



# Eastern Health Board

## Hospital Care Services

### Hospital Care Services Workshop Report



July 1997

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## APPENDICES

A	Workshop Participants
B	Detailed Process & Key Information Need Forms

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## **Background**

- 1.1 On the 14<sup>th</sup> July 1997, a workshop was held in the Eastern Health Board to identify the operational processes and key information needs of the Hospital Care Services. This document summarises the findings of the workshop.
- 1.2 The workshop was conducted using both presentation sessions and break out groups in which the EHB staff were divided into teams in order to specify certain categories of information. The process was facilitated by Ernst & Young supported by EHB Management Services Staff.
- 1.2 During the process, the following activities were undertaken:
- verification of the Goals & Objectives derived from the service plan and interview session with the senior management team;
  - identification of the key constituencies (groups of people) with whom the service interacts and the nature of the interaction;
  - the primary services supplied;
  - the key operational processes undertaken;
  - the key information needs of the service for both operational and management purposes;

In addition the process resulted in the identification of a series of issues which are also documented herein.

**Introduction**

- 2.1 This section details the goals and objectives for the Hospital Care Services. These are broadly those of the service plan and the management interview sessions with additional contributions from the workshop participants. Issues identified during the session are also detailed below.

**Candidate Goals & Objectives**

- 2.2 The candidate goals for the services are stated below:
- To achieve the greatest possible health and social gain within the available resources and to ensure that treatment and care is provided in the most appropriate setting having regard to equity, quality of service and accountability. (General Hospital Care Programme Service Plan - Strategy Pg. 1)
  - To ensure that each hospital fulfils its designated role as part of the network of Dublin hospitals and provides quality care at the most appropriate level. (General Hospital Care Programme Service Plan - Strategy Pg. 2)
- 2.3 It was recommended that the second goal be restated as follows:
- To ensure that each hospital fulfils its designated role as part of the network of *Eastern Health Board area* hospitals and provides quality care at the most appropriate level.
- 2.4 The candidate objectives for the services are:
- To achieve agreed service targets within available financial and human resources. (General Hospital Care Programme Service Plan - Strategy Pg. 1)
  - To develop services, quality initiatives and performance measures. (ESA Interview Notes - Programme Manager)
  - To continually develop effective working relationships with other health care providers (ESA Interview Notes - Programme Manager).
  - To achieve the correct balance between the different types of care provided (ESA Interview Notes - Programme Manager).
  - To reduce waiting times (General Hospital Care Programme Service Plan - James Connolly Memorial Hospital, Day Surgery Services Pg. 7/8).
- 2.5 It was recommended that the objective:
- To achieve agreed service targets within available financial and human resources.
- be restated as:
- To achieve agreed service targets within available financial and human resources *and within EHB norms.*

**Additional Goals and Objectives**

- 2.6 The following additional goals were derived for the services:
- To ensure equity of service based on identified needs.

- To ensure more effective and economic use of diagnostic procedures.
- To monitor and evaluate the delivery of high quality appropriate services based on identified need.
- To train, education and motivate staff to achieve their full potential.
- To support staff in carrying out their roles.
- To develop links with General Practitioners and the Community

2.7 The following additional objectives were derived for the services:

- To achieve agreed service targets relative to the community.
- To clearly identify and define service objectives and targets.
- To set and monitor Performance Measures based on service objectives and targets.
- To achieve client satisfaction rating > 3 (based on scale of 1 to 5, 1 being very poor, 5 being excellent).
- To reduce rates of complication appropriate for each service.
- To identify best practices for each service area and to aim to achieve or improve upon.
- To identify unmet client needs and to implement initiatives to meet such needs.
- To identify and implement mechanism to develop improved working relations across service areas and different disciplines, e.g. case conferences.
- To deliver care at the appropriate level of complexity.
- To establish, validate and on an ongoing basis reduce waiting times based on clearly defined criteria for each service area. This will involve working with other hospitals and minimising resource utilisation.
- To provide on-going, structured, timely training programmes for staff, particularly in the use of Information Technology.
- To provide adequate and appropriate resources to implement agreed initiatives and provide community services.
- To implement an effective bed management policy by implementing step down and day care facilities.
- To develop an occupational health service for our staff.
- To provide GP's with access to services.

### Issues

2.7 The following issues were identified during this phase of the workshop:

- The need for a defined role for independent hospital incorporated into the service plans;
- Lack/Shortage of professional staff;
- All objectives need clear definitions of targets and measures in order to fully determine the resulting Information Systems needs;
- No/Insufficient support structure/systems for individuals working in isolation;
- Programme structure mitigates against cross service development;

- The need for a cross programme understanding of roles;
- Requirement for improved liaison with the community and community care professionals;
- Difficulty in getting information on service requirements;
- Requirement for clearly defined policies in terms of entitlements and dissemination of this information to the community;
- Existing barriers to service evaluation and availability of funding for research on service effectiveness and outcomes;
- Shift of focus from non fashionable services;
- Perception that problems/issues identified by staff are not treated seriously leading to de-motivation;
- Perception that accountability does not extend to the lower levels of staff within the Board;
- Objectives cannot be set without the existence of clearly defined policy.

