

National Clinical Programmes

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What do we need to improve

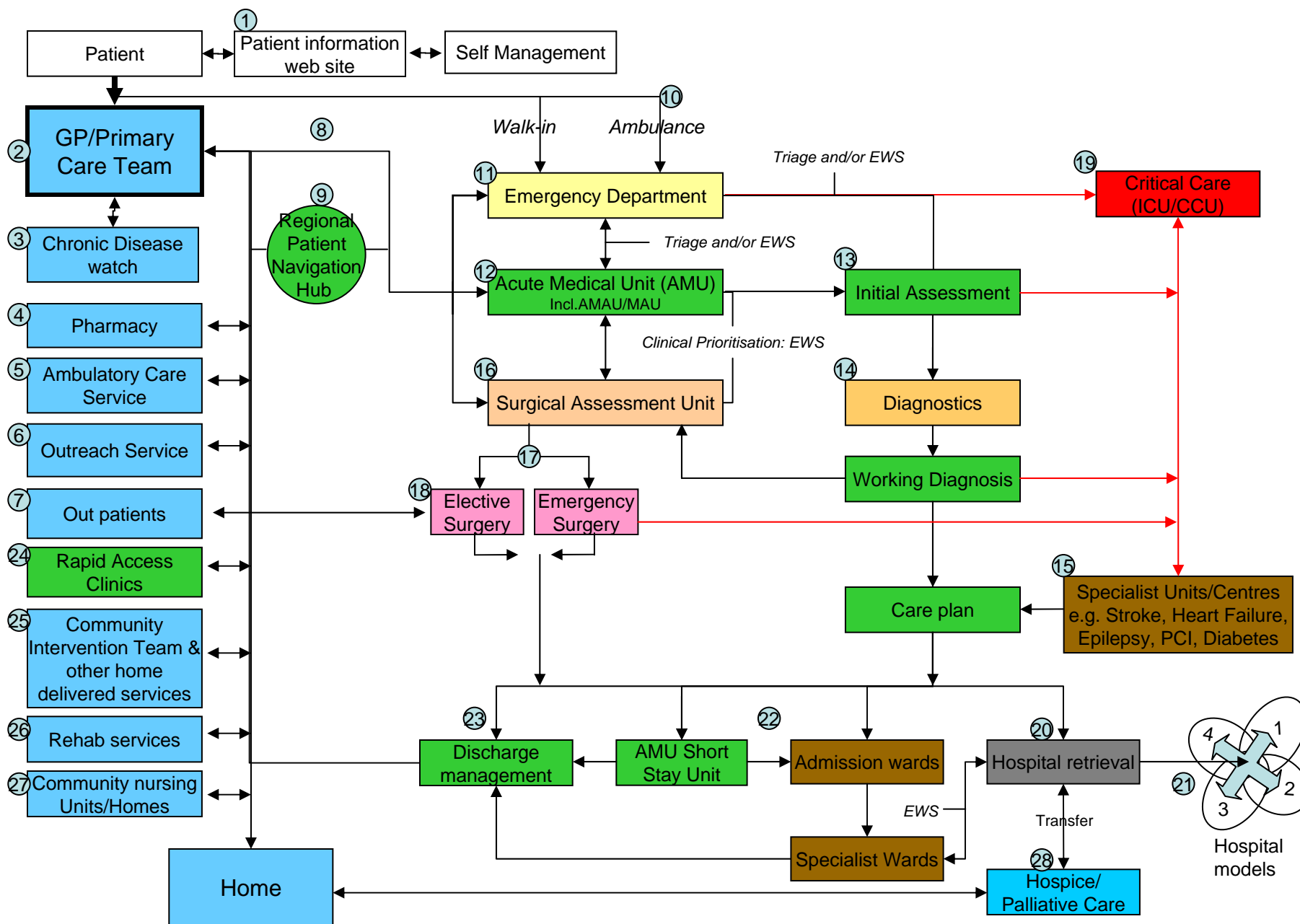
- Quality
- Access
- Cost

Whole system approach to addressing change drivers

Clinical Programmes were initiated in 2010 based around a number of key principles:

1. Clinically leadership
2. Structured programmatic approach from design to implementation
3. Engagement of patients in solution development
4. Local ownership based on local data
5. Develop IT and money following the patient

Patient journey



Scope of safety & effectiveness clinical care Programmes

Overarching

- Primary Care
- Mental Health
- Paediatrics
- Pathology
- Obstetrics
- Pathology
- Rehabilitation
- Palliative Care
- Care of Elderly

