

GP NEWSLETTER

JANUARY 2010

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WELCOME FROM THE DIRECTOR OF OPERATIONS, SVUH

Dear Colleagues,

Welcome to the January edition of the GP Newsletter. As always, I hope we continue to identify the key areas of interest for GPs and would be delighted to receive suggestions for other items for the newsletter.

As winter approaches, the Emergency Department has again began to come under considerable pressure but as always they are coping admirably.

The average number of patients requiring admission through the ED on a daily basis in October was 25. The average number of admitted patients waiting for a bed at 8am increased to 23. On six occasions in October this rose to over 30 patients and on one occasion reaching a high of 40 patients. As a result of the pressure experienced in the Emergency Department the hospital was given ambulance protection on 2 occasions during the month - a clear sign of the growing pressures on the hospital and the acute system.

I would like to take this opportunity to draw your attention to the article on the Fair Deal Scheme which is outlined on page 4. This is now a top priority for the hospital as we continue to struggle with blocked beds.

There was also a significant increase in the number of patients presenting with suspected H1N1 symptoms last month with a number of patients requiring admission. This is consistent with national trends.



Bill Maher, Director of Operations SVUH

On a positive note, this month we opened the Rapid Access Prostate Clinic in conjunction with the NCCP. Contact details for this new services are detailed in the article on page 5.

Finally, I would like to take this opportunity to wish you and your family a happy and peaceful New Year and look forward to working with you more closely in 2010.

*Regards,
Mr. Bill Maher
Director of Operations,
St. Vincent's University Hospital*

SVUH Performance Summary - October 2009

| | |
|--|--|
| <p>Out-patient Waiting List</p> <p>Current 2,237</p> <p>Trend: v Previous Month </p> <p>Target: Out-patient waiting to be reduced to less than 12 weeks by December 2009.</p> <p>A slight decrease this month in the WLL. However WLL has increased by 6% since Jan. Initiatives are continuing to reduce the WLL further. DNAs being tackled by text reminding. Partial Booking project team due to visit Galway University Hosp to view their system.</p> | |
| <p>DNA Rate</p> <p>Current 18.4%</p> <p>Trend: v Previous Month </p> <p>Target: Reduce the number of patients who do not attend to 5% by December 2009</p> <p>A decrease of 0.3% compared to last month. DNA Rate in Neurology has been reduced from 21% prior to text reminding to 9%. In Oct 4 more specialists began texting. Complete roll out in ADCC to be complete by early 2010.</p> | |
| <p>OPD Outside Catchment Area</p> <p>Current 20.6%</p> <p>Trend: v Previous Month </p> <p>Target: Reduce the outside catchment area OPD referrals by to 10% by December 2009</p> <p>A slight increase of 0.4% this month. Total of 2,434 referrals were received this month. Of these 107 were from OCA - this equates to 4.4% - the lowest percentage received to date. Following review by clinicians 34 were deflected.</p> | |
| <p>Cancelled Elective Admissions</p> <p>Current 17.4%</p> <p>Trend: v Previous Month </p> <p>Target: To reduce the numbers of cancelled elective admissions to less than 10%</p> <p>% of cancelled admissions increased from 6.8% last month. This equates to 65 patients having their planned admissions cancelled during Oct. A total of 1,225 patients were admitted during the month with 309 being admitted electively.</p> | |
| <p>ED Waiting Times</p> <p>Current 26.44%</p> <p>Trend: v Previous Month </p> <p>Target: To ensure by end of 2009 no patient waits greater than 6 hrs in ED from "Decision to admit" to admission</p> <p>Average no. of patients requiring admission through ED on daily basis this month was 25. The average number waiting for a bed at 8am increased to 23. On 6 occasions this month this rose to over 30 and on 1 occasion to 40. Significant increase of patients presenting with H1N1 symptoms.</p> | |
| <p>In-patient Waiting List (incl Day Cases)</p> <p>Current 180</p> <p>Trend: v Previous Month </p> <p>Target: No patient should wait > 26 weeks for admission by December 2009</p> <p>An increase of 13% compared to Sept. Pain Relief, Respiratory & Urology are the highest contributors. These specialties account for 82% of all patients waiting over 26 weeks. Meetings have been planned with the relevant consultants.</p> | |
| <p>Average Length of Stay (excl Psychiatry)</p> <p>Current 10.0</p> <p>Trend: v Previous Month </p> <p>Target: 8 days to be the average stay achieved by December 2009</p> <p>ALOS increased by 0.9 days compared to Sept. Main contributory factor was the rise in more complex medical cases as the winter pressures began to be experienced.</p> | |
| <p>% Occupancy</p> <p>Current 99.0%</p> <p>Trend: v Previous Month </p> <p>Target: To reduce % occupancy to 86% by December 2009</p> <p>% occupancy increased by 3.4% compared to Sept. The increase ALOS impacted on the availability of beds. There was also a need to open additional isolation beds to accommodate suspected and confirmed H1N1 patients.</p> | |
| <p>MRSA Rate</p> <p>Current 12</p> <p>Trend: v Previous Month </p> <p>Target: colonisation rates to be reduced by 10% over 2008 figures by December 2009</p> <p>This represents an increase of 3 compared to last month but must be considered in relation to the overall trend. No clusters were noted.</p> | |
| <p>Staffing Levels</p> <p>Current -2.19%</p> <p>Trend: v Previous Month </p> <p>Target: To operate within agreed employment levels.</p> <p>Employment levels in Oct were showing a slight decrease on previous months. Continues to be reduced turnover rate of staff. ECC considering applications for Early Retirement Scheme. Hospital in an age management awaiting employment ceiling adjustment from HSE/NCCP for pancreatic service.</p> | |
| <p>Financial Position</p> <p>Current €0.1</p> <p>Trend: v Previous Month </p> <p>Target: To deliver financial breakeven by December 2009</p> <p>VFM & Cost containment must continue if financial breakeven is to be achieved by year end. Some funding received from National Cancer Group for service development & additional activity. Increased costs incurred in some specialties as well as H1N1 pandemic.</p> | |
| <p>Delayed Discharges</p> <p>Current 58</p> <p>Trend: v Previous Month </p> <p>Target: To reduce the numbers of patients medically fit for discharge but still occupying a bed to 0 by December 2009.</p> <p>In Oct 14 patients were discharged to DDI beds & 2 to Clonskeagh. There will be no more DDI beds as Fair Deal - the new procedure for accessing nursing home beds has commenced. SVUH will need to see how this impacts on delayed discharges.</p> | |

