Investigating the Implementation of a National Pilot Project on Wait List Management using Pooled Inpatient and Day Case Surgical Waiting List between a Level 4 Hospital and a Level 3 Hospital in Ireland: Patient Experiences and Provider Perspectives

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Background

In Ireland, there have been numerous attempts to address long waiting times through various initiatives. Between 1990-2000, the Department of Health and Children introduced a Waiting List Initiative spending €246m over this period, the National Treatment Purchase Fund (NTPF) between 2004 and 2011 focused on patients waiting the longest period of time for a procedure on a public hospital waiting list, and proceeded to purchase the treatments required primarily through private hospitals in Ireland and the UK.

The introduction of the Special Delivery Unit (SDU) since 2011 has been an attempt to address the structural challenges and long term nature of reforms. However, as little work has been done to address the structural nature of the reforms required to streamline the patient pathway through the public system, the removal of short term funding to address the longest-waiting patients has meant that maximum wait times have been reached on an ongoing basis throughout the year, and resulting in a waiting list backlog. It is a problem that is likely to continue in the future when funding is withdrawn, therefore identifying which patients to prioritise is a vital concern in the prioritisation of patient treatment.

The research was based on a pilot project that took place between two public hospital sites - a Level 4 tertiary care hospital in Dublin and a Level 3 Hospital 120kilometres (km) away. The unique feature of this project was that patients were initially referred and assessed by the consultant in the Level 4 hospital (the originating hospital), who ticked the patients on his/her surgical waiting list (for major surgery requiring a general anaesthetic) (GA) i.e. repair of hernia, removal of gallbladder, repair of abdominal wall hernia, etc. Subsequently, the patient had to be referred to the hospital that completed the Level 3 hospital (the receiving hospital) site under a different consultant, who had not previously seen the patient, and was given direct access on the receiving Consultant’s (theatre) list in the Level 3 hospital. The objective of the pilot project was to begin pooling the longest-waiting routine surgical patients on the waiting list in the Level 4 hospital, and utilising the available capacity in the Level 3 hospital. Prolonged wait times for routine long waiting patients should, in theory, reduce the variation in the maximum wait time for surgery across all consultants within their specialty, and the Hospital Group. This is the first project of its kind in the newly formed Hospital Group.

While there is much grey literature exposing the benefits and potential positive impact of pooling referrals on waiting lists and wait time, there are very little in pooled waiting lists in practice, or in the bith context. There is also a gap in the literature about the pooling of waiting list in Irish hospitals, and these challenges faced in implementing and sustaining a pooled waiting list across hospital sites both in Ireland and internationally.

Methods

It is a mixed methods study that uses quantitative and qualitative methods. For the qualitative method, interview were conducted with the project team; and for the quantitative method, anonymous questionnaires were conducted with the patient group.

The target for the patient group was based on the inclusion criteria for patients who had their surgery completed under the pilot project. A senior member of the Healthcare Records Department was appointed as the Healthcare Records Manager to review the patients’ health care records to determine which patients meet the inclusion/exclusion criteria. Exclusion criteria applied to patients who were deemed by the senior member of the Healthcare Records Department to be considered vulnerable or under the age of 18. The number of patients who fulfilled the inclusion/exclusion criteria was n=79. A census of the target population was conducted, giving the small number of patients completed under the project.

Descriptive statistics were generated from the questionnaires with patients. Questionnaires were paper based and posted to the patient group.

Results

Of the n=79 anonymous questionnaires sent out, n=41 responses were received back. The patient surveys revealed that most patients transferred to the new hospital were very happy with their experience, and the minor issues experienced were related mostly to the pre-admission process and having more information regarding the transfer process and the transport options to the receiving hospital.

The qualitative findings:

The key empirical contribution of this research is that it is the first project of its kind in Ireland looking at pooling patients across two public hospital sites in different geographic locations. The research has made a key contribution to the literature by identifying and adding some new critical factors that influence the successful implementation and sustainability of such initiatives, in time management strategies at the local level. The new critical factors include the need to establish proof of concept, the importance of central coordination and single point of contact and the role of geography.

One of the things that differentiates this project from so many others is that it involves a waiting list initiative that is not contained within one hospital site. The literature review identified some pooling of procedures within departments in the same hospital.

The distance required to travel by patients was identified by interviewees as potentially contributing to the low uptake of patients on the project. The uptake from the number of patients offered the opportunity to have their procedure completed in the Level 3 hospital was identified by one of the interviewees to be as low as 25%. This is quite low compared to other research. Coulter et al (2005) who did a study of the London Patient Choice (LPC) Scheme found that 82% of patients offered the choice of quicker elective surgery chose to have their treatment in a different hospital.

Lessons Learnt/Policy/Practice Impact:

Major recommendations from this study include the need for clinician involvement on the originating hospital site in setting transfer criteria and better patient education in preparation for travel, and the need for central coordination for the Hospital Group. Pooled Waiting Lists are shown to work as a potential mechanism for improving patient flow between hospitals. It is also being used as a template to expand pooled waiting list to other specialties in the Hospital Group such as endoscopy procedures.

Discussion:

One of the things that differentiates this project from so many others is that it involves a waiting list initiative that is not contained within one hospital site. The literature review identified some pooling of procedures within departments in the same hospital. The distance required to travel by patients was identified by interviewees as potentially contributing to the low uptake of patients on the project. The uptake from the number of patients offered the opportunity to have their procedure completed in the Level 3 hospital was identified by one of the interviewees to be as low as 25%. This is quite low compared to other research. Coulter et al (2005) who did a study of the London Patient Choice (LPC) Scheme found that 82% of patients offered the choice of quicker elective surgery chose to have their treatment in a different hospital.

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A clear majority of patients were very satisfied with their experience in terms of the care they received and the admissions process. This is similar to a survey conducted by the National Treatment Purchase Fund (2017) that found that 99% of patients were satisfied with their care as they received them at alternative hospitals, although this case study may not be representative of other hospitals.

Conclusions:

The research corroborated key findings in the literature and added new evidence on factors not previously explored in the literature for the successful implementation of a wait-list management project. The project has since expanded to include Outpatient appointment and endoscopy appointments across the Hospital Group. The project continues to be implemented and improved on an ongoing basis and is part of an effort to improve patient flow through the Hospital Group across multiple specialties.

This study is conducted in partial fulfilment of the M.Sc. In Health Services Management degree at Trinity College Dublin.