



“Hospital Groups & Sláintecare?”

John R. Higgins
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Clinical Director, Maternity Directorate, SSWHG

**A TRADITION OF
INDEPENDENT
THINKING**



UCC

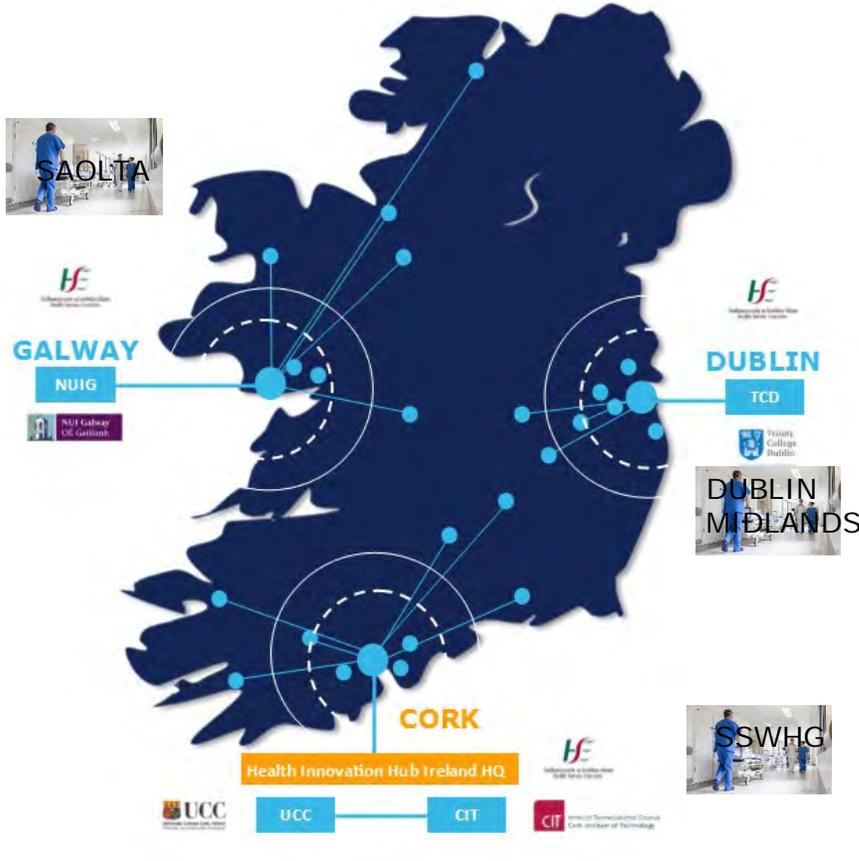
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

The Healthcare Spectrum





Health Innovation Hub Ireland



A partnership of Irish clinical and academic centres



Today

1. Rationale and Vision of hospital groups
2. Successes of Ireland East Hospital Group
3. Maternity Directorate – South/Southwest Hospital Group
4. Next steps

Reconfiguration of Acute Hospital Services

A Roadmap to Develop an Integrated University Hospital Network For Cork & Kerry



MALLOW GENERAL HOSPITAL

Diagnostics	Medical Services	Surgical Services (day services)	Women and Children's Services
Point Of Care Testing (POCT) low volume diagnostic tests e.g. bloods	Acute Medicine Medicine for the Elderly	• General Surgery • Dental • Plastics • Urology • Outreach - other specialities	Outreach Maternity Service (including surgery) • Obstetrics • Gynaecology
Radiology (Imaging Medicine)	Gastroenterology Rehabilitation Medicine (patients aged over 65) Other medical specialities provided through outreach services	Critical Care Level I (paediatric, stabilise and transfer)	

• Medical Assessment Unit 12/7
• Urgent Care Centre 12/7

BANTRY GENERAL HOSPITAL

Diagnostics	Medical Services	Surgical Services (Day Services)	Women and Children's Services	Mental Health Services
Increase Acute Work Decrease Cold Work	Acute Medicine Medicine for the Elderly Gastroenterology Rehabilitation Medicine (patients aged over 65)	• General Surgery • Dental • Plastics • Urology • Outreach - other specialities	Outreach Maternity Service (including surgery) • Obstetrics • Gynaecology	Mental Health
Radiology (Imaging Medicine)	Other medical specialities provided through outreach services	Critical Care - Appropriate for remote rural hospital		

• Medical Assessment Unit 13/7
• Urgent Care Centre 13/7

CORK UNIVERSITY HOSPITAL

Diagnostics	Main Centre Complex Medical Services	Main Centre Complex Surgical Services	Main Centre Women and Children's Services	Mental Health
Laboratory Medicine • Clinical Biochemistry • Clinical Microbiology • Haematology / Blood Transfusion • Immunology • Molecular Genetics	Regional Centre Cardiology Dermatology (inpatient) Endocrine/Diabetes (inpatient) Gastroenterology (inpatient) Clinical Haematology Medical Oncology Radiation Oncology Infectious Diseases	Regional Cancer Centre Emergency General Surgery for Cork Regional Centre for Cardio Thoracic Surgery Maxillo-Facial (trauma and cancer) Regional Centre for Neurosurgery Orthopaedics (trauma and cancer) Plastics (trauma and cancer) Vascular (emergency and complex elective) Critical Care Level II and Level III	Maternity Services - • Obstetrics • Midwifery • Gynaecology (emergency and cancer)	Mental Health Liaison Psychiatry
Histopathology (tissue analysis) Radiology (Imaging Medicine)	Medicine for the Elderly Neuroscience/Neurology Acute Stroke Unit Palliative Care Renal Respiratory Rheumatology (inpatient)	Regional Centre for Neonatology Regional Centre Radiatics	Regional Centre for Neonatology	

• Emergency Department 24/7
• Acute Medical Assessment Unit 24/7
• Urgent Care Centre
• Surgical Assessment Unit



SOUTH INFIRMARY VICTORIA UNIVERSITY HOSPITAL

Diagnostics	Medical Services (elective)	Surgical Services (elective)	Women and Children's services (elective)
Point Of Care Testing (POCT) low volume diagnostic tests e.g. bloods Radiology (Imaging Medicine)	Regional Centre Dermatology Rehabilitation Medicine Endocrinology (Day Service) Sexually Transmitted Diseases (Day Service) Rheumatology (Day Service)	Regional Centre Ear, Nose and Throat Regional Centre Ophthalmology Maxillo-Facial - elective Plastics Regional Centre Elective Orthopaedics Regional Centre Pain Medicine Critical Care Level II (Intensive care and high dependency) Trauma Rehabilitation	Elective Gynaecology and uro-gynaecology: day services, diagnostics and out-patients National Cervical Screening Programme

