



Féilímeannacht na Seirbhíse Sláinte
Health Service Executive



WILL HOSPITAL GROUPS ENHANCE ACADEMIC ACTIVITY ?



Dr. Susan O'Reilly
CEO
Dublin Midlands Hospital Group

Trinity College Dublin Faculty of
Health Sciences Research Day
15th September 2016





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The Higgins Report February 2013

The Establishment of Hospital Groups

as a Transition to

Independent Hospital Trusts



Higgins Report

Group Deliverables

- Higher quality services
- Consistent standard of care
- Consistent access to care
- Stronger leadership
- Greater Integration between healthcare agenda and teaching, training, research and innovation agenda





Hospital Group Overview

- St. James's Hospital
- Adelaide & Meath Hospital Tallaght
- Coombe Women & Infant's University Hospital
- St. Luke's Radiation Oncology Network
- Midlands Regional Hospital Tullamore
- Midlands Regional Hospital Portlaoise
- Naas General Hospital



2015 Activity

| | |
|-------------------------|----------------|
| In-Patient Discharges | 96,986 |
| Day Case Discharges | 206,753 |
| Emergency Presentations | 190,508 |
| Out Patient Attendances | 618,382 |
| Births | 10,011 |



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Hospital Group commenced operations in 2015

Total Budget 2016 €1 Billion

Total Staff 9,808



Naas General Hospital
County Kildare and West Wicklow



THE ADELAIDE & MEATH
HOSPITAL, DUBLIN
INCORPORATING
THE NATIONAL CHILDREN'S HOSPITAL



ST. JAMES'S
HOSPITAL



Saint Luke's
Radiation Oncology
Network



DMHG Budget (€millions) 2016

| | <u>Pay €m</u> | <u>Non Pay €m</u> | <u>Gross €m</u> |
|-------------------|---------------|-------------------|-----------------|
| SJH | 253.95 | 158.73 | 412.68 |
| Tallaght | 165.77 | 68.75 | 234.52 |
| Coombe | 54.86 | 16.40 | 71.25 |
| Naas | 49.86 | 17.03 | 66.89 |
| Portlaoise | 54.79 | 11.40 | 66.19 |
| Tullamore | 69.68 | 35.40 | 105.08 |
| SLRON | 30.98 | 14.23 | 45.21 |
| Total | 679.87 | 321.95 | 1,001.82 |



