



ECC Programme's Waiting List Initiative

Acute OPD Waiting Lists

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Enhanced Community Care



Introduction

In line with Sláintecare, the Integrated Care (IC) Consultants for chronic disease are supporting the achievement of national priorities through providing more timely and equitable access to specialist multidisciplinary care at the lowest appropriate level of complexity across acute and community.

As part of the national implementation of the ECC and seven Chronic Disease Modernised Care Pathways (MCP), the IC Consultants have been asked to specifically review the outpatient waiting lists, with a particular focus on those individuals waiting over 12 months for first OPD review ("Long Waiters") to stream appropriate patients into a number of activity streams across the Chronic Disease Community specialist team (CD CST).

Aim & Objectives

The aim of this project is to harness the learnings from 4 key sites and provide practical Standard Operating Procedures (SOPs) to enable all CD-CSTs, in partnership with their acute colleagues in the aligned hospital, to optimise their impact on the OPD waiting lists for the specialties of cardiology, respiratory and diabetes, through a proof-of-concept in selected sites.

Objectives include:

1. To demonstrate the impact of the ECC, MCPs and activity streams on the existing long waiters OPD list & on new OPD referrals.
2. To develop a SOP that can be adopted/adapted by other CD-CSTs to support them in addressing their OPD waiting lists.
3. To develop a SOP to embed the activity streams across a full Cardiology department to future proof the impact on waiting list management.
4. To develop a SOP for developing IC Consultant and nursing clinics attached to hospital IPMS system.
5. To identify the barriers and facilitators to implementing the SOP & solutions requiring national/regional action to support scale up of the SOP.



Approach

Identify proof-of-concept sites & required support

- 4 CD-CSTs were identified in the specialty of cardiology (Sligo, Galway, Bray & Wexford)
- Initial site visits conducted to meet the teams and identify where supports were needed from Hub / Acutes to reduce Long Waiters and enable Hub and Acutes to support referrals from GPs.
- High level review and recommendations completed and agreed.

Identify

Implement

Implement supports required

- Although all sites at very different stages of ECC implementation overall requests for support were similar
- Need for additional diagnostic support – additional budget agreed to reduce the long waiters
 - Enable the creation of additional clinics, - standardisation of practices incl. Triage, Discharge, and DNA needed
 - Working groups set up for each location to review weekly breakdowns and requests and status updates centrally
 - Uses of different technology – review best practices across sites and gain insight into technology next steps

Analyse impacts, capture lessons learnt and share best practices

- Analyse the impacts the agreed recommendations and support applied have had on the cardiology OPD waiting lists
- Capture lessons learnt and document best practices
- Develop SOPs for various processes that can be adopted/adapted create plan to embed
- Share learnings and SOPs / best practices / solutions nationally to support reducing Long Waiters
- Define next steps to embed practices

Analyse & Share

Site Activities in Galway, Sligo, Wexford, Bray

Galway Demonstrator Site

Before

- **Hub** – Referrals going through Acute and Hub, some long waiters in acute deemed appropriate for Hub
- **GP engagement** – virtual clinic pathway being utilised, further engagement practices needed to improve referral quality
- **Manual Triage of Hospital Cardiology Referrals** – folders of patients being passed to Consultants
- **Increased diagnostic support needed** – large numbers of long waiters awaiting Echo's
- **Lack of visibility of status of patients** – not making use of available data to forecast demand/capacity
- **No standard approach** – across Triage, DNA or Discharge of Patients
- **Need for coordination support** – between wait e.g. diagnostic – consultant
- **No agreed Service Promise for Patients**

So Far

- **Dr Connolly clinically validated 786 Long Waiters** clinically - 130 (79 LWs) were discharged with advice, 129 (61 LWs) were diverted to the Integrated Care Hub and 82 (29 LWs) were diverted to direct access ECHO
- **Palpitations Super Clinic** completed by Dr Connolly and team-discharging 35 patients in 1 day, over 90% discharged
- **Overall, 407 (217 LWs) have been removed from GUH cardiology wait list**
- **GP Engagement** - Comms plan being defined to **improve GP Engagement** – prevention of unnecessary referrals and buy in to attend virtual clinics
- **Triage** -Solo CNS triage clinics –electronic triage pilot Sept/Oct
- **Diagnostics** -235 Echo's scheduled by 13th September;
- **Visibility** – review of IPMS reporting and coordination practices
- **Standard approach / Coordination support** – SOPs captured and **sharing best practices** to share and embedded with interim support in place
- **Service level Promises for Patients** being defined and agreed across Hub /Acute

