ST JAMES'S
HOSPITAL

Ospidéal San Séamas
Seirbhís Dé agus A Phobail

Strategic Report
St. James's Hospital

Module Code: MT301

Word Count: 6,572

Names: Alan Lynch, Anna Meudec, Benedikta Mc Sharry, David Patrick Kelleher, Lauren Mc Connell, Victor Adejobi.

Contents

DCU University's Declaration on Plagiarism Assignment Submission Form

This form **must** be filled in and completed by ***all the students*** submitting an assignment. Assignments submitted without the completed form will not be accepted.

Names: Alan Lynch, Anna Meudec, Benedikta Mc Sharry, David Patrick Kelleher, Lauren Mc Connell, Victor Adejobi.

Programmes: BS3, BSI4, INTB4

Module Code: MT301

Group: INTB 2

Assignment Title: Strategic Report (St. James's Hospital)

Submission Date: 08/03/2024

We declare that this material, which we now submit for assessment, is entirely our own work and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text of my work. We understand that plagiarism, collusion, and copying are grave and serious offences in the university and we accept the penalties that would be imposed should we engage in plagiarism, collusion or copying. We have read and understood the Assignment Regulations set out in the module documentation. We have identified and included the source of all facts, ideas, opinions, and viewpoints of others in the assignment references. Direct quotations from books, journal articles, internet sources, module text, or any other source whatsoever are acknowledged and the sources cited are identified in the assignment references. This assignment, or any part of it, has not been previously submitted by members of the group or any other person for assessment on this or any other course of study.

We have read and understood the referencing guidelines found at https://www101.dcu.ie/library/Citing&ReferencingGuide/player.html and/or recommended in the assignment guidelines.

Names Signed: **Date:**

Alan Lynch   (20759959)   *5th March 2024*

Anna Meudec   (20426856)   *5th March 2024*

Benedikta Mc Sharry   (20366106)   *5th March 2024*

David Patrick Kelleher (20383553)   *5th March 2024*

Lauren Mc Connell   (20332536)   *5th March 2024*

Victor Adejobi   (20407046)   *5th March 2024*

Executive Summary

Located in Dublin's south inner city, St. James's Hospital (SJH) is a public hospital operating within the Irish healthcare industry. Through an in-depth analysis of SJH and its current strategic challenges, our team has conceptualised three key recommendations for SJH to implement, ensuring it meets the evolving needs of patients and remains resilient in a dynamic healthcare landscape.

Our orientation stage introduces SJH while emphasising its core commitment to comprehensive patient care and supporting continuous growth. We classify SJH as an "Analyser", recognising the industry's moderate instability and highlight critical strategic issues, from a lack of marketing to administrative bottlenecks and cybersecurity concerns. Our methodological approach, alongside integrative frameworks, ensures strategic alignment with SJH's overall objectives.

Moving to our diagnostics stage, through both primary and secondary data, our team pursued a thorough analysis of SJH's macro environment, industry dynamics and internal capabilities. Employing the PESTLE framework, we explore external factors affecting SJH, while Porter's Five Forces aids in gauging industry competition and guiding our strategic choices. Lastly, our VRIO analysis uncovers SJH's sustained competitive advantages while highlighting the opportunity to leverage its unused competitive advantages strategically.

Transitioning to our intervention stage, we delve deeper, employing a SWOT analysis and McKinsey's 7-S framework to refine our findings. SJH's competitive strategy is identified, emphasising patient focus, innovation and digital transformation. We also explore its organisational structure and cultural alignment, ensuring cohesion with its current activities.

To conclude our report, we present three key recommendations for SJH's alignment with its current strategic issues in our evaluation stage. Firstly, the implementation of a robust marketing strategy to enhance awareness and customer loyalty. Secondly, the introduction of outpatient clinics to alleviate wait times and enhance accessibility. Lastly, enhancements to the EPR system and cybersecurity measures ensure streamlined operations and safeguarding of patient data.

Orientation Stage

Introduction

St. James's Hospital (SJH), established in Dublin in 1971, is Ireland's largest acute academic teaching hospital. They provide services for patients, including Cancer Care, X-rays, Scans, Surgery, and Emergency services (St. James's Hospital, 2024). SJH wants to be known nationally and internationally as a leader in the healthcare industry. They have a set of core values that aim to deliver the best possible service to all customers, create a productive environment for employees to thrive, and support continuous growth and development. One of SJH's key goals is to provide a service that serves patients from the beginning to the end of their lives. They plan to achieve this by expanding their offerings and developing their customer-centric approach (St. James's Hospital, 2023).

Introduction to Business Strategy

How we harness technology is ever-changing, as is the nature of strategy and competition in the business environment. Companies are moving away from simply capturing value to actively creating value by generating opportunities through customer involvement and innovative strategies (Loonam, 2023). Strategy is crucial for the survival of any business and is a critical managerial skill (López-Cabarcos et al., 2015). Strategy can be defined as a 'consciously intended course of action' (Mintzberg, 1987). Management often uses strategic decision-making. The outcomes of these decisions contribute to the advancement or decline of an organisation (Rumelt et al., 1994). Miles et al. (1978) claim that organisations can be categorised by their strategy into three different groups: Defenders, Prospectors, and Analysers.