Governance and Management

Board Chair: Dr Frank Dolphin

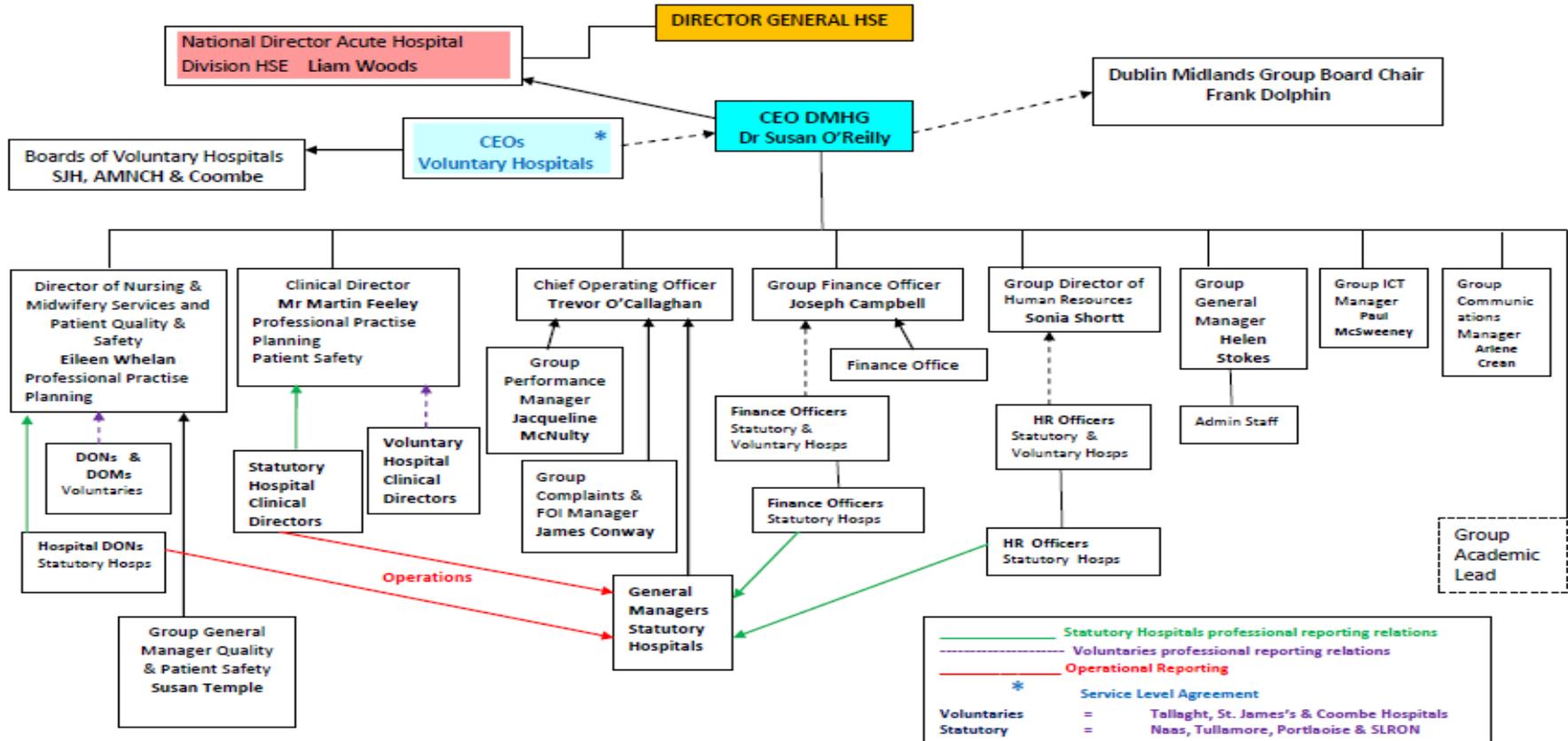
Hospital Group Senior Management Team

- Dr Susan O Reilly: Chief Executive Officer
- Mr Martin Feeley: Clinical Director
- Mr Trevor O’Callaghan: Chief Operations Officer
- Mr Joseph Campbell: Chief Financial Officer
- Ms Sonia Casey: Director of Human Resources
- Ms Eileen Whelan: Chief Director of Nursing & Midwifery
- TBA: Chief Academic Officer





Governance & Management Structure – Dublin Midlands Hospital Group





Opportunities

- Efficiency
- Accountability
- Greater local control / autonomy
- New governance structure: best elements of voluntary sector
- Integrated clinical pathways for primary and hospital care
- National Clinical Programmes Design → Group Delivery
- Robust Academic Linkages





Challenges

- Professional Staff: Recruitment / Retention
- Capital / Facilities /Equipment
- Revenue
- Mismatched capacity / volumes – waiting lists
- Lack of integrated clinical pathways across hospitals and between primary and community providers
- Governance structures
- Cultural change





Major Service Reconfiguration

- Safety
- Clinical excellence
- Sustainability
- Affordability





Deliverables ?

