



Scheduled Care Network Webinar

Waiting List Action Plan- 'Beyond the Wait'

[Link to Waiting List Action
Plan 2025](#)





Ms Trish King

Access Programme



Reducing
patient
waiting
times

The Waiting List Action Plan 2025 'Beyond the Wait'

Join our webinar to discover how services are
reforming scheduled care

This month's topics are 'Telehealth in Tallaght University
Hospital and the OPD Classification Project'

Register now



Tuesday 27 May 2025
12:00pm - 1:00pm



Agenda

Timing	Agenda Item	Speaker
12.05– 12.10	Introduction	Trish King Access Team
12.10-12.25	Telehealth in Tallaght University Hospital	Yvonne Connaughton Deputy COO
12.25 – 12.40	HPO Outpatients Classification and Midwest Pilot	Ms Lorna Collins Senior Statistician
12.40 – 12.55	Q&A	All Speakers
12.55 – 13.00	Thank you & next Steps	Trish King

Housekeeping



Please note that this session will be recorded



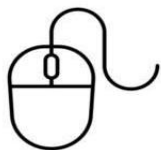
Please remain muted during the presentation



Please **Type questions** to our Q&A feature
We will do our best to answer any questions during the session and at the end.



Please complete the **survey** at the end of Webinar to tell us what you need to know in Scheduled Care



Access.Programme@hse.ie



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Telehealth in Tallaght University Hospital

Ms Yvonne Connaughton
Deputy Chief Operations Officer
Tallaght University Hospital



Telehealth in Tallaght University Hospital

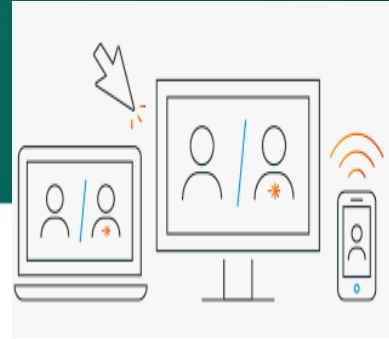


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The definitions of a virtual clinic include the following:



The cohort of patients to be scheduled to a virtual clinic will be agreed in advance with the individual specialties and consultants.

The contact is auditable, clinical notes are taken as per normal consultation and retained in the patient's healthcare record.

The contact is for healthcare delivery purposes (e.g., advice, counselling, etc.) and not administrative purposes (e.g., making an appointment, obtaining demographic information, etc.).

The contact is delivered by a consultant or healthcare professional (Consultant, NCHD, ANP/AMP, CNS, HSCP).

Virtual Clinics in TUH are broken down to Tele-medicine using a web cam or Telephone clinics.



Benefits to Virtual Clinics



Patient

- Improved access for patients to healthcare
- Reduce the need to attend hospital
- Reduce stress and cost of travel and parking for patients
- Reduce risk of infection
- Attend from anywhere
- Improved Patient Experience

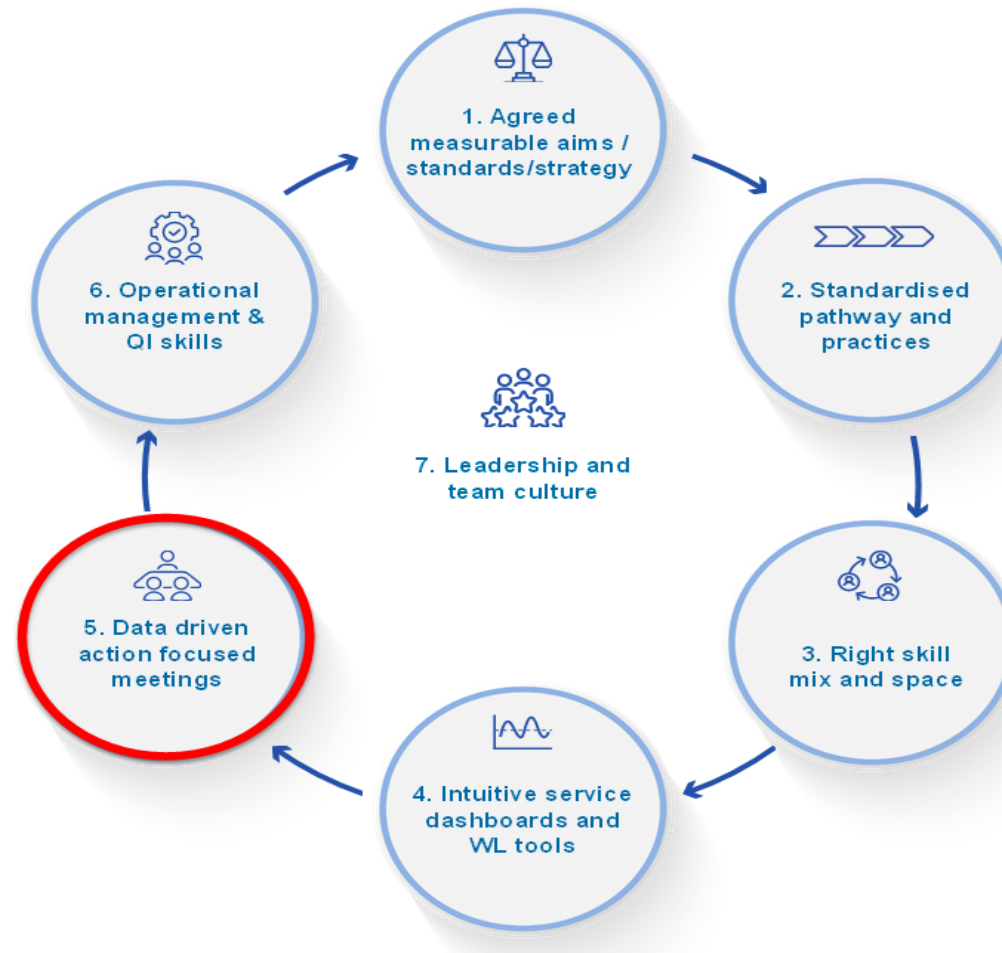
Hospital

- Reduce footfall into hospital
- Reduce risk of transmission of infection being brought into the hospital
- Reduce DNA rate
- Improved Capacity for clinics (virtual 18.1% of our OPD experience in 2024)
- Reduce waiting list