Fair Deal and Primary Care Teams

The Nursing Home Support Scheme was officially launched on the 27th of October 2009. It is also known as "Fair Deal". It is geared towards addressing the need as well as the contribution financially of patients who require either long term residential care or home care in the community. These patients can be both over and under 65 years of age.

There are two aspects to the scheme namely the Common Summary Assessment Record and the Financial Assessment. Both of them are required in order to avail of the benefits of the initiative.

General Practitioners as the Team Leaders of Primary Care Teams have a key role to play in beginning the process of assessment. In the past the element of funding was very much biased towards getting an elderly patient into the acute setting in order to avail of resources and solving emergency situations. Now with the onset of this new scheme community care can access resources at an earlier stage through the local placement committee.

The Common Summary Assessment itself is 4 pages long and is not difficult to do. Section 6 is the key area that GPs will need to complete as it pertains to diagnosis and medical/mental health summary. Section 4 and Section 9 are key questions for completion as they pertain to expressed wishes as well as relevant background. Section 9 can be completed by the patient's GP or a relevant professional.

There is also input in the form from the Multi Disciplinary Team as well as the relevant speciality be it Medicine for the Elderly etc. Again this input can be done in tandem with a referral to Carew House, the Day Hospital for Older People.

There is also the issue of capacity and consent. If a patient is cognitively impaired then a Care Representative has to be sought. In the Act the relatives are outlined specifically. An application to be deemed a Care Representative can be made by the family through the District Court. There have to be two medical reports submitted stating incapacity. The relevant forms are available online in www.courts.ie

Finally the CSAR as it is known needs to be sent to the local Placement Committee either in Dublin South East or Dublin West (Ringsend).

The financial forms need to go directly to the Nursing Home Section in Naas, Co Kildare for processing.

Once all the relevant information is sent then the Placement Committee meet regularly to deliberate on the applications. They ultimately decide on the recommendations and inform in writing both the patient/family and relevant parties.