MERCY UNIVERSITY HOSPITAL

Diagnostics	Medical Services	Surgical Services	Mental Health Services
Specialty Regional Services Radiology (Imaging Medicine)	Acute Medicine Regional Centre Gastroenterology Diagnostic Services Regional Centre Rehabilitation Medicine (patients aged under 65) Regional Amputee Service Medicine for the Elderly Respiratory Medicine Infectious Disease (inpatient) Rheumatology (inpatient) Endocrinology (inpatient) Palliative Care	Regional Centre for Elective General Surgery Regional Centre for Elective Urology Critical Care Level II and Level III Regional Centre for Elective Vascular	Mental Health

• Emergency Department 12/7
• Acute Medical Assessment Unit 13/7
• Urgent Care Centre 13/7

KERRY GENERAL HOSPITAL

Diagnostics	Medical Services	Surgical Services	Women and Children's Services	Mental Health Services
Laboratory Medicine • Clinical Biochemistry • Clinical Microbiology • Clinical Haematology	Acute Medicine Cardiology Endocrinology Palliative Care Medicine for the Elderly Gastroenterology Respiratory Rehabilitation Medicine (patients aged over 65) Rheumatology Other medical specialities provided through outreach services	General Surgery - emergency and elective Ear, Nose and Throat (ENT) Orthopaedics Critical Care Level I and Level II Outreach - other surgical specialities	Maternity Services - • Obstetrics • Gynaecology Paediatrics	Mental Health

• Emergency Department 24/7
• Acute Medical Assessment Unit 13/7
• Urgent Care Centre 13/7

The Establishment of Hospital Groups as a transition to Independent Hospital Trusts

*A report to the Minister for Health,
Dr James Reilly, TD*

Rationale behind Hospital Groups



- Large number and range of acute hospitals in relative isolation
- Duplication and fragmentation of resource
- Difficulty in recruitment and retention of key clinical staff
- Non-compliance with EU directives
- Inequitable distribution of workload and resources

Vision

The formation of hospital groups which will transition to independent hospital trusts will change how hospitals relate to each other and integrate with the academic sector. Over time, it will deliver:

- Higher quality services
- More consistent standards of care
- More consistent access to care
- Stronger leadership
- Greater integration between the healthcare agenda and the teaching, training, research and innovation agenda

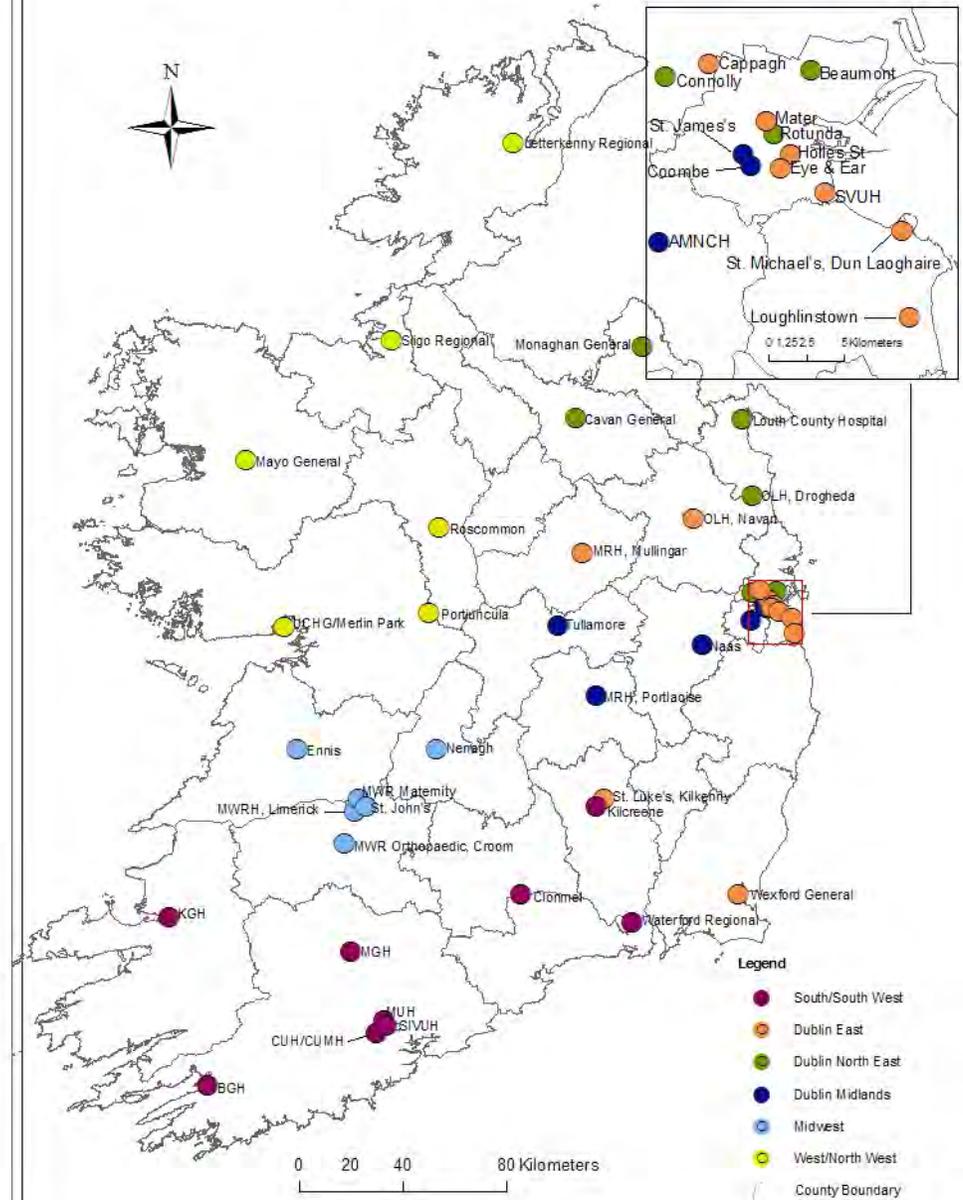
Benefits for Patients

- Safe, high quality care
- Maximise locally delivered care
- Optimally skilled clinicians for the delivery of specialised complex care
- Integrated care pathways
- Patient choice

