

CONFERENCE ABSTRACT

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

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Introduction: We evaluated a national pilot project on wait-list management using pooled inpatient and day case surgical waiting list across two public hospitals in Ireland - a Level 4 Hospital and a Level 3 Hospital 120km away. We evaluated patients' experiences of the pilot through a survey, and explored the factors contributing to the successful implementation of the pooling project via key informant interviews of members of the receiving site.

Methods: A mixed methods study comprising an anonymous questionnaire survey for all patients treated under the project (N=79); and semi-structured interviews with project members in the receiving Hospital.

Results: The survey revealed minor issues experienced by patients were related to the pre-admission process. Patients would prefer more information about the transfer process and transport options.

Factors that enabled successful pilot implementation: the openness and willingness of both hospitals to try something new, teamwork and open communication, and clinical and administrative leadership. Barriers included: lack of dedicated administrative staffing, and lack of clinician involvement from the originating hospital. For the pilot to operate sustainably and scale up, interviewees recommended the development of a pre-screening questionnaire, and having a single point of contact on each hospital site. They also identified the lack of infrastructural and informational resources, and administrative and clinical capacity, as constraining factors that would restrict further implementation of this pilot.

Discussion: The positive patient experiences demonstrate how a pooled waiting list across hospitals could be a feasible means of improving patient flow by transferring patients to appropriate facilities. The qualitative findings corroborate the barriers and facilitators identified in Pomey et al (2013)'s framework as being key to the implementation of wait-list management (Pomey et al 2013). Moreover, we have identified new critical factors that influence the successful implementation of waiting time management strategies at the local level, such as the need to establish proof of concept, the importance of central coordination, a single point of contact and the role of geography.

Conclusion: The pooled waiting list is a good mechanism to enhance the flow of patients across hospital sites within a hospital group. Running the pooled waiting list across hospital sites smoothly require certain enabling conditions such as agreed pre-assessment criteria and central coordination.

Lessons Learned: Clinician involvement on the original hospital site is essential if the project is to become sustainable. The importance of central coordination and having a single point of contact on each site would be crucial to the scaling up of the project. More involvement from the originating hospital in setting pre-assessment criteria and in providing patients with pre-travel information would also improve patient experience.

Limitations and Suggestions for Future Research: The survey was only sent to patients who had their surgery and not those who declined. The qualitative interviews only involved members from the receiving hospital. Future research should include the involvement of members on the originating hospital site in exploring implementation factors from their perspectives. More research to identify whether there is a difference between patients who accepted treatment and those who declined.

Keywords: waiting list; wait time management; patient flow; patient transfer
