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ANALYSIS OF ACUTE HOSPITAL RECONFIGURATION POLICY IN IRELAND: A CASE STUDY OF THREE GEOGRAPHICALLY CONTIGUOUS MODELS OF PUBLIC ACUTE HOSPITAL RECONFIGURATION

Healthcare policy is contentious and rarely off the socio-political agenda. An acute hospital reconfiguration policy was put in place in Ireland in 2006. Implementation varies by region and has occurred in the absence of either a clear methodology with which to plan or judge service changes. The aim of this research was to assess implementation of reconfiguration in three areas and account for observed variation. A multiple case study design involving three regions was undertaken. Three geographically contiguous hospital networks were selected. Documentary analysis of policy documents was performed and a historical chronology was produced. System-level indicators of reconfiguration (activity data) were quantitatively analysed to provide objective evidence of policy implementation and to explore changes that could be attributed to reconfiguration, or extraneous factors. Each network faced challenges to the sustainability of its acute hospitals, yet each had taken different and distinctive approaches to reconfiguration. One region, the Mid-West has fully reconfigured services. The process was complex and unstable. The process was rushed because of regulatory pressure following the publication of a patient safety investigation. Reconfiguration was almost complete in the South. The process was stable, albeit slow. Plans to reconfigure services in the South-East were abandoned. Reconfigured regions showed differentiation of services and specialty development. All regions implemented nationally mandated reconfiguration of cancer services. Reconfiguration was not a determinant of regional self-sufficiency in the delivery of care. Reconfiguration of acute hospitals is a function of the historical and socio-political context. The delivery of high quality sustainable acute hospital services is dependent on strategic configuration of hospital services. At regional level this translates to the requirement for evidence-based, well-articulated plans that are consistent with national policy but tailored to local context and sustained commitment to implementation by distributed clinical leadership supported by coherent national policy.

Biography

Orla Healy was trained and worked in hospital medicine for five years before embarking a career in Public Health Medicine following appointment as a Consultant in Public Health Medicine in 2005. She worked in national and regional capacity in the areas of Health Service Improvement, Patient Safety and Acute Hospital Policy Development. She is a Senior Lecturer at the Department of Epidemiology and Public Health, UCC. Her activity there includes Undergraduate and Post Graduate lectures, PhD supervision and collaborative applied public research with UCC on behalf of the health services. In May 2016, she was appointed as Director of Quality, Governance and Patient Safety to the newly established South/South West Hospital Group (SSWHG) and in February 2017, she was appointed as Director of Strategy, Planning and Population Health in the SSWHG. Her research interests include Health Policy Analysis, Health System Re-design & Evaluation and Population Health.

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