



Cohorting Pilot Project

May - September 2023

Maria Molloy,
Deputy General Manager, GUH



GUH: Context Pre-Pilot



**Unscheduled care demands
2023 + % v 2022**

X Average trolley number 2022

**Bed Capacity Deficit-
KPMG Report 2019 222 beds required**



**Work with National Support team
Workshops & Bed utilisation**

Key priorities identified:

**Cohorting pilot
&
Integrated patient flow team with
operational control centre**



Pilot Round 1

- Q3 2022 integrated approach, GUH working with Saolta, CHO West and with assistance from the HSE national support team
- Early identification of key area of focus - **cohorting**
- Steering group convened Nov 2022
- Scope/Plan - cohorting of **all medical wards (6 medical, 1 streaming, 2 IPC wards)**
- Go-live Late December 2022 (to align with Christmas clear out)
- Winter surge/Escalation - **back to drawing board**

COHORTING

Right care, right place, right time

ED STREAMING

ED patients for admission should be streamed to 3 areas

1

SPECIALITY WARD

2

MAW (St. Enda's)
onward to Specialty Ward

3

ISOLATION WARD





Cohorting Pilot Planning Round 2

A different approach

- Steering group convened **March 2023**
- **Three specialty teams**/wards selected (Geriatrics, Gastroenterology and Cardiology)
- Longer time given to planning (2.5 months)
- Performance was monitored with metric tool and audits
- Communications/Education
- **Go-live date Mid-May 2023**

Target Cohorting Pilot for GUH



15th May



Focus on 3 medical specialty wards



3 month pilot timeframe



Watch out for regular updates





Cohorting Pilot Planning Round 2

Key tools used

Project
Tracker/
Steering
Group

WORK STREAMS

Tracked stakeholder engagements, pre-live planning, operational management, risks & issues log

Standard
Operating
Procedure

APPROVED BY STEERING GROUP

Operational cohorting rules, conditions and expected practices (SAFER bundle)