Defenders seek stability and focus primarily on internal efficiency. Prospectors focus on external circumstances, pursuing new innovative products and services, and encouraging risk-taking. Analysers combine the latter two types and focus on maintaining internal and external stability and innovation. A fourth category is sometimes included, although these types are not considered 'Strategists' as they have no clear strategy and instead drift with changes in their environment (Miles et al., 1978). To classify SJH into one of these categories, we conducted research into the stability of the healthcare industry. Although the EU has some of the highest standards for health in the world, and many studies have been conducted into the effects of economic instability on health, the results are inconclusive. In a

time of economic instability, there will likely be cuts or cost-sharing in healthcare policies, which affect the accessibility of healthcare services to lower-income households. A study published in the British Journal of Psychiatry outlined that the recession had been the cause of 100,000 suicides, with many resulting from unmet needs for medical intervention (Theocharous, 2014). Through this research, it can be concluded that the healthcare industry is relatively unstable and significantly affected by the economy. However, there will always be a need for the healthcare sector. As a result, we have identified that SJH is an analyser, as their environment is not stable but moderately changing and affected by economic trends.

<u>Key Strategic Issues</u>

The rapidly changing nature of the healthcare industry and the deep integration of technology into our everyday lives have emphasised the importance of marketing. In the two staff interviews we conducted, neither interviewee was aware of any marketing strategies implemented by SJH (see Appendix 5), highlighting the lack of marketing undertaken by the hospital. In the healthcare industry, there has been an increase in the usage of online means to look for information regarding particular diagnoses and treatments. Many patients share their opinions online and offer recommendations based on past experiences (Khiong, 2022). However, a lack of knowledge surrounding the medical industry could cause misinformation to spread. SJH could harness online platforms to expand its brand reputation and guide patients in starting their medical journey. While generating value for patients is crucial for SJH, other healthcare professionals, such as GPs, who can refer patients to the hospital, are also essential factors. Marketing to external healthcare professionals is crucial when showcasing procedures conducted by SJH as, in many cases, they are too complex to market to patients (Purcarea, 2019).

A significant issue SJH faces is increased waiting times, especially outpatient department waiting lists. Some patients wait upwards of 15 months to be seen by a specialist in the hospital after a referral from their GP. The HSE has outlined that waiting lists have increased by 60% from 2015 to 2020, with the COVID-19 pandemic causing a 10.7% increase (Department of Health, 2023). The HSE has committed to reducing these waiting times, with the first reduction in waiting times of 4% in 2022 showing a promising trend (Department of Health, 2023).

The COVID-19 pandemic caused very significant disruptions in SJH. An increase in hospitalisations, particularly in Intensive Care units, limited the number of beds and supplies, which caused considerable pressure on staff and facilities. Many hospital workers experienced significant degrees of burnout due to the increased pressure from this. The increased levels of burnout significantly impacted employees' work and personal life (Sheehan et al., 2021). Due to the lack of knowledge about the virus in 2020, restrictions with isolation and close contacts caused substantial disruptions. In the beginning stages, healthcare workers were asked not to work for ten days if they had been in contact with someone who had COVID-19. This caused understaffing, especially when there was an outbreak within the hospital. Although the effects of understaffing are less significant today, specific departments in the hospital continue to face this challenge. The number of patients is increasing, surpassing the current staff and resources available in SJH (Interviewee B, Appendix 5). In August 2023, a psychiatric unit at SJH was closed due to a lack of staff at the facility. This caused great concern for many patients regarding mental health recovery (Wilson, 2023). Another significant issue is the overworking of junior doctors, causing burnout and misdiagnosis of illnesses (Interviewee A, Appendix 5). They also face challenges with doctors for call cover and handover between night and morning staff.

The population of Ireland is continuously growing, which has led to an increase in demand for hospitals. Digitalising administration processes and integrating its electronic patient record (EPR) has allowed SJH to improve productivity between all departments. However, for patients to view their personal details, they must request it from SJH. This increases the workload and administrative pressure for SJH staff as patients cannot monitor their data remotely. Patients can access their information by filling out SJH's Subject Access Request (SAR) form, which is available on their website. Once the form has been completed, it can either be posted, brought into the hospital or sent by email. Patients must provide personal information and identification, and the hospital must respond to this form within 30 days (St. James's Hospital, 2021). Additionally, patient information is not shared amongst hospitals when patients move from one to another. Interviewee A states that this causes further delays as SJH has to contact the corresponding hospital to receive the required data (Interviewee A, Appendix 5). Each of these processes is a bottleneck that increases cycle times for staff members, causing delays and reducing the overall efficiency of SJH.

Cyber attacks have significantly impacted the healthcare industry and drastically changed the structure of SJH's daily operations. In 2021, the Health Service Executive (HSE) was the victim of a ransomware cyber attack through a phishing email. SJH's IT systems shut down, and the information of patients and staff in hospitals nationwide, including SJH, was compromised (HSE, 2023). Outpatient department waiting lists also increased by 4% due to disruptions to operations (Department of Health, 2023). An incident report conducted by PwC in 2021 after the incident outlined that the HSE is vulnerable to common cyber attacks and that their IT and cybersecurity systems needed improvement (PwC, 2021). This poses a great risk to SJH's data security, as all information regarding patients and staff is stored within these HSE databases.

