



Clinical Perspective on Roscommon's Reconfiguration

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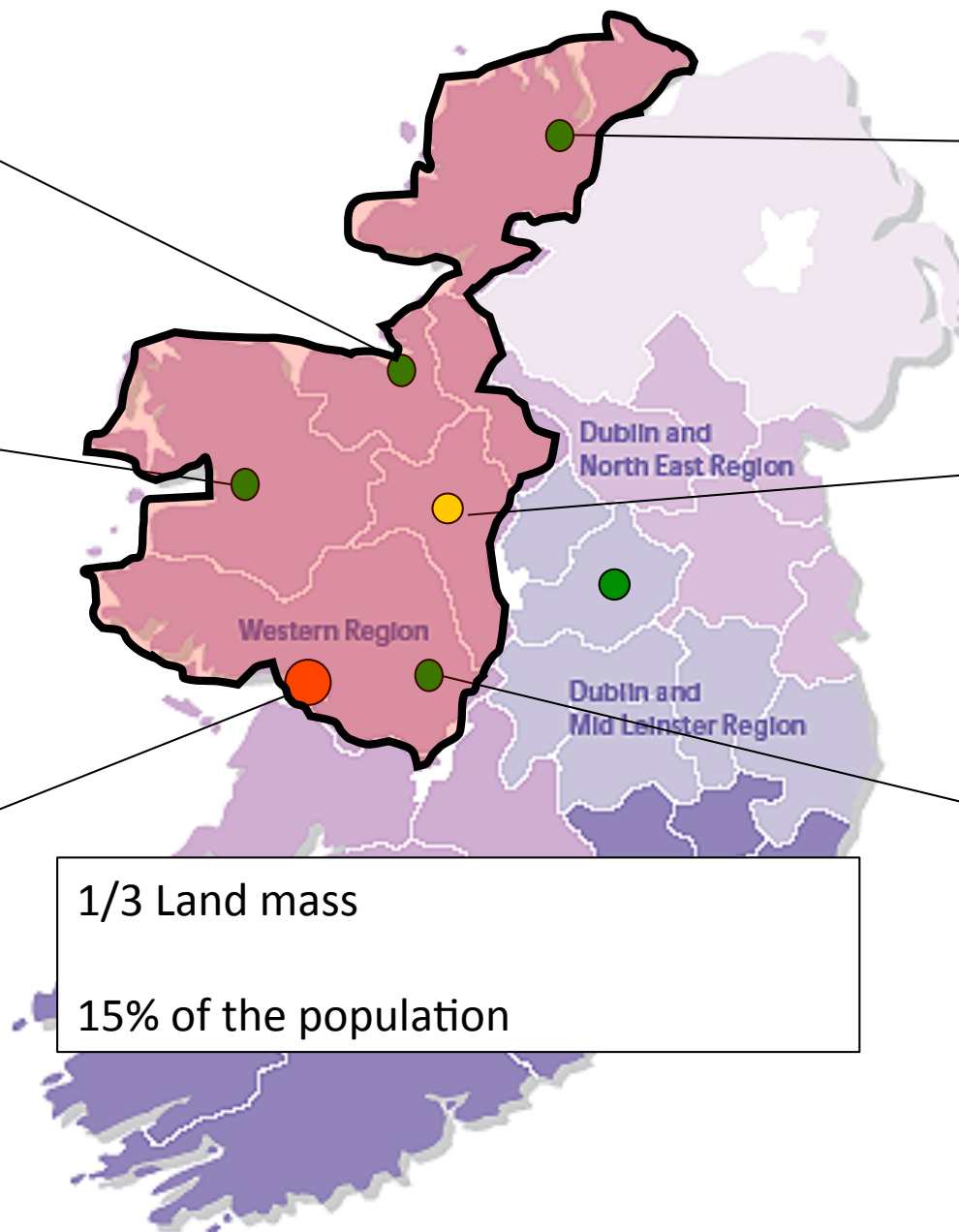
SUH



MUH



GUH



LUH



RUH



PUH

Core Requirements for Any Clinical Service

- Safe
- Sustainable
- Staffed

Quote from Clinical Director

June 2011

- “Our priority is to provide the **safest** level of care for

- **Not Adequately Staffed**

with specialists who have all the necessary support and equipment to deliver that care.”
- - **Not Sustainable**
- “...there have been ongoing difficulties recruiting the HDs to safely deliver a safe 24-mon.we have been

- **Not Safe**

managing through the use of locum doctors. That is **not a sustainable or safe** solution in the long term”

Quote from Consultant

Irish Times Nov 4th 2014

- He was seeing an average of 1,300 acute

- **Not Adequately Staffed**

- **Not Sustainable**

- “What broke us in the end is that we just could not
half our complement of junior
ing there was something. The
list of mistakes was very long. It was completely
unsafe

Minimum - Safe Service Staffing

- Full 24/7 on-call -

	Required	2011	2017
Physicians	5	3	3
Surgeons	5	2	2
Anaesthetists	5	2	2
ED Consultants			

- All will require 24/7 NCHD cover

Best (Safe) Practice

National and International Standards

- **STEMI (“Heart Attack”)**
 - Best practice patient is brought directly to primary PCI centre
 - Bypass local ED
 - 25 cases per year
- **CVA (“Stroke”) pathway**
 - Patient requires immediate access to specialist re thrombolysis
 - Immediate access to CT 24/7 with of consultant radiologist to interpret
- **Trauma pathway**
 - Major trauma – transfer to trauma centre in Model 4

Future – Model 2 Hospital

Acute Medicine Programme 2010:

*“These hospitals provide the majority of hospital activity including **extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services** (including endoscopy, laboratory medicine, point of care testing and radiology) **specialist rehabilitation medicine and palliative care**”.*

