

Disruptive Innovation and the National Clinical Programmes

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National Director

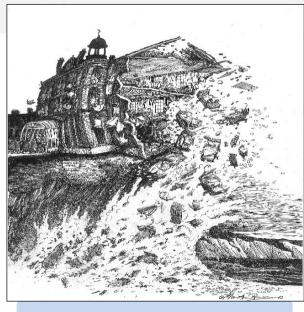
Clinical Strategy and Programmes Division

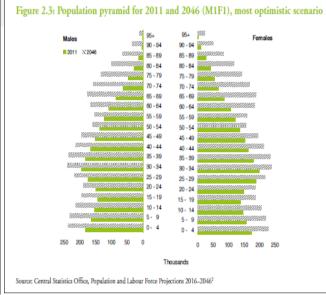
Health Service Executive

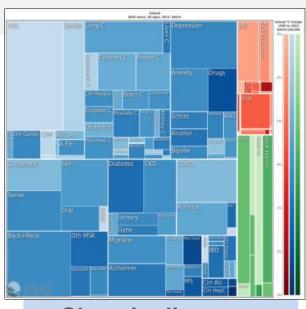


Why Change?





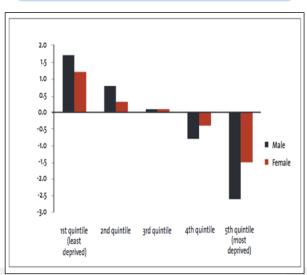


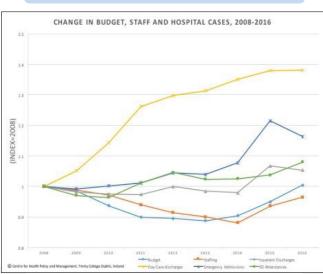


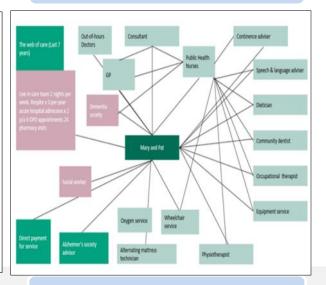
Hospital-centric MOC

Ageing population

Chronic disease and obesity







LE and deprivation

Money and activity

Fragmented



Innovation

An idea, service or product, new to the HSE or applied in a way that is new to the HSE, which significantly improves the quality of health and care wherever it is applied.



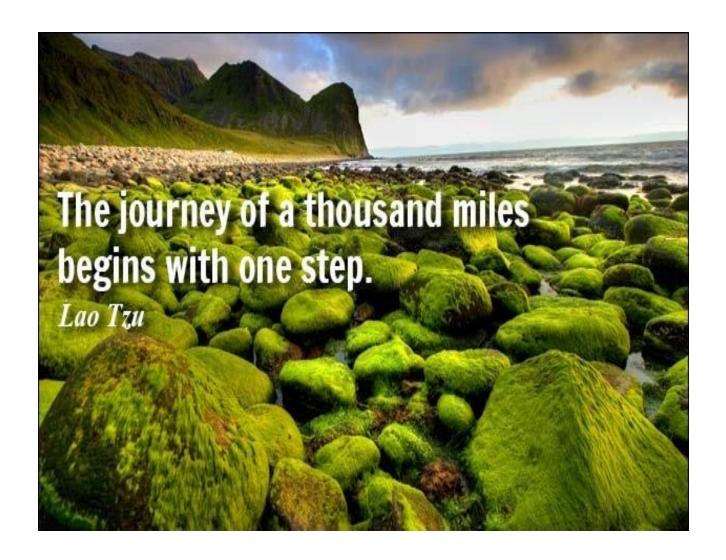
Central Truths of Innovation

Every system is perfectly designed to get the results that it gets

If we want different performance, we must change the system

To change the system, we must think in fundamentally different ways







The National Clinical Programmes: Pursuing The quadruple aim





Over 30 National Clinical Programmes established since 2010





























MEDICINE





RADIOLOGY









PALLIATIVE CARE





NEUROLOGY



RHEUMATOLOGY









Trauma & Orthopaedics



MEDICATION MANAGEMENT

















SO WHAT?



