WILL HOSPITAL GROUPS ENHANCE ACADEMIC ACTIVITY?

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CEO
Dublin Midlands Hospital Group

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Patient Discharges</td>
<td>96,986</td>
</tr>
<tr>
<td>Day Case Discharges</td>
<td>206,753</td>
</tr>
<tr>
<td>Emergency Presentations</td>
<td>190,508</td>
</tr>
<tr>
<td>Out Patient Attendances</td>
<td>618,382</td>
</tr>
<tr>
<td>Births</td>
<td>10,011</td>
</tr>
</tbody>
</table>
Hospital Group commenced operations in 2015

Total Budget 2016  €1 Billion

Total Staff  9,808
DMHG Budget (€millions) 2016

<table>
<thead>
<tr>
<th>Location</th>
<th>Pay €m</th>
<th>Non Pay €m</th>
<th>Gross €m</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJH</td>
<td>253.95</td>
<td>158.73</td>
<td>412.68</td>
</tr>
<tr>
<td>Tallaght</td>
<td>165.77</td>
<td>68.75</td>
<td>234.52</td>
</tr>
<tr>
<td>Coombe</td>
<td>54.86</td>
<td>16.40</td>
<td>71.25</td>
</tr>
<tr>
<td>Naas</td>
<td>49.86</td>
<td>17.03</td>
<td>66.89</td>
</tr>
<tr>
<td>Portlaoise</td>
<td>54.79</td>
<td>11.40</td>
<td>66.19</td>
</tr>
<tr>
<td>Tullamore</td>
<td>69.68</td>
<td>35.40</td>
<td>105.08</td>
</tr>
<tr>
<td>SLRON</td>
<td>30.98</td>
<td>14.23</td>
<td>45.21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>679.87</strong></td>
<td><strong>321.95</strong></td>
<td><strong>1,001.82</strong></td>
</tr>
</tbody>
</table>
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
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
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
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
Translational Research
The Goal of Medicine in the 21st Century: Personalised Medicine

Genetic Screening

Diagnostic & Predictive Genomics "Theranostics"

Assess Susceptibility

Patient Selection

Prevention Surveillance

Individualised Therapy

Monitoring response

Assess Susceptibility

Patient Selection

Individualised Therapy

Monitoring response
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
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