Welcome

I am delighted to welcome you to the second edition of NCPS Newsletter.

Since its inception, the NCPS has been a collaborative initiative between the Royal College of Surgeons in Ireland (RCSI) and the HSE Clinical and Strategy Programmes Directorate to improve the quality and safety of surgical care for Irish patients. The recent “NCPS report for 2013” shows the vast amount of work carried out by the Programme, including The Productive Operating Theatre (TPOT) over the past year, such as the publication of the Model of Care for Acute Surgery, engagement with hospitals through site visits and provision of site-specific data, development of a theatre usage monitoring tool software etc. http://www.rcsi.ie/ncps-news

Given the financial constraints that exist currently in our health system, it is heartening to see the impressive amount of performance improvements and initiatives carried out in our hospitals. Even with an increase in surgical volume of 9%, bed day usage has reduced by 7.2% and Average Length of Stay (AvLOS) by 6.1%. This amounts to a net savings of €18,111,660. Increase in day case rates, increase in the number of hospitals having Pre-Admission Assessment Clinics, Acute Surgical Assessment Units, Dedicated Day Units, improved Peri-operative governance structures are only a few of the numerous achievements of the Programme and Surgical Teams across the country.

As our health system continues to experience unprecedented changes, the introduction of Hospital Networks, Money Follows the Patient and Universal Health Insurance are strategic health reform policies that would require significant efforts to implement. This implementation would certainly require collaborative effort from all and will be greatly enhanced by outputs from the Clinical Programmes. In particular, business intelligence and best-practice principles from the Models of Care will help shape the future of surgical service delivery in the various networks or trusts. While reflecting on the challenges that lie ahead, it is worthwhile to focus on the opportunities that could be harnessed by improved team work and collaboration.

We look forward to an exciting year ahead for the National Clinical Programme in Surgery as work continues to progress in hospitals and hospital groups to ensure optimum pathways and improved safety and reliability of care for Surgical Patient across the country.

Thank you for your continued support for the National Clinical Programme in Surgery.

Yours sincerely

Eunan Friel
Managing Director of Surgical Affairs, RCSI

National Clinical Programme in Surgery at a glance

Each box shown in the ‘house’ above describes the important elements of the programme. As with any house, the foundations start on the ground and the elements are built in an orderly and sequential manner. The same has to be done in the Surgery Programme for it to be a success.

ABBREVIATIONS:

AHP - Allied Health Professional;
AvLOS – Average Length of Stay;
DOSA – Day of Surgery Admission
IASM – Irish Audit of Surgical Mortality
ICT – Information and Communication Technology;
ICU – Intensive Care Unit;
INOR – Irish National Orthopaedic Register;
NCHD – Non-consultant Hospital Doctor;
NOCA – National Office of Clinical Audit;
NQAIS – National Quality Assurance Intelligence System.
CONTINUING NCPS PERFORMANCE INITIATIVES

FINDING EFFICIENCIES TO ENABLE CONTINUED SAFE DELIVERY OF APPROPRIATE SURGICAL SERVICES TO PATIENT IN IRELAND WHERE DEMAND IS INCREASING AND BUDGETS ARE REDUCING.

In 2010 the HSE had a budget of €14.2bn compared to a 2012 budget of €13.317bn and a 2014 budget of €13.120bn. Surgical specialties in Ireland have been actively moving surgical work load from inpatient to day case activity where surgically, physiologically and socially appropriate for the patient. The NCPS analysed all Hospital Inpatient Enquiry system (HIPE) discharge data records for 2010, 2011 and 2012. Nationally day case rates have been increasing month on month. Over the period, the linear trend started at 11,275 day cases and increase by 92 cases on average per month. At the same time Inpatient AvLOS has been on a slight downward linear trend starting from 7.34 days and decreasing by 0.02 days per month, as surgical specialties and associated teams implement improved models of care and drive out inefficiencies from the process.

The NCPS encourages collaboration between surgical specialties in different hospitals, identifying the best performing hospitals and sharing their care path way strategies with other hospitals. These efficiency gains have allowed surgery to treat more patients with less bed days which has helped manage bed shortages and, to some extent, address elective waiting lists. Take the example of laparoscopic cholecystectomy where 5 hospitals have elective day case rates in excess of 60% yet some of those hospitals performing the highest volumes (1st, 3rd, 9th and 10th) still perform most of their elective laparoscopic cholecystectomies as inpatients, utilising more hospital resources and incurring additional costs.