Key Enablers

People/Processes/Technology



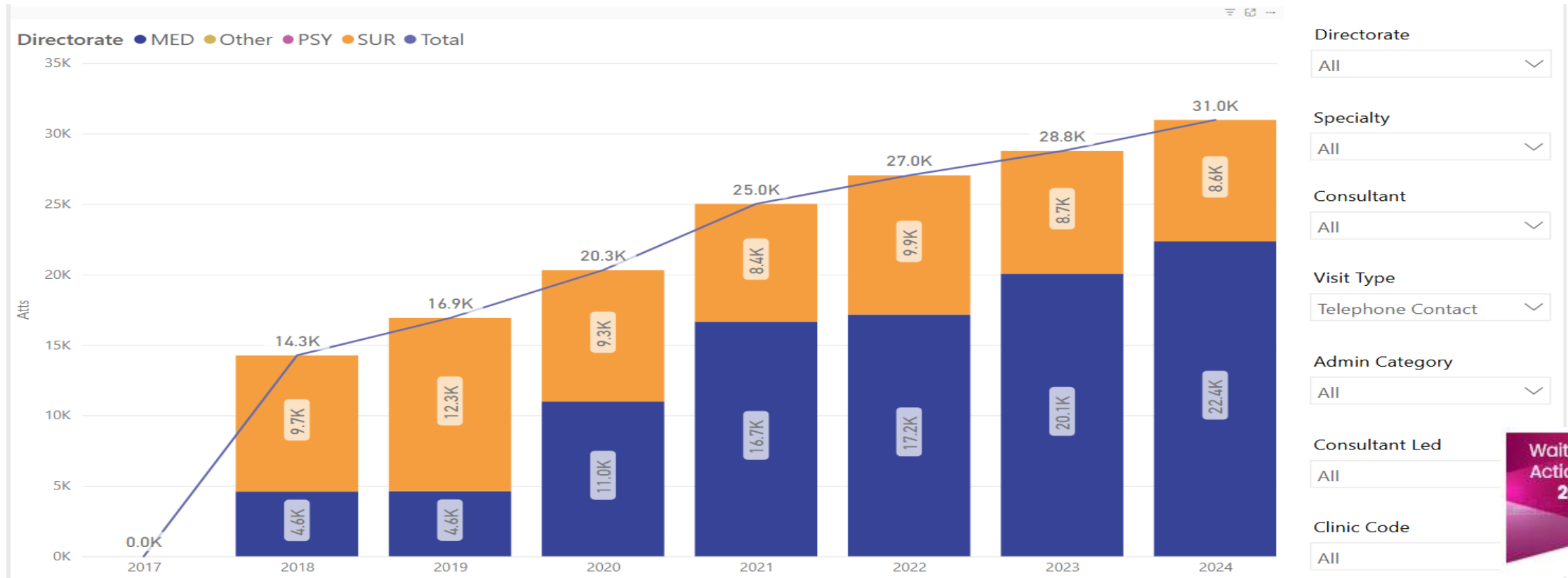
Embed a

- data driven
- action focused
- continuous improvement service management process

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Virtual Telephone Outpatient Attendances by year





Key Enablers

People/Processes/Technology



Clinical engagement and champions of change

- Key stakeholders across MDT
- Access collaborative initiatives
- Scheduled care team and directorate leads



Funding: Recurrent and Non-recurrent

- Insourcing
- Extending working hours/weekend and utilising capacity



Waiting list & data quality

- Accurate reporting to support requirements
- Administrative and clinical Virtual OPD Activity is:
 1. Telephone Clinics where the Clinic Code or Session Code contain 'TEL'
 2. Visit Type Description is 'Telephone Contact'
 3. Attendance Description is 'Telephone Contact'
 4. Consultation Media is 'Telemedicine web camera' & 'Telephone'.
- All other OPD Attendances are "Non Virtual".



Technology

- Setup, Access, IOS/google chrome requirement, Virtual clinics



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Key Challenges

People/Processes/Technology



Clinical engagement and champions of change

- Key stakeholders across MDT
- Access collaborative initiatives- CRO/HSCP/ANP's
- Scheduled care team and directorate leads
- Video Clinics, cost to patient



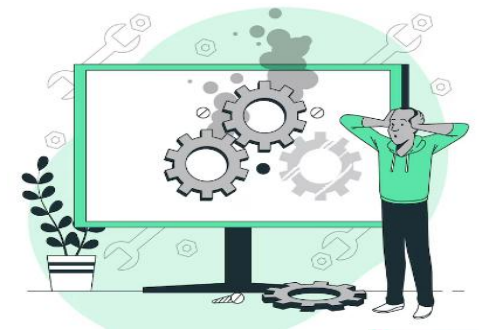
Waiting list validation and data quality

- Administrative and clinical issues
- Clinic delays in virtual waiting room for video clinics
- Accurate reporting to support requirements



