

NOCA

ANNUAL CONFERENCE 2019



Connected HEALTHCARE

A group of stylized human figures in various poses are standing on the letters of the word "HEALTHCARE" and holding up the word "Connected" above them. The word "Connected" is in purple and "HEALTHCARE" is in teal.

6 FEBRUARY RCSI

 @noca_irl

NOCA Annual Conference 2019
Connected Healthcare
6th February

Live drawn graphic
report sponsored by

 **DMF Systems**[®]

WELCOME

KENNETH MEALY
President RCSI

PROGRESS
On the National Audit } **NECESSARY!**

- Good Governance

**PATIENT
SAFETY
BILL**



⚡ **STROKE**
&
♥ **HEART
HEALTH** } **AUDITS
also now**



**ORTHOPAEDIC
REGISTRAR** } **5 HOSPITALS**
4 Forthcoming

LAUNCH: IRISH NATIONAL ICU AUDIT ANNUAL REPORT 2017

↳ Dr. Rory Dwyer

Adult Intensive Care

Paediatric Intensive Care

9 years
2 Hospitals
Cranford Temple St

- 94% bed occupancy
- Unplanned Admissions
- 51% Less than 1yr old
- X Unfilled Nursing posts



- Labour Intensive
- Many Staff
- Lots of Equipment

DATA are KEY



Analysis

Quarterly Report

Annual Report

International Bench-marking

Beds:

91% mean Occupancy

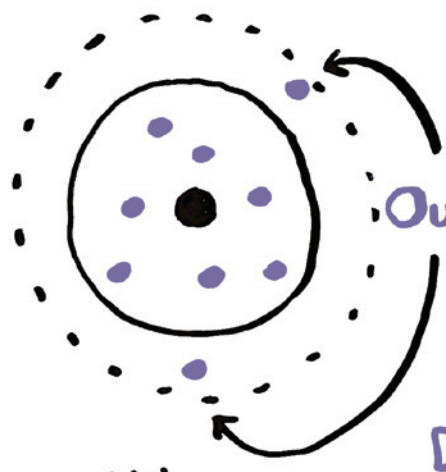
80% safe level

BUT: Overall Care levels relatively SAFE

Readmission

✓ broadly similar to UK levels

Discharges
- out of hours X
- early X } please AVOID



Outliers

Units Under pressure for beds...

Demand

CAPACITY MUST INCREASE

A NATIONAL DATABASE

OUTCOMES

Perceptions of Vulnerability

BARBARA EGAN

?????
Questions

Confusion

FEAR

We're going to take care of you now.

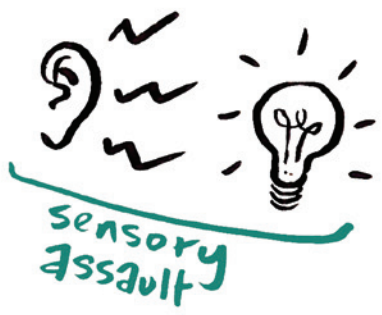
▶ INFORMATION to Banish fear

exists whether REAL or IMAGINED



you're SAFE!

The little things For Comfort



sensory assault



the PATIENT AS a BATON in a relay race...



feelings of isolation & abandonment on WARD...

REHAB?

outreach?



Continuing long after leaving the hospital

Improving Healthcare nationwide through clinical auditing



↳ ERIC HANS EDDES D.I.C.A.

⚡ CHALLENGES in Healthcare

- ↳ Accessible
- ↳ Affordable



A ROBUST, CLEAR Methodology required...

DATA



must be COMPLETE & VALID

REGISTRATION
50% automatically filled in

- 1m Patient records on File
- Connected Professionals all members of ward

types:

- ✓ Quality
- € Financial
- ? Patients Voice

eventually combining these data

reveals saving opportunities

Maturity cycle
Outcomes



- 10 Euro per patient
- monthly feedback
- Dashboard access

N.B. Volume ≠ Quality

KEEP MEASURING!