WHO CARES?



NATIONAL CLINICAL PROGRAMME IMPACTS

Over **87,000** people with diabetes screened as part of the national retinal screening programme





82.3% Day of Surgery
Admission rate achieved for
planned/elective Trauma and
Orthopaedic Surgery in 2015
compared to only 34.6% in
2010



22 severely obese adults with Diabetes underwent bariatric surgery in Galway University Hospital in 2016 40% increase in number of new patients seen for Dermatology related issues since 2009







NATIONAL CLINICAL PROGRAMME IMPACTS

11 Injury Units now seeing almost 90,000 patients each year with injuries such as broken bones, dislocations, sprains, strains, wounds, scalds and minor burns



2000 staff members have already completed the Adult National Sepsis eLearning module launched in September 2016, increasing competence and expertise on Sepsis recognition, escalation and treatment



11% thrombolysis rate for stroke patients achieved by end of 2015, compared to 1% in 2008



Over **80,000** patients have been seen through MSK Physiotherapy Clinics and removed from consultant waiting lists.

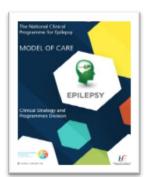


National Clinical Programmes - 2016

- 5 Models of Care published across a number of speciality areas:
 - Epilepsy
 - Neurology
 - Paediatric services
 - Neonatal services
 - Eye care



- National Laboratory Handbook Vol 1
- Irish Children's Triage System
- Insulin Titration Guidelines
- Management of Women with Epilepsy
- 8 Obstetric and Gynaecology guidelines







- Valproate education toolkit for patients and prescribers developed
- National Clinical Programme on the Assessment and Management of Patients Presenting to Irish Emergency
 Departments Following Self Harm officially launched in collaboration with Mental Health Division and College of
 Psychiatrists of Ireland.



SO WHAT?



WHO CARES?



When it works, it works well – Patient testimonies

PERSON-CENTRED, COORDINATED CARE









Enablers

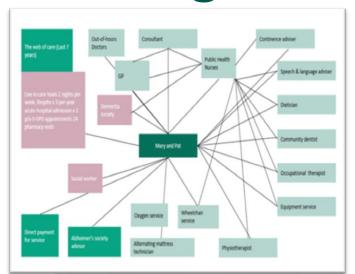




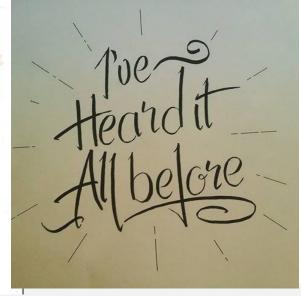




Challenges









"People were quite receptive to the Change Seminar."



"AFTER AWHILE, YOU GET USED to the LEGACY SYSTEMS."



The HSE reform and transformation programme has care coordination for the patient at its core



Integrated Care Programmes

Prevention & Management of Chronic Disease



Older Persons



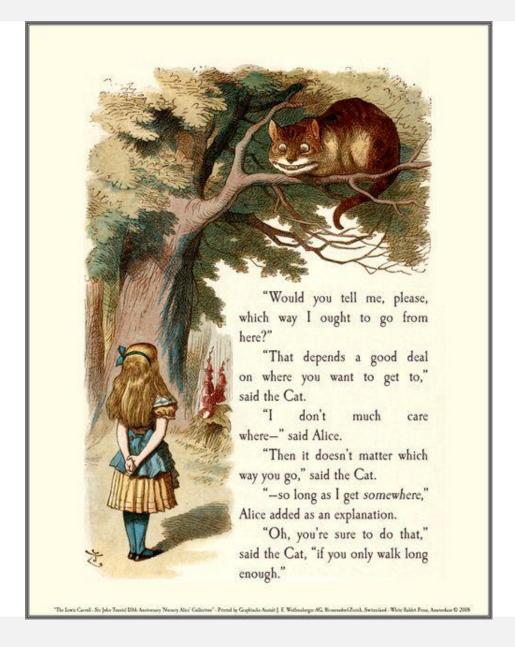
Patient Flow



Children









"is one of those words which have meaning for most people who use them but the meaning of which is not only universal but may vary from sentence to sentence with the same user"

