

## **MID-WESTERN REGIONAL HOSPITALS**

### **1.0 STATEMENT OF PURPOSE**

#### **Purpose**

The purpose of the Acute Hospital Service is to provide, in partnership with all key stakeholders, high quality, value driven, patient centred services based on best practice, research and evidence which is sensitive and responsive to the needs of the population, service users and providers.

### **1.1 STATUTORY FRAMEWORK, STRATEGY AND PLANNING**

The Health Act, 1970 and subsequent Amendments provide the statutory framework for the provision of Acute Hospital Services.

The National Health Strategy, Quality and Fairness 2001 outlines the strategic vision and direction based on the principles of equity, patient centredness, quality and accountability. The achievement of the four National Goals is based on six major Frameworks for Change, including reform of the acute hospital system.

The overall policy objective is to improve access for public patients. A number of actions are outlined under the broad headings of capacity, efficiency and equity to achieve the overall policy objective. These actions include:

- Improved bed capacity,
- Strengthening strategic management,
- Introduction of a treatment purchase fund and reform of the management of waiting lists,
- Improved integration with the non-hospital sector,
- Enhanced patient referral and discharges,
- Improved A&E services and increased availability of diagnostic services,
- Improved balance between the mix of public and private patients,
- Implementation of contractual agreements to maximise incentives for equity.

The specific actions are accompanied by key deliverables, target dates, and the responsible agency is named.

Major strategic plans at national level also impact on local service developments including the Cancer Strategy, the Cardiovascular Health Strategy, the Health Promotion Strategy and the Healthy Ageing Strategy.

The Board's Acute Services Strategy was published in July of 2001 and sets out the future direction for the delivery of services in the Region. The strategy outlines the role of the acute hospitals in the region and proposes the delivery of

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services through a series of managed clinical networks integrated with other service providers, both internal and external.

The strategic vision for acute services in the Region is as follows:

- The patient is central to service design and service delivery.
- Services are provided to populations at local level consistent with safe and effective care and practice.
- A network of appropriately designed and maintained hospitals and other health care services is provided to support patient care in a fully integrated manner. The purpose of such networks is to ensure uniform standards of care throughout the Region.
- Ease of access is available for emergency admissions and to accident and emergency services.
- Access is available to the most modern diagnostic and treatment equipment.
- Effective governance arrangements are in place to ensure that services are delivered to recognised standards.

The strategic objectives for acute services are:

- To establish a fully integrated region wide system of acute health care which is accessible to each person in the region.
- To ensure a balance between high levels of local access to services, while at the same time ensuring a top class quality of clinical services.
- To clarify the role and function of each of the partners providing acute care in the region based on quality, safety and standards.
- To participate proactively and effectively in a region wide integrated health and personal social services system.
- To ensure that resources are utilised to maximise clinical and organisational effectiveness and outcomes.
- To ensure that the Mid-West region remains as self-sufficient as possible in providing the full range of appropriate medical services and to create structures and links with the providers of supra-regional services to ensure ease of access to those services when required.

The plan, which is currently being costed, reflects the general thrust of the National Health Strategy.

## **1.2 SOCIO/DEMOGRAPHIC PROFILE**

The population of 317,069 has increased by 17.5% since the early 1970's. Immigration and the return of prior emigrants are the causal factors. The demographic changes and the growing awareness of health matters by the public have created a significant increase in demand on the health services.

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The number of births continues to rise. The number of births at the Regional Maternity Hospital for 2001 is projected at 4,089 by year-end. The proportion of women having their first baby has increased considerably from 29% in 1990 to 48% at present.

The number of females in the Mid Western Region is similar to the number of males through early and middle age. As the population gets older, however, the number of females exceeds the number of males, reflecting the greater life expectancy of females. In Ireland life expectancy remains lower than in many other European countries. The current life expectancy at birth in Ireland is 73.0 years for males and 78.7 years for females.

## **2.0 PERFORMANCE REVIEW 2001**

### **2.1 SERVICE TARGETS**

#### **2.1.1 Activity**

Activity details, including targets and projected outturns for 2001, are set out in Appendix 1 Table 1.

The following is a brief comment on the year's activity.

#### **In-Patient Activity**

Overall Inpatient Activity exceeded target levels by 1.8 %. Medical inpatient activity was ahead of target by 2.8 %, but emergency medical admissions accounted for a 5 % increase (see Geriatric Assessment/Rehab, Cardiology and Haematology), balanced by a reduction of 16 % in elective medical admissions.

Cardiology and General Medicine elective targets were the main areas affected by the high demand for emergency admissions.

#### **Surgery**

Surgery targets overall were down by 3.8 % on targeted levels. The elective surgery position was ahead of target by 3.6 % (note Orthopaedic activity), and emergency surgery down by 8 % (original targets may have been ambitious in this area). Areas of particular concern in terms of target achievement were elective gynaecology, general surgery and ENT.

#### **Paediatrics**

Paediatric inpatient admissions were ahead of target by 9 % (neonatal activity exceeded target levels by 3.8 %, reflecting the increased activity associated with pre-term and multiple births).

#### **Day Case Activity**

Overall Day Case activity was ahead of target by 8.4 %. Medical day cases, e.g. General Medicine, Cardiology and Haematology, accounted for much of this increased activity (ahead by 11.9%), while surgical day case activity was also ahead of target (by 5.2 %) mainly in Ophthalmology and Orthopaedics.

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Gynaecology day case activity was behind target as attention was focused on smaller numbers of major cases.

#### **Out-Patient Activity**

- New outpatient activity overall was ahead of target by 10.4 %, reflecting significant increases in areas such as Dermatology, GU/STD, Oncology, Orthopaedic injury and Paediatrics (including Paediatric Day Ward).
- Orthoptic activity was down significantly due to the absence of the Orthoptist on extended sick leave in 2001.
- Outpatient reviews were ahead of target also by 10 %.
- Attendances at the Anti-coagulation, Diabetic, ENT, General Medicine, Gynaecology and Haematology Clinics and at the Oncology and Paediatric day wards accounted for the significant increases in outpatient review activity.
- Reduced activity was evident in antenatal, general surgery, geriatric medicine, paediatrics and rheumatology review clinics.

#### **A&E Activity**

A&E new patient activity was down by 5.9 % against target levels for 2001 and down (by 4.7 %) compared with activity levels in 2000. A&E review attendances were up by 56 % on targeted levels for 2001 and were up by 49 % on activity for the same period in 2000.

This is mainly attributed to a re-definition of review patients (and counting methods) and structured review clinics recently established rather than a significant increase in review attendances. This is being examined further.

#### **Births**

The number of births for 2001 was 4,089.

#### **Waiting Lists**

The Inpatient Waiting List numbers were reduced by 9% for the period January to October 2001. Much emphasis has focused on the specialities of ENT and Orthopaedics and Ophthalmology where reductions of 23%, 27% and 5% respectively have been achieved. (See Appendix 1 Table 4). It is evident that further work is necessary to achieve targets in Ophthalmology. Additional measures were also implemented in the last quarter of 2001 to achieve further reductions and improved waiting times.

#### **2.1.2. Finance**

See Appendix 1 Table 8 for details of financial performance for 2001 and projected outturn for end of year. The expectation is that the budget for 2001 will achieve breakeven.

#### **2.1.3 Staffing**

See Appendix 1 Table 9.

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To date all paramedical development posts have been filled in addition to Nursing, Medical and Non Nursing posts in Haematology, Dermatology and A&E. The remainder of the development posts are held pending announcements under the bed capacity initiative.

## **2.2 CORE AND DEVELOPMENT PERFORMANCE**

### **2.2.1 Core Performance**

Details of core service performance are outlined in Appendix 1 Tables 1,2 and 3 and are broadly in line with the Operational Plan targets.

### **2.2.2 Developments**

#### **Medicine**

- A Consultant Dermatologist and 4 support staff were appointed.
- Improvements in the acute Haemodialysis Service were achieved with the introduction of CAPD (Continuous Ambulatory Peritoneal Dialysis) in 2001. (5.5 WTE's in total were provided with the additional revenue funding). 2.5 appointments were in relation to Renal Dialysis.
- The Medical Day Unit commenced in August with the appointment of a Consultant Physician and 9.5 support staff.
- The phlebotomy and ECG services were expanded at the Mid-Western Regional Hospital to provide a weekend service.

