

**Statement of Purpose
Kerry General Hospital
2015**

Table of Contents

Table of Contents	2
Statement of Purpose	3
Executive Management Board	3
Introduction.....	3
Mission.....	3
Vision.....	4
The values of Kerry General Hospital	4
Our Strategic Objectives	5
Floor Plan.....	7
Description of Services Provided.....	8
Models of service delivery and aligned resources necessary to deliver high quality, safe and reliable healthcare	9
The limitations of services at Kerry General Hospital.....	10
Organisational Structure	11
Communication Plan:.....	13
Reviewed and Amendment:.....	13

Statement of Purpose

Name of Centre: Kerry General Hospital
Address: Rathass, Tralee, Co. Kerry.
Post Code: V92NX94
Telephone Number: 066-718-4000
Fax Number: 066-712 6241
Website of Centre: Kerrygeneralhospital.ie

Revision Number 1.

Executive Management Board

TJ O Connor- General Manager
Deputy Hospital Manager – Maria Godley
Dr Helena Moore- Clinical Director
Richard Walsh- Director of Nursing
Gearoid Linnane – Finance Manager
Majella Daly – Quality Manager
Donal O Callaghan – Deputy Physiotherapy Manager
Dr Rizwan Khan, Consultant representative.

Introduction

Kerry General Hospital is a large acute hospital situated in Tralee, Co. Kerry providing acute healthcare to the people of Kerry, parts of North Cork and West Limerick. Kerry General Hospital is the third largest of the southern areas seven acute hospitals providing care to the population of Kerry 145,502 (2011 census) which has increased by 3.7% as compared to the 2006. There are presently 300 inpatient beds:

Table 1.

Speciality / bed type	Numbers
Medical	78
Surgical	59
Maternity	40
Paediatrics and Neonates	40
Psychiatric	38
Day Case	16
Escalation Beds	12
Acute Medical Assessment Unit	8
Intensive Care Unit	5
Coronary Care Unit	4
Total	300

Mission

The Mission of Kerry General Hospital which is reflective of the HSE mission is "To enable people of Kerry, North Cork and West limerick to lead healthier and more fulfilled lives and provide services within a culture of kindness, consideration and respect of each individual"

Vision

Our vision is to provide patient centred care at the right time in the right place by the right people.

The values of Kerry General Hospital

Respect

Valuing patients / clients and each other. Recognising the fundamental worth of people through trust, courtesy, kindness, consideration, mutual communication and collaboration.

Fairness and Equity

Providing health and personal social services based on need and striving for an equitable health service.

Excellence

Striving for the highest level of achievement in all aspects of our work.

Leadership

Directing the future of the HSE.

Accountability and Responsibility

Honesty, consistency and accountability in decisions, words and actions.

