



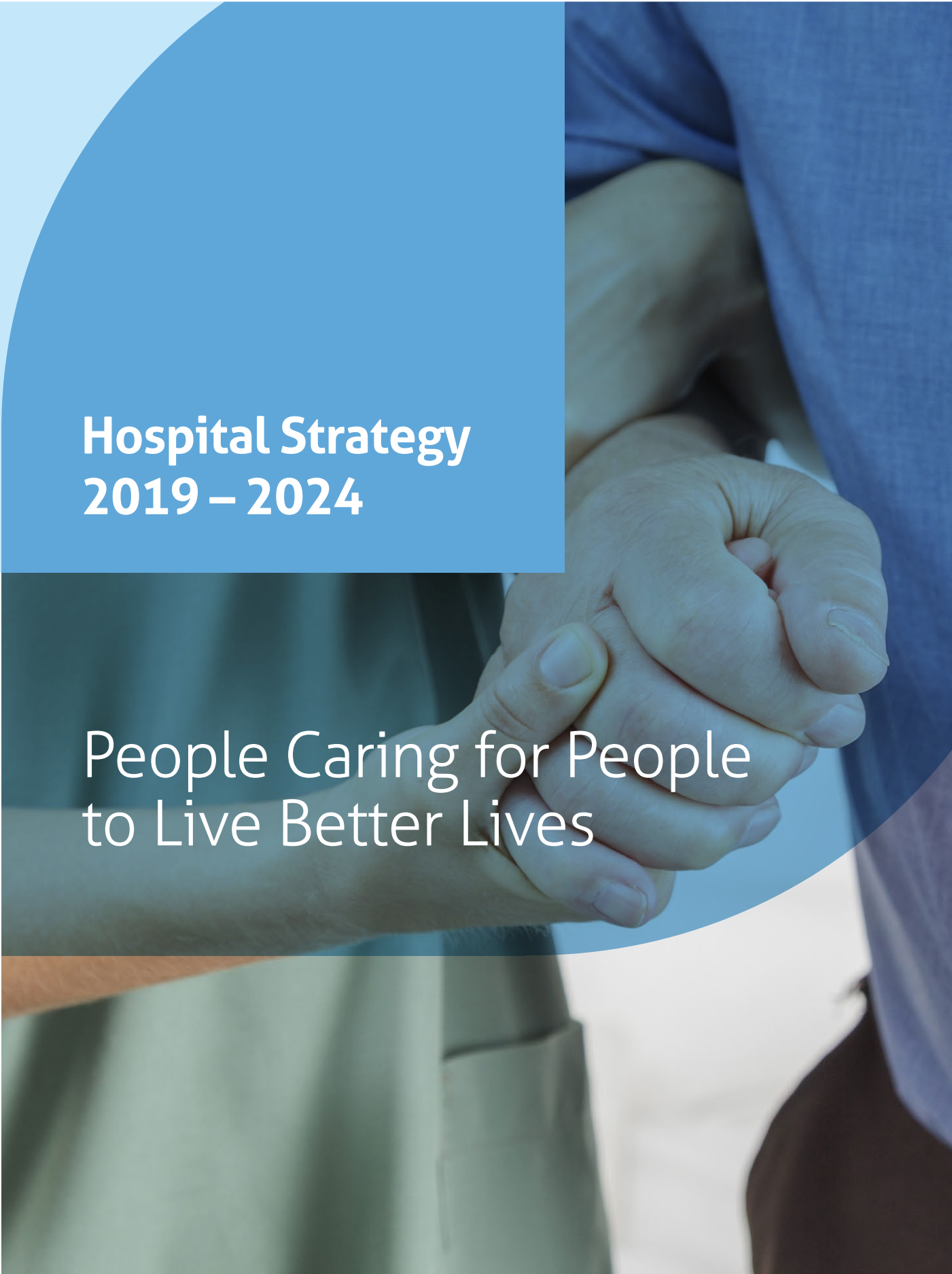
Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Hospital Strategy 2019 – 2024

People Caring for People
to Live Better Lives



Tallaght University Hospital 2018 at a Glance

420,640

PATIENT EPISODES OF CARE



163,136

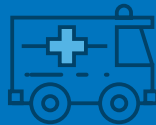
Diagnostic
images taken



Over 1.25m

tests were processed by the Laboratory

Numbers attending the ED by ambulance
increased from approximately 9,000 in
2014 to over **10,719**



Patient Activity

Adults & Children

83,508

ED Attendances

24,268

Inpatient Admissions

267,623

Outpatient Attendances

45,241

Day Case Admissions

An Academic
Teaching Partner of
Trinity College Dublin



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



€244.9m

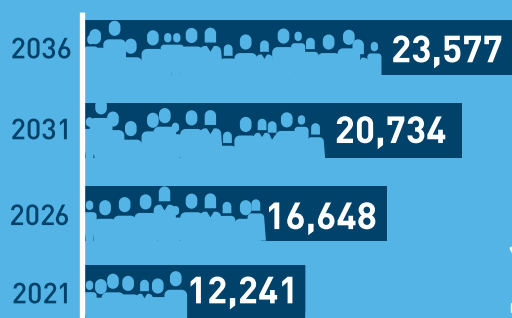
Hospital Financial Outturn

Catchment population
of approximately

650,000

80% of which are located
in South Dublin and parts of
Kildare

Population in South Dublin
- future projection



increase
2016-2036
163%

Contents

TUH Strategy at a glance	3
1. Foreword	4
2. Introduction	6
3. Strategic Context	7
4. Our Vision, Mission and Values	8
5. Strategic Priorities	10
5.1 Access	12
5.2 Integrated Care	15
5.3 Enhanced Infrastructure	19
5.4 Digital Enabled Care	22
5.5 Research & Innovation	28
5.6 People	29
6. Strategy Implementation	34
Appendix A	35
Appendix B	36
Glossary of Acronyms	37





Access

Shorter waiting time for elective and emergency patients

- Better access through patient flow improvement



Integrated Care

High quality care in the right place, delivered by the right people at the right time

- Re-orient models of care towards a patient perspective



Infrastructure

Improved infrastructure for our most vulnerable patients and forecasted population growth, to improve access and deliver excellent care

- Expanded ICU, 72 bed ward block, Offsite day surgery



Digital Enablement

Transform care delivery through programmes of digital enablement

- Electronic Patient Record - a single view of the patient record & Intelligence led healthcare
- Digital information sharing & Mobile Enabled solutions
- Patient Portal

TUH Strategy



Research & Innovation

Build a reputation for translational research, implementation science and innovation

- Research Strategy 2020-2023
- Innovation Hub & Framework



People

Attract, develop and retain top talent as an employer of choice

- HSE 'Values in action' programme
- Competency-based workforce planning framework
- Employee experience
- Learning & Development Strategy 2018-2021



*Lucy Nugent, Chief Executive Officer
and Liam Dowdall, Chairman*

Foreword

Welcome to Tallaght University Hospital's strategic plan 2019 – 2024 which outlines the key priorities for the Hospital over the next five years.

As a model 4 hospital we are cognisant of our role as a provider of national and tertiary services but also of our role in the local community. The Hospital has worked hard to develop strong working relationships with community partners and across the wider health system. Working to a vision of people caring for people to live better lives, our strategy reflects a continuation of that effort with our patients, their families/carers and health partners to achieve a truly integrated care approach to every service we provide.

A key aim is to improve access to our services. The strategy includes a combination of care pathway redesign, digital enablement and capacity investment actions aimed specifically to improve wait times. This strategic approach will consolidate the Hospital's position as a leader in integrated care. Given our unique position within a vibrant community and the growing Tallaght health quarter we will strive to fulfil the potential truly to be a hospital without walls.

As an academic teaching hospital of Trinity College Dublin, we value the important role we play in educating and training future healthcare leaders. We want to foster a culture of innovation and research as a means of ensuring that we provide the best care options possible in an environment that is fit for purpose and uses enablers such as developments in digital health technology.

We recognise the need to demonstrate value for money and a continuous quality improvement focus in everything we plan and do. However, the successful implementation of this strategic plan is somewhat reliant on the external environment particularly in relation to the funding the Hospital needs to succeed. In the absence of multi annual budgeting it can be challenging to plan more than one year in advance and the Hospital is dependent on the support of philanthropy, the Health Service Executive and the Department of Health in achieving the projects outlined in this plan.