Terms of Reference

Over the course of this analysis, staying customer-centric was our top goal, which, in the context of SJH, was the patient. We used the Kanban Tool to identify and display our Key Project Deliverables. We also used a Gantt chart, which allowed all group members to keep track of deadlines and see how each member was progressing. We had weekly meetings to maintain effective communication and had an open document that allowed us to share thoughts and ideas and work on the strategic report collaboratively. We recorded topics discussed in every meeting and monitored progress. We established a team contract and adhered to the agreed rules, committing to putting considerable effort into this project and effectively collaborating.

Many factors influence the structure and culture of SJH. Therefore, to deliver a well thought and researched strategic plan, we conducted a macro-environmental analysis of SJH and the Healthcare industry in Ireland and across the EU. We completed a PESTLE analysis and Porter's Five Competitive Forces model to gain a more in-depth understanding of SJH and the environment that encompasses it. Techniques like the VRIO framework enabled us to acquire more information on SJH's internal functions and value-chain activities. With the conclusion of the SWOT analysis, we have identified the opportunities, threats, and choices of SJH. We also interviewed two stakeholders at SJH who provided primary information regarding its internal processes (see Appendix 5). The interview findings gave us critical insight into the inner workings of the hospital.

We then analysed the knowledge gained from our data collection through integrative tools to identify if their current strategy objectives align with the hospital's culture. We used McKinsey's 7-S Framework to determine the internal effectiveness of SJH. We then compared this to the organisation's culture received through interviews and discussed potential deep cultural elements that may create barriers to implementing their strategy. To conclude, we compiled our research to make specific and efficient recommendations that align with SJH's current strategy, ensuring strategic continuity is upheld.

Diagnostics Stage

Following our orientation, the diagnostics stage aims to provide further legitimacy through both primary and secondary data collection. Primary data was collected through two in-person interviews conducted by one of our team members in SJH. Certificates of consent and interview transcriptions can be found in Appendices 3, 4, and 5. The personal experiences and insights given proved key in gaining critical stakeholder input and, alongside our secondary data, enabled our team to deploy key strategic frameworks.

Macro-Environmental Analysis: PESTLE

In order to gain a preliminary insight into the broad macro-environment of the Irish healthcare industry, we have conducted a PESTLE analysis. A complete and comprehensive analysis of aspects of the healthcare industry and its implications for SJH can be found in Appendix 6.

The first element of a PESTLE analysis, political risk, is defined by Collinson et al. (2020, p. 428) as "the probability that political factors will negatively affect a firm's profit or impede the attainment of other critical business objectives". Upon analysis, we have deemed the possibility of a change in government to be one of the most influential for SJH. A potential new government could bring about changes in minister and political policies that could significantly alter SJH's funding. Additionally, the potential for regulation and deregulation of particular services could drastically impede SJH's entire operations and organisational infrastructure. In Ireland's economic environment, we found that one particular aspect, difficulty getting call cover (Interviewee A, Appendix 5), is linked to Ireland's urban area housing crisis. The current crisis impacts the labour market and SJH, as it can inherently restrict its workforce's mobility and overall recruitment responses (Gov, 2021).

Regarding social impacts, with Ireland's ageing population, the need for an increase in medical services over the next decade will impact the entire healthcare industry in Ireland (Cullen, 2022b). To meet this changing demography, SJH should consider implementing additional services or expanding its network to meet more patients. The need for expansion is further emphasised by Interviewee A, who deems setting up remote outpatient clinics as a potential improvement to the community's healthcare standard and an opportunity to free up

"some space and time in the hospital" (Interviewee A, Appendix 5). Moreover, upon analysing technological factors, SJH is significantly impacted by the increased movement towards a paperless and cashless society (Williams, 2023). This movement and its EPR system pose additional cyber security risks for the hospital and may pressure infrastructure investment. With the rate of real-time data and digital transformation ever increasing, the need for further investment from the HSE for SJH to uphold data protection and digital data security is evident (Mc Donagh, 2023).

Furthermore, regarding legal implications, SJH is greatly affected by Ireland's intricate regulatory environment (Gov, 2021). Legal regulations can affect SJH through its resource allocation, quality of care, and the overall risk management of the hospital. Lastly, analysing environmental factors, the rise in global awareness around adopting greener technologies and energy-efficient practices poses an opportunity for SJH to decrease its energy consumption (Bocca, 2023). In fact, in 2020, SJH committed itself to a new Energy Performance Contract with Veolia, alongside partnering with the Carbon and Energy Fund Ireland (Veolia, 2020), making it the "largest energy performance contract in Irish healthcare" (Engineers Ireland, 2020).

Industry Analysis: Porter's Five Forces

Outlined by Michael E. Porter in 1979, Porter's five forces framework aids in shaping business strategy and identifying the overall attractiveness of an industry against five competitive forces. With this, we will implement Porter's framework in the Irish healthcare industry to gauge industry competition and guide our strategic choices for SJH. A graph showcasing our findings can be found in Appendix 7.

1. Threat of Entry

The threat of entry is low when barriers to entry are high and vice versa. Irish healthcare is a highly specialised and high-cost industry regarding staff and equipment. Healthcare is also heavily regulated, and market participants don't operate in a free market. Therefore, public hospitals like SJH rely on well-designed regulations for State funding to ensure competition and better quality of services (Boate, 2011).

