



Directory of Best Practice Case studies of value improvement initiatives





Introduction

In collaboration with HSE Human Resources, the HSE Value Improvement Programme (VIP) has developed this 'Directory of Best Practice' as a tool that promotes best practice in identifying, sharing and signposting value improvement programmes in the HSE. It is a place to share initiatives, projects, boast about the great stuff, search for help with a problem, share, teach and learn from each other. We are grateful to the individuals and teams involved in putting this together and we applaud their energy and enthusiasm.

The HSE is full of passionate, inspirational and dedicated people with a strong sense of vocation who want to provide service excellence and deliver care in an optimum way.

The purpose of the directory is to highlight existing initiatives on increasing efficiency and, at the same time, improving quality and safety. It highlights the successes HSE staff have had in delivering specific schemes which enhance quality while delivering great value and provides sign posts to existing tools and reference materials. The directory will also be updated on a regular basis as new initiatives, tools and case studies are developed and introduced. The latest version will be available on the VIP website (<https://www.hse.ie/value-improvement/>). Should you have any feedback or queries, please feel free to contact us at value.improvement@hse.ie.

Thank you.



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National Director of
Human Resources



John Connaghan
HSE Director General



Joe Ryan
National Director of
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(interim)

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Service Re-design & Strategy	Trauma Assessment Clinic, Midlands Regional Hospital, Tullamore	The Trauma Assessment Clinic improves and streamlines the patient journey after an injury without compromising care.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/nominees/trauma-assessment-clinic/	2
Service Re-design & Strategy	Acute Coronary Syndrome Programme	The Acute Coronary Syndrome Programme is ensuring patients suffering from a STEMI (major) heart attack have direct access to standardised services in designated centres around Ireland	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/acute-coronary-syndrome-programme/	3

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Service Integration: Social Care & Acute Hospital	Community Epilepsy Outreach Service SSWHG/CHO4	A Community Epilepsy Outreach Service, based in Cork, has succeeded in transforming the quality of epilepsy care for service users through a radical redesign of the model of care	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/community-epilepsy-outreach-service/	6
Service Integration: Social Care & Acute Hospital	Community Virtual Ward in North Dublin	HSE primary care services in Dublin north worked with gerontology services in Beaumont Hospital, Nursing and Midwifery Planning Development Unit Dublin North (NMPDU) and Royal College of Surgeons Ireland (RCSI), to create the country's first Community Virtual Ward for older people.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/community-virtual-ward/	7

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Resource Efficiency, Staff Engagement & Education	Food Project, St Mary's Hospital, Phoenix Park, Dublin: Promoting Food First model and managing Hospital Clinical Nutrition products.	A new system was introduced to make mealtime a much better experience for both patients and residents in St. Mary's Hospital.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/food-project-phoenix-park/	9
Resource Efficiency, Staff Engagement & Education	Staff Sustainability Awareness and Education Project - National Health Sustainability Office	Optimising Power at Work / Green Healthcare Training & Awareness Programme)	Name: Cathryn Buckley / National Health Sustainability Office Email: nsho@hse.ie Phone: 0766955537	10

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Acute Hospital	Theatre Quality Improvement Programme (TQIP)	In 2017 the HSE, NCPS and NCPA collaborated with RCSI's Quality and Process Improvement Centre (QPIC) to deliver a Quality and Process Improvement programme where onsite facilitation and coaching was central component.	http://www.rcsi.ie/ncps_tqip https://www.hse.ie/eng/about/who/cspd/ncps/surgery/	12
Acute Hospital (Service Integration)	Ophthalmology Service Sligo University Hospital/Sligo Leitrim West Cavan CHO	The Ophthalmology Service in Sligo University Hospital has joined forces with colleagues working in the community to create an improved model of care for patients.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/ophthalmology-service/	13

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Acute Hospital	Serum eye drops Development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment (GBTE), University College Hospital Galway	There are many patients throughout the country whose lives have been drastically improved thanks to this treatment.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/serum-eye-drops/	15
Acute Hospital	Nurse led PICC line insertion University Hospital Waterford Hospital	Development of a Nurse Led PICC Line Insertion Service for Haematology and Oncology Patients	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/nurse-led-picc-line-insertion/	16

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Acute Hospital	Influenza Vaccination Campaign 2016/2017 at Temple Street Children's University Hospital, Dublin	The Temple Street Children's Hospital Influenza Vaccination Campaign encouraged the uptake of the vaccine among staff through a far-reaching campaign.	https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/influenza-vaccination-campaign/	18
Acute Hospital	Pulmonary Rehabilitation Programme, South Tipperary General Hospital, Clonmel, Co. Tipperary	Pulmonary rehabilitation aims to reduce symptoms, decrease disability, increase participation in physical and social activities, and improve the overall quality of life (QOL) for patients with chronic respiratory disease.	Project Contacts Name: Angela Radley O'Donovan Senior Physiotherapist. Email: angela.radley@hse.ie Phone: 052 6177058	19

