



# Briefing Note on Review of the Reconfiguration Plans for OLHN to a Model 2 Hospital

## 1 Overview of Review Process

### 1.1 Context

Securing the Future of Smaller Hospitals: A Framework for Development, published in 2013, defines the role of the smaller Model 2 hospitals. It outlines in detail the wide range of services that can be provided within smaller hospitals. Our Lady's Hospital Navan was identified as a hospital to be reconfigured to a Model 2 hospital, with a number of additional investments to be made in the region. The HSE has a reconfiguration plan to support the project, with many of the steps already implemented.

In June 2022, the Minister for Health wrote to the Board of the HSE requesting a review of a number of key items prior to the reconfiguration of Our Lady's Navan Emergency Department to a Medical Assessment Unit (MAU) and the transfer of ICU capacity to Our Lady of Lourdes, Drogheda.

The National Clinical Lead for Acute Hospitals Dr Mike O'Connor and the then National Director for Acute Operations Liam Woods were requested by the CEO to lead a process to provide assurance in relation to the planned reconfiguration of services at Our Lady's Hospital Navan and to ensure that patient safety and quality assurance are central to any agreed changes.

A Working Group was established and the full membership is in Appendix 1.

### 1.2 Review Objectives

The objectives of the review as set out in the Terms of Reference were as follows:

- A rapid review to assess the reconfiguration plan for Our Lady's Hospital Navan
- Recommendation of any additional capacity needed in advance of the proposed transition of any activity from Our Lady's Hospital Navan ED.
- Implementation of the necessary ambulance service capacity to meet additional demands resulting from the proposed reconfiguration.
- Confirmation that clear pathways and sufficient staffing, at hospital and primary care level, are in place to ensure that there would be no diminution of services. This should include the GP Out-of-Hours Service and the medical assessment unit.
- Implementation of the necessary referral pathways in Primary Care, including GP out of hours service.
- Overseeing the development and implementation of a monitoring framework to support the safe and effective implementation of the reconfiguration of services at Our Lady's hospital Navan.
- Harnessing learning from previous reconfiguration of acute services to enable the development and implementation of a comprehensive, safe, effective and efficient plan to support the project.

A process was established to deliver on these objectives and is described below.

### 1.3 Review process



The review commenced in July 2022. Weekly meetings were held with the Working Group to address the objectives of the review. The Working Group collectively reviewed the reconfiguration plan for Our Lady's Hospital Navan and considered these plans in light of the National Policy documentation including the Smaller Hospitals Framework and the Acute Medicine National Clinical Programme. In addition, the Co-Chairs of the Working Group conducted a site visit to OLHN to meet the teams and to see the facilities available within OLHN and discuss the plans for reconfiguration.

In specifically addressing the objectives set out in the TOR and described above the Working Group undertook the following activities:

- ✓ Reviewed activity data and capacity requirements to meet this demand against the proposed increase in capacity outlined in the reconfiguration plans
- ✓ Requested and reviewed workforce data
- ✓ Undertook site visits to understand the workforce and physical infrastructure
- ✓ Considered the requirements to support the NAS and the additional capacity required
- ✓ Established sub-groups to consider and further develop clinical pathways including referral pathways
- ✓ Conducted workshop with Model 2 Hospital Managers to discuss learnings from reconfiguration and critical success factors
- ✓ Facilitated meetings with various stakeholders to work through the details of the plan and the requirements for successful reconfiguration

## 2 Key findings from the review

There was strong engagement in the process from the Working Group members throughout the review. Members provided contributions including activity and workforce data, facilitated site visits and supported the review and development clinical pathways. There was also input from national clinical leads including the use of benchmark data from other Model 2 sites to inform the discussions and benchmarks. The key findings from the review are outlined below addressing the points within the TOR.

