Outpatients – Creating a Strategic Toolkit to Improve Productivity

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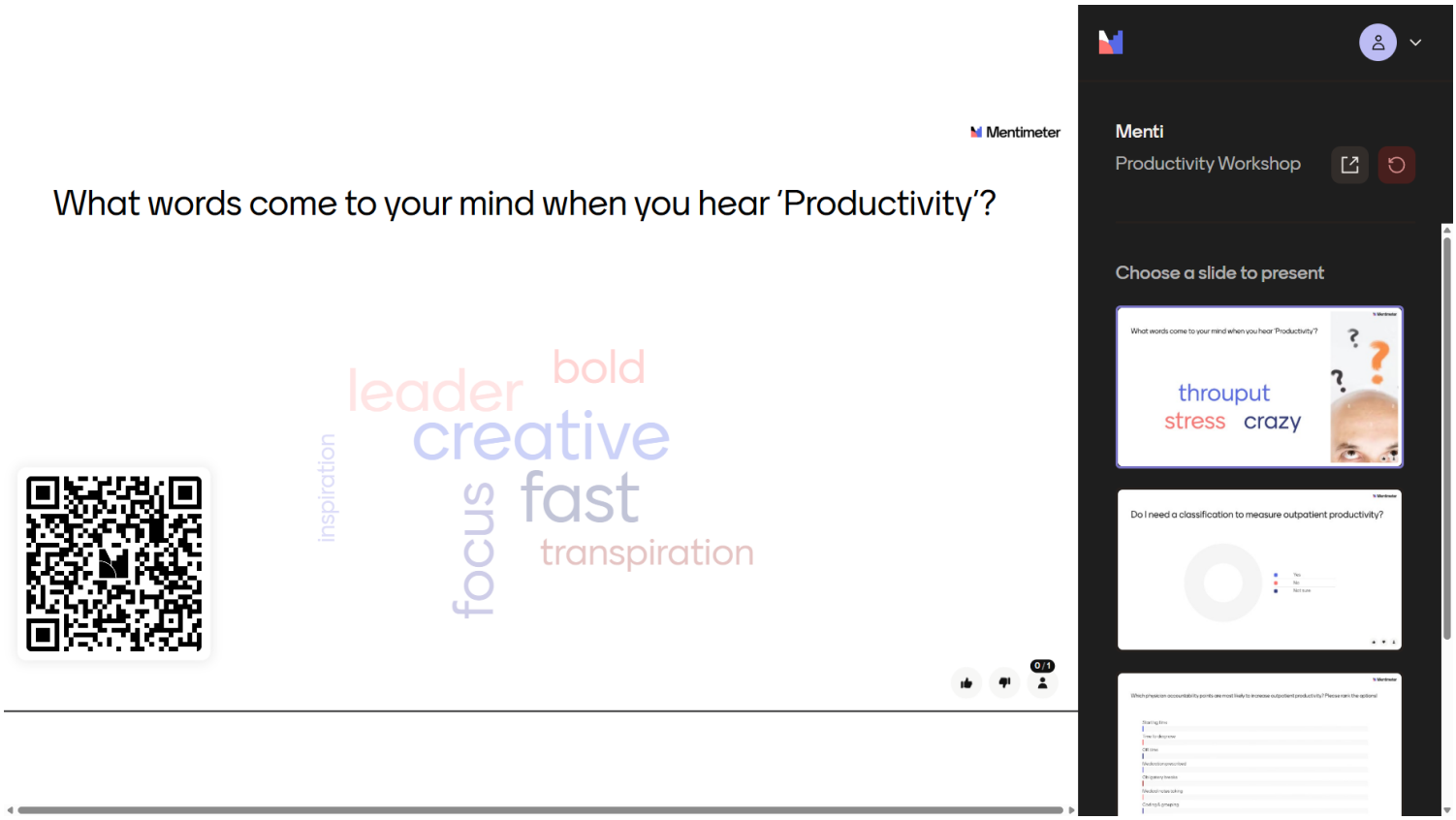
Productivity – Mentimeter Word Cloud