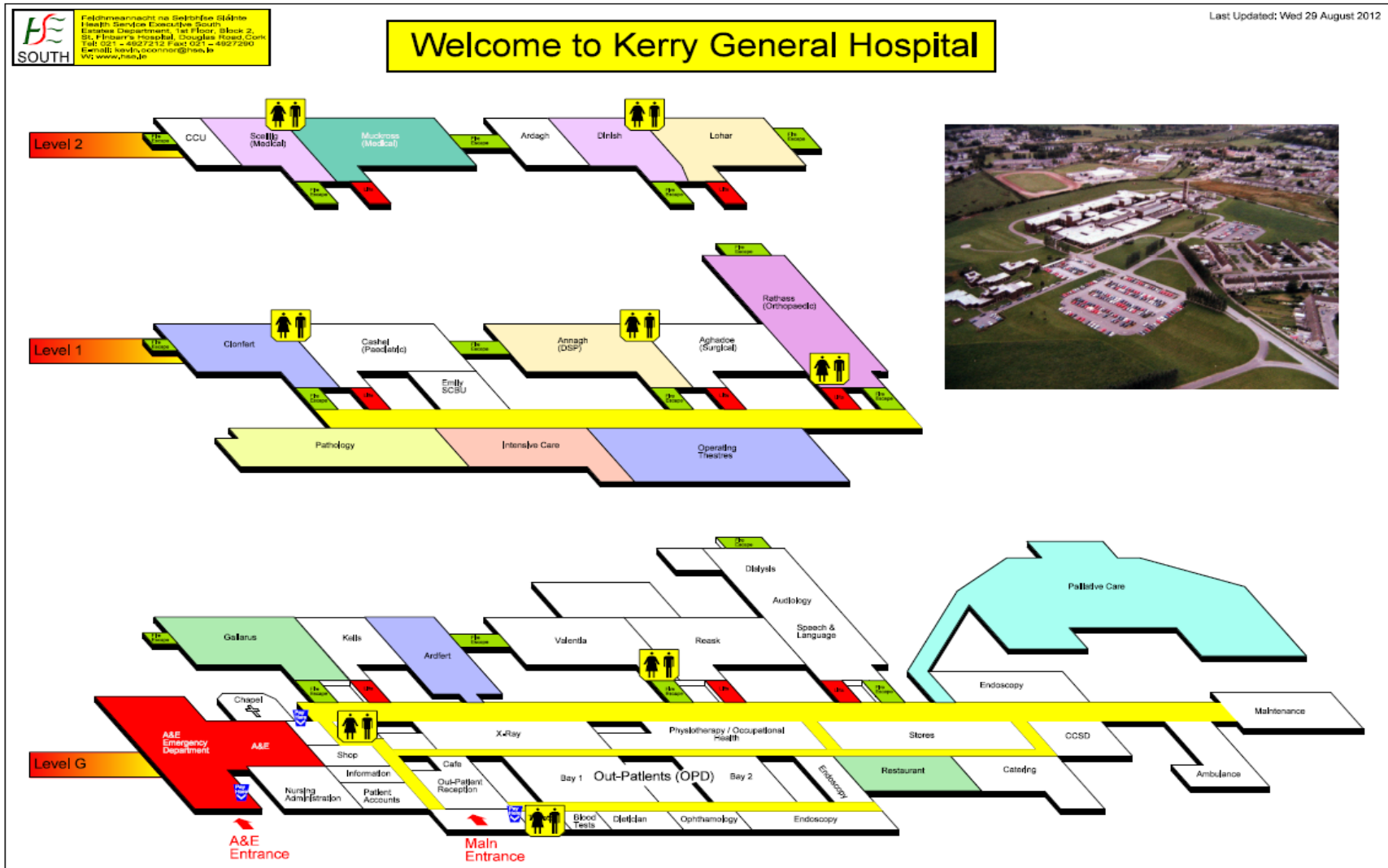
Our Strategic Objectives

Kerry General Hospital strategic quality objectives have been developed in line with the eight themes of HIQA's National Standards for Safer Better Healthcare (2012).

1. To achieve **person centred care and support** that places service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person centred care promotes kindness, consideration and respect for service users dignity, privacy and autonomy.
2. To achieve **effective care and support** that is delivered consistently and to the best achievable outcomes for the people using our services within the context of the service and the resources available to it. It will be based on National and international best practice and we will evaluate service user outcomes to determine the effectiveness of the design and delivery and will meet the needs of the service users in a timely manner, while balancing the needs of other service users.
3. To ensure the provision of **safe care and support** and to recognise that safe care is paramount for service users. Steps need to be taken to proactively promote a culture of quality and safety that is embedded in daily practices and processes. We will identify, prevent and minimise risks wherever possible. In the event adverse events do occur and the service user is harmed, we will have formal arrangements in place to respond to this event and support the service user and their family. As providers of high quality safe services we aim to learn from all information relevant to the provision of safe services and from situations where things have gone wrong.
4. To **promote better health and wellbeing** through our interactions with the population we serve. Through the provision of a high quality, safe and reliable service we will constantly look for ways and opportunities to do this. We will work in partnership with people promoting a culture of better health and wellbeing which will enhance the care we provide enabling people to increase control over their own health and wellbeing and the factors that influence it.
5. To ensure effective **leadership, governance and management** arrangements are in place thus ensuring a sustainable delivery of safe, effective, person centred care and support. There are clear lines of accountability throughout service provision at individual, team and service levels so that healthcare professionals are aware of their responsibility and accountability to ensure services are planned and managed effectively, efficiently and safely
6. To provide a skilled, knowledgeable competent **workforce** committed to providing a high quality, person centred and safe service.

7. To **use the resources** available to us to provide high quality, safe care to support the services both now and into the future. We aim to plan, manage and deliver service through effective responsible stewardship and decision making on allocation of resources to deliver a high quality, safe and reliable care and support.
8. To **use quality information** to assist in the planning, managing, delivery and monitoring of healthcare to ensure high quality safe services are provided. Quality information is accurate, valid, reliable, timely, relevant, legible and complete within a information governance framework in line with current best standards and legislative requirements.

Floor Plan



Description of Services Provided

The core of our services is the provision of emergency and unplanned specialist care, 24 hours a day, every day of the year. From that core is built comprehensive medical and surgical investigation, diagnosis and treatment for physical illnesses or conditions, injuries or disease for adults and children. Further specialisation is delivered in a small number of areas e.g. care of those with cancer, renal dialysis care. The breadth and depth of services at Kerry General Hospital supports a holistic “whole patient” approach to care by allowing immediate and easy involvement of different specialists in any patient’s care.

Patients are admitted to hospital:

- On a day case basis or as an inpatient
- At short notice in an emergency through a dedicated emergency department or acute medical assessment unit

We also provide services to patients on an outpatient basis.

