Disruptive Innovation and the National Clinical Programmes

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Why Change?
The Newspaper
ENDA KENNY resigns and leaves Ireland "undeniably in a better place."
Record numbers of Homeless: Rent at highest level ever! No social housing.

Emergency Dept.

Departures

Broadsheet
Greatest ever FG leader? Record shortage of nurses and doctors. Nurses can't afford Dublin rent.
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 journey of a thousand miles begins with one step.

Lao Tzu
The National Clinical Programmes: Pursuing The quadruple aim

- Improved Clinician experience
- Improved Patient experience
- Lower costs
- Better outcomes
Over 30 National Clinical Programmes established since 2010
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.
- **Over 1700** patients accepted to COPD outreach programme in 2016 across 12 hospital sites.
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.

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.

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.
National Clinical Programmes - 2016

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

• 14 Guidelines published across a number of areas, including:
  – 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
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

Patient Flow

Older Persons

Children
“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to,” said the Cat.

“I don’t much care where—” said Alice.

“Then it doesn’t matter which way you go,” said the Cat.

“—so long as I get somewhere,” Alice added as an explanation.

“Oh, you’re sure to do that,” said the Cat, “if you only walk long enough.”
“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
- Support integration with knowledge and information management
- Align finances with desired outcomes
- Increase accountability for integration

Integrate and coordinate care
Re-engineering healthcare
The Process of Transition
Deming’s system of Profound Knowledge

- Appreciation of a system
- Human side of change
- Building knowledge
- Understanding variation
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
- Partnership with Irish Association of the Directors of Nursing and Midwifery and the Health and Social Care Professions
- Partnership with Patients
“Some believe that it is only great power that can hold evil in check. But that is not what I’ve found. I found it is the small things. Every day deeds by ordinary folk that keeps the darkness at bay.”

-Gandalf
Whole System Approach to Change

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

Meso level:
- CHOs and HGs working together
- Frameworks
- MOU
- Clear governance
- Resources

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

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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 —
Patient Narrative
What matters to you?

• My experiences of care
• Care that I am confident in
• Care in my journey through healthcare
“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.”

It's already happening
Epilepsy Lighthouse

Providing Individualised Services and Care in Epilepsy (PISCES)

- Precision
- Genomic Medicine
- Clinical Data Analytics
- Proactive
- Personalised
- Electronic Patient Portal
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 evidence-based individual plans
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

- ED transfer rate
- Admission rate
- Referral rates to MCMOP

Yr2008: 0.93, Yr2009: 0.78, Yr2010: 0.75, Yr2011: 0.61, Yr2012: 0.56, Yr2013: 0.58, Yr2014: 0.43, Yr2015: 0.48

Yr2008: 0.42, Yr2009: 0.37, Yr2010: 0.35, Yr2011: 0.28, Yr2012: 0.32, Yr2013: 0.36, Yr2014: 0.31, Yr2015: 0.27

Yr2008: 0.17, Yr2009: 0.31, Yr2010: 0.30, Yr2011: 0.32, Yr2012: 0.31, Yr2013: 0.26, Yr2014: 0.29
Observed and Expected number of ED attendance and admission
2008-2016

- Observed attendance
- Expected Attendance
- Observed admission
- Expected admission

Mater Data, 2016, Author’s own
Clinical Activity for Self Harm Programme – initial data

Beaumont Hospital Jan to June 2016

- No. seen: 402
- No. not seen: 2
- Biopsychosocial assessment completed: 406
- Letter to GP within 24 hours: 103
- NOK/carer involved: 318
- NOK given advice on suicide prevention: 311

Cork University Hospital Jan to June 2016

- No. seen: 304
- No. not seen: 21
- Biopsychosocial assessment completed: 300
- Letter to GP within 24 hours: 180
- NOK/carer involved: 218
- NOK given advice on suicide prevention: 117

Galway University Hospital Jan to June 2016

- No. seen: 348
- No. not seen: 26
- Biopsychosocial assessment completed: 345
- Letter to GP within 24 hours: 204
- NOK/carer involved: 140
- NOK given advice on suicide prevention: 135

UHL Jan to June 2016

- No. seen: 348
- No. not seen: 31
- Biopsychosocial assessment completed: 343
- Letter to GP within 24 hours: 343
- NOK/carer involved: 202
- NOK given advice on suicide prevention: 201
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.

Building a Better Health Service
Foot ulcers have decreased from 4.9% in 2003 to 2.5% in 2016.

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

Hospital admissions for microvascular complications have reduced from 3.3% in 2003 to 0.2% 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.
IT'S ALL ABOUT YOU
The journey has just begun....
thank you!