## Introduction & Background

- Waiting times are a major health policy concern in many OECD countries\(^1\)
- Widespread public demand for improved access, political pressure for shorter wait times, a stretched workforce challenge healthcare leaders to adopt new management approaches\(^2\)
- The healthcare service used in this project is a community-based physiotherapy service
- As at the end of Sept 2015, the physiotherapy service had a waiting list of 990 patients with 45% waiting longer than 12 weeks for the first appointment and longest waiting at 50 weeks

## Aims & Objectives

The aim of this project is to put in place group physiotherapy service as a healthcare improvement initiative

The objectives of this project include:

1. Reduce the number of patients waiting for more than 12 weeks from 45% to 30\%, and the longest waiting from 50 weeks to less than 34 weeks by the end of February 2016
2. Achieve over 90\% patient and staff satisfaction with the service and its various aspects
3. Achieve up to 80\% patients’ satisfaction with the level of improvement made
4. Achieve 10\% increase above the expected target for new patient appointments
5. Evaluate the direct cost savings related to service

## Methodology

The HSE Change Model was used to implement this project. PDSA cycle used to test the various project plan

![HSE Change Model](image)

- **Initiation**: Identify the need and readiness for change and the key stakeholders using various tools:
  - Process Mapping
  - Force-Field Analysis
  - Stakeholder Analysis
  - SWOT/TOWS Analysis

- **Planning**
  - Recruit eligible staff participants to form project team
  - Use project team for Action Learning and PDSA cycle testing
  - Develop service structure, content, tools and outcome measures
  - Develop implementation plan

- **Implementation**
  - Recruit patient participants
  - Manage patient and staff concerns and challenges

- **Mainstreaming**
  - Use of Liaison staff as project ‘champions’
  - Incorporate project principles into staff performance management

## Evaluation (contd)

- **Evaluation**
  
  **Donabedian Model**\(^4\) using quantitative and qualitative data obtained from:
  1. Staff Monthly Health Stats Return
  2. Audit of compliance with the project policy and guideline document
  3. Evaluation of questionnaires applied to staff and patient participants

  - 73\% of patients reported satisfied with level of improvement made
  - 16\% (258) additional new patients appointments made over and above the expected target
  - €11,905 cost-savings associated with the project

## Results / Impact

- High patient and staff satisfaction
- Reduced wait time and improved patient access to service
- Increased staff performance
- Improved efficiencies
- Achieved cost-savings

## Conclusion

- The results of the OD project demonstrate its potential to reduce wait times, save costs and improve efficiencies and add value
- Recommendation to re-design service delivery model for out-patient physiotherapy was made

## References

3. HSE. Improving our Services: A Guide to Managing Change in the HSE. 2008
Abstract

Title: Implementing Group Physiotherapy Service in Outpatient Primary Care: A Healthcare Improvement Initiative

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Aims/Objectives:
As at the end of September 2015, prior to the implementation of this initiative, the physiotherapy service had a waiting list of 990 patients with 45% of these patients waiting longer than 12 weeks for the appointment, and the longest wait time was 50 weeks.

Over a 5-month period (Oct 2015 – Feb 2016), the initiative aimed to: (1) Reduce the percentage of patient waiting over 12 weeks as well as the longest wait time for physiotherapy appointment; (2) Compare staff performance; (3) Evaluate patient and staff satisfaction; and (4) Evaluate the cost savings directly related to the initiative.

Method:
The service initiative comprised a 6-week physiotherapy session of one hour per week for patient-groups with similar diagnosis or referral reason which would include an initial assessment, intervention, and self-management education. The service delivery model also involved the participation of relevant MDT members as well as establishing link with patient-support groups in the community.

Benefits/Result:
Following the implementation, the percentage of patients waiting 12+ weeks reduced to 31% and the longest wait time reduced to 34 weeks. Waiting list reduced by 15% as a positive balancing measure. Despite a cumulative 1.9WTE less, the participating physiotherapists achieved 17% (n=921/788) more than expected target for new patient appointments as against 16% (n=953/822) for the non-participating physiotherapists. 94% of patients and 100% of physiotherapists surveyed reported satisfied with the service with 73% of patients reporting improvement in their referral reason. An associated cost-savings of €11,905 was made.

Conclusion:
The outcome of the initiative indicates that extended wait times are not always due to demand, but may be attributable to capacity under-utilization. The design of the initiative has the potential to transform into a service delivery model with the capacity to support the delivery and attainment of key organisational service goals, including those of Integrated Care Programmes in Primary Care.

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Presentation:
Abstract to be considered for Poster presentation only.