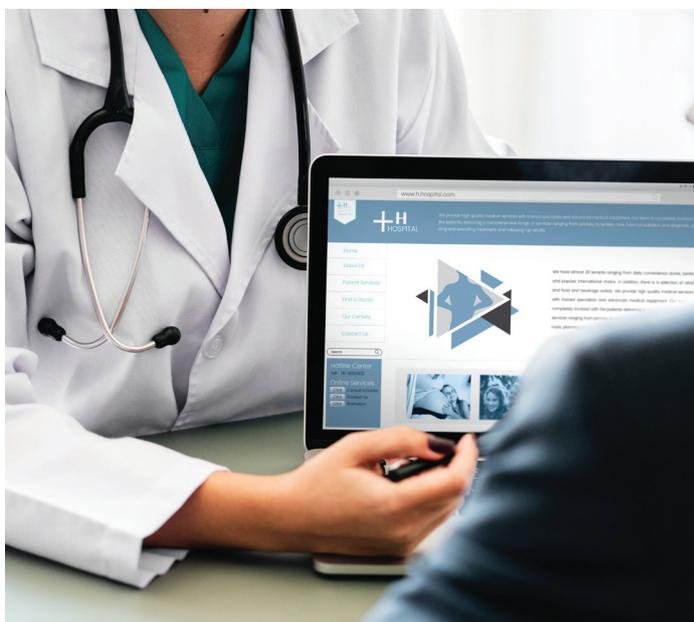




LEARNING

APPLIED



CORK UNIVERSITY BUSINESS SCHOOL
**UNLOCKING THE LEADERSHIP LANDSCAPE
IN HEALTHCARE**

16 November 2018

UNLOCKING THE LEADERSHIP

LANDSCAPE IN HEALTHCARE

16 November 2018
Creative Zone, Boole Library
Main Campus, University College Cork

ALL WELCOME

The Cork University Business School (UCC) in conjunction with South / South West Hospital Group will host a dissemination event titled

“Unlocking Performance in the Health Management Landscape”.

Participants from the MSc Executive Education Healthcare Leadership 2016 - 2018 will present key findings and implications from the programme.

For further details contact healthcareleadership@ucc.ie

8:30 am - 9.00

Registration

9:00 - 9:10

Welcome Address

Professor Thia Hennessy Dean,
Cork University Business School

9:10 - 9:20

Keynote Speaker
TBA

9:20 - 10:00

Theme I: Performance - Decision Making
Chaired by Dr Michelle Carr

10:00 - 10:40

Theme II: Service Innovations
Chaired by Dr Aileen Murphy

10:40 - 11:00

Coffee & Networking

11:00 - 11:40

Theme III: E-Health - Potential & Implications
Chaired by Dr Ciara Heavin

11:40 - 12:20

Theme IV: People Operations - Key Success Factors
Chaired by Dr Ciara Fitzgerald

12:20 - 12:30

Best Paper Award

12:20 - 13:00

Networking & Lunch

EVENT AGENDA

8:30 - 9.00

Registration

9.00 - 9.10

WELCOME ADDRESS

Professor Thia Hennessy Dean, Cork University Business School

9:10- 9:20

KEYNOTE SPEAKER

9:20 - 10:00

THEME I: PERFORMANCE - DECISION MAKING

Chaired by Dr Michelle Carr

[Christina Bowes](#)

Title: Outsourcing a Critical Service in Healthcare: The Decision Making Process

[Fiona Mohally](#)

Title: To Investigate The Effectiveness Of Process Improvement In Gynaecology Outpatient Long Waiters In Cork University Maternity Hospital

[Andrew Owen](#)

Title: Unveiling The True Financial Cost Of Ct Tap Examinations In An Acute Irish Hospital - A 'Time-Driven Activity-Based Costing' Approach.

[Majella O'Connor](#)

Title: Hospital Governance And Board Function: An Empirical Analysis Of The Levers Of Control

[Breda O'Riordan](#)

Title: Exploring The Role Of A Performance Management System In Hospitals; In Line With Organisational Change

10:00 - 10:40

THEME II: SERVICE INNOVATIONS

Chaired by Dr Aileen Murphy

[Breda Chandler](#)

Title: An Exploration Into Possible Variation Between Senior Managers, Clinical Nurse Managers And Frontline Staff Perceptions Of Safety Climate In A Large Acute Teaching Hospital

[Catherine Hogan](#)

Title: Examining The Sustainability Of Quality Improvement Initiatives: What Factors Contribute To The Success Of The Safety Cross In Irish Healthcare Settings?

[Aileen Horgan](#)

Title: The Impact Of An Early Mobilisation Initiative In An Acute Care Setting

[Sinead O'Brien](#)

Title: The Pursuit Of "Value" In Specialist Mental Health Service Provision -Focus On First Episode Psychosis (Fep)

[Catherine O'Donovan](#)

Title: Diffusion Of Innovation: Relative Advantage And Observability – Key Attributes For Quality Improvement

10:40 – 11:00

Coffee & Networking

11:00 – 11:40

THEME III: E-HEALTH - POTENTIAL & IMPLICATIONS

Chaired by Dr Ciara Heavin

[Shane Hayes](#)

Title: How To Make The Informal A Formal Success – The Factors That Have Contributed To The Success Of A Social Media Staff Communication App In A Hospital Setting.

[Gillian O'Callaghan](#)

Title: Management Of Progressive Assessment Data For UCC Final Year Medicine Module Cp5200 (Principles And Practice Of Internal Medicine And General Practice): An Assessment Of The Current System And Exploring The Rationale For Change.