So far we are still awaiting the first patient to get placed under the new scheme.

There has been €55 million allocated for the initiative to the 31st of Dec 2009.

ST. VINCENT'S FOUNDATION

St Vincent's Foundation has been established, within St Vincent's University Hospital, to enable the substantial capital expenditure programme that the hospital will implement.

St Vincent's is a not-for-profit hospital celebrating 175 years of caring for all patients regardless of their financial means.

The principal areas of development include:

- Rebuilding the ward areas such that each patient will ultimately be accommodated in a single room with en-suite facilities. This has great benefits in

relation to infection control, length of stay and patient outcome.

- Creation of a world-class stroke unit with all attendant diagnostic and treatment facilities to ensure the best possible result for patients affected by stroke and thrombosis.

Development of a Haematology Day-Care facility which will radically improve the facility for our patients.

Just as the original St Vincent's was developed in 1834 from generous donations we encourage the same support now for these exciting plans.

RAPID ACCESS PROSTATE CLINIC

In collaboration with the National Cancer Control Programme (NCCP) a Rapid Access Clinic for patients with a suspected diagnosis of Prostate Cancer has been established.

Mr. David Mulvin and Mr. David Quinlain are the Consultants delivering this Prostate Cancer Service in SVUH.

The team consists of Urology Consultants, SpR and Registrars, Helen Forristal Lung Cancer Nurse Co-ordinator and Louise Bradbury, Manager for the Rapid

Access Clinic. It commenced on Tuesday the 1st of December in Suite 3, Ambulatory Day Care Centre.

It is a weekly clinic, run every Tuesday from 09:00 to 11:45 All referrals come through Louise Bradbury and the Administrative staff in the Urology Clinic.



The contact no's are:
Tel: 01-221 3055 and
Fax no 01-221 4318

A standardized NCCP Prostate Cancer referral form for GP completion will be rolled out shortly.

ESTATES UPDATES

New Ward Block

Great news! Tenders for the new ward block have now been issued to the five short listed contractors. Tenders are due for return on December 15th.

Work on the various decanting projects necessary to enable site clearance for the actual ward block construction commenced on October 19th and is well underway.

The work entails:

- Conversion of old Convent kitchen and refectory area into office accommodation.
- Installation of a new two storey portacabin for Human Resources.
- Expansion of cycle parking area adjacent to the Assembly Hall entrance.
- Provision of new male & female staff changing in the basement of the Nurse Education Centre.

The initial stages of this work involved a considerable amount of demolition and I would like to apologise for any noise or disruption this may have caused.

The work is scheduled to be completed by December 21st and the various departments concerned will commence relocation.

St. Kevin's Ward

St. Kevin's ward has reopened following its refurbishment and is now the new home for ENT & Plastics.

End of Life Rooms

Work has been completed on the two single bed rooms to be used for the care of patients nearing end of life. The rooms are currently being commissioned and are expected to be opened on December 1st. The areas concerned are on the 1st and 4th floors and have been designed to improve the dignity, privacy and confidentiality we provide to end of life patients and their families. Their design and layout was influenced by input from a number of staff and I would like to thank all involved.

Coronary Care Unit

Work has commenced on a refurbishment to the Coronary Care Unit which will create a better patient environment and improve hygiene standards. The existing Coronary Care Unit has been temporarily relocated to St. Agnes' Ward. Work is expected to be completed by late December.

Frank Smyth

General Services Manager

GP LIAISON COMMITTEE- SVUH

The next meeting is due to take place on Wednesday the 20th of January at 08:00 in Conference Room 1, SVUH

At the October meeting, the following topics were discussed:

| | |
|--------------------------------|---------------------|
| Welcome | Mr. Bill Maher |
| Diabetes Shared Care Programme | Prof. Donal O' Shea |
| Key Performance Indicators | Mr. Bill Maher |
| • SVUH Approach | |
| • Latest position | |
| Estate Management Update | Mr. Frank Smyth |
| Any Other Business | Mr. Bill Maher |
| H1N1 | |
| Warfarin Clinic | |

Mr. Bill Maher welcomed all above to the meeting. Minutes from the previous meeting were redistributed - no outstanding issues noted.

