An 81 year old retired Co Limerick farmer who recently suffered a major heart attack when he was working in his garden was saved by a paramedic using thrombolysis drugs. It was the first occasion the drugs have been administered outside a hospital setting in the region.

Michael Geary, Bawnmore, Ardpatrick, was earthing up potatoes when he keeled over with chest pains. Family members rushed him to the surgery of Dr Judith Bugler in Kilfinnane. Dr Bugler immediately recognised the seriousness of the situation, instituted emergency treatment and requested an emergency ambulance. Two Kerry based paramedics, Shane Buckley, Killorglin, and Aidan O’Dowd, Tralee, who had been seconded to Limerick for advanced training arrived in a rapid response car with their trainer, emergency consultant, Dr Cathal O’Donnell, and Shane administered the clot buster under his supervision.

"Time is of the essence in a case like this. The faster the drug can be administered the less damage is caused to the heart muscles. In Mr Geary’s case, we administered the treatment about 50 minutes before it would have been possible to give this drug in hospital. By doing this we got blood flowing to Mr Geary’s heart much more quickly than if he had had to wait to be treated in hospital, lessening the damage to the heart and improving the chances of a good recovery”, said Dr O’Donnell.

“I’m grand now. I never had heart trouble in the past, just a bit of back trouble and I got a new knee joint about two years ago. I was earthing up Kerr Pinks when it happened and I’m determined now to try and make it to 90. I think going for the hundred and the President’s cheque might be a bit too much”, said Michael Geary. “I never drank or smoke. When I was young I used to see these oul fellas with their big pipes getting drunk and said I was never going to be like them”, he added.

“We’re all delighted with the way things worked out”, said Shane Buckley who works with the ambulance service in Tralee. “Now we’re looking forward to completing the advanced paramedic course here in the Mid West. It’s tough but fascinating and we’re hoping for the best”.

CONTINUED ON PAGE 9
Reconfiguration on track
one year on

The Medical Director of the plan to reconfigure acute hospital services in Limerick, Clare and North Tipperary has said that one year after the start of the project it is on track to achieving its objectives of delivering better quality and safer services to the public. Consultant surgeon Paul Burke said the region is setting an example of how reconfiguration works to provide safer care to patients with acute problems while also striving to make specialised services more accessible to patients in their local hospital.

“There is always a certain reluctance to claim that we have met all our targets but we can say that delivery of acute care is now being provided around what is best for the patient. This may sometimes mean an inconvenience for the patient but it is definitely safer and more sustainable”, he said.

“Significantly, while reconfiguration initially encountered much opposition at local level including politicians and GPs, there is now an emerging consensus of medical opinion that the changes to surgery and A&E were necessary and that the new model is working.

“At times, the larger volumes of patients presenting to the MWRH Limerick have created challenges for all departments and I would like to acknowledge the tremendous work that has been done by all the staff on the ground who continue to provide the highest level of care to all their patients. One has to bear in mind that these changes have been brought about against a background of significant economic restraint and it is remarkable what has been achieved by all the staff in the Mid West despite these difficulties.

“You will see in various articles in this newsletter how much progress has been made and, with your continuing support, I have no doubt that we will achieve our objectives of providing state of the art services in a modern health service,” he added.

In a review of the past year the HSE reported progress in the ambulance service, surgery, medicine, radiology, the recruitment of extra clinical personnel, and investment in infrastructure and technology.

Ambulance Service

In January 2009 twelve paramedics were recruited to the ambulance service to release advanced paramedics from their roster to operate the two new rapid response vehicles in Clare and North Tipperary. An additional fourteen paramedics were recruited in June 2009 to eliminate/reduce on call on emergency rosters. This measure will help improve response times.

Two intermediate care vehicles have been acquired to provide routine patient transfers to free up the ambulances for emergency work. A new helicopter pad has been constructed and is operational at the Mid Western Regional Hospital in Dooradoyle.

Progress in introducing the pre hospital thrombolysis programme which commenced on the 22nd March 2010 is reported on page 9. The quality indicator of ambulance performance is the response time within 8 minutes and there has been an improvement in response times for the region. Response times have increased from 17.33% to 19.24% for the first quarter 2010 compared to the same period 2009. Activity levels have increased for emergency and urgent calls by 16% for the first quarter 2010 compared to the same period 2009.