Surgery and Anaesthesia

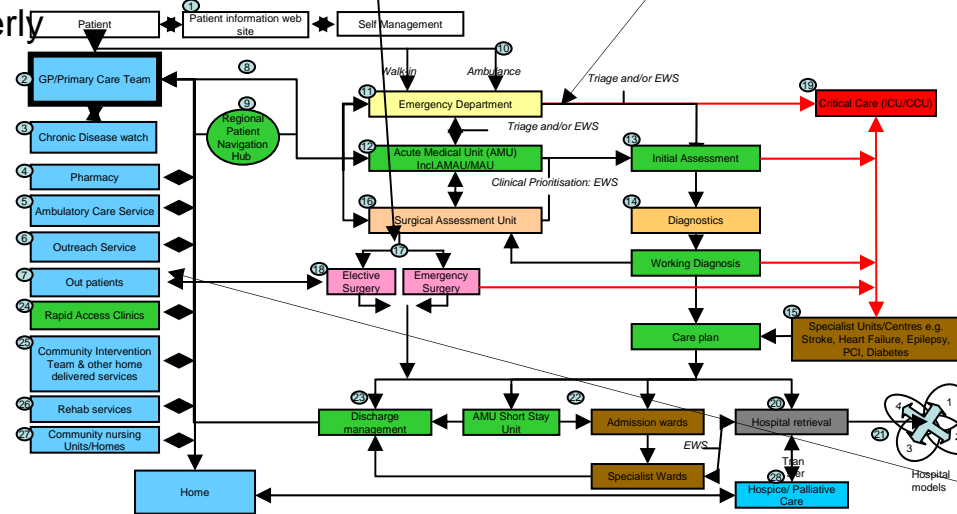
- Day surgery, Day of Surgery & Avlos National targets
- Productive theatre
- Surgical Audit
- Surgical pathway & Guidelines

Emergency/Acute Medicine

- Acute Medicine
- Emergency Medicine
- Critical Care
- Stroke
- Heart Failure
- Acute Coronary Syndrome
- COPD
- Asthma
- Diabetes
- Renal
- Radiology
- Epilepsy

Primary Care

- Chronic disease management in primary care
- OPAT/Home IV
- Community Intervention Teams
- Outreach progs



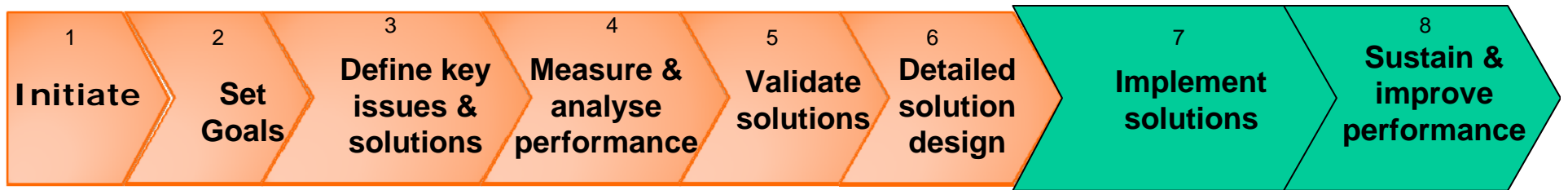
Enabling Initiatives

- Resource allocation
- Patient information & Self management

Outpatients

- Orthopedics
- Dermatology
- Rheumatology
- Neurology

Work done so far:



Establishment of SDU

- Clinical programmes working closely with SDU and NTPF.
- Work streams linked

Benefits

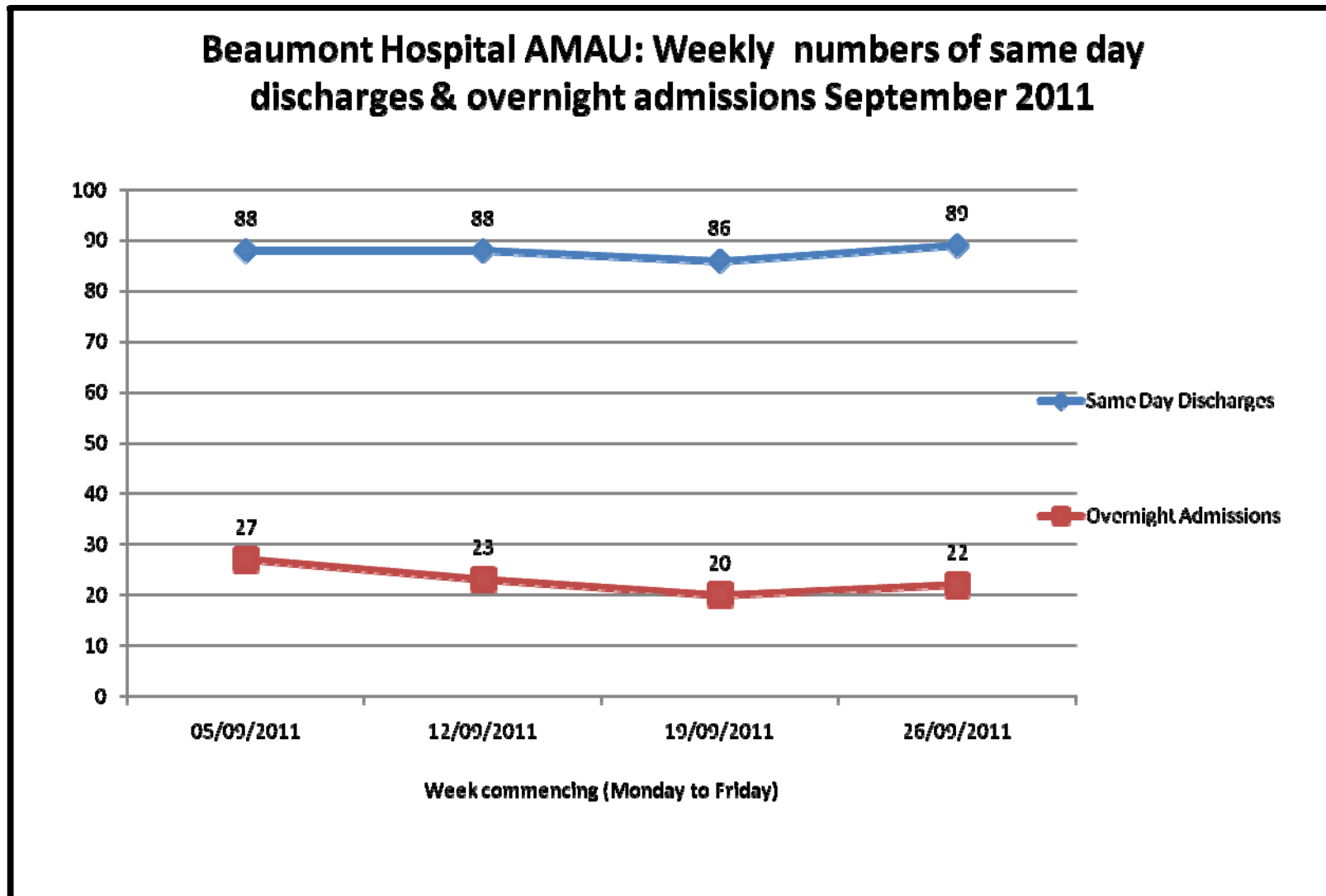
Programme	Gain	Action to date
Diabetes – retinopathy screening	Prevent 1 blindness per day	Programme established 2011, to commence 2012
Diabetes – foot care programme	Prevent 2 amputations per week	Guidelines complete, networks confirmed, local plans complete, posts in recruitment with commencement by end 2011
COPD/ Heart Failure	Prevent 4000 admissions Save 200 beds Save 100 lives per year	3 sites live. 15 live by early 2012 (local plans complete, recruitment underway)
Critical Care	Audit	Audit implemented in 2012
Stroke	Prevent 1 death of disability per day. Save €16m in nursing home costs per year. All patients access to thrombolysis, stroke unit, rapid access TIA service and timely vascular surgery	24/7 thrombolysis nationally 2011 – 90% achieved (100% by yr end) – 70 trained ytd. National Telemedicine – in procurement (1 st in world) Stroke units in 80% locations (100% by end 11/early '12) Rapid access to TIA service (within 48 hrs) – on target 2011