2. Threat of Substitutes

In Ireland, most patients attend public hospitals such as SJH, which the HSE manages. However, private healthcare can offer more choices of consultants, faster diagnostic and treatment stages, and a more comfortable recovery environment for its patients. SJH is one of two large-scale publicly owned facilities in Dublin, alongside 12 other smaller facilities in the local area (St. James's Hospital, 2023). Dublin also boasts a wide variety of private healthcare facilities, the largest of which include St. Vincent's and Bon Secours. With the healthcare industry in Ireland being highly specialised and having strict regulatory barriers, in the case of SJH, the threat of substitutes is low.

3. Bargaining power of Buyers

Patients have fragile bargaining power in Irish healthcare as it has exceptionally inelastic demand due to necessity and pricing limitations from government regulations and health insurance policy payments. With SJH being a large public institution, many patients are referred to the hospital, often leading to significant wait times due to an oversupply of buyers with little choice. The largest buyers in the Irish healthcare industry are substantial intermediaries such as insurance companies and the Irish government. Their large size and resources give them bargaining power over hospitals through contracts and government reimbursements (Pines, 2006).

4. Bargaining power of Suppliers

The bargaining power of suppliers is high in the industry as hospitals depend on specialised medical supplies, equipment and workforce. There is often a concentration of only one or two suppliers of critical medicines or medical equipment, creating greater bargaining power to negotiate higher prices and better terms. Pharmaceutical companies, medical device providers and specialised physicians all have substantial supplier power over SJH (Pines, 2006).

5. Rivalry between Competitors

Competition is relatively weak in the healthcare industry due to government subsidies and Irish health insurance companies. Hospitals instead have to create sustainable competitive advantages through capabilities such as their operational speed, specialised services, and quality of consultants. Moreover, SJH invests in top-quality staff through its associations with academic institutions and leading foreign healthcare institutions, and its constant innovation and investment in new treatments and equipment aims to provide top-of-the-line treatments

(St. James's Hospital, 2023). Reports suggest that "around 19% of spending is being wasted due to operational inefficiencies" (Mikkers and Ryan, 2014); remaining cost-efficient is vital for a hospital's competitive survival. This way, public hospitals like SJH can better compete with private institutions' services while remaining within the public cost structures.

Internal Analysis: VRIO

To internally analyse SJH and assess potential resources and capabilities for sustainable competitive advantage, we will employ the VRIO analysis, a tool used within the Resource-Based-View. Put forth by Jay Barney in 1991 (Barney, 1991), an organisation is deemed to have a sustainable competitive advantage within an industry if all elements of the analysis are met. However, it is essential to note that practical limitations do exist. One such implication outlined in a study by Bresser and Powalla (2012) is the importance of training groups and individuals "to apply the VRIO framework effectively", as the elements of "value" and "inimitability" are highly subjective to who is performing the analysis. Despite this limitation, it does, however, aid in identifying core competencies, understanding SJH's current competitive position and facilitating effective resource allocation.

Our VRIO analysis focused on specific resources and capabilities of SJH (see Appendix 8) to gauge each one's competitive implications. Upon analysis, we found that none of our chosen resources or capabilities proved a competitive disadvantage, revealing that all could be deemed "valuable" against the VRIO framework. Looking at competitive parity, we regarded medical equipment, pharmaceuticals, supplies, and administrative staff as valuable but not rare. Acting as organisational strengths, these resources are crucial in the day-to-day running of SJH. However, their availability is not uncommon, with most Irish healthcare organisations easily availing of them.

Regarding temporary competitive advantage, despite SJH's facilities and firm infrastructure being both valuable and rare, we deemed it would not be costly to imitate. Exploiting this resource for SJH creates a temporary competitive advantage, as over time, any competitive advantage they obtain as a "first mover" will eventually be competed away through competitive organisations gathering up the resources needed to compete. An example of SJH's temporary competitive advantage is when it became one of the first in Ireland to introduce discharge lounges. These lounges allow patients to wait in before discharge on the day, freeing up much-needed hospital beds (Clarke, 2019).

Following this, brand and reputation and outpatient clinics fell under the competitive implication of unused competitive advantage. Although these internal elements are considered valuable, rare and costly to imitate, they need to be effectively exploited by SJH. Despite SJH's solid national presence in Ireland, its marketing often fails to reach new patients and clinics. SJH upholds a long-standing positive reputation in Ireland, built on trust, patient dedication, and customer satisfaction, which is not easily reproduced and, if effectively exploited, could aid in outperforming industry rivals sustainably. Additionally, SJH has sufficient ability to implement outpatient clinics to reduce wait time further; however, it has yet to use this leverage to transform this capability from an "unused" to a "sustained" competitive advantage.

Lastly, our VRIO analysis identified many resources and capabilities that successfully generate sustained competitive advantages for SJH. Its specialised medical services and highly skilled medical staff, amongst others (see Appendix 8), are proven to outperform industry rivals sustainably. SJH has obtained a vast number of accreditations and certificates that depict a high level of quality that cannot be easily imitated by other hospitals nationally, and recently, in 2022, they received accreditation and were recognised as the first UCARE centre in Ireland for urticaria care (Doyle, 2022). Meeting all elements of Barney's VRIO analysis, SJH's accreditations and certificates are exceptionally costly to imitate and are effectively exploited by SJH, thus generating a long-term competitive advantage.

