

Grúpa Ospidéal  
Oirthear na hÉireann



Ireland East  
HOSPITAL GROUP



# Ireland East Hospital Group Year in Review 2018





## Word from our Chair

The end of a year is a good time to look back, reflecting on achievements, and to look forward, to see the opportunities for improvement that lie ahead.

IEHG progress in 2018 as outlined in this Year in Review is promising and plans for 2019 are exciting. We can look ahead with confidence, hope and resilience. We know that there continue to be problems in the Irish healthcare system but we also know that we have the right resources to meet those challenges.

I would like to express my sincere thanks to each and every one of our staff members who work in our eleven hospitals, the executive management team and the board of directors for your unending dedication and hard work, particularly through the “storms” of 2018. I wish you all a peaceful Christmas and the very best for 2019.

**Thomas Lynch, Chairman of the Board, Ireland East Hospital Group**



## Word from our CEO

It is with great pleasure that I present the Ireland East Hospital Group's (IEHG) Year in Review for 2018.

The past twelve months have seen IEHG continue to build on what we have achieved so far as a Group and on our core ambition of providing the highest standard of healthcare in the most appropriate setting for the people we serve.

Throughout 2018, we have further strengthened our capability and infrastructure to deliver on our three core Strategic Pillars:

1. Operational Excellence
2. Integrated Healthcare
3. Academic Health Science Centre

Focusing on these three core functions enables us to deliver a transformational programme of change to our population of over one million, which is a critical mass for the delivery of sustainable healthcare.

### **Operational Excellence**

In relation to Operational Excellence, our Lean Service Improvement team continue to grow the internal capacity and capability to deliver our transformation programme, with over 2400 staff engaging with our Lean transformation work to date and 25 Lean events taking place

this year alone. Improvement work has been undertaken across Frailty, Patient Flow, Cancer, Theatre Productivity, among other areas. In 2019, we look forward to delivering ophthalmology and scheduled care transformation programmes.

In 2018, we have witnessed an improvement in the Group's PET times with the greatest improvement of 11% seen in the PET for the over 75s. This can be attributed to the dynamic frailty programme we are rolling out across the Group which is taking place against a backdrop of increasing emergency presentations. Thanks to the efforts of our Service Improvement team, our four Model 3 hospitals (St Luke's General Hospital, Carlow/Kilkenny, Mullingar Regional Hospital, Wexford General Hospital and Our Lady's Hospital, Navan) are now implementing 100% frailty screening for patients over 75 through the work of dedicated Frailty Intervention Teams (FIT). Mullingar's HSE Excellence Award for their Frail Older People Rapid Improvement Programme is testament to the profound and positive impact this work is having on care for older patients across our Group.

As a further testament to the impact of our Lean transformation journey and our work building a model line for frailty, in 2018 two papers from the Group were presented by Anne-Marie Keown, IEHG Director of Service Improvement and Dr. Emer Ahern, Consultant Geriatrician in St Luke's General Hospital, Carlow/Kilkenny, at the Lean Healthcare Academic Conference in Stanford, USA.

### **Integrated Healthcare**

As recommended by Sláintecare, IEHG are breaking down barriers and building a more integrated approach to healthcare for our patients. Growing and ageing populations require a shift in thinking and by mapping out our population's needs and partnering with our Primary Care, Secondary Care and Community Care colleagues to deliver a population health-based approach to integrated care we will provide better care and better outcomes at a lower cost with greater satisfaction for staff and patients. Within the Ireland East Hospital Group, we are continuing to develop and forge closer links with these partners as part of our commitment to delivering a truly integrated health system.

In 2019 we are planning to establish an Eye Institute which will deliver an integrated model for Ophthalmology working with our primary and community partners to meet the increased demand for this service.

### **Academic Health Science Centre**

As part of our continued ambition of becoming a fully integrated Academic Health Science Centre by 2020, our Clinical Academic Directorates (CADs) continue to develop across our two Model 4 teaching hospitals, the Mater Misericordiae University Hospital and St Vincent's University Hospital, with UCD at their core, while also forging important links with our smaller hospitals. This year we established Genomics and Research service academic directorates and work is underway in the development of academic directorates for Women's Health and Children, Cardiac, Trauma/Emergency Medicine, Critical Care, and Neuroscience.

We recognise the importance of women's health. Continuing the IEHG's CaCAD strategy to be a single centre operating across two hospitals, the Mater and St Vincent's, we are establishing a unified IEHG Gynaecological Oncology Service. Through the CaCAD and the IEHG Service Improvement team, we have developed a work programme which will improve the patient journey and the quality of care for women availing of the service. As part of this improvement work, a standardised referral form and associated process have been defined to expedite patient access into the service (Mater/St Vincent's/National Maternity Hospital).

A common agreed data set and dictionary have also been drafted to avoid ambiguity of data extraction, reporting and analysis, and a joint MDT has been designed and is due to commence in early 2019.

