

# ***Roscommon Hospital***



## **Roscommon Hospital – developments since July 2011**

As a model 2 hospital, Roscommon provides extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point of care testing and radiology) and palliative care.

The future growth in healthcare will be in the areas of ambulatory care (including chronic disease management and day surgery), diagnostics and rehabilitation and model 2 hospitals will specialise in providing these services. As such, Roscommon Hospital's activity levels will increase in the coming years to meet the changing health requirements of the population. Already Roscommon Hospital has demonstrated the essential role that a model 2 can play as part of a Group of hospitals.

Roscommon has focused on providing "local excellence" since the change of services in line with a model 2 profile. This means that the treatment and care now provided at the hospital is most appropriate to the size of the hospital and the local expertise. The hospital is delivering a range of services that can be performed in a

smaller hospital in a safe and sustainable manner including high volume, day case care.

**Construction of a New Endoscopy Unit** - An allocation of €5.5 has been approved for this development, which will be located over the existing Urgent Care Centre (former ED).

**Development of the Endoscopy Suite** – The planning application was submitted on the 23 January 2013 and granted in June 2013. The tender process for a building contractor has completed and a builder is in the process of being appointed. Construction is expected to commence in June 2014 and will take one year to build.

The new facility will increase the capacity of the hospital from 16 procedures per day currently to 30 procedures per day or 6,000 per annum.

**Endoscopy JAG Accreditation** – achieved in November 2012; Roscommon Hospital is now an approved centre for colorectal screening under the governance of the National Cancer Screening Service.

**Endoscopy Global Rating Scale** - The endoscopy service at Roscommon Hospital maintains the highest possible standards of care for its patients. These patient centred goals are best described by the **Endoscopy Global Rating Scale (GRS)**. The GRS endeavours to maintain standards in clinical quality, patient experience, workforce and training, ensuring standards in areas such as the comfort and dignity afforded to the patient, the timeliness of the procedure, the quality of the procedure and the speed and accuracy of communication with the patient and the referring doctor.

**Endoscopy Direct Access Service** – In 2013 a direct access service was set up for GPs who can directly refer patients for an Endoscope without having to wait for an Outpatient Appointment. This has greatly enhanced access to the service for patients.

**Examples of other new services at the hospital include:**

**Plastic and Reconstructive Surgery.** Lead – Ms Deirdre Jones, Consultant Plastic Surgeon, GUH.

- Commenced at the end of 2011 and the service was extended to 2 days a week in 2012. This service is growing with 40 patients booked for each day of clinic significantly improving access and reducing waiting times.
- In 2012 there were 198 skin cancers surgically treated at the hospital.
- Introduction of a “See and Treat” model whereby patients attending can be assessed and treated in one visit rather than having to return for treatment at a second appointment.

**Sleep Studies.** Lead - Dr Imran Saleem, Consultant Respiratory Physician, Roscommon Hospital.

- Commenced at Roscommon Hospital in March 2012 and this service is linked with the sleep study centre at Merlin Park University Hospital.
- Patients are booked for admission from Monday to Thursday night for the sleep study and if sleep apnoea is diagnosed they are readmitted for CPAP training (device to aid airway management during sleep).

**Rheumatology Telemedicine Service** – started in October 2011 and involves a computer link-up between patients in the Outpatient Department at Roscommon Hospital and Consultant Rheumatologists in Merlin Park University Hospital, Galway who are able to discuss and review patients' conditions with them and they no longer need to travel to Galway for their outpatient appointments. This service recently won the "Best use of Health Technology" award at the Irish Medical Times 2013 Healthcare Awards.

**Radiology Upgrade** – The project to upgrade the X-ray system to allow doctors to electronically view and share X-rays quickly and easily went live in August 2012. This means that Roscommon Hospital can offer increased diagnostic services to patients from Roscommon who attend Consultants based in Galway.

In addition it means that Roscommon is now providing CT scans for suitable patients who are on the waiting list for scans at GUH, as another example where all the resources of the Group are used to facilitate best patient care.