Intervention Stage

Moving on from our diagnostics, the intervention stage seeks to further expand upon our findings by utilising additional frameworks such as the SWOT analysis and McKinsey's 7-S framework. In addition, SJH's competitive strategy, strategic fit, organisational structure, and culture will also be evaluated.

Joint Analysis: SWOT

We conducted a SWOT analysis (see Appendix 9) to identify avenues for maximising opportunities and mitigating potential threats, focusing on internal and external factors. The analysis unveiled several key strengths, including SJH's technological prowess, established partnerships, and commitment to pioneering treatments through research. SJH's internal weaknesses encompass marketing deficiencies, staff management challenges, and prolonged outpatient department waiting lists (Interviewee A, Appendix 5). External opportunities include expansion through establishing affiliated remote clinics, forming collaborations with CNS and RNS hubs in primary care and integrating innovative technologies to create an online patient portal. Despite these opportunities, the healthcare industry presents inherent threats to SJH, including the risk of cyber-attacks, operational disruptions, and potential staff attrition due to high emigration levels in Ireland.

McKinsey's 7-S Framework

SJH aligns its internal elements using McKinsey's 7-S Framework (see Appendix 10) to ensure support for its overall strategy. This model evaluates seven key elements, categorised into "hard" and "soft" components.

Hard Elements

Strategy: SJH primarily focuses on providing timely access to high-quality care and aligning with the Irish healthcare system's goals for fair, equitable and timely access to health services (HSE, 2014). SJH's mission focuses on collaboration, innovation, and upholding an exemplary workplace for its employees.

Structure: SJH employs a dedicated and integrative management structure containing committees such as the medical board and Executive Strategic Committee (ESC) and a clear

sector split between corporate and programme divisions (see Appendix 11). This structure enables effective governance and lean thinking while ensuring alignment with strategic goals.

Systems: Across various systems in SJH, such as its EPR, Visitor Management System (VMS) and Patient Archiving & Communication Service (PACS), SJH has been able to effectively optimise its efficiency, quality and overall patient safety within the hospital (St. James's Hospital, 2023).

Soft Elements

Shared Values: SJH values excellence in clinical practice, service, education, research and innovation (St. James's Hospital, no date). The emphasis on a caring environment and collaborative culture aligns to deliver high-quality healthcare and continuous on-campus development to meet community health needs.

Skills: Regular testing and training platforms like HSE Land ensure employees acquire and maintain the necessary skills for high-quality care delivery (Interviewee A, Appendix 5). Ongoing assessments and a commitment to continuous learning contribute to employee skill development.

Style: SJH adopts a transformational leadership style that emphasises inspiration, vision and innovation. Leaders motivate and inspire staff, ensuring successful quality implementation. The Centre for Learning and Development (CLD) further supports staff development through multidisciplinary education and partnerships with third-level institutions (St. James's Hospital, 2023).

Staff: Investment in staff development, highlighted by its CLD and well-developed HR department, fosters a positive work environment (Interviewee A, Appendix 5). Engaged and motivated staff contribute to SJH's ability to provide excellent patient care.

Competitive Strategy

SJH is positioned as a leading healthcare organisation with a long-standing reputation in the Irish healthcare industry. The hospital prides itself on its highly skilled and diverse workforce, which, alongside its expertise and commitment to patient care, ultimately contributes significant value to its patients. Within Porter's generic strategies model, SJH

meets many factors favouring its differentiation strategy, including its patient focus, innovation, and willingness to adopt digital change and transformation.

Patient Focus

Our analysis of SJH continually shows a clear patient focus that strives to create a "caring environment for every patient, providing the best care through a personal and shared commitment of excellence" (St. James's Hospital, no date). SJH offers the most specialised cancer care services in Ireland and, in 2019, received accreditation from the Organisation of European Cancer Institutes (OECI), bringing them closer to their goal of setting new standards for cancer care in Ireland (St James's Hospital, 2023). In addition, SJH is often the first to implement newly approved procedures or therapies across Ireland. In 2020, working alongside Children's Health Ireland and Trinity College Dublin (TCD), SJH was the first to introduce gene therapy to children in Ireland (Henry, 2021). In 2012, SJH partnered with TCD, Ireland's leading research university (Trinity College Dublin, 2023). To this day, SJH upholds its collaborative commitment with TCD, delivering and supporting medical education programmes and pursuing its ongoing development (St. James's Hospital, 2020). Through prioritising specialist care, offering innovative treatments, and committing to research and educating the next generation of medical professionals, patient-centred care is undoubtedly at the heart of SJH.

Innovation and Digital Transformation

SJH's current technological infrastructure, advanced medical facilities and innovative culture have further strengthened its overall differentiation strategy. With the launch of "Project Oak" in 2006, enabling electronic clinical documentation and e-prescribing, SJH's EPR system has not only transformed how it provides care to its patients but also has significantly "improved communication within different teams and professions" (Interviewee B, Appendix 5) and is deemed as "frankly life-changing" by Interviewee A (Interviewee A, Appendix 5). Furthermore, in 2018, SJH became Ireland's first digital general acute hospital through the rollout of EPR, which, according to SJH, has significantly reduced wait times and enhanced patient efficiency (Edwards, 2018).