- Rationalisation of emergency services: acute care pathways
- Trauma network
- Critical care investment
- Complex elective care : national, regional
- Frail elderly pathways
- Chronic disease pathways
- Design / innovation: National Clinical Programme, Hospital Experts , Royal Colleges and GPs





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Recruitment and Retention of Medical and Allied Health Staff

Key Elements

Working Environment

- Facilities
- Reputation
- “Tools of the trade”-theatres, equipment, beds, drugs, diagnostics
- Collegial, well staffed environment





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Recruitment and Retention of Medical and Allied Health Staff

Key Elements

Intellectual Opportunities

- Leadership
- Management
- Research
- Teaching

Salary & Benefits





Scope of Health Research

- Translational Research: Lab/ Clinical collaboration
- Clinical Trials
- Allied health research: patient focused
- Psycho Social Research
- Population Health
- Economics

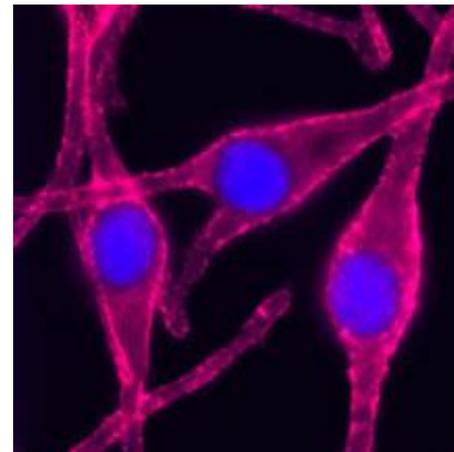
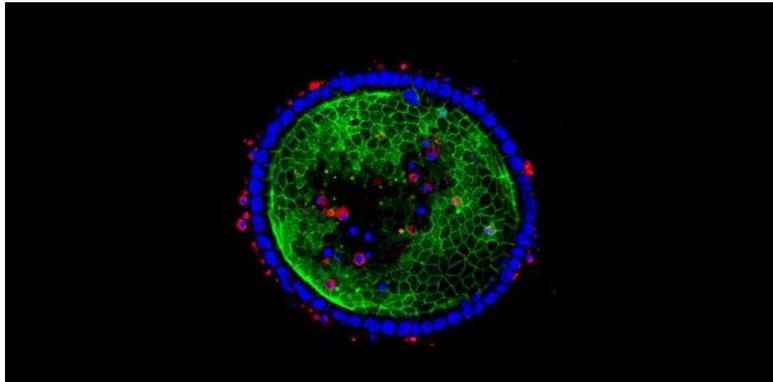




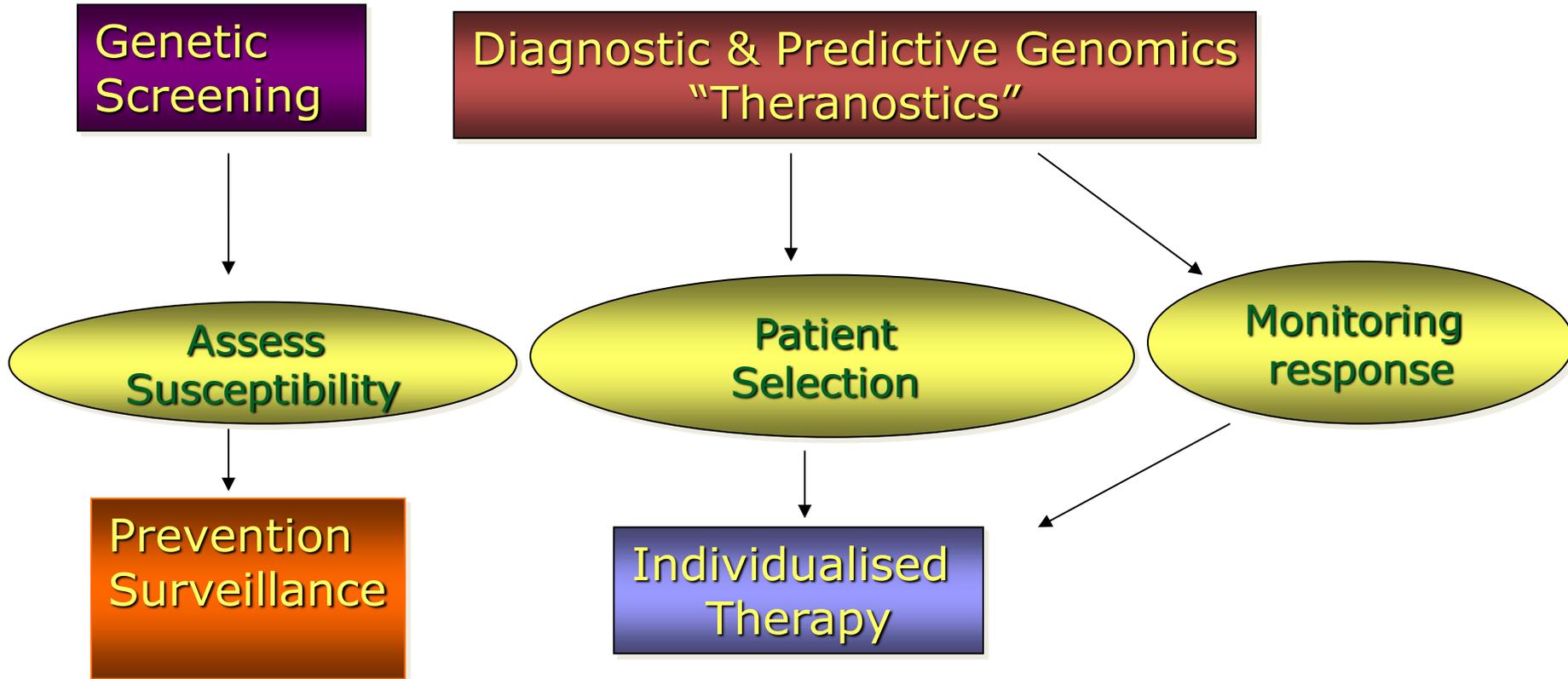
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Translational Research