In relation to the forthcoming reform of Ireland's trauma services, over the course of 2018 significant preparatory work has been taking place in anticipation of the government's call for bids. IEHG will be nominating the Mater as Dublin's Major Trauma Centre (MTC) and St Vincent's as a Designated Trauma Unit with Specialist Services. It is our belief that these two hospitals, who together have the largest number of specialities in Ireland, will deliver the optimum care for patients who experience significant trauma incidents.

None of our work to improve patient care, from general health through to specialist service, would be possible without the support and continued dedication of our 11,000 staff and I would like to thank them most sincerely for their commitment to delivering the best care to our patients.

I would also like to take this opportunity to wish them all a very happy Christmas and a peaceful new year. I look forward to building on the success we have already achieved together in 2019.

**Mary Day, CEO, Ireland East Hospital Group**

# Our Year in Figures



**245,026**

Inpatient/Day Case  
(to end September 2018)

**613,773**

Outpatient  
(to end September 2018)

**265,183**

(to end October 2018)

People seen in ED



**11,693**

Total WTE  
(to end October 2018)

**1,694**

Medical/ Dental  
(to end Oct 2018)

**4,415**

Nursing  
(to end Oct 2018)

**1,418**

Health & Social Care  
(to end Oct 2018)

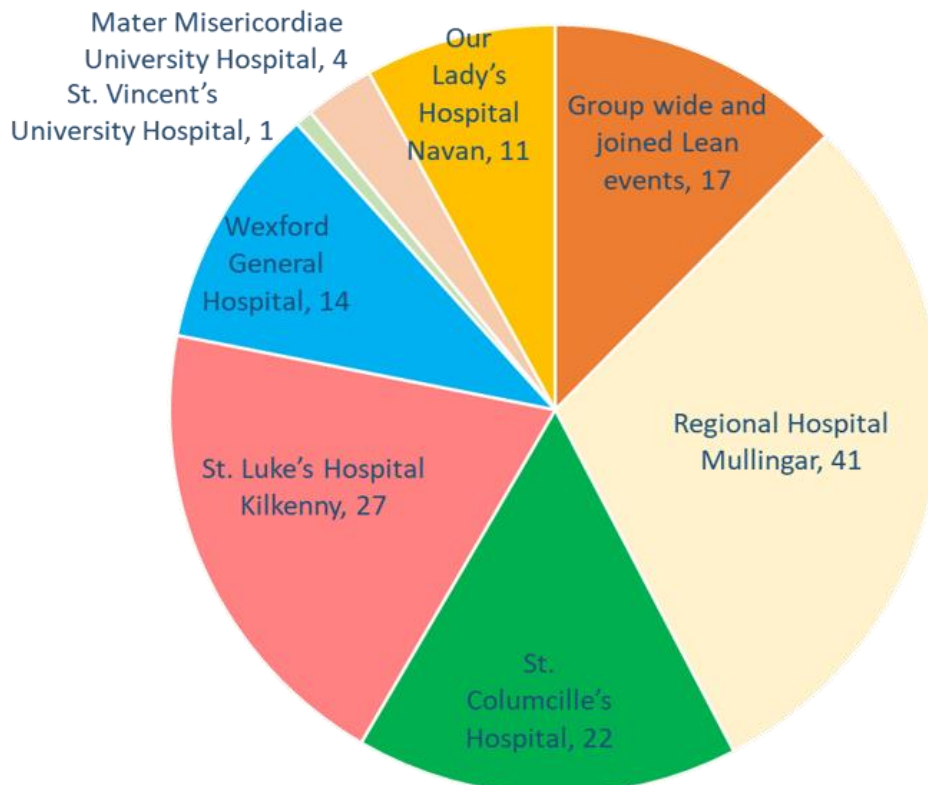


# Our Lean Journey 2016-2018

## Themes approached by LEAN events



## LEAN Events 2016-2018



# Some 2018 Highlight Events



## IEHG'S 3<sup>RD</sup> ANNUAL NURSING & MIDWIFERY SYMPOSIUM

IEHG's 3rd Annual Nursing & Midwifery Symposium took place in the beautiful surroundings of Kilkenny Castle on 10 May. This year we heard from 22 speakers (2 from each of our 11 hospitals) on the breadth of research and innovation happening across the Group. IEHG CEO Mary Day delivered the keynote address, outlining the vision for IEHG and where nursing/midwifery can contribute to and enable that vision.

## MATER TRAUMA CONFERENCE

On 12 June, the Mater Misericordiae University Hospital held its 3rd Annual Trauma Conference, *Trauma Model of Care - A Solution for Ireland*. The main objective of the conference was to exchange ideas, experiences and lessons learned about the role of internationally accepted systems and protocols in the field of trauma care, bringing together national and international experts to discuss best practice and also to examine some major incidents which have occurred and what Irish emergency medicine practitioners can learn from them.