Acute Surgery

All acute surgery was centralised at the Mid Western Regional Hospital in Limerick in October, 2009, and a single department of surgery has been established for the region. All emergency surgery is now done at the MWRHL where a new dedicated emergency theatre has been commissioned alongside a newly built storage and administrative area. All major, cancer and complex surgery are now only performed in the Regional Hospital. Five day surgery and day surgery are performed in St John’s Hospital and day surgery in Ennis and Nenagh. It is planned to expand the range of operations done as day surgery cases as the new services become more established as outlined in other pages.

Medicine

A regional department of medicine has been established with representation from all hospitals in the Mid West. Professor Declan Lyons and Dr Con Cronin have been asked by Dr Barry White(National Director of Quality & Clinical Care) to lead out the changes in this department. Issues being addressed in the short term are the role and use of Acute Medical Assessment Units in all the hospitals, the development of a region wide acute cardiac service and the structure of an on – call rota involving all the medical consultants throughout the region.

The Acute Medical Assessment Unit (AMAU) in the MWRH Limerick has had its hours extended. Presently, it is seeing up to 30 patients daily who would otherwise have to go to the Emergency Department. The AMAU has an admission rate of less than 15% per day. This compares to an admission rate of around 40% for similar medical patients referred by their GPs.
to the Emergency Department. There is also an Acute Medical Unit in Ennis, Nenagh and St. John’s Hospitals and these are being managed by the medical teams on call. The GPs are still able to admit medical patients directly to Ennis and Nenagh hospitals over the 24 hour period. A clear protocol is in place to accommodate this.

Diagnastics

Access to diagnostics is a major factor in how long a patient stays in hospital. The introduction of a unified region wide diagnostics service is probably one of the most important features of the reconfiguration of acute hospital services in the Mid West.

Additional and replacement consultant radiologists are now joining the new regional department. Two new radiologists, Dr Marie Staunton and Dr Darren Brennan, took up post in St John’s in February with a 50 per cent commitment to the MWRLH. Drs Staunton and Brennan are now part of the new region wide department of radiology.

Three further radiologists, two of them representing new positions and the third a replacement post, have also been offered appointments with a view to commencing later in the year. This will bring the total number of consultant staff up to 13 for the region. Additional radiography staff have also been processed under reconfiguration.

CT scanners in Ennis, Nenagh and St. John’s Hospitals have now been commissioned. A second CT scanner has been put in place in the MWRH Limerick to increase diagnostic access for all emergency patients, as well as back up for the current scanner.

Supporting Care in the Community:

A number of new and enhanced services have been brought on stream under the direction of Ms Antoinette Doocey, Programme Advisor, Integrated Care.

Community Intervention Teams

Two new Community Intervention Teams (CITs) have been established in Clare and North Tipperary and the previously established Limerick CIT has received further investment to provide an expanded service over a larger geographical area. The service provides experienced nursing care to patients in their own homes, helps to prevent avoidable hospital admissions and facilitates early discharge from hospital. IV therapies and other expanded nursing practices are a core element of this service. The CITs provide a seven day service from 8am until 12 midnight to patients in both urban and rural locations and work closely with all acute hospitals, GPs, Shannondoc and Primary Care Teams in the region. The Mid West is the first integrated service area to provide regional CIT services.

- Clare CIT has provided care to 499 patients since the service started on December 21st, 2009.
- Since January 15th, 2010, the North Tipperary CIT has provided care to 327 patients.

Discharge to Home Unit

A Discharge to Home Unit (DHU) has been established in St. Camillus’s Hospital, Limerick. This unit admits patients who have been treated in the acute hospital but who require a period of non acute medical care and continued 24 hour nursing prior to final discharge.

In addition a number of beds in the Community Nursing Units are being reconfigured to become Community Response Beds. This new service will provide skilled nursing care for patients who require 24 hour nursing care and medical supervision for a short period (no more than 5 days) who would otherwise be admitted to an acute hospital bed in the absence of an appropriate care alternative. (See page 12).

Faster access for GP surgical referrals

The Surgical Assessment Unit at the Mid Western Regional Hospital Limerick commenced operation in September 2009. It operates on a Monday to Friday basis from 8am to 6pm. It is an initiative introduced to provide a rapid access facility for acute general surgical patients who are being referred by their GP or from one of the outlying hospitals where they have already been seen and are considered to require acute surgical assessment. Unstable patients and those in potential need of urgent resuscitation are still directed to the Emergency Department.