Benefits for Staff

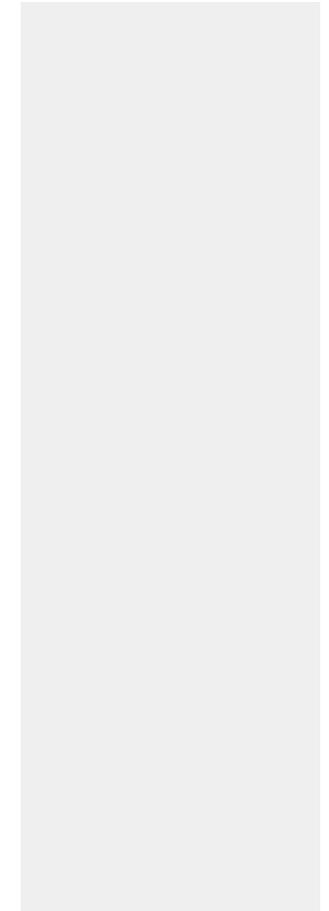
- Greater certainty accessing and providing services
- Multidisciplinary teams working across multiple sites
- Create opportunities for staff
- Maintain rotas; comply with EWTD
- Academic linkage to the benefit of all grades and locations

Recommended Hospital Groups



Governance of Transitional Hospital Groups

- Non-statutory basis, subject to formal evaluation
- ***Academic Healthcare Centre Model can be used for overarching governance***
- Primacy of service provision
- Interim Group Board 6-9 members, skills based, governance training
- Report to HSE or successor, annual business plan/MoU
- Audit by HSE but group flexibility re service delivery
- Minister to appoint Chair, Chair to nominate group to Minister for appointment



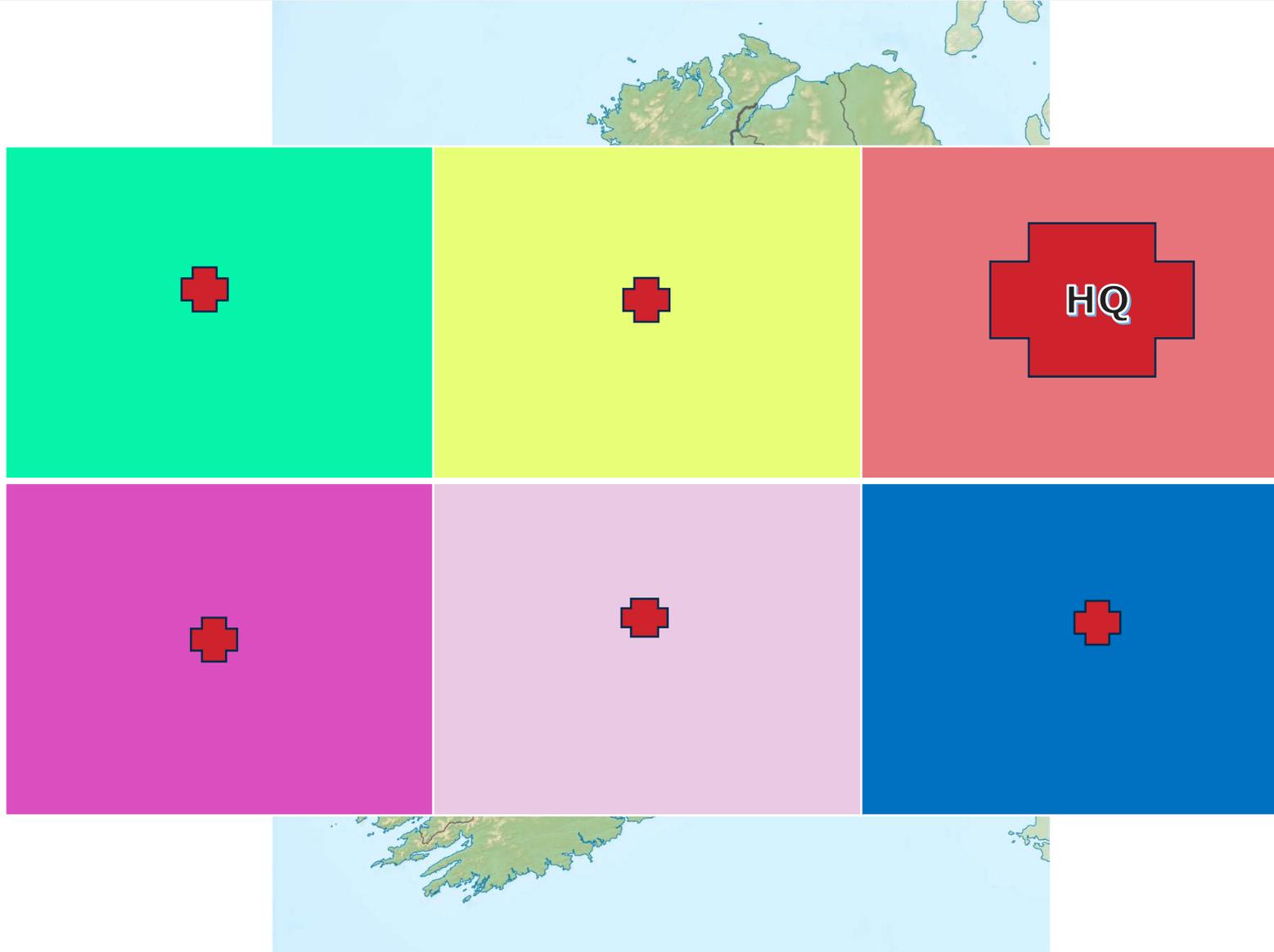
Academic Involvement

- Engagement on tripartite mission;
 - Service, Research, Education
 - Primacy of service imperative but “research, education and training are crucial for innovation that can sustainably improve service provision. For this reason this report correctly emphasises the importance of academic linkages for effective hospital groups”
- Primary academic partner for each group
- Chief Academic Officer key member of management team
- Academic Health Centre model of acute hospital care provision

New Hospital Groups



New Hospital Groups



REAL CONSULTATION: PUBLIC MOOD Mid 2009

Irish Examiner **County** Cork Number: 527

Hands off Bantry hospital

Campaign continues at meeting in Ballyvourney tonight



Protestors marching through the streets of Bantry against proposed closures at Bantry general hospital.

by Catherine Ketch

Irish Examiner



Thursday October 15th

West Cork to get new mobile medical team

By EDEL O'CONNELL
Health Correspondent

A TEAM of specialised paramedics, backed up by rapid response vehicles, will be on 24/7 emergency call in west Cork from the end of this month.