[Peter O'Callaghan](#)

Title: To Investigate The Impact Of SMS Reminders On The Number "Did Not Attends" (Dnas) In Hospital Outpatient Clinics.

[Ronan O'Connell](#)

Title: To Identify Factors That Influence Ehealth Project Outcomes in An Elective Surgical Hospital Setting: An Inductive Approach.

[Thomas Walsh](#)

Title: To Explore The Efficacy Of Teleconferencing As A Means Of Organisational Communication In An Irish Healthcare Setting

11:40 - 12:20

THEME IV: PEOPLE OPERATIONS - KEY SUCCESS FACTORS

Chaired by Dr Ciara Fitzgerald

[Josephine Davis](#)

Title: Examining Knowledge Management Approaches For Succession Planning -The Case Of An Irish Hospital

[Martin Denny](#)

Title: The Impact Of Aggression And Violence Training Programmes For Mental Health Staff From An Irish Perspective. Insights From A Quantitative Survey Study

[Priscilla Lynch](#)

Title: Examine The Factors Influencing Home Helps Uptake Of The Influenza Vaccine

[Lawrence Munkhondia](#)

Title: The Adoption Of Multidisciplinary Team Meetings In West Cork Primary Care Centres

[Brendan Murphy](#)

Title: Nurturing The Digital Baby – Action Research For Optimisation

12:20 – 12:30

BEST PAPER AWARD

12:20 – 13:00

NETWORKING & LUNCH

MSC HEALTHCARE LEADERSHIP - ABSTRACTS

CHRISTINA BOWES

OUTSOURCING A CRITICAL SERVICE IN HEALTHCARE: THE DECISION MAKING PROCESS

This research examines the decision making and control process with regard to outsourcing a critical service through a multi-layered case study which was carried out in a private acute hospital. Analysing prospective outsourcing of a Hospital Sterile Service Department (HSSD), this study takes into account the potential financial implications as well as the impacts on culture, communication, quality and reliability.

Qualitative data was collected from nine semi-structured interviews. Subjects were carefully selected in order to represent a broad sample of senior managers who were previously involved in various outsourcing projects. A conceptual framework to analyse the data is proposed in the paper.

The findings of this research suggest that if outsourcing is managed effectively, it itself becomes the driving force that perpetuates future success and growth. Outsourcing can both deliver a competitive advantage and be a key strategic driver in healthcare. However, balancing this with emotional factors such as staff morale and job security is vital.

The evidence emerging, demonstrates that outsourcing any service is intricate in healthcare and requires a high level of due diligence. In addition, the complexities of delivering the HSSD service specifically, requires the outsourcing planning process to be stringent and capable of addressing the challenges that may arise.

The findings underpin the necessity for an accredited external vendor, consistent with the literature in the area. Once the service can be met by the external provider and the right project team is put in place, it appears that the outsourcing of HSSD is very achievable.

FIONA MOHALLY

TO INVESTIGATE THE EFFECTIVENESS OF PROCESS IMPROVEMENT IN GYNAECOLOGY OUTPATIENT LONG WAITERS IN CORK UNIVERSITY MATERNITY HOSPITAL

At the beginning of 2017, Cork University Maternity Hospital (CUMH) had over 1500 patients waiting over a year for a gynaecology outpatient appointment. This delay causes increased stress amongst staff and increased anxiety amongst patients due to the excessive amounts of time in the symptomatic state.

Their condition can also deteriorate while waiting, which is a risk for both patient and hospital. The hospital embarked on a plan for tackling one of the biggest risks to the South/South West Hospital Group, which was the gynaecology outpatient waiting list in the Cork and County area.

The aim of this research project is to investigate the effectiveness of this process improvement in CUMH. Data sources included interviews and waiting list figures from the Hospital's Patient Information Management System (iPMS).

This qualitative study applied E.M. Rogers Diffusion of Innovation (DOI) theory to analyse the effectiveness of this process improvement. The new process involved taking a novel approach whereby all of the patient referral letters were divided into eight major

diagnostic groups. Each group of patients were then seen in clinics specific to their diagnostic problem. This meant that although patients were not seen in chronological order, there was a faster throughput of patients at these clinics. These new measures resulted in a significant reduction in the waiting list for patients waiting greater than one year. Approximately 1850 patients have now been seen since this new process was introduced.

This new process allowed for the planning and understanding of the type of referrals coming into the hospital, not just for special initiative clinics. It also allowed for the planning of a new system to be put in place whereby the capacity offered matches the demand, once the backlog of referrals was dealt with. Rogers theory helped to achieve this by providing guidelines for change agents about what attributes can be built into the new process.

ANDREW OWEN

UNVEILING THE TRUE FINANCIAL COST OF CT TAP EXAMINATIONS IN AN ACUTE IRISH HOSPITAL - A 'TIME-DRIVEN ACTIVITY-BASED COSTING' APPROACH.

Background:

The demand for radiology services within Ireland is increasing. As radiology is a 'high cost / high volume' clinical service, the availability of patient/examination level cost data is essential in order to accurately inform budget allocation, as well as future service planning, both at local and national levels. Despite this however, no costs at the patient level are currently available for individual radiology examinations.

Objectives:

This study aims to measure the overall cost of a CT TAP examination using Time-driven Activity Based Costing (TDABC) as the cost accounting tool. By deriving an accurate cost for CT TAPs at the examination level (including all direct and indirect costs), local hospital management will, for the first time, have a clearer understanding of the actual cost of service delivery.