## LAUNCH OF RHM WEIGHT MANAGEMENT GUIDE

On 30 August, Regional Hospital Mullingar launched its 'Guide to Managing Your Weight', the first of its kind by a hospital in Ireland. This easy-to-use booklet was produced as a joint initiative between the Physiotherapy and Nutrition & Dietetic Departments at the hospital. Currently no resource like this exists, incorporating practical dietetic and physiotherapy advice to help people manage their weight. You can download the booklet from Regional Hospital Mullingar's page on the IEHG website at: <http://www.iehg.ie/regional-hospital-mullingar>

# Some 2018 Highlight Events

## LAUNCH OF INVITE VTE RESEARCH NETWORK

On 12 September, the Minister for Business, Enterprise & Innovation Heather Humphreys officially launched **INVITE**, the Irish Network for VTE Research. A patient-focused organisation, INVITE was founded by the Chair of the IEHG VTE Committee, Dr Fionnuala Ní Áinle, and aims to research innovative ways of improving the diagnosis, treatment and prevention of Venous Thromboembolism (VTE) or blood clots. The launch coincided with the 4th Annual Conference of VTE Dublin which took place 13-14 September.



## MINISTER OPENS MEMORY TECHNOLOGY RESOURCE ROOM AT ST COLUMCILLE'S

The HSE Memory Technology Resource Room at St. Columcille's Hospital was opened by Mr. Simon Harris TD, Minister for Health, on 21 September.

The HSE Memory Technology Resource Room is set up to allow people with memory difficulties, dementia, their families and friends to become acquainted with a range of products to make independent living easier.



## OPENING OF THE UCD CENTRE IN TRANSLATIONAL ONCOLOGY (UCTO)

21 - 22 September marked the official launch of the UCD Centre in Translational Oncology (UCTO), a collaboration between the university and IEHG's Cancer Clinical Academic Directorate (CaCAD). The event featured a number of leading international cancer researchers as well as showcasing local Irish research initiatives across a range of cancer types. The keynote speaker was Dr Marc Ladanyi, Attending Pathologist and Chief of the Molecular Diagnostics Service at Memorial Sloan Kettering Cancer Center (MSKCC), New York.



# Some 2018 Highlight Events

## IEHG PRESENT AT STANFORD LEAN CONFERENCE

On 8 - 9 October, IEHG Director of Service Improvement Anne-Marie Keown presented at the Lean Healthcare Academic Conference in Stanford, USA on the Adoption of Lean for Healthcare Transformation in IEHG and the Group's journey so far investing in and supporting front line staff to transform their own services using Lean techniques. Anne-Marie spoke about the tangible and measurable examples of improvement in service seen in every area that has embraced this work to date and the focus of IEHG on large scale transformation, through small but coordinated pieces of improvement work. Anne-Marie was joined at the conference by Dr Emer Ahern, Consultant Geriatrician at St Luke's General Hospital Carlow-Kilkenny, who presented on Building a Model Line for Frailty. Emer leads the Geriatric Emergency Medicine Service (GEMS) in St Luke's, the first hospital in IEHG to screen for Frailty.



## OPENING OF THE PILLAR CENTRE FOR TRANSFORMATIVE CARE

The Pillar Centre for Transformative Healthcare at the Mater Hospital was opened on 9 November in partnership with UCD. The centre will enhance and improve practical skills training, simulation training and team-based, interdisciplinary learning whilst providing a space where industry can interface with a major acute healthcare provider and the country's largest university to develop innovative solutions to healthcare challenges.

## IEHG 4<sup>TH</sup> ANNUAL TOWN HALL

On 5 December, IEHG's 4<sup>th</sup> Annual Town Hall took place in the Education & Research Centre at St Vincent's University Hospital.

The event was an opportunity for IEHG to present on the exciting developments taking place across our Group, including progress on integrated care, preparations for the launch of our trauma bid, and how our work in research aims to benefit patients across our 11 hospitals.



# Awards & Recognition



In October, Thrombosis Ireland founder and IEHG VTE Committee Member, Anne-Marie O'Neill, was named runner-up for the World Thrombosis Day 2018 Ambassador of the Year Award.



The IEHG Service Improvement Team were commended at the Irish Healthcare Awards on 17 October for their work developing a Model Line for Older Persons across the Group.



At the same event on 17 October, the Mater Misericordiae University Hospital won the Excellence in Healthcare Management Award for their project *Quality Care from the Point of Entry: Transforming Takeover of Care in Medicine and Nursing Project of the Year* for their *Reaching out to the Homeless* initiative.



# Awards & Recognition



Senior Community Physiotherapist Alison Wellwood and Senior Diabetes Podiatrist Anita Murray of St. Columcille's Hospital, Loughlinstown were Overall Winners in the Reshaping Care category at the HSCP Best Practice & Innovation Awards on 6 November for their project *Improving Ulcer Preventative Offloading Care for the At-Risk Foot – An Integrated Approach*.



On 8 November the Occupational Health and Physiotherapy Departments at St. Vincent's University Hospital (SVUH) won the 'People' category award for their Working Backs Programme at a special awards ceremony hosted by the National Treasury Management Agency / States Claims Agency.



On 13 December, the Frailty Intervention Team in Regional Hospital Mullingar (MFIT), supported and facilitated by the IEHG Service Improvement team, won a HSE Excellence Award for their Frail Older People Rapid Improvement Programme in the *Improving the Patient Experience* category. They were also winners of the Popular Vote with 36%.