- Licht S 1968



Vision

PERSON-CENTRED, COORDINATED CARE





Objectives

Improve and standardise high quality care

Increase accountability for integration



Support integration with knowledge and information management

Align finances with desired outcomes

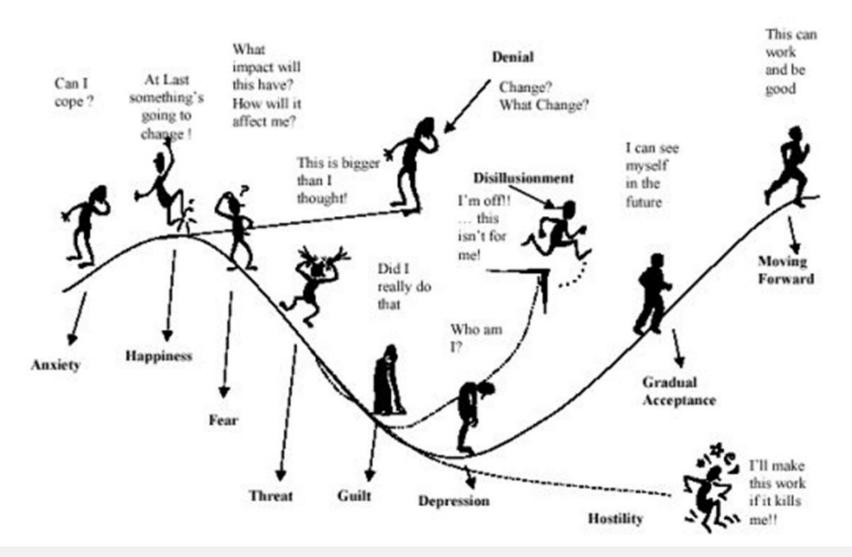
Re-engineering healthcare





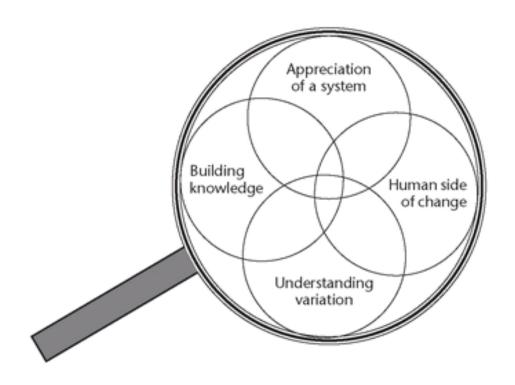


The Process of Transition





Deming's system of Profound Knowledge





Integrated Care – Key Principles

Clinically led

Empower clinicians to lead the change

Patients

Engage patients at every level

Nationwide

Nationalise existing best practice and strong support from top table

Structured

Structured programme management approach

Stakeholders

Align stakeholders i.e. Government, Management, Colleges, Unions, Patients, etc



Guiding Coalition



Partnership between HSE and Clinicians through the Forum of Postgraduate training colleges and health management colleagues

Partnerships

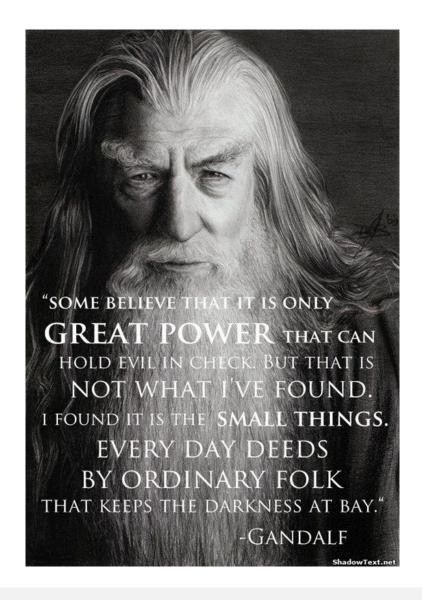


Partnership with Irish Association of the Directors of Nursing and Midwifery and the Health and Social Care Professions