- What words come to your mind when you hear 'Productivity'



Productivity – delivering for patients and staff

"Productivity is delivering the maximum amount of patient health within the available resources"

Patients – More active role in their healthcare, more patients seen, shorter access times, higher quality and safer care, better health

Staff – More time for patients, safer care provision, fewer manual tasks, unlock and sustain initiatives, release potential, improved staff morale, better staff retention

Expenditure – Less waste and unproductive care, better tracking of costs, funding linked to patient cost, complexity and quality

Environmental – Less waste, better use of physical infrastructure, better use of technologies

Context Setting

Investment in Capacity

We have significant funding and resources invested in our health services….

- **Funding:** The health budget has increased by circa +€9.8bn (~70%) from €13.7bn in 2014 to €23.5bn in 2023
- **Resources:** Unprecedented growth in our staffing and funding investment in recent years, with a total net growth in across DoH Services of +25.4% equating to a net additional WTE of +25,785 staff

Demand Evolution

We face ever-increasing demand for our health services…..

- **Population:** The Irish population grew at an annual average increase of 1.3% from 2016 to 2022
- **Demographics:** Ireland has a rapidly growing and ageing population which will result in demand for our services continuing to growth significantly into the future
- **Forecasts:** Our ageing population is forecast to double for those over 65 years and treble for those over 80 years in the next two decades with 1.1m people living with one or more chronic diseases by 2030
- **Changing Models of Care:** In parallel with demographics, the manner in which care is delivered continues to evolve and system performance requires cognizance of this factor

Improving Productivity

Whilst progress has been made…..

- In 2023, the health service provided 3.7m outpatient appointments, 650k inpatient and 1.2m day case discharges. In addition, there were a further 1.7m Emergency Departments presentations last year.
- Waiting lists have fallen for the last 2 years, and the average waiting time for treatment continues to reduce.

There is much more to do…..

- **More people can be treated, and treated more quickly**, by improving the efficiency and productivity of our health service
- We must do everything we can to ensure that we **improve productivity** in our hospitals and community services

Our Productivity Focus

We need to……

- Deliver the **best health and social care outcomes** for **service users** in a **financially sustainable** way i.e. high value care
- Eliminate **unwarranted variation**; **duplication** and **waste** from our processes so staff have more time to provide care to the people we serve
- Embed continuous improvement and innovation, building on **what is known**, **what has worked well** and the **lessons learned** to maximise productivity
- Continue to **enhance prevention** and **early intervention** with a sustained focus on population and staff **health and wellbeing**

HSE National Service Plan 2025

- Productivity word count = 48
- Ciaran Devane, HSE Board Chairperson
- *“The Board’s overarching objectives for 2025 is to support improved efficiency and increased productivity, as well as the ongoing focus on improving the quality of care.”*
- Bernard Gloster, HSE CEO
- *“Our priority in 2025, therefore, must be a relentless focus on productivity and changed ways of working to make the best use of new and existing resources and ensure that public money is best used in the public interest.”*

Productivity Governance

- Productivity and Savings Taskforce
  - Established in January 2024 – meets monthly
  - Co-chaired by Secretary General of the DOH and the CEO of the HSE
  - Programme to drive savings and productivity improvements across the HSE.
- Productivity and Savings Taskforce Action Plan
- National Productivity Unit established in HSE in June 2025 reporting to HSE CEO

P&S Taskforce Action Plan 2025

Actions fall into 4 separate areas

1. Savings Measures and Financial Reforms
2. Service Level Productivity Measures
3. Workforce Improvements
4. Virtual Care and ICT Reforms

It is a 'Live Document' and further actions may arise.