This Hospital is no stranger to challenging times but as we have demonstrated in the past, we are open to and ready for change. This can be attributed to the calibre and commitment of the management and staff who work together to improve and provide the best possible care to the patients we care for.

Whilst the Hospital continues to experience financial challenges we will continue to advocate for a “right sized” budget for the Hospital as the major health provider in our region and to ensure we deliver on this strategy for our patients.

We value our staff and recognise the need to support and develop them during their time working with us which is reflected in our people strategy. Without the support and involvement of TUH staff and the Board of Directors in the development and implementation of this strategy, it will be no more than a paper exercise and we would like to take this opportunity to thank them for their ongoing support and commitment to the Hospital.

This Hospital is no stranger to challenging times but as we have demonstrated in the past, we are open to and ready for change. This can be attributed to the calibre and commitment of the management and staff who work together to improve and provide the best possible care to the patients we care for. We also acknowledge the ongoing support of our Foundations who have been key in supporting many of our research and quality improvement initiatives.

This plan is ambitious but it is based on a robust analysis of population trends, current and future demands for healthcare and aligned to the anticipated policy changes under the Government’s Sláintecare programme. We look forward with the support of our staff, our community and various stakeholders to improving the care provided to patients both inside the Hospital and within the community we serve.

Liam Dowdall
Chairman

Lucy Nugent
CEO



Introduction

Tallaght University Hospital (TUH) provides national and tertiary services to patients from all over the island of Ireland.

However, it is the Hospital's immediate catchment area's unique demographic profile that has the greatest impact on hospital services. In 1972 the Dublin County Development Plan saw Tallaght earmarked as a new town aimed at easing city congestion. This resulted in an influx of young families who are now aging collectively, leading to a predicted population growth of 322% in those aged over 75 by 2036. This is in stark contrast to the anticipated national growth of 105%. Some of the highest rates of growth are also in areas of high relative deprivation with a high incidence of chronic disease and a relatively poor primary care infrastructure.

Older people are higher consumers of health services, so these demographic changes will increase demand for these services. In addition, the 2016 Census indicates a population of almost 644,000 people in the three main areas served by the Hospital – South Dublin, Kildare and West Wicklow. This is an increase of over 31,500 in the last five years. Notably, Saggart and Rathcoole were the fastest and 2nd fastest growing urban settlements in the country.

With the planned construction of additional private and social housing schemes in the surrounding areas, this population growth will accelerate further.

TUH was originally designed as a 650 bedded hospital but due to budgetary constraints at the time 120 beds were cut from the final build. Since opening, the Hospital has experienced ever-increasing demand for its services without a commensurate increase in capacity. This has resulted in unacceptably long waiting times for patients. The Hospital urgently needs to develop both capacity and new ways of working in order to meet increased and more complex demands. Fortunately, unlike many other hospitals, TUH is not constrained on its 33 acres campus and is able to expand both horizontally and vertically as well as offsite, becoming a "Hospital without Walls".

In shaping TUH's strategy the Executive Management Team (EMT) held a number of workshops to consider the key challenges and opportunities facing the Hospital over the next five years. This formed the basis on which the main themes of the strategy are built. The overarching objective is to provide timely access for patients to hospital services that are of the highest outcome standards, evidence based and delivered by a caring motivated workforce in collaboration with the patient, their families and other health partners.



Strategic Context

In line with the previous Clinical Services Strategy (2016-18), the Board and EMT are focused on improving access not only for our catchment population but for the wider Dublin Midlands Hospital Group (DMHG) and the proposed Regional Health Area B in the future.

The launch of the Sláintecare Action plan¹ on 3rd March 2019 serves as the foundation of our strategy and clearly articulates the need for healthcare providers such as TUH to ensure “the right care is being delivered in the right place, at the right time” and that “the patient is paramount”. The Hospital has consulted with external stakeholders in relation to the role it will play in achieving the objectives of Sláintecare and that of other relevant national policy developments. The outputs of these consultations are reflected throughout this strategy.

Whilst change is welcome and needed across the health system, TUH is aware of the potential disruption that any reconfiguration, changes in funding models or external factors such as Brexit might bring. The implementation of the strategy will be a dynamic process against an ever-changing external environment but will have clear timelines and responsibilities to ensure its delivery.

The implementation of the strategy will be a dynamic process against an ever-changing external environment but will have clear timelines and responsibilities to ensure its delivery.

¹ <https://health.gov.ie/blog/publications/slaintecare-action-plan-2019>



Our Vision, Mission and Values

The development of the Hospital Strategy provided the opportunity to review, update and sense check the Hospital's mission and values. Focus groups were conducted with a cross section of staff from all directorates and grades. The objective of these exercises was to consider and answer the questions of

Vision -

what does TUH want to become and what do we want to achieve?

Mission -

why does TUH exist and what path will we take to achieve our vision?

Values -

what Core values support our mission statement?

The revised vision mission and values of TUH are described below:

Vision

Our vision is “People Caring for People to Live Better Lives” through

- Excellent health outcomes supported by evidenced based practice
- Positive patient and staff experience in an empowering and caring environment
- A culture of innovation and quality improvement in everything we do

Mission

Our mission is to enhance the wellbeing of our community through care and innovation. We strive to

- Deliver high quality care to our patients
- Educate, train, challenge and empower our staff
- Foster a culture of research and innovation

Values

Our CARE values – for patients, their families, our community and staff are:

C Collaborate – together and with our academic and care partners

A Achieve – our goals, positive outcomes and wellbeing

R Respect – for patients, each other and our environment

E Equity – for patients and staff

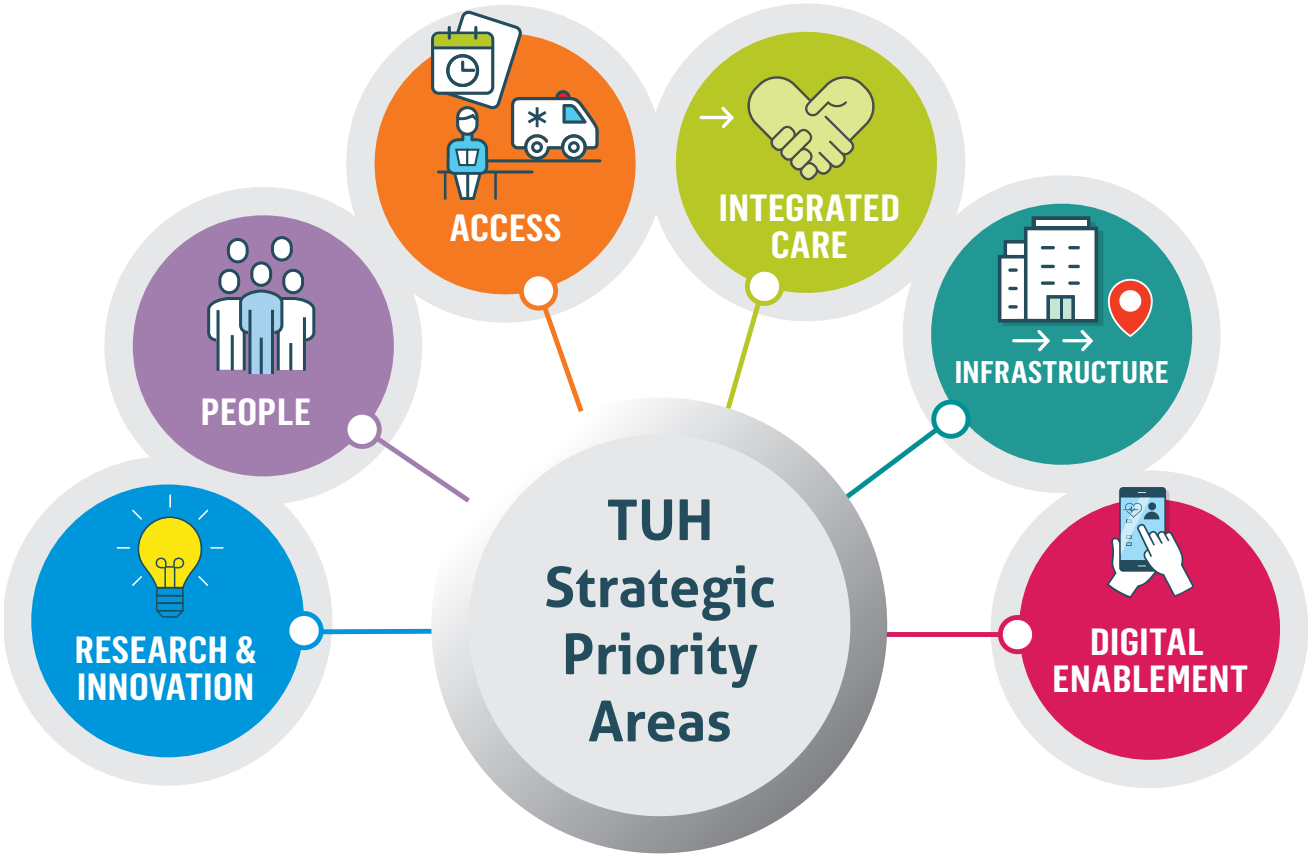


Strategic Priorities

In determining the Hospital strategic priorities, a situational analysis of the internal and external environments was carried out by the Executive Management Team. This identified the key strengths, weaknesses, opportunities and challenges that face the Hospital.