Metrics
Created &
Tracked

TOOL DEVELOPED

Operational tool for daily use, track key metrics; Weekly reports on performance

Comms &
Education
Plan

MULTI-METHOD APPROACH

Regular email broadcasts, Q&A sessions, posters, VDUs in main hospital



Cohorting Pilot

Communications to all staff and targeted educational sessions

COHORTING

Right care, right place, right time



ED STREAMING

ED patients for admission should be streamed to 2 areas

1

SPECIALITY WARD

2

ISOLATION WARD

PRIORITIES



DISCHARGE PLANNING - PDD



MDTs



HOME BY 11

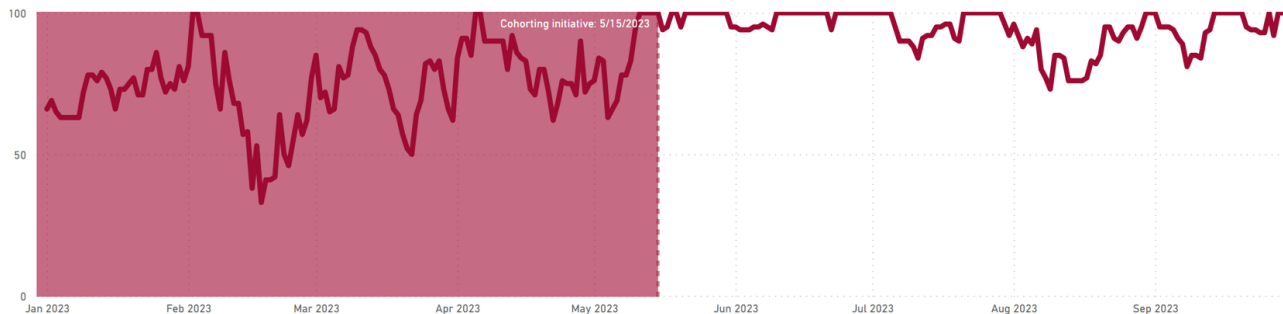


Cohorting Pilot

Metrics Tool - Data to inform performance and areas of focus

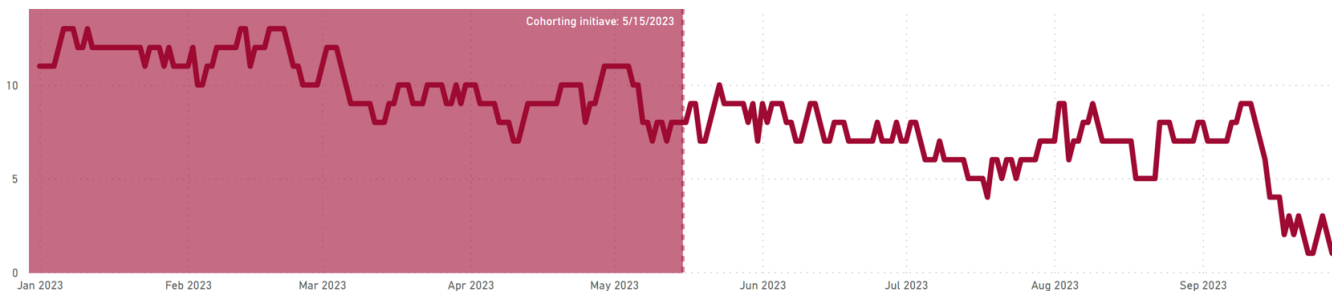
Cardiology

% Cohorted YTD



Geriatric Medicine

Safari Score YTD





Cohorting Pilot

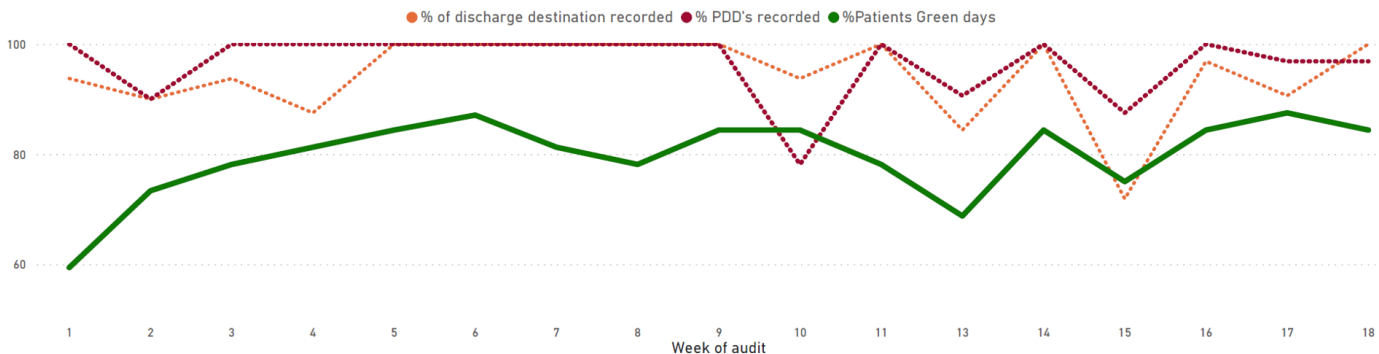
Metrics Tool - Data to inform performance and areas of focus

Gastroenterology

AVLOS



St Endas Whiteboard Audit



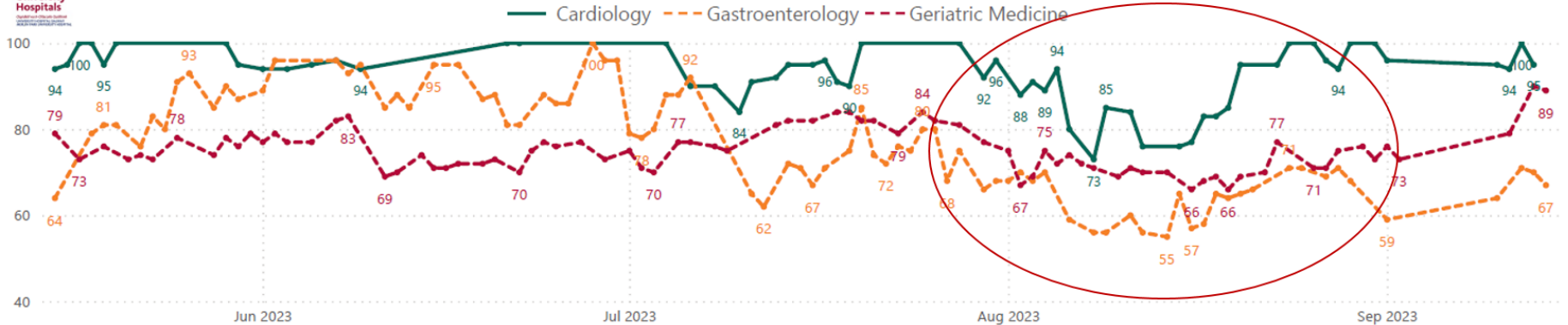


Cohorting Pilot

Key risk to cohorting- IPC outbreaks



Cardiology , Gastroenterology and Geriatric Medicine % cohorted



- Significant COVID-19 outbreak during August
- Impacted cohorted wards
- % cohorted patients reduced and safari scores increased
- Required a significant focus to get back on track



