Achieving Better Outcomes: A Hospital CEO's Perspective

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The Higgins Report February 2013

The Establishment of Hospital Groups

as a Transition to

Independent Hospital Trusts

Higgins Report

Group Deliverables

- Higher quality services

- Consistent standard of care

- Consistent access to care

- Stronger leadership

- Greater Integration between healthcare agenda

and   teaching, training, research and innovation

agenda

Dublin Midlands Hospital Group Overview

- St. James's Hospital

- Adelaide & Meath Hospital Tallaght

- Coombe Women & Infant's University Hospital

- St. Luke's Radiation Oncology Network

- Midlands Regional Hospital Tullamore

- Midlands Regional Hospital Portlaoise

- Naas General Hospital

2016 Activity

In-Patient Discharges	97,171
Day Case Discharges	209,087
Emergency Presentations	198,849
Out Patient Attendances	625,232
Births	9,785

Hospital Group commenced operations in 2015

Total Budget 2016   €1 Billion

Total Staff   9,808

Population   800,000

Governance and Management

Board Chair: Dr Frank Dolphin

Hospital Group Senior Management Team

- Dr Susan O Reilly: Chief Executive Officer
- Mr Martin Feeley: Clinical Director
- Mr Trevor O'Callaghan: Chief Operations Officer
- Mr Joseph Campbell: Chief Financial Officer
- Ms Sonia Casey: Director of Human Resources
- Ms Eileen Whelan: Chief Director of Nursing & Midwifery
- TBA: Chief Academic Officer

Opportunities

- Efficiency

- Accountability

- Greater local leadership /control / autonomy

- New governance structure: best elements of voluntary sector

- Integrated clinical pathways for primary and hospital care

- Reconfiguration of acute and elective services

- National Clinical Programmes Design → Group Delivery

- Robust Academic Linkages

Challenges

- Professional Staff: Recruitment / Retention

- Capital / Facilities /Equipment

- Revenue

- Mismatched capacity / volumes

- Lack of integrated clinical pathways across hospitals and
  between primary and community providers

- Governance structures

- Cultural change

- Lack of Legislation / "Administrative" Boards

Major Service Reconfiguration

- Safety

- Clinical excellence

- Sustainability

- Affordability

Deliverables ?

- Rationalisation of emergency services: acute care pathways

- Trauma network

- Critical care investment

- Complex elective care : national, regional

- Frail elderly pathways

- Chronic disease pathways

- Design / innovation: National Clinical Programme, Hospital

  Experts , Royal Colleges and GPs

Recruitment and Retention of Medical and Allied Health Staff

Key Elements

Working Environment

- Facilities
- Reputation
- "Tools of the trade"-theatres, equipment, beds, drugs, diagnostics
- Collegial, well staffed environment

Recruitment and Retention of Medical and Allied Health Staff

Key Elements

Intellectual Opportunities

- Leadership
- Management
- Research
- Teaching

Salary & Benefits

Academic Health Science Collaboration

Group enables research

Hospitals benefit from research investment

University will benefit from systematic improvements in:

- grant collaborations;

- recruitment   milieu ;

- timely resource impact

- ethics reviews;

- Joint Trinity / hospital academic appointments in medicine, allied health

- Clinical faculty appointments across all hospitals

Scope of Health Research

- Translational Research: Lab/ Clinical collaboration

- Clinical Trials

- Development of Innovation Hub

- Allied health research: patient focused

- Psycho Social Research

- Population Health

- Economics

Health Services Research

- Multidisciplinary models of care

- Service innovation

- Clinical pathway development

- Clinical outcomes

- Clinical audit

- Clinical practice guidelines

Clinical Research

- Recruitment / retention of clinical leaders
- ↑ Patients eligible for studies
- TIMELY implementation
- Culture of research and innovation
- Recognition of patient benefits
- Financial benefits for hospitals

Dublin Midlands Hospital Group

Two Years in Development : 2015 – 2017

- Senior management and Operational Team Established

- New Governance and Management Structures for Statutories

- Collaborative working relationships with Voluntaries

- Budgetary control (2016) oversight of performance, quality and safety.

Dublin Midlands Hospital Group

- Group- wide Operations / Human Resources / Finance / Performance Management

- Quality and Safety Committee in place. Quality Council in development

- Woman's and Infants Clinical Network established between Coombe and Portlaoise (Obstetrics/ Gynae/ Neonatology) MOU signed in 2015

- Planning collaborative trauma network and Urology network

Dublin Midlands Hospital Group

- Action Plan for a New Model of clinical Service delivery developed with 8 National Clinical Programmes and National Ambulance Service – Awaiting approval of Ministry of Health

- 5 year Strategic Plan developed :

  -Group- wide clinical networks: initial focus on Frail Elderly, Urology, Cancer

  -Development of integrated care with Community Health Regions 7 and 8

  -Academic collaboration with Trinity College Dublin and key education, research and innovation elements