The results of this process identified the strategic priority areas depicted in Figure 1 below.

Figure 1 – TUH Strategic Priority Areas



Priorities for TUH over the course of this strategy include:

-  **1. Good Access** – TUH will be a leader in patient flow improvement and will significantly improve waiting times for patients across all service areas
-  **2. Highly Integrated Care** – We will redesign models of care from a patient perspective to ensure they receive high quality care and a positive experience in the right place, delivered by the right people at the right time
-  **3. Enhanced infrastructure** – We will develop the capacity and infrastructure to deliver excellent care to all our patients
-  **4. Digital Enablement** – We will transform the way we deliver care through programmes of digital enablement
-  **5. Research & Innovation** – We aim to build a reputation for translational research, implementation science and innovation to underpin safer, better and more integrated care
-  **6. People** – We will become a 'magnet' organisation that attracts, develops and retains top talent as an employer of choice

The priority areas are interrelated. The Hospital will need to deliver on infrastructure projects to improve access and quality of care. Digital enablement will underpin the delivery and continuous improvement of truly integrated care. Research and innovation will be central to delivering on the promise of high-quality, evidenced based patient centred care. Most importantly, we need people who are motivated and empowered to deliver on our strategic vision to enjoy working and learning in the Hospital.

In order to achieve our vision over the next five years, TUH has set out strategic objectives under each priority area. Achievement of these objectives will be guided by a structured implementation plans and monitored using key performance indicators (KPIs). In achieving these objectives, we must also provide value for money and a return on investment.















5.1 Access



The greatest challenge facing TUH over the course of this strategy is that of improving patient access in the face of increasing service demands. The Hospital is determined to deliver concrete actions to improve waiting time performance over the course of the strategy. Specific initial objectives by area are summarised in Table 1 below.



Table 1 – Wait Time Objectives 2019 – 2024

AREA	OBJECTIVES
 Emergency Department (ED) Wait Times	Increase the number of patients with ED patient experience times (PET) less than nine hours to 80%. 
 Inpatient Waiting Lists	Reduce to zero the number of patients waiting over nine months for inpatient surgery. 
 Daycase Waiting Lists	Reduce to zero the number of patients waiting over six months for daycase surgery. 
 Endoscopy Waiting Lists	Reduce to zero the number of patients waiting over 26 weeks for index endoscopy. 
 Outpatient Waiting Lists	Reduce to zero the number of patients waiting over 12 months for a new clinic appointment. 
 Diagnostic Waiting Lists	Reduce to zero the number of patients waiting over six months for new appointments. 

The Hospital’s strategy will include actions in a combination of areas including:

- > **Patient flow/process improvements and model of care innovations**
- > **Targeted capacity investments for step change improvements in wait times**
- > **Use of technology to improve communication with the patient and between health professionals to manage care more effectively**

5.1.1 Emergency and Elective Inpatient Access

One very challenging aspect of this strategy is to transform emergency access. Whilst the Hospital achieves non-admitted Patient Experience Times (PET) of 75% less than nine hours, only 21% of admitted patients meet the current nine-hour standard. Much of the delay for admitted patients relates to wait times to access beds. There are many drivers of these wait times including the number of inpatients in the Hospital exceeding the number of available beds by up to 80 patients during peak winter periods.

Implementing a plan that sees TUH deliver over 80 inpatient beds in the coming years is vital to improving access but also to improving inpatient surgical waiting list performance and quality of care. The Hospital's infrastructure plans to address this bed deficit are detailed further in Section 5.3.

The Hospital will combine investment in capacity with model of care innovations that safely avoid hospital admission or facilitate earlier supported discharge.

Implementing these plans and others will enable the Hospital to improve emergency access, reduce risk of infection, accommodate patients in specialist wards, increase surgical elective activity and reduce inpatient waiting lists. It will also provide the Hospital with more flexible winter capacity.



5.1.2 Daycase Access

The Hospital's plans for offsite day surgery at Tallaght Cross West are well underway (see Section 5.3). In line with Sláintecare, the new facility will ensure the separation of surgical daycase elective activity from inpatient access pressures. The first objective is to ensure that this development results in no patients waiting more than six months for day surgery by 2022. The aim is for a facility that ensures 95% of routine surgical daycase patients are treated within three months.

5.1.3 Outpatient Access

In the last three years TUH has seen its outpatient waiting lists rise by over 12,000 from under 20,000 to over 32,000 people (+60%). Four of our 31 specialties (ENT, Dermatology, Urology and Neurology) contributed to 60% of this growth. Over the course of this strategy we will reverse these trends and improve wait times to an initial target of zero patients waiting over 12 months.

Investment in clinician capacity and implementation of model of care changes are an important aspect of improving OPD wait times across all specialities. New technologies that digitise the GP referral process, improve scheduling, reduce 'did not attends' (DNAs) and deliver telemedicine services will also be introduced as part of the Hospital's digital enablement programme.

5.1.4 Endoscopy Access

The current endoscopy unit will be expanded to include two additional procedure rooms and an additional bay of six daycase beds. A new JAG accredited six room endoscopy unit will be built as part of the ward block project described in Section 5.3. This will enable the Hospital to meet the 13-week routine wait time and surveillance endoscopy targets.

5.1.5 Diagnostic Access

Significant expansion plans for the laboratory footprint are progressing in line with national plans to develop a Core lab for the top 300 automatable blood science tests at TUH. This will realise significant efficiency gains through cross discipline staff working, skill mix changes, shared equipment, lower reagent costs and 24-hour testing. This Core lab will have the capacity to become a GP Hub Lab for the DMHG and the future Regional Health Area B.

The Hospital recognises the need to improve radiology access. Several capacity and integrated care approaches are already underway to achieve this and include:

- Establishing a dedicated primary care general x-ray service in collaboration with HSE CHO7 with service capacity of 12,000 radiographic patient examinations per year
- Establishing a primary care ultrasound service in collaboration with HSE CHO7 to add 4,000 patient examinations per year to current capacity
- Establishing a primary care dexta scan service capable of 3,500 examinations per year in collaboration with HSE CHO7
- Extending hours of operation of CT and MRI scanners and investment in new machines such as new collocated Emergency CT in the ED

Our collaboration with CHO7 to develop this primary care capacity is a very positive development. It ensures patients will be seen sooner and in a more appropriate location than in an acute hospital. Our GP partners will also receive an enhanced service. The development of GP access to diagnostic capacity outside of the Hospital is a key integrated care recommendation of the Sláintecare Report.

5.2 | Integrated Care



5.2.1 What is Integrated Care?

Integrated care puts people and their needs at the centre of the care continuum. The Sláintecare Report defines integrated care as:



Healthcare delivered at the lowest appropriate level of complexity, through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care”



There is a growing expectation that care is delivered at the lowest level of complexity possible in a highly co-ordinated manner across acute, primary, community and social care settings. Integrated care also requires a change in emphasis from curative to preventative care (a focus on “wellness rather than illness”) and seeks to make sure the majority of care is delivered by primary and social care services in the community.

For the Hospital this will involve building upon existing models of care and adopting best practice principles already established through HSE Clinical Programmes. Other workstreams will take advantage of digital enablement to completely re-think the way we deliver services. We must also work in partnership with patient representatives, GPs, community care organisations and other hospitals to ensure the objective of treatment at the lowest appropriate level of complexity is realised.

We have used the World Health Organisation’s (WHO) framework², the Sláintecare Report³ and the HSE’s Integrated Care Programmes⁴ as the basis for developing the Hospital’s people-centred integrated care approach as depicted in Appendix A. The WHO defined five strategies with certain related policies and interventions which the Hospital will use to review and redesign each specialty service.