GPs in the Mid West can phone the Surgical Assessment Unit and send surgical patients there directly. It has enhanced the patient journey greatly thereby avoiding long waiting times in the Emergency Department. The efficiency of the unit is due to the dedicated surgical team and nursing staff that run it. There is immediate access to a senior decision maker through the on call surgical team of the week who are available exclusively for emergencies. The Surgical Assessment Unit has seen up to 2500 patients since commencement of operation. 53% of the patients seen required admission to Hospital and 77% of this group of patients are admitted to a hospital bed in less than three hours.

Orthopaedic, ENT, maxillo facial, urology and paediatric patients continue to be seen in the A & E department.
At the HSE contract signing for the €35 million Critical Care Unit at the Mid-Western Regional Hospital, Limerick were: from left: Joe Hoare, HSE Estates Manager Mid-West; Fergal Flynn, Acute Services Manager Mid West; Geraldine Shaw, Director of Nursing MWRH; Joe Molloy, Assistant National Director Capital Projects; and Anton Dempsey, Clinical Director MWRH.

The development of the Critical Care Unit is a major step forward in the reconfiguration of acute hospital services in the Mid West and follows on radical improvements in the provision of emergency care, diagnostics and acute surgery.

HSE chief executive, Professor Brendan Drumm, has said the developments now under way in the region are setting a headline for the rest of the country.

This is one of the largest capital projects being undertaken by the HSE this year and will provide the Midwest with a state of the art critical care facility. The overall project budget includes the construction of the new unit, a provisional equipping budget and an allowance for other costs associated with the project. Construction is due to commence in August. The project is due to be completed by the end of 2011.

John O’Brien, HSE National Director and Integrated Services Manager (Mid West) commented: “This project is a key element of the reconfiguration of our health services in the Midwest. It will provide essential critical and high...
dependency care for patients across the region and address safety concerns raised by HIQA and other external reviews of acute health care in the region."

Mr Paul Burke who is leading the reconfiguration project across the hospitals in the region added, “This new facility is a tremendous boost to the health care infrastructure of the entire Mid-West. It will help ensure that critical and coronary care services of the highest level will be available and easily accessible to all people of the region”.

The development, which will link with the existing hospital, will consist of a six storey block over two levels of basement car parking. A new 12 bed intensive care unit will be located on the first floor along with supporting accommodation. The second floor will provide a new 14 bed high dependency unit while the third floor will provide a new 16 bed coronary care unit. The fourth floor will accommodate a cardiac non-invasive investigations unit along with two catherisation laboratories and a nine bed day ward. The ground floor will be available for later development while the fifth floor will be required to accommodate the building services plant. Each level will have a floor area of approximately 1450 sq m.

The facility will be state of the art, meeting the highest infection control standards. Strong emphasis has been placed on the segregation of the different users of the building which is very important from an infection control perspective. The development includes 19 full isolation rooms spread over the first, second and third levels.

New plastic surgery service for Ennis

A new OPD/day surgery service has commenced at Ennis General Hospital, initially for two days a month, dealing mainly with skin lesions and minor plastic surgery conditions. Consultant surgeon Alan Hussey, who is based at Galway University Hospital, reckons the main benefit of the service is the improved ease of access it gives to Clare patients. “I would reckon to deal with eight to ten cases on the theatre list under local anaesthetic and up to twenty outpatients at each session,” he said.

Mr Hussey acknowledges that the impetus for establishing this new service came through a need being identified by general and colorectal surgeon Mr Eoghan Condon. A native of Ballina, Co Mayo, “because my father was in the Gardai and that’s where we ended up”, Alan trained in Ireland and the UK, worked in Melbourne for two years and then in the Royal Marsden before returning to Ireland. “My main interest are skin cancers especially malignant melanomas, breast reconstruction and hand surgery”, said Alan.
Mid West Health Update

Nenagh gets ready for endoscopy

Final preparations are now being made for the launch of full endoscopy services in a new €2 million state of the art suite at Nenagh Hospital. Building work in the new unit located in the old surgical wing is now nearing completion and the specialized equipment is being commissioned.

The endoscopy unit will be staffed within existing resources and in house training of nurses is now being conducted by staff nurse Patricia Ryan who has a Higher Diploma in Gastroenterology and a Diploma in Endoscopy Nursing. A training plan is in place to up skill staff to the necessary standards of care.