**Constituencies**

3.1 The term constituency may be defined as:

“An identifying group which may or may not be aligned along structural or functional lines, used to map the organisation to culture.”

e.g. Customer, client, department (internal), voluntary agency, GPs, Pharmacists

3.2 In this context the primary constituencies are the clients of the service. The key constituencies identified are shown below. In these lists the nature of the relationship between the service and the constituency, i.e. as a customer of the service or as a supplier to the service, is shown along with the type of contact between the two - whether at an individual level or at an organisational level.

*Clients*

Constituency	Relationship	Contact
Client - all referrals for hospital care	Customer	Individual/Group
Client relations	Customer	Individual/Group

*Internal*

Constituency	Relationship	Type of Contact
Hospital Management	Supplier - Policy	Individual/Group
Other Programmes	Customer/Supplier - Referrals & Services	Individual/Group
Public Health Nurses	Customer/Supplier	Group
Dept. of Public Health	Supplier - Information	Individual
Finance	Supplier - Processing Payments	Organisational
Secretariat	Customer - Answering Board Queries and PQs	Individual
Estate Management	Supplier - Purchasing, Leasing & Insuring Premises	Individual
Personnel	Supplier - Recruitment, IR	Individual
Communications	Supplier - Media Contact	Individual
Technical Services	Supplier - Maintenance of facilities	Individual
Management Services	Supplier - Systems & Information	Individual
Medical Board	Customer/Supplier	Individual/Group
Students	Customer/Supplier	Groups
Professional Staff	Supplier	Individual/Group
G. P. Unit	Customer/Supplier	Individual/Group
Environmental Health Officers	Supplier	Individual
Community Care Management	Customer/Supplier	Group

*External*

Constituency	Relationship	Type of Contact
Dept. of Health	Customer - Developing Plans, Activity Reports Supplier - Funding, Policy	Organisation
Ombudsman	Customer - Appeals	Individual/Organisation
Controller & Auditor General	Customer - Accounts	Individual/Organisation
Voluntary Hospitals	Customer/Supplier - Service Co- ordination/Delivery and Referrals	Individual/Group/ Organisation
Third level colleges	Customer - Information sharing on Supplier - Development of Educational facilities	Individual/Organisation
Suppliers	Supplier	Group
Voluntary Agencies	Supplier - Service Contracts Customer - Funding & Co-ordinating Services	Organisation
Dublin Corporation/ County Councils/Gardai	Customer/Supplier - Emergency planning for major events/disasters	Group/Organisation
Nursing Homes	Customer - Funding	Individual/Organisation
Concert Promoters	Customer/Supplier - Emergency planning for major events	Individual/Organisation
Pharmaceutical Companies	Supplier - Drug information	Individual/Organisation
National Medical Information Centre	Supplier - Drug information	Individual/Organisation
Public Representatives	Customer	Individual
Unions	Supplier - Case resolution	Individual/Group
G. P's	Customer/Supplier	Individual/Group
Coroner	Supplier	Individual
Health Research Board	Customer - Data Supplier - Analysis	Individual/Organisation

3.3 The interaction with the internal, external and client constituencies is typified by:

- Irregular or unpredictable forms of contact;
- Low levels of structured data transfer;
- High volumes of unstructured data transfer.

**Services**

4.1 Services may be defined as:

“A function that is provided on request, and that hides its internal implementation from the requester. Services typically represent shared, reusable functions. A service can provide a simple or complex function; its implementation can be technically simple or it can require multiple technologies, clinical skills, and administrative skills. 2. Work performed for an enterprise or organisational unit by some organisation other than itself.”

E.g. X-Ray, Laboratory Services, A & E Services

4.3 The following are the key services identified for the Hospital Care Service.

Service	Produced By	Frequency
Diagnostic Procedures <ul style="list-style-type: none"> <li>• Laboratory</li> <li>• Radiology</li> <li>• Endoscopy</li> <li>• Theatre</li> <li>• Assessment                             <ul style="list-style-type: none"> <li>• Speech</li> <li>• Occupational Therapy</li> <li>• Psychiatric</li> <li>• Physiological</li> </ul> </li> <li>• ECG</li> <li>• EEG</li> <li>• Medical</li> </ul>	Specialist	On Request
In-patient Services <ul style="list-style-type: none"> <li>• Medical</li> <li>• Surgical</li> <li>• Orthopaedic</li> <li>• Maternity</li> <li>• Paediatric</li> <li>• Rheumatic</li> <li>• Psychiatric</li> </ul>	Specialists	On demand/On request
Out-patient Services	Specialists	On demand/On request
Day Services	Specialists	On request
Therapy Services <ul style="list-style-type: none"> <li>• Speech</li> </ul>	Specialists	On request

