

National Audit A Hospital Manager's Perspective

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Opening Comments

- Proud that Beaumont was involved in this audit
- Among the most sophisticated audit approaches undertaken
- Shows how well we are doing as well as where we need to improve
- Charts a way for Ireland to become a leader in end-of-life care within the EU
- Striking the extent to which staff facilitate relatives to be with dying patients

Issues with particular relevance to Hospital Governance (pgs 24-30 Executive Summary)

- End-of-life objectives in the Hospital's Service Plan
- Move from emergency to planned admissions
- Improve the Hospital's environment and usage of single rooms
- Improve documentation in the healthcare record

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- Ensure sufficient ward staff
 - Improve hospital information systems
 - Facilitate patients to die at home

End-of-Life Objectives in the Hospital's Service Plan

- Senior manager with designated responsibility for all end-of life issues
- Multi-perspective and multi-disciplinary committees coordinating efforts around development plans
- End-of-life care development role (full or PT)

Move from Emergency to Planned Admissions

- Direct GP access to medical assessment units / short-stay wards
- Use of day hospitals for elderly

Improve the Hospital's Environment and Usage of Single Rooms

- Small capital grants scheme could help to improve environment for end-of-life care; opportunities around fundraising
- Audit identifies many opportunities for improvements in infrastructure that can be prioritised and delivered over a 2-3 year period
- All new facilities should be built using these standards as a guideline
- Audit suggests that great efforts are made by ward staff to find single rooms when people are dying – shows they recognise the importance of privacy and dignity. The small number of single rooms presents challenges.

Improve Documentation in the Healthcare Record

- This is a challenge not just in relation to end-of-life issues but in documenting all elements of the patient's stay in hospital. Nursing documentation is very good. Education needed for other healthcare professionals.
- A system for review of deaths. This would allow hospitals to measure their compliance with the standards and could also involve bereaved relatives to input their views and experiences.

Ensure Sufficient Ward Staff

- Significant challenges in the current climate
- There are opportunities for healthcare assistants to play a greater role; currently upskilling their role
- Audit suggests that 25% of people who died may have been unaccompanied. There are other services, e.g. pastoral care / trained volunteers, who might be used. This needs further examination.

Improve Hospital Information Systems

- New IT systems are planned. Need to examine how they could support end-of-life care
- Need to ensure integration of systems both within the hospital and within the health system

Facilitate Patients to Die at Home

- Hard to get into a hospital but can also be hard to get out
- Identifying people at risk of dying for (advance) care planning
- Improve links between hospitals and primary care
- Need to accelerate the integration agenda
- Outreach teams from hospitals

Concluding Comments

- Need for greater collaboration between acute hospitals and between acute and primary sectors
- Improving end-of-life care can be a way to wider culture change
- Large hospitals can get end-of-life care right
- Need to develop a 'critical mass' of people championing change in end-of-life care
- End-of-life care can move 'from the margins to the mainstream' if hospital multidisciplinary management teams, including clinical directors, are willing to learn from this audit