Management of Access – RCSI HG

Stream 2: Access to Healthcare
14th National Health Summit

bit of a ramble, rather than a "case study"

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Context

– RCSI.HG comprising 7 Hospitals

Performance Metrics	Annual 2017
Budget	€710m net
Headcount	8777 wte
ED attendances	175,000
Inpatient	102,000
Day Case attendances	156,000
OPD	496,000

Monaghan Hospital

Cavan General Hospital

Louth Hospital (Dundalk)

OLOL (Drogheda)

Beaumont Hospital

Connolly Hospital

Rotunda Hospital

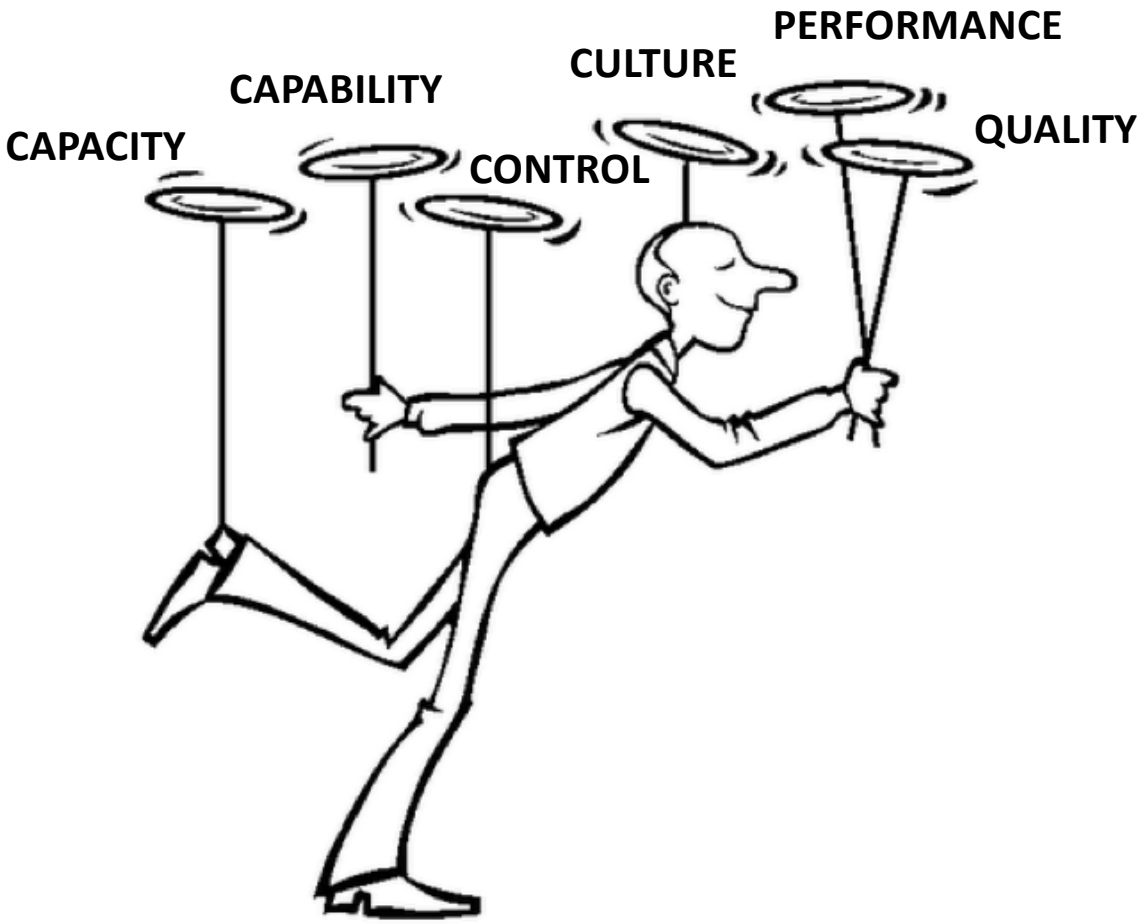
+ Academic Partner

RCSI

Royal College of Surgeons

Context - change factors (to be managed) to effect performance / quality improvement

- 4 “C”s - with obvious overlap



More with More ➔ More with Less ➔ Less with Less (continuum)