It is important to assess the quality of service delivery when working to improve efficiency. Acute readmission within 30 days of discharge for any reason following an elective laparoscopic cholecystectomy was monitored as an indicator of adverse results from increasing day case rate for the delivery of laparoscopic cholecystectomy. Hospital with high day case rate did not have exceptionally high readmission rates when compared to other hospitals with low day case rates.

Efficiencies can be managed into the delivery of surgical services in public hospitals using the principals outlined in the Acute and Elective models of Care and specialty specific care pathways developed by best performing hospitals here and internationally. In our environment of scare resources it is important that we use limited hospital resources efficiently while at the same time achieving optimal best patient outcomes. http://www.rcsi.ie/ncps-electivesurgery
http://www.rcsi.ie/ncps-acutesurgery

It is important to remember that good metrics are critical to delivering improvements and this requires significant collaborative effort by clinicians, nurses, allied health professional and hospital management working together.
Elective Ambulatory Surgery Guidance
The National Clinical Programme for Surgery (NCPS) in conjunction with Scheduled Care in the SDU are developing guidance on the appropriate delivery location for different types of Elective Ambulatory Surgery.

The NCPS with the SDU have identified significant, unrealized and potential efficiencies which could be gained by performing elective Ambulatory Surgery in the most appropriate location that meets better standards of patient care. The NCPS has identified a large cohort of procedures currently recorded in HIPE as day cases, being performed in hospital day wards and theatres, many of which could be done safely and effectively in minor surgical facilities or outpatient rooms. Consultation is ongoing with the DOH, SDU and Hospitals Directorate.

Consultant Surgical Workforce
Ireland has looked for direction from other countries as to its workforce requirements but the source of this information is often vague and without strong underlying science.

THE PUBLIC CONSULTANTS SURGICAL WORKFORCE COMPARED TO HANLY AND DENMARK

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Note 1: Minus signs refer to the number that Ireland is short based on consultant numbers per 100,000 of the population

Note 2: Source References supplied on request.
THE PRODUCTIVE OPERATING THEATRE (TPOT) PROGRAMME

A joint quality improvement initiative between the National Clinical Programme in Anaesthesia (NCPA) Director Dr. Bairbre Golden and the National Clinical Programme in Surgery (NCPS) Joint Leads Professor Frank Keane & Mr. Ken Mealy

TPOT NATIONAL NURSE LEAD

The TPOT National Nurse Lead Role has now been filled. Grace Reidy commenced in the role in January 2014 and is a welcome addition to the team.

TPOT MEASUREMENT FOR IMPROVEMENT WORKSHOPS

The Productive Operating Theatre Programme team, Martha Ní Chuanaigh and Grace Reidy with the support of Lorraine Murphy (Office of the Nursing and Midwifery Services Director, OMNSD), have developed an active learning workshop package to support TPOT teams problem solve in a systematic manner and measure for improvement.

Workshop one was hosted at Sligo General Hospital on 4th February 2014 and Workshop 2 was hosted in Mayo General Hospital on 2nd April 2014. TPOT teams from Letterkenny General Hospital, Portiuncula Hospital, Mayo General Hospital, Sligo General Hospital and University Hospital Galway participated at the workshop. All participating teams requested support in reducing the delay in actual theatre session start time. With this topic in mind, teams worked together to develop their problem and aim statements, measurement plans, operational definitions, and to plot and interpret measurements. A special thank you to Alison Smith (TPOT Lead, Sligo) Patricia Hallinan (TPOT Lead, Mayo), the staff at Sligo General Hospital and Mayo General Hospital for a very warm welcome on the day.

It is anticipated that further workshops will take place in other regions. Please contact Martha Ní Chuanaigh (mnichuanaigh@rcsi.ie) or Grace Reidy (grace.reidy@hse.ie) for further information. Lorraine Murphy can be contacted at lorrainew.murphy@hse.ie

IRISH PRODUCTIVE OPERATING THEATRE TRAINING

The first Irish TPOT Training course took place 8th & 9th April in RCSI, St Stephens Green, Dublin 2 and was a great success. There was a huge demand from hospitals to attend this course, as the demand exceeded the number of places available, it is anticipated a second course will the run in autumn 2014.

TPOT RECOGNISED AT DELIVERING SAFER CARE ALL IRELAND QI CONFERENCE

A poster submitted by Cork University Hospital won highly commended for their TPOT improvements in relation to the development of Pre Admission Assessment and Day of Surgery Admission Unit.

