SIGIC
Integrated Management System of the Waiting List for Elective Surgery

The Portuguese case

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Born in 1143 AC

92 thousand square kilometers
10.5 million people

GDP per capita of 15 000 euros

Health resources per 100 000 inhabitants:
- 417 doctors
- 622 nurses
- 235 hospital beds

NHS:
- 109 hospitals
- 1,400 primary care units.

State expenditure on health as % of GDP is 6.3

Infant mortality rate per thousand live births= 3.4

Life expectancy at birth 80 years.
In 2004 OCDE began a study with 12 Countries
Elective surgeries
Efficiency
Organization
Culture

ACCESS
Waiting

Rights
Equity

Transparency
Informed decision

1998
2004
Institutional framework of SIGIC

Ministry of Health

Central Administration Of Health Care System (ACSS)

- Managing the resources of the NHS
- Promoting quality of health services in the NHS

Central Unit of SIGIC

- Manage the surgical services in order to maintain the balance between demand and supply, in an articulated, regulated and sustained way, given the access needs of patients

Setting the national health policy, exercise the relevant regulatory functions, promote their implementation and evaluate results.
SIGIC in 2014:
• 549.987 surgeries
• 4 million appointments
• 1.5000 Million Euros
Understanding Access

Liberty
Access
Decision

Time
Opportunity

Effectiveness
Results

Cost

Production

Efficiency

Utility

Confort

Culture
Transparency
Information

Norms

Quality
conformity

Value

Equity

Value

Equity

Income

Value
The circuit of the patient in SIGIC

- **Hospital source (NHS)**
  - 4 months
  - Maximum waiting time (less priority)

- **Hospital of destination NHS**
  - 6,7 months (1 month)

- **Hospital of destination non NHS**
  - 9 months (2 months)

The hospital classifies the patient according to his priority and try to operate on time. By 4 or 6,7 months, he is sent to another hospital or to a private hospital with a convention in NHS.

Maximum waiting time (less priority)
UNIVERSITY OF THE SOUTH

Understanding the Solution

Entries

Admission in Public Hospitals

Exhaust valve that sets a limit for waiting list increase (75% of maximum waiting time)

Public hospitals output patient

Elective surgeries private sector

Others removals waiting lists

Elective surgeries public sector

WT

75% MWT

VOUCHER
SIGIC – BUSINESS MODEL AND PRINCIPLES

Focusing the services provided on meeting the patient needs

Keeping the NHS Sustainable
Strategy of SIGIC

Rights and duties of citizen and institutions
Transparency of the process and outcomes
Motivate professionals focusing system in the patient needs
Detection of treatment needs

Appointment Private Practice

Patient

First Appointment Hospital

Appointments

Diagnosis

Therapy Decision (Care Plan)

Appointments

Diagnosis

Surgery

Released from Hospital

Evaluation

Quality Control

Evaluation of gains in health

Primary Care

Review from Hospital

Conclusion

SIGIC

Global Waiting Time

14-11-2015

UCGIC - Central Unit of SIGIC
Funding and contract
Planning
Normalization
Funding and contract
Information technology
Equipment and facilities
Human resources
General Administration
Quality

Classical functions

Primary care
Elective Surgery
Hospital medical care
Continuous care

For health services

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UCGIC - Central Unit of SIGIC
Integrate de value chain

- Auditing
- Monitoring
- Transfer patients
- Planning
- Hiring

Coaching

Benchmarking

Informação
SIGLIC - MANAGEMENT INFORMATION SYSTEM OF WAITING LISTS FOR SURGERY

Surgical Demand and Supply

Funding and Billing

Patient Referral and Transfer Network

Communications Network and Process Control

Clinical and Quality Protocols Management

Performance Indicators / Business Intelligence

Patient Perceived Value / Quality of Treatments

Process Management

Disease Management

Patient Management

Measurement of gains in Health

Plan / Regulate
Make the right decision

Next Step
**Hospital Information Systems**

- **Number of hospitals**: 113/56
- **Number of users**: 7,495
- **Number of contributors**: 38,249
- **Number of data transactions**: 5,857,978
- **Number of input variables**: 881
- **Number of patient transfers**: 124,479
- **Number of clinical episodes**: 600,331
- **Total DB volume**: 1441GB

**SIGLIC - INFRASTRUCTURE ARCHITECTURE**

2011

**UCGIC - Central Unit of SIGIC**
Results

Entries per 1,000 population by district of residence

Evolution of New Entries (inflows)

- 43.7%

- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

Nr New Entries

0
100,000
200,000
300,000
400,000
500,000
600,000
700,000

2006
2007
2008
2009
2010
2011
2012
2013
2014

2014
2013
2006

16-11-2015
UCGIC - Central Unit of SIGIC

18
Results

Evolution of waiting lists (WL) and its median waiting time in months

Median Waiting Time of LIC

- 16,8%
- 56,5%
Results

Evolution of Surgery Production

Surgery production in private hospitals with conventions
Centralized waiting list management

Standardization processes and records - transparency

Definition of maximum guaranteed response times

Setting objectives and targets penalizing non-compliance

Competition and freedom of choice

Paying Operating Teams for each surgical treatment

2012
Why does SIGIC works

» Establishing penalties for non-compliance with guaranteed maximum response time reduces waiting times

» Allowing surgeons, in hospitals, to do additional surgery, promotes productivity;

» The analyses of expressed demand makes optimizations possible relocating resources;

» Through the analyses of supply for each providers it’s possible to increase productivity;

» The monitoring of compliance can correct errors;

» The collection of standardized data that allows to compare providers (benchmarking) increases efficiency;
Why does SIGIC works

- The identification of a responsible person for each event and the management of information as documents, allows "accountability";

- All stakeholders (physicians, patients, managers) share the same information and thus control each other;

- Patient transfers are automated when there is risk of exceeding the maximum waiting time guaranteed for surgery, in this case the original public hospital pays the bill;

- The regular publication of detailed results promotes accountability and allows all stakeholders to control the process;

- Publication of rates of productivity and non-conformities – promotes quality and efficiency
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Thank you!