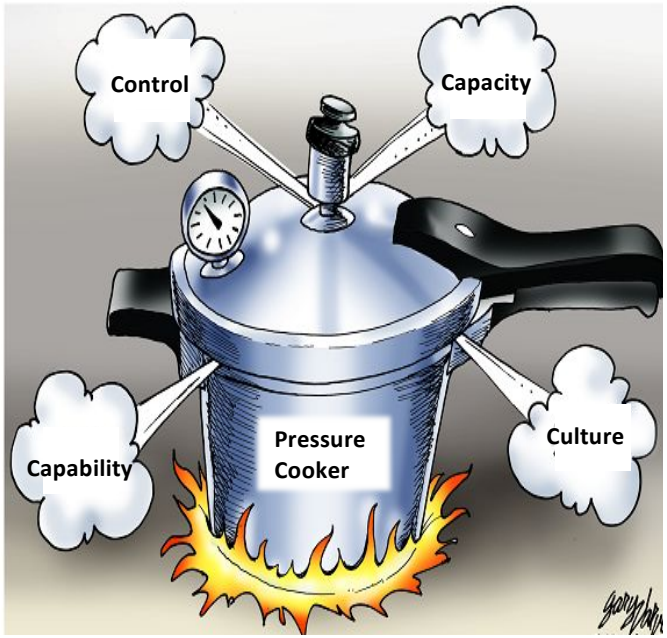
Context

Clinical activity - ED - key impactors

Activity	2015	2016	2017	2016 / 2015		2017 / 2015	
				Value Variance	% Variance	Value Variance	% Variance
ED New Attend	154,778	167,306	174,821	12,528	**8%**	20,043	**13%**
ED Admissions	67,936	72,885	74,164	4,949	**7%**	6,228	**9%**

- ➔ poor ED access wait time / volume
  - multiple patients routinely waiting >24 hours
- ➔ diminished capacity to treat elective patients and ever increasing long waiting times
- ➔ poor patient experience

January 2018 further ED attendance increase - 11% (n =1676)



Actions to increase / maximise usage of all available capacity

Capacity

➔ **usage of under utilised facilities, particularly theatre / diagnostics** (endoscopy) capacity

- Raheny, Connolly, Louth, Cavan
  - as such considering Hospital Group as an integrated singular capacity construct with limited barriers to patient flow / staff movement ➔ one empire not 7
    - containing patient flow within a specialty control framework

➔ **develop ambulatory capacity**

- Gynae - Connolly Hospital (1140 attendances annually)
- Plastics (Trauma) - Connolly Hospital (769 attendances annually)

Actions to increase / maximise internal HG capability

Capability

Focus Beaumont Hospital

- **admission alternatives**
  - ambulatory care
  - OPD
  - FIT assessment

    ➔ enabling reduction in admission conversion (28% ➔ 26%)

- **patient processing**
  - admission identification – much consultant delivered
  - specialty patient ➔ specialty consultant ➔ specialty ward

- early identification of PDD – however ALOS @ 7 days
- twice weekly pan - hospital review of patients LOS > 7 / 10 days
- enhanced ability to progress patients requiring LTC / HCP

Actions to increase / maximise internal HG capability

Capability

Focus on Hospital Group

- develop of specialty provisions whereby sites provide complimentary services rather than mirrored services
  - i.e. Beaumont Hospital complex surgery .v. Louth / Cavan short stay simple surgery
    Connolly trauma orthopaedic surgery .v. Cavan (bypass)

Actions to maximise performance

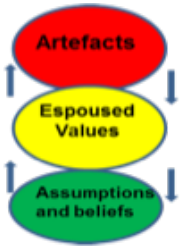
Control

- ➔ creation of formal specialty patient pathways across multiple sites
- ➔ creation of formal movement of specialty surgical capability to across multiple sites
- ➔ overall control tight (not a democracy)
- ➔ bed access / usage function held centrally, actual service delivery held within directorates
- ➔ access / wait time targets set by hospital seen as important in relationship to directorate / hospital performance

Actions to maximise performance

Control

- ➔ focus on target achievement rather than describing efforts and energies
- ➔ focus on access times rather than pure volume productivity
- ➔ internal publication of performance – with clear accountability identification across all levels
- ➔ singular approach to emergency and scheduled care rather than commonly exhibited segregated programmatic approach
- ➔ investment based on measurable performance metrics, maintenance of investment based on maintenance of performance



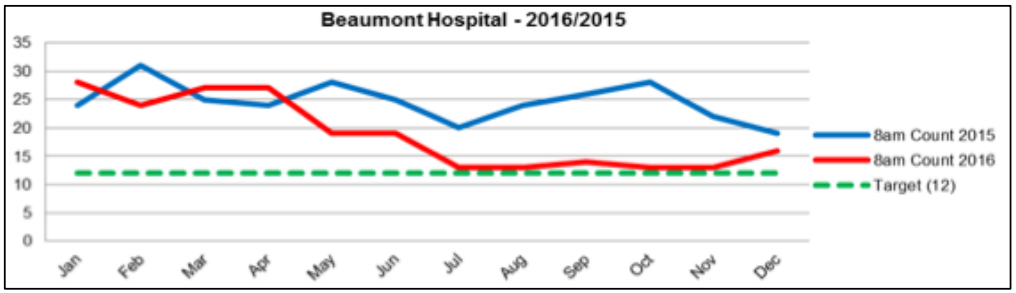
Actions to maximise performance

Culture

- ➔ shift of paradigm from external problems requiring external solutions to internal problems requiring internal solution / correction
- ➔ whilst innovative solutions ideas incorporated, not always following HSE corporate dictates
- ➔ performance of hospital held to be very important
- ➔ open disclosure internally, as to performance in terms of publication - good or bad results
- ➔ Accountability yes, but no finger pointing / report cards writing / blaming