#### **Surgery**

- A Consultant Oral/Maxillofacial Surgeon was appointed.
- The High Dependency Unit opened in December.

#### **Orthopaedics**

- An additional SHO was appointed at the Mid-Western Regional Hospital to provide improved medical cover for trauma patients.
- A nurse specialist was assigned to the bone bank at the Orthopaedic hospital and an additional Plaster Nurse was assigned to the Mid-Western Regional Hospital.

#### **Obstetrics/Gynaecology & Paediatrics**

- Additional nursing staff (4) were employed to address staffing deficits in obstetrics.
- Additional support staff (7.5 WTEs) were appointed to support the new Consultants in Obstetrics/Gynaecology and Neonatology.
  - Two extra security staff were contracted to extend security cover in the Obstetrics/Gynaecology and the Paediatric areas at the Mid-Western Regional Hospitals.

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#### **Accident & Emergency, Theatre & ICU**

- An additional A &E Consultant was appointed on a temporary basis at the Mid-Western Regional Hospital.
- The Observation Unit opened in August with 13 additional staff.
- A Minor Injuries Unit commenced in July at St. John's Hospital.
- Clerical support services in A&E were extended to cover the period 8.00a.m. to 12.00a.m. on a 7 day week basis at the Mid-Western Regional Hospital.
- A CNM 3 was appointed to Theatre in the Mid-Western Regional Hospital.

#### **Orthodontics**

- Contractual arrangements with the private sector and validation of waiting lists commenced. Five private Orthodontists have been contracted to provide treatment to 150 public patients.
- Additional sessions in Restorative Dentistry commenced in November.
- Additional clerical support was provided.

#### **Cancer Services**

The refurbishment of in-patient facilities was completed in November 2001 and the construction of the Oncology Centre, which provides outpatient treatment facilities for patients with cancer, was also completed in November. Plans are at an advanced stage in the development of a Patient Support centre to provide autonomous facilities and information for patients with cancer and their families.

Significant progress has been made in the expansion of Nursing services. Clinical and administrative services have also expanded in a temporary capacity.

#### **Breast Services**

A Breast Services Co-Ordinator was appointed in May 2001 and, in line with the recommendations in the report "Development of Services for symptomatic Breast Disease", a Multi-Disciplinary Case Conference commenced in June, 2001 to discuss the management of all patients with breast cancer. This is attended by Consultant Surgeons, Radiologists, Pathologists, Medical Oncologist, Radiotherapy Oncologist, Nursing Staff, Research Assistant and the Breast Services Co-ordinator.

A second breast clinic was established in December to cope with the large volume of attendances.

#### **Haematology**

A 2<sup>nd</sup> Consultant Haematologist commenced duty on 8<sup>th</sup> of October 2001. An additional 5 support staff were also appointed. (1 Secretary, 3 Nurses, 1 Registrar)

#### **Clinical & Diagnostic Services**

##### **Radiology**

- The expansion PACS system to all ward areas, Out-patients Department and Theatres was completed at the Mid-Western Regional Hospital.

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- A CT Specialist commenced in the Mammography Department and 6 additional radiographers were appointed as part of the commissioning process.

#### **Laboratory/Pathology**

- An additional 22 staff were appointed as part of the commissioning process.

#### **Pharmacy**

- Significant improvements in pharmacy staffing occurred with the appointment of 3 Pharmacy Technicians and the temporary filling of all Pharmacists positions.
- A submission has been made to upgrade a Pharmacist post to Chief II level to establish and lead the Oncology Pharmacy Service.

#### **Physiotherapy**

- An additional 3 Physiotherapists were appointed under commissioning at the Mid-Western Regional Hospital.

#### **Dietetics**

- A Basic Grade Dietician has been appointed on a temporary basis to provide services to Adult CF services in the Mid-West region.

#### **Winter Initiative**

- A Management Group is in place to manage this scheme.
- Between January and March 2001, a total of 70 beds were contracted in 23 nursing homes in the region. This service was reactivated from October 2001 and continues as a winter scheme. Thirteen nursing homes are currently participating.
- A number of additional proposals are being considered including the expansion of re-habilitation services.
- Additional funding was made available to provide a range of supports including medical aids and appliances to facilitate the discharge of older people from acute hospitals and reduce the level of hospital re-admissions.
- Two additional Consultant Anaesthetists were appointed to Nenagh and Ennis General Hospitals.

#### **Commission on Nursing**

A total of 16 WTEs to support front line nursing staff and Directors of Nursing were appointed.

#### **Organisational Support**

##### **Patient Services Department**

A Comments and Complaints Policy was launched in June 2001.

**Regional Hospital Radio 107.2Fm**

The Regional Hospital Radio Station commenced live broadcasting on 16<sup>th</sup> of July 2001. The station broadcasts twenty-four hours per day with live programmes from 1.00pm to 8.00pm Monday to Friday.

**Admissions/Reception/OPD**

- Televisions were installed in all O.P.D. stations.
- New seating was introduced to all O.P.D. waiting areas to enhance comfort and utilise all available space.
- A modern P.C.- based PABX System replaced the manual switchboard.
- A G.P. Information Booklet has been printed for circulation to all G.P.s, which provides user-friendly access to our clinics and other services.

**Risk Management Department**

- A new Incident Reporting Database was established in 2001
- A Manual Handling programme was put in place.
- Training in non-violent crisis intervention was provided.
- Patient Information booklets were introduced.
- The “Feedback” pilot project was launched.
- A Quality Assurance programme for the Major Emergency Plan commenced in 2001.

**2.3 PERFORMANCE REVIEW**

**2.3.1. Research**

**General Medicine :**

**Cancer Services/Breast Services**

- A research assistant was appointed within the Cancer Services Department.
- The Breast Clinic database was set up which will provide information on breast cancer incidence, treatment types, treatment figures and treatment outcomes within the Mid-Western Health Board Region.

**Haematology**

- The HRB extended the funding for a study ‘Talking to Patients/Writing to Patients’ for a further year to allow completion of a PhD thesis in 2001.
- A study of patients who have presented with acute myocardial infarction was published.

**Dermatology**

- An assessment of new patient fears, expectations and level of understanding of their skin conditions prior to assessment in the Dermatology Outpatients commenced in 2001.
- A study commenced on the impact of psoriasis on the patient's quality of life - measured before and after narrow band UVB light therapy, to quantify the dramatic improvement yielded by this light therapy.
- A project to develop high standard Integrated Dermatology notes for day care patients commenced in 2001.

Audit Case Studies presented in 2001 included:

*Pyoderma gangrenosum* - prevention of the loss of a leg in a 45 year old diabetic patient by Dermatological and Medical treatment - i.e. prevention of loss of leg through amputation by a novel Dermatological and Medical treatment.

*Phytophotodermatitis* - two young children that developed acute oro - facial rash which is due to a combination of plant and sun toxicity and which could be mistaken for child abuse. The purpose of this paper is to disseminate an awareness of this skin condition, which can cause undue distress for families wrongly accused of abuse.

**Renal Dialysis**

A study was carried out on Renal Anaemia and the role of intravenous iron and the management of anaemic patients.

**Clinical and Diagnostic Supports**

**Laboratory**

- An evaluation of the assessment of diabetes control in Irish hospitals was carried out.
- An Investigation was carried out on the validity and usefulness of serum and urine markers of bone mineral density. This was a joint project with the University of Limerick.
- A study on colorectal cancer by the Colorectal Cancer Unit of the Department of Surgery and involving the Department of Clinical Biochemistry was completed.

**Dietetics**

A research project was undertaken in the Elderly Care Unit on the fortification of hospital food and presented at the HPH International Conference in Copenhagen in May 2001.

### **2.3.2 Quality**

#### **Cancer Services/Breast Services**

Initiatives to date include: -

- Regular staff meetings to develop quality initiatives.
- A patient consultation process regarding current services.