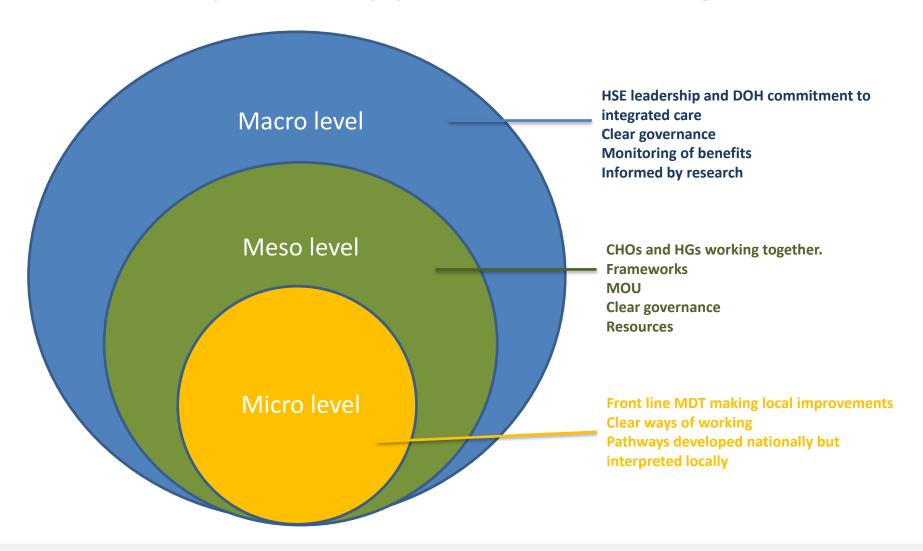
Partnership with Patients







Whole System Approach to Change





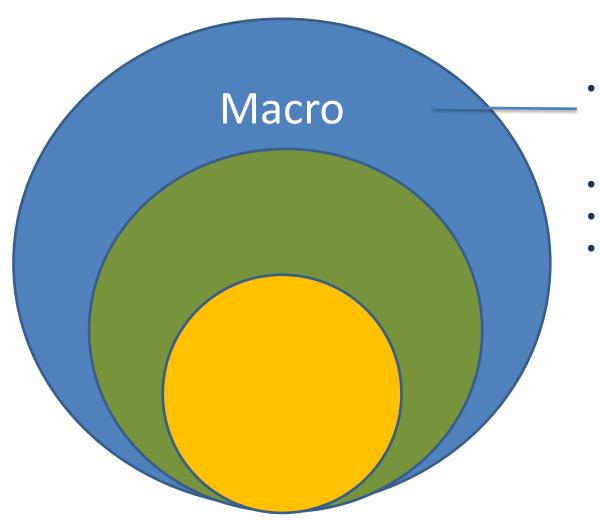
SO WHAT?



WHO CARES?