# Caring for Older People with Frailty



Since 2016, the Ireland East Hospital Group (IEHG) has been developing a model of care ('model line') across all sites in the Group to meet the specific needs of older people attending our hospitals. The strategic priorities set out in the Sláintecare report affirm that it is incumbent on service providers to deliver efficient, person-centred, integrated care, as close to home as possible, at the lowest level of complexity.

The IEHG Model of Care for the Older Person is being developed, in collaboration with our Community Healthcare Organisation (CHO) partners, in response to this.

Our model focuses on the need to promote independence, well-being and quality of life for older people. It focuses on the need for the health system to concentrate on service delivery that is more cost-effective, less hospital-centric and more orientated to the care needs of the older person. The success of this model relies heavily on a partnership approach across the continuum of care that spans the primary, community, acute and residential aged care sectors.

Given the risks associated with prolonged ED stays (mortality, unnecessary discomfort and distress, disorientation, delirium, pressure sores, infection, sarcopenia and deconditioning), early assessment, support and intervention are essential to meet the healthcare needs of older people.

The objectives of the improvement work are to:

- Identify all frail older persons on the acute floor within one hour of presentation using a validated screening tool with the aim of having 100% frailty screening and identification for all patients  $\geq 75$  years, regardless of time of presentation.
- Initiate a Comprehensive Geriatric Assessment (CGA) service at the 'front door' to enable a multidisciplinary response (MDT) so that consensus can be reached as to the best possible care for the patient with admission avoidance where possible. This response will occur within 3 hours during normal working hours and within 24 hours for all.
- Develop risk stratification with standardised application of timely MDT frailty assessment. If a frail older person is for admission, initiate the CGA in conjunction with early discharge planning.
- Develop frailty training for all staff and promote national TILDA training in all sites.
- Develop a clinical network across the Ireland East Hospital Group.



- Define seamless pathways across acute and primary care with trial of discharge to assess/care, involving community integrated care teams and the development of community infrastructure for post-discharge support in all sites.
- Ensure zero tolerance for >6hr Emergency Department waits.

IEHG is the first hospital group in Ireland to collaborate with the NHS Acute Frailty Network which means that IEHG's frailty sites have had an opportunity to learn from other sites and share expertise and experiences. This collaboration offers IEHG access to international communities of practice, research opportunities and the opportunity to join with 150 other hospital sites in developing a community of practice and a shared learning network for frailty.

In 2018, **Regional Hospital Mullingar (RHM)**, **Wexford General Hospital (WGH)** and **Our Lady's Hospital, Navan (OLHN)** joined **St Luke's General Hospital, Carlow/Kilkenny** on the frailty journey and all four Model 3 sites are now implementing frailty screening in their hospitals. The work has been developed and facilitated by Fiona Keogan, Service Improvement Lead of the Frailty VSA and the IEHG Service Improvement team through visioning workshops and Rapid Improvement Events (RIEs), while outcomes are measured and celebrated at 30,60 and 90-Day Report Outs.

The systematic and standardized Lean approach we have taken has ensured changes are embedded and owned by frontline staff. Value is measured from the patient's perspective and learning and experience is being shared across the system.

According to Dr Emer Ahern, Consultant Geriatrician at St Luke's General Hospital, Carlow/Kilkenny, "Outcome measures across the Group include more older people going home earlier from hospital, less new admissions to Nursing Home Care, reduced lengths of stay, reduced bed days used, reduced re-admissions and reduced mortality. It has driven improvements in the care, outcomes and the patient experience for older people with Frailty who attend IEHG hospitals. It has also very much influenced the cultural transformation of our organisation to one which values older people, their time and what matters most to them."

**"I was seen in the Emergency Department by MFIT and was given a walking aid to go home with. Two days later a lady from the physiotherapy department came to visit me at home, and said that I was well fit to be home. I was delighted to get home that evening. "**

*Older patient at Regional Hospital Mullingar*

# A Major Trauma Centre for Ireland



Following the publication in February 2018 of the report *A Trauma System for Ireland* and the recommendation that Ireland's trauma services should be reformed and organised into an inclusive trauma network with two Major Trauma Centres in Cork and in Dublin, supported by Major Trauma Units in other parts of the country, the Ireland East Hospital Group will nominate the **Mater Misericordiae University Hospital** to become the Major Trauma Centre in Dublin and **St Vincent's University Hospital** to be a Major Trauma Unit with Specialist Services. The trauma bid is due to be launched by the government in early 2019.

The Mater and St Vincent's, located in North and South Dublin, are two of Ireland's largest adult emergency hospitals, treating the sickest, most complex patients in the country. Together they have the largest number of national specialties in Ireland.



They have the most modern emergency, radiology and critical care units in the country and the greatest range of specialties relevant to major trauma care of any of Ireland's hospitals.

These specialist areas are staffed by skilled, dedicated professionals. Many of them have trained in major trauma centres around the world and they maintain those links and continue to build on those experiences.

As part of the Ireland East Hospital Group's ambition to deliver an integrated health system across the spectrum of clinical care, as Dublin's major trauma network these two hospitals will deliver optimum safe outcomes for patients requiring the specialized care needed in significant trauma incidents.