The 'pod' of six advanced paramedics, part of a restructuring programme for the health services in the Cork and Kerry region, officially began its induction in the west Cork area this week.

Advanced paramedics are specialists in pre-hospital emergency care and are trained to provide care in all types of medical emergencies.

They have a wide range of skills which include advanced airway management, initiation of IV fluids (drips) and administration of medications such as pain relief and anti-convulsing therapies. They deal with emergencies of all types, from heart attacks to strokes and road traffic accidents.

They can provide advanced life support in resuscitation situations and complement other care providers such as doctors, nurses and first aid responders in the community.

The initiative, which will cost about €500,000 in its first year, is set to be rolled out in the north Cork area next year and, it is envisaged, in Cork city and Kerry over the next five years.



Benefits for a remote area

- SIX new advanced paramedics in addition to current ambulance personnel based in west Cork.
- Highly skilled advanced paramedics with rapid response vehicles (RRV) to respond to necessary 999 calls directly.
- Provision of 24 hours advanced life-support for west Cork.
- An advanced paramedic will be on duty in west Cork, 24 hours a day, seven days a week.

team will be able to reach anywhere in west Cork in rapid response to a serious emergency. He added that their vehicles were equipped with state-of-the-art equipment and they could accompany patients into hospital.

When someone dials 999 or 112, the ambulance controller will decide whether to dispatch an advanced paramedic — the team has two rapid response vehicles fully equipped for every type of emergency.

ted with west Cork because it is so attack or stroke. They are de-

Advanced Paramedics Awareness Campaign in West Cork

Irish Examiner

September 30th 2009

Super-paramedic team on emergency call for west Cork

by Ailín Quinlan

A CRISIS team of "super-paramedics" backed up by high-tech Rapid Response Vehicles will be on 24/7 emergency call throughout the west Cork region within a matter of weeks.

The "pod" of six advanced paramedics, part of a restructuring programme for the health services in the Cork and Kerry

region, will commence operations from November.

The initiative, which will cost about €500,000 in its first year, is set to be rolled out in the north Cork area next year and, it is envisaged, in Cork city and Kerry over the next five years.

The group of five males and one female, which will be based in Bantry hospital, have between 10 and 20 years experience each.

"We have started with west Cork because it is so remote and has such a widely dispersed population," said Professor John Higgins, director of reconfiguration in HSE South, Cork and Kerry.

"These are highly trained personnel who will travel around the clock to the scene of an emergency, whether it is a multi-car traffic crash or someone with a heart attack or stroke.

"They are decision-makers in emergencies and will have a broad skill base in terms of being able to initiate treatment right there. They are able to provide a patient with medical intervention.

"They're able to go anywhere in west Cork in response to a serious emergency — their vehicles are phenomenally well-equipped — and can accompany patients

into hospital," he added.

When someone dials 999 or 112 the ambulance controller will decide whether to dispatch an advanced paramedic — the team has two Rapid Response Vehicle fully equipped with equipment for every type of emergency.

Training and development officer with the HSE, Cork and Kerry, Danny O'Regan said: "Advanced paramedics have

upgraded skills, for example, deciding the treatment to be given to a patient. They are qualified to provide a wider range of medication than ordinary paramedics, e.g. morphine, or seizure preventative medication. They can also provide advanced life support in the case of cardiac arrest — treatment which up to now would have been provided by a doctor or within the hospital."



October 10th 2009

GAELSCOIL UPDATE

Southern Star

Gaelscoil Bheanntraí were very excited to have a visit from the Rapid Response Unit of the HSE to demonstrate their expertise and their equipment to all the children. Bantry area is very lucky to have such a service available in the Bantry area and the children very much enjoyed their talk and demonstration.

Map of six new Regional Health Areas



SláinteCare.
Right Care. Right Place. Right Time.



Q. What will these changes mean in practice?

“These regional bodies will have clearly defined populations and can plan, resource and deliver health and social care services for the needs of its population.”

Q. Do the health regions mean that you are removing choice for patients?

Will they be forced to attend their local hospitals for care rather than make decisions based on quality?

“No. The health regions simply allow for the devolved planning and delivery of health and social care on a local basis, based on the need of that region’s population. Patients will not be restricted from attending hospitals around the country.”

Q. Why is this plan better than previous restructurings of the health service

(e.g. HSE establishment in 2004/5 and the establishment of Hospital Groups and Community Healthcare Organisations in 2013/4)?

“While the CHOs have defined geographical boundaries, Hospital Groups do not and this inhibits population based health planning.”

Q. Would it not be easier to redraw the boundaries of the CHOs and maintain the existing hospital groups (HGs)?

“Redrawing CHO boundaries to fit unclear hospital catchment areas would have proven disruptive.”

Q. What about the impact on service collaborations between hospitals?

“There is no intention for any geographical realignment to adversely impact existing clinical service collaborations.”

Q. What was the basis for determining these regional areas?

"A range of criteria were also considered including;

- 1) patient flow/self-containment as mentioned above,
- 2) critical mass,
- 3) span of control/manageability,
- 4) ***alignment with other Government services,***
- 5) relatability,
- 6) distance between health services and,
- 7) academic links. "

Hospital Groups in Action



UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

IEHG at a glance



Largest of the hospital groups



11 hospitals (6 voluntary and 5 HSE)



