



Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

Briefing

PAC Meeting on the Comptroller and Auditor General's Special Report titled

Managing Elective Day Surgery

1. Introduction and Context

The HSE welcomes the *C&AG Special Report on Managing Elective Surgery*.

This document sets out the HSE response to the Report and is organised as follows.

- **Section 1** provides an overview of the context within which the Report was undertaken. Specifically it outlines the health service structural, service and financial reform backdrop against which the report was undertaken and to show how the implementation of the Health Reform Programme is informed by the key structural, process and capacity issues identified in the report. This section also sets out in summary form, the key facts relating to surgical activity
- **Section 2** sets out the 15 recommendations and associated actions by the HSE in conjunction with the National Clinical Programme in Surgery.
- **Section 3** sets out in more detail how the HSE proposes to effect the actions to deliver sustainable and consistent improvements at the system and individual hospital level

The HSE and the Clinical Care Programmes have worked closely with the C&AG to provide information contained in the report and to outline the work undertaken since 2009 by the HSE to effect improvements in surgical throughput and optimisation of surgical resources in the Irish Health System. It is fully acknowledged that while there have been significant increases in surgical activity and day case rates, there is further work to be done to optimise the total resources available.

There are currently 2,102 daycase places nationally. In 2013, there were 322,861 surgical daycase discharges. Surgical daycase discharges have risen by 29% since 2010 (+72,019 patients). The current daycase rate is 67%, rising from 60% in 2010.

Year	Daycase Rate
2010	60%
2011	63%
2012	65%
2013	67%

During the same period, surgical inpatient activity has increased by 66,321 cases (15.8%). Analysis by the National Clinical Programme in Surgery of surgical activity in this period confirms that much of this increase in inpatient activity is in respect of those patients where treatment on an inpatient basis was appropriate. Such increases in inpatient activity were enabled primarily by reductions in inpatient bed days used over the same period of the order of 9% (98,168 days saved). The reduction in the average length of stay for surgery from 6.5 days to 5.3 days over this period as been an important factor in this regard.

1.1 Health Reform Programme

In 2012, the then Minister for Health published *Future Health – A Strategic Framework for Reform of the Health Service 2012-2015*. This Framework, based on commitments in the Programme for Government, outlines the main healthcare reforms that will be introduced in the coming years with a focus on the four pillars of reform: Structural, Financial, Service, and Health and Wellbeing.

The Programme's work on the Model of Care for Surgery is aimed at standardising processes, procedures and protocols within and across hospitals in relation to issues such as patient referral and selection criteria, determining the appropriate treatment setting and resource utilisation and evaluating the patient experience and outcomes.

Structural Reform

In terms of structural reform, in line with the Government's Reform Programme, the HSE has recently established 7 hospital groups. A key requirement of the Groups will be to deliver care in the most appropriate setting and to fully optimise the use of all of the capacity and capability within the Group. With specific reference to surgical activity, it is expected that the establishment of the Group construct will

significantly advance how surgery is organised and optimised across a network of hospital services. In line with this objective, the HSE has already targeted the development of a number of smaller hospitals to increase elective and day surgery activity volumes within these hospitals. These hospitals include Roscommon, Nenagh, Ennis, St. Johns, Mallow, Bantry and Louth. A significant number of developments have already taken place at these hospitals to develop their role more significantly within the network of hospitals.

Service Reform

The Health Reform Programme sets out key requirements in terms of service reform including reconfiguration of services to ensure the safe delivery of high quality services throughout the country. A key objective of the service reform programme is to treat patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible.

In terms of service reform, in addition to the levers for enabling improvement envisaged within the establishment of Hospital Groups, the National Clinical Programme in Surgery, working directly with the hospitals, is playing a key role in enabling consistent improvement across the four quality domains within surgery as follows;

- Patient experience and outcomes
- Safety and reliability of care
- Team performance and staff wellbeing
- Value and efficiency

Financial Reform

In parallel to the developments of Hospital Groups, as part of the Financial Reform Programme, the HSE is currently implementing the Money Follows the Patient System. It is expected that this activity-based funding system will, over the medium term, allow for better structuring of incentives for optimising day case rates and for shifting care to the most appropriate settings. A key requirement within this system is development of standardised systems for the measurement of activity and since the start of 2014, significant improvements have been made to the timeliness and comprehensiveness of the patient coding system (HIPE) with most hospitals (90%) now coding activity within one month of discharge. These improvements will allow us to measure the volume, complexity and cost of all activity and to make appropriate comparisons across hospitals. It will also support the development of improved outcome data.