#### **Cardiology**

The Cardiac Catheterisation Laboratory achieved the I.S.O. 9001 Accreditation Award in 2001.

#### **General Medicine**

- Inpatient Dermatological consultations were audited to identify how many patients are being admitted with skin disease as the primary reason for their admission.
- A Medical Quality Circle to identify and develop quality initiatives was established. This group has produced a patient information booklet for Ward 3A.
- A pressure sore audit has commenced on all medical wards and is reviewed on a monthly basis.
- Preceptorship for newly appointed staff has commenced on the Medical Wards.
- A mouth care audit was conducted on two medical wards to identify best practice.
- A Medication Policy audit was conducted by Nursing staff.

#### **Department of Surgery :**

##### **Urology**

Quality improvement projects in 2001 included:

- The introduction of Patient Information leaflets.
- An audit on quality of life measures following surgery was carried out.
- An audit of morbidity rates was carried out on a monthly basis.

##### **Ophthalmology**

- A Patient Information leaflet for minor op. patients was introduced.
- A Pre-assessment Unit was established.

##### **A&E Theatres and IC.U.**

- An electronic display screen and triage leaflets were introduced to advise patients of their triage status and expected waiting time.
- A new book of Protocols and Policies related to the Emergency Department was produced.
- A review of the operation of the Emergency Department is ongoing.

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#### **Obstetrics/Gynaecology/Paediatrics**

- The pilot project in Clinical Risk Management continued in 2001.
- Improvements introduced include a patient information booklet, a staff handbook, and an induction programme for junior doctors.
- Clinical incident reporting commenced in the Regional Maternity Hospital in 2001.

#### **Clinical and Diagnostic Support**

##### **Radiology**

- A Quality Assurance Programme in the General X Ray, Ultrasound, Mammography & Nuclear Medicine Department commenced in 2001.
- An updated patient information leaflet for patients attending the Nuclear Medicine Department was introduced.
- A (C.T) Specialist was appointed in the Mammography Department. Two staff members have completed training to certificate level.

##### **Laboratory**

- The Clinical Biochemistry Laboratory became a full participating member of the following External Quality Assessment Schemes (EQAS):- Irish External Quality Assessment Scheme (IEQAS); UK National External Quality Assessment Scheme (UKNEQAS); Healthcontrol EQA; Bio-Rad International Quality Assessment Programme.
- The laboratory's performance in these EQA Schemes continues to be satisfactory with improved performance evident in most areas.
- The Laboratory Accreditation programme continues.

##### **Pharmacy**

- The Pharmacy was registered with the Pharmaceutical Society of Ireland during 2001 and is now open to inspection by a Society Inspector.
- The monitoring of environmental temperature in areas where drugs are stored within the pharmacy Department was undertaken.
- A manual record keeping service for products, which contain Albumin derived from blood, was put in place to improve traceability in the event of batch recall.

##### **Physiotherapy**

- A Clinical Audit Group has completed protocols ( research and evidence based ) on C.T.E.V., ACL Reconstruction, Total Hip Replacement, Amputee Management, Abdominal Surgery, Management of Lymphoedema, Gynaecological Management, S.P. Dysfunction, Care of the Mastectomy patient, Cardiac Rehabilitation Phase I & III and U.V.B. Narrowband/Phototherapy.
- A post-natal questionnaire was completed by 139 women at the Regional Maternity Hospital. Findings support the proposal to set up outpatient evening classes for this client group.

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- A questionnaire for parents of C.F. children was completed by 77% of this group.  
The results showed that 93% were satisfied with the service being provided.
- A number of workshops for parents of children with C.F. were carried out. The aim is to brief parents on new techniques and advise them on current best practice in the field. A multi-disciplinary team approach was used.
- The department was part of the organising committee for the Hospital Challenge Day. Activities organised included Fitness Testing at the department, Aquaerobics at the Hydrotherapy pool, Led-Walk and Chairbics exercise classes on all wards to encourage physical activity.
- A physiotherapist was invited by the facilitator of the 'Being Well' programme to participate as an expert professional in the area of physical activity and relaxation.

#### **Dietetics**

- Evidence based practice meetings were established.
- Audits were carried out to ensure compliance with the standards of care recently developed for different client groups.
- The appointment system has been changed as a result of an outpatient survey.
- An inpatient satisfaction survey is being developed at present.
- A Total Parental Nutrition Protocol was developed and approved by the Medical Board.

### **2.3.3 Evaluation**

#### **Cancer Services**

- A Database in Medical Oncology, Malignant Haematology, Palliative Care and Radiotherapy was established.
- Research is being completed into the need for patient information.
- Patient information booklets have been produced on oncology specific chemotherapy protocols, Stem cell transplant, care of Hickman catheters and also Haematology specific Chemotherapy information.

#### **Medicine for the Elderly**

The Medicine for the Elderly database allows audits to be carried out on drug utilisation, prescribing patterns, referrals and discharge summaries etc.

#### **Clinical and Diagnostic Support**

#### **Pharmacy**

- A committee was set up within the Nurse Practice Development Unit to look at the provision of core pharmacy services.
- A report was provided by PharMac Ltd which looked at 'Aseptic Chemotherapy Services at Mid-Western Regional Hospital.

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- The contents and presentation of adult emergency resuscitation drugs on the emergency trolley was reviewed and the outcomes of the review were implemented. The service was extended to areas that had not previously had that level of service.
- The ordering procedure for controlled drugs was reviewed with the Nurse Practice Development Unit and it is hoped that the reviewed procedure will be in operation before the end of 2001.
- A thorough review of extemporaneous dispensing was undertaken with the aim of evaluating procedures to reduce the risk of error.
- A pharmacy staffing review was undertaken and a new structure was agreed.

#### **Physiotherapy**

- Outcome Measurements were introduced in relation to physiotherapy services for C.F. Children, Cardiac Rehabilitation patients, Isokinetics patients and some trauma client groups.
- Plans are progressing to integrate T.O.M.'s (Therapy Outcome Measures) into the computer system.
- An extensive audit was carried out on ward documentation using agreed criteria. Deficits were addressed and rectified.
- A System of audit is being incorporated into all protocols written by the Clinical Audit Group.

#### **Dietetics**

An audit of the present waiting times for outpatient appointments was undertaken in 2001. An evaluation of the Weight Reduction sessions was carried out, which resulted in changes to this years programme.

### **2.3.4 Value for Money**

#### **Department of Surgery**

##### **Urology**

Use of artificial slings instead of using patients' own tissue means less hospital stay and less discomfort to patients.

##### **ENT**

The establishment of a Pre-assessment ENT clinic has meant a saving on bed days used.

#### **Clinical and Diagnostic Support**

##### **Radiology**

- Significant savings are projected in film costs as a result of the PACS extension.

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- The upgrading of the C.T. link with the Neurology Department at Cork University Hospital is expected to generate further savings.

#### **Pharmacy**

- The procedure for the purchase of drugs is constantly under review to improve record keeping, ensure prompt payment of invoices and improve stock control.
- A review took place of the content of sealed emergency trays provided by the Pharmacy for use in cases of cardiac arrest: as a result, unnecessary drugs were removed and relevant drugs added.
- Policies and protocols on drug purchase and usage continue to be developed by the Drugs and Therapeutics Committee.

#### **Dietetics**

An audit of the present waiting times for outpatient appointments was undertaken in 2001. An evaluation of the Weight Reduction sessions was carried out, which resulted in changes to this years programme.

#### **2.3.5 Performance Indicators**

The numbers awaiting out-patient appointments were monitored for each specialty to establish a benchmark for performance monitoring. The details are set out in Appendix 1 Table 6.

The out-patient recall ration was reduced from 1:3.5 to 1:3.46

The percentage of re-attendances at the A&E Department was 8.5% in 2001 compared with 5.7% in 2000.

The average median waiting times for in-patient elective admissions were monitored on a quarterly basis. See Appendix 1 Table 5.

The percentage of complaints relative to patient throughput was also monitored on a monthly basis. See Appendix 1 Table 7.

The average length of stay for the top thirty DRG's reduced from 3.62 in 2000/2001 to 3.53 in 2001/2002 ( See Appendix 2 Table 14 ).

