

Analysis of Hospital Inputs and Outputs 2014-2017

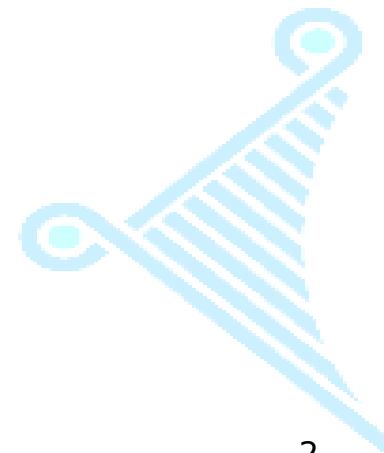
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Irish Government Economic & Evaluation Service

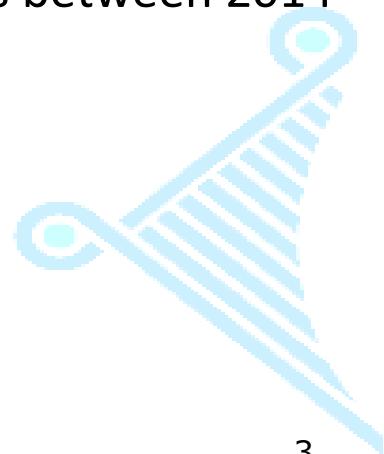
Presentation Overview

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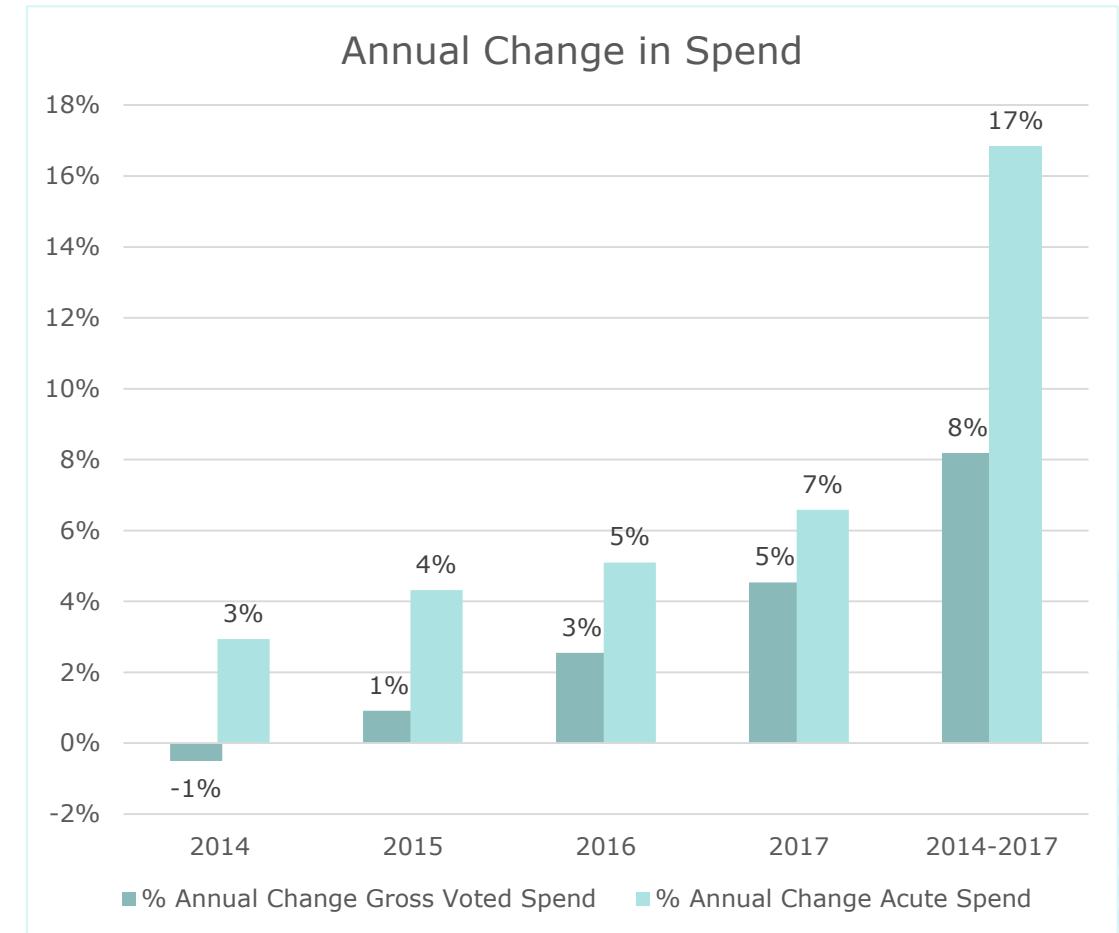
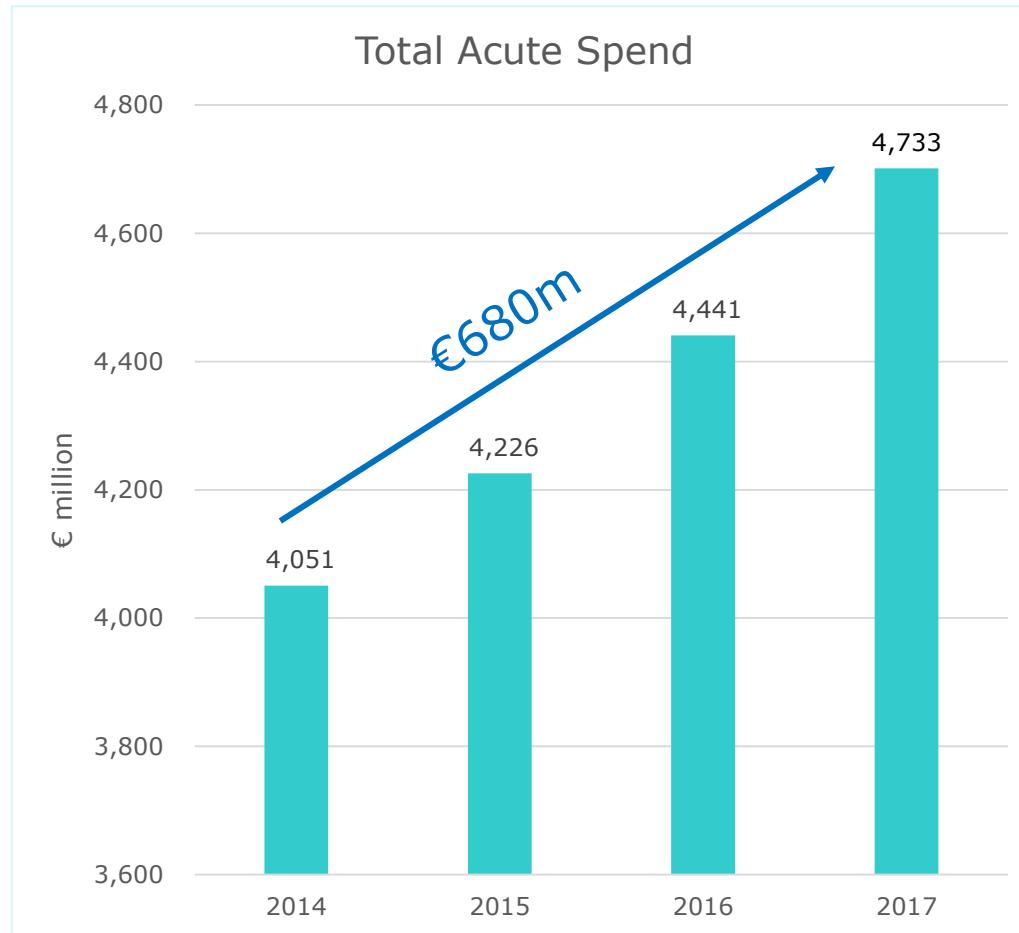