The Goal of Medicine in the 21st Century: Personalised Medicine





Personalised Therapy

- Often exquisitely dependent on single predictive test or multigene tests
- Evolving technologies often prone to technical failures or variability in observer reporting
- Patients at risk of **NOT** getting best treatment **OR** receiving **WRONG** treatment
- Optimising/Standardising testing reduces harm to patient from toxicity or from risk of death from disease
- Few tests are infallible –
How do we ensure we do the best we can?



Disruptive “next generation” Sequencing Technology





Clinical Research

- Recruitment / retention of clinical leaders
- ↑ Patients eligible for studies
- TIMELY implementation
- Culture of research and innovation
- Recognition of patient benefits
- Financial benefits for hospitals





Thinking Outside the Box of Typical Health Research

Physics

- 3 state of the art Radiation Oncology Centres . St. Luke's / St. James and Beaumont
- Largest group of post graduate clinical physicists in Ireland

Business

- Operations Research:
- Fertile environment for postgraduate projects on complex clinical flows
- Financial models

Health economics



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Thinking Outside the Box of Typical Health Research

Epidemiology

- Social Deprivation
- Impact of aging
- Urban / Rural

Clinical Outcomes Research

Social Sciences

Infomatics





Thinking Outside the Box of Typical Health Research

- Leveraging Investment in Facilities e.g. proposed cancer institute at St. James's
- Fostering research incubators with science and industry
- Industry partnerships





Teaching

- Fertile multidisciplinary environment
- Development of multidisciplinary education
- Development of elective day surgery / integrated medical services/ clinical networks (e.g. obstetrics) will improve eligibility for NCHD training posts in smaller hospitals
- Professional staff engagement and cross appointments
- Examples: Global Brain Health Institute; Oncology Nursing Professorship





Group Strategic Directions

- Clinical Network Development
- Rationalisation of Services
- Investment in Facilities
- Human Resource Planning & Investment
- Process Improvements
- Teaching and research in all hospitals and in all disciplines
- Improve integrated care pathways: focus on chronic diseases and aging





Conclusion

- Hospital Groups must drive development of service improvements and enable teaching and research
- Academic progress needs joint appointment of Group Academic Leader
- Groups are the most significant change in governance and management in health care in Ireland
- Universities and Royal Colleges should seize opportunity to embed culture of research and teaching