## **2.4 SIGNIFICANT ISSUES**

- Demographic changes including increases in the population generally (17.5% since the early 70's), a rising birth rate and more older people creates a significant increase in demand on the acute hospital services which is reflected in ever increasing activity levels.
- Inadequate Bed Capacity leading to occupancy levels continuously above 85%, which in turn leads to bed shortages on an ongoing basis. The balance between public/private bed provision requires adjustment as part of any increase in capacity. The commissioning of new units, which commenced in 2000 is not yet complete. Gaps in current service provision including some

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Consultant led services e.g. Neurology, Radiotherapy, inadequate capacity in some services and the absence other specialist provided services e.g. Advanced Nurse Practitioners, Orthopists places an additional burden on core service providers or on patients who may have to wait for services or travel outside the region. Similarly, gaps in other service areas tend to reflect in inappropriate referrals to A&E Departments, which in turn contribute to long delays or reflect in inappropriate lengths of stay in acute hospitals.

- Deficits in Maternity services highlighted in a report in January 1999 and confirmed by a recent Project on clinical risks in obstetric services.
- Clinically driven costs continue to increase dramatically resulting in severe budgetary pressures on medical and surgical supplies, pathology, drugs & medicines and blood products. Other cost pressures include the increases in energy costs, exchange rate differentials, increases in the numbers of diagnostic procedures and changes in clinical practice. Some additional funding has been provided in the past 3 years to address those issues.
- An increasing number of incidents where staff are exposed to verbal and physical abuse
- Increased demands for clinical and management information requires significant enhancement and additions to existing systems and the maintenance of such systems.

The following is a summary of the most significant issues and priority requirements emerging in each department.

#### **Department of Medicine/ Cancer Services/Breast Services**

- The expansion of the Medical Oncology clinical staff is a high priority.
- The compounding of cytotoxic chemotherapy on site, which would involve the appointment of a Chief II, a senior pharmacist and 1.5 pharmacy technicians.
- The expansion of services for Palliative medicine in line with the joint proposal submitted by the Board and Milford Care Centre.
- The extension of Radiotherapy services through the appointment of a Consultant with a shared commitment between the Mid-Western Health Board and a National Centre.
- The extension of Haematology services through the employment of additional nursing posts.
- The extension of the National breast screening programme "Breastcheck" to the Mid-West Region.

#### **Dermatology**

- The development of G.P. linkage with the Outpatient Dermatology Clinic.
- The rapidly increasing referral rate.
- The development of an integrated Dermatology unit on the Dooradoyle site.
- The need for increased Staffing levels in the area of Dermatology Clinical Nurse Specialists to cope with the increasing referral rate.

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- The need for a Cytohistopathologist appointment locally, specialising in Dermatopathology.

#### **General Medicine**

- Completion of the commissioning of the Medical Day Unit.
- Establishment of a Sleep Laboratory .
- Additional Medical Beds
- The development of a comprehensive Adult CF Service.
- The appointment of a Diabetic Nurse Specialist.

#### **Medicine for the Elderly**

- The appointment of a 3<sup>d</sup> Consultant post and support staff, (to include a Biomedical Engineering Technician ).
- Additional consultant sessions to support a primary preventative health strategy.
- An additional Intern post.
- Additional space in the Clinical Age Assessment Unit.
- Appointment of a Clinical Nurse Specialist in bone health.
- Enhanced IT infrastructure and the establishment of interface with PAS and CHL.

#### **Department of Neurology**

- The appointment of two Consultant Neurologists and one Neurophysiologist as recommended in the report on Neurology Services to Comhairle.
- The development of appropriate services for stroke and epilepsy patients under 65 years of age.
- The development of Nurse Specialist posts in areas such as Multiple Sclerosis, Parkinsons, Epilepsy and Continence.

#### **Renal Dialysis**

- A 2nd SHO/Registrar for Renal Services
- Continued development of the CAPD service,
- The development of a 4 to 6 bed capacity for Renal In-patients.
- Access to 1 Surgical day bed per week

#### **Department of GU/STD services**

- Additional staffing to meet the demands of the expanding service.
- Additional equipment required.

#### **Department of Surgery**

- Additional Day Surgery Beds.
- A Urology Nurse Specialist for screening patients
- A Continence/Urodynamics Nurse with full time locum replacement.
- A Day Case Theatre with a casualty room

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#### **A&E Theatres and ICU**

The A&E Review has highlighted the following issues requiring attention:

- Extension to Paediatrics Waiting room and equipment storage.
- Alternative admission pathways for Psychiatric, Geriatric and Ophthalmic patients.
- Finalise the introduction of the I.T. system for the Emergency Department.
- The need to open the Minor Operations Theatre.
- The need to develop the role of A&E Nurse Practitioner.
- The need to develop a role of GP Liaison Nurse.

In relation to the Department of Anaesthetics, the key issues emerging include the provision of adequate medical cover for the Maternity Hospital, the provision of adequate cover for head injury patients during inter hospital transfers, and the increased staffing associated with the opening of additional theatre facilities.

#### **Orthopaedics**

- There is a requirement to consolidate the appointment of a 6th Orthopaedic Consultant (currently employed under the waiting list initiative).
- There is a requirement to proceed with the development of an improved prosthetic, orthotic and rehab service at the Croom site.
- The length of stay for patients at Croom – This could be reduced by introducing a pre-assessment clinic run in conjunction with the Anaesthetics Department.
- There is a requirement for an additional plaster Nurse arising from the increased activity in the Trauma OPD Clinics.
- There is a need for the appointment of a Nurse Specialist to co-ordinate and run the Bone Bank – Significant savings can be made arising from this initiative, which will eliminate the need to purchase ‘Bone’ from Cappagh and other Centres.
- Ongoing replacement/upgrading of medical equipment is required.

#### **Obstetrics/Gynaecology/Paediatrics**

- The pilot Clinical Risk Management project needs to continue to implement the recommendations of the final report.
- There is an urgent requirement to increase midwifery staffing levels in all clinical areas but especially in the Labour Ward, Theatres and Neonatal areas. The staffing levels for care assistants needs to be increased.
- The provision of additional delivery suites and an additional area for emergency Theatre procedures is required as a matter of urgency.
- There is a requirement to appoint a 7th additional Gynaecologist.
- There is an urgent need to provide additional Theatre access to deal with gynaecological procedures.
- The security at the Regional Maternity Hospital needs to be extended with a view to providing cover on a 24 hour basis.
- Car parking spaces for patients, staff and visitors needs to be increased.

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- The plans for the relocation of the maternity services to the Mid Western Regional Hospital campus need to be progressed.

#### **Clinical & Diagnostic Supports**

##### **Radiology**

- Arrangements for the review of radiology need to be finalised.
- There is a requirement for the appointment of an additional Consultant Radiologist.
- Expansion of the PACs system to Croom Hospital needs to be advanced.
- The development of local statistical reports and possible linkages with G.P.s.
- A 2nd Q.C. Monitor in Main Department is of paramount importance to cope with increased activity.
- There is an increasing demand for 24 hour IT back up in the event of computer failure.
- There is an urgent need for the implementation of a formal training programme for staff on the operational issues associated with PAS and RIS.

##### **Laboratory**

The most significant issues facing the Clinical Biochemistry Laboratory are:

- Delay in full implementation of the recommendations of the 1996 report on Pathology Services in the Mid-West Region in regard to the provision of a consultant-led Chemical Pathology and Clinical Biochemistry service for the Region [See also Burnett Report, 2000];
- Promoting rational and cost-effective use of laboratory tests;
- Workload management;
- Controlling quality [Note: laboratory accreditation will necessitate the appointment of quality officer for point-of-care biochemistry equipment throughout the Board's region];
- Staff development and continuing education [Note: laboratory accreditation will require the appointment of training officer with duties including student training];
- Improving communication with users;
- Lack of forward planning and consultation by users of the laboratory service.