29 Separate Actions and each action has:

- Senior Responsible Officer (SRO) in the HSE and/or the DoH
- Clear dates for delivery including key milestones
- Clear measurable benefits defined from the outset (i.e. measurable KPIs)

Productivity and Savings Taskforce Action Plan – Action 2.1 OPD

2.1	Outpatient Department (OPD) Productivity and Behavioural Insight Measures	Finalisation of OPD measures initiated in 2024: • Publication of OPD productivity data (Visualisation System); • Optimise demand and capacity management including productivity and progress tracking deployed • Consultant performance management operating; including plan for delivery of supporting IT system.	• Increases in average numbers of outpatient appointments per relevant consultant • OPD toolkit deployed across all hospital sites / specialties and supporting the delivery of – optimising OPD appointment scheduling; deployment of standardised OPD planning processes including CNA and DNA management; use of OPD referral management decision supports; use of behaviourally informed content in hospital appointment correspondence to reduce DNAs; and deployment of data assets to support and enable more effective OPD planning. • Compliance with Sláintecare (SC) wait time target; • %/Number of 'Did not attend' (DNAs)		Q1 2025

Outpatients – Work to Date

- Small NPU team visited 10 hospitals to observe high volume clinics in operation
- Our objective was to explore the potential for demand management, capacity utilisation and data optimisation to support the delivery of OPD targets
  - Staff engagement and feedback
  - Number of rooms available
  - Attendances: planned, actual, DNA/CNA, walk ins
  - Staff WTEs: planned and actual
  - Clinic time: planned and actual
  - Time available for appointments: planned and actual
- Report issued back to each hospital with findings

1. OPD Challenge & Key Findings

"Ensuring clinically appropriate OPD referrals receive an appointment within the 10 week Sláintecare target"

1. Key Finding: Opportunity to Optimise OPD 'Core' Capacity & Utilisation

- ✓ **Observed utilisation of capacity for direct patient activity was 80%**, with an observed range of 49%-128%
- ✓ **Clinics often used for non-patient facing activities** e.g. administrative work
- ✓ **Clinics may start late and over run** effecting downstream operations
- ✓ **Data is not being optimised** to support proactive planning and management of waiting lists. In particular the right information is not in the right hands, at the right time, to both understand the quantum of waiting lists or activity levels which will enable targets to be met. A fit for specific purpose mechanism to communicate this information and to develop the analysis is required
- ✓ **Potential to improve DNA and CNA management** in order to optimise capacity utilisation. On average, the DNA rate across all sites observed was 11%, ranging from 0% to 33% on the day
- ✓ **ICT challenges**, such as limited access to computers impacting efficiency.

2. Key Finding: Opportunity to Enhance OPD Clinic Planning

- ✓ **Scheduled clinic profiles are typically based on out-of-date templates** i.e. not referencing current WTE numbers, clinic times and potential clinical developments which may impact expected appointment times
- ✓ **Significant variance in the scheduling of individual clinics of patients per Whole Time Equivalent (WTE) per hour**, ranging from 1.4 to 4.1. (Noting this was over a range of specialties and clinics – it is understood this will always vary to an extent depending on these factors).
- ✓ **Clinics not being planned to available capacity.** Clinics observed were **scheduled to 74% of their available capacity** on average, with a range of 39%-113%. This was largely related to the utility of out-date-templates referenced above.

2. Opportunity 1: Baseline Core Capacity

This is the opportunity NPU in collaboration with the Regions will implement over a 6–10-week sprint across all OPD sites and specialties.

Opportunity 1	Solution	Impact	Timeframe
To determine, optimise and utilise OPD 'core' capacity at site and specialty level	1. **Governance:** Identify single points of accountability at specialty, site, regional and national levels for OPD 'core' capacity management where they don't already exist. Where they do exist, they must be mandated to align to this standardised clinical planning approach 2. **'Core' Capacity Baselined:** OPD 'core' capacity baseline established at site level with direct input from specialty clinics to ensure clinics are planned to utilise 100% of their existing capacity (noting DNA rates are currently c10%).	• OPD baseline capacity determined to support optimal utilisation of existing resources • Enables more efficient and effective OPD planning to deliver against appropriate OPD targets • Supports the elimination of unwarranted capacity utilisation variation across clinical specialities / sites	• **Rapid:** 6-10 week sprint across all sites/specialities

3. Opportunity 2: Standardised Approach to Clinic Planning

Following this, there is an opportunity to standardise the approach to specialty clinic planning at site level.