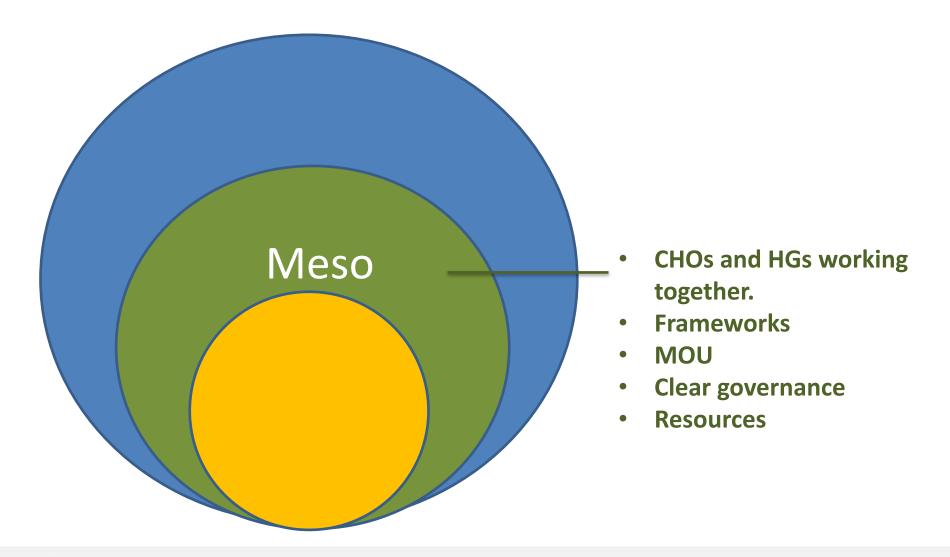


Macro level



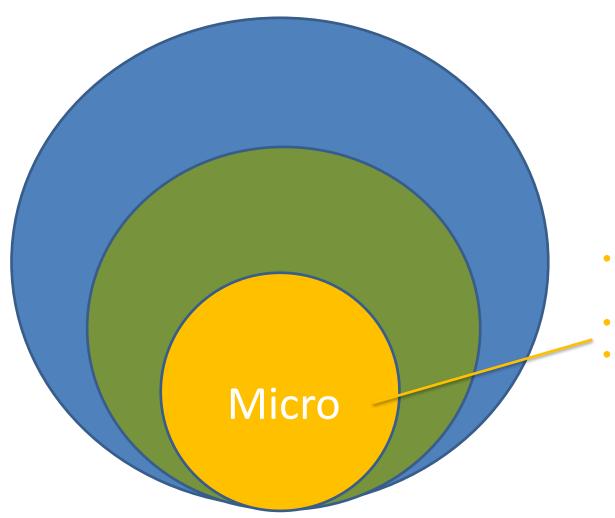
- HSE leadership and DOH commitment to integrated care
- Clear governance
- Monitoring of benefits
- Informed by research

Meso level





Micro level



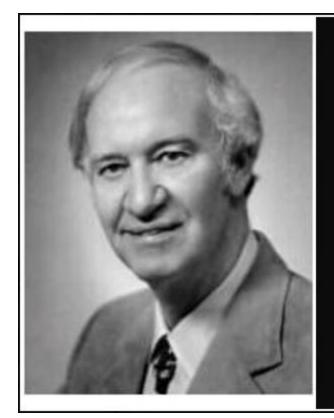
- Front line MDT making local improvements
- Clear ways of working
 - Pathways developed nationally but interpreted locally



Successful integrated care is primarily about patient experience

- FRONTIER ECONOMICS 2012





A cardinal principle in systems theory is that all parties that have a stake in a system should be represented in its management.

— Malcolm Knowles —

AZ QUOTES





Patient Narrative What matters to you?



- My experiences of care
- Care that I am confident in
- Care in my journey through healthcare





Patient's Definition of Integrated Care

"Person centred co-ordinated care involves a comprehensive assessment of my health and life world and access to and continuity in services I need when I need them, regardless of setting. It is underpinned by a health service that provides me with the information I need to make choices and demonstrates respect for my preferences, building care around me and those involved in my care."

Phelan A., Rohde D., Casey M., Fealy G., Felle P., Lloyd H. & O'Kelly G. (2017) Patient Narrative Project for Person-Centred Co-ordinated Care. UCD, IPPOSI & HSE, Dublin



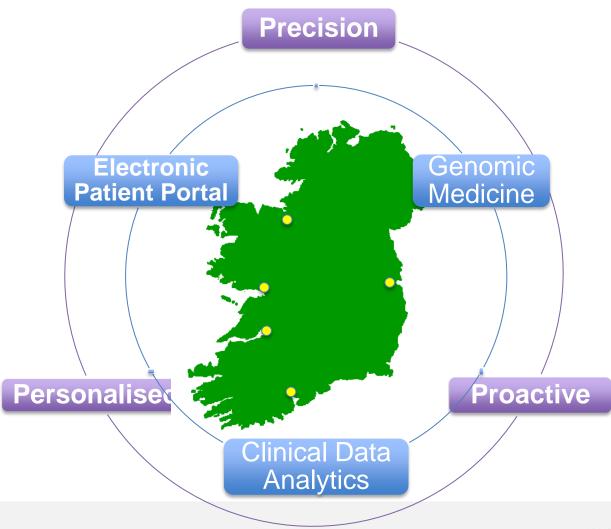
11/S already happening

Birch Trail Boutique



Epilepsy Lighthouse

Providing Individualised Services and Care in Epilepsy (PISCES)