Methods:

Using standard TDABC methods, CT TAP examinations were costed using traditional TDABC methodology. Using a combination of direct observation and self-reporting, process maps were developed that demonstrated the workflow steps and the times taken in CT TAP examinations. Capacity cost rates were calculated for each discipline involved. All direct and indirect costs were considered and a final examination level cost derived.

Results:

The estimated cost of performing a CT TAP was found to range from €51.47 to €86.63. This cost was directly influenced by both source of referral (OPD, IP, or ED), and whether the scan required contrast administration. The percentage breakdown of the average cost was found to be: 61% staff costs, 19% equipment, 15% consumables, 4% utilities, and 1% indirect costs. The cost of performing CT TAPs is highest for patients from the Emergency Department, as the resource inputs are greatest.

Conclusion:

The use of TDABC proved effective in deriving a previously unknown cost at the procedural level. Despite some limitations with the process, TDABC enabled cost savings and efficiency improvements to be identified. The potential benefits in using this as a costing method for all radiology examinations and in other hospitals should be considered.

Keywords:

Computed Tomography (CT), Cost, Healthcare, Time-driven Activity Based Costing (TDABC), Radiology

MAJELLA O'CONNOR

HOSPITAL GOVERNANCE AND BOARD FUNCTION: AN EMPIRICAL ANALYSIS OF THE LEVERS OF CONTROL

The purpose of this study is to conduct an empirical analysis of how management control information is used by non-executive hospital directors and explore its relationship with board and hospital performance. This is in the context of the requirement for increased accountability and good governance practice.

To achieve this objective an online survey was distributed to non-executive directors of eight hospitals to gather quantitative data in respect of the performance effects related to the use of three types of management control information (Service Level Arrangement, Budget Information and KPIs), strategic performance and the role played by different professional groupings in this respect.

The results support the hypothesis that 'directors identifying their hospital as being high on strategic change will be more likely to rate their hospital's performance *favourably*'. This finding is consistent with the researcher's expectations and prior studies in the area. The hypothesis that '*directors with a clinical/medical background are more likely to use the information interactively and directors with a business background are more likely to use it in a diagnostic manner*' was partially supported as the results show that while clinicians do use the information more interactively than diagnostically so too do the directors with a business/finance background.

However, no conclusive support was found for the hypothesis that '*directors identifying their hospital as being high on strategic change (Type B) will use the information interactively and those that use the information diagnostically will identify as being low on strategic change (Type A)*' which is in contrast to the findings in the published literature.

The study contributes to prior research in the areas of management control theory (use of Simon's LOC Framework as adapted by Abernethy & Brownell, (1999)) and corporate governance theory relating to the linkages between effective corporate governance practice and hospital performance. The findings also provide evidence to support the argument that hospitals can benefit from having clinicians involved in corporate governance and the manner in which hospital directors use management control information correlates to positive board and hospital performance ratings.

BREDA O'RIORDAN

EXPLORING THE ROLE OF A PERFORMANCE MANAGEMENT SYSTEM IN HOSPITALS; IN LINE WITH ORGANISATIONAL CHANGE

Following a structural change in the Health Service Executive (HSE) in Ireland in 2013 and the establishment of Hospital Groups, the Performance and Accountability Framework was introduced to ensure organisational performance was monitored and improved accountability across the system.

The Balanced Scorecard (BSC) as developed by Kaplan and Norton was chosen to be the management control system to monitor this performance. Against this background, the research objective of this study is to explore the role that a performance management system can play in shaping organisational change in a healthcare setting. A cross sectional survey was distributed to (n=63) Executive Management Team (EMT) members in eight hospitals across a regional area in Ireland. These hospitals varied in terms of size and governance structures.

This study's findings demonstrate that the BSC aided organisational change and lead to improved accountability. Widespread support for the BSC as a management control system in healthcare was also evident. In addition, the management control information generated for the BSC was broadly perceived by participants as relevant, reliable and valuable for decision making purposes. Communication and participation issues arose, however, particularly within smaller (Model 2) type hospitals limiting the overall success of the BSC in these settings.

Finally, utilising Simons (1995) Levers of Control Framework, variations in the use made of the control system were found, which was related to hospital governance arrangements. The findings suggest that in a voluntary hospital the BSC is used in a more interactive manner in order to inform strategic planning and control, whereas in statutory hospitals it was used in a more diagnostic manner to highlight variances and less so to inform strategic planning and decision-making.

Overall, the study demonstrates that the BSC is of merit in this setting; as it aids organisational change and improved accountability; however, organisational realities around communication and participation are key to its success.

BREDA CHANDLER

AN EXPLORATION INTO POSSIBLE VARIATION BETWEEN SENIOR MANAGERS, CLINICAL NURSE MANAGERS AND FRONTLINE STAFF PERCEPTIONS OF SAFETY CLIMATE IN A LARGE ACUTE TEACHING HOSPITAL

Background and Objective:

Evidence suggests the most influential factor in patient safety is organisational culture, with safety climate being one of the strongest predictors of safety behaviour and safety outcomes.

Aim:

The aim of this study was to explore perceptions of safety climate and possible variations among staff groups based on position held rather than work location in a large acute teaching hospital in Ireland.

Methods:

A cross-sectional survey of purposively selected hospital staff (n=123) was conducted. A modified version of the safety attitudes questionnaire (SAQ), creating a 54-item SAQ across 7-scaled domains including 6 categorical items. Safety attitude scores were measured against the six categorical items and used a 5-point Likert scale across the seven domains. Scores were compared between staff groupings.