Opportunity 2	Solution	Impact	Timeframe
No standardised approach to specialty clinic planning at site level	1. **Clinic Planning Tool:** Implement a practical and standardised OPD clinic planning tool to support acute hospitals optimising the utilisation of their 'core' capacity 2. **Data Asset Utilisation:** Utilise data assets to ensure relevant stakeholders have the data on wait lists/times – and critically activity levels which will lead to Sláintecare and other targets being achieved within prescribed timeframes 3. **Physical Infrastructure Utilisation:** Mandate the use of OPD physical infrastructure exclusively for patient-facing activities 4. **Optimal Alignment of Capacity Levers:** Ensure incentives that reward insourcing, outsourcing and commissioning are optimally aligned to 'core' capacity ensuring full utilisation of all available resources within the public system e.g. POCC, rostering.	More efficient and effective specialty clinic demand and capacity management enabling; • Improved utilisation of OPD resources and optimal clinic throughput (based on sample of clinic's visited there is at least a 10% productivity opportunity (i.e. c360k additional **'new'** attendances) • Improved management of CNA's/DNA's • A planned 'step wise' improvement in compliance with Sláintecare wait time targets	• **Short Term:** 6-12 mths

5. Detailed Sprint Implementation Plan

Communication & Readiness → Deployment & Testing → Train the Trainer → Roll-out & Completion

Weeks 1-2 *w/c March 31st*

1. REO to select one to two sites for initial deployment and testing.
2. Following on from engagement with REOs; letter from NPU to REOs to inform and request nominated resources to establish OPD baseline).
3. Support REOs to inform and engage with sites re: baselining OPD core capacity and optimise OPD planning.

Weeks 2-3 *w/c April 7th*

1. NPU team contact site lead and arrange site visit day(s) for test sites.
2. NPU to request data points in advance of the visits, which include:
   - Full OPD clinic schedule (Mon-Sun)
   - Clinic profile for each Consultant clinic broken into speciality/sub-specialty
   - Clinic start/end times
   - Scheduled time per appointment
   - Number of new and return patients
   - WTE per clinic broken into: number of Consultants, NCHDs & ANPs
3. Designated team(s) to conduct test site visits and meet with Scheduled Care Lead/equivalent and other relevant staff (Medical Manpower, OPD Nurse Manager etc.) to obtain full data sets.
4. Baseline capacity methodology deployed and tested in two sites and OPD clinic planning tool demonstration.
5. Baseline core capacity determined in these two sites.
6. Train the trainer user guide designed, developed and tested.

Week 4 *w/c April 21st*

1. NPU team to deliver training to the designated site visit teams on the baseline capacity methodology and demo OPD clinic planning tool (several MS Teams trainings to be delivered over the course of the week).
2. NPU team to provide detailed Train the Trainer user guide to designated site visit teams.

Weeks 5 -10 *w/c April 28th*

1. Designated site visit teams to complete baseline capacity methodology across remaining sites.
2. NPU to provide daily troubleshooting capacity across the sprint timeframe via daily debrief.
3. NPU to link in weekly with regional nominated leads to discuss progress.
4. NPU team to collate baseline core capacity determined in all sites.

6. OPD Sample Baseline Data Capture

At site level, an OPD data capture will be conducted to gather the relevant information ***(sample below)*** aligned to OPD clinics and clinic profiles, this will require direct input from specialty clinics.

From the data captured, the **OPD 'core' capacity baseline** will be established at site level to ensure clinics are planned to utilise 100% of their existing capacity (noting DNA rates are currently c10%).