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Acute Hospital	Healthcare Induction Hub on HSELand - University Hospital Galway (UHG)	The hub supports the face to face induction and can improve the quality of this by decreasing the amount of time that the induction contributors have to spend on basic facts.	Project Contacts Name: Professor Dara Byrne Email: dara.byrne@nuigalway.ie Phone: 087-9889753	21
Acute Hospital	Integrated Out-patient Rehabilitation Program Our Lady's Hospital, Manorhamilton/SAOLTA	Integrated Out-patient Rehabilitation Program as an alternative to In-patient care for patients with a rheumatic disease	NaProject Contacts: me: Maria Lynch Email: maria.lynch@hse.ie Phone: 071-9835211	22

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Acute Hospital	<p>Comprehensive Geriatric Assessment Document</p> <p>Carew House Day Hospital, Medicine for the Older Person</p>	Development and Integration of an interdisciplinary Comprehensive Geriatric Assessment Document in a Dublin Day Hospital	<p>Project Contacts:</p> <p>Name: Sarah Cosgrave</p> <p>Email: s.cosgrave@svhg.ie Phone: 01-2214122</p>	24
Acute Hospital	<p>From Finger Prick To Finger Tip-Results By Text For Patients With Phenylketonuria (PKU)</p> <p>Temple Street Children's University Hospital</p>	Patients-Improve patient experience. They can access the service and receive their Phe levels at a time convenient to them. This is a cost saving measure contributing to containing hospital finances	<p>Project Contacts:</p> <p>Name: Anne Clark Email: anne.clark@cuh.ie Phone: 01-8784473</p>	25

Theme: Service Re-design & Strategy



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>PROCUREMENT – PHARMACY</p> <p>Advancing the Role of the Pharmacy Technician and Delivering Better Value for Money on Hospital Drug Spend</p> <p>Connolly Hospital, Blanchardstown.</p> <p>Key Principles of National Procurement Policy:</p> <p>The key principles of this initiative are:</p> <ol style="list-style-type: none"> 1. To achieve compliance with EU Directives and National Financial Regulations 2. Through compliance, to achieve the best value for the health service as a whole. 	<p>A Senior Pharmacy Technician was employed on a specified purpose contract for a 12-month proof-of-concept period to demonstrate the savings that could be made from a targeted 'purchasing-for-quality' approach to drug procurement. A scoring tool was then developed, assigning suitable weighting to each criterion. The scoring tool was then piloted for a number of test drugs and refined. To track workflow, drug spend and savings, a database was developed, which gave clear visibility on spending and saving for the year-to-date as well as projected spending/saving for whole year. Work commenced on assessing selected high-spend drugs and recording the savings achieved.</p> <p>Patients demand and deserve medication of the highest quality. This project seeks to ensure that this demand is met while also delivering savings in drug spend. Such savings, in turn, may be reinvested in services which will enhance the patient experience.</p> <p>This project seeks to accept the reality of finite healthcare budgets, while also finding ways to retain a quality focus. After nine months, the overall savings achieved were in excess of €427,000 with total projected savings for 2017 in excess of €500,000.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/nominees/delivering-better-value-for-money-on-hospital-drug-spend/</p> 

Theme: Service Re-design & Strategy



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Trauma Assessment Clinic, Midlands Regional Hospital, Tullamore</p> <p>The National Clinical Programme for Trauma and Orthopaedic Surgery was formed to develop change initiatives which will improve and standardise the quality of care, to improve access for patients, and to provide a framework for the HSE, hospital managers, clinicians and the multidisciplinary teams caring for patients. The delivery of cost effective, evidence based healthcare is in the best interests of patients.</p> <p>The model of care was published in 2015.</p>	<p>The Trauma Assessment Clinic improves and streamlines the patient journey after an injury without compromising care.</p> <p>The Trauma Assessment Clinic (TAC) is a new care pathway for patients. The patient arrives in the Emergency Dept. with an injury and is treated to a recognized protocol. They are given information and a splint or cast and followed up by phone call from the orthopaedic team. Within 24 hrs the patient's x-rays/notes are assessed by the orthopaedic consultant.</p> <p>The Trauma Assessment Clinic pilot project has seen 1,668 patients. 30% of patients are discharged at this stage, 40% are referred to an appropriate clinic or a follow up trauma clinic, 30% are referred onto physiotherapy services. Therefore 60% do not attend the fracture clinic. In the past 100% of these patients would have attended the hospital clinics. Patients who don't need follow up are discharged and those that do are seen quicker and more efficiently, either in a clinic or a physiotherapy service.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/nominees/trauma-assessment-clinic/</p> 