² WHO Framework on integrated, people-centred health services, April 2016

³ Committee on the Future of Healthcare, Sláintecare Report, May 2017

⁴ <https://www.hse.ie/eng/about/who/cspd/icp/>

This approach will require the Hospital to carefully assess the services we currently deliver and ask whether those services should be more appropriately delivered in a primary, community care or alternative hospital settings. The potential for better integration through digital enablement, including the introduction of an electronic health record, will be an essential element of delivering the person-centred integrated care strategy (see Section 5.4).

In summary, our strategy for integrated care includes:

- 1 Co-designing integrated care models for all specialties and supporting services
- 2 Quantifying the benefit of these models in terms of improved access and quality of care
- 3 Developing a prioritised, costed integrated care plan for Hospital services
- 4 Delivering new integrated models of care

Two exemplar initiatives proposed by TUH are demonstrated in the following two Sections.

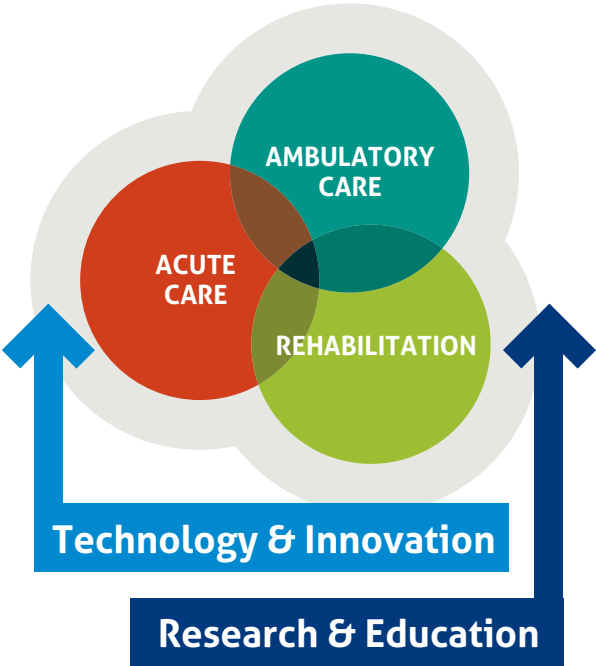
**5.2.2 Exemplar Initiative #1
TUH’s approach to Integrated Care;
Older Person’s Care**

As one of four pioneer sites nationally, the HSE and Hospital are focussed on the Integrated Care Programme for Older Persons.

Tallaght’s older person’s population will grow by 322% by 2036. At current admission rates and length of stay, 50 additional beds will be needed in the next 15 years. Clearly, integrated care approaches that promote health, prevent ED and/or OPD attendance, hospital admission or prolonged hospital stays are needed.

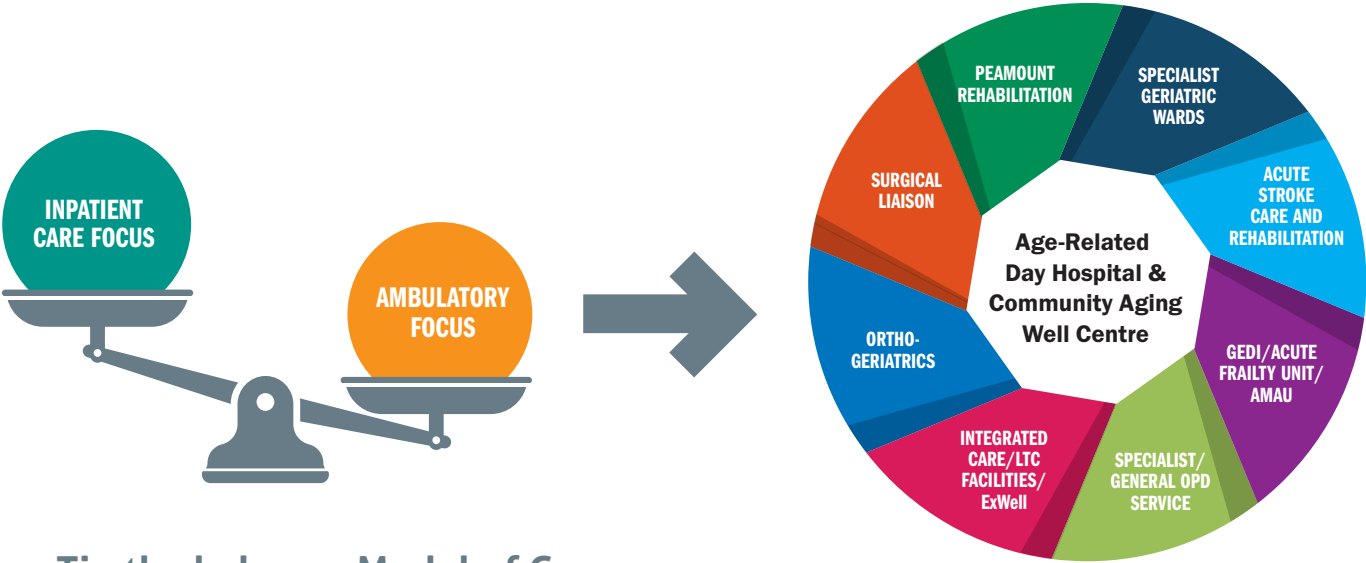
Figure 2 illustrates the areas of TUH’s Older Person’s Integrated Care Strategy and gives examples of key goals under these headings. The strategy recognises the need for enhancement and integration of ambulatory, acute and rehabilitation services underpinned by technology and innovation and research and education.

Figure 2 – TUH Older Person’s Integrated Care Strategy



Strategy Area	Examples of Key Goals
Ambulatory Care	Triple day service activity, with the establishment of a living well centre at Tallaght Cross by 2020
Acute Care	Implement an Acute Frailty Unit by 2021 to ensure 100% Comprehensive Geriatrics Assessment for frail elderly ED presentations
Rehabilitation	Increase offsite capacity by 50 beds by 2021 to reduce the proportion of onsite rehabilitation from 50% to less than 10% 25% of stroke patients to be treated with early supported discharge at home
Technology & Innovation	Create an older person’s technology innovation hub focused on healthy living at home
Research & Education	Further development of gerontological interdisciplinary academic education and research centre with TUH and Trinity College Dublin (TCD)

Figure 3 – Tip the balance: Older Persons Model of Care Underpinned by Day Services



Tip the balance: Model of Care

Comprehensive integrated acute and rehabilitation services for older patients are in place but are coming under increasing capacity pressure. As Figure 3 illustrates the Older Person’s Integrated Care Strategy aims to tip the balance toward care provided on an ambulatory basis. The creation of multidisciplinary integrated care teams staffed by acute and community personnel is an important step in this direction. The commencement of ExWell chronic illness rehabilitation programmes is another. Consultants, nurse specialists and GPs in the Tallaght area can now refer patients to ExWell where there are programmes available for heart disease, lung disease, diabetes, cancer, peripheral vascular disease and neurodegenerative conditions.

The development of an *Aging Well Centre* at Belgard Square West across from the TUH campus is another important enhancement of ambulatory services. The centre will increase the Hospital’s capacity to provide community based multidisciplinary services that promote earlier supported discharge, re-enablement and restoration of older people after illness. The centre will also enable the Older Person’s and Stroke service to take a lead in preventative brain health and ‘aging well’ initiatives.

An ambulatory focus is key to promoting independent living, improving quality of life, preventing hospital admission and shortening lengths of stay. TUH estimates that full implementation of the Older Person’s Integrated Care Strategy will avoid the need for 40 additional inpatient beds through admission avoidance and earlier supported discharge over the next five years.

**5.2.3 Exemplar Initiative #2
TUH’s Approach to Integrated Trauma Care**

TUH aims to be a designated trauma site under the Central Trauma Network. Our approach to being leaders in integrated trauma care will focus on:

Leaders in integrated care: Trauma

TRAUMA PREVENTION

We aim to lead in the area of trauma prevention by building on our expertise in falls prevention through our specialised falls services and the launch of the Aging Well Centre at Tallaght Cross West.

PRE-HOSPITAL CARE INTEGRATION

Building on the learning from the Naas General Hospital bypass to TUH and our aspiration to be a designated Trauma site, we will further improve patient pathways (including repatriation protocols) and integration with our pre-hospital partners in the National Ambulance Service (NAS) and the Helicopter Medical Emergency Services (HEMS).