Technology

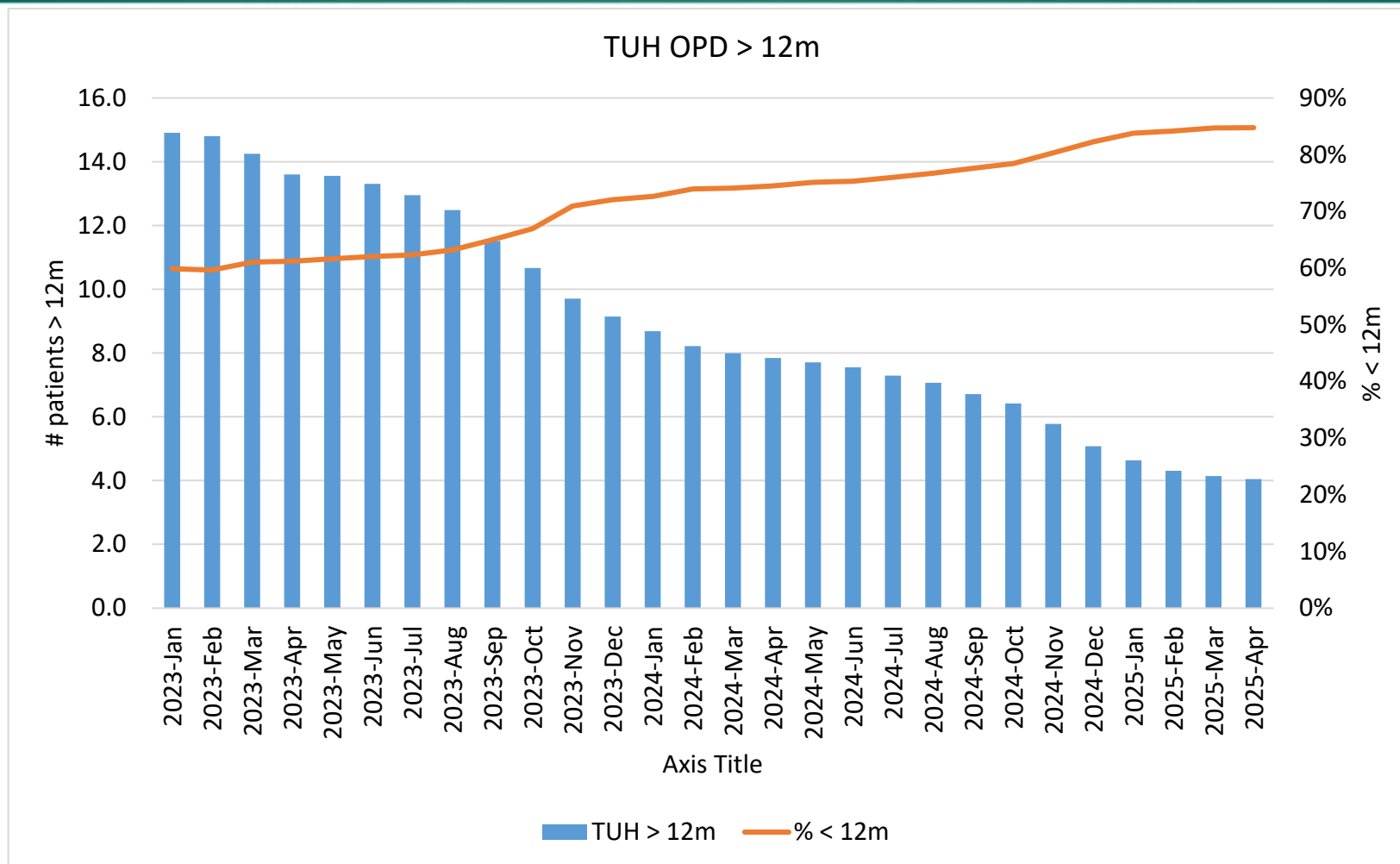
- IPMs & Virtual Clinics-SwiftQ link
- Access for teams and patients
- Clinic room setup
- Clinic Test
- Technological challenge



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28 consecutive months of improvement



TUH aiming to meet national target by YE – 90% < 12m
TUH aiming to meet 0 > 12m by end Q1'26




Resources for Telehealth



Helpful Resources for Video Enabled Care

Please click on hyperlinks to view information

People



Hear from people who have used video

[Naas General AHOS video](#) 2mins 09 sec

[Patient VEC Story](#) 46 secs

[Clinician & Patient VEC Story](#) 3 mins 17 sec

[Virtual Pulmonary Rehab](#) 2mins

[VEC Service Spotlight Sessions](#)

[National Evaluation of the use of VEC](#)

Helpful Patient Resources


[Can you help me prepare for my video appointment?](#)

[Demo of Patient using Video](#) 2 mins 24 sec

Helpful Healthcare Provider Resources

[Information for healthcare providers](#)

Process



Implementation Support

[How to get an AttendAnywhere Licence](#)

[Video Enabled Care Toolkit](#)

[Change Management Resources](#)

[Process Mapping – Quality Improvement toolkit](#)

[Support documents to get you started](#)

Policies and Guidance

[The National Telehealth Roadmap 2024 - 2027](#)


[Telehealth Governance document](#)

[Data Protection](#)

[Consent Policy](#)

[Telephone and Video SOP](#)


Technology



[What Equipment do I need?](#)

[How do I apply for video equipment?](#)

[HSE National I.T. Policies & Standards](#)



National Telehealth Programme Team - Technology and Transformation

Please contact - virtualhealth@hse.ie for further information

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Questions ?