Results:

There were 93 (74.6%) respondents. Internal consistency reliability scored >0.7 for all seven domains, indicating a good model fit. The mean positive attitudes towards the seven domains show clinical nurse managers had higher positive scores across five of the seven safety climate domains. Senior Managers only scored highest in one domain: Job Satisfaction and scored the lowest for: General/Organisational; Teamwork Climate and Safety Climate. Frontline staff scored highest in Stress Recognition. Analysis revealed statistically significant differences for Teamwork Climate and Working Conditions.

Conclusion:

Clinical nurse managers (CNM) and not the senior managers scored more positively for safety attitudes. This is not in line with expectations from previous research findings. Frontline staff scored least positively which is in line with the research. As the CNM grouping was the only single-role based group, further analysis is required to establish if the mix of groupings influenced these scores.

CATHERINE HOGAN

EXAMINING THE SUSTAINABILITY OF QUALITY IMPROVEMENT INITIATIVES: WHAT FACTORS CONTRIBUTE TO THE SUCCESS OF THE *SAFETY CROSS* IN IRISH HEALTHCARE SETTINGS?

Much has been written about Quality Improvement (QI) in healthcare and its effects on patient safety and outcomes. While acknowledging that focusing on one driver of quality will not give the desired effect for improvement (HSE, 2016 p. 5); information and measurement are central to improving quality of care (Provost and Murray, 2011). This study will focus on the sustainability of measurement in QI initiatives. The *Safety Cross* is a data collection tool used in healthcare, and has been identified as a simple but effective measurement tool in QI. However healthcare organisations encounter major difficulties in sustaining and diffusing improvements (Barnett et al, 2011). Therefore further research is needed to review QI sustainability from an Irish healthcare context.

Aims:

The aim of this research study is to examine the sustainability of QI initiatives by ascertaining what factors contribute to the success of the *Safety Cross*, as a mechanism for measuring Quality Improvement in healthcare settings in Ireland.

Methods:

This research study utilises the *Technology, Organisational and Environmental Framework* (Tornatzky and Fleischer, 1990) and the individual drivers of the *Framework for Improving*

Quality in our Health Services (HSE, 2016) to explore the factors that project coordinators involved in the Pressure Ulcer to Zero (PUTZ) collaborative identified as contributing to the sustainability of the *Safety Cross* as a mechanism for measuring QI.

Primary data was collected using Survey Monkey. Project coordinators in residential settings from the PUTZ Collaborative Phases 1-3 were invited to participate in a survey on their experiences with regard to the sustainability of the *Safety Cross*. The Survey Monkey tool was designed following analysis of interview findings derived from a dedicated questionnaire used during a previous case study on the diffusion of the *Safety Cross 2* innovation (Hogan, 2018). A mixed method approach using qualitative analysis for open-ended questions and quantitative analysis using MS EXCEL for close-ended questions was utilised for data analysis.

Results:

The implementation of the *Safety Cross* was rated by 24 of the 26 sites surveyed as either successful or very successful. The key enablers to this success were attributed to ease of use of the tool, effective leadership and staff engagement. The main barriers to implementing and diffusion of the measurement tool were lack of staff engagement, lack of local leadership and no perceived value of measurement in QI. To ensure sustainability of the *Safety Cross*, as a mechanism for measuring QI, effective leadership, staff engagement and continuing education are needed.

Conclusion:

While QI initiatives often fail to sustain, this study found that the *Safety Cross* was in the main a success, and sustainable as a measurement tool for QI in residential health care settings in Ireland. However as other literature have shown (Tricco et al, 2016; NHS, 2017) further efforts are needed to ascertain how healthcare services in Ireland plan for sustainability to ensure the success of QI initiatives.

AILEEN HORGAN

THE IMPACT OF AN EARLY MOBILISATION INITIATIVE IN AN ACUTE CARE SETTING

Aim of this paper:

The aim of this research is to examine the impact of an early mobilisation initiative called “End PJ Paralysis” in an acute care setting.

Background:

Unnecessary bed rest can cause patients to have a loss of mobility, fitness and strength and can ultimately result in an increased length of hospital stay. Mobilising regularly while in hospital is known to be an important preventative measure for deconditioning of older adults, yet patients continue to functionally decline while in hospital.

Hospital-based mobility initiatives have the potential to decrease the rate of functional decline.

Design:

Grounded theory provided the structural underpinning to the study.

Data Collection:

Consisted of three parts. 1. Data collected from a 10-week challenge that promoted mobilisation and education of staff and patients. 2. Reported number of falls during this

time using the Safety Cross and 3. Semi structured interviews with nurses, clinical nurse managers (CNM), and patients who were involved with the 'End PJ Paralysis' initiative.

Findings:

During a 10-week promotion of the initiative, a significant increase of 15% of patients were mobilising, resulting in decreased lengths of stay, decrease in the number of falls, and increase in staff participation and reported patient satisfaction. Factors that influenced the adoption of the initiative were behaviour, leadership, and communication.

Combining to provide a framework to examine the impact. These influencing factors determined the impact of the initiative.

Conclusion:

Each day a patient spends in hospital should contribute towards their recover and discharge. Mobilising patients while in hospital has a profound impact on their functional status. Evidence from this research project suggests that early mobilisation initiatives can prevent deconditioning and improve patient outcomes.

