**Draft Notes & Actions – ED Taskforce Implementation Oversight Group Meeting**

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| Date:Time:Venue:Chaired by: | Friday 15th June 20182.30pm – 4.30pmIndigo Room, Dr. Steeven’s HospitalMs. Anne O’Connor, Deputy Director General Operations Ms. Phil Ni Sheaghdna, INMO |
| Attendees | * Ms. Anne O’Connor (AOC), Co-Chair
* Ms Phil Ní Sheaghdha (PNS), Co-Chair
* Minister Simon Harris, Minister for Health (SH)
* Mr. Paul Bolger (PB)
* Mr. Joe Ryan (JR)
* Mr. Liam Woods (LW)
* Ms. Angela Fitzgerald (AF)
* Ms. Grace Rothwell (GR)
* Ms Rosarii Mannion (RM)
* Professor Mary Day (MD)
* Mr Dean Sullivan
* Mr Liam Woods (LW)
* Mr Stephen McMahon (SMM)
* Professor Garry Courtney (GC)
* Dr Gerry McCarthy (GMcC)
* Dr David Hanlon (DH)
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| Attendees | * Ms. Sarah Cooney (SC)
* Mr. Paul Bolger (PB)
* Ms. KathyAnn Barrett (KB)
* Mr. Tim Cotter – SDU
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| Opening Remarks | AOC welcomed all attendees and introduced the session. |
| Agenda Item |  |
| 1. Draft minutes and actions from meeting held 12th March 2018
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|  | AOC referenced the circulated minutes and actions from the last ED Taskforce meeting dated 12th March and requested agreement for sign-off. SMM noted prior requests made for data regarding the number of cancelled electives in times of overcrowding in Emergency Departments (EDs). Both GR and LW indicated that such data is not collected at site level however data could be provided in relation to the overall volume of electives cancelled. Action was agreed and AOC closed this item on the agenda **Action:**1. **GR to link directly with SMM and address the query.**
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| 1. Current performance / activity overview – May 2018 data
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|  | GR presented an overview of current performance for key metrics for the month of May 2018, and in respect of May 2018 (year to date). Particular reference was made to increases in ED attendances and admission (total and 75+ years old cohort). SMC enquired as to the nature of such increases. In response GR indicated that work is underway to develop intelligence on sources of presentations and admissions (e.g. GP referrals, self-referrals). Particular reference was made to University Hospital Limerick’s higher than average rate of GP referral rates when compared to national norms. GR noted that pattern of ED Attendances for the period pre and post Storm Emma right through to the May BH and noted the associated challenges with ‘Model 3’ particularly impacted, and with longer recovery periods.PNS noted that INMO trolley count figures are not consistent with HSE counts as the ward count is included in INMO figures and not in HSE count. PNS further noted her position as to a lack of confidence in PET figures and raised the potential that same could be manipulated at local level. GR highlighted that work is currently in progress regarding average PET and noted some really good average PETs. GMC asked would same include both admitted and non-admitted PET. GR answered that initially the average PET time would be analysed in a combined format with the ability to analyse the data in isolation at a later date.PB noted good performance recorded at Our Lady of Lourdes Hospital Drogheda in spite of high levels of attendances and admissions and queried why this was the case. AF noted a number of contributory factors to good performance in OLOL.SH noted the performance and noted the quality of the data as presented and asked how this could be better used. SH noted a previous initiative by eHealth where an application was being developed for the public to identify the nearest geographical ED and receive information as to current waiting times, and sought an update re same.SH noted that it is good to recognise good performance in the system and highlighted that all parties should assess how good performance could be better recognised. General discussion ensued regarding sharing of performance reports. GR noted that a weekly Unscheduled Care (USC) performance review is issued at both National and Group level. SMM asked for confirmation from the Groups that these reports are shared with hospitals.PNS commented on the eHealth initiative and noted that it is important that a full picture is given in relation to wait times. A patient’s waiting time does not end after the decision is made to admit, and it is important that the entire length of stay from presentation to discharge / receiving a bed is monitored. AF noted that there are six timestamps collected in PET times albeit smaller sites are not in a position to collect/report on all such timestamps. AF further noted that many sites batch discharge at times of nurse handover for example. Such practice negatively distorts PET timestamps.AOC enquired as to the status of the eHealth initiative. LW noted that it would be beneficial for such an application to include Minor Injury Units and GP Out-Of-Hours services. GMC discussed a larger body of work currently being developed to tender stage which would encompass a single IT system for clinicians to manage the patient journey wherever it may take place. LW commented that this is a fundamental solution to whole workflows. GC noted the benefits of such a system in terms of ease of use and the ability for managers to identify blockages in real time and be in a position to direct flow to the most appropriate setting for the patient. LW indicated that this initiative could take a couple of years to be rolled out. GR asked could this system be used to access patient data across multiple sites. GC confirmed this and also referenced it’s ties to the shared records programme.GR continued to present the performance overview and highlighted an ongoing body of work to review delayed discharge processes at four selected sites – Cork University Hospital, St. Luke’s Hospital Kilkenny, Galway University Hospital and Tallaght (Adults) Hospital. The initiative consists of reviewing delayed discharge processes with a deeper dive into delayed discharges by category. This body of work will assist in the identification of good processes and areas for improvement. A report is expected to be issued in August 2018. MD asked how the four sites were selected with particular reference to the selection of Kilkenny over Wexford. GR noted the many factors taken into account between the SDU and Social Care Division, noting a known capacity deficit in Wexford. GR indicated that she would be happy to carry out the exercise at additional sites if requested.SH stated that he was satisfied that this work was being completed and is aligned to a body of work currently progressing at the Department of Health. He expressed surprise at the high number of patients in the destination long term care category. He further noted high numbers in the Home category and queried if funding or staffing was the substantive issue.AOC confirmed that both are issues at various different sites. For example in CHO 7 challenges exist in relation to funding whereas, CHO 5 has significant challenges in relation to resourcing. AOC further noted that there is has been a 4% decrease in the uptake of the Fair Deal Scheme. In particular reference to Dublin there appears to be a trend of people being approved for the scheme but opting out post-approval due to rising property prices.SH queried how many patients in the destination long term care category have been offered a site but have not accepted the offer. General conversation on the matter ensued with PB noting that there is a combination of issues in terms of supply and systemic issues. AF noted that 130 patients are added to this category per week and that due to such levels of movement you will always have a minimum of 260 patients as a baseline listed for this category. AF further noted that the system has improved significantly in achieving four-week turnaround times. Discussion further ensued on many of the remaining patients being more complex cases and isolated cases of patients ‘living in hospitals. MD noted that Kilkenny has the same 3 or 4 long term complex patients in situ. SMM noted anecdotal evidence of various reasoning for such numbers and asked could tangible evidence be developed and an official statement released. SMM further voiced concern over a perceived disparity in the calculation of delayed discharge numbers at local sites.SH noted that some progress has been made in the Category C and that the numbers were at their lowest in a long time. SH expressed concern re the perceived acceptance that a figure of below 500 was acceptable, particularly in the context of securing additional capacity and staffing for same. PNS noted that ‘Type B’ delayed discharges are the only category we can truly control and expressed concern that private nursing homes were determining that patients were not suitable for their facilities in many cases. Thus more public nursing homes places must be made available and criteria set and assessment to determine applicability. SH agreed that a policy was required to include criteria for determining suitability. If such practice would require legislative support, then this should be explored.AOC noted that some of the environments in terms of nursing homes may not be suitable for patients. GC noted that real capacity needs to be balanced citing Kilkenny as an example where beds were closed at the acute site (14 reopened successfully as part of Winter Initiative 2017/2018) and a further 100 beds were lost in the Community due to fire regulations / HIQA assessments etc. AOC agreed and noted that the Dublin area could be facing similar issues in the near future.SMM identified an example of a sick patient discharged home on the basis of palliative care being available. A breakdown in communication at a system level meant that the support was not available and it was three weeks before same was rectified. SMM summarised to say that better communication is required between CHOs.PB noted the quality of the slides and recommended that efforts were made to try and capture other factors such as GP and OOH referrals etc. All agreed and GR noted that such factors were in train.DS suggested that demographic information be analysed for the next meeting.**Actions:**1. **Additional metrics to be analysed for the next ED Taskforce Meeting – Average PET times, demographic information, sources of presentations and admissions.**
2. **Analysis of good performance at OLOL Drogheda to be undertaken**
3. **Confirmation from Hospital Groups that weekly USC performance reports are issued to Acute Hospitals.**
4. **Discussion to be had re patients for long term care given the discussion points above.**
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| 1. Unscheduled Care Forum
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|  | GR introduced the proposed USC Forum and noted the overarching objective as being to understand what the data is telling us, and in turn identify new and innovative solutions moving forward.Some of the understanding will include:* Why patients present to EDs
* Are there alternatives?
* Are there alternatives to admission?
* Understanding length of stay and how to reduce it
* Understanding good practice in discharging
* Sharing and replication of good practice.