HPO Outpatients Classification & Midwest Pilot

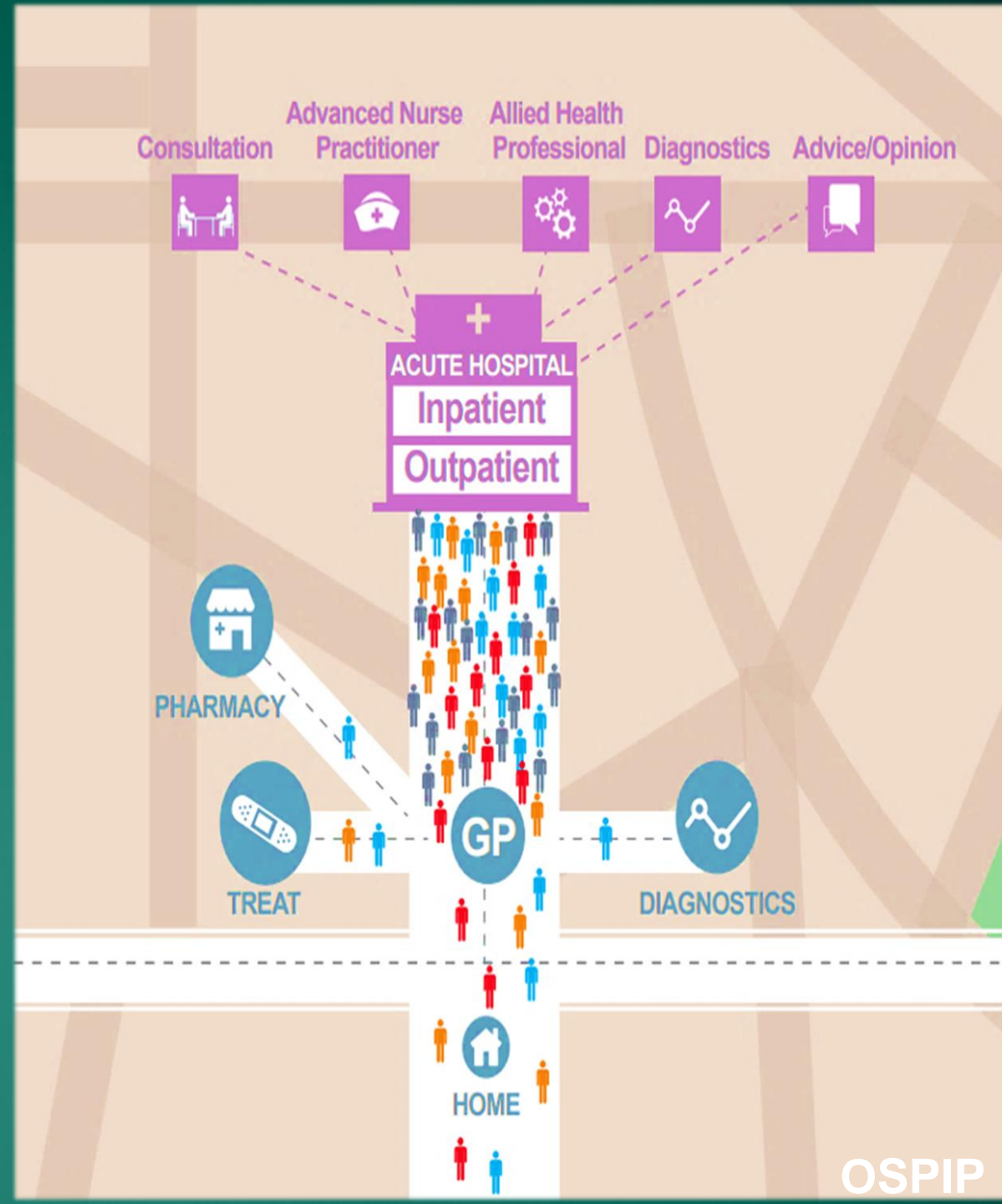
Lorna Collins Senior Statistician,
Data Analytics

Healthcare Pricing Office, HSE



HE Outpatients

- ❖ Outpatient in ABF is one of the actions identified in the ABF Implementation Plan
- ❖ High level action **9.1** in the Implementation Plan is to “Pilot a classification, costing, price-setting and payment system for outpatient care” in line with **Sláintecare action 7.1.3**
- ❖ Outpatient services has approximately
 - ❖ ~3.5 million patients ~1 million new, the balance review,
 - ❖ ~500,000 DNA patients failed to attend for outpatient appointments
- ❖ On average an OP attendance cost ~€220
- ❖ Currently very little information on these patients.
- ❖ Each hospital defines their directorates and therefore for information we have it makes comparability in OP across the system extremely difficult.





Missing Information – Patient Level Information



Who?

Demographics?
Who is being treated?
Age cohort?



What?

Medical
Procedural
Diagnostic
Allied Health



When?

Time? Day? Month
Year? New/Return?
DNA?



Where?

Hospital Location
Outpatient Area
Daycase Area
Diagnostics
Procedural Area



Why?

What is purpose for
visit?
What Outpatient Clinic
are they attending?
Specialty?

OP Classification . Outpatient Clinic Groups(OCGs)



How do we classify

3.5m Attendances ?



10000- Procedure Clinics, there are 21 sub-class OCGs.
E.g. 10030- Minor Surgical, 10040- Dental, 10060- Endoscopy-GastroIntestinal

20000- Medical Consultation Clinics, there are 57 sub-class OCGs
E.g. 20010- Haematology, 20021- Pain Management, 20070-General Surgery, 20080- Geriatric, 20180- ENT, 20190- Respiratory, 20341- Diabetes

30000- Stand Alone Diagnostic Clinics, there are 10 sub-class OCGs
E.g. 30010- General Imaging, 30020- Medical Resonance Imaging (MRI), 30050- Pathology (Microbiology, Haematology, Biochemistry), 30080- Clinical Measurement