Introduction

- In 2017, Hospital spend was c. €4.7bn (31% of total Health spend).
- It is important to understand where spend is targeted and what is being delivered with funding provided.
- Despite a 17% increase in Acute spend and a 17% increase in WTEs since 2014, the sector remains one of the most challenging within the overall Health vote
- Analysis of trends in Hospital inputs (specifically spend and staff resources) and outputs between 2014 and 2017. The output metrics used for the purpose of this analysis are:
 - Inpatient discharge numbers
 - Day case discharge numbers
 - Emergency Department presentations
 - Waiting Lists



Hospital Spend, 2014-2017

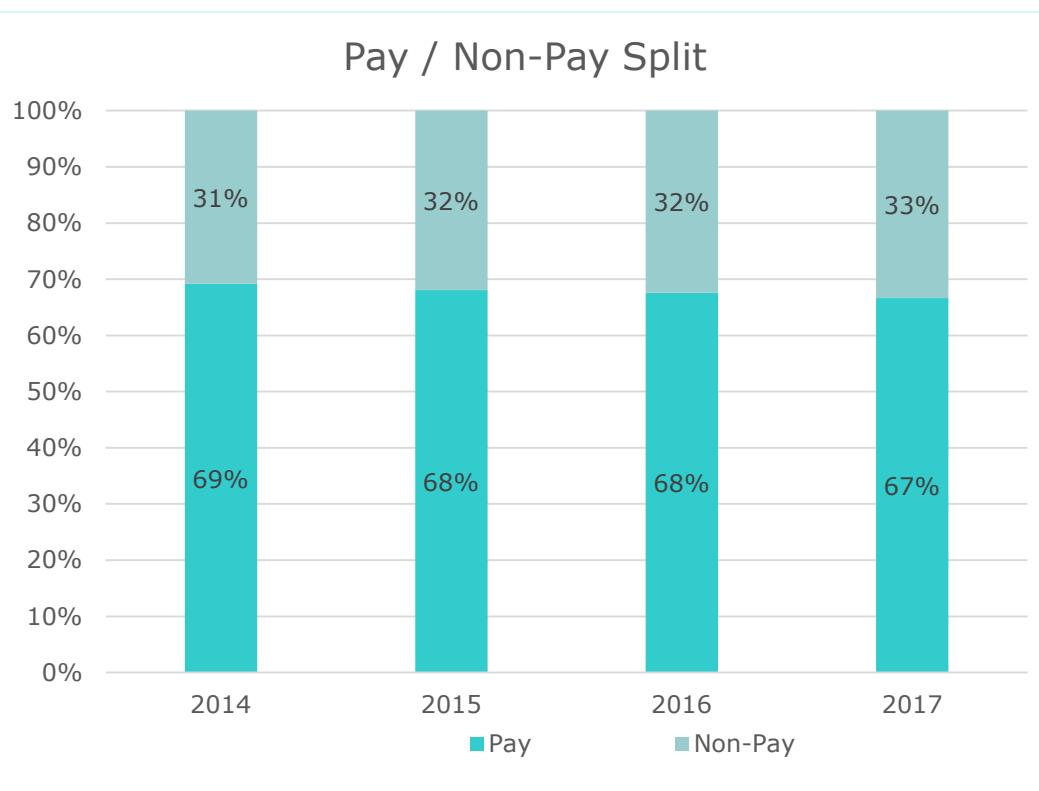


Hospital Inputs

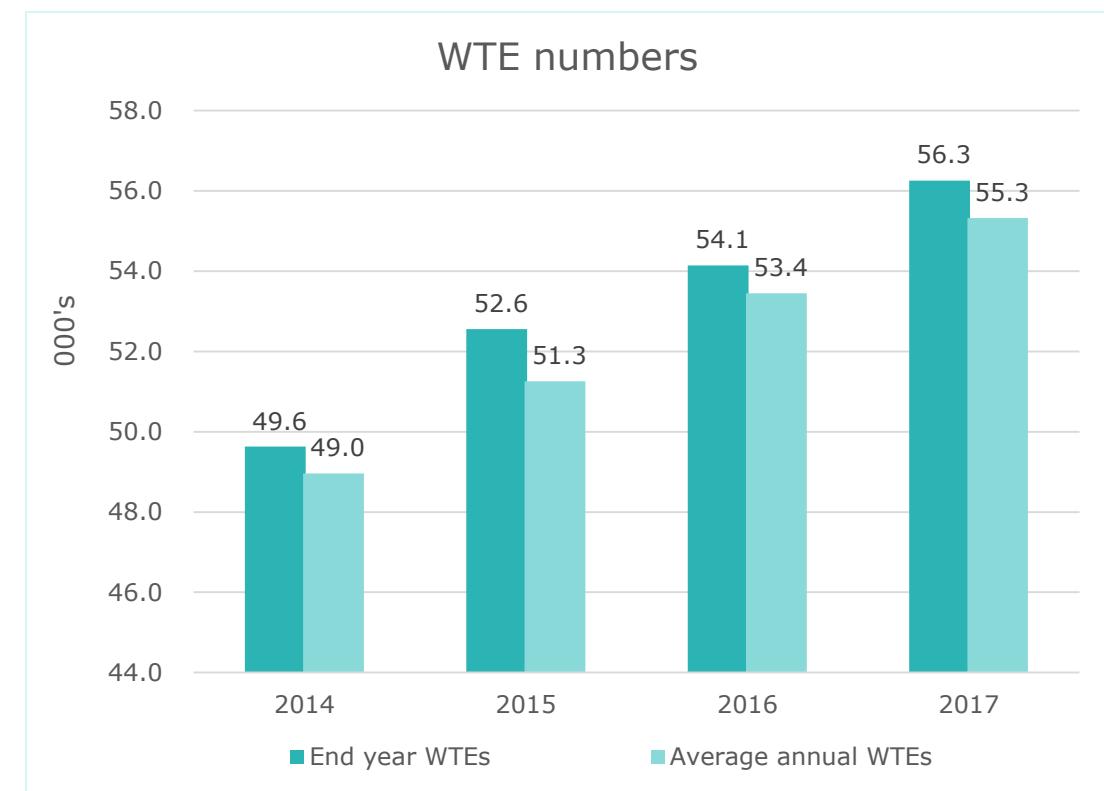
- 2014-2017: significant investment in Acutes in terms of both pay and non-pay.
- Overall, hospital spend increased by €680m over a three year period.
- Additional investment in the sector in terms of clinical, non-clinical and staff resourcing
- Gross pay spend increased by 9% while non-pay spend increased by 22%.
- WTEs increased by 17% during the period.
- Significant disconnect between pay and WTE numbers when considering other factors impacting on pay