  -Quality Improvement

Teaching

- Fertile multidisciplinary environment

- Development of multidisciplinary education

- Development of elective day surgery / integrated medical services/ clinical networks (e.g. obstetrics)will improve eligibility for NCHD training posts in smaller hospitals

- Professional staff engagement and cross appointments

- Examples: Global Brain Health Institute; Oncology Nursing Professorship

Critical Success Factors

- Clear Strategy / Plan

- Strong Political Support

- Control resources – revenue/capital/staff

- Focused, experienced leadership

- Clinical Leadership: Consultants, Nurses and Allied health Staff who are opinion leaders

- Legislation : Independent Trusts

Critical Success Factors

- Engage key decision makers

- Build Teams

- Constructive relationships with HSE,
  Dept of Health, Professional Colleges, GPs

- Communicate, Communicate, Communicate
  – Public, Professionals, Media, Politicians

- Listen to staff, support them through change

Critical Success Factors

- Measure Success – Data/Knowledge

- Keep planning and implementing

Hospital Groups

- New leadership/management model.

- Promotes efficiency & integrated clinical networks.

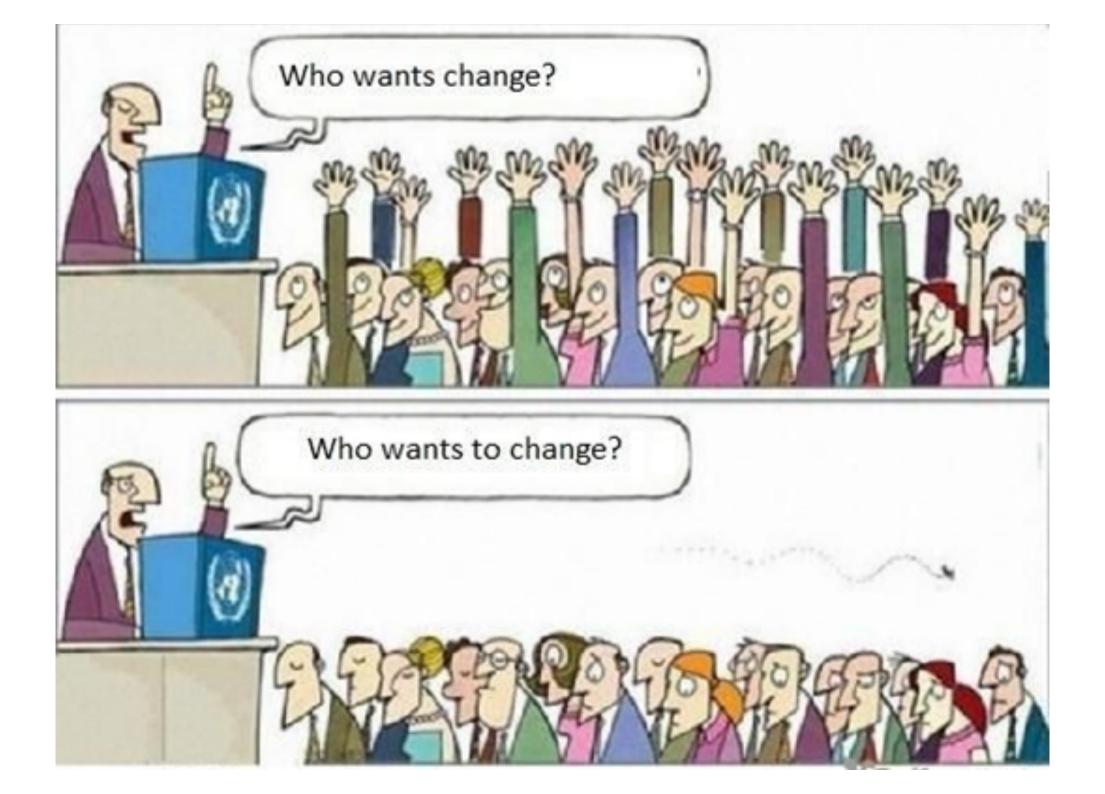- Collaboration across primary care, communities and hospitals.

Challenges

- Complex governance

    - voluntary hospitals

    - Statutory hospitals

- Resistance to change

    - Hospitals

    - Clinicians

    - Politicians

    - Public

Challenges

- Inadequate resources: staff, facilities, equipment, ICT.

- Lack of legislated authority / inappropriate board structure

- Underdeveloped Quality/Safety/Improvements

Opportunities

- Leadership/management closer to hospitals.

- Well trained, motivated staff.

- New models of service delivery – national, regional, local networks.

- Builds on National Clinical Programmes and National Cancer Control Programme.

Opportunities

- ICT infrastructure improving.

- Performance related investment.

- Improving fiscal situation.

- Lessons learned from National Cancer Programme Implementation.