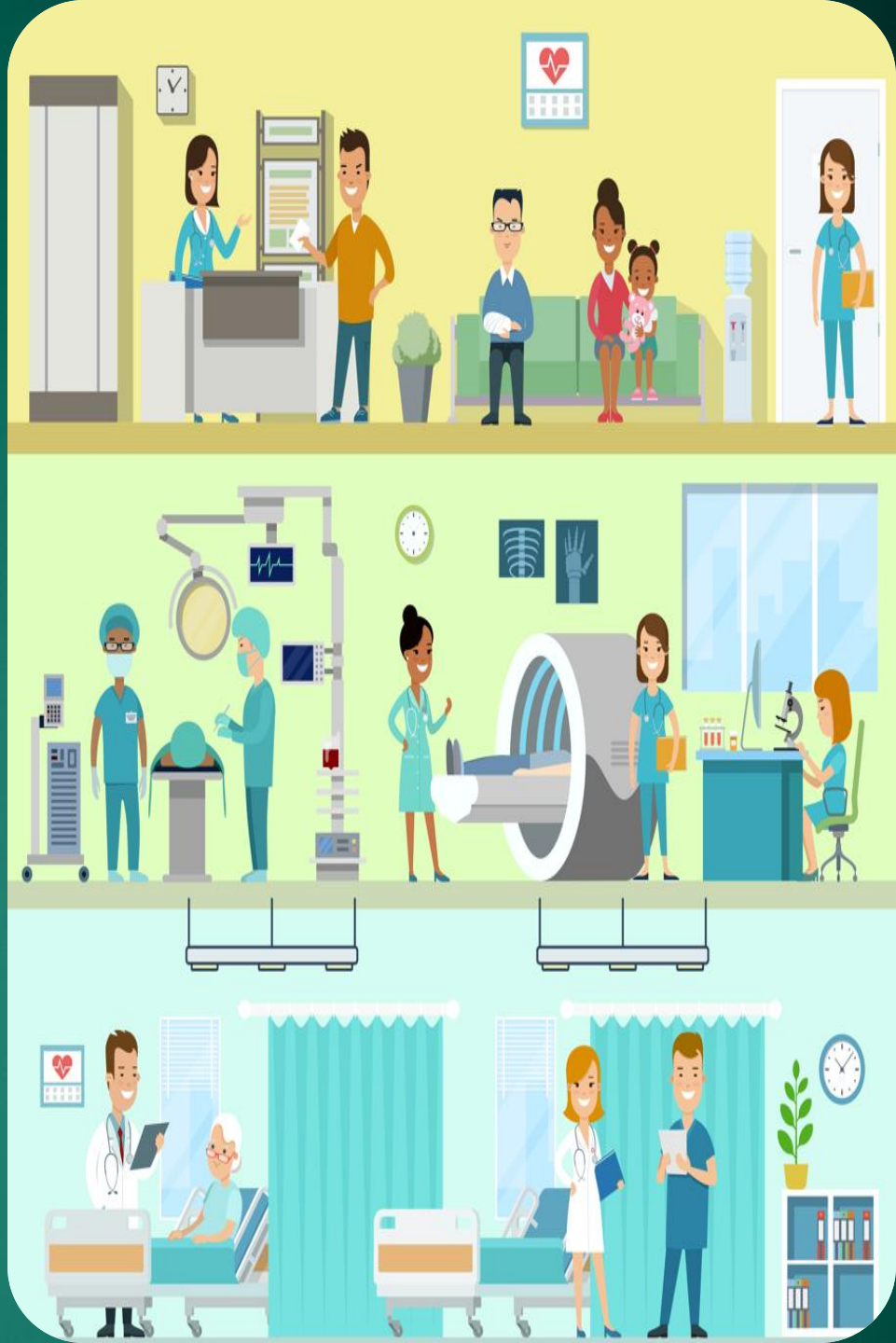
40000-Allied Health\Clinical Nurse Specialist\Nurse Practitioner Clinics there are 60 sub-class OCGs
E.g. 40060- Occupational Therapy, 40130- Wound Management, 40190-Respiratory Medicine Support, 40210- Cardiac Rehabilitation

- It is anticipated that the Outpatient Clinic Groups (OCGs) will be more effective in reflecting equal payment for equal output regardless of service location.
- The OCG classification allows for 4 classes of care in OP and within that there is greater specification at sub-class level



Pilot Process

- Aim to create a system of standardised collection and classification - Patient Level & Clinic Information
- Resulting in Pricing and Funding through ABF
- Decision to use the Australian Tier 2 Classification as basis for Irish Classification
- It is a clinic based classification. Each clinic will need to be mapped to the classification.
- It is anticipated that the Outpatient Clinic Groups (OCGs) will be more effective in reflecting equal payment for equal output regardless of service location
- Work with key stakeholders like BIU/iPMS/A&I/IIS





HSE MidWest Hospitals- Pilot

Approval received from the CEO of UL Hospital Group to commence the Outpatient Implementation Project in 2023, Meetings were held between HPO and representatives from UL from Finance, Clinical, Operations, Outpatients and IT directorates.

All Outpatient Clinics identified with required characteristic, ~ 1000 across whole of HSE MidWest hospitals.

Mapping commenced of these clinics with a sessions provide by HPO with UL Outpatient Team; Julia Cotter, Scheduled Care Manager and Fiona O'Rourke, OP OCG Project Lead

This Mapping process allowed us to test & challenge the Classification which was an aim of the pilot.

There was a lot of learnings gained on the complexity of Outpatient Process and Pathways

The knowledge gained allowed for further development of the classification and the creation of an online Outpatient Clinic Register.