Hospital Inputs 2014-2017



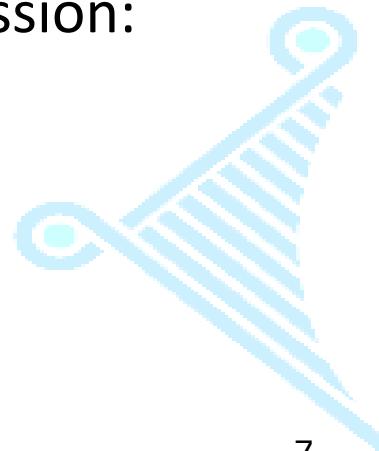
2014-2017: Hospital spend split approximately 70:30. During the period non-pay spend grew faster than pay spend i.e. gross pay spend increased by 9% while non-pay spend increased by 22%.



Staffing numbers increased by over 8,400 or 17%. Disconnect – pay agreements since 2014 therefore expect pay to grow faster than numbers.

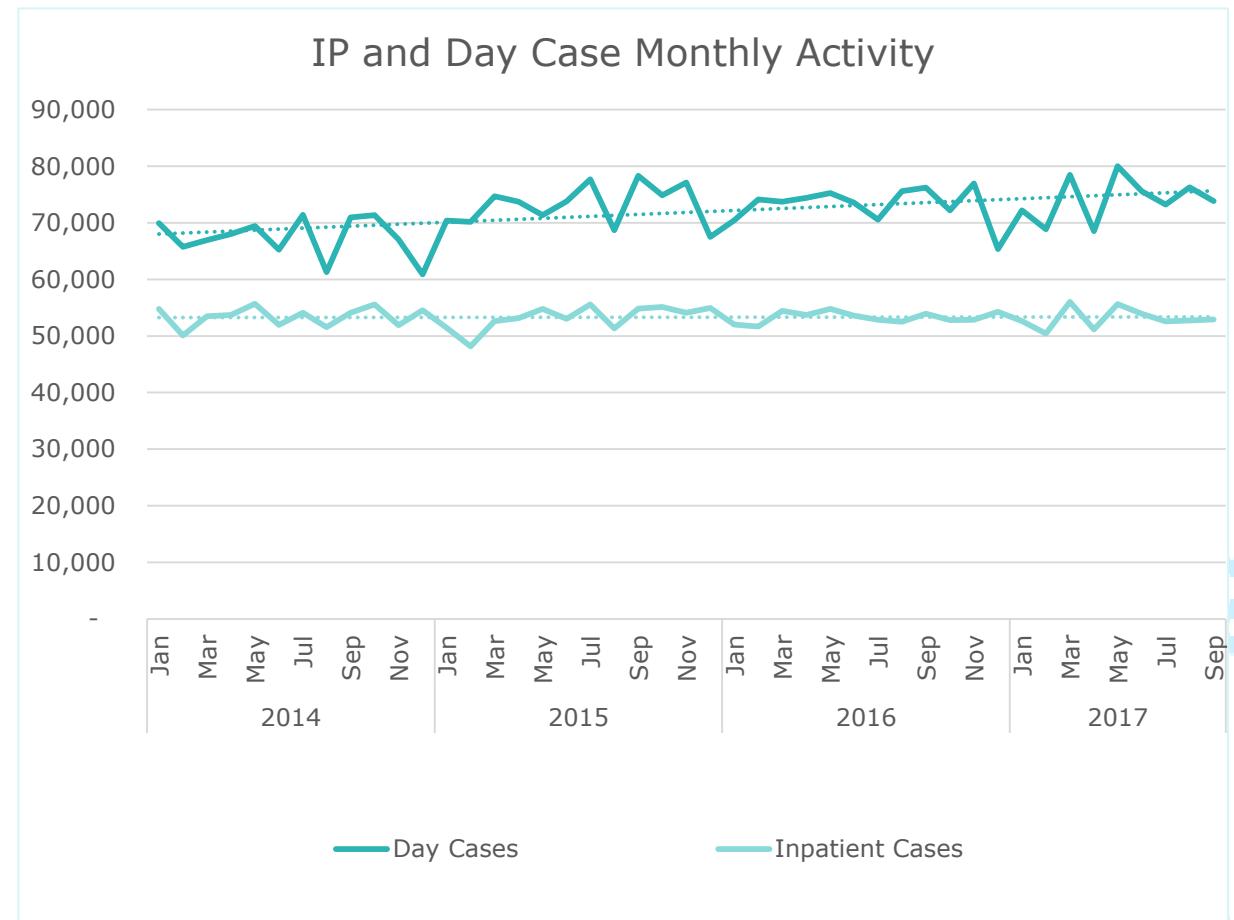
Hospital Outputs

- Ideally, hospital output is measured as the number of treatments adjusted for their quality and success rate.
- This would link outputs with outcomes and allow for conclusions around the effectiveness of health care services.
- However, quality and success are difficult to measure in a systematic and comparable way
- The paper chose three output measures as a starting point in this discussion:
 - Inpatient discharge numbers