Professor Mark Fitzgerald, Director of the Alfred Hospital Trauma Service in Melbourne, one of the leading Trauma Centres in the world said: "We have established Trauma Systems and Centres in Australia, China, India, Myanmar, Saudi Arabia and Sri Lanka. The Mater and St Vincent's should become a central part of Ireland's new trauma network. We know from experience and evidence that when an inclusive trauma system is introduced, deaths from trauma will drop by up to a fifth in five years. We will be working alongside the Mater and SVUH to deliver similar results here in Ireland."

The Mater Hospital Trauma Centre, along with St Vincent's University Hospital Trauma Unit, will ensure that trauma patients in Ireland are treated in the right place at the right time by the right specialists.

# Academic Health Science Centre



## *Interview with Prof Tim Lynch, IEHG Chief Academic Officer*

### **What does the role of Chief Academic Officer of the Ireland East Hospital Group involve?**

I have two roles – Chief Academic Officer of IEHG and Vice Principal of Health Affairs at UCD. My role is to increase communication between UCD and all IEHG's 11 hospitals and to make them aware of the potential for collaboration that exists. There is a significant amount of work going on in UCD and our hospitals that could benefit from increased cooperation and communication.

Another key task will be to aid the development of an Academic Health Science Centre encompassing IEHG and UCD.

### **IEHG is transitioning toward an Academic Health Science Centre (AHSC). What does this mean?**

An Academic Health Science Centre is a partnership between two or more universities and healthcare providers focusing on research, clinical services, education and training. AHSCs are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

Academic Health Science Centres differ depending on where you go in the world, whether that be Holland, Canada, or Australia. In the US you have AHSCs such as Johns Hopkins and the University of Pennsylvania and there are three in London alone. Each plays to its strengths and specialities within its own particular healthcare setting and there is therefore no off-the-shelf AHSC model to emulate. IEHG will create its own model based on the Irish health system in which it operates, the strengths of its 11 hospitals, and where these can link and match with UCD.

Professor Lord Ara Darzi is Chair of Surgery at Imperial College London and the man responsible for the development of AHSCs in the UK. I met with him recently and he spoke about the importance of developing a number of key areas. No one can be an expert in everything and the systems and governance of an AHSC are set up accordingly. Genetics, cancer, cardiovascular, women's and children's health, neurology, radiology and immunology are all areas where IEHG can develop key areas of expertise.

### **What are the key benefits for patients and staff within an AHSC?**

It has been proven that both patients and staff do better within an AHSC. For patients, it means that cutting-edge research is translated into clinical benefits more quickly. For staff, an AHSC improves recruitment and retention, through improved research and training opportunities, among other things. As an AHSC, we will also offer ongoing career

development for staff in our regional hospitals. Our Clinical Academic Directorates (CADs) already show how research and clinical practice marry well together.

Ireland is known for offering world-class undergraduate education in medicine, nursing and related services. In my opinion, what is now needed is the development of postgraduate education which can dovetail seamlessly with the undergraduate offering. A careers' structure also needs to be incorporated into postgraduate education.

That is why the opening of the Pillar Centre for Transformative Healthcare at the Mater Hospital in November is so important. Postgraduate students will now be able to train in their area and study at the same time within a structured innovative research environment. The Pillar is a joint venture between the hospital and UCD and it is testament to the importance of research and innovation in the development of our healthcare in IEHG that the Board of the Mater has given over an entire building to this centre of learning. UCD has now a clear footprint in a clinical campus. We will be working with the Royal College of Physicians and the Royal College of Surgeons and there is also huge potential for international collaborations.

A centre like the Pillar also attracts investment and product development companies have already been in touch. The development of an AHSC therefore will contribute to the Irish economy as well as attracting international staff.

IEHG will also be shortly submitting a bid to establish Dublin's Major Trauma Centre (MTC) at the Mater with St Vincent's University Hospital as a Designated Trauma Unit. Within an MTC there needs to be a strong academic component with regard to research, training and innovation. Time is life where trauma is concerned and it is vital that the best care and products are utilised.

### **What are the next key steps in IEHG's transition toward an AHSC?**

Communications around the collaborative work that is already going on and creating awareness of the potential that there is within an AHSC is extremely important. People need to be aware that this is a very worthwhile endeavour which will benefit Irish healthcare as well as the economy.

It is now also time for weight and momentum to be put behind the hospital groups. They were designed with an academic core and this should be maintained. St Vincent's and the Mater have a 150-year history of working with UCD and there are established referral systems in place. In my opinion it is too late to break up the groups as this would be damaging to the training of students, amongst other things. If the Group is split up, in ten years' time we will be struggling to find staff as the student cohort for medicine, nursing, physiotherapy and radiography will have been cut in half.



# Integrated Health

## *Dr Ronan Fawsitt, IEHG Director of Integration*



There are 157 definitions currently in use in health literature to define integrated care. Like *Heinz Beans*, there are many versions of the original. I like the Wikipedia version as it embraces the everyman approach: Integrated care, also known as integrated health, coordinated care, comprehensive care, seamless care, or transmural care (a hospital without walls!) is a worldwide trend in health care reforms and new organisational arrangements focusing on more coordinated and integrated forms of care provision.

