

Notes & Actions - ED Taskforce Implementation Oversight Group Meeting

Date: Time: Venue: Chaired by :	Friday 29th January 2016 09:00am – 11.00am Training Room 1& 2 Mezzanine Level, HPO Offices, Brunel Building, Heuston South Quarter, Dublin 8 Tony O'Brien, Director General, HSE
Members attending	<ul style="list-style-type: none"> • Leo Varadkar – Minister for Health • Tony O'Brien – Director General, HSE (Chair) • Liam Woods – Interim National Director, Acute Hospital Division, HSE • Liam Doran – Irish Nurses & Midwives Organisation (Co-Chair) • Brian Murphy – Special Advisor to Minister Varadkar • Angela Fitzgerald – Deputy National Director, Acute Hospital Division, HSE • Tracey Conroy – Department of Health • Gerry McCarthy – HSE Emergency Medicine Programme • Steve McMahon – Irish Patients Association • John Hennessy – HSE National Director Primary Care • Gary Courtney – HSE Acute Medicine Programme • Mary Day – CEO, Ireland East Hospital Group • David Hanlon – Group Lead Primary Care Integrated Care Programme • Grace Rothwell – HSE, Head of Special Delivery Unit (SDU)
Invitees attending	<ul style="list-style-type: none"> • Ann Martin – Head of Communications, Acute Hospital Division , HSE • Rossarii Mannion – National Director, HR, HSE • Marita Kinsella – Department of Health • Robert Kidd - Acute Hospital Division, HSE • Avilene Casey, Exec. Performance Improvement Lead, Office of the Director General, HSE • Willie Reddy – HSE, Special Delivery Unit • Anne Keating – HSE, Special Delivery Unit • John Joyce – HSE, Primary Care • Killian Keogh – 'Project Vision' • Nessa Lynch - HSE Acute Hospitals Division, HSE
Apologies	<ul style="list-style-type: none"> • Colm Henry – National Clinical Advisor and Group Lead for Acute Hospitals, HSE • Pat Healy – HSE National Director Social Care • Michael Fitzgerald – Head of Ops & Service Improvements for Older People, Social Care • Paul Connors – HSE, National Director, Communications
Agenda Item	Notes and Actions
Notes & actions of previous meeting	The notes and actions of the meeting of 21 st December 2015 were approved & agreed.
Update on ED Performance	<p>Angela Fitzgerald presented on ED Performance. The update is as follows:-</p> <ul style="list-style-type: none"> • Trolley Performance has deteriorated 10 -11% in the past two weeks, this directly correlates to increase in overall numbers attending EDs noted (10%) • Comparative data 2015/2016 presented (A3 included in meeting pack) • The conversion rate is running relatively static • The +65 years demographic has increased by 11% • The data is demonstrating that the system is busier and that the age profile of

	<p>patients accessing the system is higher</p> <ul style="list-style-type: none"> It was identified that there is a correlation between attendances and TrolleyGAR, it was acknowledge that despite the increased attendances many hospitals are performing better than last year <p>Regarding the current high attendances numbers, Liam Woods advised that there is some correlation in terms of increased attendances due to increased ILLI rates.</p> <p>Stephen McMahon noted that if it were not for the additional capacity and focus in winter 2015/16 that it is likely trolley performance would have been significantly worse given the overall increased demand.</p>
<p>Additional capacity</p>	<p>Angela Fitzgerald outlined the additional capacity that has been operationalised:</p> <ul style="list-style-type: none"> 204 of the winter initiative beds available 111 closed beds have re-opened <p>Tracey Conroy queried the challenge with the GUH beds. Tony O’Brien advised that the timeline is impacted by infrastructural works which need to be managed carefully so as not to impinge on existing bed capacity.</p> <p>Liam Doran raised a query regarding recruitment locally and indicated that there has feedback from local sites that there is now a financial impediment to progressing recruitment.</p> <p>Liam Woods indicated that there should be no impediment to progressing posts that have been sanctioned as part of the winter initiative to support ED. Rossari Mannion clarified that everything is being done to support the recruitment process, including the appointing of a staff member to ‘troubleshoot’ to support any challenges that may arise.</p> <p>Brian Murphy queried whether anything additional could be done to expedite recruitment processes nationally. Angela Fitzgerald clarified that the issue is one of attracting staff, e.g. Naas had nursing panels in place but did not manage to secure the requisite number of staff to allow additional beds to open.</p> <p>Liam Doran noted that the marketplace is becoming increasingly competitive and that private institutions are offering incentives to attract staff.</p> <p>Action: Angela Fitzgerald to communicate to the Hospital Groups that there should be no impediment to progressing posts that have been sanctioned as part of the winter initiative to support ED.</p>
<p>Social Care/Delayed Discharges</p>	<p>Angela Fitzgerald gave an update on delayed discharges. It was noted that there has been a slight increase but the numbers remain low compared to 2015 and that the waiting time for access remained within the 2-4 week timeframe.</p> <p>Discussions regarding the ‘selectivity’ of some private facilities in terms of accepting patients and in terms of the numbers of new patients they will accept on a daily/weekly basis.</p> <p>Angela noted the importance of continued focus on delayed discharges, on creating additional capacity and acknowledged the integrated work to date with the CHOs.</p>