Benefits

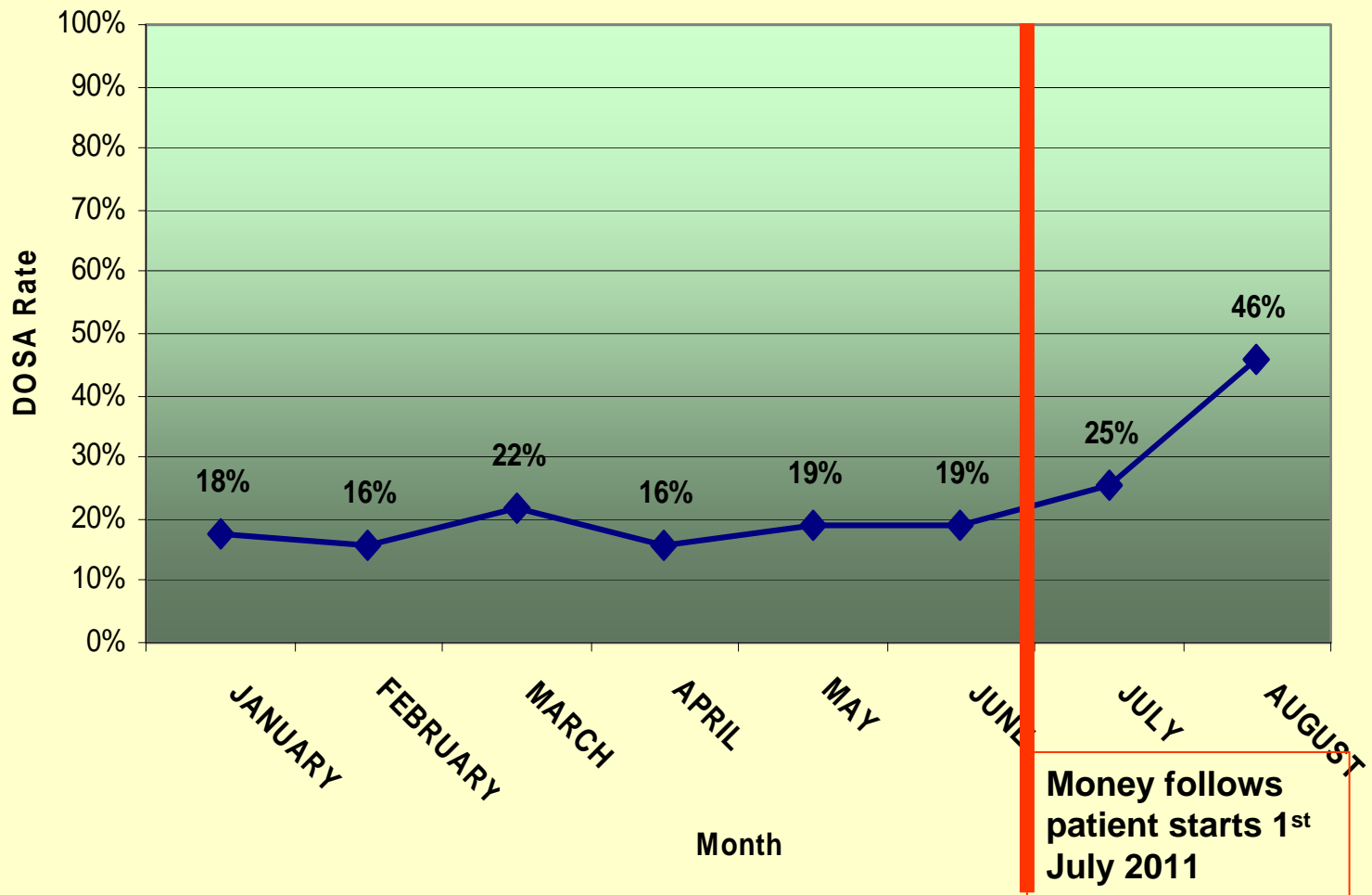
Programme	Gain	Action to date
Epilepsy	2000 patients seizure free Prevent 1 death per week Save 60 beds. No waiting lists.	SOP near completion across 40 steps by nurses/doctors. 1. <i>Ambulatory care</i> The 6 epilepsy networks will be delivering rapid access triage and treatment by Jan 2012 with no waiting lists by September 2012. 2. <i>Refractory epilepsy service:</i> Monitoring units increased 3 fold by Mar 2012 with no waiting lists for monitoring or surgery by end 2012
Neurology	Increase new patients capacity by 30%	Post approved. Recruitment underway
Dermatology	Increase new patients capacity by 30%	Post approved. Recruitment underway.
Rhuematology/Orthopaedic	24,000 patients direct to physiotherapy per year. Start 2011.	Additional physiotherapy posts in recruitment. Start Jan 2012.

Programme	Gain	Action
<p>Acute Medicine AMU/MAU/AMAU Specialist wards Same day diagnostics Continuous presence Elderly outreach/day Rapid access to OPD Hospital models/retrieval</p>	<p>Remove trolleys Improve outcome Improve bed utilisation (1000 beds)</p>	<p>Model agreed 12 sites live by end 2011 EWS roll out underway (first national roll out in world)</p>
<p>Surgery and Anaesthesia Audit Productive theatre Bed day usage</p>	<p>Improve outcome 80-90% theatre utilisation Save beds/prevent cancellations (100 beds) Remove waiting lists.</p>	<p>Audit established 2011 10 site productive theatre live Ring fence beds on basis of day case rates, DOSA rates and waiting list targets with SDU</p>