The significant issues relating to the review of the Pathology Department over the past 6 months can be linked to the following:

- The increase in laboratory testing and subsequent workload due primarily to demands by the various hospital wards/doctors etc.
- Costs related to the ongoing laboratory 'Accreditation' process.
- Costs linked to the introduction of the laboratory computerization (Apex) system to new laboratory areas and indeed other hospital areas i.e. Wards, Clinics along with ongoing system maintenance/support.
- Costs for the 'bar coded' computerized identification of patients and blood product units linked to the Blood Bank and Haematology areas.

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- Need for new laboratory areas and the availability of extended subsequent test parameters. eg the Cytology/Serology/Stem Cell laboratories/Autologous Blood Donation Centre/Haemovigilance Office/and Office accommodation for new Pathologists and support staff.
- The relocation of the present Public Health Laboratory to a new building in order to allow much required laboratory space to be used in the existing Microbiology laboratory area.
- An assistant mortuary technician to help with the duties/responsibilities attached to this area.
- Both the Biochemistry and Haematology Laboratories have experienced a marked increase in workloads since the introduction of the new Phlebotomy weekend service on 12/5/01.
- The numbers of STD cases has increased substantially over recent years and in order to sustain rapid testing of patient specimens it is envisaged that extra staff will be required.

#### **Pharmacy**

- The need to get DOH&C approval to recruit a Chief II Pharmacist to establish and operate the Cytotoxic aseptic dispensing service.
- A clinical pharmacist is required to provide a clinical pharmacy service to oncology/haematology patients.
- The need to provide a ward top-up service to improve drug management and patient care.
- The structural layout/design of the Pharmacy needs to be revised and upgraded.
- The provision of an out-of-hours service needs to be examined.
- In line with the Cardiovascular Health Strategy one senior pharmacist post needs to be sanctioned to provide pharmaceutical care services to the Cardiac Rehab programme and to cardiac patients.
- There is a need to review the arrangements for the provision of Pharmacy services to the Palliative Care Services.
- Individual patient dispensing should be considered but this will only be possible in the context of a pharmacy service at weekends/out of hours.
- The provision of a service to the paediatric patients whose care is 'shared' between Mid-Western Regional Hospital and Our Lady's Hospital for Sick Children, Crumlin has lead to a significant increase in the workload in this area.

#### **Physiotherapy**

- Additional locum cover required for annual leave, study leave, sick leave etc..
- There is a need to improve the management of patient care in co-operation with the Community and Elderly Care based physiotherapy programmes.
- Lack of adequate parking for patients and staff.

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**Dietetics**

- There is a need to involve the Dietitians in prescribing/ordering TPN at the Regional Maternity Hospital, which will result in significant savings to the Board in TPN costs.
- The increasing number of older people being admitted to the hospital.
- The increasing number of patients on haemodialysis. (The introduction of CAPD will have an impact on the Dietetic service).
- The increase in the number of patients referred from unit 5B.

### **3 AIMS AND SERVICE OBJECTIVES 2002**

#### **3.1 REFLECTION ON OBJECTIVES AND TARGETS**

The activity targets outlined together with targets for funded new developments and the agreed Performance Indicators will form the basis for performance measurement in 2002.

The overall objectives are:

- To implement the recommendations of the National Health Strategy and the Acute Services Strategy for the Region.
- To provide services to the highest standard and quality in line with the strategic principles and objectives.
- To continue with the implementation of structures that reflect the principles of patient centeredness, staff empowerment, devolution of responsibility and accountability.
- To encourage continuous improvement in process management, audit of practice and outcome measurement
- To maintain core services and develop new services within available resources and policy frameworks.

The intention for 2002 is to maintain core clinical services at existing levels and implement approved service developments as outlined in the letter of determination.

It is also planned to advance the commissioning programme associated with the new Hospital development, subject to Revenue funding, and to restore surgical bed capacity at the Regional Hospitals – this is also subject to revenue funding.

Further objectives for 2002 include the reduction of Waiting Lists and Waiting times for in-patient and (particularly) out-patient care and the implementation of the recommendations of A&E, Pathology Services and Out-patient Services Review Groups. Measures are also planned to integrate and consolidate the Risk Management, Quality Improvement, Clinical Audit and Health Promoting Units at the Regional Hospitals and establish stronger links with the G.P. Unit. In this regard, it is intended to expand the role of Risk Management, Clinical Audit and Quality Improvement Programmes into each individual department in 2002 and address issues in relation to interdisciplinary communications within the Hospitals.

It is also planned to establish agreed activity and financial targets for each service department and associated performance indicators in 2002 and progress to devolved management initiatives in a number of key departments.

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#### **3.1.1 Activity – see Appendix 2 Tables 10 & 11.**

Activity targets for 2002 reflect the pattern of previous years, particularly in terms of increasing daycase and outpatient referrals.

#### **3.1.2 Finance – see Appendix 2 Table 12.**

The budget for the Regional Hospitals for 2002 is 128.044m.

#### **3.1.3 Staffing – see Appendix 2 Table 13.**

The WTE complement for 2002 is 2,180.34

### **3.2 CORE AND DEVELOPMENT 2002**

#### **3.2.1 Core Services**

Activity targets for 2002 are broadly in line with the outturn for 2001, with the exception of new developments as outlined in the letter of determination. These are mainly in areas such as Cancer Services, Renal Services, Rheumatology and Vascular services.

#### **3.2.2 Developments 2002**

##### **Patient services**

##### **Medicine**

- Acute Haemodialysis services and other dialysis programmes will be further developed with the appointment of an additional Consultant and 2 support staff.
- The Rheumatology service will be developed with the appointment of a Consultant and 3 support staff.
- Services for Adult Cystic Fibrosis patients will be expanded in line with the Regional report adopted by the Board in October 2000. 3 additional staff will be appointed.
- Additional funding is provided to continue the existing service in Medicine for Elderly and support a future additional Consultant.

##### **Surgery**

- A 3<sup>rd</sup> Vascular Surgeon and 3 support staff will be appointed.
- An additional 64.96 WTE's will be employed to open additional surgical beds subject to funding under the Bed Capacity Review.

##### **A&E, Theatre & ICU**

- An additional theatre will be opened in conjunction with an increase in bed capacity. 13.5 posts are included for this purpose, which is part of commissioning.

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#### **Orthopaedics**

- An additional 40 WTEs at Croom will be employed, subject to funding under the Bed Capacity Review. It is proposed to use some of this capacity for the Rheumatology Service.
- An additional 84 WTEs at the Mid-Western Regional Hospital will be employed for the trauma ward, subject to funding under the Bed Capacity Review.
- A pre-operative assessment clinic will be developed at Croom.

#### **Obstetrics/Gynaecology & Paediatrics**

- An additional NCHD will be appointed to the Paediatric Senior House Officer rota to reduce the working hours for medical staff.
- An additional 16 posts will be appointed to improve staffing levels in the Maternity hospital.

#### **Clinical & Diagnostic Services**

##### **Radiology**

- 3 Radiography posts will be appointed to facilitate the introduction of MRI services.
- A Physicist will be appointed under commissioning.

##### **Pathology**

- An additional 5 laboratory technician posts will be appointed to complete the commissioning process.
- An IT Manager will be appointed with a Region wide remit.

##### **Infection Control**

- A Consultant Microbiologist and 3 support staff will be appointed.

##### **Blood and Blood Products**

- Additional funding of 449,000 has been provided to cover significant increases in charges for blood components, blood products and related services arising from developments at the Irish Blood Transfusion Service. This allocation also reflects an anticipated reduction of 2% in the use of blood components during 2002. However, the reductions are likely to be offset by the full year impact of the additional consultant haematologist who commenced in October 2001.

##### **Physiotherapy Services**

- An additional two physiotherapists will be appointed at the Mid Western Regional Hospital to complete the commissioning process.

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#### **Support Services**

- The remaining 3 support staff will be appointed as part of the commissioning process.

#### **Cancer Services**

##### **Aims & Objectives for 2002**

The aim is to continue service developments in oncology (new out-patients department), palliative care and haematology.

The establishment of a service for Symptomatic Breast Disease will be further developed.

The Report of the National Expert Group on Radiotherapy Services is awaited.

##### **Performance Management**

Activity levels are likely to increase as demand for this service increases. The full year impact of the appointment of a 2<sup>nd</sup> Consultant Haematologist will also contribute to increased activity.