Sample OPD Baseline Data Capture

OPD Clinic Information				Clinic Time			WTE			
Unique Identifier	Clinic Date	Hospital	Specialty	Start Time	End Time	Duration	Consultant	NCHD	ANP	Total
BD11	01/01/2025		Dermatology	09:30	12:30	03:00:00	1	1	0	2
BD21	02/01/2025		Dermatology	09:00	12:00	03:00:00	1	2	1	4
BD32	03/01/2025		Dermatology	10:00	12:30	02:30:00	1	1	2	4
SVPS43	04/01/2025		Plastic Surgery	13:00	16:00	03:00:00	1	1	1	3
SVPS53	05/01/2025		Plastic Surgery	12:30	16:00	03:30:00	1	0	1	2

No. of Patients per Appointment Type						Scheduled Average Time per Appointment Type			
New (Face to Face)	Return (Face to Face)	New (Virtual)	Return (Virtual)	Ward/Walk-In	Total	New (Face to Face) Average Apt Time	Return (Face to Face) Average Apt Time	Virtual Average Apt Time	Ward/Walk In Average Apt Time
5	2	0	1	0	8	20	15	15	20
4	3	0	2	0	9	20	15	10	20
7	2	1	1	0	11	25	10	15	25
2	1	2	3	0	8	30	25	15	30
3	1	0	1	0	5	30	20	10	30

Outpatient Department Clinic Planning Tool

Capacity		
Start time to end time of clinic	Duration in minutes	180
Consultant, Non consultant doctor, Advanced Nurse staffing	Number of Staff	4
Available minutes	Duration * Staff	720
Schedule		
Number of patients	New, return, virtual	30
Average appointment times	New, return, virtual – minutes	20
Planned schedule	Minutes	600
Planned vs capacity	600 / 720	83%
Possible additional appointments at 100% capacity		6

Hospital 1 Projected Impact Reporting (progress update w/e 22/08)

Application of OPD Planning Tool

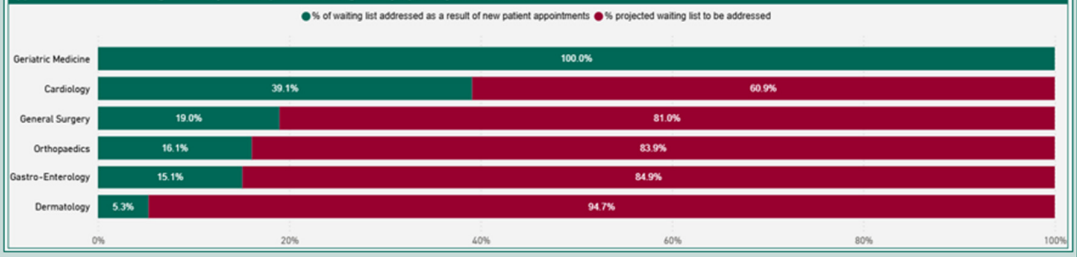
	No. Clinics		New Patients Added		
	Baselined	Reviewed	Realised	Forecast	Total
Existing Clinics	41	21	874	0	874
New Clinics	N/A	6	138	1,219	1,357
Total	41	27	1,012	1,219	2,231

Projected Impact: Application of OPD Planning Tool

	Baseline	Over 6 month period	
	June 2025	Without Planning Tool	With Planning Tool
Waiting List	10,385	11,424	9,193
SC Compliance	38%	38%	50%+

- Projections are future referral rate dependent, however, c. 10% increase in Waiting List has been applied, aligned to recent trend.
- New patients are assumed to be scheduled in chronological order.

Application of OPD Planning Tool: Projected Impact on Waiting List by Specialty Clinic Reviewed



- Projected Impact over a 6 month period assumes impact takes effect from the date the clinic changes are applied, staggered due to operational deployment.
- 6 new clinics have been established and optimised with the OPD planning tool in the following specialties (+1 Geriatric Medicine, +2 Cardiology, +1 Gastro Enterology, +1 Respiratory Medicine, +1 Endocrinology).

What's in it for her?