Integrated care puts the person/patient at the centre of the service, not the organisation. Our health system, like most healthcare systems in the developed world, is based on silos that prioritise the provider over the user. This needs to change.

IEHG has been leading this change – both internally through the Service Improvement team and externally through greater engagement with the CHOs and GPs. A need to broaden engagement with patients and communities has driven this cultural change. Service integration demands that we integrate internally, so that all our excellent hospital departments first engage efficiently with each other for the benefit of the patient. Secondly, we need to create structures that allow our GP and community partners to participate as equals in the journey ahead.

Thanks to the vision of Mary Day, 2018 has seen a strengthening of the Group's determination to engage effectively with patients and community partners.

The Service Improvement team has been a central pillar of this process internally through local involvement of all IEHG staff, using LEAN methodology, to promote process improvement and service change while building the interface with community partners through action on delayed discharges and HCPs.

In 2018, the Group structured the Community Integration Framework into regular business meetings between IEHG and community partners. This committee dealt with many emerging integrated care projects including community ophthalmology, virtual clinics for heart failure, the hepatitis C service plan, frailty initiatives and a winter preparedness process led initially by Linda O'Leary, GM of St Columcille's Hospital (SCH) and Kay Connolly, CEO of St Vincent's University Hospital (SVUH), who managed the January surge of hospital/community demand at SCH and SVUH in a collaborative manner with great success. This has scaled into a group-wide process for 2018/2019.

What has been evident this year is that integrated healthcare requires a "CRT approach" to be effective. First, we need to build structured contact with our partners such as the winter committee or the Local Integrated Care Committee (LICC). Respect for each other is critical even when we disagree. Trust however is earned – mostly by repeated engagements and delivering projects that improve outcomes for patients.

Engagement of all hospital groups with GPs continues to be problematic at a national level. The failure to deliver a new modern GP contract and to reverse FEMPI cuts lies at the heart of this fracturing. In IEHG we have established a LICC structure with excellent engagement at St Luke's General Hospital Carlow/Kilkenny, Our Lady's Hospital, Navan and St Columcille's. Progress on a new GP contract could change the paradigm at all sites.

Many integrated care projects have been hugely successful. The Heart Failure Virtual Clinic continues to show better care in the community, better outcomes (reduced referrals to ED/AMAU and OPD), reduced costs and greater satisfaction among GP providers in providing this model of care. This service needs to scale to the whole group in a structured and systematic way with support from the HSE/DoH.

Sláintecare sets the stage for a radical change in service delivery, with more care being provided in the community. This shift of care will need greater collaboration between GPs, hospital and community partners. In IEHG we recognise the need to work in new ways and to provide new models of care such as GEMS and VCs. We also have engaged in population health mapping, looking at the data from Dr Howard Johnston of Health Atlas, HSE, which shows clearly who our IEHG population is, where they live, who their GPs are, their demographics, age, ethnicity and deprivation indices. This data can guide service delivery and targeted funding in IEHG in collaboration with our community partners.

Population health requires us to know our population, engage with them, find out about their needs both medical and social, based on risk stratification of sub sets using ICT and shared data with GPs and PC, and then provide personalised and accountable care. Success will show reduced reliance on hospitals for chronic disease, more services at home/close to home, a happier service user and a resilient GP/community workforce that is integrated with the local hospital.

Sláintecare has set us a challenge. Are we up to changing the paradigm, to more care in the community? An alignment of CHOs, general practice and the Group is required. Having a single budget for health and social care to manage the 1.1 million people in IEHG will be critical to progressing an accountable care organisation as is suggested by Sláintecare's Regional Integrated Care Organisations (RICOs). Accountable Care systems, organisations and partnerships are now developing in all healthcare systems worldwide. Given the success of the Group, it seems self-evident that population health delivered around hospitals in Ireland, by general practice-based teams (Place Based Care), when aligned in partnership with CHOs and PCTs, offers the best chance of success. Integrated care is largely relational. Structures are secondary, although also vital. Who you know, meet and trust are likely to be effective partners in shared care.

If you doubt this mission, I suggest you watch the journey being made in Salford, UK, around integrated care. Sam's story, seen on Youtube, describes the change we must all make if we are to succeed: *What is integrated care? – Salford Together: Sam's story: What if health and social care were more joined up in Salford?* <https://youtu.be/bBkBgGS2q8E>

IEHG is also on a journey to better manage its population of over 1 million patients, just as all developed healthcare systems worldwide are going through similar change. Demographics, demand, resources and manpower are central to this transformation. With determined leadership from Mary Day, we have begun our own journey. Our destination may not be fully clear, but our values and version of integrated care will endure: the patient comes first in an integrated system that delivers excellence and quality care at the lowest level of complexity, in partnership with general practice but supported by our hospitals and as close to home as is possible.