HOSPITAL CARE INTEGRATION

TUH will further develop our Trauma Short Stay Unit (TSSU) proven to shorten length of stay and provide more bed capacity for major trauma cases. Through our capital programme the Hospital will implement an expanded ICU to ensure major trauma cases access intensive care quickly. We will continue to improve care pathways with hospitals referring patients to our National Acetabular Fracture Centre to ensure wait times for transfer in and out of TUH are reduced.

REHABILITATION CARE

TUH will enhance both onsite and offsite rehabilitation capacity for trauma patients. The Hospital will appoint an Ortho-geriatrician to strengthen integration across these services and ensure a smooth transition of care for older patients recovering from orthopaedic surgery. We will work with Peamount Hospital to ensure intensive rehabilitation is provided to trauma patients with an emphasis on safe return home and future accident prevention.

The challenge over the course of the strategy is to become a leader in the delivery of integrated care at a level that has a transformative impact on access and quality of care.

5.3 Enhanced Infrastructure



TUH will continue to implement and develop its plan to improve capital infrastructure. Priority is being given to projects that improve access for our most vulnerable patients and prepare the Hospital for the increasing demands of serving a growing and aging population.

Projects to improve access and develop more integrated models of care:

1	New ICU extension – develop 12 ICU beds over two phases, better care for our most vulnerable patients
2	New Renal Unit – additional capacity, home therapies unit, self-care haemodialysis unit
3	New Inpatient Care Wing – 72 beds, increased isolation capacity, minimise trolleys
4	Offsite day surgery – four theatres, 22 recovery/day beds at Tallaght Cross, eliminate long wait times for routine day surgery, increase day surgery rates
5	New CRY Unit Development – offsite development enhancing CRY capacity
6	Older Person’s Ward phase 2 – commission six additional dementia friendly beds
7	Acute Floor Expansion – with colocated Acute Medical Assessment Unit, Surgical Assessment Unit, Acute Frailty Assessment Unit and Observation Unit
8	Paediatric Decant Capacity – re-purpose vacated space for use by adult services

Projects to increase Hospital and community diagnostic capacity:

1	Laboratory expansion – services configured using state-of-the-art technology linked by track automation and robotics coupled with appropriate skill mix
2	TUH Community Radiology Services – primary care plain film, ultrasound and dexta scanning (see 4.1.4)
3	Radiology/Cardiology expansion potential – repurpose vacated space following transfer of certain paediatric radiology services
4	Endoscopy Expansion – Temporarily expand Endoscopy capacity in situ and then build a new JAG accredited six room unit capable of meeting national waiting list targets

In addition to these major capital projects, the Hospital has an ongoing programme of refurbishment and updating of facilities to enhance patient and staff environments.

The following section features just some of the strategic projects listed above.

Featured Projects

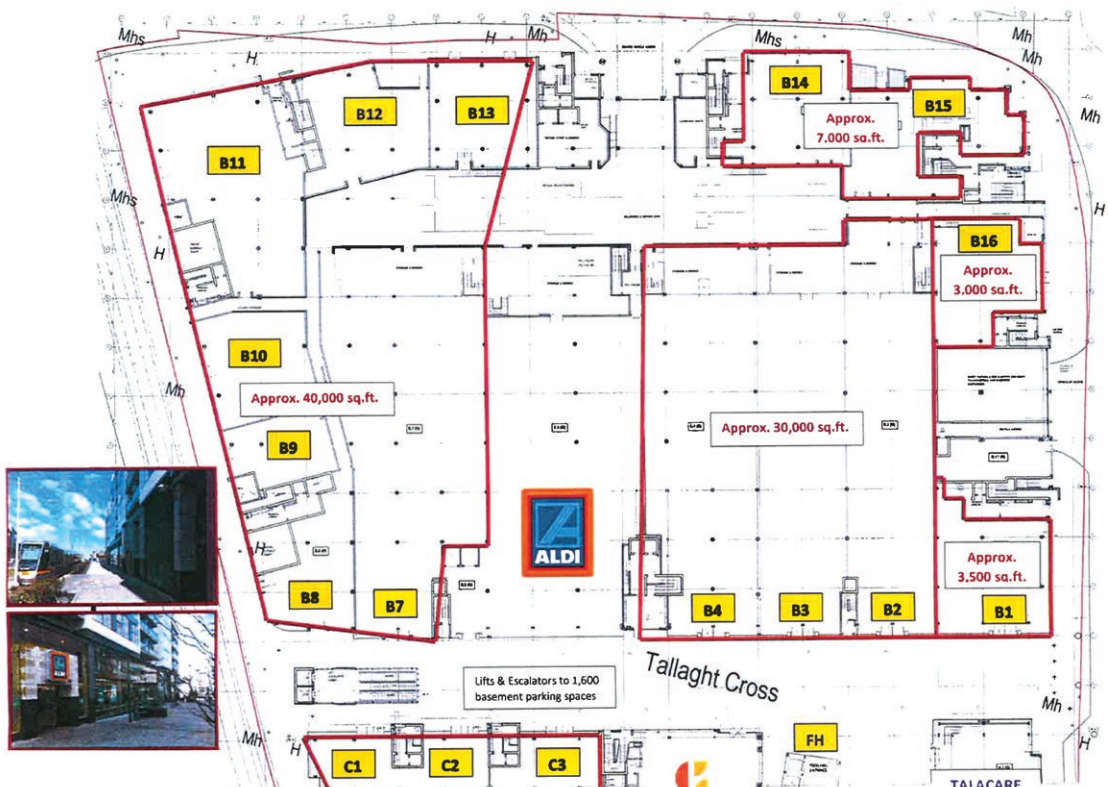
Offsite Day Surgery

4
THEATRES

22
BEDS/RECOVERY BAYS
Q2 2020

Benefits:

- Protect daycase surgery from impact of emergency inpatient bed pressures
- Reduce daycase waiting lists
- Increase surgical productivity and hospital casemix performance
- Free dayward space for inpatient and endoscopy use
- Increase surgical daycase rates



New ICU Extension

12 ADDITIONAL ICU BEDS Q1 2022

Benefits:

- Avoid >100% occupancy of ICU
- Cease overflow to Post Anaesthesia Care Unit and theatre cancellations
- Shorten wait times for patients accessing ICU from the ED, wards and other hospitals
- Safer, better care for our most vulnerable patients

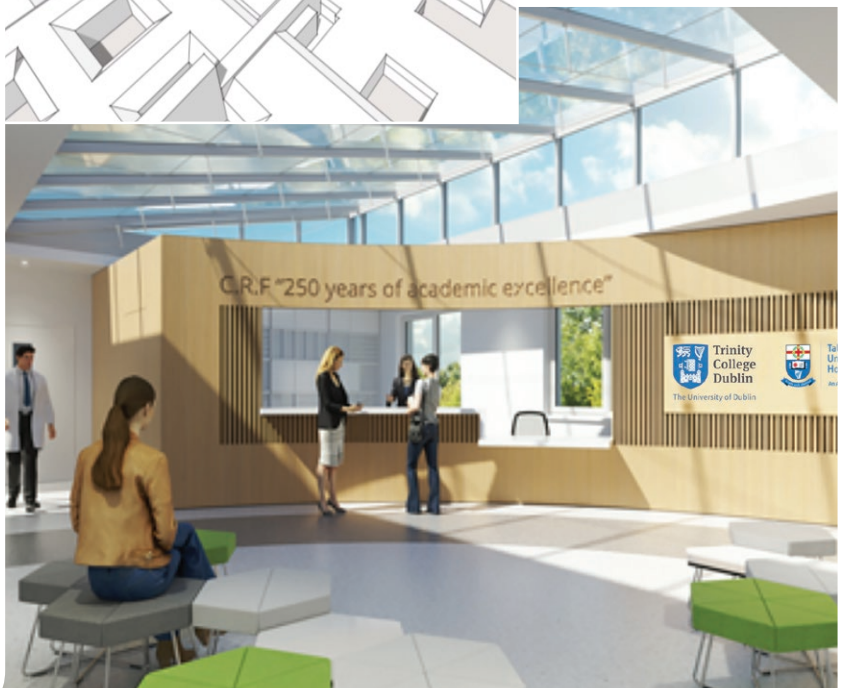


New Inpatient Care Wing

72 INPATIENT BEDS Q2 2024

Benefits:

- Shorter ED PETs
- Reduce the number of trolleys and the use of escalation beds
- Facilitate inpatient waiting list improvement
- Implement specialty wards
- 72 more isolation rooms
- New Clinical Research Centre
- New JAG compliant Endoscopy Unit
- Enhanced environment for oncology day care
- A new Aseptic Unit



Proposed reception of Trinity Research Foundation at the 5th Floor

5.4 Digital Enabled Care



Digital technology is key to meeting other strategic objectives such as improving access and delivering on highly integrated care. Digital technologies will also provide financial savings through identifying inefficient and wasteful practices. The introduction of technology will also provide new approaches to solving problems and creating customised experiences for our patients. Central to our efforts is our Digital Transformation Programme known as Digital Enabled Care.