In addition, SJH is leading the way for digital care through standards-based innovation (Eolas, 2023) and aims to become the Irish leader in new medical technologies, products, and service offerings through its newly opened innovation hub (HMI, 2019). Through the

implementation of RFID technology, data in real-time is readily available for aspects such as samples, patient records and staff movement. Una Geary, the director of quality and safety improvement at SJH, upholds RFID as a "good example of innovation across technology, international standards, and the healthcare system" (Eolas, 2023). Additionally, Geary believes that by being the first to implement its use in the healthcare sector in Ireland, SJH has created significant value for its patients.

Strategic Fit

SJH's strategic fit can be assessed by aligning its strategy, structure, culture and resources with its external environment (Speck and Guria, 2024). A comprehensive activity systems map indicating the connections among SJH's activities can be found in Appendix 12. Classified into six dimensions by the Department of Health (Department of Health, 2021), SJH's external environment is as follows:

Political Landscape: SJH's strategic fit within Ireland's political landscape is crucial, particularly in anticipation of potential government changes. Shifts in leadership may impact ministerial priorities, funding and the hospital's financial planning. Adaptability to ongoing governmental strategies, reforms and initiatives such as Slainte Care is vital for maintaining medical access.

Changing Demographics: With Ireland's ageing population, SJH's strategic alignment involves implementing new treatments, leveraging its research capabilities and exploring expansion opportunities such as the introduction of outpatient clinics to meet this ageing demographic's evolving needs.

Economic Outlook: SJH's strategy must be flexible to adapt to economic challenges within Ireland and globally. Proactively responding by considering cost implications, patient accessibility, and talent management amid a current housing crisis will ensure that SJH's strategy is robust and sustainable in the face of evolving economic conditions.

Public Engagement and Trust: Enhancing public engagement and trust is a strategic imperative for SJH. Leveraging technological advantages, implementing patient platforms and reducing waiting times contribute to building trust within the community. Engaging with

the public through digital channels reinforces the hospital's commitment to patient-centric care.

Equality and Equity: SJH's commitment to equality and equity aligns with addressing weaknesses in outpatient services. Strategic expansion through remote clinics and technology-driven solutions for scheduling and monitoring ensures equal access to healthcare services. The development of primary care centres supports equitable healthcare delivery for diverse demographic groups.

International Landscape: Navigating cybersecurity threats and addressing staff retention and recruitment challenges due to emigration and immigration form part of SJH's strategic fit in the international landscape. Continuous investment in cybersecurity measures, staff development programs, and strengthened international collaborations, position SJH as a leader in global healthcare innovation.

Organisational Structure

SJH's strategic plan alludes to several upcoming initiatives to improve the effectiveness of its organisational structure.

Service Reform and Design

By employing analytical methods, such as thorough reviews of service portfolios, the hospital will embark on a comprehensive reform to align more clearly with its strategic plan. During the reform process, the hospital will identify the most suitable tertiary and quaternary services for implementation and pinpoint areas that would benefit from further enhancement, such as its EPR system. SJH has also established an AHSC oversight group dedicated to expanding and fostering additional academic relationships (St. James's Hospital, 2023).

Infrastructure

SJH's current plan also includes plans for replacing, relocating and developing its current infrastructure in the upcoming years to ensure its alignment with Ireland's healthcare industry standards. Additionally, SJH upholds a long-term infrastructure plan extending beyond its Dublin hospital. Moreover, SJH's strategic plan includes a property acquisition plan, highlighting its intent to acquire properties for potential expansion, further enhancing its overall organisational structure (St. James's Hospital, 2023).

<u>Organisational Culture</u>

Through insights from our stakeholder interviews, we have deemed SJH's organisational culture collaborative, diverse and community-driven. Employees from diverse backgrounds work seamlessly together, fostering relationships across nationalities, religions and cultures, creating a positive and supportive work environment. Continuous training is also provided to all employees to ensure constant growth, cultivating a culture of learning and development. SJH commits itself to identifying primary areas of innovation and entrepreneurship. It emphasises its proactive engagement with public and private entities involved in these innovations. Despite this, SJH's presence in Dublin and long-standing reputation in Ireland has led to a demanding workload for employees (Interviewee A, Appendix 5). As previously mentioned, SJH's technological advancements have significantly improved its operational efficiency. However, it has also contributed to increased staff pressure.

Evaluation Stage

Throughout the course of our analysis, we identified three principal recommendations for SJH. We have created an approximate roadmap for these recommendations, beginning with building support and research, implementing all three recommendations, and finally, our plans to sustain these changes over time (see Appendix 13). Additionally, as seen in our balanced scorecard (see Appendix 14), SJH's objectives are to provide care to patients from birth to adulthood, deliver high-quality care efficiently, and enhance its EPR system to reduce cycle times.

Marketing Strategy Implementation

One of SJH's main strategic issues is its lack of an emphasis on a marketing strategy. Intangible resources play a significant role in determining an organisation's performance. An adequate marketing strategy would increase awareness and customer satisfaction and boost SJH's recognition nationally and internationally. Customer satisfaction significantly impacts the reputation and loyalty of any institution (Ho and Huang, 2020), highlighting the importance of marketing for SJH.

