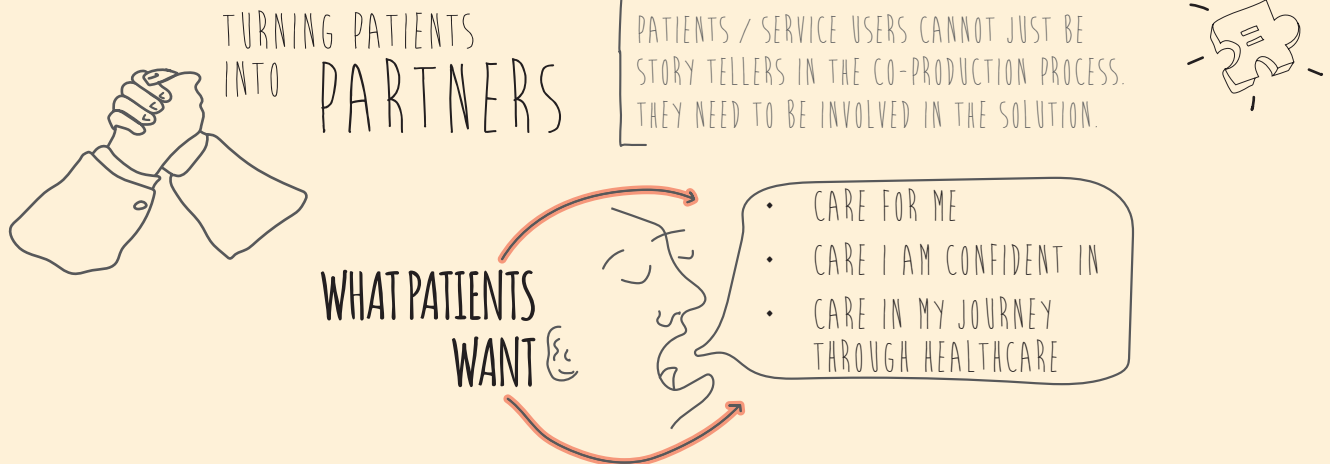


# CSPD BULLETIN

SPRING EDITION

## PUTTING THE **PATIENT** INTO PERSON-CENTRED CARE



## SPRING BULLETIN — 2018 —

I would like to express my gratitude to all healthcare staff for helping us to progress towards our joint vision of delivering person-centred, coordinated care. Our main goal is to rethink the delivery of health and social care to improve and standardise patient care across all healthcare settings, irrespective of location, by bringing together clinical disciplines and enabling them to share innovative, evidence-based solutions in the interest of leading improvements in patient focused care.

The National Clinical and Integrated Care Programmes continue to work with service users, carers, medical colleges, nursing, and health and social care professionals to develop and implement processes and solutions that will improve the way in which care is provided.

We are delighted to announce the completion of new Models of Care over the last 15 months, in areas such as Rehabilitation Medicine, Rheumatic and Musculoskeletal Disorders, Type 2 Diabetes and Mental Health, as well as introducing a wide range of guidelines, pathways and supporting documents.

CSPD, in pursuance of the HSE goal to build a better health service for everyone in Ireland, has taken the lead in turning patients into partners. To achieve this, we need to know what patients and service users expect – to know what matters most to them. Through the implementation of 'Your Voice Matters', a readily available patient focussed online survey, we will constantly have service user feedback helping us to enhance our services, influence how we make decisions, and improve services over time.

We would love to hear from you, so please do not hesitate to send us your feedback or suggestions at [nationalcsp@hse.ie](mailto:nationalcsp@hse.ie).

For more information follow [@CSPD\\_HSE](https://twitter.com/CSPD_HSE) on Twitter or visit the [CSPD website](http://www.nationalcsp.ie).

**Dr Áine Carroll**  
National Director, Clinical Strategy & Programmes  
Division

# IMPLEMENTING THE NATIONAL CLINICAL AND INTEGRATED CARE PROGRAMMES

The National Clinical and Integrated Care programmes have embarked on a long term programme of work to clinically redesign the delivery of health and social care services to improve and standardise patient care across all healthcare settings.