1.2. Key Facts about Elective Surgery / Day Surgery

- There are currently 2,102 day case places nationally. Of these, 1,530 are public, 293 private and the remainder are non-designated
- There were 838,922 day case discharges in 2013. There have been 609,259 day case discharges in 2014 (Sept), 2% higher than the target for the year. Targets are set based on previous year's existing level of service.
- 57% of all hospital discharges have been done on a day case basis this year.
- Day case activity has increased 19.5% since 2009 (+163,760)
- Surgical In-patients have increased from 417,846 in 2010 to 484,167 in 2013 (+15.8%, +66,321).
- In-patient bed days have decreased from 1,088,143 days in 2010 to 989,975 in 2013 (-9.0%, -98,168 bed days)
- The top 5 day case activity specialities are General Surgery, Oncology, Radiotherapy, Haematology and Gastro-Enterology. See Table 1 below
- The HSE's Surgical Average length of Stay (AVLOS) target is 5.3 days. The current Surgical AVLOS is 5.2 days (Sept). The HSE has set a target of 5.1 days for 2015.
- The HSE's Day of Surgery Admission (DOSA) target for hospitals is 85%. The current national DOSA rate is 64%.
- The HSE's target surgical readmission rate is <3.0% and currently it is 2.0%.

Table 1 – Highest Specialities with Day Case Activity

	2009	2010	2011	2012	2013
General Surgery	94,494	102,222	105,890	111,802	111,934
Oncology	91,388	94,629	137,068	98,585	104,044
Radiotherapy	51,785	55,396	50,469	87,325	73,243
Haematology	48,824	52,877	58,324	62,227	63,595
Gastro-Enterology	45,126	48,805	51,236	56,128	62,111
Ophthalmology	28,517	34,092	39,282	43,108	46,761
General Medicine	40,226	45,734	47,411	49,483	43,037
Dermatology	40,843	40,982	39,089	38,249	42,399
Gynaecology	24,324	31,397	34,458	37,422	34,955
Orthopaedics	27,117	29,404	31,196	30,094	31,644

2. Key Recommendations and Actions from C&AG Report

This section sets out the key recommendations from the C and AG report and provides in tabular form, the associated actions by the HSE working in conjunction with the National Clinical Programme in Surgery.

2.1 HSE Response to Recommendations

Recommendations	HSE Response
<p>Recommendation 2.1 In order to achieve the potential for higher rates of day surgery for elective procedures, separate appropriate targets should be set by the HSE for each surgical procedure. The overall day case targets set for each procedure should be based on the performance already achieved by the top-performing hospitals while more challenging targets could be set for those hospitals that are already among the top performers. The HSE should monitor the levels of day surgery by hospital, procedure and specialty to establish where the level of day cases is low for high volume procedures, and focus effort on improving performance in those instances where there is the greatest potential for gain.</p>	<ul style="list-style-type: none"> • Surgical day case activity has risen from 250,842 to 322,861 discharges between 2010 and 2013, a rise of 29% in activity volumes. This translates into an additional 72,019 additional patients seen on a day case basis. During this time most of the additional patients were treated as a result of specific improvements in the utilisation of resources and capacity by hospitals. Specifically the reduction of 9% in bed days used and associated savings enabled increased throughput in day case and inpatient surgical activity. • The HSE through the Surgical Clinical Programme provides all hospitals with a quarterly profile of day case rates • The HSE in collaboration with the Surgery Clinical Programme has refined and developed a range of new performance indicators that more effectively target day surgery effectiveness rates compared to the single measure of “basket of day cases”. This is in line with international approaches. • The HSE has worked to develop the National Quality Assurance Intelligence system (NQAIS) system. This system allows Clinical directors, surgeons and hospital management to use metrics in developing and evaluating local strategies for providing patient care in the most appropriate manner while using hospital resources more efficiently. The system also provides predictive metrics on Bed days freed up or additional cases that could be performed if hospital reached AvLOS and day case targets.
<p>Recommendation 2.2 In order to ensure that hospitals focus attention on increasing day surgery rates for all elective surgery, the HSE should increase the number of procedures for which it sets day case rate targets.</p>	
<p>Recommendation 2.3 For those procedures where some hospitals have achieved significant improvements in day case rates but rates are low in others, the HSE should seek to identify the factors that contributed to the improvements and whether good practices in the hospitals with the higher rates are transferable.</p>	
<p>Recommendation 2.4 The HSE should investigate the reasons for the persistent low day case rate for tonsillectomy in order to ascertain whether it is appropriate to include tonsillectomy as a procedure for which a high day case target is set.</p>	