Theme: Service Re-design & Strategy



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Acute Coronary Syndrome Programme</p> <p>The Acute Coronary Syndrome Programme is ensuring patients suffering from a STEMI (major heart attack) have direct access to standardised services in designated centres around Ireland. This means that STEMI heart attack patients now have rapid access to high quality services, which is safe and sustainable for the health service.</p>	<p>International evidence shows that the emergency procedure primary Percutaneous Coronary Intervention (PPCI), also referred to as an angioplasty, is the most effective treatment for STEMI patients, if the PPCI centre can be reached within 90 minutes of diagnosis. PPCI involves the insertion of a wire into the artery to open it using a balloon to allow the blood to flow to the heart muscle again.</p> <p>The ACS programme has been responsible for PPCI being rolled-out nationally and results show a major shift towards the treatment of STEMI patients with PPCI in Ireland. In 2014, 92% of eligible patients received PPCI compared with a report of 55% in 2011. Under the programme, STEMI patients, who are within 90 minutes of travel time of a designated PPCI centre, are brought straight to the centre by ambulance, where they receive emergency PPCI treatment in the cardiac catheter laboratory. Ambulances are now equipped with 12 lead electrocardiogram (ECG) machines and paramedics have been trained to diagnose a major heart attack and to transport patients to the best place for appropriate care.</p> <p>Once a STEMI patient is identified and transport to PPCI centre is less than 90 minutes, the ambulance crew immediately initiate transport to the PPCI centre. Emergency Aeromedical Service support is available when a patient is further away than the 90 minute travel window. The EAS helicopter will get many of these patients to a PPCI centre very rapidly, and well within the 90 minute window</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/acute-coronary-syndrome-programme//</p> 

Theme: Reshaping Care



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Innovative Support Co-ordination for Older Persons:</p> <p>HSE National Social Care Division/CHO 9 and ALONE voluntary organisation.</p> <p>The Support Co-ordination Service supports older people to age at home for as long as possible.</p> 	<p>Trained volunteers provide support to older persons. The programme intends to create a cost -effective, scalable, and transferable model by working with all services in the area.</p> <p>The project aims to:</p> <ul style="list-style-type: none"> •reduce hospital admission and support older people being discharged to return home •avoid nursing home admissions, for older people with lower support needs •identify factors preventing an older person from living well at home and identify the practical, social resources and supports addressing these factors •link in with the community and primary care supports •coordinate multiple supports across state agencies and local community and private services •apply for grants and aids with housing adaption's help with practical home modifications •combat loneliness and isolation through befriending and advocacy services <p>To date, 489 older people have been supported through the project.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/nominees/innovative-support-coordination-for-older-persons/</p>

Theme: Mental Health / Communications

IMPROVEMENT AREA

'Little Things' Mental Health Campaign

'Little Things' is a positive mental health campaign created by the HSE's Mental Health and Communications Divisions and 32 partner organisations. One of the strategic priorities of the Mental Health division is to promote positive mental health and to reduce the loss of life through suicide.



CASE STUDY

The campaign focuses on sharing evidence-based, simple and powerful day-to-day steps – little things that we can all do to protect our own mental health, and support the people we care about. People are encouraged to eat and sleep well, take regular exercise, talk about their problems, drink less alcohol and stay in touch and spend time with others – all proven to improve mental health.

The campaign brings people to the mental health one-stop-shop, yourmentalhealth (ie for more information and support). HSE's Communications Division strongly supported the work and is an example of a campaign designed to change the shape and tone of the mental health/suicide prevention sector by encouraging collaboration and solving a major signposting issue for the public.

Over 20 partner organisations sat on working groups for the campaign development. A partner campaign pledge publicly stating their support for the campaign and commitment to helping spread the campaign's messages has been signed by 32 partners. There are a wide number of champions for the campaign and there has been widespread media involvement. The creative advertising agency and the media buying agency involved have also been committed partners.

LINKS / CONTACTS

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/little-things-campaign/>

For more information on the LittleThings Campaign, visit www.yourmentalhealth.ie

You can also follow the campaign on:

Twitter [@littletthingshub](https://twitter.com/littletthingshub)

Facebook www.facebook.com/littletthingshub

Themes: Social Care & Acute Hospital (Service Integration)



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Community Epilepsy Outreach Service SSWHG/CHO4</p> <p>A Community Epilepsy Outreach Service, based in Cork, has succeeded in transforming the quality of epilepsy care for service users through a radical redesign of the model of care. The service was established in 2014 to provide high-quality specialist epilepsy care to people with intellectual disabilities living in residential care.</p> 	<p>A consultant epileptologist and an epilepsy registrar visit clients in their home environment and provide ongoing telephone-based care in between visits. The service currently visits ten residential sites on a rotating basis and over 200 clients have been assessed to date.</p> <p>People with intellectual disabilities living in residential care settings often have difficulty accessing traditional hospital-based outpatient services (e.g. mobility problems, requirements for continuous staff supervision or challenging behaviour) meaning logistical challenges can limit or preclude access to specialist epilepsy services.</p> <p>The main goals of the project were to improve seizure control, reduce the burden of seizure-related injuries and deaths, reduce the adverse side-effects from medication, cut hospital admissions and improve the involvement of clients, carers and families in the management of epilepsy. The project also worked to reduce overall healthcare costs by reducing seizure related injuries, unnecessary prescriptions and avoidable hospital admissions. The outreach service allows the same healthcare team members to keep in contact over much longer periods of time, working across traditional boundaries between hospital and community settings.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/community-epilepsy-outreach-service/</p>

Theme: Social Care & Acute Hospital (Service Integration)



IMPROVEMENT AREA

Community Virtual Ward in North Dublin

HSE primary care services in Dublin north worked with gerontology services in Beaumont Hospital, Nursing and Midwifery Planning Development Unit Dublin North (NMPDU) and Royal College of Surgeons Ireland (RCSI), to create the country's first **Community Virtual Ward for older people**.