Due to the nature of the healthcare industry and its necessity in our society, many people don't understand the need for marketing in hospitals. However, that does not mean marketing shouldn't be integral to SJH's operations. It is not necessarily the promoting aspect that is important, but rather the focus on market orientation. The market orientation should be deeply rooted in the culture of SJH and act as a guide to unveil the needs and wants of its patients to deliver value and high-quality care. In order for SJH to achieve its goal of maintaining customers for life, it must emphasise the long-term satisfaction of all patients (Wrenn, 2002). Market orientation allows organisations to better understand the environment in which they operate and find growth opportunities (Subramanian et al., 2009).

Patients are co-producers in the service provided by SJH as they are present during all procedures carried out by the hospital. Therefore, SJH must conduct an in-depth analysis to understand the known, unmet, and hidden customer needs to deliver a personalised service to each patient and ensure customer satisfaction. Establishing a marketing strategy will allow SJH to create a competitive advantage, gain insight into patients' pain points, meet customer

needs, and finally gain recognition (Purcarea, 2019). A dedicated management team is required to allocate the necessary resources and training to adopt an effective marketing strategy (Khiong, 2022). However, with the proper team and tools, SJH will see a significant increase in customer loyalty, which in turn will increase revenue.

Introduction of Outpatient Clinics

As outlined in the Orientation Stage, patient waiting times have significantly increased. Wait times are generally long in public hospitals as demand is extremely high. The impact of the COVID-19 pandemic further increased waiting times. While the effects of the pandemic are settling, the practices and lessons learned gave the hospital insight into the importance of creating a work environment that fosters and promotes well-being, highlighting the importance of delivering timely care to every patient.

To solve this issue and reduce wait times, we suggest the establishment of remote affiliated clinics. Outpatient clinics would make SJH more accessible to a broader customer base, ultimately increasing its reputation nationally, which is part of SHJ's ambitions. As stated by Interviewee A, the most viable course of action includes establishing remote clinics and implementing a home-to-home approach to conducting their business (Interviewee A, Appendix 5).

Long wait times can put the health of patients at serious risk. Therefore, overcoming this issue is of great importance for the overall well-being of our society. Outpatient clinics will allow the strain caused by delays to be taken off SJH and distributed to external clinics, reducing waiting times for patients seeking medical care. However, it is crucial for SJH to effectively manage the waiting lists and understand the demand for particular treatments to reduce the overall wait times currently endured. Outpatient clinics can also serve as a training opportunity for junior staff in specialised areas (Naiker et al., 2017).

Management of the outpatient waiting list is essential to reduce wait times. However, it can only be successful with the presence of a committed and trained team. The members would have to complete several training programmes both in person and online (HSE, 2022). In the short term, this could present negative implications for SJH as it would require significant resource allocation to implement effectively. However, in the long run, this would decrease

wait times, improve the overall efficiency of SJH operations, and increase patient satisfaction.

<u>Enhance EPR and Cyber Security</u>

As previously mentioned, SHJ's EPR system has significantly improved the hospital's performance. However, patients are currently unable to view their own data through the system and patient information is not transferred between hospitals. This negatively impacts the efficiency of SJH as time is wasted processing and sending information. In order to eliminate bottlenecks, we are suggesting to enhance the EPR system further. A system that integrates all workers and patients will reduce miscommunication and increase the overall efficiency of SJH's internal operations (Thakare and Khire, 2014). Interviewee A also states that considerable time would be saved, particularly in transferring patient information between hospitals (Interviewee A, Appendix 5).

The Freedom of Information Act 2014 applies to SJH due to its status as a publicly funded body. This act gives patients the right to access their own personal data and change or alter any misleading information (Citizens Information, 2024). Due to this regulation, patients must be able to access their information stored in SJH's systems. However, as previously mentioned, this process can take up to 30 days. This time-consuming process could be lowered through the creation of a 'Patient Portal' within the EPR system. Patients would be able to log into their own portal and access or update personal data whenever they please. Patients will be able to see various details, such as upcoming appointments and test results and quickly access copies of their scans. With this, our team has created a Patient Portal proposal, which can be viewed in Appendix 15.

These improvements to the EPR system could have negative implications for SJH as it will increase the vulnerability of patient and staff information. The healthcare industry is a common target of cyber attacks due to its lack of effective cyber attack prevention and its large volume of sensitive data (Coventry and Branley, 2018). Article 8 of the EU Charter of Fundamental Rights also outlines that data held by public bodies must be adequately protected (Data Protection Commission, 2024). As a result, we deem it crucial to make improvements to SJH's cybersecurity. HSE's response to the cyber attack in 2021 was 'reactive', involving a complete shutdown of the EPR system. By enhancing its cybersecurity system, SJH should take a more proactive approach to prevent such disruptions

and gaps in its data security. The cyber attack was estimated to have long-term costs of up to €500 million (O'Donovan, 2023). Therefore, the investment in cybersecurity would prevent significant costs in the future and improve customer trust. The hospital can make these improvements through a thorough risk assessment from an authorised third party such as PwC, along with a significant increase in staff training and awareness of the dangers of cyber breaches (Nifakos et al., 2021).

The creation of this portal system must first be approved and granted funding by the HSE before any development can begin, which was the case with the development of the initial EPR system dubbed 'Project Oak' in 2006 (Edwards, 2018). Like this project, staff will need training to uphold this system. However, once developed and tested, we predict this portal will create a more seamless experience for patients and staff.