### 2.1 A rapid review to assess the reconfiguration plan for Our Lady's Hospital Navan: Suitability of the Model of Care

In 2013 the Department of Health and HSE published its Framework Document "*Securing the future of Smaller Hospital, A Framework for Change*". OLHN is one of nine Hospitals identified in this report for reconfiguration to a Model 2 Hospital. It remains the only one not to reconfigure as per this policy. Reconfiguration of OLHN to a Model 2 Hospital is therefore in line with national healthcare policy.

This document provides a framework to reconfigure the Hospital to a Model 2 Hospital, and the proposed Model of Care put forth for OLHN is in line with this. As set out in this Framework, it is clear that smaller hospitals can help deliver faster access for patients by increasing the volume of elective services they provide in selected specialties. The 2013 Framework Document recommends that services in smaller hospitals be developed including:

- ✓ Urgent Care Centre comprising a Medical Assessment Unit and Local Injuries Unit which will be open where feasible 7 days a week.
- ✓ Medical inpatients: see and admit medical patients on a 24-hour basis. It will provide in-patient and out-patient care for low risk differentiated medical patients who are not likely to require full resuscitation.



- ✓ Day surgery: The hospital will provide day surgery
- ✓ Outpatient: Provide the vast majority of outpatient services
- ✓ Diagnostics (including blood tests, X-rays, endoscopy, bronchoscopy and sigmoidoscopy)

It is clear from our review that the plans for OLHN post-reconfiguration are in line with the characteristics of Model 2 hospitals outlined within this document.

## 2.2 Confirmation that there are clear pathways and sufficient staffing

One of the objectives of the review, described above, was to confirm there were clear pathways and sufficient staffing in place and that there would be no diminution of services. The plan for reconfiguration outlines the planned services and anticipated activity across both OLHN and OLOL.

The reconfiguration plan describes that based on a review conducted within the ED in OLHN 80% of the overall activity is clinically suitable to remain in OLHN. This includes all of the LIU attendances and a proportion of the medical attendances which would be suitable for management within the MAU. The LIU is currently staffed to cater for these numbers and the staffing plan for the MAU was provided and deemed appropriate by the Working Group. These staff are available from the existing ED staffing cohort.

In order to maintain volume of activity at OLHN it was recognised that clear pathways of referral into the MAU would be required. It was noted that there are capacity constraints within primary care and that the plan identifies several mechanisms for safe referral to the MAU including:

- ✓ GP referral to MAU via phone following consultation with patient either in-person or a phone consultation
- ✓ GP referral to MAU via Healthlink following consultation with patient
- ✓ Ambulance triage of patients to MAU
- ✓ Establishment of triage nurse service for the region to support, where possible, patients who cannot access same day appointments with their GP. Triage nurse to provide referral to the MAU for suitable patients.

The triage nurse service will be staffed by the OLHN triage nurse complement currently providing a service within the ED.

The reconfiguration plan provides a number of scenarios for volume of displaced activity which will move to OLOL and identifies the staffing requirements to cater for this additional activity. This includes staffing for the additional acute inpatient beds and critical care beds.

## 2.3 Recommendation of any additional capacity needed in advance of the proposed transition of any activity from Our Lady's Hospital Navan ED.

Surgical inpatient activity is already managed by OLOL therefore new inpatient activity in OLOL will be medical activity only. There is currently 62 medical inpatient, 24 rehabilitation, 2 HDU and 2 ICU beds in OLHN. In addition, the reconfiguration plan sets out a number of scenarios for how many of these beds would be required at each site. It notes that a minimum of 12 additional beds would be required at OLOL to include two ICU beds. This additional capacity will be available as required. There has been agreement between the two Hospital Groups on the requirement for single clinical governance of the acute medical beds across the two sites with the detailed pathways being worked through. A number of resources have



been identified to support the transition and these are outlined in the reconfiguration plan. Many of these resources are already in place or can be deployed from the existing cohort of staff.

#### 2.4 Implementation of the necessary ambulance service capacity to meet additional demands resulting from the proposed reconfiguration.