Improved via Benchmarking & Feedback

Shared Decision Making



REAL TIME trends analysis



International Comparisons

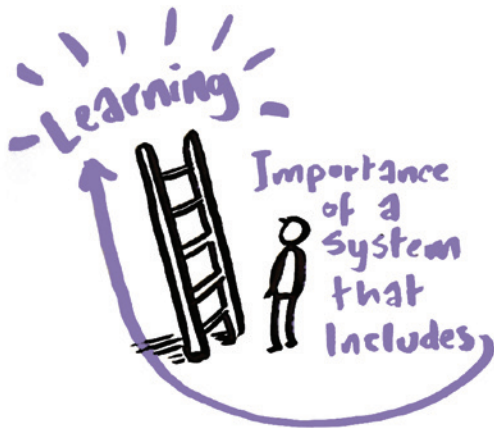


Clinical Leadership: Audit and Learning

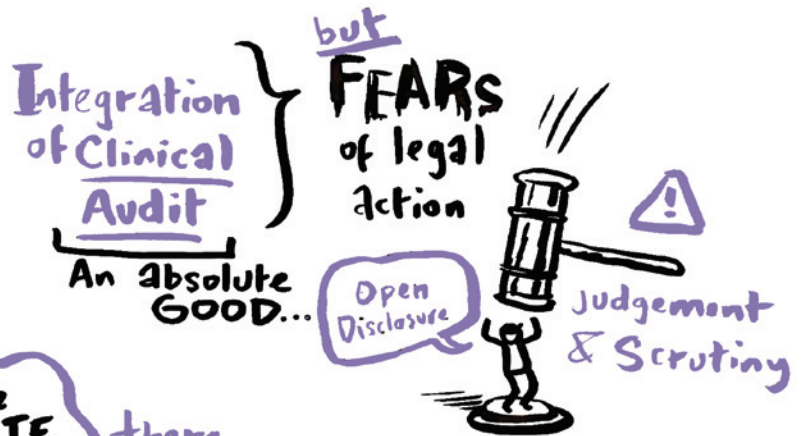
↳ Dr. Colm Henry



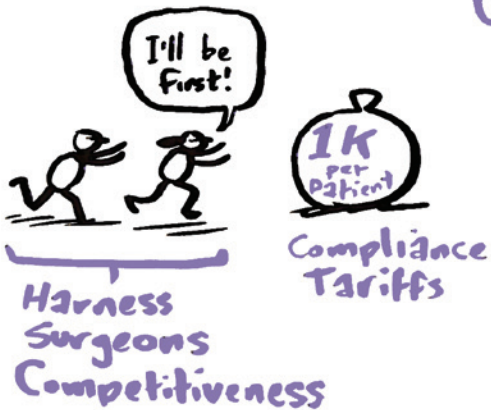
Complexity of Modern Medicine



Comparison BETWEEN Hospitals



the ACUTE hospital model? there are other approaches... (no in-patient bed hospitals)



WITHOUT AUDIT we won't get better...



+ A positive framework to move FORWARD

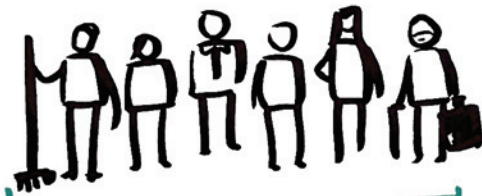
Quality Improvement Champion Presentation

GALWAY
UNIVERSITY
HOSPITALS

Dr. Kevin Clarkson

Small POSITIVE CHANGE

KAIZEN



everyone in PATIENT
EXPERIENCE has a stake



PROBLEMS



Excessive
Waiting
times



Risk
&
Morbidity



Processes
Leading to
poor working
Environment



RAPID
ACCESS
NURSE

emphasis
on Patient
FLOW

FAST!