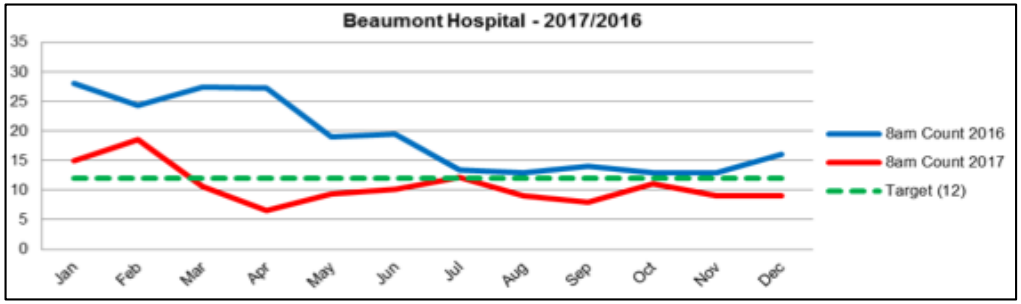
Emergency Department – focus Beaumont Hospital

Performance



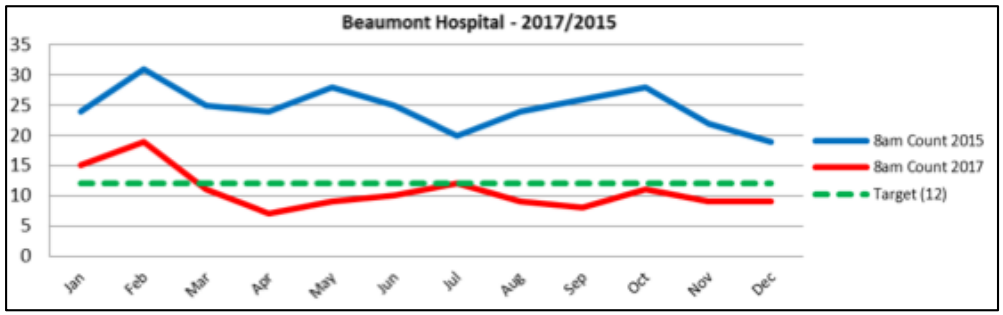
16 / 15 - 23% reduction ED Trolley wait 08:00 (n=2064)

- **ave daily count 2016 19 / ave daily count 2015 25 – 24% reduction**



17 / 16 - 44% reduction ED Trolley wait 08:00 (n=3067)

- **ave daily count 2017 11 / ave daily count 2016 19 – 43% reduction**



17 / 15 57% reduction ED trolley wait 08:00 (n=5131)

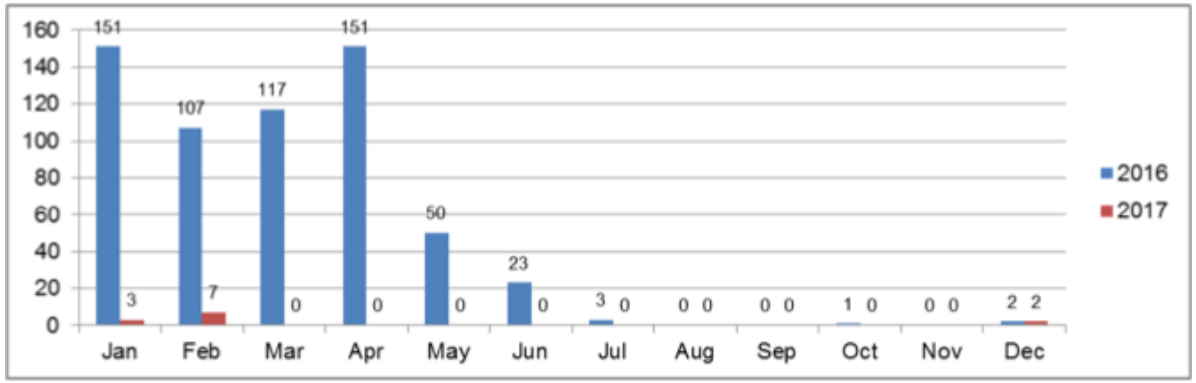
- **ave daily count 2017 11 / ave daily count 2015 25 - 56% reduction**

Non admitted wait time 2017 (ave) 5hrs {2015 - 6hrs} - 17% reduction
Admitted wait time 2017 (ave) 13hrs {2015 - 20hrs} - 35% reduction