Therapy Services <i>cont.</i> <ul style="list-style-type: none"> <li>• Occupational</li> <li>• Physio.</li> <li>• Social Work</li> <li>• Diversion</li> <li>• Play</li> </ul>	Specialists	On request
Nursing & Allied Services	Nurses	On demand/ request
Accident & Emergency Service	A & E staff	On demand
Transport	Ambulance staff and external suppliers	As required
Dietary Service	Specialists	On request
Pastoral	Chaplain	On request
Drug Advise	Pharmacists	On request/As required
Financial Report & Returns	Clerical/Admin	Weekly
Parliamentary Questions	Admin/Clinical	As required
Returns re Patients	Clinicians/Admin	Regular
Information & Education	Admin/Clinical	Regular
Training	Admin/Clinical	On-going
Service Plans Replies to Queries Activity Reports	Admin/Clinical	Weekly/Mont hly/ Annual
Inventory Management	Admin.	Daily
Policies & Protocols	Admin/Clinical	As required
Admin. Support	Admin	Daily
Management Info.	Admin/Public Health/Clinical	Regular
Epidemiological Info.	Admin/Public Health/Clinical	Regular
Clinical Info.	Admin/Public Health/Clinical	Regular
Research		As required
Professional Liaison	Administrative and Clinical staff	As required

**Issues**

4.4 The primary issues relating to services are:

- The products & services are generally reactive;
- Too much time spent by professionals in non-value added activities;
- Services should meet the needs of the clients which need to be clearly identified.

**Processes**

5.1 In deriving the processes undertaken by the service the following hierarchy of processes was used:

- Mega Process
  - Major Process
    - Process

In some of the Major Processes it was not possible to drive down to process level within the time available.

5.3 The definitions of the respective categories are:

Term: Mega Process: “The highest-level processes identified for an enterprise. Typically the following 6 mega processes are defined for an enterprise: gaining new business; product/service design; operations; after-sales support; support; and executive. Most enterprises have between two and ten of these high-level processes”  
e.g. In-patient treatment, Accident & Emergency treatment

Term: Major Process: “A high-level process in the process decomposition of an enterprise; one level below mega process”.

Term: Process: “A specific ordering of work activities across time and place, with a beginning, an end, and clearly defined inputs and outputs. A structure for action defining how work is done. Business processes are the structure by which the organisation physically does what is necessary to produce value for its customers..”

5.4 The processes identified for the Hospital Care area are:

Mega Process		Major Processes			Processes
2.1	<i>Executive</i>	2.1.1	Planning		
		2.1.2	Procuring Resources		
		2.1.3	Developing & Approving policy		
		2.1.4	Monitoring implementation of services		
		2.1.5	Co-ordination with other services and agencies		
		2.1.6	Reporting		
		2.1.7	Accounting for performance & service		
2.2	<i>Administrative Support</i>	2.2.1	Providing staff information		
		2.2.2	Information Management		
		2.2.3	Finance	2.2.3.1	Budgeting

Mega Process		Major Processes		Processes			
	<i>Administrative Support cont.</i>	2.2.4	Resource Management	2.2.4.1	Recruit, induct and educate staff		
				2.2.4.2	Manage Facilities		
				2.2.4.3	Inventory Management		
				2.2.2.4	Manage staff allocation/rostering		
				2.2.4.5	Manage catering service		
2.3	<i>Service Development</i>	2.3.1	Education/Training				
		2.3.2	Resource & skill provision				
		2.3.3	Contract Management				
		2.3.4	Performance Management				
2.4	<i>Service Delivery</i>	2.4.1	Operating in-patient service	2.4.1.1	Referral <ul style="list-style-type: none"> <li>■ Self</li> <li>■ GP</li> <li>■ Ambulance</li> </ul>		
				2.4.1.2	Patient Registration <ul style="list-style-type: none"> <li>■ A&amp;E</li> <li>■ Admissions</li> <li>■ OPD</li> <li>■ Ambulance</li> <li>■ Ward</li> </ul>		
				2.4.1.3	Patient Assessment <ul style="list-style-type: none"> <li>■ Triage</li> <li>■ Medical</li> <li>■ Other interventions</li> <li>■ Referral to other service</li> </ul>		
				2.4.1.4	Diagnose Patient <ul style="list-style-type: none"> <li>■ Investigations - RAD, Lab, ECG, Etc.</li> <li>■ Referral to other service</li> </ul>		
				2.4.1.5	Treat Patient <ul style="list-style-type: none"> <li>■ Medical Plan (What)</li> <li>■ Nursing Plan (How)</li> </ul>		
				2.4.1.6	Patient Discharge		
				2.4.2	Operate A & E service		As per 2.4.1 but more urgent.
				2.4.3	Operate Out-patient service	2.4.3.1	Referral
						2.4.3.2	Information Gathering

				2.4.3.3	Assessment
				2.4.3.4	Treatment
				2.4.3.5	Discharge
		2.4.4	Operate Day Procedures		

**Issues**

5.3 The key issues identified in relation to the processes are:

- Processes/procedures are generally undocumented;
- Few processes have associated performance measures;
- Resources are not optimally allocated to support all the processes being undertaken;
- No structures are in place to support Quality Management

6.1 A key information need refers to a set of information required by the business to execute it's functions. Information needs are broken down into two categories:

- **Term: Executive Information Need**  
"Information required to monitor achievement of objectives or critical success factors, the validity of critical assumptions, or the impact of opportunities and problems."
- **Term: Operational Information Need**  
"A statement of the information required to operate or monitor a process; for example, First Contact by DED, or Time to house an emergency child referral."