<p>Recommendation 2.5</p> <p>The HSE should monitor cases currently classified as day surgery cases with a view to ensuring that all hospitals direct surgical cases to the most appropriate and economical delivery settings.</p>	<ul style="list-style-type: none"> Specifically on Recommendation 2.4, the HSE is continuing to target improvements in procedures such as tonsillectomy. Targeting improvements must proceed carefully whilst addressing patient safety concerns.
<p>Recommendation 3.1</p> <p>The HSE (and hospital managements) should put a process in place to ensure that general practitioners are made aware of the appropriate clinical referral thresholds for elective surgical procedures. Systems should also be put in place to monitor referrals by general practitioners and to provide feedback to general practitioners on whether patients attend scheduled appointments and of the outcome of those appointments.</p>	<ul style="list-style-type: none"> The HSE has distributed to all hospitals the recent Health Technology Assessment reports from HIQA which detail the appropriate clinical referral thresholds for patients. All hospitals are required to work with referring GPs on these thresholds to ensure appropriate referral of patients. The HSE has also established Pre-Assessment Clinics in most hospitals (90%). The expansion of pre-assessment clinics to all specialities will enable GPs to appropriately refer patients.
<p>Recommendation 3.2</p> <p>While a decision about the appropriateness of day surgery or inpatient treatment for individuals is ultimately a matter for the relevant clinician, all hospitals should put in place documented locally agreed protocols and checklists setting out clearly the criteria for use by clinicians when selecting patients suitable for day surgery. The HSE should oversee this process to ensure consistency in approach across hospitals.</p>	<ul style="list-style-type: none"> The HSE and Surgery Programme has been working with all hospitals to ensure the development of appropriate clinical governance structures within hospitals. This governance structure aims to ensure the development and implementation of appropriate protocols at local level. The HSE is working with all hospitals to implement the Acute Model of Elective Surgery which targets such protocols. A key priority for the SDU in 2015 will be to oversee and audit consistent application of protocols and checklists for patient selection.
<p>Recommendation 3.3</p> <p>In order to identify areas where day surgery rates are low, hospital management should monitor day surgery rates for individual clinicians and for each speciality. Where a procedure is generally considered appropriate for day surgery but is to be carried out on an inpatient basis, clinicians should be required to state why day surgery was not considered appropriate. This would assist hospital management in investigating the reasons for low day case rates and in identifying actions that might need to be taken to improve them. The HSE should seek confirmation from hospitals that low day surgery rates are routinely discussed with the relevant clinical teams.</p>	<ul style="list-style-type: none"> The HSE in conjunction with the Surgery Clinical Programme has developed the National Quality Assurance Intelligence system (NQAIS) which provides a range of surgery related performance information. The NQAIS is currently completing its pilot testing phase with full roll out expected by Q1 2015. The HSE, through its performance management framework reviews day case and other surgery performance issues with hospitals on an on-going basis. The performance framework for Hospital Groups will demand consistent focus on meeting key performance indicators in relation to day surgery including rates.
<p>Recommendation 3.4</p> <p>Patients who are unsuitable for day surgery due to medical reasons should be identified in advance of their planned surgery. In order to achieve this, hospitals should ensure that pre-operative assessment procedures that are appropriate to the planned procedure are put in place.</p>	<ul style="list-style-type: none"> In conjunction with the Anaesthetic Clinical Programme, the HSE will be further expanding the range of pre-admission clinics across hospitals nationally. Pre-admission encompasses the entire process around the peri-operative management of a patient scheduled for surgery, be it day case or an inpatient being admitted on the day of their operation. It involves the multi-disciplinary team from scheduling,

