



Improving Patient Experience and Flow within Midland Regional Hospital Tullamore

Shirley Keyes, Operations Manager, MRHT



Midland Regional Hospital Tullamore

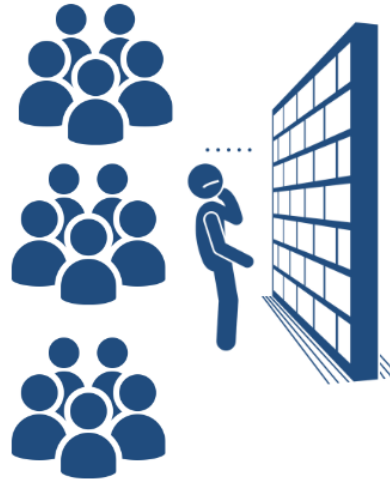
- Model 3 Hospital
- MRHT is the receiving centre for all trauma activity within the Midland region
- The hospital currently operates with 233 inpatient beds across the specialities of Critical Care, General Medicine, General Surgery. It provides regional services for ENT (incl paedts), Haematology, Oncology, Trauma & Orthopaedics (incl Paeds), Nephrology and Rheumatology.
- Patient care pathways are supported through our Acute Medical Assessment Unit. Same day Cardiology, Haematology, Oncology, Renal Dialysis, Outpatient and Radiological surgical and medical assessments are carried out in specialised day care facilities in our hospital.
- Serves predominantly patients from Laois, Offaly, Westmeath & Longford with growing attendance from Tipperary, Roscommon, Kildare and surrounding counties.



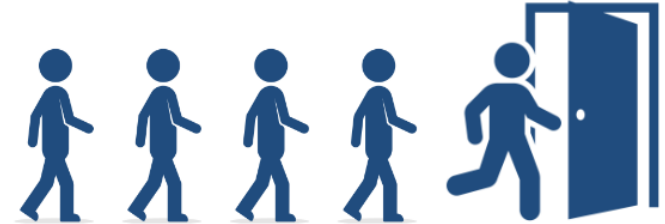
MRHT in 2022

- “National Trolley Crisis”
- “ED problem”
- Culture of acceptance
- Ineffective admission avoidance pathways
- Unclear ED & hospital wide escalation plan
- No Surge Capacity
- 23/02/22: 28 lodged patients in ED, 5 > 24 hrs

ED



Hospital





ED Attendances & Average Daily 8am Trolleys

All Patients

ED Attendances

37,192

+14% Vs 2022

Admissions YTD

8,891

Conversion Rate 24%

-1.9% Vs LY

+75yrs Patients

ED Attendances

6,843

+29% Vs 2022

Admissions YTD

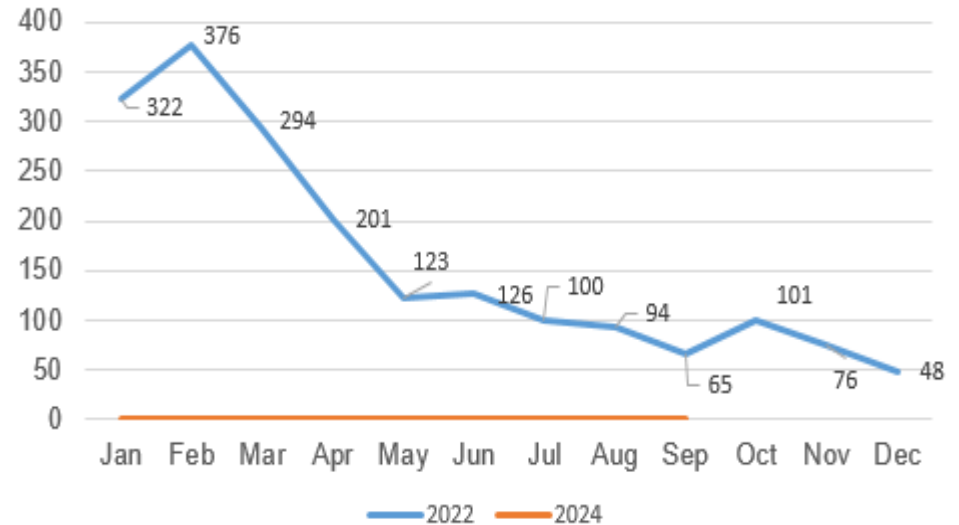
3,482

Conversion Rate 47%

- 4.9 % Vs LY

Acute BIU, 27.10.24

Avg. Daily Trolleys 8.00am





ED Patient Experience Time (All Patients) (KPI No: A26, A27 And A29)

[illegible]

ED Patient Experience Time (Patients aged 75 years +) (KPI No: A30, A96 And A32)

[illegible]



How did we get here? ED perspective.

- **Hospital wide approach** to unscheduled care
- “Zero” tolerance for admitted patients within the ED
- Robust **ED escalation plan** with specific triggers
- Senior decision makers on the floor
- **Availability of ED assessment cubicles** facilitate ambulance turnaround times and also allow the EM team to focus on their patients, processes and to make improvements to PET
- **Senior management daily interaction** between ED & admitting teams
- **Development of pathways** to support admission avoidance, RAT
- Rapid Access Frailty Team (RAFT) within the ED
- AMAU, developing additional pathways
- **PET / KPI focus**, sharing of data, review of delayed flow, management & ED team focus

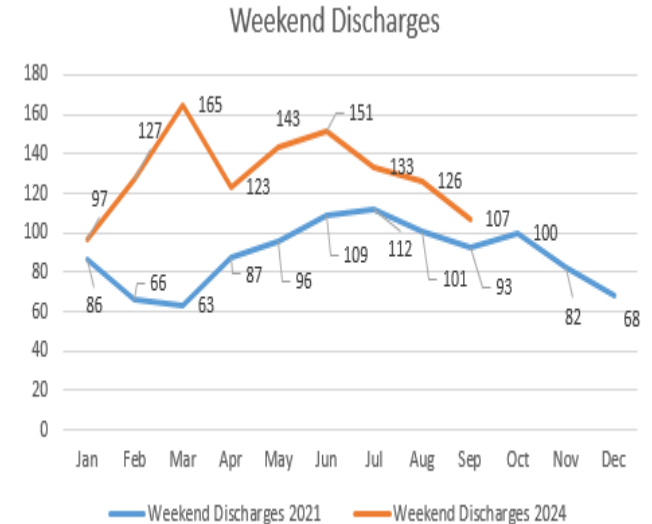




MRHT Patient Flow

HE 7/7 Patient Flow Initiatives

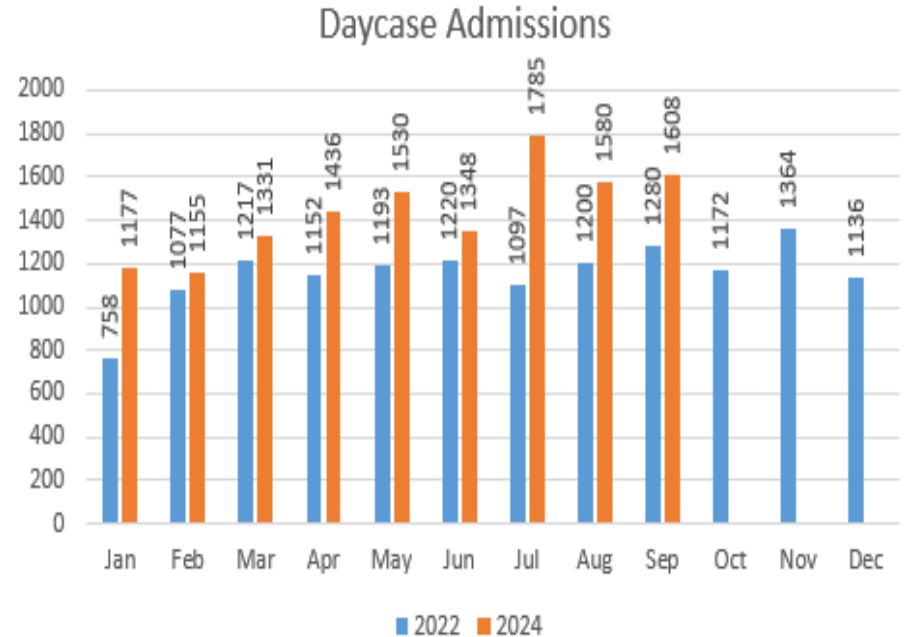
- Investment & **empowerment of the patient flow team** which can now facilitate 7/7 cover, their in-depth knowledge of the patients in the hospital is paramount
- **Governance & leadership**, MDT collective focus
- System wide **escalation plan 7/7**
- GP information evenings
- Site manager empowerment regarding flow
- **Criteria led discharges**, robust planning
- **Senior decision makers** rostered and on site
- Comprehensive medical handover of patients prior to the weekend
- **Additional initiatives** in house to support flow
- Increase in offsite rehabilitation beds
- Matching scheduled care requirements to meet demands from unscheduled care





Did scheduled care suffer as a result of UEC demands?

- Lean approach to Day Case trolley utilisation
- Increased productivity within the day hospital
- Infusion lounge development within WTE complement
- Reduction in the hospitals inpatient and day case waiting list





What has helped us to change?

- Always doing what is the best for the patient at a particular point in their journey
- Fresh eyes!
- All discipline “buy in” to change
- Negotiations with all stakeholders and building relations
- Seeing the positive results improves morale
- 24/7 focus
- Never thinking that we have it “sorted”
- Plenty of improvements to be made!



Cultural Change

HE Patient Flow Team





I was treated with excellent care and support, both in A&E and in the ward by every member of staff.

Care and attention was excellent.

I received excellent care during my stay in hospital.



The doctor and nurses and staff were very good, helpful and caring

Everything was very good during my stay in Tullamore Hospital



“Coming together is a beginning.
Keeping together is progress.
Working together is success.”
– Henry Ford,



Thank You

Shirley Keyes, on behalf of MRHT