5.4.2 Digital Enabled Care

The Hospital currently has a combination of paper and electronic information systems. Several important Hospital information systems have reached the end of their natural lifecycle. These systems must be replaced to ensure safe and effective care.

Paper medical records cannot provide an easily accessible up-to-date single view of the patient and require labour intensive and inefficient management.

A combination of outdated and paper-based systems results in duplication, silos of information, slower care decision-making, longer waits for patients and more costly care delivery.

TUH has set out an ambitious programme of digital transformation encompassing five key digital transformation steps over the course of this strategy to help achieve our integrated care ambitions.

Figure 4 - Workflow Solutions Approach



DIGITAL ENABLED CARE **STEP 1**

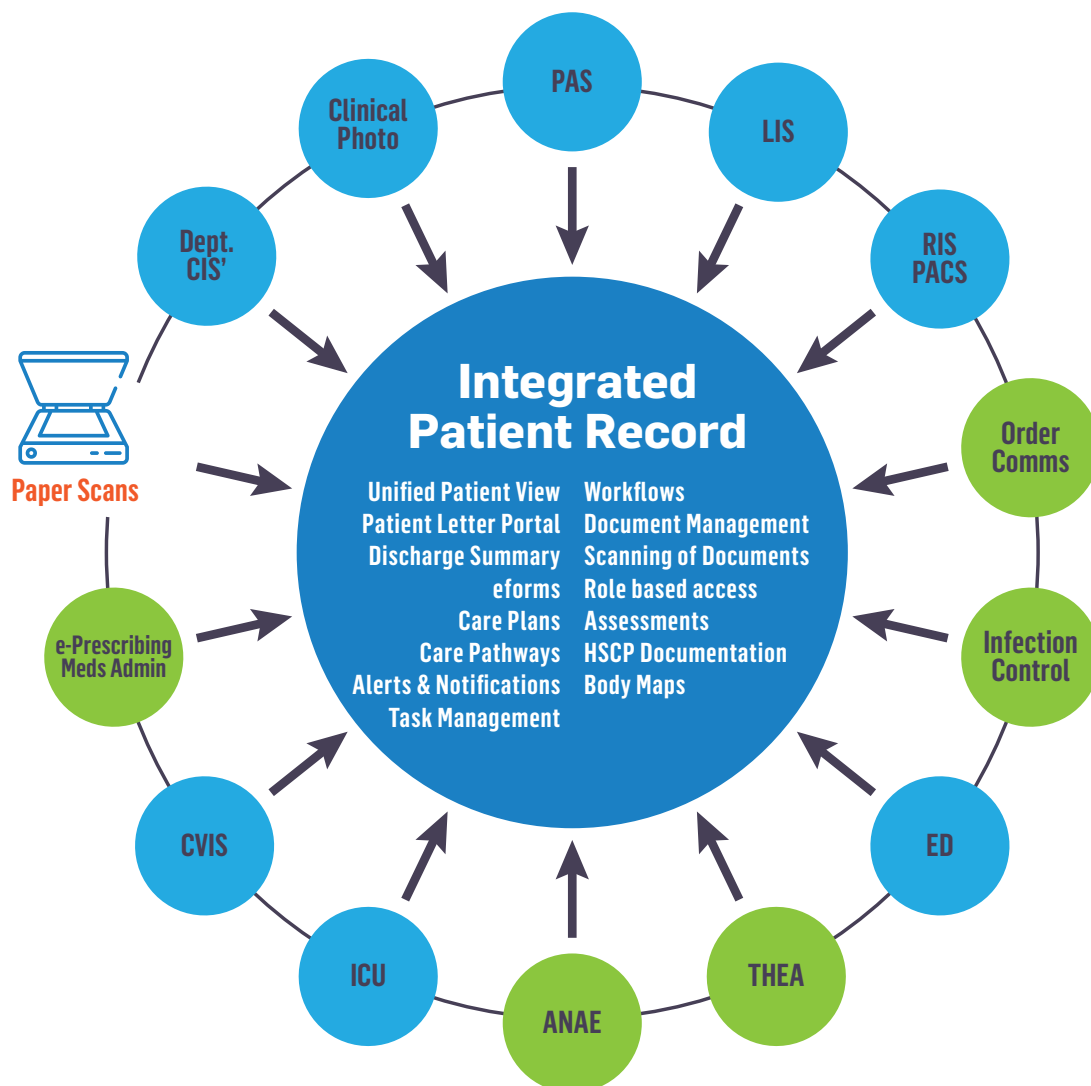
SINGLE VIEW OF THE PATIENT RECORD

With the replacement of end of life systems TUH will move to using an integrated Electronic Patient Record (EPR).

An EPR will provide the basis for truly integrated care and seamless sharing of care information within the Hospital and with care partners. Combined with our health intelligence capability it will support an improved quality of care delivery.

Figure 5 – TUH's integrated Electronic Patient Record

Electronic Patient Record



DIGITAL ENABLED CARE **STEP 2** INTELLIGENCE LED HEALTHCARE

TUH will enhance its health intelligence capabilities to support an improved patient experience, research and develop better models of care and achieve other aspects of the quadruple aim of healthcare.

Figure 6 – TUH Health Intelligence Framework

TRANSFORM

DATA INTO COMPELLING STORIES

Turning data into easily digestible stories allows insights to be communicated to all partners. Content that guides patients towards making better healthcare decisions helps bridge the gap between engagement and action.

LEVERAGE DATA

TO MOVE FROM PRODUCT-FOCUSED TO SERVICE-FOCUSED

Our data power today captures both transaction and experience. Moving beyond transaction to better understand what consumers want and how, will fuel the shift from product to services.

CREATE

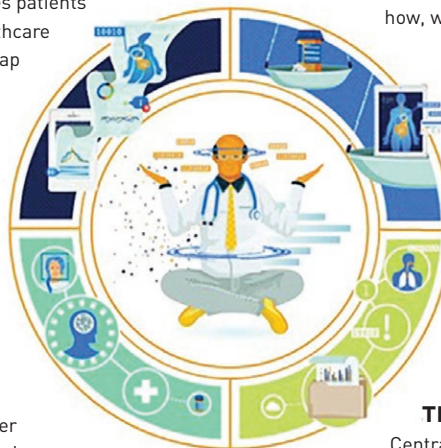
PREDICTIVE HEALTH INTELLIGENCE

Integrating real time and historic health data can better analyse a patient's history and motivators, powering personalised and anticipatory experiences.

DEMOCRATISE

DATA THROUGHOUT THE ORGANISATION

Centralising data means everyone in an organisation can access it. Tools can be deployed to help non-analysts to understand data simply, and use it to expedite on-demand decision-making.



**DIGITAL ENABLED
CARE STEP 3
DIGITALLY RECEIVE
AND SHARE
INFORMATION
WITH GPs AND
COMMUNITY
PARTNERS**

Expanded patient information will be shared with GPs and community partners to support integrated care.

GPs and community partners will be supported by hospital experts to make decisions that avoid hospital attendance.

Figure 7 – Digital Solution to Enhance Integrated Care



DIGITAL ENABLED CARE STEP 4

**ACCESS PATIENT
INFORMATION ANYTIME,
ANYWHERE. MOBILITY
WILL SUPPORT THE
DELIVERY OF CARE**

Digital solutions will be mobile enabled whenever possible. Virtual desktop technology and single sign on will support access anytime, anywhere. Additional desktop and mobile devices will be provided to facilitate this change.

