

17/2016

STATSREVISORERNE
RIGSREVISIONEN



Extract from Rigsrevisionen's report on

the medical helpline 1813 set up by the Capital Region of Denmark

submitted to the Public Accounts Committee



1849
147.281
237
1976
114.6
22.480
908

1. Introduction and conclusion

1.1. PURPOSE AND CONCLUSION

1. This report is about the medical emergency helpline 1813 (the helpline) set up by the Capital Region of Denmark¹⁾. The helpline provides the citizens with counselling on acute illness and injury, arranges house calls and makes referrals to treatment at emergency rooms and emergency clinics in the region.

2. In the report *Strengthening emergency preparedness* (the Emergency report) from 2007, the Danish Health Authority recommended that care at public hospitals in Denmark should be referral based, and the five regions in Denmark have therefore all implemented telephone-based referral systems. The purpose of the telephone-based referral system was to provide the citizens with a quick and consistent service of high quality and, at the same time, ensure effective and efficient management of resources. Referral-based access to care was also designed to ensure that the citizens would not contact emergency rooms or emergency clinics directly, but only upon referral from the helpline.

3. The quality of counselling and referrals provided by the Emergency helpline have been criticized and so have the long waiting time to get through on the helpline.

It is essential that the counselling and referral services provided by the helpline are of a certain quality and that the citizens can get through to the helpline without difficulty. This study was initiated in October 2016 in order to clarify the development in waiting time and quality.

In 2016, the Danish Regions did a review of the referral system in the regions, at an overall level, to determine whether an actual examination needed to be carried out.

4. The purpose of this study is to assess whether the helpline meets the performance targets set for waiting time and quality.

EMERGENCY ROOM

A room or area at a hospital that is used for treatment of people who need immediate medical care. Patients are either referred or brought to emergency rooms for diagnosis and acute treatment by a team of medical specialists, irrespective of whether treatment can be provided in the emergency room or requires hospital admittance. Emergency rooms are staffed with doctors, nurses and other healthcare professionals.

An *emergency clinic* provides treatment to patients with less severe acute injuries.

THE EMERGENCY REPORT 2007

The report was prepared by the Danish Health Authority with assistance from experts and regions. The report concerned the organisation of acute health-care following the 50 per cent decrease in number of patients in the emergency rooms at the hospitals. The report included 24 recommendations for implementation in the acute health-care sector within five to ten years.

CONCLUSION

It is Rigsrevisionen's assessment that the helpline has not fully met the targets set for waiting time and quality. Rigsrevisionen finds it positive that the quality of the referral services provided by the helpline are monitored regularly.

Targets for waiting time

The study shows that the Capital Region of Denmark has set two service targets for the waiting time: ninety per cent of all calls must be answered within three minutes, and all calls must be answered within ten minutes. The helpline did not meet the service targets in the period from 2014 to March 2017. In the period February to October 2016, the waiting time improved and 70 per cent of all calls were answered within three minutes against 27 per cent in the preceding period. In the same period, also performance against the ten-minute target set for all calls improved: from 55 per cent to 96 per cent. However, from November 2016 to March 2017, performance against the waiting time targets dropped to 43 per cent and 78 per cent, respectively. The helpline has struggled to meet the targets mainly because the helpline has suffered an average shortage of 20 nurses in the period 2014 to 2016. All nurses who resigned in this period were interviewed about the reason for their resignation, but a systematic analysis of the reasons for the difficulties of retaining and recruiting nurses was not carried out until 2016.

Quality target

The study shows that the development in quality is monitored through internal and external audits of patient pathways and collection of data on complaints and patient safety incidents.

In the period 2014 to 2016, 1,960 out of 6,320 planned audits were still outstanding, which corresponds to approximately 31 per cent. In particular, external audits of patient pathways are lagging behind with only approximately 51 per cent of all planned audits having been carried out. Action plans for the implementation of external audits are not being prepared. Rigsrevisionen finds that the fact that external audits have not been prioritised is a reflection of the region's inadequate focus on the whole of patient pathways, from start to finish.

The study shows that the helpline is still struggling to meet the quality targets. An average of the outcome of internal audits in selected areas in 2016, compared to the targets, shows variances between two percentage points and 21 percentage points. An average of the outcome of external audits in selected areas in 2016 showed variances between two percentage points and 15 percentage points.

CLINICAL AUDIT

Clinical audit is a method used for assessing the quality of services provided in the health sector based on specific patient pathways. Clinical audits are sample based and include analysis of data, scrutiny of quality of services and recommendations to necessary improvements.

Internal audits are focused on the referral services provided by the helpline.

External audits are focused on coherent patient pathways, i.e. the patients' route from the call to the helpline to, for instance, the emergency room.

The study shows that the number of complaints of and reported patient safety incidents dropped significantly in the period 2014 to 2016. The number of reported patient safety incidents is not necessarily a reflection of the actual number of incidents that have occurred, but only an indication of the number of incidents that are reported. The purpose of reporting patient safety incidents is to enable learning from the incidents and convert lessons learned into improvements of the quality of services provided in the healthcare sector to the benefit of patient safety. The referral guide used by the helpline has been adjusted on several occasions based on patient safety incidents. The study shows that the number of patient safety incidents reported in the five regions vary considerably. This may be an indication that not all the regions have fully realized the learning potential.

Recommendation

The study shows that the five regions have organised their telephone-based referral systems differently. The targets set for waiting time vary considerably; the Capital Region has set the most ambitious targets, and is the only region that monitors the quality of telephone-based referral regularly.

Since the introduction of the helpline, considerably fewer patients contact the emergency rooms and emergency clinics directly; yet 20 per cent of the patients that go to the emergency rooms or emergency clinics still do so without a referral from the helpline.

It is Rigsrevisionen's assessment that an examination of the regions' referral systems and counselling of acutely ill and injured patients would provide the Ministry of Health and the Danish Regions with valuable information on the performance of these tasks across the regions. Learning from such an exercise can contribute to ensuring the quality of services while taking into consideration effective and efficient management of referral resources.

PATIENT SAFETY INCIDENTS

Patient safety incidents are unintended or unexpected incidents that are not caused by the patients' disease and which could have or did lead to harm for one or more patients. Such incidents may occur during the professional treatment of patients in the healthcare system.

REFERRAL GUIDE

A web-based guideline that provides instructions to the nurses on referral of patients.