Emergency Department– focus Beaumont Hospital

Performance

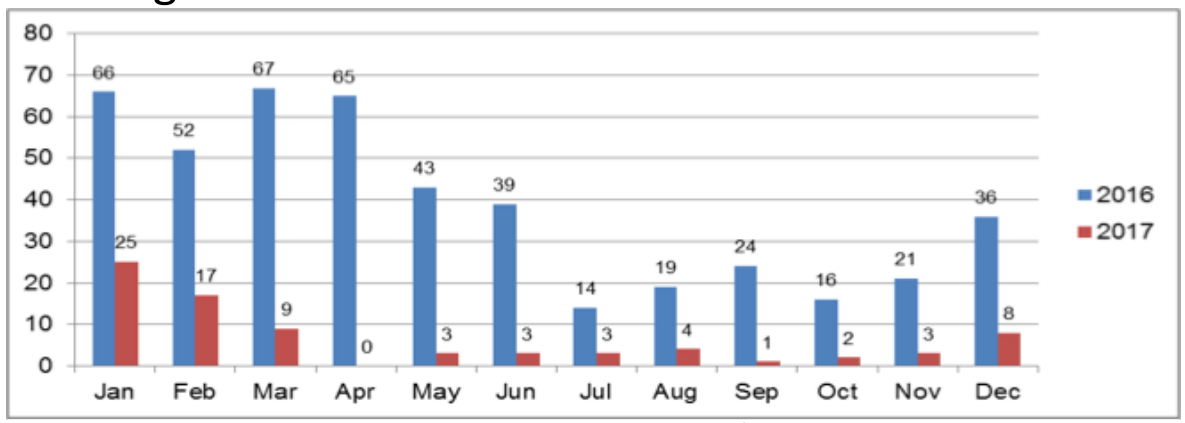
Daily > 24 hour ED breaches reported at 8am per month



- 98% cumulative reduction YTD December (n=593)

- focused effort to reduce > 24 hour waits
  - *"zero tolerance"* approach
    - improvement demonstrated

Discharges from ED - PET > 24 hrs



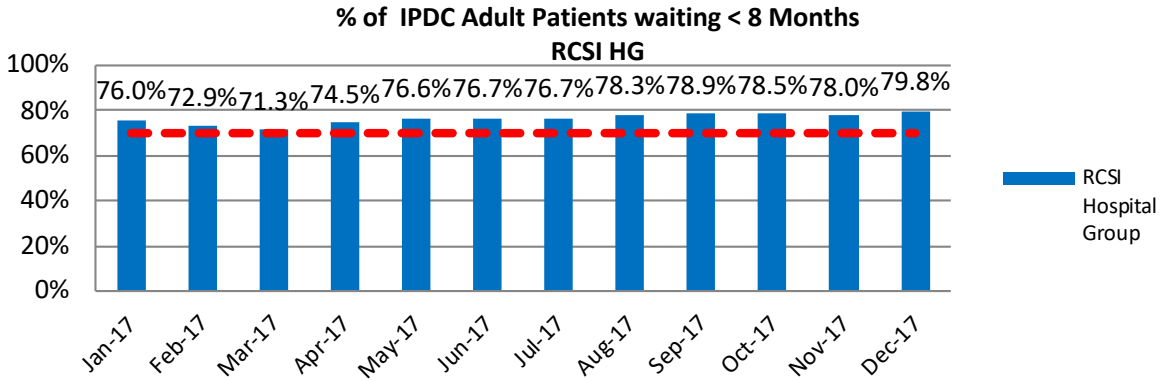
- 68% reduction demonstrated December 17 / January 17

- focused effort to admit + accommodate or discharge
  - "zero tolerance" approach
    - improvement demonstrated, but problem not totally removed

