The story of Roscommon Hospital

Address by Senator Frank Feighan

National Health Summit, Croke Park Conference Centre, Jones Road, Dublin, Tuesday, February 7th 2017

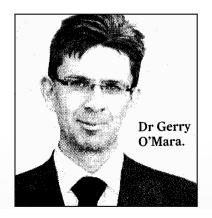


A crisis building – early 2011

- 1,300 patients per consultant in Roscommon A&E each year, compared to about 500 to 600 patients per consultant at Galway University Hospital
- A&E was unable to deliver the required standard of care
- Consultants wrote to the HSE to say they could no longer stand over patient services and patient safety
- Staffing issues relating to a shortage and quality of junior consultant doctors

A crisis building – early 2011

- Dr Gerry O' Mara said "locum staff not of "a standard" and "mistakes made".
- "You would always find something had been missed, you had to check everything."
- "The problem with the A & E was that anything could come in at any hour and it got to the stage where the standard of care expected from people, and that needed to be given, we were unable to deliver."



From Crisis to Change – July 2011

- Proposals to close the A & E and turn Roscommon into a non-acute hospital was the only safe, sustainable way forward for the hospital
- At the end of June 2011, the HSE confirmed the A & E would close from July 2011

The Politics of Roscommon Hospital

- Sinn Féin tabled a motion to retain emergency services at smaller hospitals
- It was defeated that evening by 96 votes to
 47
- I voted for the motion on the need to safeguard patient safety and the future of the hospital itself

Changes – the fall-out



Changes – the fall-out



Hospital now safer and busier

- A higher volume of lower complexity cases have moved to the hospital while more complex cases have been moved to larger hospitals
- Since 2011, there has been a 40% cent increase in day procedures and a 25% increase in outpatient activity at Roscommon Hospital

Hospital now safer and busier

- Existing Emergency Department changed from a 24/7 service to an Urgent Care Centre
- Medical Assessment Unit: Patients referred from their GP and can be safely managed without intensive care
- Enhanced ambulance service: Four emergency ambulances now operate from bases in the county
- Additional Rapid Response Vehicle was deployed in Roscommon from July 11th, with advanced paramedics providing 24 hour cover.

Hospital now safer and busier

- Services from GUH: Elective day case surgical patients on GUH waiting lists treated in Roscommon Hospital
- New Consultants in Respiratory Medicine, Endocrinology, surgery, anaesthestia have been appointed
- Falls Clinic opened
- Plastic Surgery: Commenced in September 2011 as an outreach service from Galway University Hospitals.
- Outpatient Services: Outreach services from Galway University Hospitals are available in Roscommon Hospital outpatient department in respect of ENT, Respiratory, Endocrinology and Diabetes

€20m capital developments

Endoscopy Unit

Opened in 2016







€20m capital developments

Medical Rehabilitation Unit

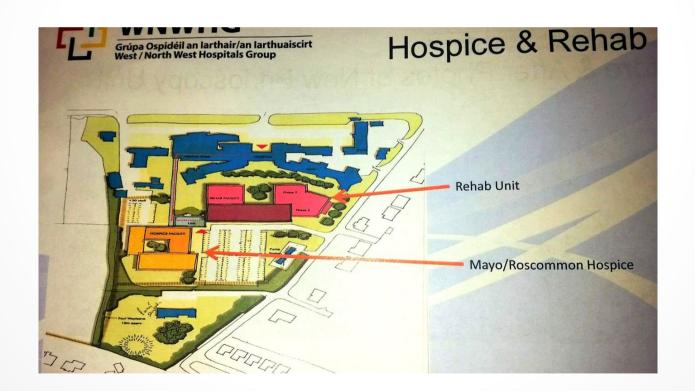
Satellite centre to the NRC Hospital, Dublin



€20m capital developments

Palliative Care Centre

8 bedded Hospice on the grounds of RCH



Air ambulance



Vindicated

Roscommon People Friday 25 December 2015

NewsPeople

Liam McMullen: 'Don't be fooled by promises to restore A&E'

Top Consultant Surgeon Liam McMullen says he has apologised to 'vilified' Frank Feighan – and issues pre-election warning to voters

opposition parties an

Hospital delivering a much 'safer service'

BY MARESA FAGAN

PATIENTS ARE receiving a safer service since the closure of the emergency department and the redevelopment of Roscommon County Hospital as a model 2 facility. That's according to consultants at the hospital who, for the first time, have spoken openly and frankly about the safety issues and risks facing the hospital more than two years ago when the Emergency Department (ED) was

Speaking to the Herald general physician and geriatrician Dr Gerry O'Mara and surgeon Mr Liam

McMullen said the hospital now offered a safer service for patients.

The problem with the A&E was that anything could come in at any hour and it got to the stage where the standard of care expected from people, and that needed to be given, we were unable to deliver," Dr O'Mara said, adding that the facility did not have the doctors and specialties required.

"If you can't run a service that you would want to use yourself then something has to change," Dr O'Mara stressed, adding that his medical colleagues were in broad agreement that services could not be sustained. Two and a half years on and Dr

the service now provided and that patients could be assured of a safer service. "We feel now that what we are doing we are doing safely," Dr O'Mara

Mr McMullen, a consultant surgeo at the hospital, echoed the sentiments and said that on a sa record the hospital was "working se where the standard or sexpected from people, and it needed to be given, we see thable to deliver. "Dr

Both also feel that distance ED should not be an issu appropriate emergency response is in

For full story see pages 32 & 33.

Patients are now safer - hospitals consultants if you can't run a was service that you the would want to use

had incidents where we've had to call on the helicopter and without the service I'm sure nations would have died." he yourself then something has to change - Dr. O'Mara "If you can't run a service that assured people and we've st work extremely well in cert



Roscommon Hospital

A shining example for smaller hospitals



Thank you