Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Implementation of the

HIQA Ennis and Mallow Reports

May 11th 2012

Summary report on HIQA reports into Mallow and Ennis Hospitals

1. Introduction

In April 2009, the Health Information and Quality Authority published an investigation report into the Mid-Western Regional Hospital (MWRH) Ennis. One of the report's recommendations highlighted the need for the HSE to consider any required changes in hospitals with a similar profile to MWRH Ennis. In August 2010, HIQA undertook a follow on investigation into the provision of services at Mallow General Hospital. The reports highlighted a series of short term risk mitigation responses that the HSE should put in place as well as medium to long term changes to the role and governance of hospitals to improve the efficiency and safety of such hospitals. The HSE has been implementing significant changes in the role and scope of a number of hospitals with a similar profile to Ennis Hospital. These hospitals are:

Table 1 – Small Hospitals identified by the HSE following publication of the HIQA Ennis report

Dublin North Eastern Region • Our Lady's Hospital, Navan • Louth County Hospital	**Dublin Mid Leinster Region** • St. Columcille's Hospital
Western Region • MWRH Ennis Hospital • MWRH Nenagh Hospital • St John's Hospital, Limerick • Roscommon County Hospital	**Southern Region** • Mallow General Hospital • Bantry General Hospital

Broadly, the recommendations in the HIQA Ennis and Mallow reports highlighted:

- **Hospital Networks / Emergency Care Networks and Emergency Departments:** The need for smaller hospitals providing ED services to be operating as part of an emergency care network within a region (or plans in place to achieve this). Where a hospital is providing 24-hour, seven-days a week emergency care the HSE would have to ensure that the system of emergency care includes immediate access to clinical triage and assessment, resuscitation and diagnostic support and full-time on site senior clinical decision makers with the required competencies. Where such arrangements are not achievable or sustainable, the HSE would have to make the appropriate arrangements to discontinue the emergency service.
- **Elective surgery:** The requirement for smaller hospitals to only undertake surgery and admission of cases within a specific range (low) of complexity and that admission systems are reviewed as safe to provide clinical services. This would be supported by a robust risk management system to continuously monitoring care provision.
- **Critical care:** The need for critical care services in smaller hospital to operate differentiated care when admitting patients and to only undertake over night ventilation where there are appropriate resources, protocols and staffing to provide safe care to patients.
- **Governance and accountability:** The need for the HSE to have clear and unambiguous governance and accountability systems that support effective operational management. This would also include clear clinical governance arrangements and associated multi-disciplinary working where appropriate.
- **Performance monitoring systems:** The requirement for the HSE to have a performance monitoring system that provides clear information at local, regional and national level on the efficiency, effectiveness and safety of key hospital services, especially in smaller hospitals.
- **Appropriate protocols:** The requirement for appropriate protocols to be in place to eliminate or minimise the admission of patients to inappropriate sites. Particularly relevant protocols in this respect are major trauma, maternity and paediatrics. These protocols would be operated in conjunction by each region's ambulance service.
- **Change management process:** The change management process to achieve these objectives would be lead at a senior level at a local level and at a national level by an identified National Director.

Clinical Care Programmes and Patient Safety

The implementation of the recommendations of the above reports is set within the overall context of the roll out of a series of national clinical programmes. These programmes outline the future strategic vision and a framework for the delivery of acute services which seeks to substantially improve patient care. The clinical care programme objectives are:

- Improve Quality e.g. reduce incidence of stroke, heart failure, blindness due to diabetes, etc
- Improve Patient Access e.g. reduce outpatient wait time, reduce time to see senior doctor in an emergency dept.
- Reduce Cost e.g. reduce average length of stay, reduce bed utilisation.

These clinical programmes are defining standardised clinical pathways for a range of conditions which will assist in standardising a patient's journey across sites. Clinical programmes relating to Emergency Medicine, Acute Medicine, Surgery and Critical Care have been significantly involved in risk mitigation strategies for these hospitals and in developing strategic re-organisation plans for these hospitals for the future. The HSE has also appointed a National Director of Quality and Patient Safety with the objective of improving the risk management and quality infra-structure across the health services.

2. Changes to hospitals following publication of the HIQA Ennis and Mallow Reports

Following the outline above, the following sets out the major changes put in place since the publication of the HIQA Ennis and Mallow reports across these hospitals.