CASE STUDY

The Community Virtual Ward has up to 50 patients who have complex health and social care needs. They live at home and the project is overseen by a Clinical Case Manager who works with colleagues to ensure that they receive the services they require in community during critical periods of illness and/ or functional decline. The ward supports older people to remain at home for longer and is designed to ease the burden on overstretched hospital services and reduce the number of unplanned hospital admissions.

The Clinical Case Manager is supported by a multidisciplinary team, including specialists in chronic disease management, and the patient's GP to assist the clients to stay at home longer and avoid hospital admission. Clients are assessed by the Clinical Case Manager, triaged, and admitted to the virtual ward which operates on a traffic light system of red (high risk), amber (moderate risk) and green (low risk). They are considered nearing discharge from the service once admitted to the low risk (green) category for continued follow up by the primary care team.

This initiative is being developed by the NMPDU in conjunction with the RCSI through a clinical academic approach: this has been critical to the discovery of this change in the way care is developed, implemented and evaluated to improve quality outcomes for patients including the integration of the Community Virtual Ward electronically reflecting upon the eHealth strategy Ireland.

LINKS / CONTACTS

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/community-virtual-ward/>



Theme: Social Care



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Nurse Led Asymptomatic Screening Clinic, Gay Men’s Health Service (GMHS), Baggot Street Hospital, Dublin</p> <p>The Gay Men's Health Service set up an innovative Nurse led asymptomatic screening clinic to reduce the incidence of HIV in the MSM community and beyond.</p> 	<p>In response to a dramatic increase in STI's among men who have sex with men (MSM) in 2016, the Gay Men's Health Service (GMHS) set up a new walk in clinic on a Monday afternoon 2pm to 4pm to increase testing among this population.</p> <p>Unlike the other two evening clinics at GMHS, this clinic is nurse led and offers a rapid HIV test in addition to a full STI screen. Prior to setting up this service the GMHS was unable to cater for the number of patients who attended the walk in service on a Tuesday and Wednesday evening. This resulted in between 25 and 35 MSM potentially positive for STI's being invited to return to the next available clinic or seek help at another service. The delay in treatment had the potential to have significant public health implications.</p> <p>This nurse led screening service has proved to be extremely cost effective not only in terms of the high quality of the clinical service delivered by Nurses but also the numbers of service users catered for. The high detection and treatment of STI's of 15% in this at risk group has ultimately reduced transmission and rate of spread as well as reducing ultimate cost to the HSE of untreated infections.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/gay-mens-health-service</p> 

Theme: Resource Efficiency, Staff Engagement & Education



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
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Food Project, Phoenix Park

Promoting Food First model and managing Hospital Clinical Nutrition products, St Mary's Hospital, Phoenix Park, Dublin



A new system was introduced to make mealtime a much better experience for both patients and residents in St. Mary's Hospital. This was done with a step-based approach which involved:

- Screening patients at risk of malnutrition
- The introduction of mealtime innovations
- Nutrition training for staff
- The standardisation of dietary documentation
- Alongside improving practices, a new ordering system for Oral Nutritional Supplements was designed by a senior dietitian to monitor usage and associated costs.

Led by dieticians, this campaign was a collaborative project including the catering department and ward catering staff, the speech and language therapy department, nursing and nurse practice development, stock department, St. Mary's hospital and Cherry Orchard hospital, health care assistants, the activity department and hospital management.

The previous system was inefficient, time consuming, expensive and often led to high wastage. This project not only addressed these issues but also raised awareness around the importance of good nutrition practices. It also subsequently achieved cost savings for the hospital.

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/food-project-phoenix-park/>