HPO Outpatient Clinic Web Application

OPD



Register outpatient clinics in
your hospital

 OPD Registration



Clinic Description

- PAS clinic code
- Clinic description
- Location
- Clinic Mode - Standard/Shared/Joint
- Public/Private Clinic



Classification

- Specialty
- OCG Clinic Type - Proc, Med, Diag, Allied
- Detailed OCG Code
- Reason for OCG assignment



Clinic Timetable

- Frequency within a month
- Specifics of Days of Week
- Start/End Times of Clinic
- One demand clinics



Clinic Staff

- Clinic Governance -Cons lead, Nurse led etc
- IMC/HIPE_
- Shared Carers (CORU)
- "Norm" of who would be working on the clinic

HPO Outpatient Clinic Register Dashboard – DRAFT - UAT



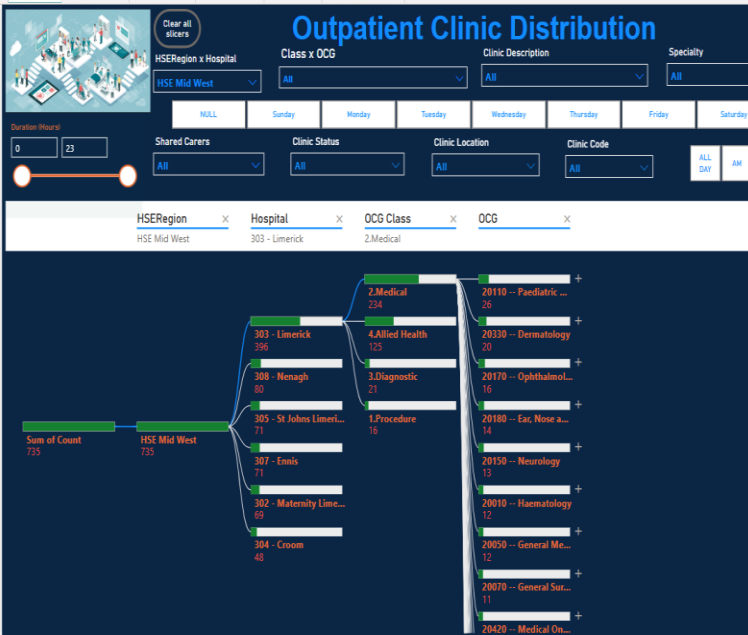
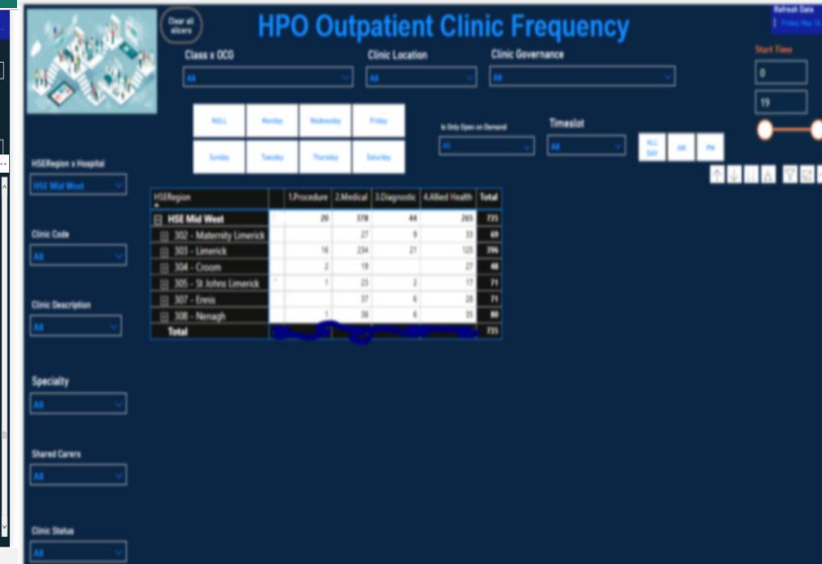
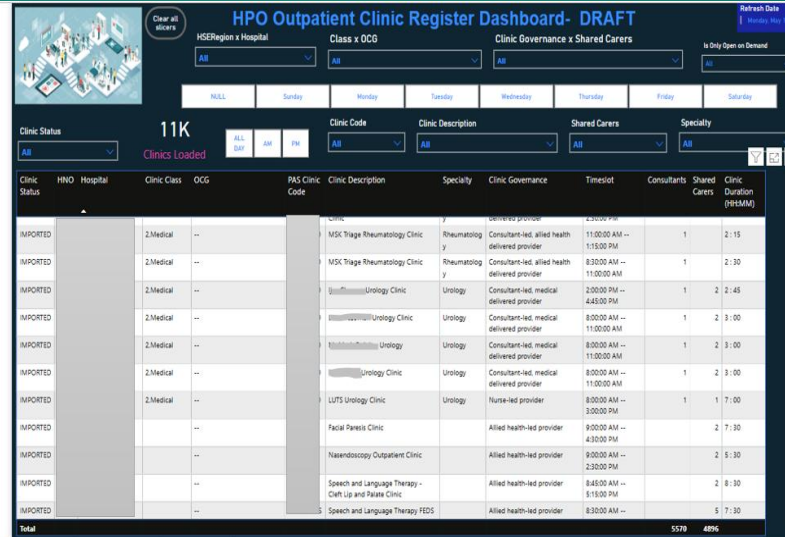
HPO Outpatient Clinic Register Dashboard- DRAFT

Refresh Date
Friday, May 16, 2025

Time
11:00:17 PM

HPO.Outpatients@hse.ie

Outpatients Registered Clinics Clinic Summaries Clinic Distribution Shared Carers Clinic Time Intelligence



Hospital iPMS/PAS -> OCG -> National OP Database

Hospital Requires OP Clinic → Register Existing & New OP Clinics



iPMS/PAS Clinic Setup - OCG field is mandatory



HPO Clinic Registration-Consistent Classification- Form Completed -OCG Agreed



iPMS/PAS Outpatient Clinic set up complete iPMS/PAS clinic code linked to OCG



OCG sits in Hospital iPMS/PAS dB



Every patient attending OP appointment is assigned OCG based on Outpatient (iPMS/PAS) clinic they attend



HPO Clinic Register is National OP Clinic dB



Hospital Data rolls up to National OP dB



HSE Midwest Outpatients ABF Pilot

Julia Cotter & Fiona O Rourke

Scheduled Care OCG leads



Outpatient

Proof of
Concept

HSE
Midwest

Clinic Extraction ~ 1000 clinics

Clinic Mapping Process for historical clinics

Clinic Characteristics, Schedule , Consultant & Shared Carer Information

Midwest data loaded into the Outpatient Clinic Register

Next Step – OCG has to be set up as a Mandatory Fields for all new clinics.