 - Day case discharge numbers
 - Emergency Department presentations
 - Waiting Lists



Hospital Outputs, 2014-2017

- 2014-2017: inpatient discharge numbers fell by 1% while day case procedures increased by 4%.
- This movement is welcomed. Moving from IP to day case settings can improve waiting times and reduce costs.
- But the rate of change is significantly slower than would be expected given the increase in expenditure over the period (17%).



Hospital Outputs, 2014-2017

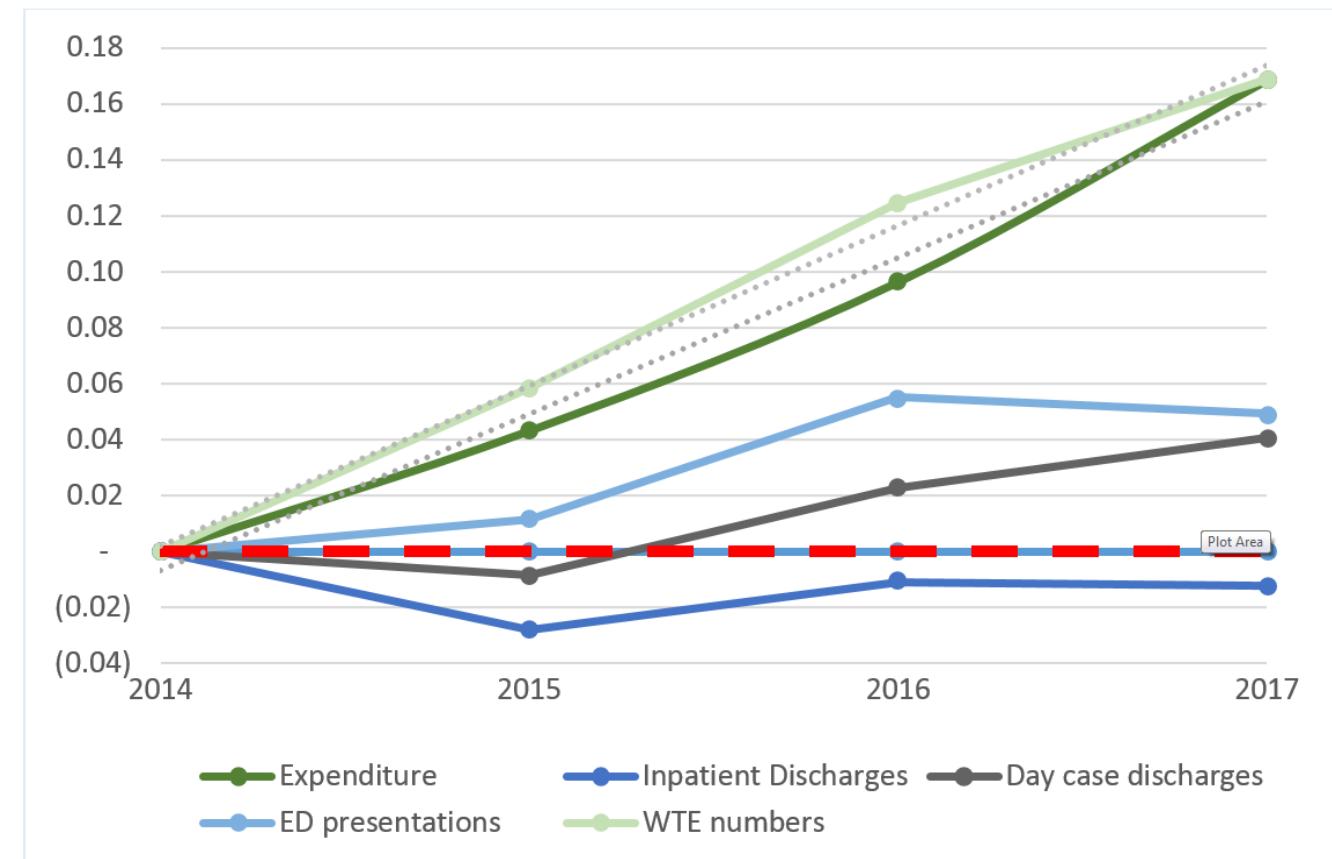
- ED attendances and discharges are key hospital activity metrics
- Increasing numbers in this area are not necessarily a positive thing – can reflect underlying problems in the wider primary and community care sector.
- ED discharge = patient who presents at ED and admitted as inpatient before being discharged.
- Between 2014 and 2017 ED presentations increased by 5%.