Theme: Resource Efficiency, Staff Engagement & Education



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Staff Sustainability Awareness and Education Project (Optimising Power at Work / Green Healthcare Training & Awareness Programme)</p> <p>- National Health Sustainability Office</p>	<p>The Staff Sustainability Awareness and Education Project aims to change staff behaviour towards resource use and work to improve resource efficiency in the Health Service. It aims to improve resource efficiency in the areas of Energy Efficiency, Waste Prevention and Water Conservation through staff engagement, awareness and education.</p> <p>Value for Money: The programme aims to engage and educate staff in relation to managing resources in a more effective way. By pursuing environmental sustainability the Health Service can lower operational costs and allow more resources to be directed to patient care.</p> <p>The collaborate approach that the project utilised also ensured value for money. The NHSO delivered the programmes in partnership with other agencies, utilising existing expertise and resources to ensure the best outcomes for the Health Service.</p> <p>Both programmes are repeatable and transferable and while, to date, the focus has been mainly on Acute Hospitals, the NHSO plans to roll both programmes out to the large and medium users in the CHO's.</p>	<p>Project Contacts:</p> <p>Name: Cathryn Buckley / National Health Sustainability Office Email: nsho@hse.ie Phone: 0766955537</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>EFFECTIVE CARE</p> <p>Frail Intervention Therapy (FIT) Team, Beaumont Hospital set out to develop a whole system pathway for frail older people to ensure they are managed assertively and their length of stay (LOS) is kept to a minimum.</p> 	<p>Emergency Department overcrowding is associated with increased mortality, increased length of stay (LOS) and patient harm.</p> <p>The Frail Intervention Team introduced an organisational quality improvement approach to ensure the care delivered is safe, effective, patient -centered, timely, efficient and equitable.</p> <p>This project has reduced the requirement for additional acute care beds, rehab beds and nursing home beds by promoting a home first ethos has saved significant money.</p> <p>The ultimate success of this project is that the patient gets to reduce their length of stay and go home.</p> <p>There has been a 28.5% increase in the volume of discharges by Day 10 of admission. 95% of patients are discharged in 49 days in 2017 compared with 65 days in 2015 and bed utilisation has reduced by 13% despite an 11% increase in admissions as our local population gets older.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/nominees/frail-intervention-therapy/</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>OPERATIONAL AND CLINICAL EFFICIENCY Theatre Quality Improvement Programme (TQIP) In 2017 the HSE, NCPS and NCPA collaborated with RCSI's Quality and Process Improvement Centre (QPIC) to deliver a Quality and Process Improvement programme where onsite facilitation and coaching was central component.</p> <p>The programme is currently piloting in 2 sites and with further sites invited to participate in 2018.</p> <p>The TQIP approach includes on-site QI training facilitation and certification, MDT team involvement, appointment of a dedicated project lead, perioperative governance and standardised KPIs.</p>	<p>Main Objectives:</p> <ol style="list-style-type: none"> 1.Improving Patient Experience and Outcomes 2.Improving the Safety, Quality and Reliability of Care 3.Team Performance and Staff Wellbeing 4.Adding Value and Improving Perioperative Efficiency 5.Developing Organisational Improvement Capability <ul style="list-style-type: none"> •Phase 1: University Hospital Kerry & University Hospital Waterford •Phase 2: Beaumont <p>10 additional sites have applied to take part in next phase.</p>	<p>http://www.rcsi.ie/ncps_tqip</p> <p>https://www.hse.ie/eng/about/who/cspd/ncps/surgery/</p> 

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Sligo University Hospital/Sligo Leitrim West Cavan CHO Ophthalmology Service</p> <p><i>"Having The Right People With The Right Skills In The Right Place, At The Right Time"</i></p> <p>The Ophthalmology Service in Sligo University Hospital has joined forces with colleagues working in the community to create an improved model of care for patients.</p> <p>Improvements have been realised as a result of a strong commitment on the part of the Hospital and Community teams including clinicians, nurses, administration, IT professionals and management in an integrated approach to continually improving the service to patients.</p>	<p>An increasing ageing population, and technological advances in treatment is resulting in higher demands for Ophthalmology Services. Hospital clinics have become progressively congested with chronic stable review cases while Medical Ophthalmologists in the community clinics were for the most part managing school screening/childhood eye tests.</p> <p>Building on the success of the award winning Medisoft Project, (the introduction of an Ophthalmic electronic patient record- which enables Opticians to follow-up patients who have had cataracts in the their local practice), this new model of care redefines the pathway of care for patients and has ensured that the role of each specialist is optimised within the service.</p> <p>As a result of this project, 1,400 additional outpatients have been seen in the service in 2015 alone reducing the waiting list by 45%. In addition, the change in focus from the Community Ophthalmic Physician and freeing up the Consultant Surgeons have resulted in 850 additional day cases within the service. The initiative avoided the need to send out hundreds of patients to the private sector during 2015, the previous cost for this additional activity was €750,000. A single waiting list across community and acute services is nearing completion and a single administrative team is to manage the referral process.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/ophthalmology-service/</p> 

Theme: Acute Hospital

IMPROVEMENT AREA

'Start Smart' – Improving the quality of empiric antimicrobial prescribing at Temple Street Children's University Hospital

Infection is the most common reason that children are admitted to hospital and it is crucial that children who have infections requiring antibiotics get the right drug at the right dose to ensure they recover quickly, while reducing the risk of drug side-effects and antibiotic resistance.

Doctors and pharmacists at Temple Street in Dublin worked together to achieve 100% compliance with antibiotic prescribing guidelines for children admitted via the Emergency Department (ED).

CASE STUDY

The key to the success of the project was "front line ownership". Results of weekly audits of children admitted and started on antibiotics were discussed at the Monday medical handover meeting, and consultants and NCHDs attending were encouraged to design local interventions to help drive improvement. These included making updates to prescribing guidelines more easily available via a prescribing app, guideline summary cards attached to ID badges, 'spot quizzes' and guideline summaries at the point of prescribing.