SINEAD O'BRIEN

THE PURSUIT OF "VALUE" IN SPECIALIST MENTAL HEALTH SERVICE PROVISION - FOCUS ON FIRST EPISODE PSYCHOSIS (FEP)

Background:

Early intervention in psychosis (EIP) aims to detect psychosis early and therefore improve clinical and functional recovery whilst reducing the risk of relapses and the development of severe and enduring mental illness (SMI).

Aims:

This study aims to (1) collect demographic data for all individuals with FEP over a 5- year period. (2) determine the impact of factors which can affect mental health service delivery for individuals with FEP (3) Propose recommendations for the most appropriate model of care for FEP for all areas of North Lee Mental Health Services (NLMHS), Cork.

Methods:

A retrospective analysis of demographic data on all individuals referred to the NLMHS EIP service in the time-period of July 2013 to July 2018. Data will be further analysed to determine any differences between the urban and rural area.

Results:

The incidence of FEP in the urban area is 52.4/100,000, which increased to 72/100,000 in RAPID areas. The incidence of FEP found in the rural area is 11.6/100,000. The Urban area has higher numbers in receipt of social welfare, and significantly lower numbers in employment at time of referral. Individuals in the urban area were from 25 different countries in comparison to 2 countries in the rural area. The availability of family support was significantly lower in the urban area. Individuals with FEP in the urban area were more likely to have a previous forensic history.

Conclusions:

The proposed model of care for FEP in NLMHS is an Integrated Practice Unit (IPU) with urban and rural subgroups. The Stand Alone model is proposed for the urban area. A central tenant to this model of care is a Value-based model with agreed identified values from clinicians, managers, patients and their families.

CATHERINE O'DONOVAN

DIFFUSION OF INNOVATION: RELATIVE ADVANTAGE AND OBSERVABILITY - KEY ATTRIBUTES FOR QUALITY IMPROVEMENT

Background:

Quality of care and patient safety are key priorities in healthcare provision (WHO, 2017). Recent reports on maternity care have highlighted substandard care, increasing public and governance concerns. Quality Care-Metrics (QCM) have been developed to measure midwifery and nursing processes to assure quality, safe care and enable continuous quality improvements.

Aims:

To explore factors influencing the rate of adoption of QCM in a large Irish maternity hospital, through the lens of Rogers' Diffusion of Innovation Theory (DOI) (2003).

Methods:

A case study was conducted in two phases with midwifery managers, in a 144-bedded, tertiary maternity unit in Ireland. Participants were invited to take part in semi-structured, face-to-face interviews. Constant comparative analysis was utilised to identify themes. Themes were applied to Rogers' DOI theory to ascertain key factors influencing the rate of adoption of QCM.

Findings:

This study demonstrates that the advantages of QCM, in providing ownership to midwifery managers' to measure midwifery care processes, and empowering them by providing evidence of good care and enabling quality improvements, influences the rate of the innovation's adoption. Middle managers' influence on information dissemination during innovation-diffusion impacts the rate of adoption. This establishes relative advantage and observability as key attributes of QCM influencing the rate of adoption in this hospital. Compatibility and trialability are less influential, though positive, while complexity had variable influences. 2

Conclusion:

Promotion of relative advantage of an innovation prior to and during implementation expedites adoption. Highlighting middle managers' influence on such processes may assist in planning implementations in healthcare and other organisations.

SHANE HAYES

HOW TO MAKE THE INFORMAL A FORMAL SUCCESS - THE FACTORS THAT HAVE CONTRIBUTED TO THE SUCCESS OF A SOCIAL MEDIA STAFF COMMUNICATION APP IN A HOSPITAL SETTING.

Aims:

Social media can offer substantial opportunities for the healthcare sector to develop their internal communication structure. Yet public sector social media adoption remains an under-researched area. This study aims to identify the factors that have contributed to the success of Facebook Messenger for internal communication in an Irish hospital setting.

Methods:

This research examines the qualitative evidence sourced from an on-line survey and interviews, to gain an understanding of the attitudes of Radiology staff to the use of Facebook Messenger as a means of internal communication. Based on the thematic analysis of the data obtained and a thorough literature review a conceptual framework was developed which incorporated the Technology Acceptance Model; Diffusion of Innovation Model; Social Capital Theory and Mass Communication Theory to create an adoption framework for social media communication in organisations to analyse the data collected.

Results:

The results show that social media communication is being used to facilitate the running of the Radiology department in a large Irish hospital. This method of team communication is currently being used in an informal capacity. There is however a desire by the participants to formalise this arrangement with an officially sanctioned communication app. The management and staff feel that guidelines and an organisational policy are required to safeguard the employees against any misunderstandings which may arise between the current members. 2

Conclusion:

The extensive use of Facebook Messenger for internal communication has had a positive impact on communication practices in the Radiology department of an Irish hospital. Employees see social media as the future of internal communication and would not be prepared to return to the practises of old. The ease of use, usefulness and positive advantage of social media have improved communication within the department. The next step for the staff is to see the formalisation of the app. The Health Service Executive (HSE) need to engage with its workforce and put in place a structure that will allow the use of social media for internal communication in a safe, secure and official manner.

GILLIAN O'CALLAGHAN

MANAGEMENT OF PROGRESSIVE ASSESSMENT DATA FOR UCC FINAL YEAR MEDICINE MODULE CP5200 (PRINCIPLES AND PRACTICE OF INTERNAL MEDICINE AND GENERAL PRACTICE): AN ASSESSMENT OF THE CURRENT SYSTEM AND EXPLORING THE RATIONALE FOR CHANGE.

