



# PATIENT INITIATED REVIEW: FREQUENTLY ASKED QUESTIONS

*This document addresses some of the commonly asked questions providers and system users have around implementing PIR in their organisations.*

## About Patient Initiated Review

### - What is Patient Initiated Review?

Patient Initiated Review (PIR) describes when a patient (or their carer) can initiate review appointments as and when required, e.g. if situations or circumstances change. As well as giving patients timely access to support, this avoids unnecessary 'check in' appointments.

PIR is not a new concept, and in fact, many hospital specialities may be using it in an informal basis already. It can be used for patients after treatment or surgery, or those with long or short-term conditions. Decisions on whether to move a patient to a PIR pathway should be made in consultations between the patient and clinician about a patient's circumstances and needs.

### - Why use PIR?

PIR makes it easier and more convenient for patients to receive care and support when they need it, while avoiding unnecessary trips to hospitals and outpatient departments. This in turn saves the patient time and money. It helps empower patients to manage their own conditions and plays a key role in enabling shared decision making.

For clinicians, it means that less time is spent reviewing well patients during review appointments, allowing more time to see patients who need their support. It also creates appointment slots for new patients into the service to be seen.

The benefits to the healthcare system are:

- Increased capacity to see more new patients by reducing the number of unwarranted review appointments
- Opportunity for patients to exercise choice and personalising outpatient care
- Improved overall patient and staff experience
- Increased focus on patient information, education and support
- Fewer appointments of low clinical value
- Reduced DNA rates

### - How does PIR relate to personalised care?

PIR is one aspect of personalised care where a patients follow up experience is tailored to their individual case and need.

## Quality of care and PIR

- **Is PIR suitable for all patients? How does it work when you are dealing with patients who are particularly vulnerable?**

PIR is not an option for all patients and there are going to be cohorts of patients for which PIR is not suitable. There are patients who because of their underlying medical conditions, social circumstances, or the recent treatment they have received, are unsuitable for PIR. It is not meant to replace clinician decision making. To ensure PIR is accessible to all groups and ensure safe care within PIR, even with health inequalities, consider situations where a carer may be able to help with the booking appointments or flexible routes for people to access services.

- **How can we ensure safe, high-quality care for patients on the PIR pathway?**

PIR must be implemented carefully and efficiently to ensure that all patients on this pathway receive safe and high-quality care. It is important that patients do not get lost in the system and that important changes in their condition are highlighted to providers.

## *Programme Implementation*

- **What support is available to help us implement PIR?**

If you're interested in implementing or expanding PIR in your organisation, please contact HSE Acute Operations Reform Team.

We have an implementation pack, toolkit, checklist and informational videos that can help with PIR implementation.

The National Clinical Programmes are happy to assist specialities with inclusion and exclusion criteria. We have examples of criteria from specialities in the NHS and HSE.

- **We are new to PIR – what specialties should we start with?**

PIR can be used in a wide range of specialties, and we have guidance on how it has been implemented in other services both in the HSE and Internationally.

- **We are already using a process similar PIR in some specialties. Do we need to do anything to formalise its use?**

If you are already doing something similar, that is great. We can help you to move across to the PIR pathway and identify any opportunities that could help improve the service. Formalising the PIR pathway will also help with the management and tracking of patients.

## PIR Process

- **Should there be a centralised booking for PIR appointments, or can specialists manage their own booking systems?**

PIR can be implemented in either case, it does not require centralised booking to be in place to be implemented. We have an implementation toolkit to help implement PIR within your hospital site. This can be tailored to individual sites and specialities. PIR can be enabled in iPMS/Non-iPMS PAS, including PIR OPD outcome codes, session codes and PIR on OPD reports.
- **What information should be given to patients when they are put on a PIR pathway?**