“One of the key benefits of opening this unit will be that it will enable us to carry out the full range of endoscopic procedures in a customized unit. It also means we will no longer have to use our operating theatres for endoscopy. The additional theatre capacity created will help us to expand day surgery in line with the reconfiguration plan. Overall, we estimate that it will treble surgical activity in Nenagh.

“Further, this brings vital services closer to the community. Waiting times for colonoscopy and other endoscopic diagnostic procedures will be greatly reduced and this is a key part of the reconfiguration process region wide”, said Director of Nursing Colette Cowan.

A submission has been sent to the National Cancer Control screening programme to be considered as part of a select number of hospitals for screening. The site has been inspected and a positive outcome is expected.

Lean system comes to region

A new approach to reducing waste and duplication in hospitals while improving patients experience of services is now being pioneered in the Mid West.

The Lean principles specify values from the standpoint of the core needs of the patient and the organisation’s responsibility to the taxpayer. The objective is to support the patient to move smoothly and quickly through each step of the care journey which best meets their needs.

Stores management and nursing staff supported by the Organisation Development Unit are using LEAN principles in the centralisation of theatre supplies and distribution within the Mid Western Regional Hospital in Limerick. Reorganising storage of clinical instruments and appliances in theatre has contributed to more effective use of resources, staff time and better risk management.

Working in partnership with the University of Limerick, the LEAN system has achieved significant reductions in a pilot project in one medical ward in the amount of time patients are waiting in the Emergency Department to be admitted to a medical bed. It has also resulted in increased numbers of patients being discharged home from hospital by 11am.
A new multi million euro technology system will bring state of the art electronic radiology to acute hospitals in the Mid West next year with consequent faster reading of scans and X rays and less inconvenience for patients.

In March 2010 the HSE signed a contract with McKesson Healthcare to provide 35 hospitals throughout Ireland with the new National Integrated Medical Imaging System. The Mid West Acute Hospital group will be among the first hospitals where the new system will be installed. Work has already started at national level.

Lead radiologist for the NIMIS Project, Dr Sean Darby commented “At present the projected “Go-Live” date is May 1st 2011. In radiology we are looking forward to this date notwithstanding the enormous amount of work that has to be done in the interim. When this new system is deployed it will enable the radiology departments of the six hospitals in the Mid West to operate as a single virtual department.

“No matter where imaging is done images will be available at any site for review by the referring clinicians and also for formal reporting by a Consultant Radiologist. As a Voice Recognition (VR) dictation system is part of the NIMIS solution it is expected that there will be significant reductions in turn around time for radiology reports. This major project will assist greatly in progressing towards a unified system of care across the Mid West.”

NIMIS will replace the ageing radiology systems in all our acute hospitals. In recent years everyone has become aware of the need for faster delivery of medical images to the radiologist for reporting. After NIMIS is installed radiologists will no longer be required at the same location as the radiology exam. A radiologist will have access to all images across the region and will be informed electronically when he/she is required to report on an X-ray or scan. The radiologist will have voice recognition software to report directly into the NIMIS system. Completed reports will then be electronically sent back to the Doctor who ordered the test.

The full benefits and capabilities of the NIMIS project can only be realised with the support and cooperation of all healthcare providers and administration staff across the region. The implementation of NIMIS will be supported by the provision of additional ICT systems focused on providing a unique regional and national patient identifier, an updated patient administration system and the ability to order tests and procedures electronically (OCM).

Alfie Jones, IT manager with the MWRH, said “The implementation of National Integrated Medical Imaging System (NIMIS) will transform the delivery of radiology services across the Mid West. The NIMIS project is the first in a series of national ICT projects designed to support the delivery of better quality and safer patient care across the region.”
A new nurse led clinic aimed at reducing risks by providing pre-operative assessment and screening of patients was opened recently at the Mid Western Regional Hospital, Nenagh. A pre-op assessment clinic (PAC) already exists at Ennis and St. John’s Hospital.

Assessing patients in advance of surgery presents a valuable opportunity to provide information and education along with carrying out essential investigations. It establishes that the patient is fully informed, wishes to undergo the procedure and is as fit as possible for anaesthesia and surgery.