6.2 The major information needs identified in the study are grouped in Appendix B relative to the processes they support. For ease of review they are summarised and grouped below into their respective categories:

<i>Type</i>	<i>Need</i>
Executive	DED Profiles of Community
	- Demographics
	- Socio/Economic
	Outcomes per service provided
	Knowledge of best practices at clinical and operational levels
	Client Satisfaction Rating
	Budget performance
	Epidemiological Information
	Patient treatment statistics
	- Casemix Information
	- Discharges
	- Admissions
	- Procedures
- Treatments	
- Tests	
Quality metrics	
Research data	
Activity Statistics	
Operational	Budget
	Expenditure
	- by Patient
	- by Pay/Non-pay items
	- by procedure
	Referral Information
	Bed Utilisations
	Clinical treatment data including history
	Quality assurance data
Activity data by product by service by centre	
Patient data	
Family data	

# Process Description Form

<b>PROCESS</b>	Administrative Support.	<b>LEVEL NO.</b>	2.2
<b>Description:</b> Provision of staff, financial and resource information, and information management services to service providers.			
<b>Section Responsible:</b> Support services			
<b>Frequency:</b> Ongoing - 9a.m. to 9p.m.		<b>Triggers:</b> Presentation.	
<b>Inputs:</b> Patient and resource data.			
<b>Outputs:</b> Updated patient records including registration of patient, pulling charts and billing patients. Updated finance, staff and resource data.			
<b>Customer:</b> All service areas.			
<b>Supplier:</b> Support services/functions.			

# Process Description Form

<b>PROCESS</b>	Managing inventory	<b>LEVEL NO.</b>	<b>2.2.4.3</b>
Description: Management of equipment and consumable supplies and inventory.			
Section Responsible: Supplies Officer.			
Frequency: Daily.		Triggers: On Request.	
Inputs: Telephone or signed requisition.			
Outputs: Provide Supplies.			
Customer: Other service areas.			
Supplier: Supplies.			

## Process Description Form

PROCESS	Service Development	LEVEL NO.	2.3 (Mega)
<p><b>Description:</b></p> <p>Resourcing, training, skilling, I.R., Structuring, Information/Communication, Policy &amp; Procedure for excellence of service delivery.</p>			
<p><b>Section Responsible:</b></p> <p>All managers Admin - Personnel, Finance I.T. Trainers</p>			
<p><b>Frequency:</b></p> <p>Constant, consistent</p>		<p><b>Triggers:</b></p> <p>Needs - Internal, External Crisis Service Development</p>	
<p><b>Inputs:</b></p> <p>Skills, Information, Professional bodies. Executive - skill, information, decisions</p>			
<p><b>Outputs:</b></p> <p>Effective budgeting - morale - efficiency, economy, effectiveness, I.R. Infrastructure for delivery of operations</p>			
<p><b>Customer:</b></p> <p>Staff</p>			
<p><b>Supplier:</b></p> <p>Staff, Executive, External expertise</p>			

## Process Description Form

<b>PROCESS</b>	Operate In-patient Services.	<b>LEVEL NO.</b>	<b>2.4.1</b>
<b>Description:</b>			
<p>This process covers the referral of a patient for in-patient services to the assessment, treatment and discharge of a patient.</p>			
<b>Section Responsible:</b>			
All services in the hospital.			
<b>Frequency:</b>		<b>Triggers:</b>	
Ongoing.		<p>Community services, GP referrals, OPD, A&amp;E, other hospital departments, other hospitals, day care, nursing homes and re-admissions.</p>	
<b>Inputs:</b>			
<p>Medical, nursing, physiotherapy, catering, administration, pharmacy, pathology, radiology, household services, maintenance, supplies, social work, pastoral and bed manager.</p>			
<b>Outputs:</b>			
<p>Discharge (GP), deaths, transferred to other hospital/?, other hospitals inside/outside, out-patient follow-up, community services, community support and respite care.</p>			
<b>Customer:</b>			
Patient, patient's family and GP.			
<b>Supplier:</b>			
All Services.			