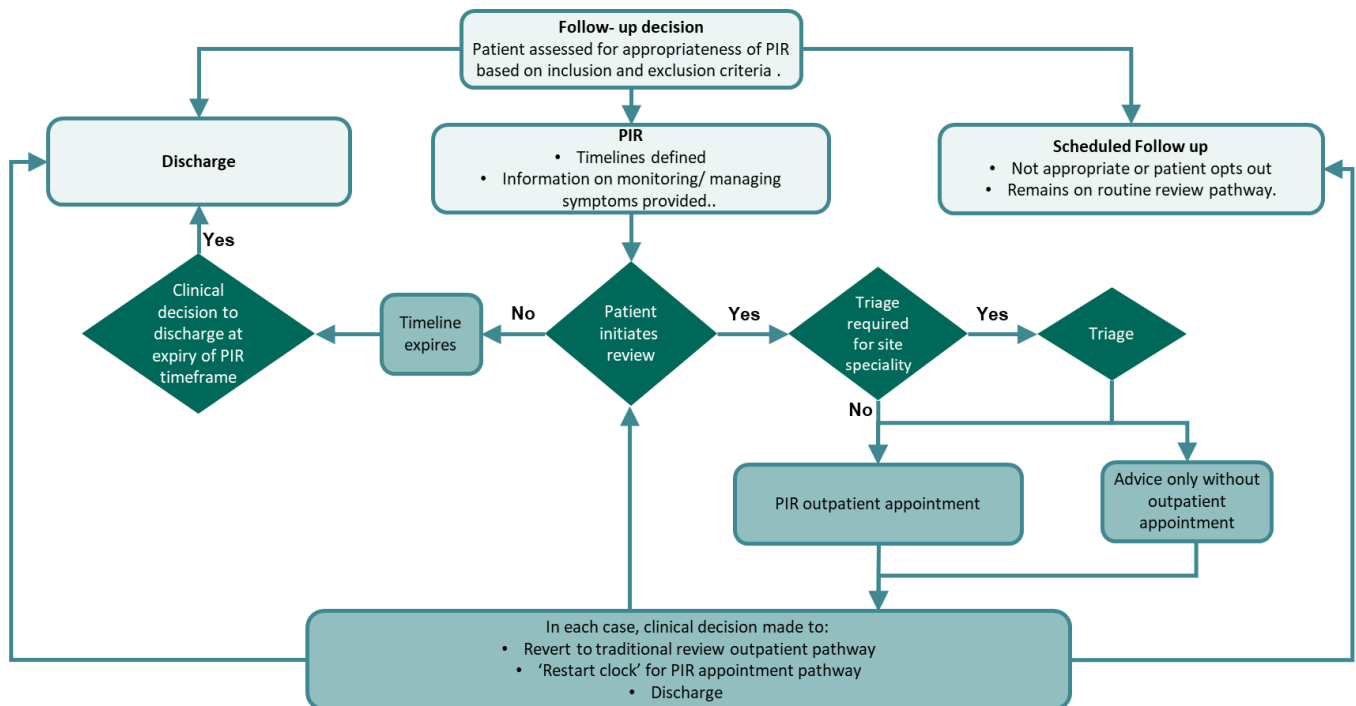
Clinicians should ensure that patients have a good understanding of PIR and the processes to book a review appointment, should they require one. They should be given information on what necessitates a review appointment and what is the 'normal' course that they should expect after their procedure or clinic appointment. The information should also be communicated to the patients GP/source of referral.
- **How should providers manage clinic capacity to accommodate the PIR appointment requests?**

We know from PIFU in the NHS and from PIR in the HSE, that the majority of patients do not book review appointments. We suggest keeping approximately 2 slots available in a clinic free for PIR patients to book. If these slots are not booked within 2 weeks of the clinic date, there should be an option to offer these slots to new patients who have been waiting longest for an appointment.
- **Is there a risk that the demand for review appointments in some services could increase?**

Generally, services experience a decrease in the number of review appointments. If the number of review appointments shows a significant increase, then the service likely has a notable unmet need. PIR can also be used as an option if you would like to do a retrospective review of your review patients.

- What does a typical PIR pathway look like?

A process map for PIR is attached below.



Based on the clinical indication for PIR, some patients could be placed on a PIR from 6 weeks (for a patient who is post op), to a few years (for patients who have longer term conditions). The PIR end date should be updated appropriately. If the clinician assesses that the patient is suitable for discharge to primary care at the end of the PIR, that should be clearly documented. In a similar way, if a patient requires a clinical review at the end of their PIR pathway, there can be a decision to extend the PIR or suspend the PIR as appropriate.

- What is the role of primary care in PIR?

The GP should be kept informed throughout the process to ensure that they can signpost a patient to a service if the patient presents to them. This contact could be maintained by ensuring they are copied into patient letters. In a similar way, if the patient is no longer suitable for a PIR pathway, due to changing clinical needs, the GP can help inform the service that a PIR is no longer suitable. The primary care clinician should also be aware of the end date of the PIR process, so after this date, if a patient needs to be seen again, they will have to be re-referred by their primary care clinician. GPs will be informed when their patients are discharged from PIR.

- Can remote monitoring be used with PIR?

Remote monitoring describes when the clinical team initiates monitoring based on the clinical information obtained through monitoring a patient's condition. This might be blood sugar control using portable devices or laboratory or imaging test results. An example of this might be in Type 1 Diabetes care, where a clinical team notices that the patient is having frequent hypo or hyperglycaemia episodes. The clinical team in this instance can review a patient in-person to decide on what could improve their glycaemic control, and so can trigger a patient appointment when required in parallel to their PIR.

## Data and reporting

- **How do we set up PIR on iPMS for reporting?**

Crib sheets are available, on the HSE website and have been shared with all sites, outlining how to set up PIR on iPMS.

- **What data should we use to help manage our services?**

Monitoring and reporting mechanisms will be implemented at each site to assess the impact of PIR. Key metrics will include:

- Number of patients enrolled in PIR
- Number of activated PIR appointments
- Number of PIR patients discharged
- Number of new patients seen from the waiting list due to unutilised PIR slots