Kerry General Hospital provides the following services. Also identified within the table is whether the services are provided as an inpatient/ outpatient/ visiting consultant or as a day case procedure.

Speciality	Services	Additional information	Location of Services
Acute Medical Assessment	OP/IP		KGH
Audiology	IP/OP	Includes children	KGH
Dental	IP/OP Visiting consultant		KGH
Dermatology	OP Visiting consultant		KGH
Ear, nose and throat	IP/OP	Includes children	KGH
Emergency Medicine	OP	Includes children	KGH
Endocrinology	OP		KGH
Endoscopy	Inpatient/ DC		KGH
General Surgery	IP/OP/DC		KGH
Gynaecology	IP/ OP/DC		KGH
Intensive Care	IP	Includes children	KGH
Medicine for the Elderly	IP/OP/ DC		KGH
Nephrology	OP Visiting consultant/DC		KGH
Neurology	OP Visiting consultant		KGH
Obstetrics	IP/OP		KGH
Oncology Satellite Unit	OP		KGH

Ophthalmology	OP Visiting consultant		KGH
Orthopaedics	IP/OP/DC	Includes children	KGH
Paediatrics	IP/OP/DC		KGH
Pathology			KGH
Palliative Care	OP/IP		KGH
Plastic surgery	OP Visiting consultant		KGH
Psychiatry	IP/OP		KGH
Radiology (including C.T. scanning)	IP/OP		KGH
Renal dialysis Satellite Unit	OP		KGH
Rheumatology	OP		KGH
Special Care Baby Unit	IP		KGH
STD	OP Visiting consultant		KGH

IP= Inpatient

OP= Outpatient

DC=Day Case

Models of service delivery and aligned resources necessary to deliver high quality, safe and reliable healthcare

Traditionally, the health and social care model is episode-based and demand led. The move to a population health model, adopted by the HSE takes a proactive approach by focusing on maximising health and social wellbeing of the population and providing opportunities to plan for better care. There is increased emphasis on primary care and health promotion which in turn should free up the hospital care system to treat patients that are acutely sick. The hospital care ethos involves focussing on international best practice and this is to be delivered through the integration of clinical practice, education and research. This care is provided through an integrated care approach with care being provided in the right place and at the right time, through agreed care pathways thus improving health outcomes, quality and safety and promoting equity as a strong value in the health system. The service is based on “identified need” and evidence, with clear measures of investment returns and with the overriding aim of improving user participation and empowerment within the model.

Models of service provision include the development of the national clinical care programmes. The clinical programmes provide a national strategic and coordinated approach to a wide range of clinical services. Their primary aim is to modernise the way in which hospital services are provided through the standardisation of access to and delivery of high quality, safe and efficient hospital services and maximising links to primary care and other community services.

The National clinical care programmes support the premise that hospital resources are utilised to ensure that patients receive the best possible clinical

outcomes. The programmes will enable the hospital to maximise activity whilst reducing overall cost and head count. The following Clinical Care Programmes are being implemented:

- Diabetes
- Stroke
- OBGYNAE (Obstetrics & Gynaecology)
- Acute Coronary Syndrome
- Elective Surgery
- Acute Medicine
- Emergency Medicine programmes

Service provision also promotes the movement from inpatient to day case treatment (“stay to day”) increasing the rate of elective inpatients who have their principle procedure performed and are discharged on the day of admission. For procedures that require a post operative hospital stay, every effort is made to admit these patients on the same day as their surgery takes place. Both of these initiatives reduce the average length of stay which will further serve to maximise the number of patients being treated.