The pre-operative clinic is a useful platform for health promotion and can have a positive impact on the individual patient’s life in areas such as smoking and drugs. It also helps the hospital to make maximum use of available resources and increase the efficiency of operating theatre time while reducing theatre waiting lists. There is a significant opportunity to use beds more efficiently through better management.

Currently day case rates are 12% lower than the OECD average with Irish inpatients typically having longer stays than many other countries. The National Bed Utilisation review showed that 39% of inpatients could be treated in a non acute setting on their day of care. The pre-operative assessment clinic supports this process of admission on day of surgery and a reduction in the length of stay. Pre-operative assessment also minimises late cancellations by ensuring that all essential resources and discharge requirements are identified.

Nurses play an essential role in screening as has been recognised by the Association of Anaesthetists of Great Britain and Ireland. Nurse-led pre-operative assessment involves taking a comprehensive medical history, physical examination, airway assessment, ordering appropriate investigations and carefully documenting the process and results. Equally, it provides an opportunity for the patient to participate in planning their care.

Nurse-led pre-operative assessment has been described as an essential feature of modern day surgery, contributing significantly to greater patient safety during anaesthesia/surgery. The nurse’s role is to contribute to the pre-operative preparation of patients by identifying patients with a high peri-operative risk, as well as assessing patients for suitability for day surgery. The PAC nurse communicates directly with the consultant anaesthetists at Nenagh Hospital on specific cases and the service alerts anaesthetists to patients who may have potential anaesthetic problems.

Consultant Anaesthetist Dr. Peter Hooker commented “The three Consultant Anaesthetists in Nenagh are strongly supportive of this initiative. It is a significant contribution to patient safety and an effective mechanism for ensuring optimal use of theatre resources. The opportunity to screen patients ahead of time allows appropriate scheduling, improves surgeons’ confidence in patient selection and decreases cancellations and postponements. The PAC is evolving in its role and the data is being collected for audit”.

It is also planned to expand this service to all endoscopy patients in the future and pre-operative clinics may be extended to include screening in other hospitals in the Mid West region.

The development of pre-operative pain management strategies along with developing a pathway of pre-operative care planning of people with diabetes are possibilities for the future development of the PAC Nenagh.

Finally, pre-operative management has been identified in many reports as a key focus in improving patient outcomes following surgery. Evidence shows when a patient is informed, prepared and able to participate and organise themselves for their journey through the health system, the outcome and follow-on effects are far more positive for both the patient and the hospital.

PRE-OPERATIVE ASSESSMENT CLINIC
Opening hours are: Mon.–Thurs.
9.30am -17.00pm.
A large increase in the volume of orthopaedic outpatient appointments and day case operations is now being reported at Nenagh General Hospital and surgeons say they are now preparing to replicate this trend in Ennis.

“It’s a question of utilising the capacity now available in these two hospitals as a result of reconfiguration. The advantages are obvious for the health service and more importantly for patients who will be able to have a wide range of day case procedures carried out more quickly and closer to their homes”, said consultant orthopaedic surgeon Brian Lenehan.

Brian’s appointment last September made him the sixth orthopaedic consultant in the Mid West. A native of Athlone, he was educated at St Aloysius College Athlone, and UCD Medical School. He completed his Higher Surgical Training in Orthopaedic Surgery in Ireland before moving to Vancouver General Hospital, Canada for his Fellowship Training in Spinal Surgery.

“Under the new regime I see elective orthopaedic outpatients in Nenagh every Monday morning and elective day case surgery on Monday afternoons. This includes arthroscopy, joint injections and carpal tunnel decompressions and hardware removals. This will be further expanded next September by my colleagues Mr Finbar Condon and Mr Dermot O’Farrell who will be doing elective day case orthopaedics in Nenagh every Thursday.

“We have put in place state of the art arthroscopy equipment and will be using the existing theatres. Theatre capacity will increase further when the new endoscopy unit opens in Nenagh. Ennis is one step behind Nenagh but we hope to basically duplicate there what we have rolled out in Nenagh and we are working closely with the hospital manager Frank Keane in this regard”, Brian added.

His final word “My specialist area of interest is the spine. GPs are now directly referring adult outpatient spinal cases to me and although we are starting off nice and slowly in the short to medium term the objective is to build a comprehensive spine service for the patients of the Mid-west”.