A new **Ambulatory Care and Diagnostic Centre (ACAD)** opened in February 2013. The new centre provides diagnostic services and day surgery (mainly plastic surgery) under local anaesthetic. Approval has been granted in 2014 for additional nursing staff to be appointed so that the centre can open 5 days per week (currently open 2 days).

**Varicose Vein Surgery Service** – A one stop shop for patients suitable for surgery was set up which means that patients have their Doppler test (to check blood flow through a blood vessel) done and a date given for surgery on day of their OPD appointment.

**Ultrasound guided foam sclerotherapy for the treatment of varicose veins:** Later in 2014 a new Vascular Surgeon, Prof Walsh will set up a new service in the ACAD – for sclerotherapy. This is a day treatment for varicose veins – used extensively and successfully in the UK.

**Urology Day Surgery:** In 2014 day case urology surgery will commence in Roscommon Hospital.

**Dental Service:** The service to provide dental treatment for adults and children with special needs while under general anaesthesia was extended in September 2012.

**Additional staffing:** In the last two years staff recruited include staff nurses, a Director of Nursing, Assistant Directors of Nursing, a Consultant Respiratory Physician, a pharmacist, staff nurses, a physiotherapist, a speech and language therapist, an accountant and clerical officers. In addition, two new Clinical Nurse Specialists have been appointed; one for colorectal screening and one for elderly and stroke care. Also, all vacant ward nurse manager posts have been filled or are in the process of being filled.

**Nursing Initiatives** are underway to enhance the care provided by nursing staff to include

- **Nurse Prescribing** – Now available for diabetes, palliative care, warfarin, pre-op assessment, cardiac rehabilitation, respiratory specialities.
- **Nurse X-ray prescribing** – 4 UCC and MAU nurses have completed course and associated paperwork and are awaiting authorisation from National Team to allow them prescribe independently. In addition, two more staff are currently doing the course.
- **Nurse led clinics** – Aim to introduce diabetes, respiratory and cardiac rehab nurse-led clinics.
- **Advanced Nurse Practitioners** in Diabetes, Plastic Surgery and Urgent Care/Minor Injuries are in 2014 Service Plan and candidates will be selected.
- **Nursing and Midwifery Board of Ireland Assessment** – In 2013 Roscommon Hospital was reaccredited for student nurse training and in addition to taking students on placement from GMIT in Castlebar, the hospital will also now take students on placement from NUI Galway.
- **Productive Ward Initiative** – Progressing well in two wards. The aim of this initiative is to release time to care by redesigning wards and work practices etc. Nurses from Roscommon presented at a recent National Productive Ward Conference in Dublin. The Productive Operating Theatre and UCC are the next sites for introduction of Productive series which is planned for mid-2014.

**The Roscommon Hospital Western Regional Specialist Rehabilitation Unit** in association with the National Rehabilitation Hospital.

- A business case for a capital development on grounds of the hospital was submitted to national capital steering group in July with follow on information submitted in October 2013.
- In January 2014 approval was given to develop the unit to Stage 1 design.
- Approval was given to recruit a Rehabilitation Consultant. However following the interview process the successful candidate declined the job offer. The post will be advertised shortly

### **Roscommon Hospice**

The Roscommon Hospice will be an eight bed unit and will be in the second phase of the development of two palliative care hospices; one for Mayo and one for Roscommon. The Roscommon Unit will be located on the grounds of Roscommon Hospital. Negotiations with the Mayo Roscommon Hospice Foundation, HSE and the Department of Health on the two facilities are well advanced, however due to finance and design issues both hospices can't be undertaken at the same time.

**GP meetings** – three meetings are arranged per year as educational sessions and an opportunity to exchange ideas and discuss developments at the hospital. The meetings earn the participating GPs CME points.

## **Roscommon Hospital as part of the West / North West Hospital Group**

### **Roscommon Hospital and the Group Waiting list targets in 2014**

The Hospital Group faces a major challenge in 2014 to meet the new OPD waiting list target that no patient will be waiting longer than 12 months for an appointment. In addition, the inpatient waiting list targets mean that adults must be seen within 8 months. These targets are the main focus of attention for the Group this year and can only be delivered on by maximizing all the resources of the Group; Roscommon Hospital is carrying out day case and elective surgery cases from the GUH waiting list this year to support the Group's effort to meet the waiting list targets.