Aims:

This study is concerned with the management of progressive assessment (PA) data for University College Cork's (UCC) final year Medicine module CP5200. The current paper-based system, while meeting requirements, has been identified as an opportunity for change. The aim of this study is to establish key stakeholders' insights into the current system as it relates to them, their perceptions regarding its efficiency and efficacy, and identify if there is a potential rationale for change.

Methods:

Primary data was collected via survey questionnaires from two cohorts, namely 199 final year students, and 71 clinical supervisors, and three semi-structured interviews with the module coordinator and two module administrators. Analysis produced descriptive statistics and key themes. Ethics approval for this study was granted by Local Business Information Systems Social Research Ethics Committee (SREC) at UCC.

Results:

Results indicate dissatisfaction with the current paper-based system for managing PA data as regards efficiency and efficacy, albeit agreement that it is understandable and reliable. The current paper forms, completed by supervisors at the end of clinical attachments to provide global grades and comments on students, proved to be relatively ineffective at conveying feedback. The potential introduction of an electronic system to modernise this process was supported by study participants. This system could deliver value including: administrative efficiencies, improved student feedback, data analytics capabilities, and increased accuracy. Any such electronic system must be acceptable to stakeholders in terms of its feasibility and usability, and adopted through a well-managed change process.

Conclusions:

A rationale for change was established, with scope for improvement, or a complete re-design of the current system, being supported. The potential offered to medical education at UCC by technology's rapidly expanding capabilities in the area of electronic assessment and data management should be investigated and developed to its fullest potential; whilst

also recognising and addressing limitations in terms of reliability, feasibility, and user acceptance.

PETER O'CALLAHGAN

TO INVESTIGATE THE IMPACT OF SMS REMINDERS ON THE NUMBER “DID NOT ATTENDS” (DNAs) IN HOSPITAL OUTPATIENT CLINICS.

Objective:

To investigate whether using SMS reminders to alert patients of their future appointments, will impact on the number that DNA in public outpatient clinic.

Design:

Retrospective non-randomised control Pilot study.

Setting:

Outpatient Clinic Department Mercy University Hospital. Cork

Study Population:

Two specialties were identified for this review. Gastroenterology and Paediatrics, collectively this totalled 13 consultants. All appointments from 1st April 2018 to 31 July 2018 were included. Patients who gave a mobile telephone contact number and were scheduled to attend an outpatient clinic

Intervention:

An in-house developed app, OPD SMS reminder was introduced as an intervention, a “nudge”, primarily to remind patients of their upcoming appointment. The hope that the patient will attend their appointment, or notify the clinic to cancel or reschedule.

Main measures:

The primary data was appointment data and associated SMS transmission data. The appointment outcome was the key output from the appointments, while the Sent Status was the key from the SMS side. The data was formed into a single table which was completely anonymised and each row was an appointment and the SMS data was associated on this row as well, if a record existed. This was a before and after study which ran from 1Apr 2018 – July 31 2018, where the two periods ran 7 from Apr-May and Jun-July. June was the month SMS was introduced. The focal point of the study was DNA and whether it changed as a result of SMS being sent. Two specialties were involved in the study, namely Gastroenterology and Paediatrics.

Results:

A total of 2289 appointments were involved in this study, with 1140 in period 1 and 1149 in period 2. There were two specialties involved and Gastroenterology and Paediatric. From period 1 to Period 2 there was a net positive outcome of 14 when looking at the appointment on their own. Taking in SMS reminders 727 there were 670 which resulted in a “Success” transmission status which equates to a 92% success rate.

The 549 or 81.94% of SMS had an appointment outcome of “Attended” 4.48% had an outcome of “Cancelled”, and surprisingly 13.58% DNAs. One interesting finding was that 30 cancellations in period 2 occurred as a result of an SMS, which provided small but additional evidence that SMS did have an impact on DNA.

RONAN O'CONNELL

TO IDENTIFY FACTORS THAT INFLUENCE EHEALTH PROJECT OUTCOMES IN AN ELECTIVE SURGICAL HOSPITAL SETTING: AN INDUCTIVE APPROACH.

There are increasing demands to reduce costs and increase capacity to treat patients. Healthcare providers are seeking eHealth solutions to become more efficient and increase treatment capacity. There is evidence of eHealth projects failing and not achieving their aims and objectives.

Objectives:

This research aims to:

- Explore healthcare professionals' perceptions of factors leading to successful eHealth projects.
- Identify factors that will increase the likelihood of better eHealth outcomes and succeed in deploying eHealth solutions to their full capacity and functionality.
- Make recommendations for improvements based on the research finding.
- This study sought and was granted ethics approval by the BIS, Local Social Research Ethics Committee of University College Cork.

Method:

Qualitative thematic semi-structured interviews were conducted with healthcare professionals. Participants have varying levels of autonomy and included hospital Surgical Consultants, Accountant, ICT Specialist and Clinical Nurse Managers. The unit of analysis was the individual.

Results:

A qualitative data analysis exercise was conducted and themes were coded. The study found planning, communication and training are important eHealth concerns for healthcare professionals. A secondary concern found ambiguity in the understanding of governance of eHealth projects. Technical aspects of eHealth projects were not prominent.

Conclusions:

The findings suggest a high staff awareness level of variables involved in managing eHealth projects. Different user perceptions and understandings of variables exist. High variable interdependencies exist (Table 12). This study recommends better resourcing of eHealth project management to increase the likelihood of better eHealth outcomes and succeed in deploying eHealth solutions to their full capacity and functionality.