This will be achieved through rigorous interrogation of available data and engagement with front line staff at the Forum event to understand what the data is telling us and identify solutions.It is proposed to have the Forum on the 4th September at Dublin Castle. GR reviewed the proposed agenda for the forum. PNS noted that such a forum needs to have a tangible purpose and that data is only useful if used and understood. PNS reiterated the importance of front line input to the process to assist with understanding why trends are happening.Discussion ensued regarding the proposed audience and it was agreed that GR would link with members and seek views and opinions and progress an invite list thereafter. SMM suggested that the process could be enriched through using examples of patient story’s both good and bad. LW proposed the use of data from sources such as the recent patient survey and NAS. LW also recommended that the data and reports were developed in advance of the forum for discussion and review by stakeholders.SH suggested that the forum could offer a great opportunity to reenergise the ED Taskforce and refocus it, with new aims with an outcomes-based approach, and potentially a reconstituted group.Further discussion continued in relation to target setting and SH asked that we could potentially revisit what success would look like for next winter. There is a lack of understanding by the public of pertinent data beyond the headlines in media. An honest evaluation followed by a plan to deliver realistic objectives for winter could be a good approach.PNS referenced the need to look at a consensus that sites which cannot perform better unless they receive specific funded initiatives, varying funding initiatives apply and there are sites that are performing well under similar constraints and that data should be leveraged to display the real issues and support pre-planning. SH suggested that there is a risk that certain locations believe they can do no more until they receive additional beds.PB further elaborated on the use of data stating that it should be used to identify areas where challenges exist and identify what can we then to tackle such challenges. What is within our control? PB suggested that we could invite good performers to present at the USC forum to share learnings with regard to what works well.Further general discussion centred on the setting of realistic trolley targets and SMM suggested that the system should be honest and set targets based on evidence.MD suggest that speakers for the USC forum would include members from some of the existing Lean programmes taking place (e.g. Saolta, Ireland East)**Action:**1. **GR to seek input from members regarding Forum invitees and prepare a draft invitee list thereafter**
2. **Data and reports to be developed and issued in advance of the USC forum**
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| 1. Lessons Learned 2017 / 2018
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|  | GR confirmed that the final Lessons Learned document is currently under review internally and will be available for distribution imminently. |
| 1. Capacity proposal
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|  | JR indicated that the Capacity proposal document is close to completion and due to be distributed to the DoH next week (ending 22nd June). The proposal is currently under due diligence. The proposal will include both Acute, long term and Community beds. GR confirmed that the proposal is one aspect of the 3-year plan for USC with the 5 Fundamentals as the Improvement Arm. JR indicated that the proposal has also taken account of the Slaintecare report and the DoH Capacity Review.PB suggested that by September 2018 there will more clarity in the system with a number of plans due for finalisation and implementation.PNS requested a breakdown of the bed numbers proposed in terms of Intensive Care, Critical Care etc. JR responded that he does not have final numbers yet but has linked with stakeholders and is currently completing due diligence.PNS noted that nursing levels are currently at a level below the census for last year and stated on the record that the INMO will not support the final capacity proposal if firstly the 2018 recruitment plan is not agreed in advance and secondly they are not consulted in relation to the additional capacity in advance of public release. AOC confirmed that serious consideration to this matter has been taken account of. LW suggested that when the proposal is shared with the INMO it will support further dialogue.SMM raised the issue of looking at the streamlining of nursing recruitment going forward. PNS confirmed that this has not been agreed for 2018 and the matter is at the WRC as a dispute.SH agreed that extra capacity would require extra staffing over and above existing levels and confirmed that there is no suggestion that the capacity proposal would be announce publically without prior consultation with the INMO. LW concluded that the proposal would be shared with the INMO in advance of implementation and that all parties should come together to develop a plan to implement the proposal in a proper manner. |
| 1. AOB
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|  | GR introduced a number of items for brief discussion and to ensure focus that same were not excluded from future meetings.1. **Future of the ED Taskforce**

