

LEARNINGS FROM PHASE 1 OF THE NATIONAL ROLL-OUT OF GENERAL eREFERRALS

Scaling #digitalhealth in the wild!

MOVING FROM PILOT TO SCALE

- National roll-out phased into scalable components
- Phase 1 narrower in scope than pilot
- Not an end-to-end digital solution yet...but momentum gained by getting all hospitals 'switched-on'

QUALITATIVE INTERVIEWS WITH N=41 KEY STAKEHOLDERS

IMPORTANT 1ST STEP: STANDARDISATION & TRACEABILITY

PHASE 1: All 49 acute hospitals in Ireland can accept eReferrals & notify GP of its receipt

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Pilot sites went live Jan 2013-Aug 2014

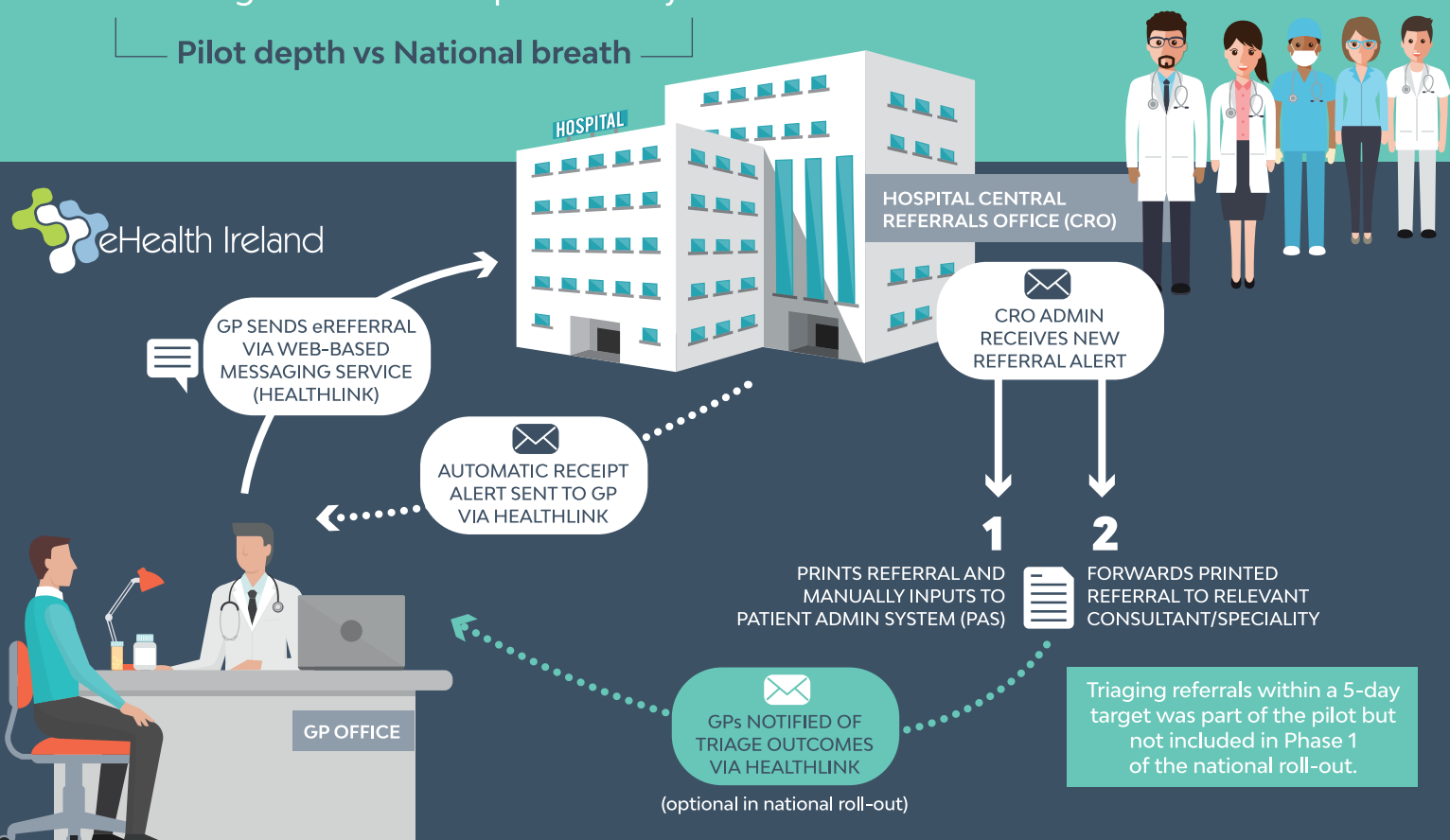
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Remaining sites rolled-out Sept 2015-May 2016

Pilot depth vs National breath

"This is the first time in the history of any of the projects we've done, where there's been a national focus. Where from the top, it's been said '...everyone has to accept eReferrals by x date, like it or not' ...that's a really positive step."

Research Participant



IMPLEMENTATION INSIGHTS

FIDELITY

IMPLEMENTED AS INTENDED

Phase 1 scaled back from pilot

Expectation that eReferrals would decrease workload for hospital admin when in reality Phase 1 adds an extra step to work flow

REACH

HOW INTENDED AUDIENCE COME IN CONTACT WITH INTERVENTION

Strong clinical appetite for eReferrals

Fast paced national roll-out

Lack of clarity on whose role it is to promote GP uptake

DOSE

QUANTITY OF INTERVENTION IMPLEMENTED

Phase 1 perceived as having limited benefits for hospitals

Confusion for GPs as to which specialties are accepting eReferrals

CONTEXT

HOW DOES CONTEXT AFFECT IMPLEMENTATION AND OUTCOMES

Office of the Chief Information Officer established

Regulatory and patient safety driver

Successful Pilot & Cancer eReferrals

Previous IT failures

Complex inter-operability issues

LESSONS

MANAGE THE MESSAGE

This is primarily a quality and safety initiative. Organisational efficiencies are a longer term play.

KEEP MOMENTUM

End-to-end solution is critical for sustaining hospital buy-in.

ENGAGE CONSULTANTS

Full implementation requires buy-in from all specialties. Specialist referral templates may be required.

PROMOTE GP UPTAKE

Hospitals in the strongest position to take ownership of this.

RESOURCE AND ENGAGE CRO'S

Increased volume of eReferrals will drive the business case for dedicated CRO staffing. Admin important group that need to be engaged at design phase.

Source: ARCH HSE eHealth Implementation project conducted by Dr Maria Quinlan, Dr Gemma Moore, Dr Marcella McGovern, Prof. Gerardine Doyle and Prof. Susi Geiger.

www.arch.ie/research/services/implementation-science