Keywords: eHealth, Communication, Planning, Training, Governance, Interdependencies.

THOMAS WALSH

TO EXPLORE THE EFFICACY OF TELECONFERENCING AS A MEANS OF ORGANISATIONAL COMMUNICATION IN AN IRISH HEALTHCARE SETTING

Virtual teams meetings and in particular Audio Teleconferencing has become commonplace within the Irish Healthcare setting. The objective of the virtual meeting is to enhance collective discussion, support decision-making and in doing so ensure quality is not affected. The purported advantages of Audio Teleconferencing have been identified as both a tool in managing travel associated costs and better time management. As the

virtual meeting place has become more routine within the health services, it has become clear that there are deficiencies within this environment particularly when examined within the scope of both Organisational Communication theory and Social Presence theory.

This research evaluated the efficacy of Audio Teleconferencing within the Irish Healthcare service in the South of Ireland. A Focus Group explored the use of the Audio Teleconference process within University Hospital Waterford. The findings supported the development of a questionnaire, which was used to survey 99 ICT, Management and Clinical staff. It was established that despite reported benefits the use of audio teleconferencing has many inadequacies. The research indicated that the Audio Teleconference environment requires resources, development and training to support better staff engagement, to enable decision making, to develop better meeting etiquette and to improve management of the virtual meeting and Audio Teleconference. 6 | Page

I deal with people all the time who talk about how videoconferencing is going to save time, it's going to save time on travel. It will be more effective and efficient. Every single person I've talked with, every white-collar worker I've asked. "What's the biggest waste of your time" has said "Meetings." And then they talk about videoconferencing. Geez, why would we recreate in cyberspace the single biggest waste of time we have in the physical world? (Schrage 1996)

JOSEPHINE DAVIS

EXAMINING KNOWLEDGE MANAGEMENT APPROACHES FOR SUCCESSION PLANNING - THE CASE OF AN IRISH HOSPITAL

Loss of experienced healthcare staff depletes the bank of organisational knowledge required to maintain high standards of working practices. Hospital middle managers hold important leadership roles in disseminating information from higher management to their teams, and information required to perform tasks is both abundant and diffuse.

By managing or sharing tacit knowledge, organisational wisdom may be maintained through periods of staff turnover. An investigation into knowledge management (KM) practices in healthcare in an Irish setting has not been performed, to date. This research presents an exciting opportunity to investigate Irish healthcare KM practices with a view to recommending knowledge management systems (KMS) to enhance succession planning.

Through qualitative interviews with University Hospital Kerry (UHK) middle managers, this research has gained valuable insights regarding systems used by participants to capture, store and retrieve information in a hospital setting. The primary recommendations for a KMS for UHK succession planning involves setting up 'communities of practice' (COPs) to reduce isolated work practices, to share knowledge across disciplines and to encourage innovation. The implementation of a shared interdepartmental I.T. system would be useful as a data repository and knowledge management system (KMS). New roles in the form of a knowledge manager would be a valuable addition to the HR team in linking individuals and maintaining KMS in hospitals.

MARTIN DENNY

THE IMPACT OF AGGRESSION AND VIOLENCE TRAINING PROGRAMMES FOR MENTAL HEALTH STAFF FROM AN IRISH PERSPECTIVE. INSIGHTS FROM A QUANTITATIVE SURVEY STUDY

Aim:

The aim of this study was to understand the impact of aggression and violence training programmes for Mental Health Staff from an Irish perspective.

Method:

Primary data was collected using a dedicated questionnaire which included a mixture of questions on general demographic data, age, sex, time in service, qualification of professional receiving training, different types of aggression and violence training and then staff satisfaction, experience and confidence with training. Data pertaining to the questionnaires was analysed quantitatively using SPSS. Within the questionnaire there were several questions where free text and comments were allowed. To analyse this data a thematic analysis approach was used.

Results:

There were 209 initial contacts with 158 submitted responses with 152 full responses and 6 partial responses, 51 contacts contained no information and therefore were discarded from the results. Most respondents were nursing staff 87%, with those staff who did respond 68% had over 10 years' experience of working in mental health. Over 91% of staff had received training in the last five years with Professional Management of Aggression and Violence (PMAV) being the highest identified training provider in the study. Of the training provided practical skills and prevention skills were taught more often than post incident review. Over 89% of staff were satisfied with training with 81% feeling it met the needs of the service, although 58% felt there was no direct link to key performance indicators such as seclusion or restraint reduction. There was an increase in confidence post training with over half feeling more confident and 95% of respondents felt there should be national standards in aggression and violence training.

Conclusion:

The findings of this study demonstrate that Ireland is similar to several European countries where there is no clear National guidance on the management of aggression and violence. The study demonstrates that although there are several different types of training provider, staff working in mental health feel that the current training is making an impact. Most staff are satisfied with the current training offered and feel more confident post training with 91% having recently training in the last five years. With regards to national standards staff would overwhelmingly support a move towards a standardised aggression and violence training which is evidence based, multi-disciplinary in its approach and linked to performance indicators.