## Process Description Form

<b>PROCESS</b>	Referral.	<b>LEVEL NO.</b>	<b>2.4.1.1</b>
<b>Description:</b> Referral to hospital from a number of sources: Self, GP, Other hospital..			
<b>Section Responsible:</b> All.			
<b>Frequency:</b> Ongoing		<b>Triggers:</b>	
<b>Inputs:</b> A&E, consultant on call, Medical team, community PHN.			
<b>Outputs:</b> Admission, refer to GP, refer to Community, refer to another hospital, deaths.			
<b>Customer:</b> Patient, GP, A&E, consultant on call, Medical team, OPD, community.			
<b>Supplier:</b> All service areas.			

## Process Description Form

PROCESS	Record Patient Detail	LEVEL NO.	2.4.1.2
<p>Description:</p> <ul style="list-style-type: none"> <li>• Recording patient and demographic/eligibility information for In-patients.</li> </ul> <p><i>Issue:</i> Because of lack of systems integration, it is not possible to view all episode details e.g. procedures relating to a patient's stay.</p>			
<p>Section Responsible:</p> <p>Medical Records.</p>			
<p>Frequency:</p> <p>Ongoing.</p>		<p>Triggers:</p> <p>Hospital referrals.</p>	
<p>Inputs:</p> <p>Medical Records and IT staff, medical and nursing staff and wards.</p>			
<p>Outputs:</p> <p>Admissions, discharges, out-patient attendance and surgery, A&amp;E attendance and day care.</p>			
<p>Customer:</p> <p>Patient and ward.</p>			
<p>Supplier:</p> <p>Medical Records staff.</p>			

## Process Description Form

<b>PROCESS</b>	Patient assessment.	<b>LEVEL NO.</b>	<b>2.4.1.3</b>
<b>Description:</b> <ul style="list-style-type: none"> <li>• Medical examination of patient.</li> <li>• History of patient charts.</li> </ul>			
<b>Section Responsible:</b> Medical and Nursing staff, medical exam/assessment.			
<b>Frequency:</b> Ongoing.		<b>Triggers:</b> Patient Admission/presentation of patient.	
<b>Inputs:</b> Patient, Medical and nursing staff.			
<b>Outputs:</b> Further assessment e.g. Onward referral, diagnosis and discharge.			
<b>Customer:</b> Patient, patient's relatives and referring agent (GP etc.).			
<b>Supplier:</b> Medical and nursing.			

## Process Description Form

<b>PROCESS</b>	Diagnose Patient.	<b>LEVEL NO.</b>	2.4.1.4
<b>Description:</b> <ul style="list-style-type: none"> <li>• Investigations.</li> <li>• Diagnostic procedures.</li> </ul>			
<b>Section Responsible:</b> Laboratory, X-Ray, EEG, ECG and Psychiatry.			
<b>Frequency:</b> Ongoing and Daily.		<b>Triggers:</b> Patient assessment.	
<b>Inputs:</b> Patient and patient's relations, Laboratory, X-Ray, EEG, ECG and psychiatry, Portering, ambulance and nursing. Documentation.			
<b>Outputs:</b> Treatment decision e.g. referral to other service, management decision, medical plan and nursing plan. Reporting of test results to appropriate department or referring agent.			
<b>Customer:</b> Patient and patient's relations, medical and nursing.			
<b>Supplier:</b> Laboratory, X-Ray and psychiatry.			

## Process Description Form

<b>PROCESS</b>	Patient Treatment.	<b>LEVEL NO.</b>	<b>2.4.1.5</b>
<b>Description:</b> <ul style="list-style-type: none"> <li>• To treat In-patients.</li> <li>• Appropriate treatment program based on diagnosis.</li> <li>• To restore patient to their full potential.</li> </ul>			
<b>Section Responsible:</b> Medical and nursing staff, ambulance and all services and departments within hospital.			
<b>Frequency:</b> Ongoing.		<b>Triggers:</b> Diagnoses, presentation of patient, on request.	
<b>Inputs:</b> Medical and nursing staff, ambulance and all services and departments within hospital. Patient charts, previous records, case histories, patient care planning in conjunction with medical colleagues, patient assessment, implementing care and communication with patient and relatives.			
<b>Outputs:</b> Patient restored to full potential, epidemiological information, reporting to hospital and board management. Onward referrals, provision of medical and nursing plan.			
<b>Customer:</b> Patient, patient's family, reporting to hospital and board management, programme manager, department of health and department of public health. Onward referrals. Provision of medical and nursing plans.			
<b>Supplier:</b> All services.			