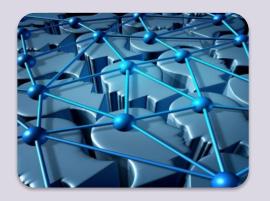




3P Medicine via Epilepsy EPR







PRECISION

- Genomics
- Identify underlying cause of epilepsy
- Embed genomics in clinical pathway
- Facilitated by EPILEPSY EPR

PROACTIVE

- Patient portal to EPILEPSY EPR
- Patient reported outcome measures (PROMs)
 - AED& Tx compliance
 - Realworld Quality of Life
 - Seizure Severity

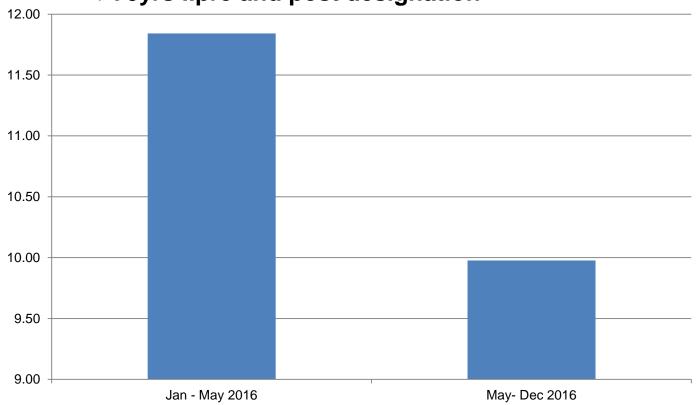
PERSONALISED

- Clinical Analytics based on population data in EPILEPSY EPR
- Insights into disease risk, progression & Tx response
- informs evidencebased individual plans



Regional Hospital Sligo

Median LOS for Specialist Geriatric Ward >70yrs ..pre and post designation

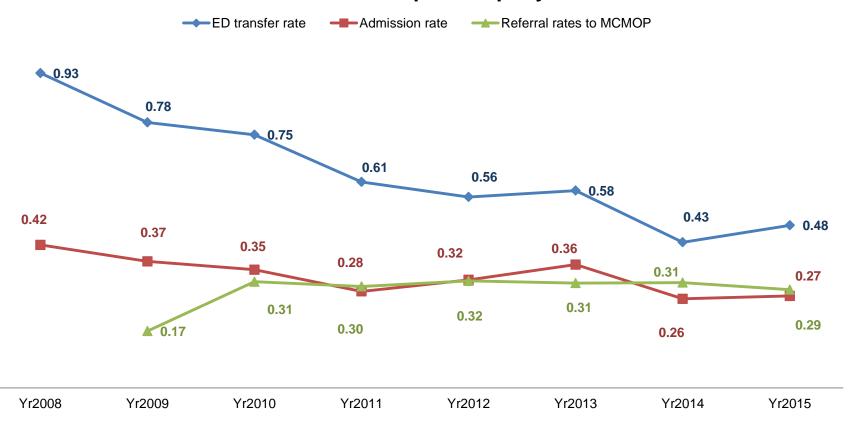


Median LOS ...11.84 days to 9.98 days...reduction
of 15.7%
(Excludes Stroke Related /TIA Patients)