The National Ambulance Service has analysed the additional demands resulting from reconfiguration and identified the following capacity requirements:

- One emergency ambulance staffed with advanced paramedics would be required 24/7 to manage the increased job cycle time of each call arising from bypassing OLHN.
- One Intermediate Care Vehicle to support repatriation and discharge planning requirements to mitigate the impact on alternative receiving hospitals.

These resources to support reconfiguration are currently in place and funded by the HSE. In the medium term it is also recommended that a Pathfinder team be implemented in the area as additional service for the older population in the area. Funding has also been committed by the HSE for this.

#### 2.5 Implementation of the necessary referral pathways in Primary Care, including GP out of hours service.

The reconfiguration plan describes referral pathways for GPs to the MAU in OLHN. These pathways were developed with input from GP representatives. IEHG are committed to supporting these pathways including the establishment of a referral pathway to the MAU via Healthlink as well as the provision of a triage nursing service for patients who cannot access their GP and who are suitable for referral to the MAU.

The implementation of these pathways will be overseen by the leadership within the Hospital Group as well as the Acute Hospitals Division of the HSE.

#### 2.6 Overseeing the development and implementation of a monitoring framework to support the safe and effective implementation of the reconfiguration of services at Our Lady's hospital Navan.

The development and implementation of a monitoring framework to support the safe and effective implementation will form part of the implementation overseen by the Hospital Groups as well as the Acute Hospitals Division of the HSE.

#### 2.7 Harnessing learning from previous reconfiguration of acute services to enable the development and implementation of a comprehensive, safe, effective and efficient plan to support the project.

A group of Model 2 hospital managers was convened to understand the learnings from previous reconfiguration and how they can be applied to this implementation plan. The findings were as follows:

1. **Robust transfer back to Model 2 Pathways in place:** there was noted to be robust transfers from Model 3 & 4 hospitals back to the relevant Model 2 for patients from that catchment area. For some hospitals, based on the national data, this constituted 25% of the hospital's admissions. The reconfiguration plan indicates that the two sites (LOL and OLHN) will agree pathways for acute



medical patient flow between sites and that the process will be designed to ensure patients receive the appropriate care on a timely basis in the right location.

2. **Access to Primary Care:** Model 2 hospitals indicated that they felt there was an opportunity to increase access to their services to primary care. This is being considered within the reconfiguration plan for OLHN in providing mechanisms to refer patients to the MAU via Healthlinks and in providing triage nurses for the service.
3. **Referral Pathway to MAU:** The NAS are piloting direct referral of patients to MAU in Mallow based on the triage by the ambulance service, similar to the pathway proposed within the reconfiguration plan for OLHN.
4. **Range of Services:** the range of services in the Model 2 sites is similar to the services being proposed for OLHN post-reconfiguration including:
  - LIU-where it was noted that the ANP model was very helpful
  - MAU
  - Day Surgery
  - Endoscopy
  - Frailty
  - Rehabilitation
  - ICPOP
  - Outpatients
  - Infusion Unit

The majority of the services described above are in place or planned for OLHN post-reconfiguration. OLHN has plans to develop the range of services further with the recent refurbishment of the Operating Theatre creating more capacity for day surgery and the potential to develop more rehabilitation beds. There are also plans within OLHN to further develop their OPD services, in collaboration with MMUH.

5. **Transfer out for acute patients pathways are clear and safe:** it was noted by the group that pathways for transferring acute patients out are clear and safe and can be replicated for OLHN
6. **Cardiac Arrest Team:** there is an in-house Cardiac Arrest Team in all sites who respond to arrests, and this should be replicated in OLHN. While Model 2 hospitals do not have ICU OLHN, like other Model 2 hospitals will stabilise and transfer patients.
7. **Staffing:** It was noted that the medical staffing complement in OLHN was comparatively high.

### 3 Risks & recommendations

#### 3.1 Key risks

There have been significant concerns that Our Lady's Hospital Navan (OLHN) is unsafe based on its current configuration. This is the view of four published reports between 2003 and 2013. The key reason why OLHN has been included in the last report, Government policy document "**Securing the Future of Smaller Hospitals; 2013**" is due to concerns for patient safety. In this context and taking consideration of recommendations made by HIQA, a Government decision was taken to reconfigure nine smaller hospitals to be reconfigured to Model 2 level as defined by the "**Securing the Future of Smaller Hospitals; 2013**". Our Lady's Hospital Navan is the final hospital to implement that Government decision and undergo reconfiguration to being a Model 2 hospital.

The fundamental difficulty in providing comprehensive 24/7 services in OLHN is that the reduction in specialist emergency services and beds over the years has resulted in the hospital volumes and complexity



being too small to maintain sufficient competencies in critical care, complex surgery, anaesthesia and elements of specialised medicine including cardiac and stroke care. There are considerable governance and operating risks permeating through the acute care pathway at OLHN. These risks would be mitigated by the transition to a Model 2 hospital which is the first step that needs to be undertaken.

Thereafter, the risks associated with OLHN being a Model 2 hospital need to be considered. The hospital system in Ireland has been under constant pressure in recent years arising from the impact of Covid-19 and the ongoing and growing demand for care. Additionally, the GP community is experiencing a high and growing demand for services. The need to invest in our health delivery capacity is set out clearly in the assumptions underlying Slaintecare and more recently in work undertaken by the ESRI. This review considers the need to reconfigure services at Our Lady's Hospital, Navan aware of this backdrop and also conscious of the risk of continuing to run an ED at Navan.

The reconfiguration plan that has been put forth considers the necessary investments to support the proposed service reconfiguration recognising that our health system operates at levels of capacity that exceed international norms as reported by the OECD. Our approach is therefore guided by awareness of both the risks associated with the proposed change and the risk of doing nothing.

### 3.2 Recommendation

The recommendation arising from this review is to proceed with the reconfiguration of OLHN to a Model 2 hospital based on the reconfiguration plan that has been put forward by the Working Group.

This recommendation is based on the view that this will provide patients with the highest quality, safest service. Mitigations that have been put in place to manage the risk of higher volumes of displaced activity. In addition, the most critically unwell patients will be expedited for treatment within the ED at OLOL and will be provided with high quality clinical care. On balance, the review has indicated that proceeding with reconfiguration and implementing the plans developed will provide patients in the catchment area with the best care.

## 4 Appendices

### 4.1 Working Group membership

The members of the working group are:

Membership:	Role:
Dr Mike O Connor (Co-Chairperson)	National Clinical Lead Acute Hospitals
Liam Woods (Co-Chairperson)	National Director Acute Operations
Dr Gerry McCarthy	National Clinical Lead Emergency Medicine
Dr Garry Courtney	Clinical Lead Acute Medicine National Clinical Programme
Dr Michael Power	Clinical Lead, Critical Care National Clinical Programme
Dr Catherine Wann	GP Representative
Dr Seamus McMEnamin	Chair of NEDOC/GP Representative (Out of Hours)
Ian Carter	CEO RCSI Hospital Group
Prof. Paddy Broe	Clinical Director, RCSI Hospital Group



Declan Lyons	CEO Ireland East Hospital Group
Mr Kevin O'Malley Mr Stephen Sheehan	Clinical Directors, Ireland East Hospital Group
Robert Morton	Director, National Ambulance Service
Des O Flynn	Chief Officer
Mr Gerry McEntee	Clinical Director OLHN
Eamon Dolan	Clinical Director, Connolly Hospital
Dr Ian Counihan	Clinical Director, Our Lady of Lourdes Hospital
Catriona Meehan	Communications Division

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<sup>i</sup> *The Framework for Development – Securing the Future of Smaller Hospitals: HSE / Department of Health, 2013.*

<sup>ii</sup> *The Framework for Development – Securing the Future of Smaller Hospitals: HSE / Department of Health, 2013.*