## 1. Models of Care have been designed for:

- Specialist Geriatric Services - Part 2: Mental Health Service Provision
- Specialist Rehabilitation Services in Ireland
- Rheumatic and Musculoskeletal Disorders
- Integrated Care for Patients with Type 2 Diabetes
- Eating Disorder Services
- Transition from Paediatric to Adult Healthcare Providers in Rare Diseases



## 2. A number of guidelines, pathways, practice guides and clinical decision tools have been developed including:

- Bereavement Care following Maternal Death within a Hospital Setting
- Investigation and Management of Ovarian Cysts in Post-Menopausal Women
- Management of Breech Presentation
- Medication Guidelines for Obstetrics and Gynaecology Volume 1: Antimicrobial Prescribing Guidelines
- Medication Guidelines for Obstetrics and Gynaecology Volume 2: Antimicrobial Safety in Pregnancy and Lactation
- Minimum Standards for Acute Surgical Assessment Units
- Revised Practice Guide for the Management of Women with Epilepsy
- Swallow Screening in Stroke
- Use of Parenteral Nutrition in Neonatal and Paediatric Units
- Integrated Care Pathway for the Management of Spinal Cord Injury
- Rapid Discharge Pathway for Patients Who Wish to Die at Home
- Care and Management of a Central Venous Access Device for a Child in the Community
- A Maternity Sepsis Support Tool
- National Quality Assurance & Improvement System (NQAIS) Clinical Database Tool for Acute Hospitals



# INTEGRATED CARE PROGRAMMES

Integrated Care is providing person-centred, coordinated, seamless care and support, when and where needed and as close to home as possible, to improve quality and put patient outcomes and experiences at the heart of everything we do.

## Examples of Advances in Care in progress:

Between mid-2016 and end-2017, new **multidisciplinary Integrated Care** teams were established in **12 pioneer sites** across the country.

These teams travelled to see **48%** of patients in their own home and **30%** in a day clinic within **24 hours** of referral.



*Integrated Care Programme for Older Persons*

On average, the teams discharged **88%** of patients to a home setting with community support, avoiding the need for hospital admission.



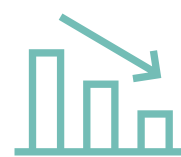
In 2017, **four sonographers** were assigned to four pilot hospital sites to screen new born babies at high risk of **Developmental Dysplasia of the Hip (DDH)**.

As a result, approximately **2,100** babies will be screened annually. Early diagnosis can help to avoid impaired hip function and premature degenerative joint disease.



*Integrated Care Programme for Children*

The piloting of **Heart Failure Virtual Clinic** consultations has resulted in an estimated **83%** reduction in referrals to Cardiology Outpatients or Emergency Departments for the patients reviewed, enhancing their healthcare experience and reducing the need for unnecessary travel.



*Integrated Care Programme for Prevention and Management of Chronic Disease and the National Clinical Programme for Heart Failure*

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# INTEGRATED CARE PROGRAMMES

## Examples of Advances in Care in progress:

In Galway University Hospital in 2017, the piloting of the **National Patient Flow Improvement Programme** resulted in a **50%** reduction in emergency theatre waiting time, releasing **2,255** bed days into the system.



*Integrated Care Programme for Patient Flow*

Between September and October 2017, implementation of the **Theatre Quality Improvement Programme** at University Hospital Kerry has seen the number of patients at risk of post-surgery hypothermia drop from **47%** to **0%**, improving patient experience and outcomes.



*Integrated Care Programme for Patient Flow*

In 2017, **2,400 GP practice** visits were carried out by Clinical Nurse Specialists from **Diabetes Integrated Care Teams** reviewing approximately **11,600 patients**. These nurses serve as an integrating force between Primary and Secondary Care, allowing patients with more complicated diabetes to be managed in the community close to their homes and improving their quality of life.