Nursing staff in the ED, Neonatal Ward, and the ICU were given access to the quick reference cards so that medication prescribed could be checked appropriately and so that they could provide further feedback to prescribers. Compliance with documentation of indications for antibiotic therapy and compliance with prescribing guidelines increased from an average 30% to 100% within two months of the start of the project. In addition annual antibiotic expenditure reduced by more than €100k, and nursing staff have reported a major improvement in dose selection and other indicators of prescribing quality.

Project details have been shared and have already been implemented in some other Irish hospitals and plans are in place to establish a programme of shared learning between these hospitals to support a similar approach to improving the quality of antibiotic prescribing.

LINKS / CONTACTS

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2016-awards/start-smart/>



Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Serum eye drops</p> <p>Development of a Serum Eye Drop Programme in Galway Blood and Tissue Establishment (GBTE), University College Hospital Galway</p> 	<p>Prior to 2011, all patients prescribed ASE's in Ireland had their serum, derived from a unit of autologous blood, shipped to Speke, Liverpool for processing. The product was then shipped back to Ireland and issued to the patient by the Irish Blood Transfusion Service (IBTS).</p> <p>The Galway Blood and Tissue Establishment (GBTE) at Galway University Hospital has dedicated years of service to obtaining the Good Manufacturing Practice (GMP) license to produce autologous and allogeneic serum eye drops.</p> <p>Galway University Hospital is the only hospital in Ireland licensed to produce Serum Eye drops (SE's). SE's are a serum-derived product used to treat a range of ocular surface disorders. 2017 has been the busiest year for Serum Eye drops to date and this is attributed to the Autologous Serum Eye drops (ASE) team for delivering an efficient programme.</p> <p>There are many patients throughout the country whose lives have been drastically improved thanks to this treatment.</p>	<p>https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/serum-eye-drops/</p> 

Theme: Acute Hospital

IMPROVEMENT AREA

Nurse led PICC line insertion

Development of a Nurse Led PICC Line Insertion Service for Haematology and Oncology Patients, University Hospital Waterford Hospital



CASE STUDY

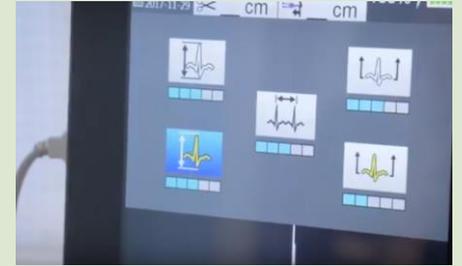
This project involved the development of a nurse-led peripherally inserted central catheters (PICC) line insertion service for haematology and oncology patients using 3CG technology. Prior to this, PICC lines were typically inserted by a consultant interventional radiologist.

An analysis and bench marking of the pre-existing PICC line insertion service was completed. The project team then developed a comprehensive business case to support the development of a nurse-led PICC line insertion service. This was approved by the Medical Directorate Leadership Team and Executive Management Board and Governance arrangements were put in place. A standard operational procedure was developed.

A pathway was developed with the community intervention team to carry out PICC line flushes in the patients home. The patient no longer has to wait for extended periods of time to have a PICC line inserted. This greatly decreases the anxiety patients experience while they are waiting to begin chemotherapy treatment. They also spend less time in hospital by not being admitted to a surgical day ward; wait times for insertion of PICC lines were reduced. patients commenced cancer treatment in a timely manner. Total savings were estimated to be €47,860. A database has been developed to gather all the relevant evidence which will allow for a full audit after 12 months.

LINKS / CONTACTS

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/nurse-led-picc-line-insertion/>



Themes: Acute Hospital



IMPROVEMENT AREA

CASE STUDY

LINKS / CONTACTS

Acute diabetic foot pathway

Development and Introduction of an Acute Diabetic Foot Pathway: A Multidisciplinary Approach, St Vincent's University Hospital, Elm Park, Dublin



Over a 3 year period (2012-2015) the number of patients admitted to St. Vincent's University Hospital for the management of the acute diabetic foot increased by 52%. These patients had an average length of stay of 26 days and a readmission rate of 43% within 2 weeks of discharge. There was also a 20% increase in the number of lower limb amputations performed.

A multidisciplinary task force was established to audit the service and identify any areas for improvement. Inpatient and theatre data over a 12 month period was retrospectively analysed. The task force identified five key areas which were:

- Reduce patient length of stay (LOS)
- Streamline and improve patient care
- Improve patient outcomes
- Improve access to diagnostics and interventions
- Ensure multidisciplinary approach to patient care

The task force reviewed the current national guidelines (Model of Care for the Diabetic Foot, HSE, 2011) and international best practice guidelines to establish a quality improvement plan. From this plan, the Acute Diabetic Foot Pathway booklet was developed.