### **Change of service emphasis since 2011**

	<b>Inpatient Discharges</b>	<b>Day Cases</b>	<b>Outpatients</b>	<b>ED</b>	<b>UCC</b>	<b>MAU</b>	<b>ED/UCC /MAU totals</b>	<b>Endoscopy (included in day case)</b>	<b>WTE</b>	<b>Head count</b>	<b>Expenditure €m</b>
<b>2010</b>	4,741	3,798	13,212	13,349		Inc in ED	13,349	1,698	325.90	370	22,273
<b>2011</b>	3,565	3,789	12,836	6,722	2,655	Inc in ED & UCC	9,377	1,708	301.37	349	21,230
<b>2012</b>	1,896	5,133	14,855		5,940	Inc in UCC	5,940	2,340	285.16	328	18,399
<b>2013</b>	2,011	5,337	15,455		4,261	917	5,178	2,388	281.92	320	17,820

**Note change of emphasis from inpatient to day case and outpatient service.**

### **Governance**

As part of the West / North West Hospitals Group, Roscommon Hospital falls under a newly established governance structure, a Clinical Directorate structure and a Quality and Risk support structure. The hospital's General Manager, Elaine Prendergast is a member of the Executive Council of the Group along with the General Managers of the other five hospitals which means that Roscommon Hospital is on par with the Model 3 and Model 4 hospitals in decision making for the Group.

As part of a Group of hospitals, Roscommon Hospital has benefitted by:

- **A reduction of net expenditure** of €4.45m between 2011 and 2013; the majority of the savings relates to reduction of agency staff by 88% as the hospital now concentrates on providing core services to fit the staff complement.
- **Efficiencies in purchasing power**, for example benefitting from lower price per drug that GUH is able to negotiate. In addition during the past year the hospital has benefitted from price efficiencies for medical and surgical supplies of €197k, laboratory costs of €119k, blood products - €70k and x-ray supplies – €30k.
- **Infection Control Management** – An Antimicrobial pharmacist and Consultant microbiologist now provide a service to Roscommon Hospital.
- **Fast-tracked x-ray upgrade** which introduced an electronic link for x-rays between RH and GUH.
- **Staff flexibility** for example last summer there was a shortage of nurse managers in Roscommon Hospital due to leave and nurse managers from PHB provided cover which was an excellent learning experience for all involved. Also over the last two years theatre staff from Roscommon Hospital worked in GUH to provide cover when required as part of a Group approach to maximising resources to benefit patients and one nurse went to the ED at Sligo Regional Hospital to assist when the hospital was providing service for patients from Letterkenny in the aftermath of the flood.

### A little bit of interest.

Roscommon is the 9th largest of the 32 counties of Ireland by area and the fifth least-populous county in Ireland. The county borders every other Connacht county (Galway, Mayo, Sligo and Leitrim). The population of the county is 64,065 according to the 2011 census.<sup>1</sup> In 2008, a news report said that statistically, Roscommon has the longest life expectancy of any county on the island of Ireland.

Roscommon offers peace and tranquillity in an idyllic landscape of lakes, rivers and wooded countryside. Water sports and angling. There is a rich heritage of early colonization in Roscommon with many burrens and bog lands are found in the west of the county providing turf for winter fuel. County Roscommon boasts a beautiful countryside boasting an abundance of wild flowers, native trees and wildlife. Lough Key Forest Park near Castlebar, Elphin & Strokestown. Being located in the centre of Ireland, Roscommon is easily accessible from all directions. The nearest airport is Ireland West Airport in Knock. Roscommon is well served by an efficient service across the county. Dublin and Dun Laoghaire are the nearest seaports.

Other local attractions are a very well laid out 18 hole golf course, a well equipped Leisure Centre, plenty of accommodation, reasonably priced, available to rent or buy. The town is well served with some excellent cafes and ethnic restaurants. All are very welcome.

9<sup>th</sup> June 2014



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