Over 2011 and 2012 the HSE has at a national level:

- Produced a National Guidance Document for the Clinical Services in a Model 2 type hospital. This guidance document identifies the activities that can be performed in smaller hospitals in a safe and sustainable manner so that a high volume care can be provided locally. It outlines the need to transfer a significant amount of activity from larger to smaller hospitals to ensure patients receive their treatment locally and to create capacity in the larger hospitals to accept the smaller volume higher complexity care. It is recognised that appropriate streaming of patients into smaller and larger hospitals is already in existence and these practices should continue where they are operating safely and effectively.
- Worked with each hospital site to produce strategic re-organisation plan to ensure that the future provision of services at these sites is secure and mapped out. These plans set out the future objectives for Urgent Care Centres, day surgery, out-patient and other clinical services in line with the Model 2 guidance document. These plans have been developed in conjunction with the clinical care programme leads for Emergency Medicine, Acute Medicine, Surgery and Critical Care.
- The HSE is currently establishing a National Steering Group to progress further implementation of the strategic re-organisation plans where such changes are still to commence. Significant re-organisation of services has already taken place at Louth County Hospital, Ennis and Nenagh General Hospitals and Roscommon Hospital.
- Held meetings with the Health Information and Quality Authority on patient safety issues in these hospitals and the strategic re-organisation plans.
- Worked with the Department of Health on developing a National Framework for Smaller Hospitals. This framework will set out the future role of such hospitals as part of larger clinical networks.

In 2011 the Department of Health has, through the Special Delivery Unit, has provided support to hospitals to improve the performance of Emergency Departments and Outpatient Departments

Since 2010, the HSE has at a local level undertaken the following (in line with the reports' recommendations):

a. Hospital networks / Emergency care networks / Emergency Departments

- Each small hospital now operates as part of a defined network with one exception (St. Columcille's hospital). These networks are illustrated in Table 2 below. The Emergency Medicine Programme is currently defining the most appropriate emergency care networks that will be put in place by the HSE.
- Each small hospital has strategic re-organisation plans in place to develop Urgent Care Centres in line with the model outlined in the HSE's Acute Medicine Programme (http://www.hse.ie/eng/about/Who/clinical/natclinprog/acutemedprogramme.html). These Urgent Care

Centres comprise a Medical Assessment Unit and a Local Injury Unit. These Urgent Care Centres will operate under a defined clinical governance arrangement within an emergency care network.

- As part of a hospital network, each small hospital has developed plans to ensure the appropriate transfer of services of low complex / high volume services from larger regional centres. An outline plan for St.Columcilles has been prepared with a more specific re-organisation plan being finalised in collaboration with St. Vincent's hospital. As part of these plans for example, all regions are in the process of developing daycase capacity in these centres. In some instances (e.g. Ennis / Nenagh) this is significantly advanced.
- Ambulance and advance paramedic services are being developed by the HSE to ensure greater access to appropriate pre-hospital treatments and faster transportation of patients.

Table 2 – Network linkages between smaller and larger hospital sites

Louth Meath Hospital Group • Our Lady of Lourdes Hospital • Our Lady's Hospital, Navan • Louth County Hospital	This network is currently being developed ▪ St. Vincent's Hospital ▪ St. Michael Hospital ▪ St Columcille's Hospital (to be developed)
Mid Western Regional Hospital Group ▪ MWRH Limerick ▪ MWRH Ennis ▪ MWRH Nenagh ▪ St John's Hospital, Limerick **UCHG Hospital Group** ▪ University College Hospital, Galway ▪ Merlin Park Hospital ▪ Roscommon County Hospital	**South West Acute Group** ▪ Cork University Hospital ▪ Cork University Maternity Hospital ▪ Mallow General Hospital ▪ Bantry General Hospital

b. Elective surgery in smaller hospitals

- A significant change to the in-patient admissions profile has been undertaken in these hospitals complemented by bypass protocols to ensure complex referrals do not present at these hospitals. Appropriate ambulance bypass protocols ensure that trauma, paediatric and maternity cases do not present to these smaller hospitals. These smaller hospitals have protocols in place for patients who self-present. Bariatric surgery is currently undertaken in St. Columcille's Hospitals as part of the overall weight management services with plans being developed for its future role.
- No paediatric, maternity or cancer related cases are referred to these hospitals (for patients choosing to self-present, they are subject to immediate inter-hospital transfer following stabilisation).
- The HSE, as part of its elective surgery clinical programme, is also defining the type and range of procedures that are appropriate to be undertaken in these smaller hospitals.