Figure 8 – Mobile Access to Medical Records



Anytime



Anywhere



Any Device

DIGITAL ENABLED CARE STEP 5

PATIENT EMPOWERMENT THROUGH A PATIENT PORTAL

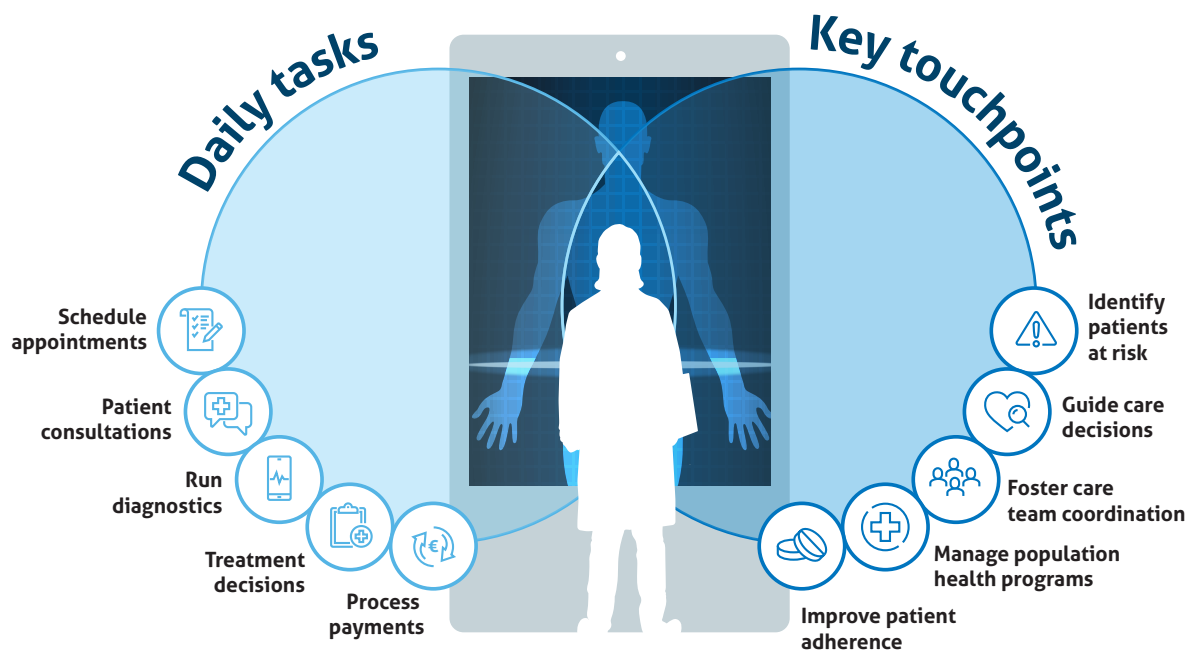
The Patient Portal will enable our patients to view correspondence, book appointments online, access health promotion material, receive telemedicine clinics, pay their bill and view upcoming appointments.

Figure 9 – TUH Patient Portal & TUH Patient App



The five digital step programme puts patients at the centre of their own health care. Digitisation will also position the Hospital to deliver services more efficiently, helping to ensure our access objectives can be met but also that cost saving opportunities are delivered and there is a clear financial return on the digital investment.

Figure 10 – Digitisation to streamline tasks and improve quality of care



5.5 Research & Innovation



Leadership in Research and Innovation are central to delivering better care, building TUH's reputation and attracting and retaining talented people.

5.5.1 Research

TUH has a proud tradition and continued track record of research in areas including Gastroenterology, Dermatology, Vascular Neurology & Stroke, Gerontology, Immunology and Respiratory Disease as well as across surgical specialities such as Urology, Orthopaedics and General Surgery to name but a few. TUH research is internationally recognised in several areas including Irritable Bowel Disease, Vasculitis, Carotid Artery Disease and Sarcoidosis. There is strong collaboration across specialties and an emphasis on clinical and translational research for practical patient benefit. The Hospital supports significant clinical trial activity, for example, having completed 11% of all oncology clinical trials nationally.

TUH has strong linkages with its academic partner, TCD, reflected through its School of Medicine faculty representation, membership of Trinity Health Ireland (THI) and leadership of research centres such as the Trinity Academic Gastroenterology Group (TAGG), Trinity Health Kidney Centre, the Institute of Population Health (IHP) and the Vascular Neurology Research Foundation (VNRF).

Since its formation in 2011, THI which includes TCD, St. James's Hospital (SJH), TUH and The Coombe Women and Infants University Hospital, has helped define a more integrated approach to clinical services and research. This includes a joint Research Ethics Committee across TUH and SJH.

TUH will continue to build on this type of collaboration in the future and support its expansion to other hospitals within the DMHG. The Hospital would also hope to have the ongoing support of the Meath and Adelaide Health Foundations who have partnered much of the Hospital's research activities over the years.

In early 2019 the Hospital formed a Clinical Research Facility Steering Group, chaired by the Hospital CEO. The Group's purpose is to advise the EMT and Hospital Board on the establishment of a Clinical Research Facility (CRF). The Group's remit includes developing a registry of research in TUH; overseeing research governance; advising the Hospital on research priorities; ensuring patients and service users have confidence in and benefit from health research and to promote a multi-professional approach.

TUH Research Strategy 2020-2025 will be developed in 2019 and published in early 2020.

5.5.2 Care Innovation

TUH has a long history of innovation (going back to its base hospitals the Meath and Adelaide) and is an early adopter of new methods of care.

The rollout of new technology will improve monitoring of patients whilst in hospital and support earlier discharge. Care givers, patients and families will have more confidence in providing care as the discharge process will be improved.

TUH will launch an Innovation Hub as part of its strategy to encourage and develop hospital led creativity and innovation in care delivery. The hub will provide a physical location where ideas can be developed, mentoring and education provided and through which an 'inventory' of ideas can be maintained and progressed.

5.6 | People



A skilled, satisfied and motivated workforce is a prerequisite to high quality care and achieving all the challenging objectives outlined in this strategy. The Hospital is proud of its staff and will strive to become a 'magnet' organisation that attracts, develops and retains top talent.

Our People Strategy is aligned with the HSE's own People Strategy 2019 – 2024 and its overarching themes of:

1	Collective Leadership - taking responsibility to work together to deliver 'safer better healthcare'.
2	Exceptional Talent - having the right people with the right blend of skills in place to deliver our services and enable the continued transition to models of integrated care.
3	Excellent Capability - developing the knowledge, skills and confidence to continually improve and transform our services - strengthening trust in the organisation and delivering 'public value'.

Our people strategy initially focuses on three priority areas of **1. Culture and Leadership**, **2. Workforce Planning** and **3. Employee Experience**. This will be reviewed and added to over the lifetime of the strategy as we deliver on the actions related to these objectives.

Objectives and specific deliverables under each of these headings are outlined on the next page.



The Hospital is proud of its staff and will strive to become a 'magnet' organisation that attracts, develops and retains top talent as an employer of choice.”



1. CULTURE AND LEADERSHIP

IMPLEMENT AND EVALUATE THE HSE VALUES IN ACTION PROGRAMME BY 2022

The HSE Values in Action Programme (VIA) is closely aligned with our own CARE values. By implementing the programme and promoting the nine related behaviours, we aim to improve service user experiences and create a better workplace for our staff.

TUH's Centre for Learning & Development (CLD) will develop the Leadership Academy and continue to roll out new leadership, mentoring and coaching programmes to ensure we are ready for the challenges ahead, nurturing leadership capability of all individuals and teams working together to deliver safer better healthcare.

Figure 11 – HSE Values in Action Programme



Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt

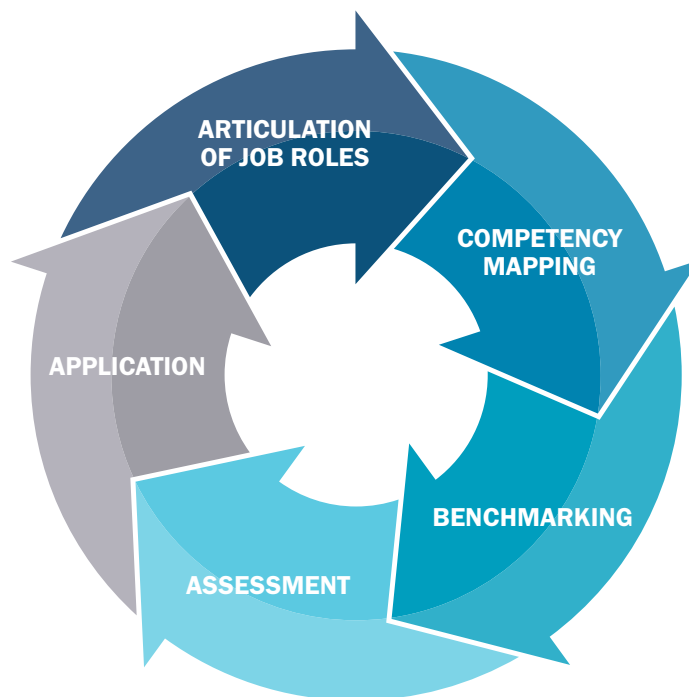
2. WORKFORCE PLANNING

IMPLEMENT A COMPETENCY BASED FRAMEWORK SUPPORTING WORKFORCE PLANNING AND SERVICE DELIVERY BY 2022

Workforce planning must ensure we have the right mix of staff in various areas to deliver truly integrated care. Our competency-based recruitment process will continue to ensure we recruit staff best suited to the roles within the Hospital and the delivery of quality patient care.