Inpatient / Day Care Elective Access

Performance

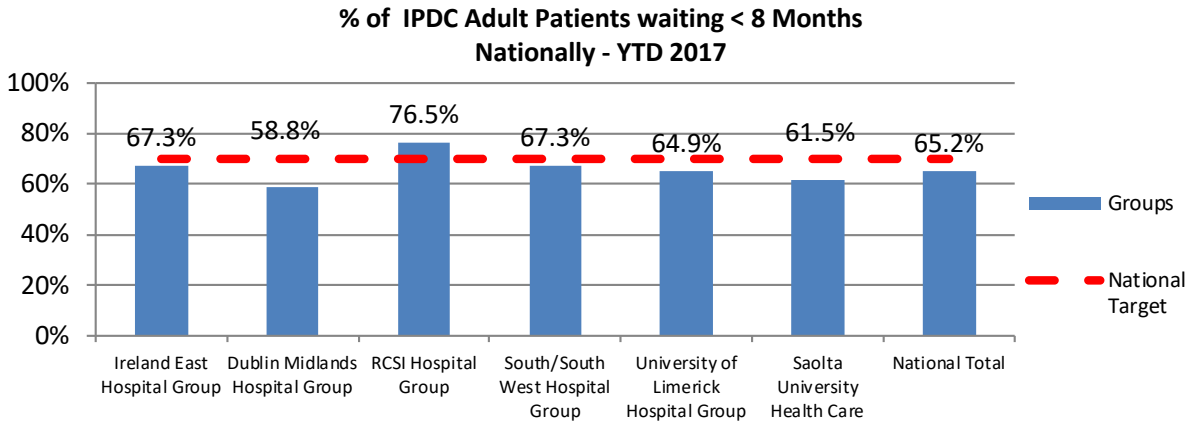
RCSI Hospital Group



focused approach to minimise wait time experienced as appose to simply increasing activity but recognising additional treatment requirements

- RCSI HG exceeded national target for every monthly reporting period in 2017

National Performance by Hospital Group Comparator

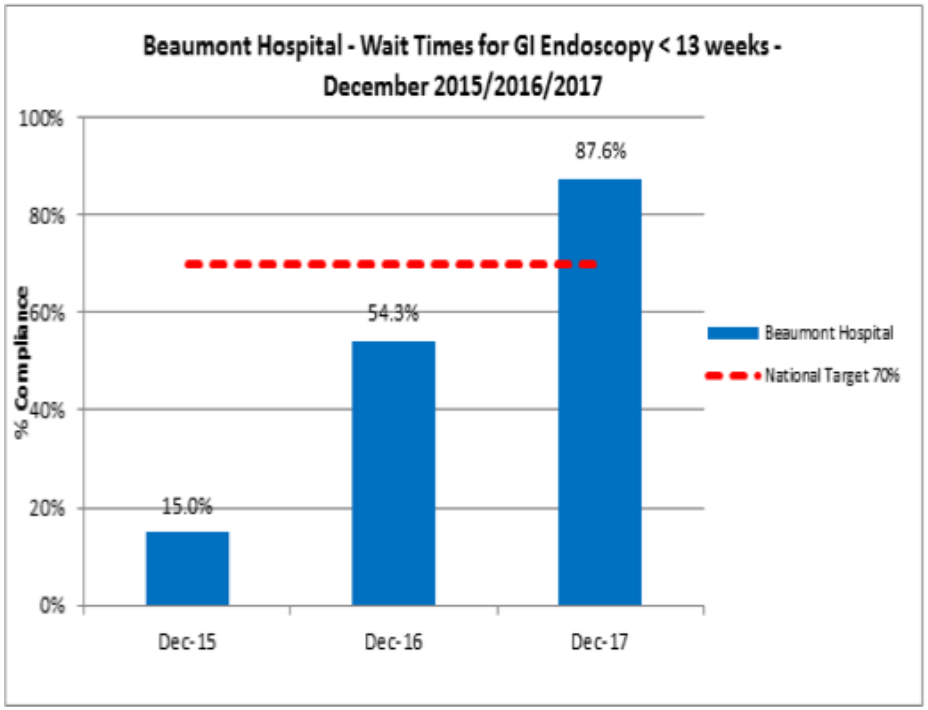


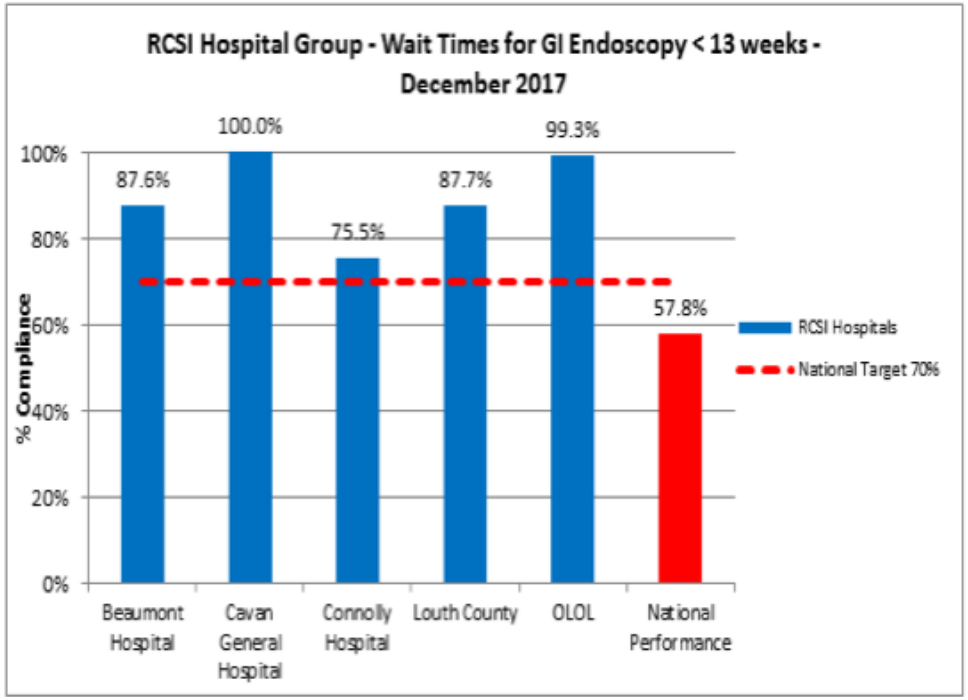
- **2% increase IP.DC treatments 17/16 (N=5047)**