Cohorting Pilot

Qualitative data and positive impact outside targeted wards

- MDT asked for feedback in relation to the pilot period
- Overall positive impact- better working environment
- Key metrics to monitor patient flow all improved (Av LoS; % cohorted patients; safari scores)
- Weekly audits tracked MDT adherence to SOP (whiteboard audits, MDT audits/attendances)
- Knock on impact on medical wards outside of pilot (e.g. Nephrology team Av LoS reduced by 12 days)

Positive impacts



Improved communication within MDT



Improved SAFER bundle/green days/ LoS



More structure & discharge planning/PDDs



More efficient – less safari rounding



Other medical wards outside of pilot had improved cohorting metrics

Negative impacts



IPC issues: COVID outbreaks had a significant impact on pilot



MDTs lengthy, could be more efficient

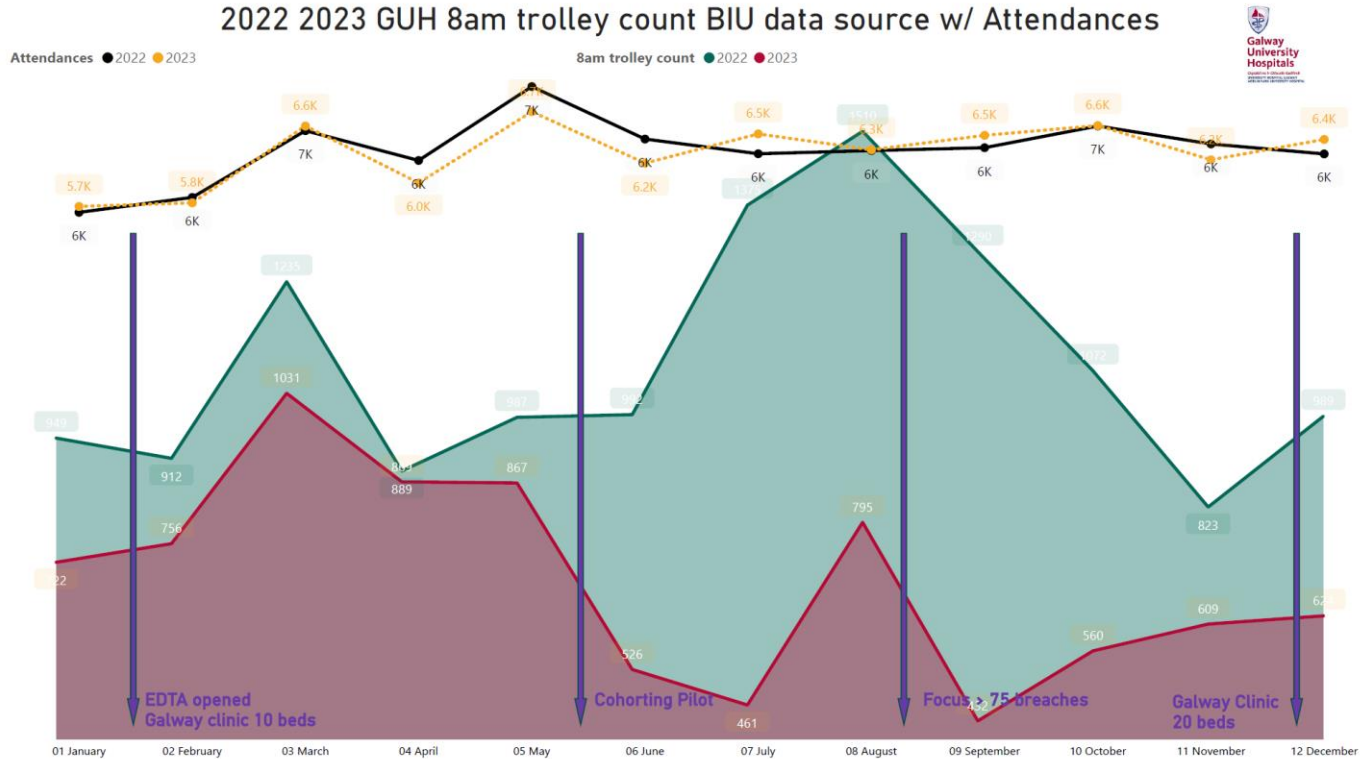


Dependent on consultant



Cohorting Pilot

Part of several interventions and initiatives to improve performance





Cohorting Pilot

Next steps and what more to work on

- **Areas for improvement** - EMDs/ home by 11am, target daily discharges to improve
- **Sustaining momentum** - requires refocus at regular intervals, looking at other ways to improve, educational sessions with staff turnover e.g. July/Jan new intakes
- **Phase 2** - current work in progress
- **Ongoing risks** - Old ward infrastructure/IPC outbreaks, ED KPI breaches take priority over patient to base ward

Staff member's feedback:

“without the cohorting, there will be less communication within the MDT, less effective discharge planning and longer length of stays as a result.”