# IEHG eHealth Plan of Action for 2019 and Beyond



**Prof. Neil O'Hare, Group Chief Information Officer (IEHG) / Prof. Health Informatics (UCD)**

You all know the adage “*Fail to plan, then plan to fail*”. Fairly hard hitting you might say, but a variant on this by Peter Drucker (Austrian-born American management consultant) conveys a more pragmatic approach around planning, namely “*If you want something new, you have to stop doing something old*”. For many years our hospitals, and indeed the health service, has been taking incremental steps in the development of a modern ICT (or to use the broader term Informatics) environment in which to manage our patients and service delivery. However, progress is slow and by comparison with international levels, our capacity and capability to take on new projects is very limited at best.

Meanwhile the wider health service is waking up to, or indeed already knows, the beneficial impact Informatics solutions and services can have on care delivery.

At national level, increases in funding for eHealth have been delivered in recent years and plans are well ahead to procure the “Holy Grail” of systems, ie; the acute and community Electronic Patient Record. While the go-live of these systems are a number of years away, we have a lot of work to do to get ready for deployment such that we can maximise the benefits that can be achieved when these systems do arrive. Apart from the national EPR, there are a range of projects that need to be specified, funded and implemented across many of our hospitals over the next 5 years. In doing so, we need to build the wider Informatics team and, where necessary, upskill them. While we need more “Techies” and data scientists, we also need eHealth champions across all professions (clinical and non-clinical) to help drive the required changes. What Informatics solutions would make your working environment easier; your work more productive; and most importantly improve the care to our patients? If I asked you to describe a Digital Hospital, what would you tell me? More importantly, if I asked our patients what would a good digitally enabled health system look like, what would they say?

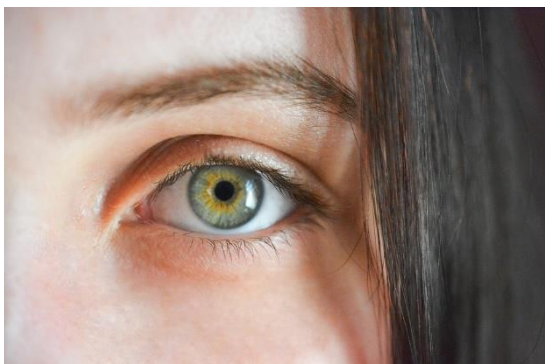
Taking all this on board, we are developing a 5 Year IEHG Digital Plan of Action. It is hoped that this will help provide a Group-wide direction of travel for eHealth and Informatics. In doing that, we will also identify principles of action that will be adopted to help drive the development of a Digital Hospital Group vision. The Department of Health have stated that there will be a doubling of funding for eHealth over the next 2-3 years but this is only going to start to rebuild the house, fix a few leaks and maybe upgrade the Windows (bad pun!!). Internationally large organisations reliant on IT as a business enabler assign between 2.5% and 4% of their budget to ICT-type initiatives. The figure for the public health system in Ireland is about 1% so we have some challenge ahead. However, the Sláintecare report strongly identifies the need for a good eHealth / Informatics infrastructure and capability to make the strategy deliverable.

Over the last year we have submitted a range of business cases for new systems to the HSE. All of these have secured the initial approval of the HSE, but we are waiting for funding to be provided from the Departments of Health and Finance for the majority. Hopefully a number of these will land in 2019 and we can start to build the capability and capacity required to deliver the EPR when it arrives. I am also working closely with our academic partner, UCD, to develop educational courses in Health Informatics to help our staff upskill and become more involved in these eHealth initiatives as they are rolled out.

Finally, as part of the delivery of the Plan of Action we need to ensure that we communicate developments and progress to you on an ongoing basis. But this is two-way communication, so if you have a thought, idea, or a project in the eHealth arena that you are interested in progressing, drop us an e-mail at [cio@iehg.ie](mailto:cio@iehg.ie) at any time. I can't guarantee that we can solve all issues, but we will certainly engage and help provide some direction and support where possible.



# IEHG Eye Institute



It is estimated that there are currently 225,000 people living with low vision and sight loss in Ireland. This is projected to increase to 272,000 by 2020. Within that figure, there are approximately 13,000 blind people living in Ireland today. This number is expected to increase to 18,000 by 2020.

Current CSO projections estimate that the number of people aged 65 years or older will almost double over the period 2006 to 2026

(increasing from approximately 462,000 people to 909,000 people). Therefore, the number of people in Ireland with sight loss is projected to increase substantially as the overall population ages.

More people will need to avail of eye care services and will expect such services to be locally accessible and provided in a timely manner. In the current situation, the demand for eye services exceeds the supply of available services.

In 2016, with the establishment of the hospital groups, the Ireland East Hospital Group (IEHG) set up an IEHG Ophthalmology Service Review Group with membership looking at ophthalmology services in response to local and national demands.

IEHG's ophthalmology sites include: Royal Victoria Eye and Ear Hospital (RVEEH), Mater Misericordiae University Hospital (MMUH), St Vincent's University Hospital (SVUH), Regional Hospital Mullingar (RHM), St Columcille's Hospital (SCH) and the National Maternity Hospital (NMH).

IEHG is now looking to establish an **Eye Institute** to meet the increased demand for ophthalmology services and has prepared a submission on an integrated ophthalmology care programme for consideration for Sláintecare funding. This proposed programme is strategically aligned to Sláintecare goals and strategic actions as well as the vision of both Sláintecare and IEHG for integrated care.