##### **Symptomatic Breast Disease**

- A lead Breast Surgeon and 4.5 support staff will be appointed.

##### **Oncology**

- Additional Staff will be appointed to enhance current services and to enable the following developments :

The complement of in-patient beds will be increased to 13 beds following the announcement of the Bed Capacity Initiative – 3 additional Staff Nurses will be appointed.

The Mid Western Oncology Centre will be fully commissioned by the appointment of 4 additional Staff Nurses, 2 Receptionists and 1.5 WTE Non Nursing staff.

An additional Registrar for Medical Oncology has taken up post in January 2002.

##### **Oncology Drug Treatments**

- The allocation for drug treatments has been increased
- Pharmacy staff will be increased by 1.5 WTE to facilitate the compounding of cytotoxic chemotherapy on site.

##### **Palliative Care**

- An additional 3.5 staff will be appointed to provide cover at the Mid-Western Regional Hospital.

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#### **Bed Capacity**

- A number of measures to improve bed capacity commenced in 2001 including the observation unit in A&E (9 beds), Minor Injuries Clinic at St. John's Hospital and a High Dependency Unit (4 beds). An additional sum of 0.762m is provided to meet the full year costs of those initiatives.

**Note:** Further Bed Capacity measures to be funded on foot of the commitment in the new Health Strategy, *Quality and Fairness: A Health System for you*, will be the subject of discussions with the Board.

Additional WTE'S are included in anticipation of additional funding for this purpose.

#### **Waiting List Initiative**

The Inpatient waiting list is projected to decrease by 220 (29%) in the period from January to December 2001. The specialities of ENT, Orthopaedics and Ophthalmology have seen the greatest reductions. The retention of additional support staff, the 'red circling' of beds and the employment of additional staff in the last quarter as a result of additional funding are the key contributory factors.

The funding allocated for 2002 (Euro 1,590m) will enable a further reduction of 30% in numbers and waiting times in the targeted specialities and will bring most of the targeted specialties within the proposed national guidelines.

A total of 750 procedures are targeted to achieve the reductions outlined. The details are set out in Table 11. Existing management arrangements, which include representation from St. John's Hospital, will continue and will focus on validation, assessment and prioritisation of appointments.

Contracting with other providers will be undertaken if possible, particularly where local capacity is insufficient to meet demand.

The issue of reducing Outpatient waiting lists is also being addressed, but any significant reductions are likely to impact on the in-patient lists.

#### **Winter Initiative**

- The Winter Initiative, which commenced in October 2000, will continue with the contracting of nursing home beds to facilitate earlier discharge from acute beds. Other measures under consideration include the expansion of rehab services.
- Additional funding (Euro .530m) has been provided to meet the full year costs of consultant appointments under this scheme (A&E Consultants and Consultant Anaesthetists).

#### **Nurse Training and Education**

- Once off funding of 0.060m is provided to facilitate the transition of Pre-Registration Nursing Education to a Degree Programme.
- Ongoing funding of 0.062m is provided in respect of costs associated with additional student midwife and staff midwife posts approved in the current year.

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- Ongoing funding of 0.033m is provided for the Higher Diploma in Peri-operative nursing course in association with University of Limerick.

#### **Nurse Recruitment and Retention**

- Once off funding of 0.054m is provided to fund a Clinical Placement Co-ordinator and secretary for a further 12 months.

#### **Risk Management**

- An additional Clinical Risk Manager and support staff will be appointed to promote and develop clinical risk management on a Region wide basis.
- A Clinical Audit manager and Research Officer will be appointed to establish a Clinical Audit pilot project at the Regional Hospital.

#### **Casemix**

- There was a negative adjustment of .369m due to structural issues in relation to the orthopaedic services, which is divided between two centres, and a slight increase in average length of stay at the Mid Western Regional Hospital. Measures are being put in place to improve this position including the introduction of pre-operative assessment at Croom and the appointment of an additional staff member to manage the HIPE system.

#### **Charges-Patient Services**

- Charges in respect of private and semi-private accommodation in public hospitals have increased with effect from 1<sup>st</sup> January 2002. The revised charges represent a 15% increase and the anticipated increase in income is 2.028m.

### **3.3 SERVICE INTEGRATION**

Service integration is a key strategic objective for the Acute Hospitals in view of the multifaceted nature of health, and the major impact of external factors on the health status of patients.

#### **3.3.1 Internal**

Key linkages are being developed within the hospital services on the basis of discrete units of management with the aim of integrating Clinicians in Management and achieving high quality and excellence in the organisation and delivery of care. The recommendations of the Nixon Report on the Review of Clinicians in Management will be pursued with the relevant stakeholders in 2002. New models of integrated care will be explored for individual services in 2002, with a focus on process management and quality improvement.

### **3.3.2 External**

The establishment of good quality linkages with other service areas and external agencies is central to the development of an integrated service.

The key targets being pursued include linkage with the other acute hospitals in the Region (including St. John's Hospital), the other institutional services (e.g. St. Camillus and St Ita's hospitals), the Primary and Community Care Services including General Practitioners, Nursing Homes and Voluntary Agencies such as the Mid-Western Hospitals Trust.

## **3.4 PERFORMANCE MANAGEMENT**

### **3.4.1 Research**

The following research projects are underway or scheduled to commence in 2002.

#### **Medicine for the Elderly**

Sixty-Seven research studies are currently in progress.

#### **Department of Surgery**

The following research projects are ongoing and are being contributed to by members of the Department of Urology, :

- A Randomised double blind trial to assess the safety and efficacy of Permacol Injection versus Contigen as a urethral bulking agent in the treatment of Stress.
- Urinary Incontinence due to Intrinsic Sphincter Deficiency
- Characterisation and reduction of postoperative morbidity following Xenograft and Rectus Fascia Pubovaginal sling for stress urinary incontinence: A randomised prospective study is underway.
- A Prospective study looking at the efficacy of the vaginal haemostatic balloon compared with traditional pack after vaginal surgery.
- An ongoing study of the changes in patient Quality of Life following surgery for stress urinary incontinence.
- The effect of previous anti-incontinence surgery on continence rates following Pubovaginal sling surgery.
- Early Experience with Xenograft Pubovaginal Slings
- Changing Practices in Hypospadiology: The Snodgrass repair.

### **3.4.2. Quality**

- The Risk management project in Obstetrics will continue.
- A new system of monitoring claims will be developed in conjunction with the Board's Insurers.

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- Further patient satisfaction surveys will be undertaken in 2002 and the information provided to patients will be further improved.
- Personnel development planning in the Physiotherapy Department will be introduced.
- Pathology accreditation will progress further with a target date for completion of May 2003.
- The achievement of ISO recognition for the Clinical Age Assessment Unit, Physiotherapy Unit and the Catering Department will be progressed as a priority.
- Participation in the National Health Promoting Hospitals network will expand with the inclusion of the Regional Maternity Hospital.

#### **3.4.3 Evaluation**

- Monitoring of the cost of supplies from the Central Supplies Department will continue on a regular basis.
- The Blood Transfusion Committee will meet regularly throughout the year.
- Clinical costs will continue to be evaluated, particularly the purchase of new products and consumables.
- Information systems will be developed for monitoring of services in accordance with new performance indicators.

#### **3.4.4 Value for Money**

- The Drugs and Therapeutic Committee will develop policies and protocols on drug purchase and usage.
- The Board completed a procurement process for new twin immunoassay analysers with the award of a contract on 28th May 2001. This landmark contract has very significant financial and quality-of-service benefits for the Board. It is the result of effective cross-functional collaboration between the MWHB Central Contracts Department, the Clinical Biochemistry Department and hospital management. The new systems are live from mid-July 2001.

#### **3.4.5 Performance Indicators**

- P.I.** Waiting times for Out-Patient Department appointments by specialty (% seen within 13 or 26 weeks of referral by General Practitioner)
- P.I.** Waiting times in Out-Patient Department (% seen < 30 minutes)  
Subject to development of systems to capture data.

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- P.I.** Number of patients, by specialty, who are seen by a Consultant at their first Out-Patient Department appointment.
  