AOC stated that this topic should be focussed as a product of the USC Forum. SMM stated that there is a need to be cognisant of current pressures and suggested risk factors are built into the performance target and measurement practices. SMM proposed that the focus of the ED Taskforce has been diluted over time and that perhaps the membership size is too large. AOC and LW confirmed that the capacity plan is a more strategic approach to a pre-winter plan. SH stated that items 3, 4 and 5 of this agenda are all focused on winter however they maintain a sense of moving away from just winter in the direction of annual planning and that by next week there should be clarity on this with the proposal delivered. In terms of the focus of the ED Taskforce, SH agreed that a finite number of actions should be developed to support a programmatic approach to meetings and that subsequent to the USC Forum we should be in a position to have a reconstituted membership and a reenergised service.1. **Acute Floor Programme**

GR noted that this programme was referenced earlier in the meeting and that a dedicated timeslot would be allocated at a future meeting for same.1. **USC 3 year plan and the 5 fundamentals of patient flow**

GR noted that a brief update had been provided in respect of same, and again would include as an agenda item at a future meeting.1. **National Escalation Directive**

GR advised that Draft Terms of Reference have been developed and shared and approved by HSE stakeholders, and noted that the next step was to link in with INMO colleagues over the summer months to progress the review in advance of next winter.1. **National Emergency Medicine Programme**

GR noted that the research proposal was approved and with a change in personnel there was some confusion but she noted that a meeting is being arranged. |
| 1. Future Agenda Item
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|  | GR noted that Kevin Kelleher of the Health & Wellbeing division circulated a Final Evaluation Report on the influenza season in 2017/2018. The report will be added to the agenda for the next meeting.GR noted a request from the DG to have Pat McCreanor speak at a future EDTF re the ‘Hear and Treat’ Initiative. |
| Next Meeting | AOC concluded the meeting. It was proposed to have a mini meeting at the end of August to approve the Forum and then to have a full meeting in late September.SDU to link with key stakeholders re suitable dates. |