## Process Description Form

PROCESS	Operate A&E services.	LEVEL NO.	2.4.2
<b>Description:</b> <ul style="list-style-type: none"> <li>• A&amp;E Consultant.</li> <li>• Medical and nursing staff.</li> <li>• Observation.</li> <li>• Administration and registration of patients.</li> <li>• Sourcing of medical records depending on availability of staff.</li> <li>• Diagnostic tests after assessment.</li> <li>• Referrals via 999 calls, client, GP or other sources.</li> <li>• Provide emergency and urgent care.</li> </ul>			
<b>Section Responsible:</b> A&E consultant, diagnostic services, junior medical staff, nursing, administration and supplies.			
<b>Frequency:</b> Ongoing		<b>Triggers:</b> Client self referral, 999 Calls, GP referrals, direct referral by letter, other hospital transfer and gardai.	
<b>Inputs:</b> Triage nurse, Resources, staff, medical and surgical supplies, pharmacy, diagnostic services, facilities and equipment, Audit and reporting, educational information. Advice to staff.			
<b>Outputs:</b> Stabilised patients, diagnostic and feedback reports to referring agent, reports, onward referrals, discharges and admissions.			
<b>Customer:</b> Patient, GP, Other hospitals, family and hospital management.			
<b>Supplier:</b> A&E Department.			

## Process Description Form

PROCESS	Operate Out-patient services.	LEVEL NO.	2.4.3
<b>Description:</b> <ul style="list-style-type: none"> <li>• Provide Out-patient Services.</li> <li>• Medical and nursing staff.</li> <li>• Para-medic staff.</li> <li>• Therapists.</li> <li>• Supplies.</li> <li>• Pharmacy.</li> <li>• Administration.</li> </ul>			
<b>Section Responsible:</b> Medical records, Consultants, Medical and nursing staff, laboratory and radiology.			
<b>Frequency:</b> Monday to Friday by appointment.		<b>Triggers:</b> GP Referral, Consultant, from discharge.	
<b>Inputs:</b> Medical and nursing staff, Para-medic staff, Therapists, Supplies, Pharmacy, Administration.			
<b>Outputs:</b> Restore patient to full potential.			
<b>Customer:</b> Patient, Relatives, referring agent..			
<b>Supplier:</b> OPD			

# Process Description Form

<b>PROCESS</b>	Operate Day Care.	<b>LEVEL NO.</b>	2.4.4
<b>Description:</b> Provision of Day Care services and procedures.			
<b>Section Responsible:</b> Day Wards			
<b>Frequency:</b> Daily		<b>Triggers:</b> Patient Admission	
<b>Inputs:</b> Patient notes and Care Plan			
<b>Outputs:</b> Updated notes, Care Plan and discharge summary			
<b>Customer:</b> Patient			
<b>Supplier:</b> Ward and theatre staff, clinicians			

# Process Description Form

<b>PROCESS</b>	Operate catering.	<b>LEVEL NO.</b>	<b>2.2.4.5 &amp; 2.4.1.5</b>
<b>Description:</b> Provide catering and dietary services to patients and staff.			
<b>Section Responsible:</b> Catering.			
<b>Frequency:</b> Ongoing		<b>Triggers:</b> As required.	
<b>Inputs:</b> Staff, financial resources and dieticians.			
<b>Outputs:</b> Provision of catering services.			
<b>Customer:</b> Patient's and Staff.			
<b>Supplier:</b> Catering Department.			

## KIN Description Form

INFORMATION NEED	Financial and Activity Management	ITEM NO.	
Type: Executive/Operational.			
Description: <ul style="list-style-type: none"> <li>• Link service plans and budgets.</li> <li>• Budgetary reports required by department/ward on service plan basis - Outputs/Projected &amp; Variances and greater detail to examine variances.</li> <li>• Departmental budgeting - Allocate budgets to heads to manage, Identify and match financial and services outputs.</li> <li>• Epidemiological information available from laboratories for manipulation.</li> <li>• Bed utilisation / bed management.</li> <li>• On line systems.</li> <li>• Updates automatically on issue of orders - remainder in budget should be available.</li> <li>• Timeliness of information.</li> <li>• Bed utilisation/Bed management.</li> <li>• Daily cost of treatment for individual patients whether In-patient or Out-patient.</li> <li>• Details of medical and surgical supplies provided to patients and cost involved.</li> <li>• Information on Pay and Non-pay.</li> <li>• Theatre activity.</li> <li>• Diagnostic services.</li> <li>• Maintenance information.</li> <li>• Catering information.</li> <li>• Purchasing and inventory management and costing..</li> <li>• Therapies activity information.</li> <li>• Pharmacy activity information.</li> <li>• In-patient and out-patient activity information - length of stay, re-admission rates.</li> <li>• Day services activity information.</li> <li>• Information on day hospitals for the elderly.</li> <li>• Audit trails.</li> <li>• Epidemiological information available from laboratories for manipulation.</li> <li>• Bed utilisation / bed management.</li> <li>• Detailed costing systems.</li> </ul>			
Section Responsible:			
Hospital managers and heads of department.			
Data Mechanism (Paper, phone, computer, etc.):		Triggers:	
Computer and Paper (monthly).		Request, Client information, Referrals and Service Plan.	
Source:			
Reports from budgetary control monthly and from heads of department. HIPE, PAS and other Systems.			
Destination:			
Budgetary control, Dept. of Health, EHB, Management Team and Programme Manager.			
Processing:			
Examine, validate and take corrective action.			
Notes:			
Lack of integrated computer systems and lack of order communication is a major difficulty. Staff changes on HIPE may affect coding standards. Internet access.			