	<p>Tony O'Brien confirmed the working relationships with the CHOs have become much more efficient.</p> <p>Angela Fitzgerald acknowledged Mary Walsh, CHO, Area 9, for her work achieved to date with the hospitals in relation to processes. In particular she welcomed (1) the reinforcement and movement towards measurement of achievement as being a critical success factor in all work and (2) the importance of identification of Discharge Dates to ensure weekends become less of a challenge and a more planned approach to care systems & processes.</p> <p>Grace Rothwell indicated that some of the SDU visits had picked up anecdotal evidence regarding availability of Home and Respite Supports for community based patients. She noted to the meeting that same could have an unintended consequence in terms of additional Emergency Department attendances and that similar evidence suggesting displacement of patients to GPs.</p> <p>Action: Angela Fitzgerald /Pat Healy to meet with Nursing Home Ireland to progress any obstacles to accessing the maximum number of beds.</p> <p>Action: Liam Woods to circulate to all 'Norah's Story' a youtube clip by Siobhan Kennelly's team about the older persons pathway.</p>
<p>SDU Visits Overview</p>	<p>Grace Rothwell delivered an overview of the SDU site visits to date. 6 visits have been completed to date with a further 4 to be completed. All sites visited received post visit 'key headline hits' intended as immediate focus points for sites.</p> <p>The following themes were addressed in the context of what worked well and what didn't work: -</p> <ul style="list-style-type: none"> - Governance / Leadership - Operational Process and Pathways - Engagement & Integrated Planning - Use of Data and Business Intelligence <p>Other key emergent themes identified through the site visits and data analysis were identified as follows:</p> <ul style="list-style-type: none"> • Staffing is an issue in all sites, potential for some task transfer approaches • AMU's being protected from inpatients and getting the right patients to the AMAU's is a common theme • Demand Capacity mismatch and use of 'real time' data remains variable • The main focus appears very much on what is coming in rather than on what is going out • A culture of acceptance of trollies is evident – and a cultural shift is required • Varying understand of transitional care • Capability and capacity variations • Comments from front line staff were also presented to the group as 'food for thought' <p>Grace reported that there was evidence of 'extraordinary measures' and of increased awareness of capacity and demand management (despite the mismatch over the New Year period).</p> <p>Stephen McMahon congratulated Grace Rothwell and the SDU team on solid feedback gathered. He raised concerns regarding the number of issues that arose that present as high risk issues to patients, and the importance of risk assessing the issues.</p>

Gerry McCarthy responded identifying that levelling is a key issue in alleviating some of the issues identified by the SDU team and that a focus on discharges and the processes required to enable them are key.

Anne Keating identified the importance of relieving congestion between 11am to 3pm and doing today's work today.

Liam Doran acknowledged the work of the SDU in the recent weeks, and posed the question of how to impose the changes required in order to make processes better.