Roscommon in 2017

1. **Injuries Unit (previously Urgent care centre)**
2. **Medical assessment Unit**
 - GP access following discussion with consultant
3. **Inpatient Medical service – 46 beds**
 - Lower risk patients who do not require full resuscitation/ICU/CCU care
 - Transfers from Model 3 or 4 hospitals for ongoing treatment following stabilisation.
4. **Elective day/5 day surgery**
5. **Endoscopy**
6. **Outpatient services**

New Developments

Endoscopy Unit – Opened Jun 2016

- 2 procedure rooms
- Bowelscreen Centre
- JAG accredited
- Recruiting Staff
- Increasing patient numbers



Endoscopy

5 Month Period (June to Oct 2016) - 999 cases

- Roscommon 50%
 - Galway 20%
 - Longford 11%
 - Mayo 6%
 - Leitrim 6%
-
- Key focus for 2017– increase volume particularly from Galway (highest waiting list)
 - **“patients will travel if given prompt appointment with assurance about the quality of the service”**

Endoscopy



Day Surgery

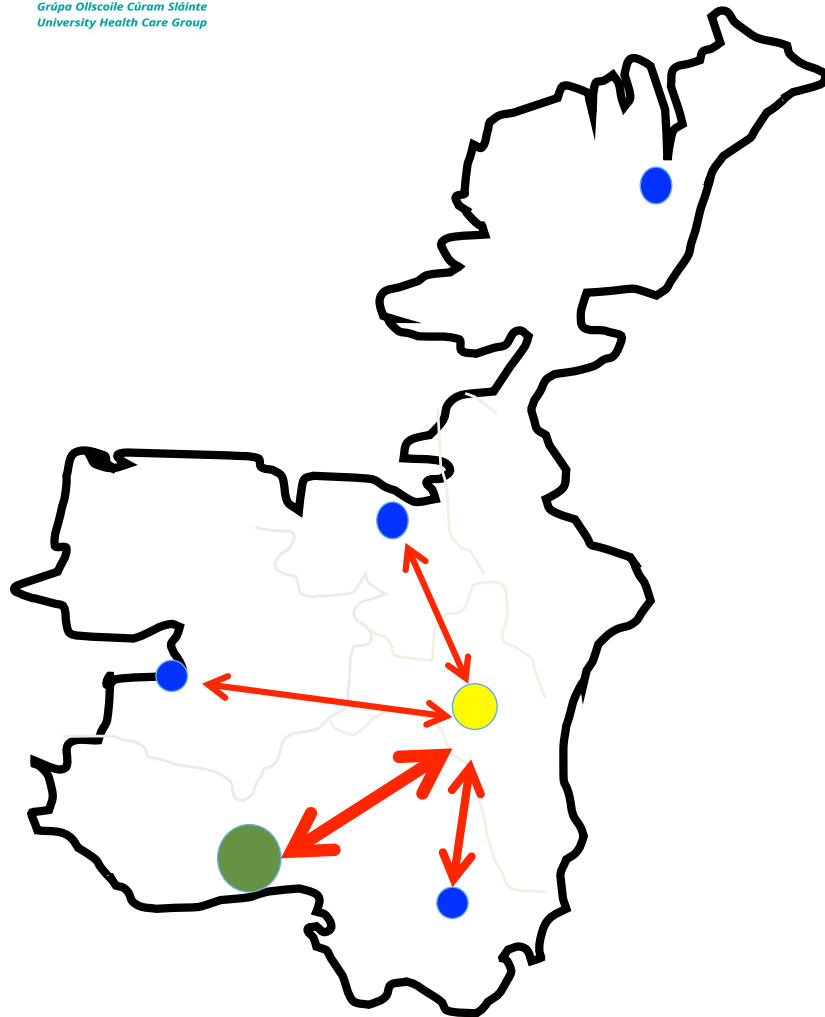
Ambulatory Care and Diagnostic Centre (ACAD)

- 2 procedure rooms
- Consultation room
- Treat 9 patients at any one time
- Day case plastic surgery procedures



Patient Activity 2010 vs. 2015

	2010	2015	Change
Inpatient	4741	1979	- 58%
Day-case	3798	7153	+ 46%
Outpatient	13212	16541	+ 20%
Endoscopy	1698	2968	+ 43%
ED/MAU/Minor Injuries	13349	5970	- 55%



Bidirectional Flow

To GUH and Model 3

- Acute medicine which may require resuscitation/intervention
- Acute surgery
- Trauma
- Acute Cancer care

From GUH and Model 3

- Post acute care medicine (pre-discharge)
- Endoscopy
- Day case elective surgery
 - Plastic surgery
 - Day Urology
 - Hernia/Veins etc...

The Future for Roscommon Hospital

- Increase activity – Minor injuries unit
- Increase endoscopy
- Expand day-surgery
- Develop dedicated rehabilitation Unit

Medical Staffing

- **Consultant** recruitment remains a challenge
 - Greater flexibility in contract
 - Challenge with shared posts with other sites especially GUH
- **NCHDs**
 - Not approved for training posts
 - Will require shared posts

Roscommon - 2017

- Safe ☒
- Sustainable ☒
- Staffed ☒

Learning from the Change Process

- **Detailed preparation and planning:**
 - 2011 – occurred within weeks
 - Greater stakeholder engagement
 - Patients, Staff, Local population, Advocacy Groups
- **Early senior clinical input:**
 - Risk assess – impact on
 - Patient care and safety
 - Roscommon hospital
 - Other hospitals
 - Other services including ambulance
 - Identify and help plan the changing patient care pathways
 - Expert advice for stakeholder engagement