This project has had a huge impact on patient satisfaction and outcomes. Length of stay is greatly reduced and patients are now treated at home if OPAT is available in their area. There are less major limb amputations performed and less readmissions.

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/acute-diabetic-foot-pathway/>



Theme: Acute Hospital

IMPROVEMENT AREA

Influenza Vaccination Campaign 2016/2017 at Temple Street Children's University Hospital, Dublin

The Temple Street Children's Hospital Influenza Vaccination Campaign encouraged the uptake of the vaccine among staff through a far-reaching campaign.



CASE STUDY

A number of innovative activities took place among all hospital staff. The campaign began with a 'Jabathon'. During this phase almost 25% of the hospital staff were vaccinated.

Other campaign initiatives included:

- 'Selflu' photo competition
- pop-up clinics at locations and times designed to suit front line staff
- peer vaccinators and champions
- mannequin challenge involving hospital leaders and all disciplines to boost campaign
- poster displayed on the website and photos

A wide range of communications for specific aspects of the campaign also took place .

The vaccination campaign was designed by the Nursing and Occupational Health Department. A wide range of individuals from all disciplines in the hospitals championed and supported the campaign. Temple Street had the top hospital vaccination uptake for mid season influenza among HSE funded hospitals and long-term care facilities 2016-17. Uptake was with 63.7%.

LINKS / CONTACTS

<https://www.hse.ie/eng/about/our-health-service/excellence-awards/2017-excellence-awards/influenza-vaccination-campaign/>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Pulmonary Rehabilitation Programme, South Tipperary General Hospital, Clonmel, Co. Tipperary</p>	<p>Aim: The education component of a pulmonary rehabilitation programme will assist participants to acquire:</p> <ul style="list-style-type: none"> • Self-management skills. • Knowledge of respiratory illnesses, risk factors, symptom recognition and management. • An understanding of the role of exercise. • Knowledge regarding correct and appropriate use of medications including oxygen therapy. • Emotional management & Breathing control skills. • Pulmonary rehabilitation aims to reduce symptoms, decrease disability, increase participation in physical and social activities, and improve the overall quality of life (QOL) for patients with chronic respiratory disease. <p>These goals are achieved through patient and family education, exercise training, psychosocial and behavioural intervention and outcome assessment.</p> <p>Value for Money: Recent audit of 152 Pulmonary Rehab patients from 2005-2015 showed a reduction of COPD bed days from 7.1 in the year pre rehab to 1.4 in the year post rehab. This is equal to a savings of over €880,000.</p>	<p>Project Contacts Name: Angela Radley O'Donovan Senior Physiotherapist. Email: angela.radley@hse.ie Phone: 052 6177058</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Same day Discharge Post PCI South/South West Hospital Group</p>	<p>Aim:</p> <ol style="list-style-type: none"> 1) to reduce demands on hospital beds. 2) provide more efficient service to patients. 3) reduce risk of patients contacting hospital acquired infections. 4). reduce financial costs to hospital. <p>Value for Money:</p> <ul style="list-style-type: none"> • It is less disruptive to the patients personal life. • Less financial costs to patient. • Reduced in demand for hospital beds. • Reduction in costs to hospital. • Diversity and Inclusion: Open to all genders and cultures. • Measurement and results: To date over 100 patients who were able to avail of same day discharge. Each had a follow up phone call at home. No issues were raised. Patients were very happy with service. <p>Plan is to set up data base for these patients that maybe used nationally</p>	<p>Project Contacts: Name: Edel Cronin Email: croninedel@yahoo.co.uk Phone: 087-7920908</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Healthcare Induction Hub on HSE LanD - University Hospital Galway (UHG)</p> <p>Saolta Univeristy Health Care Group (West/North West Hospital Group)</p>	<p>Aim:The aims of the project were to:</p> <ol style="list-style-type: none"> 1. identify the areas that are most problematic for newly graduated doctors commencing clinical practice in a new site; 2. provide departments and healthcare providers with a method to address specific areas of error commonly associated with the start of a hospital year in July; 3. build on and improve the traditional face-to-face induction programme that is mandatory for all incoming interns and NCHDs; 4. develop a platform and interface that is user friendly and video based with up to date site specific content and is available to users for 6 weeks prior to commencing work in the new site, from their own mobile devices; 5. improve level of preparedness for clinical practice and patient safety. <p>Value for Money:The hub supports the face to face induction and can improve the quality of this by decreasing the amount of time that the induction contributors have to spend on basic facts. The face to face induction period should be a more interactive and productive session when supported by the learning materials available in the induction portal. It is a cost effective way to deliver induction materials to large numbers of NCHDs and a limitless number of users can log on - thus it is very cost effective.</p>	<p>Project Contacts</p> <p>Name: Professor Dara Byrne Email: dara.byrne@nuigalway.ie Phone: 087-9889753</p>