PRISCILLA LYNCH

EXAMINE THE FACTORS INFLUENCING HOME HELPS UPTAKE OF THE INFLUENZA VACCINE

Background:

This study provides an analysis of factors influencing seasonal influenza vaccination (SIV) uptake among home helps (HHs) working for Cork Kerry Community Healthcare (CKCH). HHs comprise a third of CKCH workforce and work with a demographic vulnerable to infection thus they are a very important cohort in terms of flu vaccination uptake practices. Influenza is a preventable infectious disease, against which vaccination is the primary means of protection (Centre for Disease Control and Prevention (CDC), 2014). Healthcare workers (HCWs) are among the most vulnerable to the illness and are likely to be sources of infection transmission while caring for patients. Unfortunately, the vaccination uptake remains low for HCWs. The target for SIV among HCWs was 45% in 2017/18 increasing to 60% in 2018/19. Historically, these targets are not met; the Health Protection Surveillance Centre (HPSC) annual report indicated an uptake rate of 27% (appendix 2).

Methods:

A qualitative study consisting of a focus group was conducted with 30 HHs from West Central Cork, a note taker and a graphic artist recorded views expressed in the session; these were subsequently analysed using conventional content analysis.

Results:

Three interconnected themes explaining why HHs decline SIV were identified: Firstly, knowledge and attitudes is a key influencer in their willingness to get vaccinated and to recommend SIV to their peers. Secondly, accessibility, difficulty in availing of the SIV due to work schedule. Thirdly, the lack of a systematic communication process surrounding the 9 annual campaign is a significant barrier in both raising awareness and relaying details of the various incentives.

Conclusion:

Although SIV is still the most important preventive measure against influenza, SIV uptake remains low among HHs. The study identifies HHs varying attitudes, barriers and awareness of SIV campaigns and delivery methods. The findings from this research will inform the way SIV campaigns will be delivered in CKCH to increase HHs uptake rates.

LAWRENCE MUNKHONDIA

THE ADOPTION OF MULTIDISCIPLINARY TEAM MEETINGS IN WEST CORK PRIMARY CARE CENTRES

In delivering health care especially at primary care level, an effective multidisciplinary team can immediately and positively affect patient safety and outcome. The need for effective teams is increasing due to increasing co-morbidities and increasing complexity of specialization of care. Time has gone when a doctor or a dentist or any other health practitioner in whatsoever health organization would be able to solely deliver a quality care that satisfies his or her patients. The evolution in health care and a global demand for quality patient care necessitate a parallel health care professional development with a great focus on patient centred teamwork in the multidisciplinary team. This can only be achieved by placing the patient in the centre of care and through sharing a wide based culture of values and principles. This will help forming and developing an effective team

able to deliver exceptional care to the patients. The multidisciplinary team need collaboration, mutual respect and trust and closed-loop communication as the underpinning conditions required for effective team.

The development of primary care team in Ireland has been well received and further developments are taking place. However, a number of challenges exist in the healthcare environment, as to the effectiveness of the teams. Currently the health service aims for MDTM are to achieve goals and motivation of team members also should be backed by strategies and practical skills in order to achieve goals and overcome challenges. This paper highlights values and principles of working as a team. They must be guiding principles that provides MDTM players with a practical approach to deliver quality patient care in the primary care settings. In order to understand this, a questionnaire survey was sent to all primary care centres in West Cork to see the adoption of multidisciplinary team meetings in primary care teams. This was sample survey of N=32 members of the multidisciplinary team members. On this survey it showed that only 3.4% of GPs attended multidisciplinary team meetings. This is the main challenge as GPs are the main stake holder and team leader in primary care centre. This can hinder Primary care development such as 3 motivation and new innovations. These findings are discussed in relation to the need to adopt appropriate organisational supports for MDTM when working in primary care settings.

Keywords:

General Practitioners (GP), Primary care centre, multidisciplinary team meetings (MDTM), Innovation.

Design—Questionnaire based survey

BRENDAN MURPHY

NURTURING THE DIGITAL BABY - ACTION RESEARCH FOR OPTIMISATION

Delivery of healthcare is complex, with multiple stakeholders operating in a “wicked” ever changing resource constrained environment. The primary aim around introducing and optimizing an electronic health record (EHR) is to improve patient care and ultimately population health. Achieving this goal and measuring the contribution of EHR implementation towards this goal is extremely challenging.

Inspired by the success of participatory open innovative action design research in other industries, the objective of this study was to design and evaluate an action research approach for optimization of a recently implemented EHR for new-born healthcare. An action research approach was chosen as it represents a participatory democratic process to develop practical knowledge and solutions for optimization of this new shared digital EHR.

To achieve this we designed and conducted iterative collaborative workshops lead by an independent graphic facilitator with a “bottom up” approach, involving self-selected motivated members across the multidisciplinary healthcare team with subject -experts, and industry design consultants, scheduled collaboratively around clinical service provision, on site in each of 4 hospitals.

The action research approach was evaluated combining behavioural science and design science paradigms to demonstrate that knowledge and understanding of the design problem and its solution were acquired in the building and application of the EHR optimization prototype. Personal, interpersonal, organizational and inter-organizational

layers were seen to play as great a role as technological capability of the developing prototype within the iterative optimization process.

ICT innovation in healthcare requires extensive analysis not just of what we do, but how and why we do things. Healthcare team members and ICT industry designers should be guided and supported by design scientists and behavioural scientists towards a better understanding of “team cognition” for better communication, coordination of care and how a shared digital EHR can enhance this goal. The open innovative action research approach developed in this study has important implications for ICT innovation across the wider eHealth strategy.

Successful ICT innovation in healthcare requires equal investment in people and processes as well as in the technology if the ultimate goal of utilizing the technology for improved population wellbeing, health service efficiencies and economic opportunity is to be realised.

Learning Applied

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