EMERGENCY
PATIENT
LIST
40+



- 70% use
- Reduction in out of hours staff
- 10+ Beds saved

→ Team Building
→ AUDIT Benefit

**PANEL DISCUSSION -
The Value of Clinical
Audit: Delivering on the
promise of DATA**

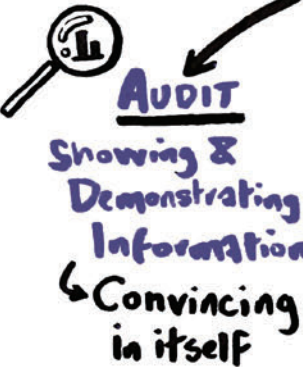
Public
are
very
AWARE



**Protecting
STAFF**



Funding



Benefits of
Ownership

Acceptance
of Registries
towards
Improvement

Continual
Measurement

Reduced
Registration



Modelling
**Patient
Discharge**
to Examine
effects on
Beds...



Xploro: Using emerging technologies to improve the patient experience

↳ DOM RABAN

INFORMATION

STRESS
upset
Anxiety



HOSPITAL



Learning through
PLAY & CREATIVITY

Q?

What is Keymoferamy?

Phonic check
Spelling



Creating an AVATAR
of themselves
to familiarise
with
ENVIRONMENT



ALSO
STAFF
& ROLE
AVATARS



Getting
QUALITY
Feedback
from
younger
patients



Showing Procedures
in Relation to
Avatar

↳ User-testing
environments



↳ Workshops



↳ Expert Advisory
Group (10-16 yrs
old)

Reduce
Stress
& Anxiety ✓

Sláintecare Implementation Plan

↳ LAURA MAGAHEY

Next 10 years:
4.6m → 5.2m
Demographic SHIFT

Population Change

SLÁINTECARE

↳ cross-party sustained

Needs not Ability to pay



Getting this Right



IMPLEMENTATION
difficult

↳ many constituent elements

↳ **DATA**
Very important

↓ low or NO cost care

e.g. Ireland outliers on COPD
move into Community



Multi-disciplinary TEAMS

Engaging Citizens



"Partnership"

Keep the faith
and do it together

Using QI to drive service change: a personal experience

↳ Hugh McCaughey



Connecting AUDIT to IMPROVEMENT

marriage of



- Safety
- Quality
- User Experience

establishing PERFORMANCE

+ thus

SUCCESS

I Think...



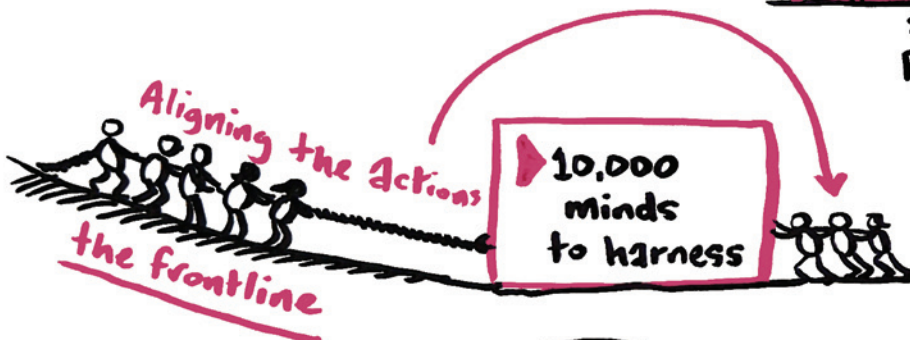
feeling of CONTROL over role



Staff produce more

😊
CAN DO!