- P.I.** The number of patients who have been assessed as clinically fit for discharge but are still in hospital awaiting appropriate placement at
  - (a) Over 65 years of age, and
  - (b) Under 65 years of ageAs a % of total in-patient discharges at (a) and (b) above
  
- P.I.** Average Length of Stay (ALOS) (with changes on previous year for set of Diagnostic Related Groupings)
  
- P.I.** Waiting times in Accident & Emergency for triage, consultation and admission.  
Subject to development of systems to capture data.
  
- P.I.** Success in achieving waiting times targets (<12 months for Adults, < 6 months for Children) for in-patient admissions for the following target specialties – ENT, Orthopaedics, Cardiac Surgery, General Surgery, Gynaecology, Ophthalmology, Plastic Surgery, urology, Vascular Surgery.
  
- P.I.** The number of times in the last year the Hospital Transfusion Committee has convened.
  
- P.I.** The number of patients currently in receipt of Orthodontic Treatment  
  
Number of patients who have completed Orthodontic Treatment

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**Appendix 1**

**Table 1. Summary of Activity 2001 – Mid-Western Regional Hospitals:**

	<b>Target 2001</b>	<b>Out-turn 2001</b>	<b>Variance</b>
<b>Total In-Patient</b>	29,550	30,074	524
<b>Total Day Cases</b>	14,800	16,040	1,240
<b>Total Out-Patient</b>	94,267	104,118	9,851
<b>Total A&amp;E Attendance</b>	56,947	55,331	-1,616
<b>Total Number of Births</b>	4,150	4,071	-79

**Table 2: In-Patient and Day Case Activity by Speciality**

<b>SPECIALITY</b>	<b>IN-PATIENT</b>				<b>DAY CASES</b>	
	<b>2001 Activity</b>	<b>2002 Target Emerg. activity</b>	<b>2002 Target Elect. activity</b>	<b>Total Targeted Activity 2002</b>	<b>2001 Activity</b>	<b>2002 Targetted Activity</b>
<b>1. General Medicine</b>	3,696	3,680	185	3,865	1,810	1,900
<b>2. Respiratory Medicine</b>					42	45
<b>3. Geriatric Asses/Rehab</b>	2,346	2,335	80	2,415	514	540
<b>4. Cardiology</b>	874	720	160	880	742	750
<b>5. Haematology</b>	315	235	105	340	1,155	1,200
<b>6. Medical Oncology</b>	300	110	200	310	1,412	1,500
<b>7. Psychiatry</b>	746	770		770		
<b>8. Dermatology</b>	3	5		5		
<b>9. Medicine sub-total</b>	<b>8,280</b>	<b>7,855</b>	<b>730</b>	<b>8,585</b>	<b>5,675</b>	<b>5,935</b>
<b>10 General Surgery*</b>	2,844	2,340	520	2,860	2,273	2,300
<b>11. Vascular Surgery</b>	148	110	40	150	65	70
<b>12. GI. Surgery</b>	187	75	120	195	494	500
<b>13. Urology</b>	242	120	125	245	1,066	1,080
<b>14. Gynaecology</b>	824	320	510	830	902	910
<b>15. Orthopaedics</b>	3,625	2,700	930	3,630	1,792	1,800
<b>16. Ophthalmology</b>	1,328	180	1,150	1,330	1,708	1,710
<b>17. ENT</b>	1,778	740	1,100	1,840	1,127	1,150
<b>18. Dental</b>					235	990
<b>19. Oral Surgery</b>	295	255	45	300	522	530
<b>20 Surgery sub- total</b>	<b>11,271</b>	<b>6,840</b>	<b>4,540</b>	<b>11,380</b>	<b>10,184</b>	<b>11,040</b>
<b>21. Paediatrics</b>	3,422	3,330	110	3,440	181	185
<b>22. Neo-natal</b>	758	780		780		
<b>23. Paediatrics sub- total</b>	<b>4,180</b>	<b>4,110</b>	<b>110</b>	<b>4,220</b>	<b>181</b>	<b>185</b>
<b>24. Obstetrics</b>	6,343	6,350		6,350		
<b>GRAND TOTAL</b>	<b>30,074</b>	<b>25,155</b>	<b>5,380</b>	<b>30,535</b>	<b>16,040</b>	<b>17,160</b>

\*Includes Urology in addition to No 13.

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**Table 3: Out-Patient Activity**

SPECIALTY	Target Activity 2001		Actual Activity 2001		Target Activity 2002	
	New	Return	New	Return	New	Return
1. Ante-Natal	2,200	10,500	2,213	10,013	2,220	10,020
2. Anti-Coagulation	150	6,100	264	7,680	270	7,700
3. Cardiology	500	1,700	427	1,592	430	1,600
4. Dermatology	450	550	960	527	950	1,555
5. Diabetic/Endocrinology	330	1,600	372	1,930	380	1,940
6. E.N.T.	2,000	3,480	1,983	3,897	1,990	3,900
7. Eye Casualty	640	500	494	504	500	520
8. Gastro-enterology	200	500	241	434	245	440
9. Gastro-Intestinal Surgery	270	450	198	367	200	370
10. General Medicine	620	2,800	638	3,116	640	3,120
11. General Surgery*	1,350	3,800	1,266	3,591	1,270	3,600
12. Genito-Urinary Medicine	950	3,600	1,169	3,565	1,170	3,600
13. Geriatric Medicine	210	1250	150	1,025	160	1,030
14. Gynaecology	770	1,100	893	1,532	900	1,540
15. Haematology	200	1,943	247	3,228	250	3,250
16. Neo Natal	105	168	128	227	130	230
17. Neurology	120	248	95	279	100	280
18. Medical Oncology	187	272	242	390	247	400
19. Breast Clinic	749	350	1,136	387	1,140	400
20. Colorectal	280	310	256	308	260	310
21. St. Lukes Radiotherapy	260	2,450	240	1,395	245	1,400
22. Ophthalmology	1,920	9,100	2,016	9,153	2,020	9,160
23. Orthopaedics	790	4,000	1,184	5,188	1,200	5,200
24. Orthopaedic Injury	4,100	9,900	4,270	11,532	4,280	11,540
25. Orthoptics	330	940	179	904	180	910
26. Paediatrics	700	3,000	921	2,496	925	2,500
27. Paediatric DW OPD	337	1,175	386	1,642	400	1,650
28. Pain Clinic	80	110	83	190	85	190
29. Renal	65	610	67	697	70	700
30. Respiratory Medicine	245	625	273	814	275	815
31. Rheumatology	60	780	50	153	55	160

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SPECIALTY	Target Activity 2001		Actual Activity 2001		Target Activity 2002	
	New	Return	New	Return	New	Return
32. Urology	410	1,040	403	1,116	410	1,120
33. Vascular	180	645	164	638	170	640
<b>GRAND TOTAL</b>	<b>21,129</b>	<b>73,138</b>	<b>23,608</b>	<b>80,510</b>	<b>23,767</b>	<b>81,790</b>

\* Includes Urology activity in addition to No 33

**Table 4**      **Waiting List Activity 2001**  
**Mid-Western Regional Hospitals - Reductions in Waiting Lists**

	Actual W/L Nos December 2000	Projected W/L Nos December 2001	Variance
<b>Total</b>	760	540	220

**Table 5.**      **Average (median) Waiting Times in Target Specialties on In-patient  
Waiting List at 1<sup>st</sup> January 2001 and 30th November 2001.**

Target Specialty	1 <sup>st</sup> January 2001		30th November 2001	
	Waiting List	Average (Median) Waiting Time (in weeks)	Waiting List	Average (Median) Waiting Time (in weeks)
<b>Cardiology</b>	1	2	0	2
<b>ENT</b>	139	17	80	12
<b>General Surgery (including Urology)</b>	21	14	15	12
<b>GI</b>	0	7	0	7
<b>Gynaecology</b>	18	8	20	8
<b>Ophthalmology</b>	392	29	242	24
<b>Orthopaedics</b>	180	62	120	50
<b>Vascular Surgery</b>	9	15	5	12
<b>Total</b>	<b>760</b>		<b>482</b>	