	2014	2015	2016	2017	2014 - 2017
ED Attendances	1,219,726	1,233,693	1,286,914	1,279,712	5%
ED Discharges	398,103	403,271	418,391	418,562	5%



Hospital Inputs and Outputs 2014-2017

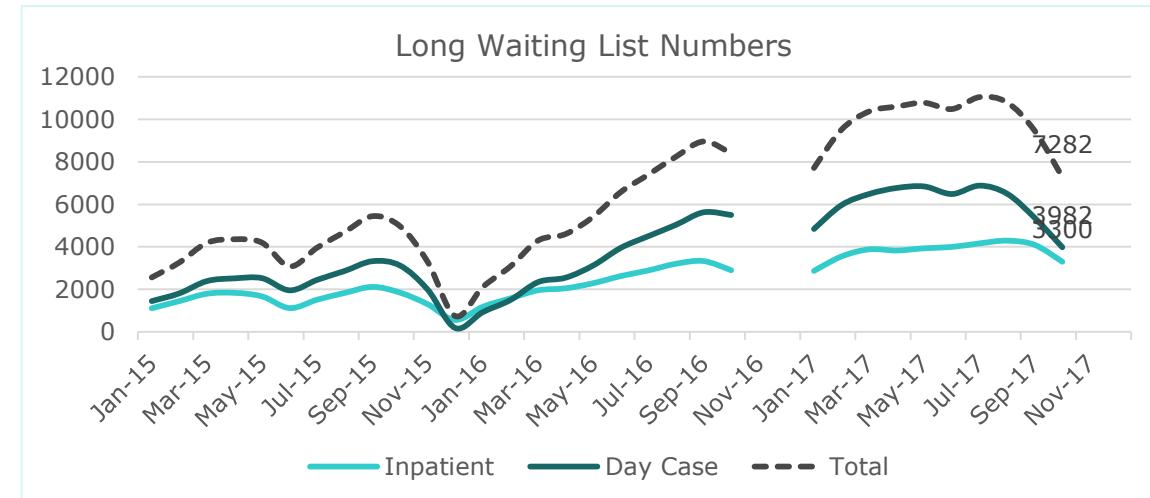
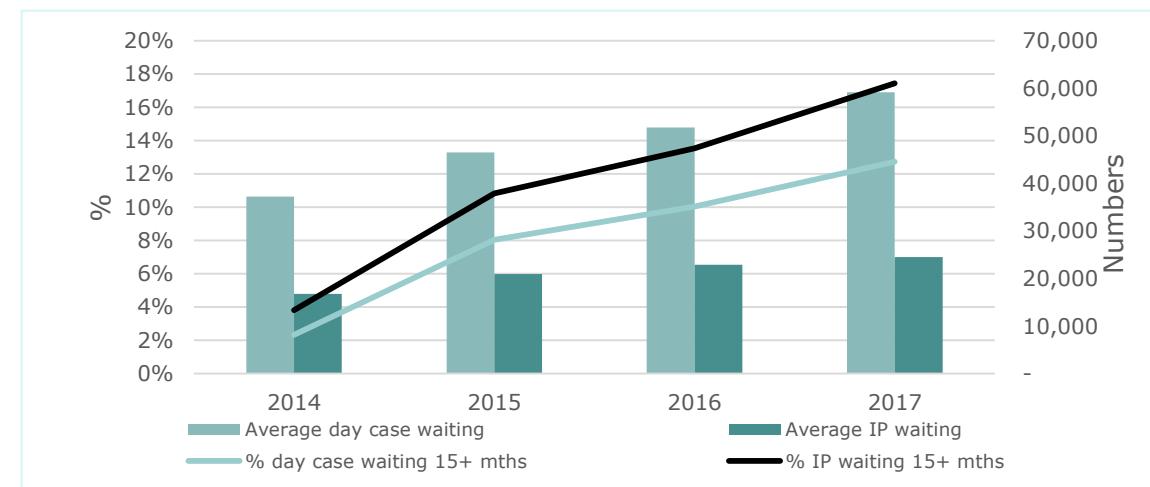
When taken together, the disconnect between expenditure and outputs in the acute sector becomes clear.



