



**100
PLUS**

Rewarding
hospitals with
high performing
Emergency
Departments



The HSE will fund the appointment of up to 100 new Category I Consultant posts for hospitals that are meeting the HSE's Emergency Department targets.

Rewarding Performance

Improving the performance of Emergency Departments, particularly in relation to patient waiting times, is a priority for the HSE.

The vast majority of hospitals have responded positively to the challenge and many are performing very well.

To recognise and support these achievements the HSE is introducing '100 Plus', a national scheme to reward hospitals that are maintaining high performing Emergency Departments.

Under the scheme, the HSE will fund the appointment of up to 100 new Category I Consultant posts for hospitals that are meeting the HSE's Emergency Department targets (see page 3).

All hospitals with Emergency Departments are eligible to apply and funding will be allocated based on performance during the winter months against these targets. Funding will be announced early next year.

As funding under this scheme is limited, the number of consultant appointments available to each hospital will be determined by their individual performances relative to other hospitals, and their size. As an illustration it is envisaged that a large sized hospital (circa 400 beds) that is consistently meeting the targets could receive funding to appoint 5 to 7 additional consultants.

It is important to note that these additional appointments are not designed to address difficulties currently being experienced in Emergency Departments – they are designed to reward hospitals which have already overcome these difficulties and will assist them to enhance and maintain their overall performance levels.

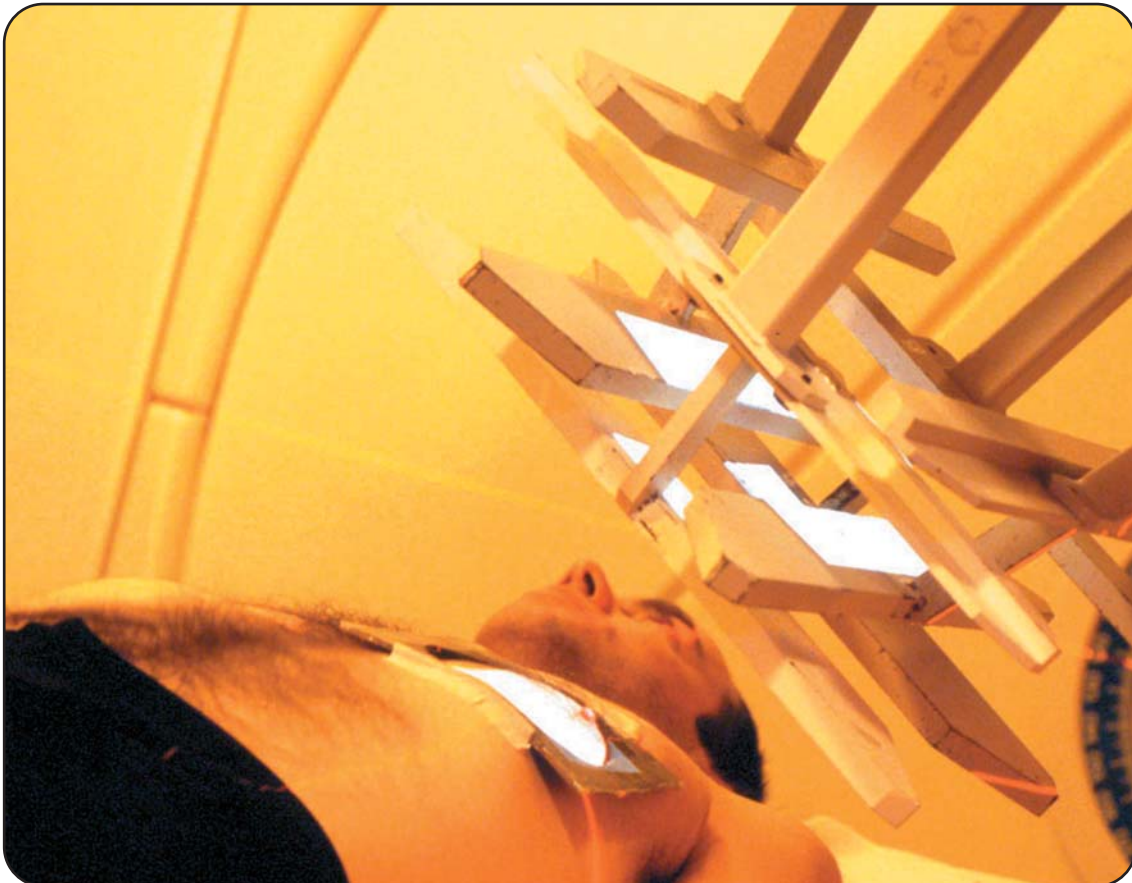
A hospital that is not performing in accordance with the Basic Performance Target set out in this document will not qualify for funding under this scheme.

Please note that funding is not available over and above the cost of the post and is being made available from resources in addition to the existing base allocation. The HSE acknowledges and appreciates the support from the Department of Health and Children for this initiative.

Key issues for Emergency Departments

It is now well established and widely accepted that the operation of Emergency Departments can be significantly improved by addressing:

1. Structural issues within hospitals such as access to existing in-patient beds and diagnostic facilities;
2. Process considerations within hospitals in relation to optimising patient throughput, the degree of focus of in-house specialities on Emergency Departments, the effectiveness/comprehensiveness of on-take provisions, seniority of clinical decision making, etc; and
3. Non-Hospital structural and process considerations particularly in relation to hospital avoidance measures and facilities to enable speedy hospital discharges.