- RCSI only Hospital Group to achieve and exceed national target for 2017 YTD reporting period

Endoscopy - focus reduce wait time rather than treatment volume increase

Performance

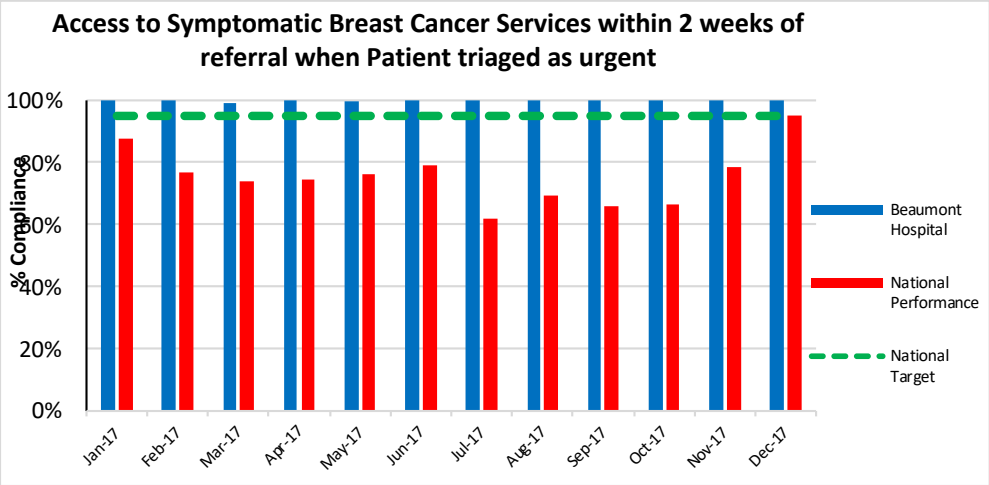




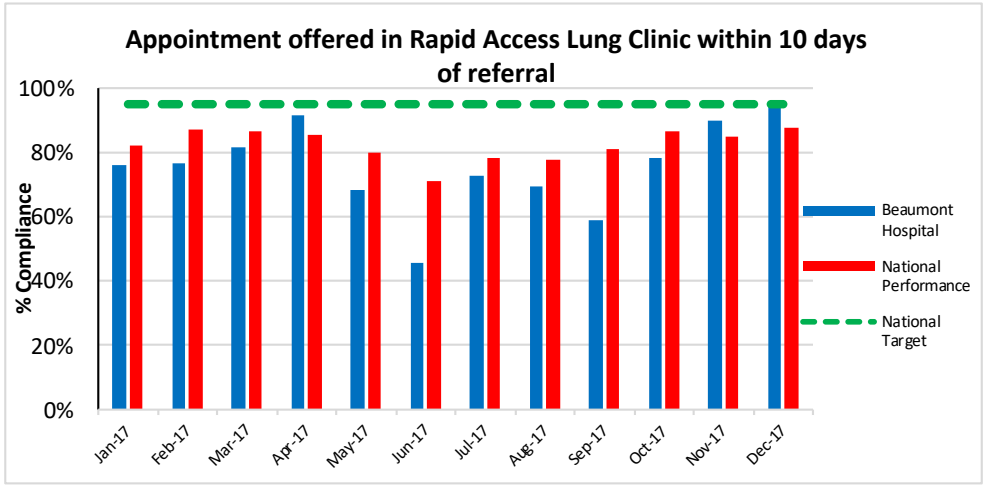
Beaumont / OLOL ➔insourcing ➔ Cavan / Connolly 4000 procedures 2016 /2017

