space is a problem
- storage and inventory are nonstandard
- inventory control is lacking
- work flow is disrupted by lack of available tools and equipment
- Staff spend time searching for work related requirements.

It is based on the fact that workplaces should only contain what is needed for the planned work that day.

It engages all staff in using their ideas to organise the workspace and maintain it from then on, using rules they develop for themselves. The acute hospitals' Lean project is focusing on desks, storage areas and workspaces for staff.

Those involved in the project are currently identifying the schedule of hospital wards to be leaned using the 5S techniques. Bantry General Hospital is the first in line to start off and they have started work this month.

The agreed schedule is as follows:

- Plan each ward event
- Train ward staff on basic Lean concepts
- Train ward users (other hospital staff) on basic Lean concepts
- Prepare material for 5S implementation
- Complete the 5S steps
- Compile results
- Present results and receive accreditation.

The steering committee, namely, Dr. Mike O'Connor, Geraldine Keohane, Nora Geary, Prof. John Higgins and Michael Hanna are advancing further education on Lean techniques to major ward user groups and management to ensure support for these key events.



Diagram source: CAMMS, CIT

- **The Lean Organisation Foundation is built on:**
 - Recognition of where the organisation is in Lean terms
 - Respect for all Customers and Staff
 - Leadership in Lean Organisation goals
 - Elimination of Waste in all areas.
- **This is achieved through education of the organisation and application of the Lean Toolkit.**

Feedback from Subgroup's Project Management Training

Engaging and lively project management training and consultation sessions with the reconfiguration subgroup project managers, Prof Higgins and his team provided training along with an opportunity to listen and garner views and learning from the first phase of reconfiguration.

The following emerged from an open discussion on the value base for reconfiguration and how these values will emerge in service delivery:

- Quality – the best we can provide within the available resources.
- Inclusion – staff and patient advocates involved in the process.
- Communication – there will be openness and truth.
- People – opportunity for staff and patients to engage and be innovative.
- Re-connect – joined up thinking and ensure that there is a whole systems view.

Key themes/messages that emerged were:

- Innovation is there within the project groups but requires further supports and enablers.
- More focus needed on internal communication and involving all grades of staff not only managers.
- Patient advocates kept the subgroup grounded
- Importance of acknowledging what we are doing well and pooling the best from all locations.
- People are trying to get to grips with change – so much is changing at the same time!
- Being able to have the courageous conversations – opening up the difficult discussions and challenging peoples' assumptions.
- Connect the strategies and structures so that reconfiguration is clearly positioned in the Integrated Services Programme.

Sarah McCormack, facilitated the training while Judy Foley and Michele Bermingham, HR facilitated the sessions and gave an overview on Change Management and Myers Briggs Type Inventory.

The Reconfiguration Team is reviewing this feedback and taking the suggestions on board to inform the planning stage of the project.

Reconfiguration Calendar

We had a very busy start in 2010, continuing to engage and consult with staff and key external stakeholders. Here's some of those whom we met in January.

JANUARY 2010

- 4 Reconfiguration Forum Meeting
Chair of Review of Emergency Departments and Pre-hospital Emergency Care in Cork and Kerry
Gynaecology/Obstetrics/ Neonatology subgroup feedback session to Reconfiguration Team
- 6 Department of Health and Children
National Director of ICT
HSE South Regional Management Team
Interim Acute Hospital Network Manager
Cardiology Subgroup subgroup feedback session to Reconfig. Team
Cardiothoracic subgroup feedback session to Reconfiguration Team
- 8 Orthopaedic subgroup feedback session to Reconfiguration Team
- 11 Reconfiguration Team Meeting
Non Executive Advisory Board Meeting
- 13 Loyola University Medical Centre, Chicago
- 14 Illinois Institute of Technology, Chicago
- 18 Medical Resource Utilisation Group
- 20 Assistant Secretary Dept. of Health and Children
Senior management, Integrated Service Directorate on National Paediatric Hospital
- 21 Regional Director of Operations, HSE South and Interim Acute Hospital Network
Manager Meeting
Briefing for Cork city based corporate staff, HSE South
Paediatrics subgroup feedback session to Reconfiguration Team
Gastroenterology subgroup feedback session to Reconfig. Team
- 25 Reconfiguration Forum Meeting
Medical Resource Utilisation Group
- 27 Medical Director Southdoc
Executive Management Board, Kerry General Hospital
- 28 Capital Projects, HSE South
Respiratory Medicine subgroup feedback session to Reconfig. Team
Anaesthetics & Critical Care subgroup feedback session to Reconfiguration Team
ENT subgroup feedback session to Reconfiguration Team
- 29 Records Managers Meeting re: Single Patient Charts
Clinical Haematology subgroup feedback session to Reconfiguration Team
Palliative Care subgroup feedback session to Reconfiguration Team
Renal Subgroup subgroup feedback session to Reconfig. Team

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