The CUH Team have improved their patient pathway by the development of Pre Admission Assessment and Day of Surgery Admission Unit. This has resulted in:

- Increase in DOSA rate from 27% to 64% (2202 patients in 2013)
- DOSA bed day savings for same period = 1,048 inpatient bed days
- Number of patients pre-admitted assessed in 2013 = 2,709
- Improved theatre start times

![Image of Irish Productive Operating Theatre Training](image-url)
TRAuma AND ORTHOPAEDIC CLINICAL PROGRAMME UPDATE

The Programme Manager has visited 20 Orthopaedic sites. In addition to the site visits, meetings were held with 10 CEO’s/General Managers and the CEO’s of the West North West and Mid West Hospital Groups, where the work of the Programme was outlined. The Programme acknowledges the co-operation of all staff in these sites in making the visits very productive. Overall the reaction to the Programme has been very positive. The T&O Programme has also been very busy working on a number of workstreams over the last number of months. The work has been largely collaborative and focuses on designing Model of Care documents, setting KPI’s and working with hospital management and staff to improve T&O services across the country.

Firstly the procurement process for tender for Hip and Knee Implants was published on 5th March 2014. This initiative is collaboration between the Trauma and Orthopaedic Programme and the HSE Procurement Unit. The aim of the procurement process is:

- Standardisation of product quality & service support
- Maintain appropriate level of clinical choice
- Sustainability and development of services in the current economic climate
- Fit with prospective funding
- Visibility at hospital and consultant level of procedure and implant usage
- Increased transparency, in relation to, cost of supply
- Achieve value for money for HSE and hospitals
- Promotion of competitive marketplace for orthopaedics

MODELS OF CARE AND INTEGRATED CARE PLANS(ICP)

In line with the process defined by the Clinical programmes directorate, we are developing a Model of Care for Trauma and Orthopaedics. The first draft is on schedule to be completed by mid-May. The draft document will be circulated for consultation to the Regional Leads and the members of the Irish Institute of Trauma and Orthopaedic Surgery initially. The Programme has also developed 10 best practice standards for T&O, which will assist Hospitals in measuring performance.

A Cross Programme Group formed to advance the development of guideline ICP specifically for fractured Neck of Femur patients. It is hoped that a fully integrated ICP document will then be sent for consultation mid-March 2014. In addition to this, a pilot of a rapid recovery protocol for patients who suffer a fractured neck of femur will commence in Mayo General Hospital in April 2014.

With great work and commitment, the specialist group of the Spine Service Planning Group are nearing completion of the Model of Care for Spine Services document. The Paediatric Clinical Leads have worked very hard to develop a Paediatric Orthopaedic Model of Care.

T&O DATA

Key Performance Indicators have been set for 2014 and two additional Key Performance Indicators are being developed for inclusion in the HSE Performance Report.

1. Time to surgery from request for theatre slot.
2. Percentage of Trauma Orthopaedic patients admitted to an Acute Trauma ward.

T&O accounts for 1/3 of all surgical procedures annually, we aim to build a dataset of procedures by Hospital/Region. The T&O programme is currently working with the Business Intelligence Manager to define Trauma and Orthopaedic data requirements, Other projects and collaborations with the T&O programme

- The Programme continues to collaborate with the MSK Rheumatology Programme on the MSK Rheumatology Project.
- Clinical leads have been appointed to progress the point of care coding project
- A Thromboprophylaxis guideline has been developed (available through the Irish Institute of Trauma and Orthopaedic Surgery).
- There is continuing engagement with HIQA on additional Health Assessments for orthopaedic procedures.
- A Consultant Orthopaedic Surgeon Lead is assisting with the HIQA Audit of Hip Fracture Standards.

NEXT STEPS

The Regional Leads will meet in May and the National Leads will hold a series of meetings with the Hospital Groups in the coming weeks. An improvement plan which will form the basis of the next round of visits will be devised with the Clinical Leads. The programme acknowledges the great support received to date and looks forward to continued involvement from the Trauma and Orthopaedic Consultants in the coming year to progress the many plans and objectives that we have agreed.

If you require additional information regarding the Models of Care, hospital site visits, surgical activity analysis, The Productive Operating Theatre (TPOT) or any other issues arising of the National Clinical Programme in Surgery (NCPS), please kindly e-mail us at surgeryprogramme@rcsi.ie.

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