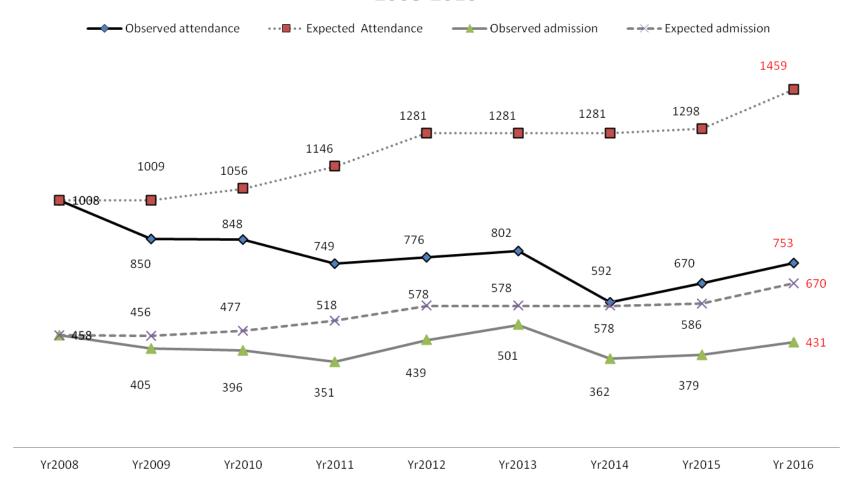
Reduced transfer rates from nursing homes supported by outreach older persons services in MMUH

Rate calculated per bed per year





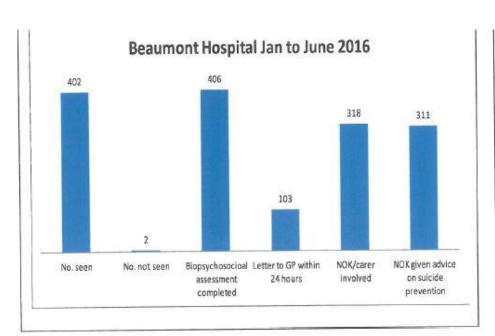
Observed and Expected number of ED attendance and admission 2008-2016

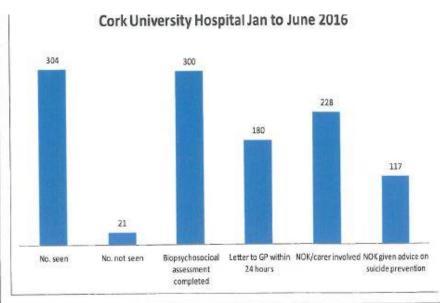


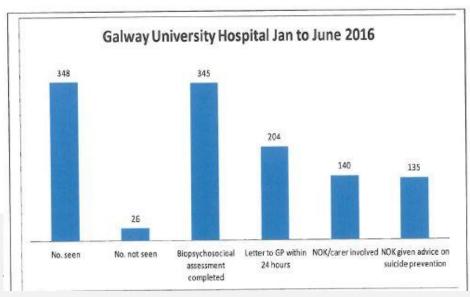
Mater Data, 2016, Author's own

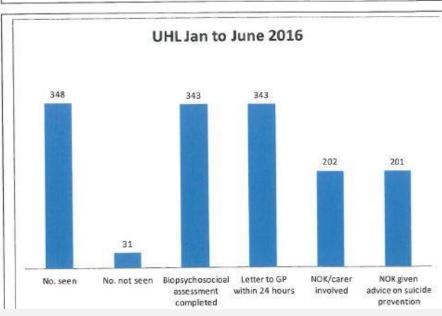


Clinical Activity for Self Harm Programme – initial data









MORE IMPACTS

9 WTE Dietitians provided education to patients in 2016

- 2200 structured education course
- 5297 healthy eating course



9 additional Consultant Neurologist posts increased outpatient activity by 47.8% by the end of 2016



24 integrated care diabetic nurses saw 8366 patients between March and Dec 2016



Over **6000** patients currently registered on the Epilepsy Electronic Patient Record allowing real time sharing and exchange of patient information.



IMPACT OF MIDLAND DIABETES STRUCTURED CARE PROGRAMME

Foot ulcers have decreased from 4.9% in 2003 to 2.5% in 2016



Hospital admissions for microvascular complications have reduced from 3.3% in 2003 to 0.2% in 2016



Smoking prevalence has dropped from 20.5% in 2009 to 15.9% in 2016

Hospital admissions for macrovascular conditions have decreased from 7.9% in 2003 to 1.6% in 2016



Slide based on the final draft audit of Midland Diabetes Structured Care Programme