Sligo Demonstrator Site

Before

- **Hub Healthlink not open** – all referrals going into Acute. 358 patients on the Hub waiting list.
- **GP engagement not embedded** – Virtual clinic pathways established since March 2023, GP engagement 40-50%.
- **Manual Triage** – completed in SUH by consultants.
- **Increased diagnostic support needed** – currently temporary support in place, completing and reporting Holters & Echo's in the hub.
- **Lack of visibility of status of patients** – learning how to interpret IPMS waiting list. SUH patient files coming to hub for consultant and new nursing patients.
- **Need for coordination support** – preventing additional clinics being booked for Consultant
- **No agreed Service Promise for Patients**

So Far

- **Dr Eapen clinically validated long waiters** – significant amount of patients seen and discharged, the remaining have been validated and scheduled to correct pathways.
- **Hub** - Agreed timeline to reopen Healthlink within the Hub
- **GP Engagement** – initiatives to engage GPs being defined, inclusion and exclusion criteria for referrals to be shared with GPs.
- **Triage** – coordination pathways being tested in coming weeks
- **Diagnostics** – 130 Echo's scheduled by September; ongoing review to assign long term plan.
- **Streamlined pathways to the hub** - commenced.
- **Visibility** – launch of IPMS imminent
- **Coordination support** – temporary support in place to review practices
- **Service level Promises for Patients** – being defined and agreed across Hub /Acute

Wexford Demonstrator Site

Before

- **Hub** Referrals going through Acute and Hub – some **duplication** from GPs
- **Embedded GP engagement** practices – further support needed to embed **virtual clinics**
- **Manual Triage** – unable to access files from Acute no access to IPMS
- **Increased diagnostic support needed** – patients having to go to Private provider
- **Need for coordination support** – preventing additional clinics being booked for Consultant
- **Embedded CNS pathways in place** – need to share practices with other sites
- **No procurement** access within Hub delaying progress across the board
- **No agreed Service Promise for Patients**

So Far

- **Referrals & GP Engagement** – review and survey in place with GPs to understand current status and where improvement needed
- **Triage** – IPMS roll out scheduled but need for standardisation across Acute and Hub
- **Diagnostics** - **200 Echo's approved** scheduling to be agreed with Acute; need for longer term plan for Hub
- **Coordination support** – working to place additional admin support into the acute to enable 1 additional clinic per week for Dr James. 2 x admin resources provided to hub to free clinicians from burden of admin work
- **Pathways** - standardised approach being created and capturing best practices to share with all sites
- **Procurement** - requests and review ongoing to enable procurement in Hub
- **Service level Promises for Patients** being defined and agreed across Hub /Acute

Bray Demonstrator Site

Before

- **Hub** – Pathway in place for long waiters in SVUH to Hub but improvements to be made in GP engagement to prevent in future
- **GP engagement** - successful virtual cardiology clinic in operation but further engagement practices needed
- **Single point of Triage** – all triage going through Dr Barrett within Hub electronically and done within 24-48 hours but is not sustainable
- **Increased diagnostic support needed** –long waiting times across CTCA, Echo and Holters– resource required to address this
- **Lack of visibility** – lack of integrated systems between between Acute and Hub resulting in delay in assessing patient information
- **Need for coordination support** – breakdown in coordination between diagnostics and next appointment
- **No agreed Service Promise for Patients**

So Far

- **Hub/GP engagement** – working on communication strategy to reduce the number of referrals going to Acute in error and improve virtual clinic attendance
- **Triage** – review of current practices across hub/acute to standardise process
- **Diagnostic** - 200 Echo's approved and appointments commencing – but need to secure physiologist for the Hub
- **Lack of visibility** – standardising pathways to enable capture of best practices to share with all sites
- **Coordination support** – interim support put in place to schedule and reduce Consultants admin
- **Service level Promises for Patients** being defined and agreed across Hub /Acute

Comments from GPs and Patients



"Referral pathway to the Hub is easy, patients get seen quickly and GPs have visibility of what's happened"
Dr. Kumar

"Great to get time with the Consultant to guide me on next steps for patient"
GP re Virtual clinic

"The virtual clinics work but it would be great to have set times for clinical guidance from the consultant on a regular basis to avoid referring patients ;
Sligo GP

"Nurses so nice and really take their time with you, listen and explain and guide you"
CNS hub patient

"It was great to get an appointment for my Echo and get the all clear , I can sleep easier now"
Sligo hub patient

"I was delighted to use Ennischorthy Hub as getting to Wexford is difficult for me, really great place and team on site there"
Wexford hub patient

"It was fabulous and so efficient . I found Dr Connolly very engaging and felt really taken care of"
Patient of Super Clinic



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