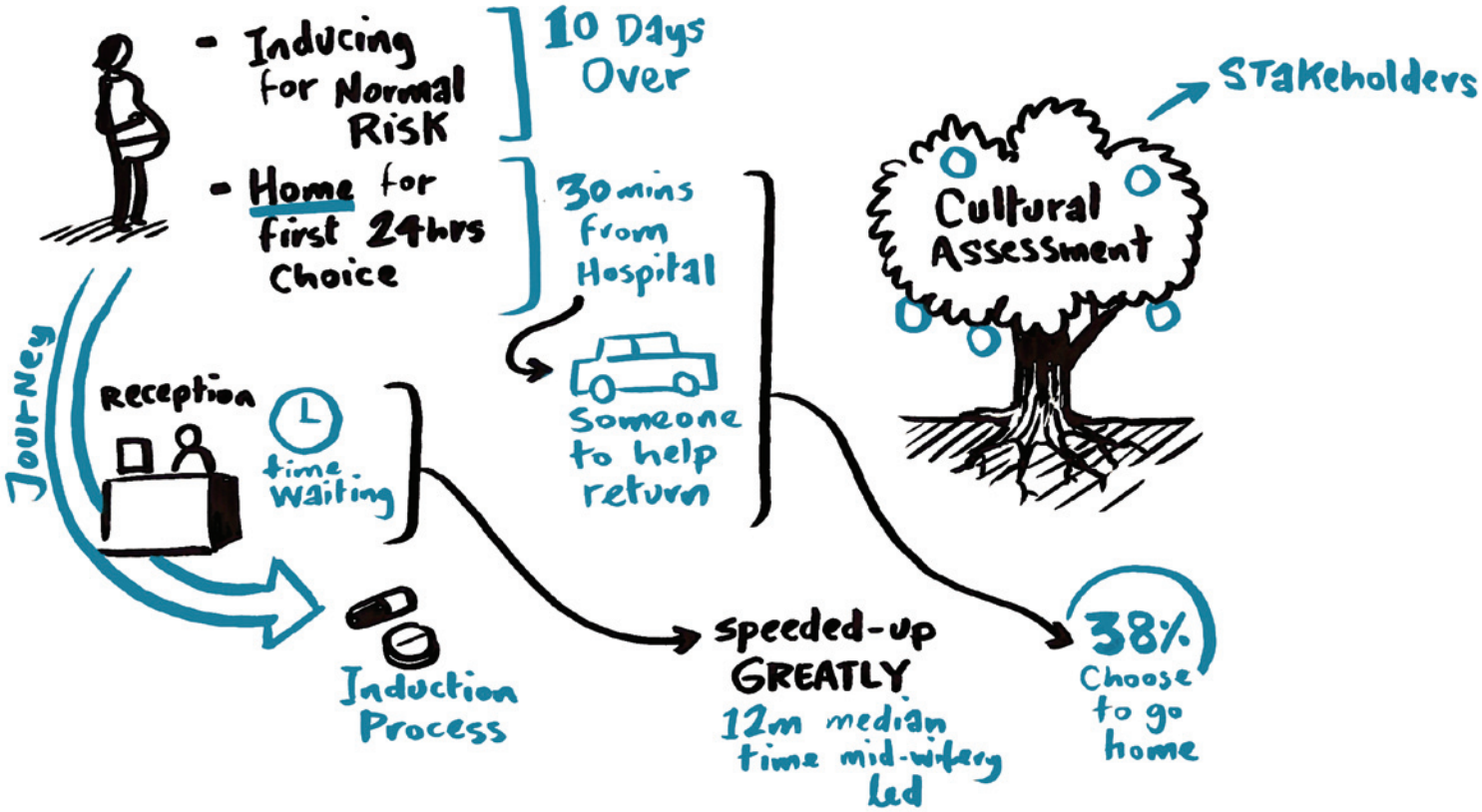
And feel more job satisfaction



- 3 Questions
- ① How well are we doing?
 - ② What should we be doing?
 - ③ How do we make the journey?