1.1 million population and 12,000 staff

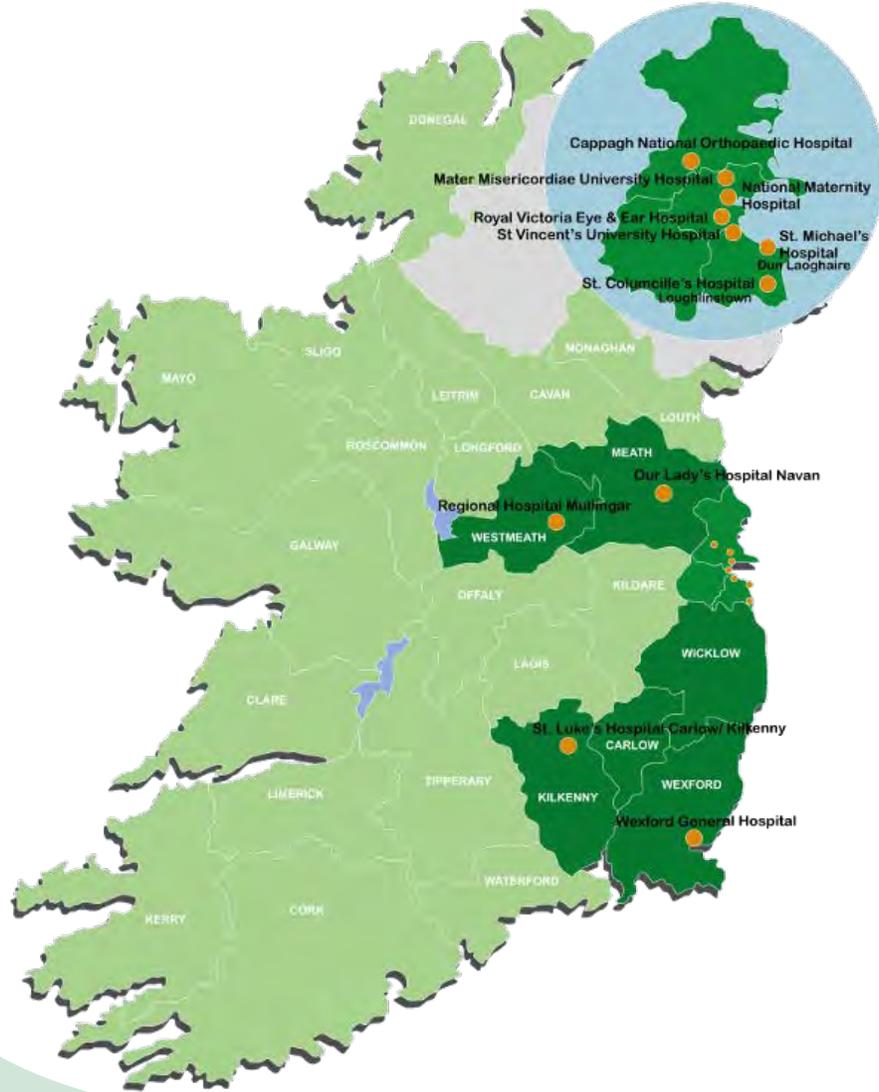


4 CHOs and 4/5 active LICCs



Covering counties Dublin, Meath, Westmeath, Carlow, Kilkenny, Wicklow and Wexford





MODEL 4

Mater Misericordiae
University Hospital

St. Vincent's
University Hospital

MODEL 3

Regional Hospital
Mullingar

St Luke's Hospital
Kilkenny

Wexford General
Hospital

Our Lady's Hospital
Navan

MODEL 2

St Columcille's
Hospital,
Loughlinstown

St Michael's Hospital,
Dun Laoghaire

SPECIALITY

Cappagh National
Orthopaedic Hospital

National Maternity
Hospital

Royal Victoria Eye &
Ear Hospital

ACADEMIC PARTNER



IEHG at a glance (full 2018)

329,287

Inpatient/ Day case



730,138

Outpatient

Our
Academic
Partner



**UNIVERSITY
COLLEGE
DUBLIN**



317,311

People seen in ED

13,140

Births

2 Hospitals have JCI
accreditation



11,773

Total WTE

1,692

Medical/ Dental

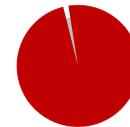
4,470

Nursing

1,426

Health & Social Care

CLINICAL ACADEMIC DIRECTORATES (CADs)



**Cancer
CAD**

45%
of all patients with
breast cancer in Ireland

50%

of all Gynae Cancers treated
of all breast cancer screening



**Women's,
Children and
Adolescents CAD**



**Cardiovascular
CAD**



**Genomics
CSAD**



Strong integration platform
with GPs across the Group

Largest number of **national specialities**

National Heart/
Lung/Liver/Pancreas
Transplant Units

National Spinal Unit

National Unit for Cystic
Fibrosis

National Unit for
Neuroendocrine Tumours

National Extra Corporeal
Life Support,
Cardiothoracic Surgery

National Unit for
Pulmonary Hypertension

National Isolation Unit
for Infectious Diseases

IEHG Strategic Development Plan

- The formation of a single coherent Hospital Group structure and organisation
- The development of this Group into an Academic Health Sciences Centre
- Reorganisation of services within the Group to ensure optimal care provisions to the population served
- The provision of safe effective, efficient and relevant patient services within budget
- Maximum integration and synergy within the Group and with other Hospital Groups and all other Health Services, particularly primary and community care services



IEHG Mission and Vision

- Our mission is to deliver improved healthcare outcomes through:
 - Provision of patient-centred care
 - Access to world-class education, training, research and innovation through our partnership with UCD, leading to the delivery of innovative, evidence-based healthcare
 - Application of a Lean management system in order to build a strategic and management model for operational excellence and continuous improvement
 - Improved communications across the speciality disciplines contained within the Group

- The Ireland East Hospital Group, together with our academic partner University College Dublin, will be a national leader in healthcare delivery, with a strong international reputation, improving the quality of healthcare and patient outcomes through education, training, research and innovation for the 1.1 million people we serve.



Strategic Priorities for the next 3 years

OPERATIONAL EXCELLENCE PILLAR

FOCUS

DELIVERY

OPERATIONAL EXCELLENCE
(QUADRUPLE AIM)

AIMS

Deliver excellence in a system wide culture of continuous improvement, driven through a strategic understanding of high performing organisations, leading to Shingo accreditation for our IEHG Lean Improvement Programme.

ACADEMIC HEALTH SCIENCE SYSTEM PILLAR

FOCUS

DEVELOPMENT

ACADEMIC HEALTH SCIENCE
SYSTEM

AIMS

Integration of academia, research, innovation and care delivery to provide an academic health science system which will be a world leader in patient care, research, education and training from bench to bedside and bedside to population

INTEGRATION PILLAR

FOCUS

DIRECTION

INTEGRATION OF CARE

AIMS

Progress an integrated care delivery model to deliver new ways of working and models of care to transfer appropriate care closer to home underpinned by a population health based approach.