# KIN Description Form

INFORMATION NEED	Diagnostic services.	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>• Breakdown and costing of tests.</li> <li>• Source and timing of tests being ordered.</li> <li>• Repetition of tests.</li> <li>• Delay factors in getting test results.</li> </ul>			
Section Responsible:			
Data Mechanism (Paper, phone, computer, etc.):  Computer.		Triggers:  Direct request, GP referral.	
Source:			
Destination:  Consultants, GP, and statistics to hospital manager and heads of department.			
Processing:  Examine, validate and take corrective action.			
Notes:  Limited availability of statistics for diagnostic tests. System works on name/sex - danger of using and updating the wrong patient details. Use short number. Hospital case number is very important			

# KIN Description Form

INFORMATION NEED	Therapy services.	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>• Direct referral facility for GP and Wards and any other referring agencies.</li> <li>• On line, up to date access for GP to patient details for therapy being provided.</li> <li>• Treatment details.</li> <li>• Patient notes.</li> <li>• Information relevant to condition being treated.</li> <li>• Historical patient data.</li> <li>• Linkages with other departments (x-ray, Laboratory, In-Patient, Casualty etc.).</li> <li>• Quality assurance information for research purposes and for comparison with other hospitals.</li> <li>• Source of referrals.</li> <li>• Reporting information for GP's.</li> <li>• Up to date information on stage of treatment</li> </ul>			
Section Responsible:  Therapy Departments.			
Data Mechanism (Paper, phone, computer, etc.):  Computer.		Triggers:  Referrals.	
Source:  Patient referral from GP by telephone or letter..			
Destination:  Consultants, GP's (up to date information on stage of treatment).			
Processing:  Examine, validate and take corrective action.			
Notes:			

# KIN Description Form

INFORMATION NEED	Accident and Emergency services.	ITEM NO.	
Type: Executive/Operational.			
Description: <ul style="list-style-type: none"> <li>• Integrated system with other computer systems in the hospital.</li> <li>• Grading of presentation (i.e. urgent etc.).</li> <li>• Statistics.</li> <li>• Casemix information.</li> <li>• Admission information.</li> <li>• Discharge information.</li> <li>• System similar to HIPE.</li> <li>• ICD code structure.</li> <li>• Frequency, tests, costs.</li> </ul>			
Section Responsible:  A&E			
Data Mechanism (Paper, phone, computer, etc.):  Paper and computer.		Triggers:	
Source:  Hospital records.			
Destination:  A&E department, Department of Public Health, other hospitals.			
Processing:			
Notes:  IT will help improve quality, Everyone should use IT. System to measure quality of service.			

# KIN Description Form

INFORMATION NEED	Catering services.	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>•• Ingredient cost per meal.</li> <li>• Age.</li> <li>•• Dietary requirements.</li> <li>• Special medical instructions.</li> <li>• Notes of discharges/admissions.</li> </ul>			
Section Responsible:  Catering department and dieticians.			
Data Mechanism (Paper, phone, computer, etc.):  Paper - monthly		Triggers:	
Source:  Catering Department and dieticians.			
Destination:  Hospital Management.			
Processing:  Examine, validate and take corrective action if appropriate.			
Notes:			

# KIN Description Form

INFORMATION NEED	Pharmacy.	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>• Provision of pharmacy services.</li> <li>• Stock control and costing system.</li> <li>• Facility to key in prescription at ward level.</li> <li>• Tele-ordering to wholesalers.</li> </ul>			
Section Responsible:			
Data Mechanism (Paper, phone, computer, etc.):		Triggers:	
Paper			
Source:			
National medical information centre on paper.			
Destination:			
Processing:			
Notes:			
Medical information - access on-line to MEDLINE other information sources.			

## KIN Description Form

INFORMATION NEED	Staff	ITEM NO.	
Type: Executive.			
Description: <ul style="list-style-type: none"> <li>• Activity.</li> <li>• Absenteeism.</li> <li>• Sick leave/ Annual leave.</li> <li>• Staff profile - qualifications and training, manpower planning.</li> <li>• Occupational health immunisation details.</li> <li>• Electronic time returns/payroll.</li> </ul>			
Section Responsible:  Department heads.			
Data Mechanism (Paper, phone, computer, etc.):  Paper.		Triggers:	
Source:  Existing records, payroll, personnel and department heads.			
Destination:  Payroll, Personnel, Department of Health and Programme Manager.			
Processing:			
Notes:			

# KIN Description Form

INFORMATION NEED	Ambulance.	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>• Call details e.g. time, caller etc..</li> <li>• Time into and out of hospital.</li> <li>• Hospitals looking for vehicles.</li> <li>• Information on vehicles and staff required.</li> <li>• Information on type of patient.</li> </ul>			
Section Responsible:  Hospitals.			
Data Mechanism (Paper, phone, computer, etc.):  Telephone and Paper.		Triggers:	
Source:  Hospitals..			
Destination:  Ambulance			
Processing:			
Notes:			

