

2018 Update on Implementation of HIQA Recommendations

-Briefing Note, 27th February, 2018

Introduction

In May 2012, HIQA published its report into the quality, safety and governance of care provided to acute patients admitted to Tallaght Hospital. This report was concluded following an 11 month inquiry into matters covering scheduled and unscheduled patient access into the hospital, with a particular focus on the hospital's leadership, governance and management processes.

There are 76 recommendations, seven of these are local recommendations which relate specifically to Tallaght Hospital, two of which are matters for the Department of Health. 43 are national recommendations to be implemented by all hospitals, including Tallaght Hospital with the remaining 26 national recommendations falling under the remit of the Department of Health (DoH) and the Health Service Executive (HSE) or Special Delivery Unit (SDU).

This briefing note highlights some of the key actions taken to date and planned actions arising from the recommendations in the 2012 report, focussing particularly on specific issues to Tallaght Hospital. The full report is available [here](#).

Progress to Date (against the 48 hospital directed recommendations)

Most of these recommendations have been brought to the point where they are now incorporated into the normal working of the hospital's governance, leadership, management and clinical processes; with implementation of the remaining recommendations well underway.

Unscheduled Care

The 2012 report criticised the Hospital for the inappropriate use of a corridor adjacent to the Emergency Department (ED) to accommodate patients. The recommendations centred on the following areas:

- All hospitals to cease using inappropriate spaces such as corridors to accommodate patients
- Full implementation of the National Emergency Medicine Plan (NEMP)
- Increased use of emergency services such as the Acute Medical Assessment Unit (AMAU)
- The use of NEWS (National Early Warning Score) in all inpatient areas with a modified version in use in the ED
- Improved discharge planning (including improved availability of step down beds)

Progress

Tallaght Hospital has made significant progress across all these areas:

- Corridors are no longer used in our ED to accommodate admitted patients awaiting a bed
- Tallaght Hospital has invested in a contemporary 24/7, 24 bedded AMU and 11 bedded AMAU in line with the National Acute Medicine Programme. This has resulted in the following impacts:
 - 58% reduction in the average number of admitted patient on trolleys in the ED.
 - 13% reduction in the number of patient journeys greater than six hours.

- Further streamlining of patients for rapid medical assessment leading to a diversion of 20% of medical attendances from the ED thus reducing the risk of crowding.

Note: These statistics show an improvement but severely underestimate the magnitude of the achievements in that they were reached against a background in Tallaght Hospital where we have an ageing demographic leading to a greater proportion of complex patients attending our ED as well as an increase in ED attendance of almost 9,000 (+20%) annually.

- The Hospital has introduced an early warning score for admitted patients including those in our ED. This improves their safety by ensuring that the Hospital are detecting early and responding quickly to any deterioration in their clinical condition.
- The Hospital has improved and modernised its governance structures through the appointment of a Director of Quality, Safety and Risk Management and the development of a Quality, Safety and Risk Management Directorate. This has been further strengthened by the establishment of an Unscheduled Care Governance Group which drives and oversees the changes required to ensure compliance with the National Acute Medicine and Emergency Medicine Care Programmes.
- A number of patient care pathways have been introduced with Advanced Nurse Practitioner support aimed at admission avoidance such as a seizure pathway and chest pain pathway.
- There have been multiple patient flow initiatives introduced to reduce length of stay (LOS) and reduce pressures on patient flow including a new discharge lounge, the visual hospital initiative and nurse led discharging. There is however an ongoing need to develop more community step down facilities.”

Scheduled Care

The 2011 report criticised the hospital in relation to its OPD, Radiology and Inpatient waiting times.

Progress

Tallaght Hospital has made significant progress across all these areas:

- There has been a greater than €10m investment in new medical equipment with a particular focus on Radiology having purchased a new MRI, CT and Ultrasound machine
- The Hospital has introduced an appropriate systematic approach to managing Out Patient Department (OPD) referrals which has provided the foundation for a significant reduction in our OPD waiting lists
- The Hospital has achieved the 2017 targets set by the HSE for inpatients and daycase waiting lists
- An electronic referral system for OPD referrals has been implemented in Paediatrics
- Our governance arrangements have been further improved with the appointment of a Clinical Director for Radiology
- A number of carefully targeted initiatives to increase manpower and support structures in specialities with long inpatient waiting lists have been introduced such as ENT and General Orthopaedics
- Surgical inpatient waiting list numbers > 15m rose rapidly after 2015. Recently they have been falling with outsource funding support (33% improvement between July and Oct '17).
- Tallaght Hospital has introduced a number of contemporary allied professional led and nurse led initiatives to achieve further efficiencies. For example, the introduction of an allied health professional led initiative for musculoskeletal referrals has meant that three out of every four patients reviewed in these clinics can be managed quickly and safely without the need for a consultant assessment.

Leadership, Management and Governance

The 2012 report criticised the Hospital's clinical, corporate and financial governance particularly at a Hospital Board and Executive Management Team level. Specifically, the report focussed on the need to a) modernise the current board governance structures with improved transparency, clearly defined roles and accountability and access to internal and external quality and patient safety information b) stabilise the EMT (reduce turnover) with clear executive accountability for quality and patient safety c) have clear board structures in place to performance manage the CEO and EMT members.

Progress

Most of these recommendations have been brought to the point where they are now incorporated into the normal working of the Hospital's governance with implementation of the remaining recommendations well underway.

Specifically the following has been achieved:

- The Hospital Board is now constituted in accordance with modern day governance practice with clearly defined roles and functions. It is underpinned by a culture of openness and transparency with fully documented disclosures of any conflicts of interest and published agendas and minutes of meetings on the Internet
- The governance of the Hospital Board is now overseen by a Governance Committee which submits an annual compliance statement to the HSE
- Board members have bi-monthly access to high quality internal and external key performance indicators (including those pertaining to quality and patient safety) through an Integrated Management Report
- There are clear procedures in place for staff to raise any concerns to the EMT and/or the Hospital Board through our risk escalation policy. In addition, the Hospital has adopted the national protected disclosure procedures which sets out how staff can escalate concerns to the HSE outside of the internal escalation procedures
- The EMT is now stable with no vacancies. The CEO has introduced a performance management system which has improved accountability and overall executive performance by linking to continuing professional development plans

Ends.