Source: HSE Management Data Reports 2014-2017

Hospital Outputs, 2014-2017

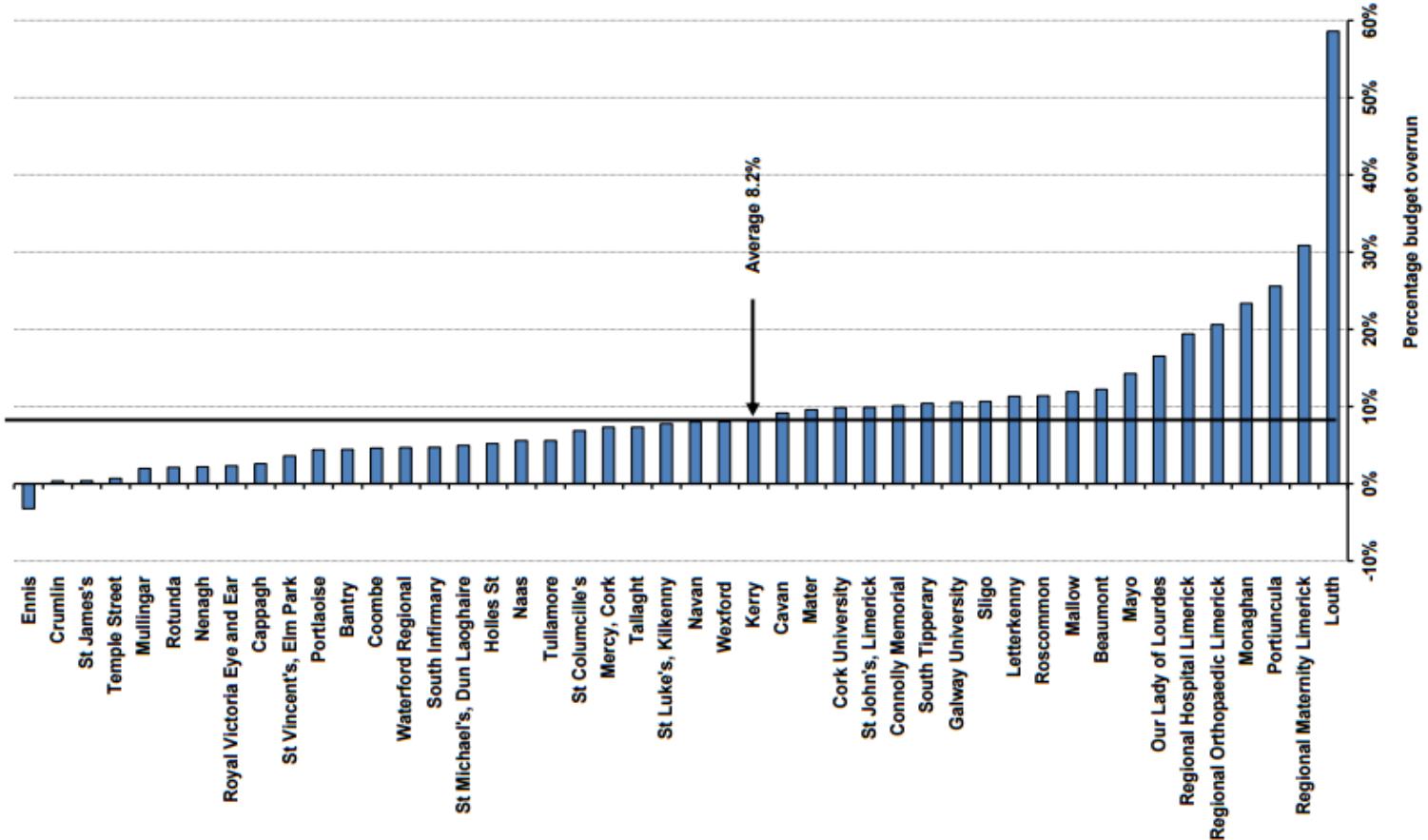
- While not an output, waiting lists can show extent to which health system is capable of meeting demand.
- IP waiting list increased by 46% and day case increased by 59% over the period.
- Proportion of those waiting >15 mths up 10 p.p. for day cases and 14 p.p. for IP.
- End 2015 & 2017 sharp decreases in waiting times following additional funding provided for winter initiatives. After each drop there is a quick return to the previous levels and beyond.
- In line with international experience, supply-side solutions to the problem of long waiting lists have not resulted in any sustained effect