	<p>administration, surgery, diagnostics including laboratory and radiology, nursing, operations, portering, allied health professionals, healthcare support workers etc. within an over-arching leadership between clinical anaesthesia and hospital management.</p>
<p>Recommendation 3.5 In order to assist management in addressing the reasons for cancellation of planned day surgery, the rate of cancellations and the reasons for these should be recorded and monitored at hospital level and appropriate follow-up action taken.</p>	<ul style="list-style-type: none"> • The HSE, in collaboration with the Special Delivery Unit, reviews with all hospitals a range of scheduled care issues, including cancellation rates. Hospitals are facilitated to review and address cancellation rates in line with existing waiting list management policies.
<p>Recommendation 3.6 In order to ensure that prospective day patients are made aware of the issues regarding a planned surgical procedure, hospitals should ensure that appropriate information is made available to patients at pre-assessment, both verbally and in written form. Written information should be clear and complete. Where there are significant linguistic sub groups in the patient population, information should be provided in relevant languages. Given the range of procedures and languages, the HSE could play a central role in assisting hospitals in providing this information.</p>	<ul style="list-style-type: none"> • Information about pre-assessment and the surgical process is provided to patients. Examples of such information will be provided at the meeting.
<p>Recommendation 3.7 In order to take steps to maximise theatre utilisation rates, hospital management should monitor day surgery rates, identify the causes of sub-optimal utilisation and take appropriate steps to address these.</p>	<ul style="list-style-type: none"> • There are specific initiatives supporting improvements in the area of theatre utilisation. The Productive Operating Theatre (TPOT) Programme is a joint quality improvement initiative between the HSE, the Royal College of Surgeons (RCSI) and the College of Anaesthetists (CAI). TPOT is now operational in 17 hospitals nationally. The TPOT Programme is designed to enable hospitals to continuously improve across 4 quality domains which include <ul style="list-style-type: none"> ○ Patient experience and outcomes – which is central ○ Safety and reliability of care ○ Team Performance and staff well being ○ Value and efficiency.
<p>Recommendation 3.8 Hospitals, in consultation with the HSE, should review the arrangements for discharging patients after day surgery and identify and address the causes of apparently low levels of nurse-led discharges.</p>	<ul style="list-style-type: none"> • The HSE is currently driving the implementation of the National Surgery Model of Care for Elective and Acute Surgery. The development of nurse led discharging is part of this implementation process.
<p>Recommendation 3.9 In order to ensure that discharged day patients have appropriate information about essential post-discharge issues, including emergency contact details and pain relief guidance, hospitals should ensure that appropriate written information is made available. Written information should be clear and complete. It should be available in relevant languages so as to assist patient groups who do not have Irish or English as their first language. The HSE should assist hospitals in providing this information. There should also be continuing audit and comment on the quality and clinical evidence base of the information provided in the leaflets.</p>	<p>See Recommendation 3.6</p>

Recommendation 3.10

Hospitals should set specific targets for day surgery rates for each clinician and review of clinicians' surgical performance assessments should include consideration of day surgery performance rates.

- The HSE has been developing the role of the Clinical Director within hospitals. A specific part of the remit of Clinical Directors is set appropriate individual level clinician targets. In tandem with the hospital CEO, Clinical Directors monitor and management individual clinical performance.

3. HSE Response to the Special Report of the C&AG

The HSE welcomes the report of the C&AG. The findings and recommendations are consistent with the HSE's Clinical Care Programme's analysis of surgical activity and improvement areas. The Government's Health Reform Programme is underpinned by the requirement to address structural, service and efficiency challenges in the system, including the requirement to optimise existing resources and capability. A key requirement within the Reform Programme and elucidated in the work of the Surgical Programme is standardisation of processes, protocols and practices.

The HSE worked closely with the C&AG to provide information contained in the report and to outline the work underway since 2009 by the HSE in this area.

In targeting implementation of the report's findings, the HSE will outline here the broad series of steps and initiatives in which the HSE is currently engaged. These relate primarily to the following:

- How the HSE is **designing the service delivery structures** to ensure optimum use of resources, including providing clarity for hospitals about their roles and consistency across regions about the standards for surgery
- How the HSE is **bringing about these improvements** through the roll out of a range of surgery- related improvement initiatives and on a broader level how the HSE is currently planning the organisation of the health services into the future (via Hospital Groups).
- How the HSE focuses its **performance monitoring and management** system to consistently track and drive improvements in the key surgical areas

