Hospital leadership and management in turmoil of COVID-19

Hosted by the European Association of Hospital Managers

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South/South West Hospital Group (S/SWHG)
Our Hospitals

Cork University Hospital
Cork University Maternity Hospital
University Hospital Waterford
University Hospital Kerry
Mercy University Hospital
South Tipperary General Hospital
South Infirmary Victoria University Hospital
Bantry General Hospital
Mallow General Hospital
Kilcreene Orthopaedic Hospital
S/SWHG Summary 2019

➢ Serves a population of 1.5m
➢ Gross Budget: €1,101,430m
➢ Annual Net Budget: €926,933m
➢ WTE: 11,100

➢ Total Beds: 2521
   ➢ Inpatient Beds: 2139
   ➢ Day Beds: 382

➢ OPD Attendances: 566,802
➢ ED Attendances (new & return): 230,718
➢ LIU Attendances: 30,723
COVID-19 Management across S/SWHG

➢ COVID-19 Sub-Group – Daily Teleconferences/Hub
  ➢ Including Public Health, Community Services including Family Doctors, Acute Hospital Services, National Ambulance Service.
  ➢ Dissemination of up to date Public Health Advice
  ➢ Information on:
    ➢ Track, trace and isolate
    ➢ Movement of patients
    ➢ How hospitals and transport systems were coping on a daily basis

➢ Interagency Management Groups
  ➢ City and County Councils (Local Authorities)
  ➢ An Garda Síochána (Police)

➢ Support provided by the Defence Forces and a range of voluntary community agencies (such as Order of Malta, St John’s Ambulance, local sporting groups among others)
Sláintecare Programme

➢ COVID-19 fast tracked the implementation of new ways of working in line with Sláintecare i.e. Virtual Clinics.

➢ Right Care. Right Place. Right Time.

➢ 10 year Health Service Improvement Strategy
  ➢ Government Policy
Lessons Learned from 1st Surge

➢ ICU capacity was tested, however, there was a Surge Plan in place to support this.
   ➢ There is a requirement to further develop ICU capacity and a recruitment campaign is in place to allow additional ICU beds to open
   ➢ In addition, only time-critical and urgent scheduled care continued during the 1st Surge.

➢ Balance between maintaining a safe hospital environment and patients needs for family visits was difficult.

➢ COVID-19 highlighted what the ‘real Vs imaginary’ barriers to change were:
   ➢ Engagement and empowerment of staff is key, COVID-19 provided a singular goal across the group and this in itself was valuable and should be maintained
   ➢ Leadership emerged, specifically Clinical Leadership.
   ➢ Change can happen quickly when needed and COVID-19 acted as a catalyst for this.
   ➢ Remote consultation worked in both patient care through virtual clinics and hospital administration.
   ➢ Interaction between Family Doctors and Hospitals.

➢ Movement of clinical services off-site from the hospitals to other appropriate locations i.e. Out-Patients.
National Irish Framework for living with COVID-19

➢ Under the National Irish Framework for living with COVID-19, there are five risk levels.

➢ On 22nd October 2020, the entire Republic of Ireland will move from Level 3 to the highest Level 5 for a six week period.
Current COVID-19 Situation in Ireland
COVID-19 Public Health Campaigns in Ireland
Thank you

Merci

Danke

Go raibh maith agaibh
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