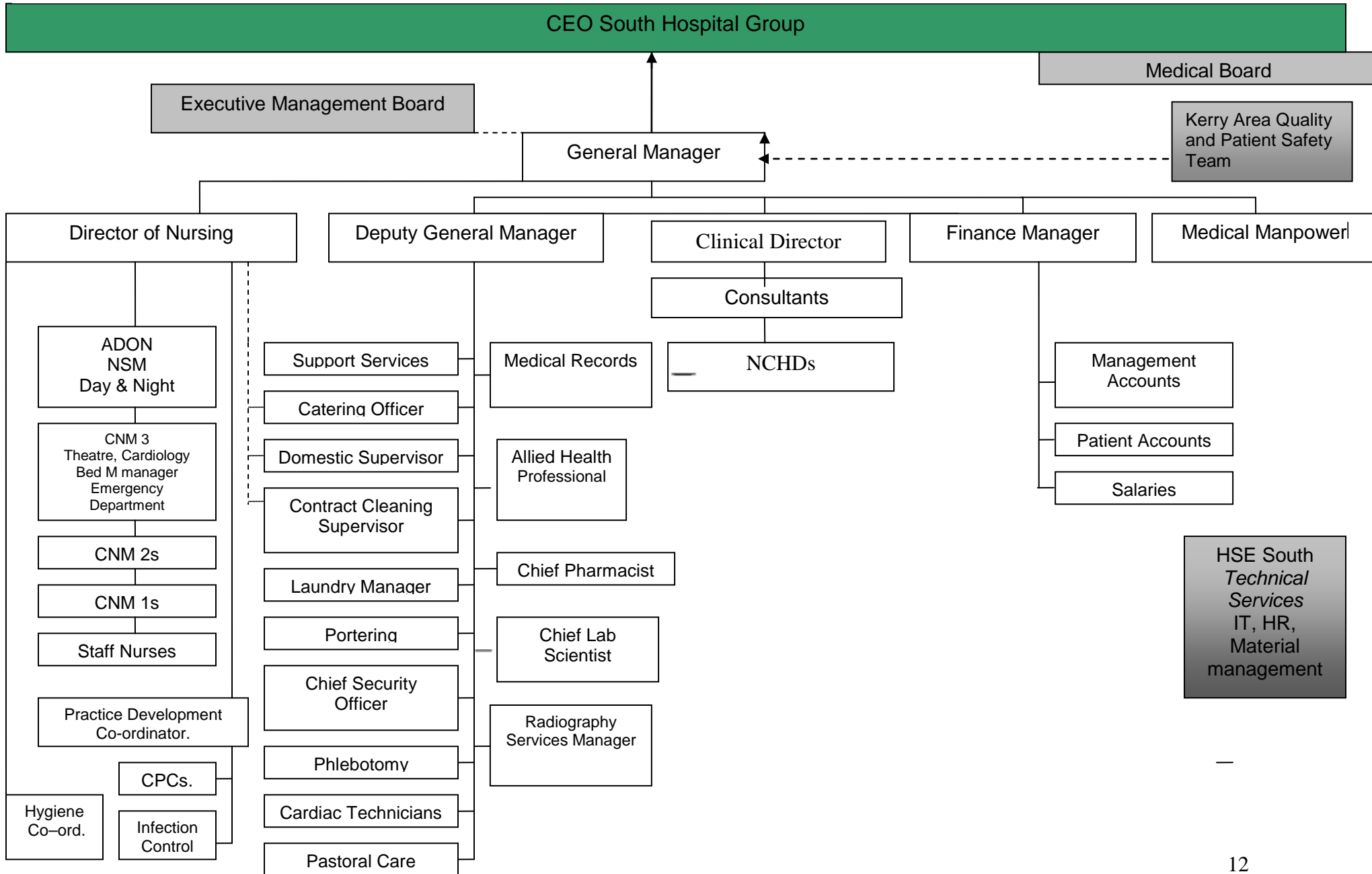
The limitations of services at Kerry General Hospital

Historically, specific services are provided through the regional centre at Cork University Hospital (CUH) e.g. cardiac thoracic surgery and ophthalmic surgery. In line with the HSE South Regional Reconfiguration roadmap, certain other services provided at Kerry General Hospital are to be strengthened by regional arrangements e.g. cardiology, ENT and Orthopaedics. However, while connectivity to other hospitals in the region and integration with a hospital group can enhance many of the acute services delivered, it does not however resolve the risk associated with Kerry’s geographical location vis-à-vis our main regional tertiary centre at CUH. The distance and time taken to reach CUH places a unique imperative upon KGH to enhance self-sufficiency in provision of equity of access to emergency & critical care services.

Equally of essence in the context of delivery of quality & safe services are the demographics unique to Kerry. The population of the catchment area has grown during the intervening decades since 1984. In 2002, the census population of Kerry was calculated at 132,000; the 2006 census put the population at 139,000 however more noteworthy than the overall increase is the increase by 20% of our elderly population (over 85 years). Indeed, this was the largest national growth in this particular age group. This patient group is also those who place the largest demand on acute hospital services. In addition, the Kerry area has quite a large visiting population – Bord Fáilte/ Shannon Development estimate there are approximately 2 million tourists visiting this region annually, principally during the summer months.

It is proposed to develop new clinical divisions at KGH which will provide the framework around which issues of safety, quality and accountability can be developed. This is intended to drive a culture of clinical effectiveness, audit and best practice linked in with the National Safer Better Healthcare Standards, Clinical Care Programmes and any other evidence, international or otherwise, and regulatory requirements that provides for safe and effective standard of care.

Kerry General Hospital Organisational Structure



Communication Plan:

The statement of purpose will be communicated to the public through the Kerry General Website and it will be displayed at the entrance to the hospital.

The statement of purpose will be communicated to staff in the following ways:

- Hospital noticeboard/ intranet
- Email to Departmental Heads/ CNM's
- Departmental Head Meetings

Reviewed and Amendment:

This document will be reviewed annually from the date shown in order to ensure that the information contained is up to date. Where there are any planned changes to services being provided approval will be sought from relevant stakeholders prior to implementation