# KIN Description Form

INFORMATION NEED	Radiology	ITEM NO.	
Type: Operational.			
Description: <ul style="list-style-type: none"> <li>• Previous referrals.</li> <li>• Tests in other hospitals.</li> <li>• Completed clinical information.</li> <li>• Patterns of referrals form consultants/GP's.</li> <li>• System works on name/sex - danger of using and updating the wrong patient details.</li> <li>• Use short number.</li> <li>• Hospital case number is very important.</li> </ul>			
Section Responsible:  Other hospitals, radiology department.			
Data Mechanism (Paper, phone, computer, etc.):  Paper		Triggers:	
Source:  Other hospitals, radiology department and hospital charts.			
Destination:  Consultant in charge, radiologist, other hospitals.			
Processing:  Examination, clinical consultation and decision.			
Notes:  Source of data x-ray and film, System to flag repeat tests.			

# KIN Description Form

INFORMATION NEED	Quality Management.	ITEM NO.	
Type: Executive.			
Description: <ul style="list-style-type: none"> <li>• Time of arrival.</li> <li>• Time taken to examine.</li> <li>• Time taken for decision to send patient to OPD, A&amp;E or admit.</li> <li>• Performance indicators.</li> <li>• Requests for diagnostic services.</li> <li>• Volume of tests per referring agent/source.</li> <li>• Help with protocols.</li> <li>• Waiting times.</li> </ul>			
Section Responsible:  Hospital management, all departments.			
Data Mechanism (Paper, phone, computer, etc.):  Computer and Paper.		Triggers:  Crisis, complaints and outcomes.	
Source:  Service areas.			
Destination:  Hospital management, Department heads, programme manager, Department of Health, Department of Public Health.			
Processing:			
Notes:  Customer satisfaction - once off. Clinical audit systems - very crude - relate to DRG. Lack of integrated computer systems and lack of order communication is a major difficulty.			

# KIN Description Form

INFORMATION NEED	In-patient and Out-patient Activity.	ITEM NO.	
Type: Executive/Operational.			
Description: <ul style="list-style-type: none"> <li>• Name, address, sex, DOB, entitlements, phone no., next of kin, ward, department, consultant, GP. Medications, nursing treatment, mobility, vision, hearing, continence.</li> <li>• Other community services required.</li> <li>• Tests.</li> <li>• Referrals.</li> <li>• Access to other hospitals for information.</li> <li>• Previous hospital admissions.</li> <li>• DED.</li> <li>• Employment, employment by social class.</li> <li>• Diagnosis by ICD.</li> <li>• Speciality GP.</li> <li>• Place of injury and circumstances of injury.</li> <li>• OPD - Speciality, consultant, diagnosis, tests, what tests, amendments to diagnoses.</li> <li>• Billing.</li> <li>• Special Needs of patient.</li> <li>• Sensory impairment.</li> <li>• Monthly Statistical information.</li> <li>• Procedural information.</li> </ul>			
Section Responsible:  Medical records, Administration, Wards, Hospital Consultants, Medical and Nursing Staff.			
Data Mechanism (Paper, phone, computer, etc.):  Computer and Paper.		Triggers:	
Source:			
Destination:			
Processing:			
Notes:			

- Establish infrastructure to disseminate information to the appropriate people.
- Establish links between different areas within the hospital i.e. wards, catering, pharmacy to enable electronic ordering.
- Use of appropriate systems to assist the Board in respect of accountability responsibilities - budgeting, MI Systems and resource management.
- Linking stores in all locations - inventory management.
- Devolved budgeting to lower level within the organisation.
- Use of IT system to improve integration with other hospitals.
- Provide budget on a trial basis for service consumer.
- Management of workloads by analysis of data on systems - linkages to other systems are important.
- Integrated hospital information systems - use of a common Database.
- Use of IT systems to improve patient care and quality of care - financial management is a by product.
- Resourcing for IT - staff and funding, support from IT department must be available.
- Facilities for sourcing information on research, best practice etc. e.g. Internet, MEDLINE and also for contacts with other hospitals on a world-wide basis
- Better communications with other departments in relation to patient requirements e.g. diet, special needs etc..
- Elimination of duplication of work - requirement to record patient details ONCE and provide access to all who require access to such details.
- Better liaison with community services required for discharge information e.g. timeliness of information exchange.
- Quality care, communication and best practice information.
- Accountability of service demanders - ambulance costs should be charged to individual location.
- Integration of all Board systems - currently staff do not have access to complete patient record particular where the patient may be availing of more than more service.
- Identification of key people to contact for information
- Develop information system to measure service quality.
- Develop systems similar to HIPE for OPD and A&E.
- Developing support systems for individuals working in isolation.
- Effective staff rostering systems.