

Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

Date: Time: Venue: Chaired by :	18th April 2016 10:00am – 12:00pm Boardroom Dr. Steevens Hospital Tony O’Brien, Director General, HSE
Members attending	<ul style="list-style-type: none"> • Tony O’Brien – Director General, HSE (Chair) (TO’B) • Liam Woods – Interim National Director, Acute Hospital Division, HSE (LW) • Liam Doran – Irish Nurses & Midwives Organisation (Co-Chair) (LD) • Angela Fitzgerald – Deputy National Director, Acute Hospital Division, HSE (AF) • Grace Rothwell – HSE, Head of Special Delivery Unit (SDU) (GR) • Brian Murphy – Special Advisor to Minister Varadkar (BM) • Steve McMahon – Irish Patients Association (SMcM) • John Hennessy – National Director, Primary Care, HSE (JH) • Pat Healy – National Director, Social Care, HSE (PH) • Gary Courtney – HSE Acute Medicine Programme (GC) • Mary Day – CEO, Ireland East Hospital Group (MD) • David Hanlon – Group Lead Primary Care Integrated Care Programme (DH) • Michael Fitzgerald – Head of Ops & Service Improvements for Older People, Social Care (MF) • Dr. Gerry Mc Carthy, HSE Emergency Medicine Programme
Also attending	<ul style="list-style-type: none"> • Ann Martin – Head of Communications, Acute Hospital Division , HSE • Marita Kinsella – Department of Health • Avilene Casey, Exec. Performance Improvement Lead, Office of the Director General, HSE • Willie Reddy – HSE, Special Delivery Unit • Anne Keating – HSE, Special Delivery Unit • Killian Keogh – ‘Project Vision’ • Brian O’Dwyer – Project Vision Manager • Brigitte Burke – HSE Acute Hospitals Division, HSE • Nessa Lynch - HSE Acute Hospitals Division, HSE
Apologies	<ul style="list-style-type: none"> • Rosarii Mannion – National Director, HR, HSE • Dr. Colm Henry, National Clinical Advisor and Group Lead for Acute Hospitals, HSE
Agenda Item	Notes and Actions
Notes & actions of previous meeting	The minutes of the previous meeting on the 23 rd of February 2016 were approved.
ED Performance	<p>AF presented an overview of ED Performance for Qtr 1 and the following key issues were noted:-</p> <p>Attendances - Total PET attendances 1st Qtr, 2016 have increased by 6.9% compared to same period in 2015`.</p> <p>Admissions - The highest number of attendances were recorded for Limerick with outliers in admission rates being Kilkenny (36%) Limerick (34%). Portiuncula was also noted as high on admission rates. A low rate was recorded for Portlaoise and it was</p>

noted that this will need further analysis.

Trolley Count – The difficulty in comparing Trollygar 2016 with 2015 was noted – *24hrs not captured in 2015* – with some calculation there is evidence of a marginal improvement in 2016 in the 18hr, 24hr categories.

The progression of patients through ED and the delays in the process were discussed and the following key points were noted and discussed:-

- Key contributing factors are the requirement for Isolation, Telemetry and Diagnostics.
- Delays in the ED team first seeing the patient and referring to the admitting team.
- Decision under whom to admit in absence of key decision makers.
- Evidence that a key focus should be on the 11am to 3pm time to capitalise on the resources of the team available at this time.
- A separate protected area/ dedicated space for patients to speed up process (Waterford example).
- Proactive approach - ADON monitoring patient flow, timelines, with focus also on the non-admitted.
- Focus on Triage interface.

AF advised that the specialised ADON's to focus on and patient flow have been agreed will and be in place soon.

It was noted that ED Taskforce Actions support many of the changes required to enhance the processes as identified.

MD shared a learning experience from the IEHG who are currently engaged in a review process which has led to the introduction of improvements around current work practices.

30 Day Moving Average - It was noted that the 30 day moving average has increased ytd by 4% with the ytd 8am Trolley Count up by 1.4%. The following issues of concern were raised and discussed.