Robust Governance through a Strategy Deployment Methodology

PATIENT CARE and POPULATION HEALTH

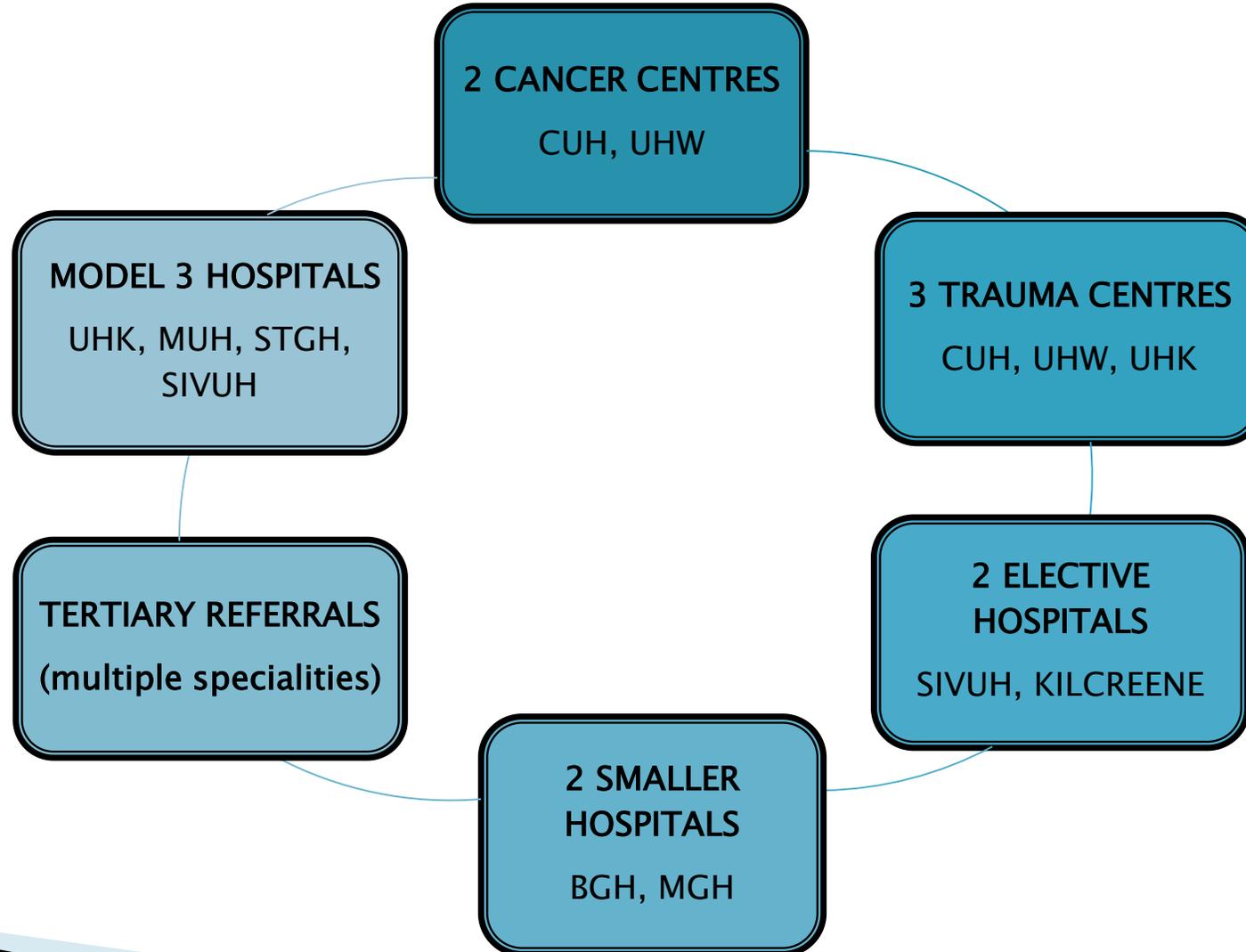
South /South West Hospital Group

- Cork University Hospital
- Cork University Maternity Hospital
- University Hospital Waterford
- University Hospital Kerry
- Mercy University Hospital
- South Tipperary General Hospital
- South Infirmity Victoria University Hospital
- Bantry General Hospital
- Mallow General Hospital
- Kilcreene Regional Orthopaedic Hospital,

NEW HOSPITAL GROUP BOUNDARIES



SSWHG Models and Specialities



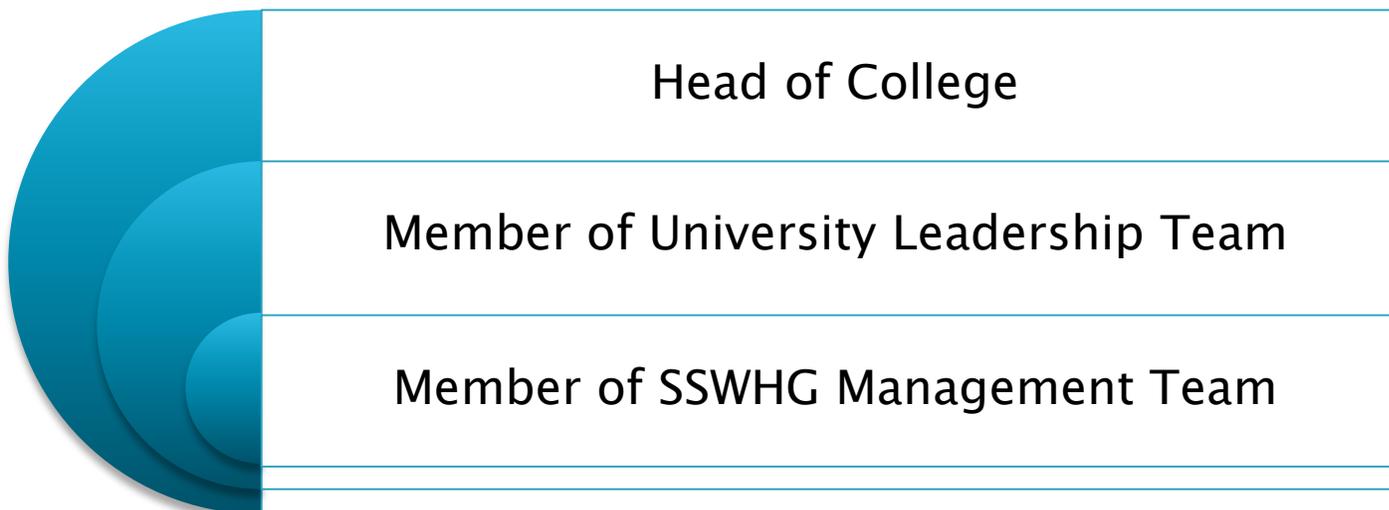
SSWHG Context



	Model	Gross Budget 2019	Staff WTEs (Dec 2018)	In-patient Beds	Day Beds
BGH	2	€22.780m	273.43	62	17
CUH (CUMH)	4	€397.033 m	3456.35 529.55	601 212	77 4
MGH	2	€21.508m	238.87	53	31
MUH	3	€107.017 m	1154.21	200	50
SIVUH	3	€69.742m	765.09	155	37
STGH	3	€74.012m	822.95	168	25
UHW	4	€216.772 m	1943.53	430	74
UHK	3	€103.993 m	1099.53	238	56
KOH	2	€8.266m	71.61	20	11
SSWHG HQ		€15.069m	30.83		
South /South West * Hospitals		€1,036.19 2m	10385.95	2,139	382



Chief Academic Officer



- ▶ A formal channel between the hospital group and UCC
- ▶ Coordination of health with education and innovation sector
- ▶ Structured and formalised healthcare education, research and innovation in the hospital group.