Budget Management, 2012

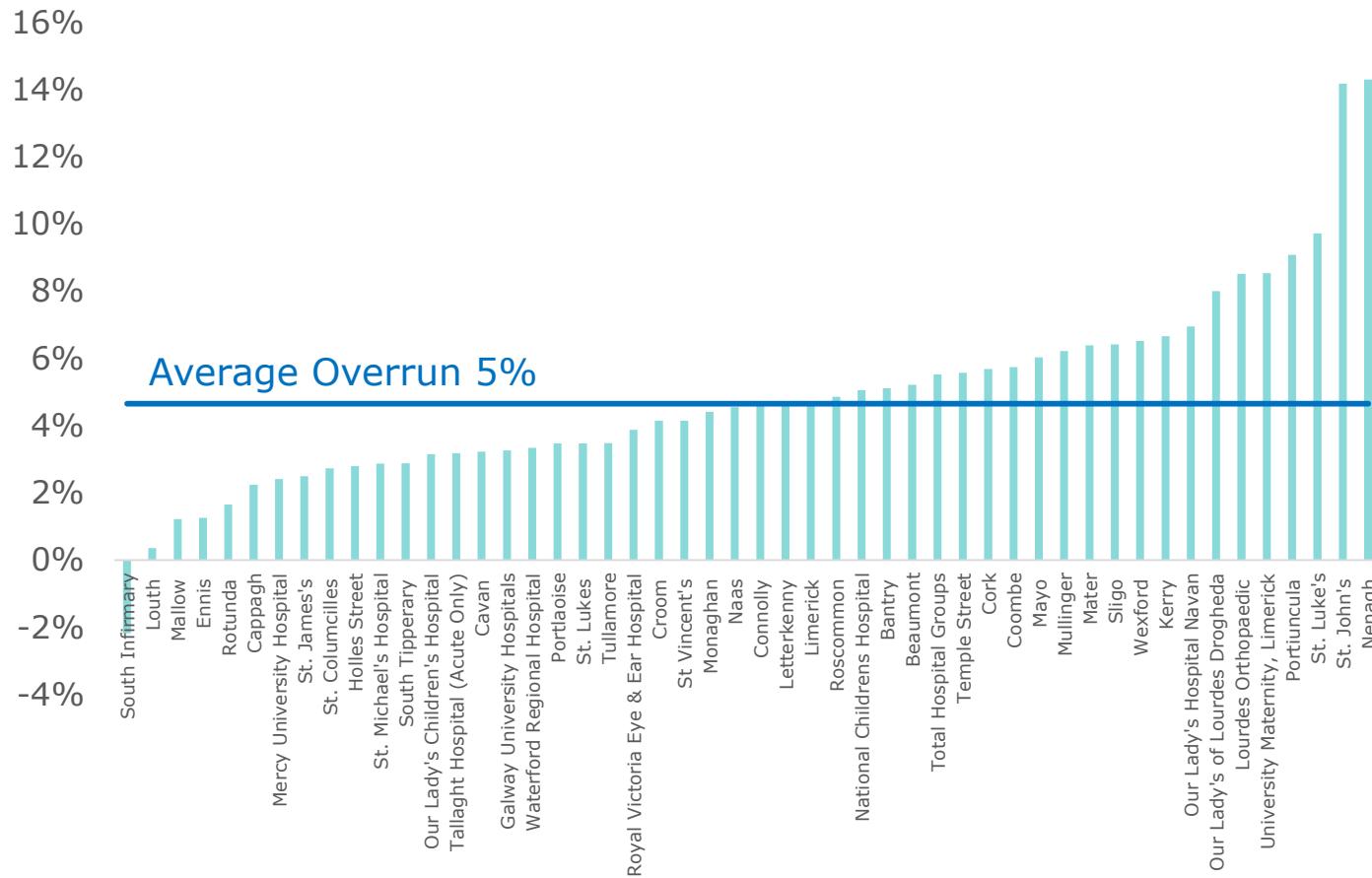
2012 C&AG Report

- Concerns raised regarding the effectiveness of the HSE's ability to plan and manage the budget
- All but one hospital reported being over budget at year end.
- Average budget overrun was 8.2%



Budget Management, 2017

Hospital Budget Overspends (%), November 2017



November 2017 MDR

- Graph shows updated position re: budget overspends
- All but one hospital over budget.
- Average budget overrun 5%.
- No significant improvement since 2012 despite new Performance and Accountability framework.



Conclusion

- 2014-2017: investment in the Acute sector increased by €680m or 17%.
- Pay spend increased by 9% with non-pay spend increasing by 22% and WTE numbers increasing by 17% over the period.
- Outputs and activity metrics do not seem to have mirrored this trend
 - Inpatient discharges down 1%
 - Day cases up 4%
 - ED presentations up 5%
 - Waiting list numbers continue to increase
- Budget management continues to be concerning with hospitals showing little improvement on the position outlined in the C&AG report of 2012
- Consideration needs to be given to efficiency and productivity recommendations outlined in the Flory report of 2015.