- Sustained increase in all attendances particularly 'out of hours' and more prevalence in 0-6 years of age category.
- Evidence of displacement of Older People by increased attendances of other cohorts out of hours.
- The increase in the over 65 yr age group remains a constant with numbers increasing from 32% to 39% this year.

AF noted that the over 65 age cohort is a particular vulnerable group when the community services are under pressure.

Actions agreed:

- **AF/GR/SDU to further investigate the data on the 30 day moving average to determine the causal factors contributing to this increase in attendances - this work to be aligned with Taskforce Actions.**
- **DH to review GP out of hours activity in respect of evidence of displacement of Older People by 'Urgent Referrals' and 0-6mth category.**
- **AF to request GP Out of Hours activity figures from the BIU and report back**

	<p>to the members.</p> <ul style="list-style-type: none"> • AF to look at low admission rates in Portlaoise.
Social Care Update	<p>PH provided an update on Social Care and the following points were noted:-</p> <ul style="list-style-type: none"> • Work on the 'Bed Bureau' model is progressing. • The Delayed Discharge definitions work is progressing. • NHSS progressing well and maintaining 4 week target. • Home care is progressing as per the identified plan to maintain the 2015 outturn - challenges from existing cohort seeking more hours. • Graph presented on delayed discharges from 2014 -2016 with figures showing slight increase between weeks 9 – 13, 2016, but not reaching the high levels of 2014,2015. • There are additional private nursing home beds coming on stream in the greater Dublin area - private providers are also struggling with recruitment of staff. • It was confirmed that there is no impact on the Fair Deal scheme – it is still running effectively. <p>LW raised a concern regarding the number (90) of 'young chronic sick' / complex cases waiting for HCP's and cautioned that patients waiting at home for placement may need to present in ED. LD agreed with this point.</p> <p>The level to which the available budget matches the need and current wait lists for services was raised by SMcM and discussed. PH advised that the demand is greater than the budget and the €20m made available this year enabled Social Care to maintain ELS. It was further advised that there are recycled home help hours available but the quantum this year has reduced. He further advised that the available capacity is flexed up and down during the year to ensure increased provision during the Winter period.</p> <p>SMcM requested that the number of days patients are waiting be added into the report presented.</p> <p>A discussion took place in respect of a concern raised by BM regarding the hospitals being priorities and the focus taken off those waiting in the community. He noted that process issues need to be resolved with delayed discharges in hospitals and he welcomes the work undertaken in CUH and Beaumont – It was noted that the DoH are keen to support these developments.</p> <p>Actions agreed:</p> <ul style="list-style-type: none"> • PH to include the number of days patients are waiting in the data demonstrating Delayed Discharges. • AF/ SDU to continue work with SC to increase the flow of patients from acute services.
Primary Care Update	<p>An update in relation to Primary Care was provided and the following points were noted:</p> <ul style="list-style-type: none"> • There has been a substantial increase in 2016 in GP Out of Hours attendances • The GP Out of Hours data for January 2016 is high and this requires further investigation – it was also noted that if the data can be viewed by age band this would provide more effective interrogation.