Rapid Access – Beaumont Hospital cancer clinics

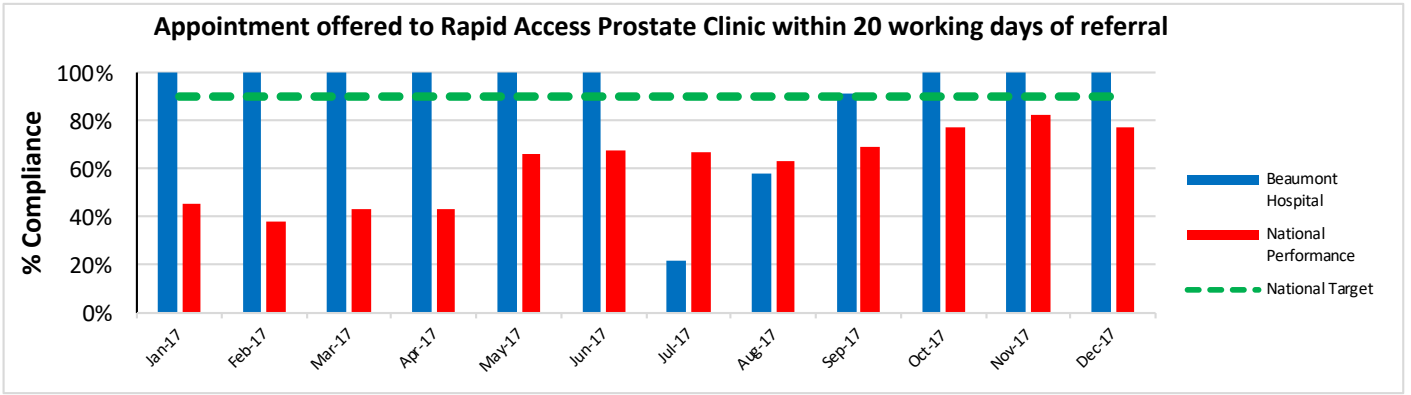
Performance



- Target exceeded for 2017 (nationally target not achieved)



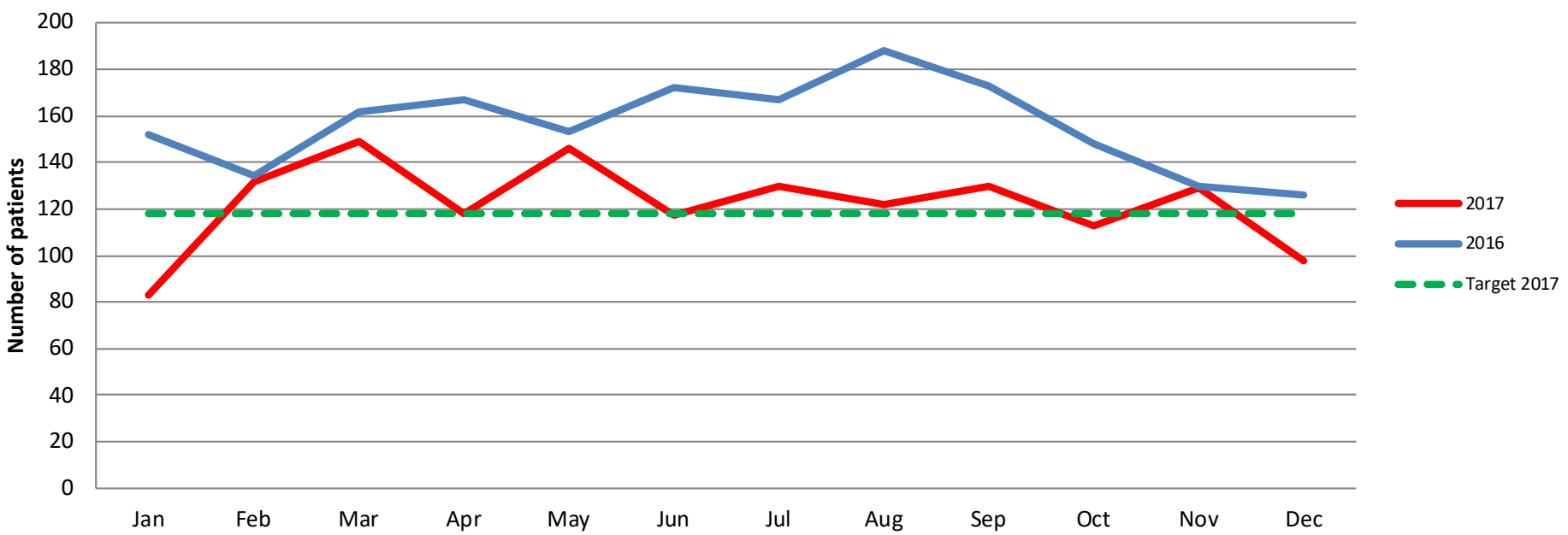
- now meeting this target (nationally target not achieved)



- Target now exceeded for 2017 (nationally target not achieved)