Our framework will include learning and development opportunities through the Learning Management System talent management module to ensure competencies can be developed and enhanced. Other development programmes will be introduced to support the change readiness for staff required to implement major projects such as EPR and offsite services. A performance achievement process will be rolled out to ensure performance accountability and provide staff with a two-way performance appraisal mechanism.

Figure 12 – TUH Competency Framework



3. EMPLOYEE EXPERIENCE

ENHANCE EMPLOYEE EXPERIENCE BY FOCUSING ON WELL-BEING AND ENGAGEMENT PLANNING AND SERVICE DELIVERY BY 2022

TUH wants to ensure a meaningful and safe work culture and an environment where staff are engaged, feel valued, are emotionally connected, provide services they are proud of and are supported to take responsibility for their own health and well-being.

We will do this by promoting well-being services; acting on the feedback received in our 2018 staff survey; focusing on dignity at work awareness and providing more support to managers and staff. A staff survey will be repeated in 2020 to track our progress and gather more information to shape further engagement with staff.

Figure 13 – Staff Engagement/Survey Framework



5.6.1 Learning and Development

Learning is a way of life at TUH and to ensure that lifelong learning is nurtured and developed appropriately the Centre for Learning and Development will deliver a suite of responsive education programmes which meet the needs of our staff in line with the Hospital's mission statement and values. TUH's Learning & Development Strategy 2018-2021 describes the steps that will be taken to achieve its objectives. These objectives include:

1	<p>To provide career progression education programmes</p> <p><i>Actions: Personal development planning, coaching and mentoring leadership programme, experiential learning and 'on the job' shadowing</i></p>
2	<p>Develop the leadership academy</p> <p><i>Actions: New Leadership and coaching programmes</i></p>
3	<p>Develop innovative learning and development pedagogy</p> <p><i>Actions: Learning and development opportunities anytime, anywhere through podcast/webcast, e-learning, discussion forums, blended learning, quizdom and simulation.</i></p>
4	<p>Develop multidisciplinary education programmes</p> <p><i>Actions: Structured modules process to promote interdisciplinary learning, DMHG collaboration, continued delivery of interdisciplinary learning programmes</i></p>
5	<p>Expand ICT Programmes</p> <p><i>Actions: Deliver ICT programmes on Core systems in hospital as foundation for EPR, support delivery of clinical programmes through enabling technologies</i></p>

Our people strategy will ensure we can deliver on the challenging aims of the Hospital strategy. Section 6 outlines how the Hospital will implement its strategy.

Figure 14 – TUH Learning & Development Strategy





Strategy Implementation

The Executive Management Team under the guidance of the Board of Directors will lead out on the implementation of this strategic plan using a project management office (PMO) approach. The implementation plan outlines the key milestones and staff responsible for their delivery against a set of KPIs. Appendix B outlines the high level target timelines for the priority projects mentioned in the strategy. There are a number of assumptions made in delivering the strategic plan such as funding for our capital programme, national policy decisions and the reconfiguration of health services.

Given the five year span of the strategy we recognise the need for the implementation plan to be regularly reviewed to ensure its relevancy. Implementation will be action focused and a dynamic process which will adapt where necessary to any changes in policy, funding or superseding factors.

Implementation will be action focused and a dynamic process which will adapt where necessary to any changes in policy, funding or superseding factors.

Appendix A

WHO Integrated Care Strategies and Policy/Intervention Examples

People Centred Health Service Strategies	Policy and Intervention Examples
Empowering and engaging people and communities	<ul style="list-style-type: none"> › Shared clinical decision-making › Improving knowledge of health system navigation › Encouraging self-management › Community delivered care › Caring for the carer/respite care
Strengthening governance and accountability	<ul style="list-style-type: none"> › Community representation › Clinical governance › Patient satisfaction surveys › Value based care
Re-orienting models of care	<ul style="list-style-type: none"> › Age sensitive services › Local health needs assessments › Health promotion/disease prevention › Stronger primary care systems › Repurposing secondary and tertiary hospitals for acute complex care only › Shared electronic patient record › Telemedicine
Co-ordinating services within and across sectors	<ul style="list-style-type: none"> › Referral and counter-referral systems › Case managers › Regional health service delivery networks › Merging health sector with social services
Creating an enabling environment	<ul style="list-style-type: none"> › Transformational leadership › Knowledge management › Continuous quality improvement › Bundled payment systems

Appendix B

TUH Strategy Summary Implementation Plan

■ Planning/Implementatation
 ■ Target Delivery

	H2'19	H1'20	H2'20	H1'21	H2'21	H1'22	H2'22	H1'23	H2'23	H1'24	H2'24
CAPITAL/ACCESS											
ICU extension											
New Inpatient Care Wing											
Offsite Day Surgery											
Older Persons Ward Phase 2											
Acute Floor Expansion											
Paediatric Ward Refurb											
Lab Expansion											
TUH Community Radiology Services											
Radiology/Cardiology Expansion Potential											
Endoscopy Expansion (Temp/Perm)											
CRY Unit											
New Renal Unit											
INTEGRATED CARE											
Older Persons											
Living Well Centre and T Cross											
Recruit Orthogeriatrician											
Trauma											
Expand TSSU											
Expand Offsite rehabilitation (OP and Trauma)											
Other Specialities											
Develop Integrated Care Plans all Specialites											
Implement Integrated Plans											
DIGITAL ENABLEMENT											
Single View of Patient Record											
Intelligence Led Healthcare											
Digitally receive and share information (GPs/Partners)											
Access Patient Information Anytime Anywhere											
Patient Empowerment through Patient Portal											
RESEARCH & INNOVATION											
Innovation Hub opening and use											
Innovation Framework Development											
Develop TUH Research Strategy											
Implement Research Strategy											
PEOPLE											
HSE Values in Action Programme											
WF Planning Competency Framework											
Implement 2018 Staff Survey Actions											
2020 Staff Survey											
Enhance Leadership Academy											

Glossary of Acronyms

ANAE	Anaesthetics	OP	Outpatient
CEO	Chief Executive Officer	OPD	Outpatient Department
CHO7	Community Health Organisation 7	PACS	Picture Archiving and Communication System
CIS	Clinical Information System	PAS	Patient Administration System
CLD	Centre for Learning & Development	PET	Patient Experience Time
CRF	Clinical Research Facility	PMO	Project Management Office
CRY	Cardiovascular Risk in the Young	RICOs	Regional Integrated Health Organisations
CT	Computerised Tomography	RIS	Radiology Information System
CVIS	Cardiology Vascular Information System	SJH	St. James's Hospital
DMHG	Dublin Midlands Hospital Group	TAGG	Trinity Academic Gastroenterology Group
DNA	Did Not Attend	TCD	Trinity College Dublin
ED	Emergency Department	THEA	Theatre
EMT	Executive Management Team	THI	Trinity Health Ireland
ENT	Ears, Nose & Throat	TSSU	Trauma Short Stay Unit
EPR	Electronic Patient Record	TUH	Tallaght University Hospital
GEDI	Gerontological Emergency Department Intervention	VIA	Values In Action
GP	General Practitioner	VNRF	Vascular Neurology Research Foundation
HEMS	Helicopter Medical Emergency Services	WHO	World Health Organisation
HSE	Health Service Executive	WL	Waiting List
ICT	Information Communication Technology		
ICU	Intensive Care Unit		
IPH	Institute of Population Health		
JAG	Joint Advisory Group (on GI Endoscopy)		
KPI	Key Performance Indicator		
LIS	Lab Information System		
LTC	Long Term Care		
MRI	Magnetic Resonance Imaging		
NAS	National Ambulance Service		

Tallaght University Hospital
Tallaght, Dublin 24
D24 NR0A Ireland

www.tuh.ie



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin