



GRO UHK

A Hospital Site Improvement Project

June 2024



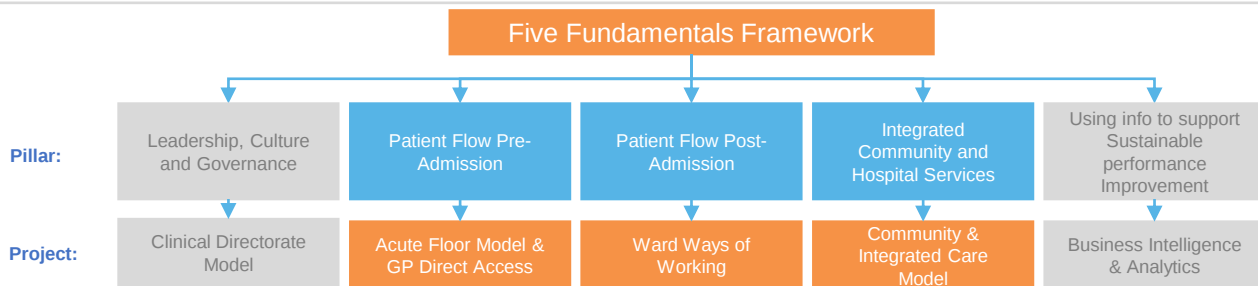
Unscheduled Care

Programme Theme: Clinical Effectiveness & Key Priority Areas

Workstream: Unscheduled Care

The Five Fundamentals Framework consists of the five pillars and associated projects to implement those pillars:

- The three pillars relating to Unscheduled Care are highlighted in the chart shown



Overview of Unscheduled Care Projects Currently In Progress

Project	Start	End	Status
Oversee the implementation of the Acute Floor Model at UHK	Jul-22	Dec-24	In Progress
Continue to progress initiatives per the Five Fundamentals framework including: - Leadership, culture and Governance - Patient Flow Pre-Admission - Patient Flow Post-Admission - Integrated Community and Hospital Services - Using information to support Sustainable performance Improvement	Oct-22	Dec-24	In Progress
Support the definition and design of a GP direct access to the Acute Floor via the Navigation Hub	Mar-24	Sep-24	In Progress
Improving Ward Ways of Working with a view to further roll out to include safety huddles and cohorting (SAFER)	Jul-23	Aug-24	In Progress
Support the development of a Community & Integrated Care Model at UHK	Jul-23	TBC	In Progress
Audit of GP Referrals in ED	Apr-24	Jun-24	In Progress

Overview of Unscheduled Care Projects Not Started

Project	Start	End	Status
Support the definition and design of a GP direct Access to Diagnostics	TBC	TBC	Not Started



Section 1

Acute Floor Model Overview



Unscheduled Care Overview

The development of the Acute Floor Model consists of inter-connected units, with the aim to streamline patient flow and the provision of care at the lowest point of acuity to align with the vision of Sláintecare of providing the right care in the right place at the right time. This is reflected in the UHK Acute Floor Working Document.

Projects relating to the Acute Floor Model at UHK

Legend

- Project Completed
- Project In Progress
- Project Not Started / Paused

Geriatric Emergency Multidisciplinary Service (GEMS)

Acute Floor Navigation Hub

Support the definition and design of a GP direct access to the Acute Floor via the Navigation Hub

Acute Medical Unit (AMU)

Acute ED Ambulatory Care (RAT)

Acute Surgical Unit (SAU)

Acute Paediatric Unit

Acute Trauma Services / Orthopaedics



Acute Floor Model – Key Progress to Date

Overall Acute Floor Model

- Acute Floor Model working document updated and signed-off January 2024
- Identification of infrastructural requirements for the Acute Floor reconfiguration in progress. Once identified, project team will liaise with UHK Estates team to develop a capital submission with the support of hospital management
- Ongoing development of an Unscheduled Care/Acute Floor Model Performance dashboard, including identification of metrics and governance structures

Acute Surgical Unit

- Pilot phase did not result in an established steering group with TOR
- On occasion, surgical team accepts some patients based on a draft document with proposed inclusion and exclusion criteria

Acute Paediatric Unit

- Working Group established

Acute ED Ambulatory Care

- Steering group established led by ED consultant and subsequently paused due to competing demands

Acute Trauma Services / Orthopedics

- Steering group established led by ED consultant and subsequently paused due to competing demands

Acute Floor Navigation Hub

- *Update provided in following Deep Dive slides*

Acute Medical Unit

- *Update provided in following Deep Dive slides*

Geriatric Emergency Multidisciplinary Service

- *Update provided in following Deep Dive slides*

Enabled by



ED reconfiguration to support acute floor model



Ambulatory Care in ED

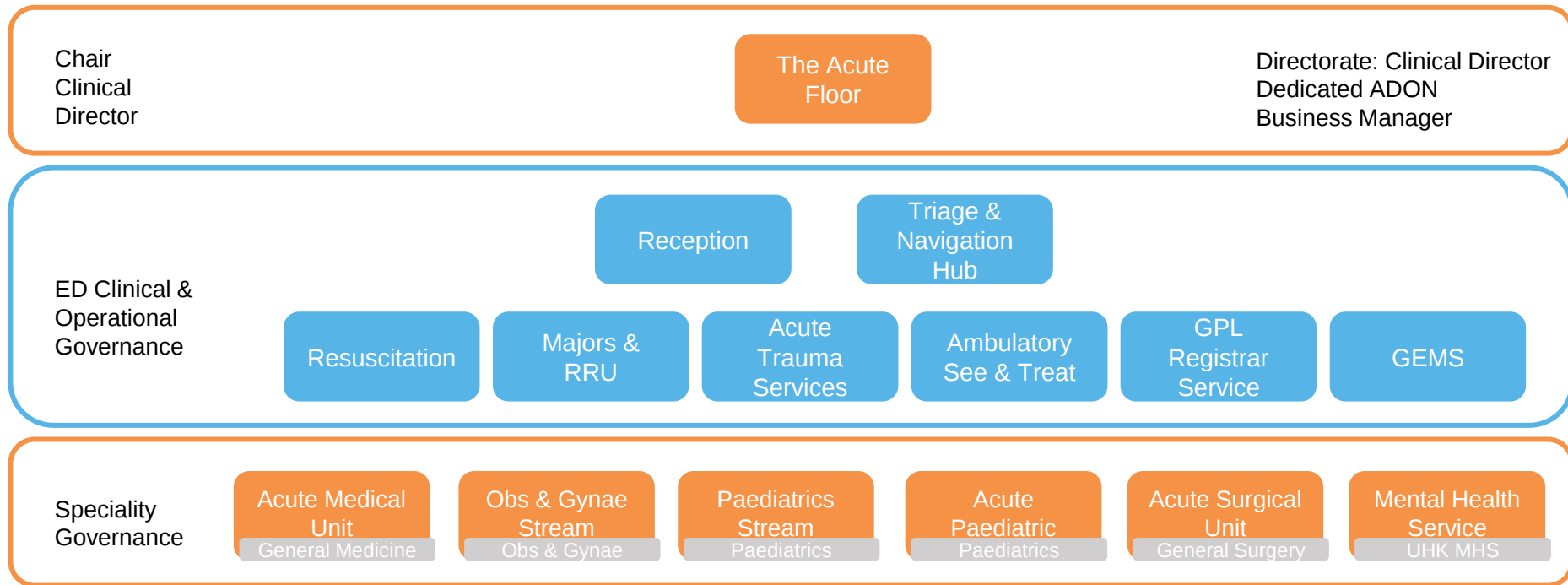


Pan-hospital iCM roll-out



Acute Floor Model Governance Structure

The chart below outlines the proposed governance structure for the Acute Floor Model. The proposed governance structure will be dependent on the establishment of the Clinical Directorate model.





The Acute Floor Navigation Hub

Key Progress to Date

- CNMII in post
- **GP Direct Access:**
 - Group formed with an agreed TOR
 - Referral pathway to AMU in pilot phase with 9 GPs and to be held over 8 weeks
 - Project will support and develop integration and access into all areas of the Acute Floor

GP Direct Access to the Acute Floor Model via the Navigation Hub – Project Objectives

- Define and design the **process for GP direct access to all units of the Acute Floor Model** [*as they are established*] via the Navigation Hub
- Develop **process maps and SOPs** as required, including the definition of **inclusion and exclusion criteria** for GP referrals for the established units of the Acute Floor Model
- **Ensure effective communication** between **GPs** and the **Acute Floor Model team**





The Acute Medical Unit (AMU)

The objective of the Acute Medical Unit is to establish optimal Medical Flow at UHK, operating in accordance with the National Acute Medical Programme to improve Patient Experience Times (PET) and patient flow

AMU – Key Progress to Date



Steering Group established and meeting weekly



Pathway has clearly defined **inclusion and exclusion criteria**



Ongoing **review of issues** and actioned as appropriate



DTA pathway established



Ongoing scoping of **further areas for development**

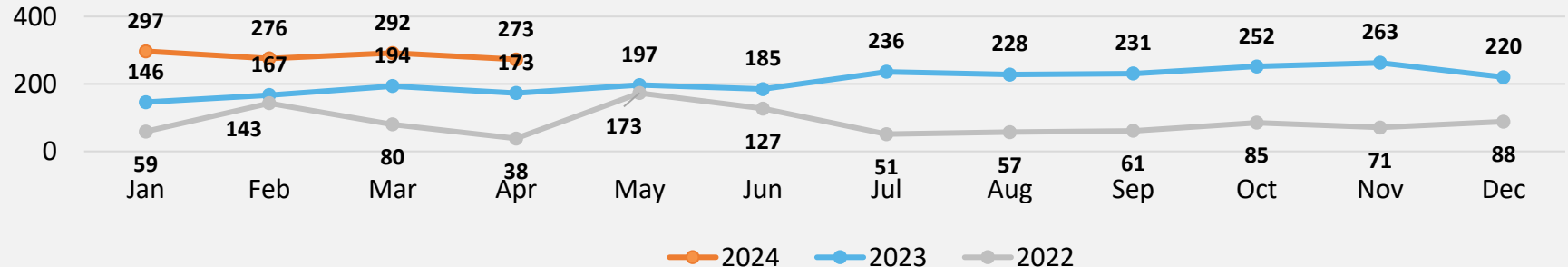


KPIs reviewed weekly



New **Cardiology & Respiratory pathways** under development

Monthly AMU Attendances





Geriatric Emergency Multidisciplinary Service (GEMS)

Key Progress to Date

- Steering Group established and TORs completed
- Governance established via ED Clinical governance
- Service officially launched in April 2024

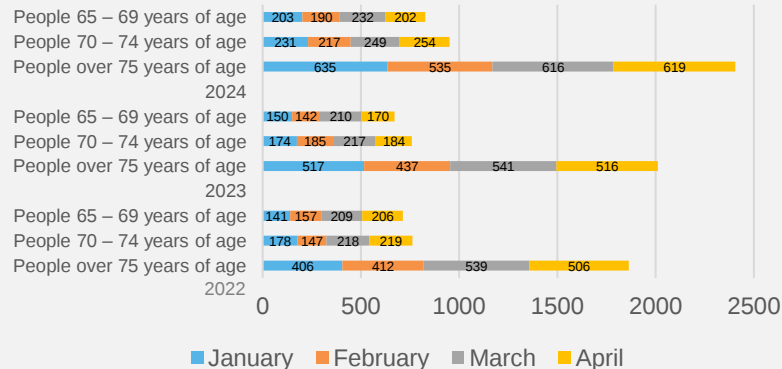
Key Insights:

- The increase in the population of older people across the country and particularly in Kerry results in a significant increase in the number of ≥ 75 years attending ED
- This increase occurs across all age categories notwithstanding the most significant increase occurs in the ≥ 75 year

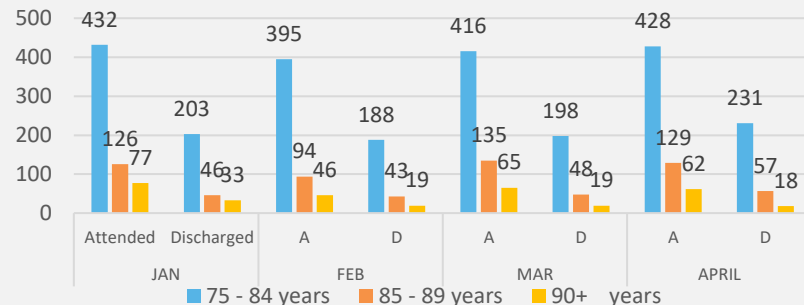
Total number of patients assessed by GEMS 2024

Jan '24	Feb '24	Mar '24
202	159	170

Total Number of ED Monthly Attendances - Age Category



ED Attendances / Discharges (Adults ≥ 75) Jan- Apr 24





Section 2

Ward Ways of Working



Ward Ways of Working

Patient Flow Post-Admission

Ward Ways of Working

- Ward-based improved ways of working model commenced 4th December 2023 to embed the 'SAFER' model

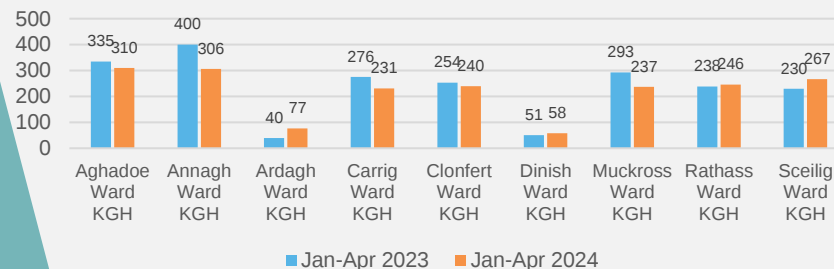
Improved Patient Flow Process

- Daily Whiteboard Rounds to accelerate the patient flow process at ward level – MDT lead by designated Senior Nurse Manager
- Oversight at Huddle led on rotation by General Manager/Operations Manager/Director of Nursing
- Daily interaction with Liaison Community Support Team
- Weekly interaction with Complex Case Forum
- Weekly Egress Meeting encompasses discussion and next steps for Delayed Transfers of Care with MDT

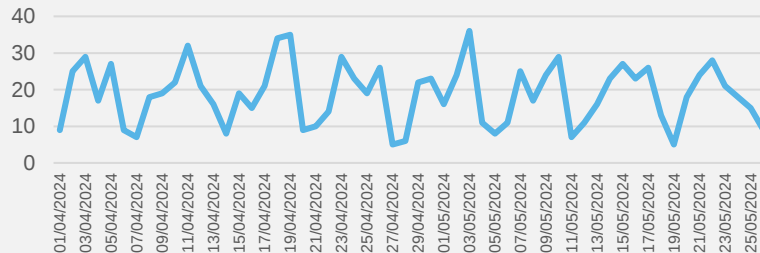
Improvements Cited

- Elimination of safari rounding
- Improved communication at ward level with MDT
- Improved ability to escalate patient issues
- More timely communication (verbal and written) to community partners
- Decreased footfall

Total Discharges per Ward Jan-Apr (16th) 2023 and 2024



Discharges Per Day 1st April – 26th May 2024





Section 3

Integration



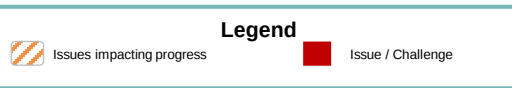
Community & Integrated Care Overview – Current Scope

Community & Integrated Care Overview

Project	Start Date	End Date	Status	RAG
Support the development of a Community & Integrated Care Model at UHK	Jul-23	Jun-24	In Progress	●

Work to Date

In 2023, a group comprising of senior decision makers from CKCH and UHK was established with the aim of developing of an integrated Geriatric Service for Kerry. However, in the absence of Integrated Regional Structures, the group decided to shift focus to developing existing pathways and processes. The group is currently assessing how to move from an **advisory** to an **operational / implementation entity** as these new structures are established.





Community & Integrated Care Overview – Current Scope

Current Group Focus

Objective:

Develop / Formalise existing pathways between Acute & Community Services

Pivot Scope of Group in light of IHA / Health Region implementation

Proposed Future Group Focus

Operational oversight of integrated services in Kerry with appropriate authority to implement change

Current Scope

- Development of **Community Specialist Hubs** including ICPOP
- Enhancing **specialist services to nursing homes**
- Development of **Virtual Wards** in community setting
- Supporting the work of the **National Ambulance Service (NAS)**
- Development of pathways and processes for the following programmes
 - **Rehabilitation**
 - **Ortho / Geriatrics**
 - **Trauma & Stroke services**
 - **GEMS**
- Supporting cross-site transfer of and **access to data and information**
- **Day Hospitals**
- **Specialist Geriatric Ward**

Future Leadership & Governance

- Authority to **address demand, capacity, ingress, egress**
- **Delegated authority** from the Integrated Health Area (IHA) lead
- Clarity on **responsibilities** and **reporting relationships**, clearly **articulated operating procedures** for service pathways
- **Clinical group lead** proposed to ensure appropriate accountability - Consultant Geriatrician or UHK Clinical Director for Medicine and Integration [not yet in place]

Group Composition

- MDT approach essential – inclusion of **Nursing & Therapies**
- Inclusion of **GM for Older Persons** would support move to Integrated Bed Management System
- Coordination with **Primary Care GM** and **Network Managers** to expand GP integration



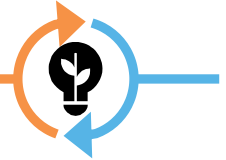
Section 4

Challenges & Risks



Unscheduled Care Risks & Considerations

Challenges and Risks



Demographic Changes

- 18.9% of Kerry population aged 65+, well above national average of 14.8%
- 65+ cohort projected to reach 27.6% of county's population by 2045 (Census 2022), whom it is well recognised are much more likely to require access to acute hospital services
- Increases in the population, particularly amongst the 65+ cohort to be considered along with the introduction of TrendCare, as SAFER Staffing Phase II evolves

Single Room Inpatient Accommodation

- Quality and quantity of current bedstock at UHK non conducive to attaining IPC standards
- Inadequate isolation capacity

Resources Required

- The current staff deficit in the ED will impact the ability to successfully implement the Acute Floor Model
- Staff deficits currently impede the progression of the Acute Floor Model
- Successful implementation of the Acute Floor Model requires full engagement from all disciplines

Infrastructure

- The space required to develop the Acute Floor Model will require investment as current footprint is too small to accommodate requirements
- ICT infrastructure and data collections limitations