Pre-Hospital Thrombolysis was added to the Advanced Paramedics treatment regime in the Mid Western region in March. Currently there are 12 Advanced Paramedics in the Mid-West who have been trained and certified to administer anti-thrombolytic therapy to patients with acute Myocardial Infarctions. Another 9 Advanced Paramedics are currently in training. To receive this treatment a patient must meet strict, set criteria set out by the Pre-hospital Emergency Care Council.

Acute Myocardial Infarction happens when a clot blocks one of the coronary arteries of the heart, thus depriving a portion of the heart of oxygen rich blood, which in turn causes a portion of the heart muscle to die.
Getting rid of the bottlenecks by doing more with less

A central component of HSE strategy is to provide healthcare that is safer, more accessible, more effective and more responsive to patients’ needs. The challenges of increasing healthcare costs, finite and shrinking resources, and the need to meet rising expectations requires that we find new and innovative approaches to do more with less. To meet this challenge, we have to look at improving how we do our business to ensure that patients move more easily, efficiently and safely through the entire care system.

The HSE Code of Practice for Integrated Discharge Planning provides us with a compass to guide what we could and should be doing to better manage how patients move in, through, and out of our hospital system. In many ways, the discharge process acts as a lens which focuses on where bottlenecks are likely to occur either in the hospital or in the community or home setting. It is these bottlenecks that can so often cause delays for other people trying to get into a hospital bed and add to trolley waits for patients in the Emergency Department. Some of these are simple matters of arranging transport home for a frail elderly patient, organising prescriptions or follow up care, or applying for nursing home care in time.

The simple premise is that the sooner an acute bed is vacated by the person who has finished their acute care, the sooner the next person can be accommodated in it.

We have looked critically at our processes and systems in the hospital setting with a view to improving how we deliver the service. This has resulted in a number of changes which have strengthened the role of the Medical and Surgical Assessment Units to facilitate a higher admission rate from Emergency Departments while still dealing with direct GP referrals. We have introduced the use of visual aides such as white boards on in-patient beds which show the expected day of discharge to facilitate better communication, planning and timely discharging of patients.

We have also put in place clear procedures and processes around the use of Assessment and Intermediate care beds in all statutory residential care settings to ensure we use our bed stock optimally and, after initial teething problems, have brought about improvements in the processing of Fair Deal applications. We are introducing a system of delegating the discharge authority to other clinical teams and practitioners within agreed protocols and seeking to learn from industry in how they have used a range of quality tools and practices to support improvements in patient flow through the hospital and especially between the Emergency Department and wards. We have been supported in doing this by colleagues in the University of Limerick.

We have also recognised the importance of the primary and community services in maintaining people at home or in supporting them in getting home earlier from hospital. The enhanced region wide community supports developed under the direction of Antoinette Doocey have already been described on page 3.

The Discharge to Home Unit established at St Camillus mentioned earlier in this update will help to facilitate earlier discharge from acute hospitals. The new community response beds such as those in Raheen (see page 12) will help facilitate direct admission by GPs of patients who require 24 hour nursing but not acute clinical care and thus avoid admissions to acute hospitals. It is estimated that 95 acute bed days have already been saved in the first months of operation.

Already we are seeing significant improvements in the times that people have to wait in Emergency Departments when compared with the same periods in 2009. For example, in June of this year there is an improvement of 89% in the number of people waiting over 12 hours in the Emergency Department in the Regional Hospital, Dooradoyle when compared with the June 2009 and a 100% improvement in waits greater than 24 hours.
More than two million people can now avail of ‘one stop shop’ health and social care through local Primary Care Teams. This growth in local access reflects HSE’s ongoing plans to expand local services so that the public can get up to 90% of the care they will ever need from within their local Primary Care Teams.

There are currently 246 Primary Care Teams in place supported by 3,400 staff and 890 GPs. The target is to have just over 500 in place by 2011; one for every 8,000-10,000 people.

Professor Brendan Drumm, CEO said: “We are modernising hospital services, building more community services, achieving better value, supporting clinical leadership and driving what I hope is unstoppable progress towards our goal of a fully integrated and predominantly community based service. Primary Care Teams (PCTs) are unlocking Ireland’s potential to deliver a first class community based health service and reduce our over dependence on acute hospitals.

These teams provide an easy access point to local health and personal social care services such as GPs, physiotherapy, public health nursing, diagnostic services, occupational therapy, speech and language therapy services, community welfare and support for chronic illnesses such as diabetes, asthma etc in a full integrated way.