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**Table 6. Numbers on Out-patient Waiting List at Mid-West Regional Hospitals**

Category	January 2001	November 2001
General Surgery	489	534
Urology	556	642
Cardiology	36	29
ENT	107	72
Gastro Intestinal	0	0
Gynaecology	377	362
Ophthalmology	290	48
Vascular	41	84
Orthopaedics	2,093	2,210
Medicine	1,811*	1,119 *
<b>Total</b>	<b>5,800</b>	<b>5,100</b>

\* Includes Neurology and Oral Maxillofacial

**Table 7. Complaints Received**

Period	2000	2001
1 <sup>st</sup> Quarter	54	47
2 <sup>nd</sup> Quarter	51	46
3 <sup>rd</sup> Quarter	52	35
4th Quarter (to Nov only)	36	8
	<b>193</b>	<b>136</b>

**Table 8 Finance 2001**

	Mid-Western Regional Hospital	Regional Maternity Hospital	Regional Orthopaedic Hospital	Orthodontics	Total
	£ '000	£ '000	£ '000	£ '000	£ '000
Pay	50,623	8,760	5,493	490	65,366
Superann	3,114	636	444	46	4,240
Non Pay	25,027	2,129	1,813	836	29,805
Sstl	78,764	11,525	7,750	1,372	99,411
Income	(8487)	(1696)	(1419)	(120)	(11,722)
<b>Net</b>	<b>70,277</b>	<b>9,829</b>	<b>6,331</b>	<b>1,252</b>	<b>87,689</b>

**Table 9. WTEs Added in 2001**

	Management /Admin	Medical/ Dental	Nursing	Paramedical	Support	Technical/ Maintenance	Total
<b>MWRHs</b>	35	11.5	79.36	20.8	3	-	149.66

## APPENDIX II

**Table 10. Target Activity for 2002 (Summary)**

	<b>Mid- Western Regional Hospital</b>	<b>Regional Maternity Hospital</b>	<b>Regional Orthopaedic Hospital</b>	<b>Total</b>
<b>Total In-Patient</b>	21,310	7,625	1,620	30,535
<b>Day Cases</b>	15,360	-	1,800	17,160
<b>Out Patients</b>				
- New	26,928	139	23,767	105,557
- Review	75,260	234	81,790	
<b>Total A&amp;E Attendance</b>				
- New	51,160	-	-	55,560
- Review	4,400			
<b>Total No. of Births</b>	-	4,090	-	4,090
<b>Waiting List Initiative</b>	550		200	750

**Table 11. Waiting List Initiative Targets 2002**

<b>Speciality</b>	<b>Waiting List Initiative 2002 (Number of Procedures)</b>	<b>Targeted Net Reduction in Waiting List</b>
<b>Cardiology</b>	0	Current Position
<b>ENT</b>	100	50
<b>Gynaecology</b>	75	Current position
<b>Ophthalmology</b>	300	50
<b>Orthopaedics</b>	200	50
<b>General Surgery</b>	75	Current Position
<b>TOTAL</b>	<b>750</b>	<b>150</b>

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**Table 12. Funding 2002**

	<b>MWRH</b>	<b>RMH</b>	<b>ROH</b>	<b>Orthodontics</b>	<b>Total</b>
	<b>'000 Euro</b>	<b>'000 Euro</b>	<b>'000 Euro</b>	<b>'000 Euro</b>	<b>'000 Euro</b>
Pay	72,331	13,179	7,587	677	93,774
Superann	4,378	945	628	61	6,011
Non Pay	39,239	3,055	2,371	1,094	45,759
Subtotal	115,948	17,179	10,585	1,832	145,544
Income	(12,794)	(2,537)	(2,144)	(24)	(17,500)
<b>Net</b>	<b>103,153</b>	<b>14,642</b>	<b>8,441</b>	<b>1,808</b>	<b>128,044</b>

**Table 13. WTE 2002 Mid-Western Regional Hospitals**

<b>WTE at 1/1/2002</b>	<b>Development posts to be added 2002</b>	<b>Total</b>
1,969.82	Admin.	24.6
	Medical	23
	Nursing	97.37
	Non-Nursing	52.85
	Paramedical	12.7
	<b>Total</b>	<b>210.52</b>
		2,180.34

<b>Table 14: Top 30 Diagnostic Related Groups</b>								
	<b>DRG NAME</b>	<b>TOTAL</b>	<b>PERCENT</b>	<b>AVE LOS</b>	<b>BED DAYS</b>	<b>DAY CASES</b>	<b>AVE AGE</b>	<b>GROUP LOS</b>
183	ESOPHAGITIS, GASTROENT & MISC DIGEST	1715	5.614	4.11	2273	1162	48.577	3.735
39	LENS PROCEDURES WITH OR WITHOUT	1097	3.591	1.598	1461	183	74.462	2.717
125	CIRCULATORY DISORDERS EXCEPT AMI W CARD	802	2.625	6.731	1474	583	58.479	6.274
184	ESOPHAGITIS, GASTROENT & MISC DIGEST	724	2.37	2.856	1919	52	4.117	2.373
410	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS	824	2.697	2.628	113	781	59.8	2.385
47	OTHER DISORDERS OF THE EYE AGE > 17 W/O	630	2.062	2.649	196	556	58.554	3.187
102	OTHER RESPIRATORY SYSTEM DIAGNOSIS W/O	333	1.090	4.462	1459	6	31.838	4.434
98	BRONCHITIS & ASTHMA AGE 0-17	318	1.041	3.23	1024	1	2.862	2.91
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17	376	1.231	1.35	54	336	5.330	1.726
60	TONSILLECTOMY & /OR ADENOIDECTOMY ONLY	424	1.388	1.957	812	9	10.144	2.401
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	276	0.903	8.375	2278	4	70.75	7.966
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE	417	1.365	3.054	171	361	60.683	4.523
369	MENSTRUAL & OTHER FEMAL REPRODUCTIVE	402	1.316	2.61	428	238	45.592	2.662
189	OTHER DIGESTIVE SYSTEM DIAGNOSIS AGE >17	373	1.221	2.579	196	297	50.105	3.318
270	OTHER SKIN, SUBCUT TISS & BREAST	399	1.306	6.946	514	325	45.504	3.125
187	DENTAL EXTRACTIONS & RESTORATIONS	348	1.139	2.658	101	310	22.411	1523
25	SEIZURE & HEADACHE >17 W/O CC	287	0.939	3.060	863	5	38.862	3.228
364	D&C CONIZATION EXCEPT FOR MALIGNANCY	308	1.008	1.704	196	193	47.873	1.869
127	HEART FAILURE & SHOCK	293	0.959	9.082	2661	0	73.563	9.855
70	OTITIS MEDIA & URI AGE 0-17	422	1.381	2.691	1044	34	5.682	2.291
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN	327	1.07	2.702	881	1	5.278	2.282
284	MINOR SKIN DISORDERS W/O CC	119	0.827	2.894	136	72	27.462	3.046
467	OTHER FACTORS INFLUENCING HEALTH STATUS	406	1.329	2.692	175	341	51.993	4.753
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS	380	1.244	4.227	279	314	56.263	3.940
404	LYMPHOMA & NON ACUTE LEUKEMIA W/O CC	378	1.237	6.057	424	308	62.934	5.829
143	CHEST PAIN	328	1.074	3.744	1183	12	56.591	3.430
284	MINOR SKIN DISORDERS W/O CC	297	0.972	3.444	458	164	27.795	3.046
59	TONSILLECTOMY & /OR ADENOIDECTOMY ONLY	285	0.933	2.954	842	0	22.568	3.081

73	OTHER EAR, NOSE, MOUTH & THROAT	282	0.923	3.082	413	148	47.294	1.902
72	NASAL TRAUMA & DEFORMITY	281	0.920	2.484	77	250	23.673	1.902
69	OTITIS MEDIA & URI AGE >17 W/O CC	265	0.867	2.89	578	65	33.381	3.266
		<b>13,997</b>	<b>45.815</b>	<b>3.53</b>	<b>24,547</b>	<b>7039</b>	<b>43.33</b>	<b>3.57</b>