*Integrated Care Programme for Prevention and Management of Chronic Disease*

In 2017, **8 Clinical Nurse Specialists** from **Respiratory Integrated Care teams**, engaged with **54** General Practices in a pilot scheme. This resulted in patients having better access to asthma/COPD review, individualised care plans and pulmonary assessment outside of the hospital setting.



*Integrated Care Programme for Prevention and Management of Chronic Disease*

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# NATIONAL CLINICAL PROGRAMMES

The National Clinical Programmes and supporting initiatives have been one of the most significant developments in the Irish health service. They continue to change how care is delivered using evidence-based approaches to improvement.

## Examples of Advances in Care in progress:

Implementation of the **National Acute Medicine Programme (NAMP)** pathway has reduced the average length of stay in hospital for acute medical patients from **8.8 days** in 2010 to **5.8 days** in 2017, increasing inpatient bed capacity.



*National Clinical Programme for Acute Medicine*

Between 2016 and 2017, over **190,000** patients were cared for under the **National Acute Medicine Programme** pathway. 63% were treated and discharged from an acute hospital unit to an appropriate care setting close to home within 6 hours.



*National Clinical Programme for Acute Medicine*

**83%** of Emergency Departments have adopted a safer, improved **Ambulance Handover Protocol**. This is standardising handovers between prehospital and hospital staff, resulting in improved patient experiences and safety through interdisciplinary communication.



*National Clinical Programme for Emergency Medicine*

Between **2014** and **2017**, **65** additional **hospice beds** were opened across four sites, providing patients and families with **24/7** specialist palliative care from a comprehensive, interdisciplinary team of professionals.



*National Clinical Programme for Palliative Care*

**200** healthcare workers took part in a new **Palliative Care Needs Assessment Education Programme** in 2017, helping to ensure recognition and assessment of patient and families' palliative care needs in all care settings.



*National Clinical Programme for Palliative Care*

In 2017, **25** new **Community Palliative Care Nurse** posts provided support closer to the patient's preferred place of care, as close to home as possible.



*National Clinical Programme for Palliative Care*

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# NATIONAL CLINICAL PROGRAMMES

## Advances in Care in progress:

The average length of stay for a person in a hospital in **2008** was **30 days**, while in **2015** it was **22 days**.

This represents a **27%** reduction in days spent in hospital.



*National Clinical Programme for Stroke*

Between 2008 and 2015, the number of **Acute Stroke Units (ASUs)** in Irish hospitals grew from **1 to 22** with **Clinical Stroke Leads** increasing from **12 to 23**, significantly improving access to quality care for Stroke patients.



*National Clinical Programme for Stroke*

Between **2008** and **2016**, access to thrombolysis (a lifesaving clot busting procedure) for Stroke patients, increased from **1% to 12%**, in line with international standards, ensuring better patient outcomes.



*National Clinical Programme for Stroke*

As a result of the **National Musculoskeletal Physiotherapy Triage Initiative**, across **18** sites nationally, patients with musculoskeletal complaints can now access expert outpatient assessment up to **87.5%** quicker than before.



*National Clinical Programme for Trauma and Orthopaedic Surgery  
National Clinical Programme for Rheumatology*

Between 2012 and 2017, the **National Musculoskeletal Physiotherapy Triage Initiative** assessed **84,770** new patients, and removed a total of **101,760** patients from combined Orthopaedic and Rheumatology waiting lists.



*National Clinical Programme for Trauma and Orthopaedic Surgery  
National Clinical Programme for Rheumatology*

Between 2014 and 2016, the number of people treated by **Primary Percutaneous Coronary Intervention (PPCI)\*** within **120 minutes** following a major heart attack increased from **77% to 82%**, saving up to 30 lives each year.



\* PPCI is a treatment that restores blood flow to the heart.

*National Clinical Programme for Acute Coronary Syndrome*

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