OP Process in HSE Midwest– Best Practice

It has allowed a process of cleaning and SOP development around operating of OP clinics

Dormant/unused/ redundant clinics cleaned and closed – this cleaning process has led to efficiencies in data processing.

Amendment of clinic types to correspond with the actual activity within the Clinic

Recording of Multi-Clinicians attending at OP Clinics was initiated.

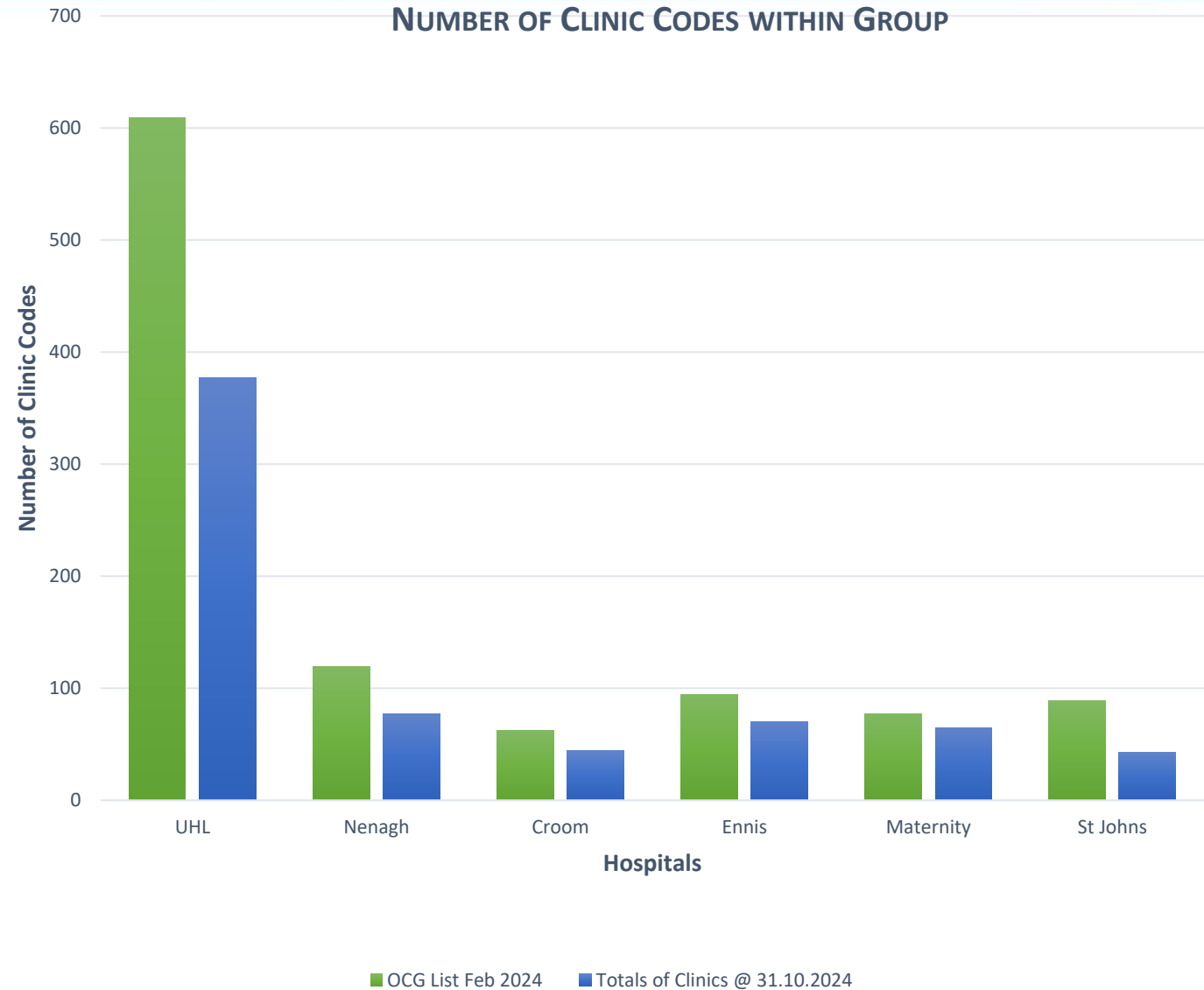
Development and training in Outpatient Clinic build and SOPs.

The work done to date in the UL Hospitals group provides a strong basis for progressing the OP classification and Outpatients in ABF.



Benefits – Clinic Review & Update

Number of Clinics within Group		
	No. of Clinics Feb 2024	No. of Clinics Oct 2024
UHL	609	377
Nenagh	119	77
Croom	62	44
Ennis	94	70
Maternity	77	65
St Johns	89	43
Total Clinic Codes	1050	676
Percentage Difference		
35.6%		





Benefit - Shared Carer Information Update

1. Overview

Updated all shared carer information, primarily for all the Allied Health and Nurse attending clinics (40000 codes)

2. Key Findings

- Discovered that many ANP, AHP & CNS were attending consultant-led clinics but were not logging their activity
- Found that a significant number of shared carers were not registered on the Professional Carers Listing on iPMS

3. Actions Taken

- Added Shared Carers to the iPMS Professional Carers List.
- Developed specific crib sheets to guide proper logging practices.
- Distributed crib sheets to relevant staff and provided training sessions.