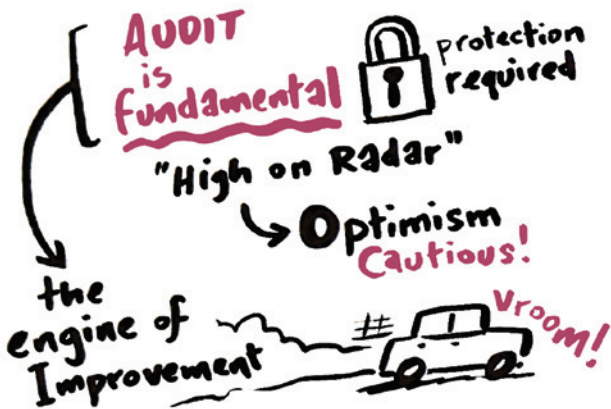
Quality Improvement Champion Presentation

THE ROTUNDA HOSPITAL

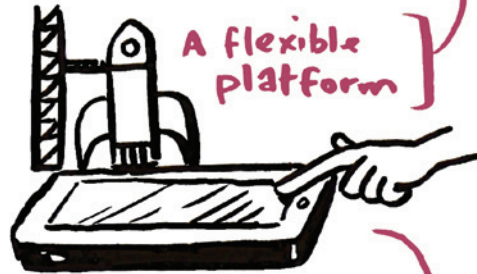


Panel Discussion - Connecting audit to Improvement: Paving the way for system change

Q: Opposition to AUDIT via GDPR?



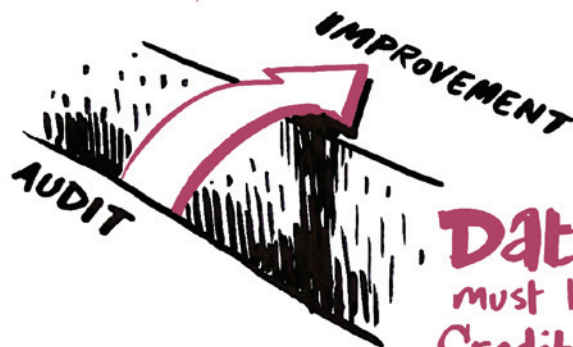
Q: young adults (Dom) managing Dementia?



also: Health Literacy for General Population

Hospital Orgs. pay
free to Patients & Parents

Q: Consultant Recruitment?



Data must be Credible

Q: Private Healthcare in SIAintecare?

Public Healthcare in Public Spaces
not necessarily no Private Healthcare.

Q: Time ⌚ for QI training?

support for staff & Resources } MENTORS

ownership They Care on their own time

LAUNCH: Major Trauma Audit National Report 2017

↳ Dr. Conor Deasy

TARN
existing audit

→ begins 2012

3 reports to date

2017 → 5K patients

A Challenging system



Majority over 65

median age 61

86% Coverage

Real & Robust Data

young men, Older women



DATA SET

15K Patient details

REHAB? facilities

95% survival rate

but:

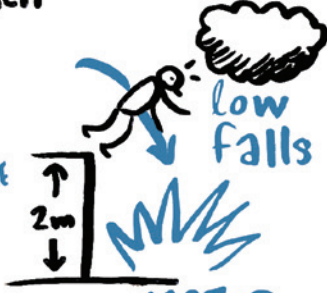
- 1) death per fortnight
- 2) major disabilities per week

still AVOIDABLE ...

What are Criteria to launch

11% Traumas met by trauma TEAM

Cost Implications → Volume?



broad Societal approach required

After:

60% go home

40% don't



Co-ordination required

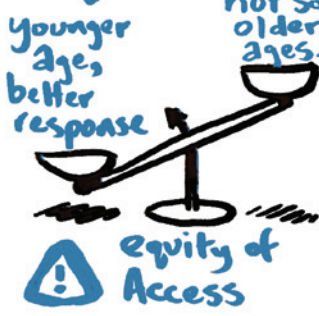
TRAUMA SYSTEM

Allowing now for better overall picture

50% occur in home



TRANSFERS may have negative impact on Patient Pathways



not so older ages...

younger ages, better response



Capture the DATA



2017 Comparison between Hospitals

21 out of 26 hospitals v. good quality DATA

thanks to Collectors!



HOME Assessments?

