St. Mary's Campus, Phoenix Park, Dublin 20

Digital Improvement Project 2019



Type of services provided

- One of the largest providers of Older persons services nationally
- Sub Acute Short Stay Hospital Beds 75 beds
 - 22 Post Acute Rehab
 - 20 Transitional Care

10 Stroke Rehab 8 Respite

15 Community Response

- Residential Service Phoenix Park
 Community Nursing Units 150 beds
- Day Hospital / Community Services / X-ray
 / DXA Scan/TILT assessments

Activity 2018

Admissions

Main Referral Sources

 Clements 	156	Mater Hospital
• Elms	123 CR	Community Geriatricians
	207 TC/Res	Community and Acute
 Isolda 	40	Mater Hospital
 Rosal 	114	Beaumont/Connolly/Mater Hospitals
Short Stay Admissions: 640		
PPCNU	57	Multiple sources
Total Admissions:	697	

Unique Service Points

- Sub Acute Hospital to be inspected By HIQA Q3 2019
- Consultant led service with NCHD's 24 hour medical cover
- High level of nursing care with capacity to manage acutely ill patients.
- Clinical Nurse Specialists (CNSp) on site : Tissue Viability, Infection Control, Stroke, Gerontology, Dementia, Continence promotion
- Advanced Nurse Practitioner, Care of Older Adult Community
- Diagnostics including X-ray, DXA, TILT
- Phlebotomy Services with off site laboratory diagnostics.
- Blood transfusion service under the governance of MMUH
- University links to DCU ,Trinity ,UCD undergraduate and post graduate clinical placements

Unique Service Points (continued)

- Integrated Care Programme for older persons direct admission pathway from the community
- ED/acute hospital avoidance
- Supporting the older person through a fully integrated patient journey with Full MDT on site
- Medical management of acute illness Early Warning Score & Sepsis forms
- Low level of transfers to the acute hospital
- NHSS applications with CSAR
- Local placement forum meeting on site
- National Frailty Education programme on site
- Falls prevention programme- Forever Autumn

Integrated Care of Older Person

- St. Mary's Hospital has fully operating the integrated care services and pathways.
- Shifting the delivery of care away from acute hospitals towards community based ,planned and coordinated care.
- Aim : improve the quality of life for older persons by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes and communities

Clinical Case Managers (CCMs) and ICP OP

- Outreach function into community
- Responsive to community services to avoid unnecessary admissions to acute care
- links the community and acute services
- Acts as a point of contact for patients & families & coordinate care.
- Develop a longer term care plan which anticipates future care needs.

Patient Profile for CCMs

- The older person must be Over 65 years.
- Complex medical /social issues,
- Medically frail .
- Under the care of a Geriatrician
- Reside in the catchment area of CHO9
- Sites CCMs are linked to
- Connolly Hospital
- Cappagh Hospital
- St. Mary's Hospital & Mater Hospital

CCMs -Bridging link with all health care providers and community services

• Home Visits.

- Obtain information re: patients medications ,laboratory blood results , patients history , contact details , scheduled appointments
- Coordinate appointments and arrange transport for appointment
- Achieve this through communication , building relationships with patients , carers, geriatrician and services.

How will Digital project improve patient care in the context of ICP OP ?

- St. Mary's Hospital is uniquely positioned to trail the development of how digital health care can support integrated care linking technology functions to activities of integrated care
- **Digitalisation in Health Care:** Transfer of data from an analogue, often paper, to a digital data carrier.

Our project will focus on:

- Appointment of a CNM2, Digital Project lead funded by NMPDU for 1 year.
- Focus of following the patients journey.
- Mapping the communication requirements to ensure the patient is treated in a timely and efficient manner.

St. Mary's Hospital Vision for CCMs

- Increased safety & quality of care.
- Increased alignment of data exchange of digitised health data
- Access to Single Assessment Tool.
- Increased access to real time mobile data
- Medication reconciliation access to meds on line
- Support of remote working by staff in the community settings
- Cultural readiness and support for nurses to embrace changes

Opportunity Knocks 2019 !

"There is no doubt the future is bright as more and more enlightened health care providers and service users embrace the new digital world ,& therefore benefit by getting the best possible care when Caring and Technology meet"