4 Maternity Units

1 MATERNITY DIRECTORATE



Cork University
Maternity
Hospital



University
Hospital
Kerry



University
Hospital
Waterford



University
Hospital
Tipperary



SSWHG Maternity Services 2017



11,571

babies born >500g



11,350

Mothers delivered



19%

of all births in the
Republic of Ireland



Corporate Governance Structures

27 February 2017 official letter of delegation received:

The letter of sub-delegation defines the formal delegation of authority from the SSWHG Chief Executive Officer (CEO) to the Clinical Director for Maternity Services (Prof. Higgins)

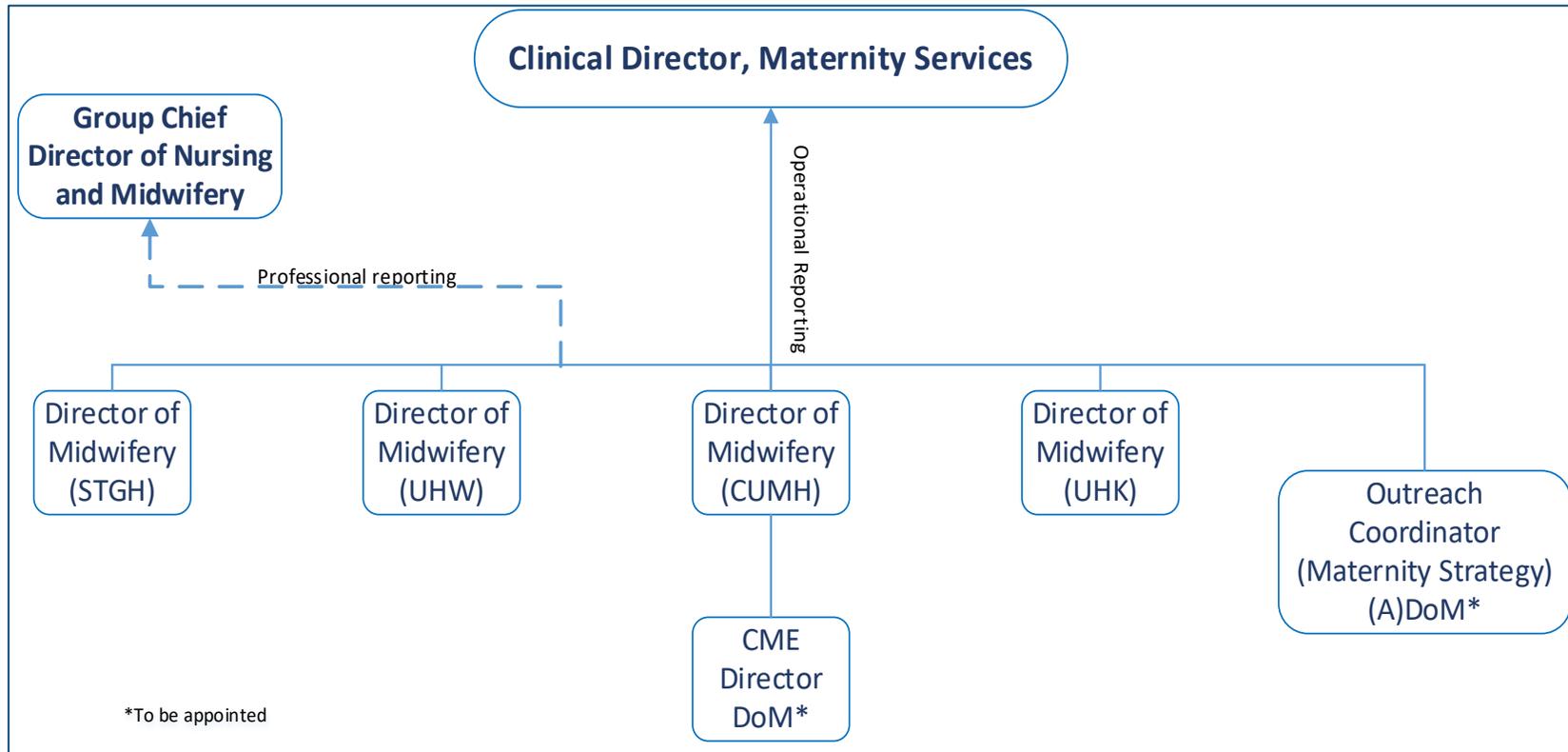
Executive and budgetary authority to be extended into other maternity units in SSWHG in late 2019.

Reporting – Maternity Directorate



*To be appointed

Midwifery Structure



Structure in each Maternity Unit



Integration of Services across the Group

- Daily Hub teleconference
- Executive Management Committee
- Consultant Forum
- Maternity Directorate approach to Capital developments
- Directors of Midwifery monthly meetings with Chief DON SSWHG
- Centre of Midwifery Education access across the Group
- Quarterly meetings with National Women and Infants Health Programme
- Mandatory '**No Refusal**' Policy
- **First digital hospital in Ireland** - integrating the electronic chart system for maternity and gynaecology patients. To be expanded to include all units

Relationship with Academic Partners

- Alignment of full clinical service with academic health partner model
- Clinical Director = Head of Department Obstetrics and Gynaecology
- Teaching and training in all maternity units
- Research and education in all maternity units

Upcoming developments through UCC

- Chair in Neonatology
- Chair in Gynaecology (University Hospital Waterford)

Major Risks & Risk Management

1. UHK Obstetric Theatre

2. Anatomy Scanning

3. Gynae Waiting List CUMH

Shared Risks:

1. Emergency Obstetric Theatre in UHK

- **Investment requirements**
- Infrastructure: Dedicated, single use elevator for obstetric purposes only
- Staffing: Recruit theatre staff & anaesthesiologists
- Timeline:
 - Short term: Request for capital investment
 - Medium term: Recruit and deploy service
 - Long term: Emergency cases to be dealt with in UHK unless otherwise transferred to CUMH

2. Anatomy Scanning

Investment requirements

- Infrastructure: Various machine and space needs in the four units
- Staffing: Recruitment and training of additional sonographers
- Timeline:
 - Short term
SWOT analysis of all four units conducted by Fidelma Harrington **COMPLETED**
 - Medium term
Recruitment, training, purchase and upgrade equipment **In motion**
 - **June 2018**
Every woman in SSWHG group receives 20 week anomaly scan: **COMPLETED**

Costings

- Equipment - €1.3m
- Staffing - €322,845

3. Gynaecological Waiting Lists

Investment requirements

Short term:

- Management of Gynaecology Waiting lists to revert to CUMH **ACHIEVED**
- Staffing and opening the second gynaecology theatre CUMH. **ONGOING**
- Recruitment of additional Consultants **ONGOING**

Medium term:

- Theatre operational 5 days per week, recruitment of additional Theatre staff; **ONGOING**
- Further expansion of Ambulatory Gynae clinic at SFH (additional equipment will be required)
- **Plan to review an additional 3000 patients on outpatient waiting list by END 2019**

Long term:

- Gynae Day ward at CUMH – **COMPLETED**
- One Stop Shop for Gynaecology Services in the SIVUH **NEED RESOURCES**

Costings

- Capital development cost of €1.9m
- €1.6m incremental on top of €1.1m provided in 2017

Our unique approach to tackling the WL

The Gynae Waiting List Initiative was created as a 2 year programme of work to tackle outpatient waiting lists. A 1 year programme of work is now planned to tackle the inpatient list (subject to funding).

Reclassification: placed patients into 8 major diagnostic groups = faster throughput at clinics and better understanding of referral profile

Extra clinics: Additional late night consultant clinics, major summer teaching clinics, weekly registrar clinics, new outreach clinics set up

#Gynaecology500 – saw 500 extra new patients in one week in January 2019, targeted long waiters

Expansion of **outreach clinics** – Mallow (new), Mitchestown, Bantry, St. Mary's (planned), Carrigaline (planned)

Applied a suitable **overbooking rate** to clinics to minimise the impact of DNA's

Put a dedicated **Project Manager** in place, weekly steering group meetings, detailed analysis of data and review of key drivers & cancellations

Snapshot of the Results

Gynaecology Outpatient Waiting List

April 2017	4,700
December 2018	2,700
Today	1,213

Women on waiting list waiting over a year

April 2017	1,900
December 2018	600
Today	5

Gynaecology Inpatient Waiting List

	1 st May 2018	1 st May 2019
CUMH	410	607
SIVUH	174	453
Total	584	1060

Flexibility

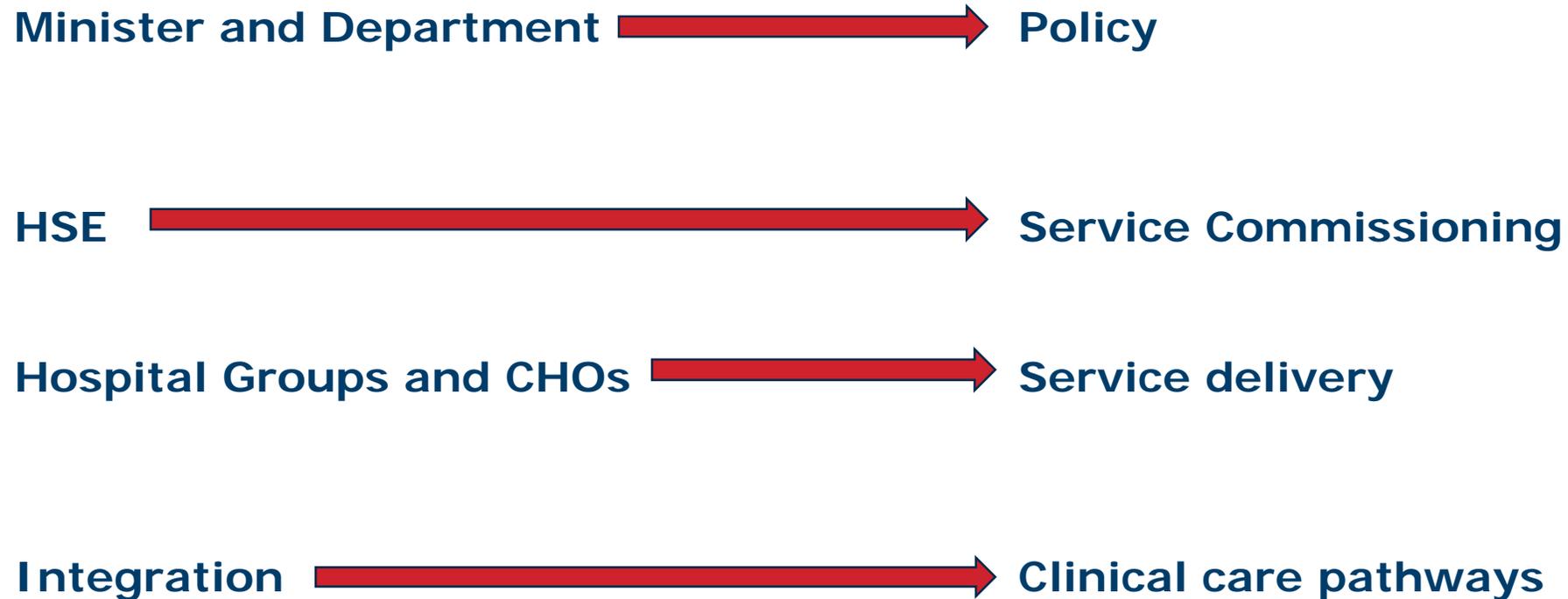
We have taken an entirely

- flexible
- pragmatic and
- “can do” approach

to dealing with our waiting list.

We intend to continue to maintain this momentum and reach our target by end of 2019.

Big picture



Alternate First Steps

1. Cost to follow patient from hospital  community
2. Move the clinical programmes to the Department of Health
3. Reconfiguration/rationalisation plans from each hospital group for backroom/support services
4. Reorganise Department of Health
5. Let our voice be heard in the consultation process



THANK YOU

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INDEPENDENT
THINKING**



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