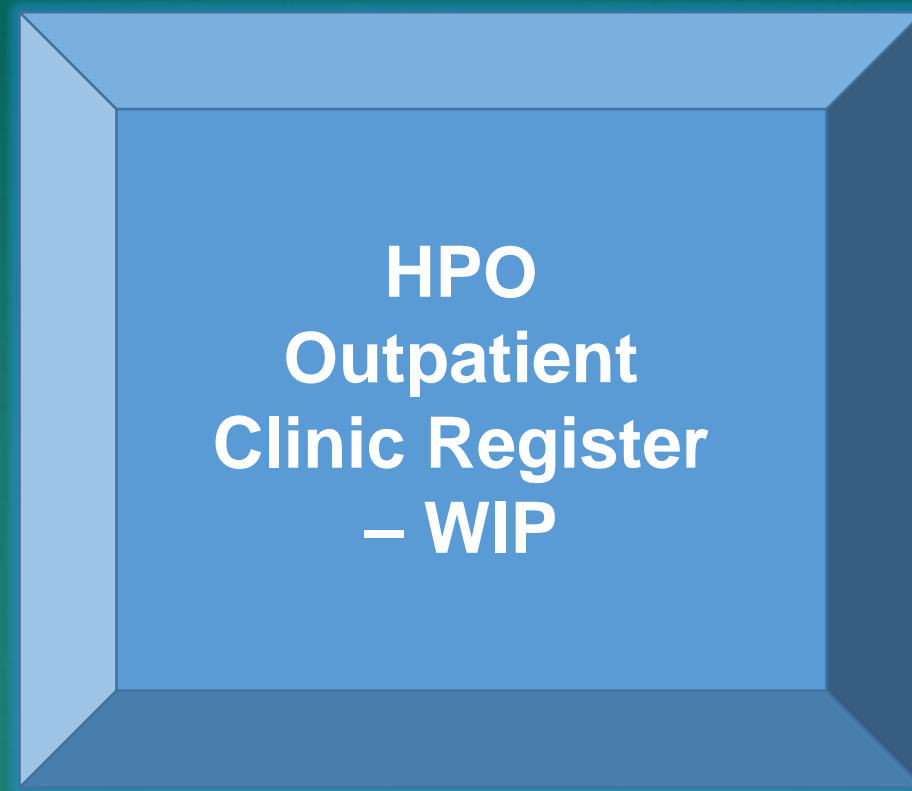
4. Outcome

- PPBI added a report to track this activity more effectively and is accessible in the Reports section of iPMS.
- Shared Carer Information added to all Clinics.
- Training Provided to Nurses and AHP's to enable them to input their clinic activity if no secretarial support available.



HPO Outpatient Clinic Register to Date

**39 hospitals
loaded into the
clinic register**



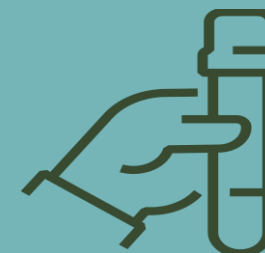
**Data quality
assurance analysis
undertaken and
results provided to
each site.**

**Tuesday 27th &
Thursday 29th May,
there are zoom webinars
for the hospitals on the
classification and on the
methodology of mapping
the clinic to the OCG.**

**~11k clinics load
– all clinic types
consultant ANP CNS
AHP**



Next Steps



- ❖ National approach HPO are working with Access & Integration and BIU-Acute on data collection for HSE.
- ❖ It is a HSE project, not just a HPO project, it's driven by Sláintecare
- ❖ Collect once and use many, but with the consistency of classification and minimum data set.
- ❖ **Continuation development of classification – HPO Classification**
Webinars for Hospitals 27th & 29th May.
- ❖ OCG becomes Standard Operating Procedure of Outpatient Clinic Setup; it is a Mandatory Field
- ❖ Outpatient Attendance Data – data capture, processing for ABF & National Reporting
- ❖ Future planning- value of the data, consistency, comparability, "credit"



Outpatients & ABF 2025
Healthcare Pricing Office, HSE

HPO: Lorna Collins, Lorna.Collins@hse.ie HPO.Outpatients@hse.ie

HSE Midwest: Fiona O'Rourke, fiona.ORourke@hse.ie

HEALTHCARE
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OFFICE



Questions ?





News Items

The HPO designed **OCG Education and Mapping Webinars (via Zoom)** on Tuesday 27th May (9.30-11.30 just completed) and next **Thursday 29th May (10-12)**.

2 hour session -an educational session on the outpatient classification and a workshop on the application of the OCG to the clinics that have been registered with the HPO.

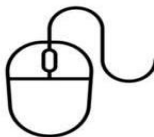
Registration for the OCG Education and Mapping Webinars is at the following link à [Outpatient Webinar Registration](#)

IIS Scheduled Care Dashboard Demos Day	Date	Time
Friday	30/05/2025	1400 – 1500
Wednesday	18/06/2025	1000 – 1100
Friday	27/06/2025	1100 – 1200
Monday	21/07/2025	1600 – 1700
Thursday	21/08/2025	1400 - 1500

[Link to Waiting List Action Plan 2025](#)

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Thank-you and Next Steps

- Thank-you for attending today
- We look forward to your feedback contained in our survey which can be filled out immediately after this Webinar.
- A copy of this Webinar will be made available on [Waiting List Improvements](#) and the link shared with all of you post Webinar.
- **Dates for your diary:**
 - ***June 26th Thursday 12-13:00 WLAP 25 'Beyond the Wait'***
-  **Programme@hse.ie**