Limerick now has eight primary care teams established and three in development; the comparable figures for North Tipperary/East Limerick are six and three and Clare has a total of twelve teams up and running.

The East Clare PCT comprises five GPs and 13 existing HSE staff who provide services to a population of approximately 9,750 people, a large proportion of which is elderly, over a wide geographical but sparsely populated area taking in Scarriff, Tulla, O’Callaghan’s Mills, Broadford, Bodyke, Tuamgraney, Ogonnellloe, Mountshannon, Whitegate and Feakle.

Dr Conor McGee, Scariff PCT GP said “The basic premise behind the establishment of Primary Care Teams is that more services will be available locally e.g. physiotherapy or blood tests for Warfarin, which are services that are now available in the area. Previously patients would have to travel to Ennis or Limerick for these services. If you also consider the travel time, hospital staff hours, laboratory time and more particularly how the patients and their families/carers may have to organise their lives around appointments, having these services available locally is very significant. It certainly has improved access to services and the quality of people’s lives; clients are seen in a more timely fashion by health care professionals whom they are familiar with, thereby often resulting in a more satisfactory outcome for both client and health care worker.”

The members of the East Clare Primary Care team are based in a number of locations including Scarriff Health Centre, Scariff Medical Centre, Tulla Health Centre, Limerick Community Nursing Unit. Additional staff have been appointed to support the Team including a Physiotherapist, a Registered Nurse, and an Occupational Therapist, while additional staff such as the newly appointed Speech & Language Therapist and Podiatrist will support more than one Team.
A new system of bed management at Raheen Community Hospital in County Clare has shown how, with health service funding under pressure, limited resources can be more efficiently deployed to give a better service to patients and keep them closer to home.

Two beds at the hospital, located just outside Scarriff, have been designated as community response beds and are now being used to relieve pressure on acute hospitals in the Mid West. “The key to what we are doing is flexibility”, said Director of Nursing Maggie Atkinson. “The beds are for a defined limited period of 72 hours which may be extended in exceptional circumstances to a maximum of five days. We work closely with our medical officer, Dr Manus McGuire on each individual case and if a particular patient requires extra support they can be moved into a respite bed so as to ensure that response bed does not get blocked.”

“The first patient admitted to one of these beds was an elderly man living in an isolated rural area of East Clare. Our medical officer, Dr Manus Maguire, was covering for Shannondoc and he brought the patient to Raheen at 6.30 pm to admit him for oral antibiotic therapy and nursing care.”

“Persons requiring admission to CRBs must present for admission Monday to Friday between 9am and 3pm. However, we have accepted patients out of hours and at weekends in exceptional circumstances”, she added. “Typically, a patient has been in an acute hospital for treatment and requires further medical or nursing care before going home. Friends and relatives have less travel and it helps patient morale quite apart from relieving the pressure in the acute hospitals”.

“One example might be that of an elderly person living alone who fell, was treated for a fracture and admitted to one of the community response beds before transferring on for respite and then being discharged home following physiotherapy”, she added.

Dr. Manus McGuire, a local GP who is the Medical Officer for the hospital, has medical governance for the CRBs and is responsible for the provision of a continuous service including weekends and night cover. “Protocols for admission have been agreed with nursing management and so far the system has been working well. As and when funding becomes available, we would hope that the system might be expanded”, he said.

Raheen Community hospital is a 30 bed residential care unit for older people in East Clare. It also has 19 continuing care beds, 2 assessment beds, 5 respite beds and 2 palliative care beds. Equally it provides a 7 bed supported living accommodation centre onsite. An active local support group, Friends of Raheen Hospital, has done remarkable work over the years in helping to transform the hospital which is located in what was once a large country house owned by the MacLysaght family.

To date 13 patients have availed of the new service and all were referred through the medical officer. In total 53 bed days were used through community response supporting acute hospitals. Patients transferring here post acute hospital episode received further medical/nursing care thus preventing readmission to acute hospital.

Patients who require extra care after the initial five days are moved to respite beds. This decision is made by the Medical officer and Director of Nursing based on the person’s specific needs. Reasons for these actions include waiting for a bed in another hospital or the need for extra medical and/or nursing care to ensure that the patients were well enough to return home. This added an extra 40 bed days to the 53 days clocked up through the community beds. The Community Response Bed service is being progressed through all HSE residential units in the Mid West.