↳ Design out the problem

Using Trauma registry data to drive system Improvement

↳ PROF. BELINDA GABBE

Victoria, AU

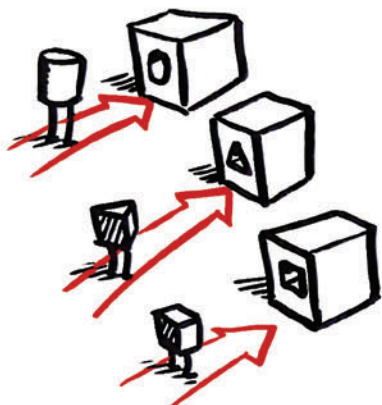
2000 -> 2003 } Implemented Trauma Centres

High Volume Centres > 1K Patients

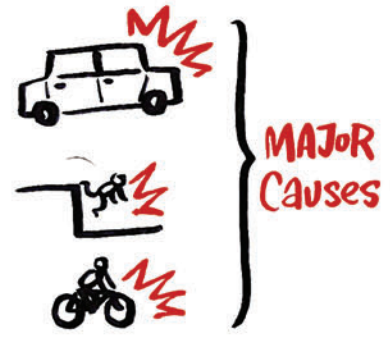
STATE TRAUMA COMMITTEE

funding
Complex

Right Patient to Right Hospital



AGE
 (Older person icon) VS (Younger person icon)
 more likely to stay in local centres
 more likely to go to trauma systems



TRAUMA:
 Life Changing for Patients

- 70% return to work after 24 months
LONG recoveries 4+ years

Sophisticated DATA Collection



as well as:
 ↳ Insurance Claim Data
 ↳ Death data (& Cause)



National Audit:
Improved care marking
10 years of NPEC &
Clinical audit in the
maternity services

↳ Prof. Richard Greene

2006

"Lourdes
Report"

5 phds

A national
Maternity
Record



2019 MATERNITY SERVICES

101 audit
Co-ordinators
Voluntary



PUBLIC
PATIENT
REPRESENTATIONS



much pause
for thought...

BUT

should be
no stories
without
DATA

and no data
without a
story...

Peri-natal
pathologist?

lessons
from child
death around
LABOUR

Obstetric
Haemorrhage?
Deaths

50%
of
Deaths

Septocemic
Shock

Volume
& Weight
of Blood
Loss

Higher
Risk
Patients } BMI
- Age

ICU

↳ training
required

Low
Birthrate
<1500g

17% mortality
in Ireland

DATA > AUDIT > CORRECTION

Therapeutic
Cooling } groups
that
required
caution

MUCH ^{10 years}
DATA
for
Interrogation...

Information → Knowledge
↓
CHANGE

PANEL DISCUSSION:
Connecting audit to the patient: the value of outcomes data and reporting

Q: what role does MTA play in Informing the Trauma System?
 Regular Updates

Q: Homes & wariness?
 NCT example



Q: Mortality Audit?

↓
 Clinicians need to be involved
BUT Time Impact Involved...

Q: Data gathering Long term?
 (Belinda)

6 month
 12 month
 2 years
 FOLLOW-UPS



Can be hard work...
 emerging TECH coming into play

AU \$40 per Outcome

Q: Alcohol & falls?
 not routinely tested... } neither meds or Drugs

Q: Post-discharge rehabilitation?
 Standards now available

Q: Maternity Services Naming hospitals?
 Some positive feedback so far.

Q: What advice Belinda?
 Specialised Trauma Centres



Q: Haemorrhage Volume?
 Data details required (as per wales)

**Closing Address
and Presentation
of the NOCA Quality
Improvement Champion
Award**

- > Use of DATA ✓
- > QI Approach ✓
- > Opportunity for Widespread Use ✓

★ ★ ★ ★ ★
**Congratulations
ROTUNDA!**

Ceding
of Power



Patient
Stories
at core

Users

Less pressure
on students

Ireland best
place in world
to work in
Healthcare

**Every Day
is a
Learning
Day**

DATA
with
ACTION

For
change

**Supportive
LEGISLATION**

* Importance
too of
Research ?
examining
the questions
the **AUDITS**
raise



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