Theme: Acute Hospital

IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Integrated Out-patient Rehabilitation Program as an alternative to In-patient care for patients with a rheumatic disease</p> <p>Our Lady's Hospital, Manorhamilton/SAOLTA University Hospital Group (West/North West Hospital Group)</p> <p>(The North Western Rheumatology Unit)</p>	<p>Aim:1) To reduce in-patient waiting lists by allowing patients access to the same therapies through day ward admission. 2) To promote self- management by reducing the reliance on in-patient admissions. 3) To replicate and develop the self-management elements of the existing 5 day in-patient admission program on an out-patient basis. 4) To allow for integrated rheumatology multidisciplinary team (MDT) management of rheumatology patients in an out- patient setting. 5) To allow for early access to specialist MDT intervention for early arthritis patients without having to resort to in- patient admission</p> <p>Value for Money: The programs reduce the overall costs of the management of the individual rheumatic diseases by reducing bed day costs. For the 1 day patients there are reducing travel costs by seeing all the rheumatology specialist MDT in the one day rather than having to undertake multiple visits to individual specialists on the team on separate days.</p> <p>Additional Information:1) The MDT will continue to provide the Integrated Out-patient Rehabilitation Program to the patients attending the NWRU. 2) The MDT will continue to measure its progress and to amend the program if necessary based on the results of continuous assessments. 3) The long term goal is to increase the staffing levels to facilitate the growing number of patients who are availing of the service. 4)To enhance the service by providing additional material and equipment .</p>	<p>Project Contacts:</p> <p>Name: Maria Lynch Email: maria.lynch@hse.ie</p> <p>Phone: 071-9835211</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Development of a Nephrologist based technique for peritoneal dialysis catheter insertion</p> <p>Beaumont Hospital, Dublin 9</p>	<p>Aim: Peritoneal dialysis is an excellent option for renal replacement therapy. However we found that many patients suitable for PD were denied this option and placed on haemodialysis because of difficulties with placement of a PD catheter. These difficulties include inability to organise placement in a timely fashion (due to requirement for hospital admission and placement on a operating list) and also contra indications to a general anaesthetic.</p> <p>Value for Money: Making this a day procedure has large cost savings and enabled beds to be free for other urgent admissions.</p> <p>Additional Information: To expand the programme within the home dialysis until in Beaumont Hospital and make peritoneal dialysis more accessible nationwide.</p>	<p>Project Contacts:</p> <p>Annette Butler CNM2 Dr Mark Denton</p> <p>Email: annettebutler@beaumont.ie markdenton@beaumont.ie</p> <p>Phone: 01-8528152</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>Development and Integration of an interdisciplinary Comprehensive Geriatric Assessment Document in a Dublin Day Hospital</p> <p>Carew House Day Hospital, Medicine for the Older Person</p>	<p>Aim: Our main goal was to develop an integrated interdisciplinary comprehensive geriatric assessment document for all new patients attending the day hospital. The aims of our project were to improve efficiency, improve flow of communication, reduce duplication of information documented, increase patient and staff satisfaction and to replace current referral form to off site rehabilitation day hospital.</p> <p>Value for Money: Overall efficiency within assessment, reduce repetitive questioning for patients and improving overall documentation. Pre pilot questionnaire patients reported being asked the same question 4 times. 84% of patients reported repetition throughout their assessment and reported efficiency of service as average.</p> <p>Additional Information: Liaise with ICT to have document scanned and available on the hospital clinical portal. Develop summary page for patients. Develop similar document for patients attending specialist clinics within day hospital.</p>	<p>Project Contacts:</p> <p>Name: Sarah Cosgrave Email: s.cosgrave@svhg.ie Phone: 01-2214122</p>

Theme: Acute Hospital



IMPROVEMENT AREA	CASE STUDY	LINKS / CONTACTS
<p>From Finger Prick To Finger Tip- Results By Text For Patients With Phenylketonuria (PKU)</p> <p>Temple Street Children's University Hospital</p>	<p>Aim:1. Patients-Improve patient experience. They can access the service and receive their Phe levels at a time convenient to them. 2. Economic-This is a cost saving measure contributing to containing hospital finances. 3. Efficient-Time saving for metabolic dieticians, reduce paper burden of workload, and contribute to increased efficiency as a department.</p> <p>Value for Money: Each text = €0.06. Previous phone call average= €0.10 per minute (10 minutes average time of call = €1) . License for texting system= €600 (one off cost). Prior to texting system Estimated costs per week € 67 Estimated costs per annum €3216. With texting system Estimated costs per week €4 Estimated costs per annum €192. Savings for 2015= €2,424. Projected savings for 2016= €3,024.</p> <p>Additional Information: There is potential for the software to be extended to other hospitals, including the Mater hospital who care for a number of adult PKU patients, and for other conditions. It is hoped to expand this system to other patient groups in the NCIMD for the provision of levels. Examine the prospect of providing the patient with the actual Phe level when it is out of target. Future audit will examine the impact of texting on patient Phe levels (pre- and post-introduction) over a longer time period to ensure outcomes remain favourable.</p>	<p>Project Contacts:</p> <p>Name: Anne Clark Email: anne.clark@cuh.ie Phone: 01-8784473</p>