	<ul style="list-style-type: none"> • Minor Surgery Programme is being expanded with a view to completing 10,000 procedures in 2016. • CIT referral activity is over 500 patients per week -There is a short term CIT service set up in Clonmel – further discussion is required on this service. • GP diagnostics – ultrasounds are now available across 10 sites nationally. • Chronic Disease: 48 WTE's have been identified for chronic disease services • Social Inclusion: The Bru clinic has ironed out access issues for homeless persons; there is strong integration between the hospital and community. • Services are strengthening in the Palliative Care service with less referrals in Galway and Kerry – Additional posts have been delivered through NRS. <p>The high figure presented for GP Out of Hours for January 2016 (109,063) was raised by the DG and it was noted that the figures are under review. The strong correlation between an increase in Out of Hours and increased ED attendances was noted. The potential impact of under 6's in displacing GP hours was raised by LW as an issue that needs further analysis. JH agreed that it is a concern that it will lead to an increase in ED attendances. It was agreed to keep under review.</p> <p>Actions agreed:</p> <ul style="list-style-type: none"> • DH meeting John Joyce to review/ interrogate the data on the GP Out of Hours Attendances. • JH / AF to meet re target focus on developing CIT team in Clonmel. • JH to monitor GP hours in respect of number of under 6's presenting.
<p>Acute Hospitals Division Update</p>	<p>An overview of the progress to date on PET / Trolley analysis was provided by AF and the following points were identified:</p> <ul style="list-style-type: none"> • YTD Trolleys up 3% from 2015 figures. • UL noted as busiest Adult ED in the country. • Most improved sites were Portlinculla, Letterkenny, St. James's Navan and Connolly. • Most disimproved sites were Cavan, Tullamore, St. Luke's, Kilkenny, Waterford and Portlaoise - Cavan has encountered challenges with the transit ward; Tullamore has experienced periods of surge, and significant process issues within AMU and patient flow; Waterford continue to have challenges regarding staffing to open wards and capacity management. <p>Additional Capacity update</p> <ul style="list-style-type: none"> • Connolly : 24 beds – 16 inpatient beds, remaining 8 will open as day beds only • Loughlinstown: 12 beds are open and staffed, target is end of May to have all open. • Tallaght: 12 of 16 are open. • St. Mary's Ortho / Mercy University hospital: challenges recruiting staff are impacting the opening of the additional capacity beds. • CUH Temple St. – open as a discharge lounge 3 days per week. • Tallaght (Childrens): beds open 10am – 10pm recruitment is ongoing to enable 7 day usage. • Naas 11 beds – no additional capacity beds open yet, staffing is the challenge here. <p>LD addressed the matter of recruitment and availability of staff being an increasing</p>

	challenge in the future – this will present as a 4-5 year challenge for nursing.
SDU Update	<p>ED Taskforce Actions</p> <p>An update was provided by GR on the 87 Taskforce actions and the following was noted:-</p> <ul style="list-style-type: none"> • 13 Absolutes complete – evidence was received in March. • 45 actions: 9 metrics recording progress – will be ongoing. • 36 actions – evidence will be back by the end of May. <p>GR provided an update on the SDU Review site visits and key actions and advised as follows:-</p> <ul style="list-style-type: none"> • Many common themes are emerging and these are closely aligned with the taskforce actions– good process is anticipated. • Method of review applied has three main strands i.e. Inflow, Throughput and Egress and each is monitored in respect of timelines. • Key actions – dates have been advised to all HG CEO’s, shared learning from all sites and validation through unannounced visits. <p>SMcM requested that the patient experience be incorporated. This was agreed.</p> <p>The structured approached and proposed alignment with taskforce actions was welcomed by the group.</p> <p>It was agreed that GR will Chair a group regarding DDI’s, to include Social Care, to look at best practice (CUH) and how this can be shared across sites who are not performing well (Beaumont).</p> <p>GR informed the meeting of plans to explore capacity options such as Physical space/beds, refurbishment of buildings, private sector options and alternative solutions such as ‘patient hotel’.</p> <p>GR to develop and submit paper to HSE Leadership Team in respect of repositioning SDU as a cross-divisional unit.</p> <p>Actions agreed:</p> <ul style="list-style-type: none"> • GR/SDU: All sites will receive unscheduled visits in the future to determine if they have implemented the actions required. • GR/SDU to include patient experience in the learning process / future work. • GR/SDU to further explore future capacity options. • GR to present paper to HSE Leadership Team on repositioning SDU.
AOB	MF provided an update on Cuan Ross following a query from LD. It was noted that in CHO Area 9 HIQA has issued a closure notice to Chapel View, St. Marys. A proposed solution is to use Cuan Ross for the transfer of these patients, this is happening with immediate effect MF working collaboratively with HIQA on this matter.
Date of Next Meeting	Date to be agreed