HSE's Emergency Department Targets

BASIC PERFORMANCE TARGETS:

Hospitals will be deemed to have reached the Basic Performance Targets when, within their existing resource base and having regard to the many initiatives at present being pursued, their Emergency Departments reach the following targets.

Admission Waits

- 100% of Admissions Waits* are less than 24 hours
- 90% of Admissions Waits* are less than 12 hours
- 75% Admissions Waits* are less than 6 hours.

* An Admission Wait refers to a patient who has been referred to the in-patient team for admission by the emergency doctor.

No Trolley Waits:

No patients designated for admission to wait on trolleys, other than for nominal transfer time. Once specified for admission, patients must be accommodated in beds in acceptable surroundings with all basic support/hotel facilities (e.g. admissions lounges, etc.) when access to a designated in-patient bed is not immediately possible.

Not less than 20% Electives:

Simultaneous minimum elective in-patient admission rate of 20% of total admits.

EXCEPTIONAL PERFORMANCE TARGETS:

Total Emergency Department visit below 6 hours:

All patients are processed through the Emergency Department in 6 hours or less from time of arrival to time of separation (including admission for designated cases).

Electives at least 25%:

Simultaneous elective admission rate of at least 25% (in-patients).

Cancellations below 5%:

Cancellation rate for elective admission (in and day-patients) is no greater than 5%.

All 3 months + patients referred to NTPF:

All in and day-patients with waiting times in excess of 3 months to be fully referred to the NTPF.

Out-patients Waits Reduced:

Out-patient wait times for all specialties which are now more than 1 year to be reduced to less than 9 months (preliminary stage target).

Reduce Outpatients Returns:

Clear plan to reduce 'new to return' out-patient ratios to a maximum of 1:2 in designated specialties.

Performance Verifiable:

Demonstration of ability to accurately measure performance in all areas indicated.

Maintaining Performance

It is envisaged that new consultants appointed under this scheme will contribute significantly to enable hospitals to maintain Emergency Departments that consistently achieve Exceptional Performance Targets by:

- Creating Consultant critical mass to a level which frees the designated on-take Consultant from all other scheduled duties for the period of on-take;
- Enabling on-take Consultants to take responsibility for all in-house patients (including new and existing admissions and their discharge – even where the admission resides under the clinical responsibility and control of another Consultant);
- Creating circumstances where senior medical decision making (Consultant delivered) determines admissions and discharges;
- Providing for the presence of senior medical decision making (Consultant delivered) in Emergency Departments (mainly on-take based);
- Providing for multiple Consultant delivered ward rounds daily (including weekends);
- Extending the on-take Consultant presence in Emergency Departments (up to 10 p.m.);
- Providing direct GP access to Consultants to facilitate Emergency Department attendance avoidance (possible AMAU models of care provision);
- Providing for daily emergency Out Patient clinics in designated specialty areas (mainly Respiratory and Cardiology) designed to avoid attendance at/admission through Emergency Departments;
- The provision of enhanced diagnostic services for GPs/community – either in-house or preferably on an outreach basis.

How to Qualify

To qualify for funding under the '100 Plus' scheme a hospital must:

1. Meet the Basic Performance Targets;
2. Have substantially reached the Exceptional Performance Targets; or
3. Demonstrate how, with the appointment of an additional Consultant(s), it could achieve and maintain Exceptional Performance Targets.
4. All units in the hospital will participate in the up coming Dependency Measures analysis programme.

How to Apply

Hospitals are now invited to apply for funding to appoint additional Consultants under the '100 Plus' scheme. Applications will be accepted up to the end of November 2006.

Proposals which incorporate out-reach (e.g. Hospital/Consultant led management of/support for PCCC facilities/services) and/or in-reach (dedicated in-hospital resource for PCCC functions) provisions which demonstrably contribute to the maintenance of a high performing Emergency Department are encouraged.

Applicants should focus on, and demonstrate how, through the appointment of an additional Consultant(s), they can maintain their high performance in the following areas:

1. The speed with which patients can be assessed and treated within the hospital following admission (mainly discharge focus);
2. Admissions avoidance within the hospital (mainly through the creation of circumstances for additional and extended senior medical decision making both within Emergency Departments and in AMAU/diversion to Out Patient-type settings); and
3. Attendance/admissions avoidance by supporting out-reach initiatives.

Additional Information Required

Please also include the following information in your submission:

1. A prioritised schedule of Consultant Appointments sought under the '100 Plus' scheme.
2. Your hospital's current Basic Performance Target position.
3. Your hospital's current Exceptional Performance Target position.
4. Where both Basic and Exceptional Performance Target positions are already substantially met, details on how the prioritised consultant posts will be deployed and the expected returns.
5. If your hospital has not yet met all the Exceptional Performance Target position, demonstrate how/when this will be achieved and how the appointment of consultants under this scheme will enable your hospital to achieve and maintain this target.
6. Outline how existing resources (such as consultants' practices, access to theatre time, Out Patient services, Day Units, diagnostics and NCHD support from the existing pool) will be redeployed in the context of improving performance on appointment of prioritised consultant positions.

Submit your Application to:

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