Delayed Discharges

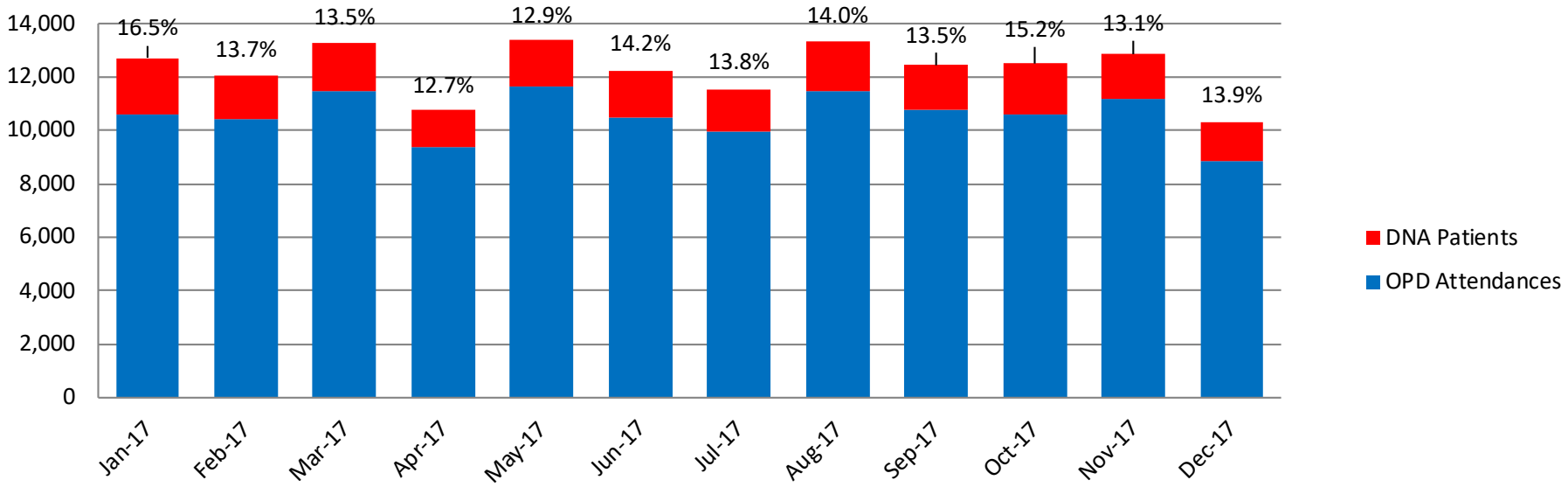
Performance



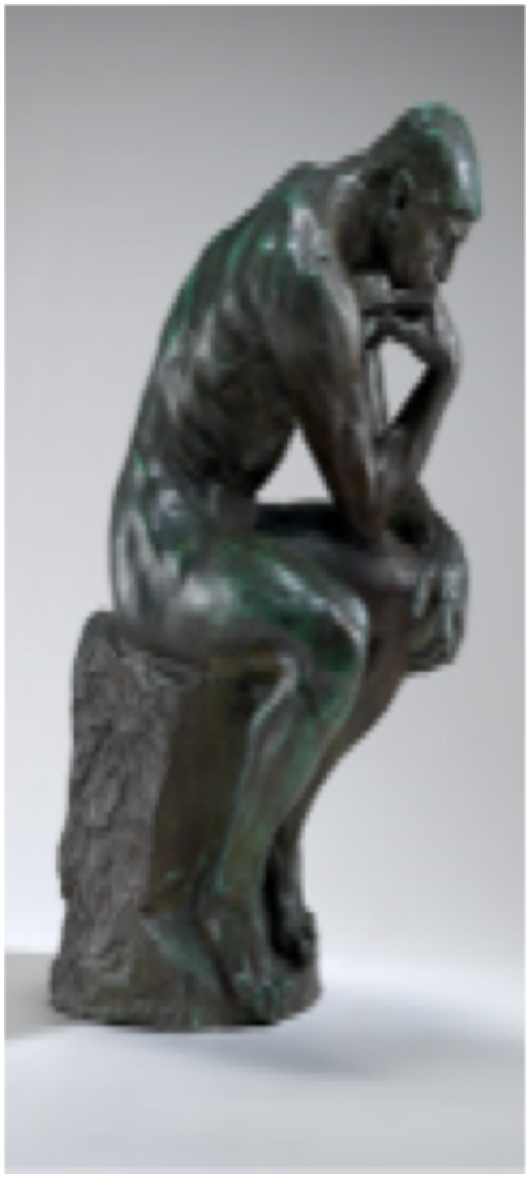
- 22% reduction 2017 / 2016
  - monthly average @ 3800 - 4100 acute bed days not available for acute patient occupancy
    - equivalent to treatment of 550 patients monthly

Percent 'Did not attend'(DNA) of total OPD bookings

Performance



- 20,532 patients did not attend new booked appointment representing 14% of new bookings



End thoughts

- performance improvement / maintenance not possible if ED activity continues to increase
- > 98% bed occupancy creates dysfunctionality by itself
- performance improvements have been achieved, however access times to bed (elective and emergency) remain too long
- given nature of patient presentation i.e. > 75% exacerbation of chronic disease, alternative management model to current hospital-centric approach needed - this applies to both inpatient and OPD
- direct standing still capacity / capability investment needed as well and parallel funding for a alternative care model - problem remains we still haven't designed the actual alternative in detail enough for it to be funded/ implemented