3.1 Designing the service delivery structures

- The HSE's Clinical Programmes are working within the HSE to address acute and elective surgery efficiency and effectiveness. The relevant programmes in respect of this are Surgery, Anaesthesia, Major Trauma and Orthopaedics.
- The Surgery Clinical Programme have prepared and launched two special reports on the appropriate models of care for acute and elective surgery in Ireland. These reports can be accessed at <http://www.hse.ie/eng/about/Who/clinical/natclinprog/surgery/acutecare/>
- The HSE is also working closely with the Anaesthetics Clinical Programme on a Pre-Admission Unit Model of Care. This is significantly advanced at this stage and following appropriate consultation will be published in the near future.
- Introduction and implementation of Money Follows the Patient system will over the medium term allow for better structuring of incentives for undertaking day cases and increasing day case rates

3.2 Bringing About Improvements

- There are specific national initiatives supporting national and local improvement processes. The Productive Operating Theatre (TPOT) Programme is a joint quality improvement initiative between the HSE, the Royal College of Surgeons (RCSI) and the College of Anaesthetists (CAI). TPOT is now operational over 50% hospitals nationally. The TPOT Programme is designed to enable hospitals to continuously improve across 4 quality domains which include;

- Patient experience and outcomes

- Safety and reliability of care
- Team Performance and staff well being
- Value and efficiency.
- In conjunction with the Anaesthetic Clinical Programme, the HSE is implementing a range of pre-admission clinics across hospitals nationally. Pre-admission encompasses the entire process around the peri-operative management of a patient scheduled for surgery, be it day case or an inpatient being admitted on the day of their operation. It involves the multi-disciplinary team from scheduling, administration, surgery, diagnostics including laboratory and radiology, nursing, operations, portering, allied health professionals, healthcare support workers etc. within an overarching leadership between clinical anaesthesia and hospital management.
- The establishment of 7 hospital groups which will significantly advance how surgery is organised and optimised across a network of services
- The HSE has targeted the development of a number of smaller hospitals to increase elective and day surgery activity volumes specifically within these hospitals. Specifically these are Roscommon, Nenagh, Ennis, St. Johns, Mallow, Bantry, Louth and St. Columcille's. A significant number of developments have already taken place at these hospitals to develop their role more significantly within the network of hospitals.

3.3 Managing Performance at Hospital Level

- Targets have been set globally and individually for each hospital in respect of daycase rates and DOSA rates. These are regularly monitored in the HSE and the subject of on-going discussions with hospitals.
- The HSE has worked to develop the NQAIS system. This system directs Clinical directors, surgeons and hospital management to use metrics in developing and evaluating local strategies for providing patient care in the most appropriate manner while using hospital resources more efficiently. The system also provides predictive metrics on Bed days freed up or additional cases that could be performed if hospital reached AvLOS and daycase targets.
- Measuring surgery effectiveness is a complex issue and finding the appropriate performance indicators is important. The HSE in collaboration with the Surgery Clinical Programme has refined and developed a range of new performance indicators that more effectively target surgery effectiveness rates compared to the single measure of "basket of daycases". This is also in line with international best practice. Table 1 below sets out the new Surgical Performance Indicators for 2015 contained in the HSE's National Service Plan.
- The Special Delivery Unit's role includes on-site audits and quality improvement programmes to ensure consistent application of national standards and targets. This role will be extended in 2015 to oversee the implementation of the recommendations of the C and AG Report.
- The Performance and Accountability Framework for hospital Groups for 2015 will include specific focus on optimising day case rates and shifting care to the most appropriate settings.
- The Clinical Directors at Group and hospital levels have been assigned a key role in driving and overseeing clinical and process improvements and will be working closely with the National Acute Hospitals Division and the Clinical Care Programmes in this regard.

Table 1 - 2015 Surgery Key Performance Indicators

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| <ul style="list-style-type: none"> ● Surgical patient average length of stay - 2015 Target - 5.1 days ● % of elective surgical inpatients who had principal procedure conducted on day of admission - 2015 Target - 85% ● % of emergency hip fracture surgery carried out within 48 hours – 2015 Target 95% ● % day case rate for Elective Laparoscopic Cholecystectomy – 2015 Target - 60% ● % of bed day utilisation by acute surgical admissions that do not have a surgical primary procedure - 2015 Target - 5% Reduction in 2014 level |
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The HSE is committed to implementing in full the recommendations of the report within the context of the ongoing reform programme and clinical care programmes.

5th November 2014