Beaumont Hospital ED/AMAU: Same day Discharges for Medical Admissions

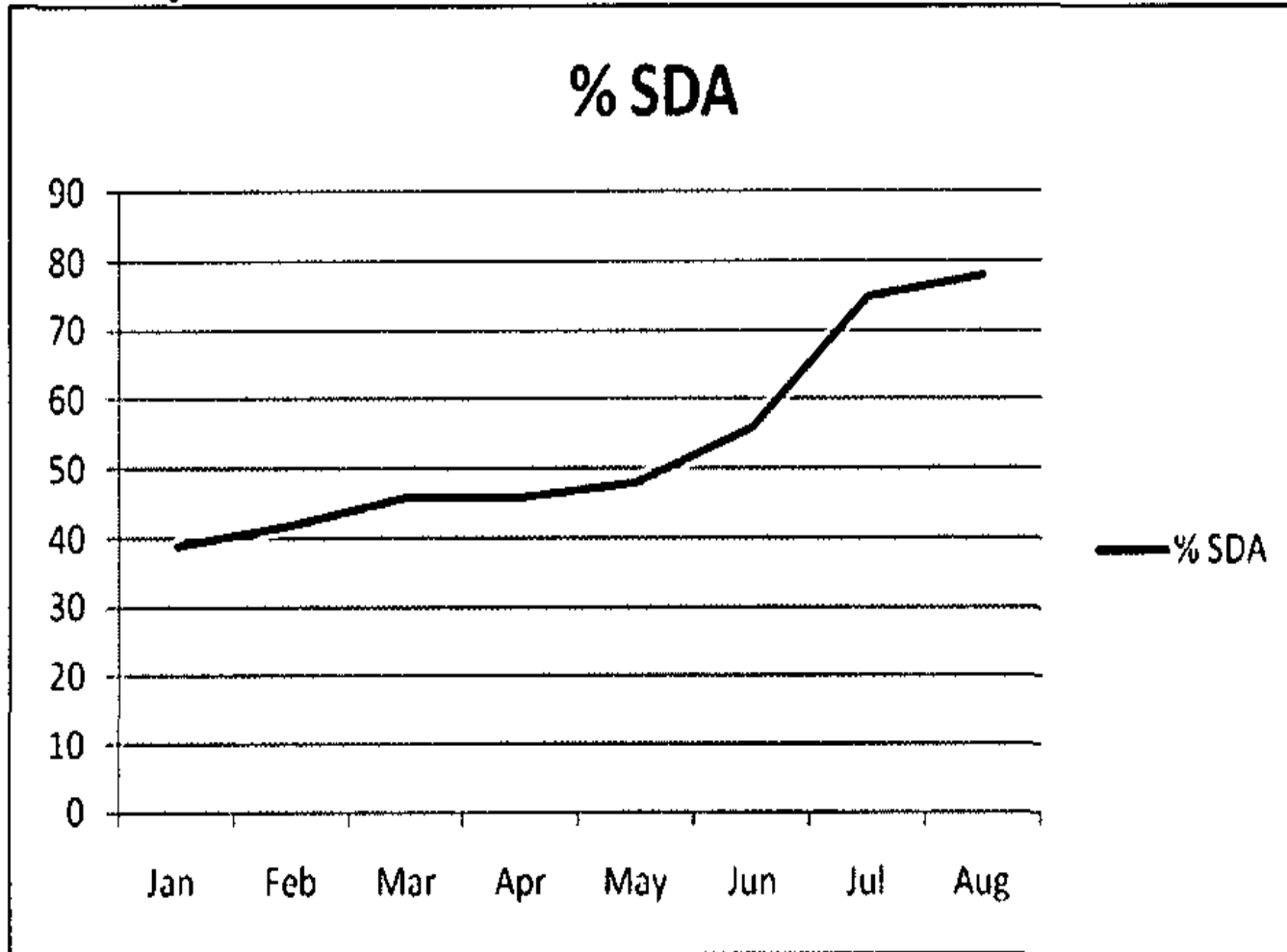


DOSA Rate 2011 by Month I03B - HIP Replacement - CCC (ALL Hospitals)



National Orthopaedic Hospital, Cappagh 2011

Same Day Admissions



Rates have increased month on month in 2011 from 39% to 78%

Summary

- Huge amount of clinically led work underway that will have major impact on public health system
- Excellent support from all stakeholders
- Major contributions and leadership being shown from frontline doctors, nurses and allied healthcare professionals at both national and local level
- Financial challenges are serious but if implementation occurs the future can be bright
- Thankyou for your support