Diabetes Shared Care Programme - East Coast Area

Following on Professor Donal O'Shea gave a very informative presentation on the Diabetes Shared Care Programme. Prof. O Shea highlighted their progress to date with this scheme, their future plans and any barriers to their expansion. He discussed their objectives for the next 20 years and invited discussion on these objectives. Mr. John Fennell stated that the HSE support this initiative but could not commit to the additional funding needed to expand at this time. Mr. Bill Maher congratulated Prof. Donal O'Shea and his team on their work to date and stated he would support this scheme and discuss the merits of expansion with Gerry Mc Kieran (HSE) at their next meeting.

The main funding is required to up skill Practice Nurses and send GP's on the ICGP course.

A new electronic referral form for GP's was requested by GP's present. Prof. D O Shea stated that they are currently in the process of addressing this need with ICT Department. Dr. Donal McCafferty praised Neurolink and requested that more electronic forms be made available for referrals.

Mr. Bill Maher took this opportunity to update the group on the other projects that are currently underway within the hospital in conjunction with the NCCP. Mr. Maher suggested that that either Mr. David Mulvin / Mr. David Quinlain would be asked to present on Prostate Cancer Services at the January meeting or Mr. Justin Geoghegan on the Pancreatic Cancer Services.

Mr. Bill Maher stated that the hospital hopes to take its first referrals for the new Pancreatic Clinic in January.



Feedback

At St. Vincent's University Hospital, we are constantly looking for ways to improve the quality of our service.

If you have any suggestions or comments on how we can improve this newsletter, please let us know by emailing feedback@st-vincents.ie

or contacting our communication's Executive Claire Finnan on 221 3541.

GP LIAISON COMMITTEE- SVUH

Key Performance Indicators

Mr. Bill Maher outlined and discussed the twelve KPI's. He firstly addressed the Outpatient Waiting List. He stated that most services have achieved their targets although ENT, Dermatology and Orthopaedic lists remain over 12 weeks. He outlined SVUH's plan to continue to deflect patients from outside our catchment area back to their own local services where possible.

He touched on the recent Text Reminder Service that had been implemented in the ENT Service and noted the results were very positive. He stated although the cost of the texts were minimal they would need in future the support of a clerical officer to answer the return calls between the hours of 5-9pm.

He thanked all the GPs for their support with this initiative and the mobile phone numbers they had supplied.

He then went on to mention that the pressure on the Emergency Department and hospital as a whole was continuing to increase. He stated that earlier this week, the hospital had requested ambulance protection as the numbers awaiting a bed in the Emergency had risen to 40. The delayed discharges heavily impacted same and Mr. Maher stated unless HSE give more DDI beds to solve this problem, it will only worsen in the winter months.

He ended on a positive note highlighting that our MRSA rates had a 10% reduction over the year. Dr. Donal Mc McCafferty congratulated all involved in such an achievement and requested a presentation from Infection, Prevention and Control so they might learn and adopt some of their good practices in the community.

Estate Management Update

Mr. Frank Smyth updated the group on projects planned for 2010. The new ward block was discussed and Mr Frank Smyth stated that it was now back on track to be built in the 2nd quarter of 2011. He stated all tenders had now been received and were being considered at present. He informed the group that a decant strategy was in place to ensure the area would be clear so building work could start in January 2010. He also confirmed that renovation projects on ward kitchen and bathrooms were continuing (at a staggered pace) as they are a priority for the health and safety of our patients. He stated that two dedicated End of Life Suites had been completed and would be ready for use over the coming months.

Any Other Business

H1N1/Warfarin Clinic

Mr. Maher updated the group on SVUH's plan in relation to H1N1 virus. He stated that the Hospital are preparing for a surge in cases throughout the winter months. He also stated that they were advised by HSE to up skill nurses to work in an ICU setting as ICU admissions were expected to rise as a result of the virus.

The issue of the Warfarin Clinic was raised by Dr. Brigid Sheehy who stated she was still receiving calls from Consultant staff to care for their patients warfarin regime in her GP practice. Mr. Bill Maher stated that the new Warfarin Clinic had reopened on the 27th of September but will take time to clear the backlog.

Next Meeting

Wednesday the
20th of January
at 08:00 in
Conference Room
1, Main corridor,
SVUH