An Admitted and Onward Care Rapid Improvement Event took place in Our Lady’s Hospital, Navan from June 17th to 21st. With the assistance of Fiona Keogan and Eithne Mullen of the IEHG Service Improvement Team, Team Leads Teresa Lee and Lisa Poterton led a very well prepared event. The team were delighted with the commitment and representation from team members and visitors during a week which formed a comprehensive completion plan towards our #journeytobettercare.

Included in the plans from this event are:

- Improved communication and messaging to patients and families in relation to discharge
- Clarifying role of Stranded Patients ward round and Delayed Discharge meeting
- Continued emphasis on “home first"
- Further liaison with community services to gather information on all services available to patients and families

On Tuesday 7th May Anne O’Connor, Interim CEO of the HSE, made a special presentation to Sr. Ursula. As part of the National Patient Experience Survey OLHN was commended by patients, on there always being someone to talk to. Mr Ken Fitzgibbon, recognised Sr. Ursula’s special role in this area and thanked her, on behalf of the hospital.

For the many devoted hours
Of guidance, support and help
You have given unselfishly
To the Staff and Patients
Of Our Lady’s Hospital, Navan
SAFER PATIENT FLOW BUNDLE

GLOSSARY OF TERMS
SAFER PATIENT FLOW BUNDLE

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic MDT review of patients with extended lengths of stay ( > 10 days – ‘stranded patients’) with a clear ‘home first’ mind set.
On April 18th OLHN hosted their first Town Hall meeting showcasing the service improvement work to date, hearing about the role of the GP Liaison and Prof Mary Day gave an insight into the IEHG strategy.

As part of the event presentations were made to staff with 30 years service to OLHN celebrating their dedicated service and acknowledging their contribution.

In memory
of our beloved colleague
Peter Campbell
1956 - 2019
Greatly missed in
Our Lady’s Hospital, Navan
especially by his colleagues
in the Laboratory.
FRAILTY RIE 90 DAY REPORT OUT
A SNAPSHOT

CGA Data
• Data period 30 weeks (210 days)
  14/11/18 – 11/6/19
• 71 CGAs completed
• 35% of these done during the pilot period (May/June)
• On average 4-6 positive frailty alerts per day
• 70% female, 30% male
• 56% of pts waited <30 mins for CGA
• 70% of pts have CFS >5 (mild-moderate-severely frail)

There has been marked improvement in reduction in admitted LOS with a 2.2 day reduction in overall LOS in 2019. This has been achieved by an increase in same day discharges plus proactive early management preventing extended LOS.
• 16% reduction in admissions
• 21% increase in discharges in 1 to 2 days
• 35% reduction in discharges 15 to 30 days
• 33% reduction in > 30 day LOS
• 47% increase in same day discharges

Frailty Education Programme
Next dates

St Josephs, Trim 27th June

OLHN, 24th September

7 day readmission rate has decreased by 35.3%
30 day readmission rate has decreased by 38.7%

Take home message

Think FIT........don’t just ADMIT!!!!!
This Common Referral Form now replaces 5 previous forms facilitating earlier, easier leaner referral

A local ward round agreement has been established and a professional ward round standard circulated to all Consultants for comment

Early admissions from ED by 1pm

<table>
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<th>Month</th>
<th>%</th>
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<tr>
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<td>8.5</td>
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<tr>
<td>June</td>
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Local Ward Round Agreement
- Priority to post call Consultant round
  - To start in ED, CCU, male medical and remaining clinical areas
- Ward manager/senior nurse to accompany senior team member on round
- Maximum 2 rounds to occur simultaneously on a ward
- In the event of more than 2 rounds presenting to ward the ward manager/senior nurse can request a team to reschedule to a later time to ensure effective communication

The team recognises the great strides that have been made in identifying Golden patients facilitating earlier discharge

Early Discharges - Golden patient
- 4 or more patients discharged before 12 approximately 16% of the time compared to 3.6% pre RIE
- > 2 patients discharged before 12midday (82% of the time)

INPATIENT JOURNEY 90 DAY REPORT OUT
PROGRESS TO DATE