Ensuring appropriate and safe services across these hospitals is supported by a robust approach to risk management.

- The HSE has implemented a consistent approach to risk management and has in place a defined approach to risk monitoring and escalation.
- Each region has local risk registers that inform the region's approach to risk management and mitigation.
- The HSE corporately has a risk register that informs the CEO and senior management team of current risks and risk management responses being implemented within the health services.
- The HSE has a specific risk committee of the HSE Board to oversee current risk practices and the committee reviews management effectiveness of different risk issues.

c. Critical Care

- Ennis, Nenagh, Louth County and St. Johns have ceased providing critical care services. Roscommon Hospital did not previously provide critical care services.
- A limited critical care service is currently provided in exceptional cases in Mallow and Bantry Hospital.
- Our Lady's Hospital Navan and St. Columcille's Hospital who currently provide a critical care service have appropriate service infra-structure in place.
- Any hospital providing a critical care service have put in place appropriate in and out of hours on-site anaesthetic cover for patients requiring ventilation.

- All hospitals have implemented an early warning score system to assist in dealing with patients demonstrating a potential to deteriorate. This early warning score facilities the earlier transfer of patients to larger regional centres.
- Hospitals providing critical care services have undertaken ICU mortality reviews as part of their risk monitoring process.

d. Governance and accountability

- Each small hospital is now part of a hospital network with defined management and clinical governance structures. St. Columcille's is currently in the process of developing its network arrangements. The Minister for Health has defined new management structures in the case of the Mid-West Regional Hospital Group and the University Hospital Galway Group.
- These small hospitals have a clinical director responsible for the operation of clinical services across the network of hospitals.
- The HSE has put in place Integrated Service Areas and appointed Area Mangers to oversee all the operations of services within specified geographical patches. The HSE's Integrated Services Programme is aligning hospital networks, GP primary care centres and all associated health services into clearly defined geographical areas.
- ISA management will be supported by the HSE's policies on risk management, accountability, governance, clinical governance, performance targets and all associated training and skills development approaches.
- The HSE has put in place a specific initiative to develop the clinical governance function across hospital systems as part of an overall Clinical Governance Programme. This initiative has begun with the appointment of a lead for the programme, and significant engagement with the Clinical programmes and the service delivery system.

e. Performance monitoring system

- The HSE in agreement with the Department of Health produces an annual National Service Plan (NSP). This NSP contains a set of acute hospital services key result areas (KRAs) which detail our key reorganisation plans and key changes areas under our clinical programmes. National targets on key measures such access and quality are specified in our annual NSP. These targets form the basis for a regional business plan with sets out the key targets for each hospital. Performance against target for each hospital is monitored via a monthly performance review meeting and reporting process
- The HSE engages in a quarterly review with the DoH on its service plan objectives (KRAs and PIs). Monitoring of the implementation of the Ennis recommendations is covered under this performance monitoring process.
- The HSE has in place a monthly performance reporting system that is published on its website. This performance report demonstrates the overall and individual service performance on key performance activity and indicators as defined in its annual service plan.
- The HSE is currently in the process of developing a range of quality indicators and the clinical care programmes are developing new performance indicators on the effectiveness of care provision across the health services. These new sets of indicators will capture further information on the quality of service provision across the HSE and will be integrated into the HSE's service plan in the coming years.

f. Appropriate protocols

- All hospitals have appropriate trauma, paediatric and maternity bypass protocols in place to ensure that any ambulance referrals do not attend these smaller hospitals.
- Stroke bypass referral protocols are also being developed for implementation nationally.
- Standardised national ambulance bypass protocols have been developed to assist the development of local protocols.
- The HSE has in place (where relevant) mandatory acceptance protocols for critical patients to ensure the prompt acceptance of any patient from a smaller hospital to a larger regional hospital who may deteriorate.

g. Change management process

- Implementation of the recommendations of the Ennis and Mallow HIQA reports at each identified site is the responsibility of each Area Manager in the HSE. Each Area Manager reports directly to a Regional Director of Operations who is responsible for the region wide implementation of the report's recommendations.

- Responsibility for ensuring the safe delivery of clinical services at each of the identified hospital sites is the responsibility of the clinical director for that network of services. Each clinical director reports to a hospital manager or Area Manager.
- The Regional Director of Operations reports to the National Director of Integrated Services (Performance and Financial Management). There is also a Director of Quality and Patient Safety and a Director of Clinical Programmes.