The **IEHG Eye Institute** is aimed at improving the quality of the service and expanding access to that service. Prevention of sight loss requires collaboration from all the professionals involved in eye care: doctors, nurses, allied health professionals and technicians, with each working within their skill set in a multidisciplinary team underpinned by appropriate governance.

The integration of hospital and community care, with clinicians and care providers working in teams, is the best approach to deliver care for patients and to address the structural deficits in the current system. The efficient operation of the multidisciplinary team (MDT) is critical to the delivery of primary eye care. Implementing a more community-based model will improve access to care and will help address the current adult and paediatric waiting list crisis.

Funding of an IEHG Eye Institute will drive the integration of hospital groups and services with community care to deliver on an integrated care model for ophthalmology.

# IEHG Research Directorate



## *Interview with Prof Peter Doran, Director of the IEHG Research Directorate*

### **What does the role of the Research Directorate involve?**

The role of the research directorate is to underpin the development of the IEHG Academic Health Science Centre (AHSC) by developing a programme of leading edge Clinical and Translational Research.

Our mission is to improve the health of the nation by ensuring that novel interventions are developed, evaluated and implemented in routine clinical practice. We are achieving this ambitious goal by creating an environment which is supportive of our patients and investigators who are engaged in research.

The Research Directorate expands the UCD Clinical Research Centre (CRC), which has already demonstrated significant success as a centre operating across multiple institutions and supporting compliant research of the highest impact.

### **What key developments have taken place this year?**

Since its inception in mid-2018, the research directorate has been focused on developing our strategy to support our mission. A strategy has now been written which focuses on 3 major areas:

- Ensuring Excellence
- Enabling Investigators
- Benefiting Patients

We are committed to ensuring that all research across the group is conducted to the highest scientific, ethical, regulatory and legal standards. We will realize this ambition by expanding on the systems, processes and programmes which have been established already at the UCD CRC and by providing training opportunities for all research-involved staff across the network.

In addition to developing our overall strategy we have been working closely with our partner hospitals to develop detailed site-specific research plans. We are also developing several important strategic initiatives to further enhance our research capability in areas of importance to our patients. For example, we are developing a centre which will provide Irish cancer patients with access to early-phase clinical trials.

### **What does the development of a Research Directorate mean for our hospitals?**

The principal benefit for our partner hospitals will be the ability of all colleagues within our Group to take part in research. We will bring research supports to all corners of our Group

within our quality framework; this approach is supportive of our hospitals whose staff want to engage in research, but who may not have the relevant expertise and facilities. We are also providing research training to staff across the network. These initiatives will enable our hospitals to recruit and retain ambitious, research-active healthcare staff.

### **What are the key benefits for patients?**

Academic Health Science Centres (AHSCs) have a crucial role to play in converting new knowledge into a range of innovative products and services for patient benefit. Through their strategic focus on innovation and knowledge translation, AHSCs can ensure that the health system remains accessible and flexible and can rapidly adapt to changing health needs.

The development of our research programme will ensure significant benefits for our patients including:

- Better outcomes for patients
- Improved QUALYs (Cancer Trials Ireland, May 2016 Report)
- Avoidance of unnecessary and sometimes costly treatment
- Access to novel treatments:
  - Medical devices
  - Diagnostic tests
  - New drug therapies

By developing our research programme we will deliver improvements in outcomes for our patients, ensuring that IEHG is at the forefront of innovative healthcare delivery.

# National Patient Experience Survey

**“I think the nurses and doctors etc. do an exceptional job and no matter what the circumstances always have a smile and are ready to listen.”**

*Feedback on experience at the Mater Misericordiae University Hospital*

The Ireland East Hospital Group (IEHG) recognises the need for the development of a healthcare system that is sustainable and capable of delivering consistently high-quality services. The Group is committed to this ambition through the delivery of sustainable improvement utilising Lean transformation methodology. Our staff have been working tirelessly to ensure that the recommended improvements from the 2017 National Patient Experience Survey were implemented during 2018. These improvements will guarantee that the over 1 million

people we serve will receive better quality patient-centred care.

For the second year in a row, IEHG are delighted that our hospitals have achieved good results and we would like to pay tribute to the hard work and dedication of all staff across the Hospital Group in delivering positive care experiences. However, we are cognisant that there are still improvements to be made and the National Patient Experience Survey acts as a measure to help us identify the areas where we need to help our hospitals improve.

By continuing to use our Service Improvement Lean methodology we will achieve our key strategic target of delivering a sustainable and high-quality healthcare system at the lowest cost to the public.

The 2018 NPES results remind us that our own healthcare transformation vision is still on course. We must remember – that in line with the Sláintecare report – *“patient needs come first in driving safety, quality and the coordination of care.”*

In 2019 we want to improve our NPES results while also focusing on:

1. Improving patient and staff experience and patient outcomes
2. Enhancing the capability of our hospitals to deliver operational excellence
3. Developing and enhancing our continuous improvement capabilities
4. Optimising patient flow and resource utilisation