Liam Woods responded, identifying that feedback on performance will be provided to all hospitals, action plans developed and progressed accordingly. Accountability rests with the Hospital Groups.

Liam Doran raised the requirement for senior decision makers to be onsite. Angela Fitzgerald identified that senior decision making is also a matter that presents at the Clinical Advisory Team Meeting and noted that there is progress to be made outside of additional resource requirements through implementation and management of PDD. Liam Woods acknowledged this point, and the challenges it presents, and emphasised the importance of managing this matter on a site by site basis including assessment of resource requirement if applicable.

Tracey Conroy also acknowledged the work of the SDU, and noted the importance of a structured, targeted response in order to maximise the positive outcomes and acknowledged the requirement for a resourced SDU Team to achieve same.

Grace Rothwell summed up identifying that the majority of the outcomes of the site visits correlate with the 87 ED Taskforce actions. She advised that there was work to be done to cross reference the EDTF actions with the outcomes of the site visits and to prioritise high impact changes in 2016. This will be an immediate focus for the SDU, with Groups ultimately accountable for implementation.

Action: Grace Rothwell / SDU to drive and support the Hospital Groups to continue to implement the ED Taskforce 87 actions with priority to be given to high impact changes in 2016.

Action: Grace Rothwell to provide feedback on performance to all Hospital Groups and ensure that risk assessed action plans are developed and progressed accordingly.

Action: Angela Fitzgerald to progress with the Hospital Groups the issues raised regarding senior decision makers' onsite and management of PDD.

**Primary Care Update
John Hennessey**

John Hennessey provided the following update:

- GP Activity has increased significantly
- CIT activity is exceeding 500 referrals per week.
- Feedback from all individual sites, activity has increased on all sites
- OPAT – nurses are now giving first dose antibiotics in community
- GP ultrasound access is progressing well
- Galway palliative beds are open

David Hanlon proposed that primary care and SDU jointly look at data to determine if

	<p>there has been ‘displacement’ from GP processes.</p> <p>David noted capacity concerns regarding Out of Hours service – Demand at very high levels on 3 occasions over the past 14 years with two of these occasions within the past six weeks. 33% of patients being seen are children under 6 years of age.</p> <p>John Hennessey responded to a query from Stephen McMahon regarding GP triage arrangements in place.</p>
Exceptional Measures	<p>Willie Reddy made a presentation and indentified 3 main focus points regarding breaking the current cycle as follows :-</p> <ul style="list-style-type: none"> - Accelerated discharge (to increase capacity) - Focus on demand (the importance of rostering Senior Decision Makers) - Completing today’s work today <p>He identified the importance of internal ED escalation – the timelines of escalation are critical.</p> <p>Angela Fitzgerald identified the importance of understanding pathways of care and knowing the triggers and balancing requirements within each Hospital. Angela noted that there is work to be done to maximise the extended working day (particularly in radiology) and in using the resources we have to create better access to services</p> <p>Liam Woods identified the importance of progressing the skill mix / task transfer. Minister Varadkar noted that he had signed off on this matter with DPER and is expecting an update this coming week. Gerry McCarthy reinforced the importance of task transfer in the ED and streamlining processes to enhance efficiency.</p> <p>Anne Keating identified the importance of managing the elderly from their immediate entry to the system, and identifying early on what will be required to manage these patients in the community. Mary Day supported the importance of identifying the pathway in ED at the earliest stage possible (within the first 30 minutes of assessment / triage). Mary Day also identified that should a pilot piece of work be required to support this, she would be willing to participate.</p> <p>Action: Tony O’Brien to invite the Lead of the Care of the Elderly Programme to the next meeting.</p> <p>Action: Angela Fitzgerald and John Hennessey to work together to progress the work of the CIT.</p>
Close	<p>Minister Varadkar acknowledged all the work progressed by the Group members and wider staff. He thanked all for the continued commitment and investment in the work to date.</p>
AOB	<p>None raised</p>
Date of Next Meeting	<p>The next meeting will be notified by Tony O’Brien. Details will follow once the Election date has been confirmed.</p>