Alignment of Recommendations: SAF Analysis

Using the data and analyses from previous sections, we conducted a SAF analysis (see Appendix 16) to visually present our three recommendations based on their suitability, acceptability, and feasibility. The SAF analysis ensures that the application of each recommendation aligns with SJH's strategic goals, adhering to the long-term achievement of the hospital's ambition to deliver high-standard care to every patient throughout their medical journey (St. James's Hospital, 2023).

Team Reflection

Working as a team while creating our strategic report for SJH, we faced various challenges regarding the hospital's strategic landscape and common issues arising from collaborative work.

One of the initial challenges our team faced was determining which strategic issues were the most significant and which to prioritise throughout our report. With SJH's vast array of specialised services, patients and internal departments, deciphering the most critical concerns and developing targeted recommendations required significant collaboration and consideration amongst our team. However, despite this, through actively listening to one another's opinions, our team was able to use effective communication in our decision-making process, which ultimately produced a much stronger output than having just taken a vote.

Regarding SJH's strategic landscape, one notable challenge our team faced was navigating through the implications of dynamic and uncertain external factors. With SJH being governmentally funded, certain external factors can change at any minute and potentially significantly disrupt the hospital's operations. Anticipating these potential impacts and how much they would impact the hospital required our team to think critically in the face of uncertainty.

Despite these challenges, our team did, however, work exceptionally well in the collection of our primary data. Reaching out to SJH's stakeholders, creating a comprehensive list of questions, and conducting in-person interviews proved to bring the team closer together and allow us to truly immerse ourselves into the role of strategy consultants.

Remaining resilient, committed and enthusiastic throughout the fruition of our report proved crucial in delivering a comprehensive and actionable analysis for SJH. Through our collaborative efforts, flexible approach and willingness to adapt, our team took on the obstacles that came our way and effectively dealt with them head-on. Our overall experience taking on the role of strategy consultants proved extremely valuable, equipping us with vital insights and skills that we will carry forward into our future careers.

Conclusion

In conclusion, we have developed a conceptual framework to contextualise and visualise our findings and present their connections (see Appendix 17). After conducting an in-depth analysis of SJH, we recommend establishing a marketing strategy to promote the hospital to patients and target institutions effectively. Additionally, we propose the development of outpatient clinics to decentralise care and reduce waiting times. Finally, we suggest the creation of a 'Patient Portal' within the existing EPR system to allow patients to access personal information at any time. After assessing SJH's key strategic issues and conducting thorough analyses of its internal and external environments, we believe these recommendations will significantly enhance the hospital's position in the Irish healthcare industry, increase its recognition worldwide, and continue to deliver high-quality care to every patient.

References

Abrams, K. et al. (2018) 'Growth in outpatient care', Deloitte Insights, 15 August. Available at: https://www2.deloitte.com/xe/en/insights/industry/health-care/outpatient-hospital-servic es-medicare-incentives-value-quality.html (Accessed: 3 February 2024).

Barney, J. (1991). Firm Resources and Sustained Competitive Advantage. Journal of Management, 17(1), 99-120. https://doi-org.dcu.idm.oclc.org/10.1177/014920639101700108

Boate, C. (2011) POLICY PAPER Competition in Primary Healthcare in Ireland: More and Better Services for Less Money. The Economic and Social Review, 42(3), pp.313–342. Available at: https://www.esr.ie/vol42_3/04_%20Boate%20PP%20Paper.pdf

Bocca, R. (2023) 'Energy efficiency needs to double, says IEA', World Economic Forum, 6 November. Available at: https://www.weforum.org/agenda/2023/11/energy-efficiency-energy-news-november-2023/ (Accessed: 3 February 2024).

Boland, L. (2024) 'Extreme weather events show Ireland's vulnerability to climate change', The Journal, 25 January. Available at: https://www.thejournal.ie/ireland-climate-change-assessment-6281692-Jan2024/ (Accessed: 3 February 2024).

Bowers, F. (2023) 'Blood cancer clinical trial to begin at Dublin hospital', RTE, 1 February. Available at: https://www.rte.ie/news/dublin/2023/0201/1353068-st-jamess-hospital-dublin/ (Accessed: 10 January 2024).

Bresser, R.K.F. and Powalla, C. (2012) 'Practical implications of the resource-based view', Zeitschrift für Betriebswirtschaft, 82(4), pp. 335–359. Available at: https://doi.org/10.1007/s11573-012-0553-4.

Business Post (2021) 'Technology will play a major role in promoting change to the delivery of care', 10 May. Available at: https://www.businesspost.ie/commercial-reports/technology-will-play-a-major-role-in-promot ing-change-to-the-delivery-of-care/ (Accessed: 10 January 2024).

Citizens Information (2024) Freedom of information (FOI). Available at: https://www.citizensinformation.ie/en/government-in-ireland/how-government-works/standar ds-and-accountability/freedom-of-information/ (Accessed: 3 March 2024).

Clarke, V. (2019) 'INMO: Discharge lounges a good idea but St James's Hospital staff competition was 'clumsy'', Irish Examiner, 4 December. Available at: https://www.irishexaminer.com/news/arid-30968306.html (Accessed: 10 January 2024).

Collinson, S. et al. (2020) *International Business, 8th Edition*. 8th edition. Hoboken: Pearson Education.

Cooling, G. (2012) *'Differentiation of Your Health Practice, Porter's Generic Strategies'*, *Just Audiology Stuff*, 2 January. Available at: https://justaudiologystuff.com/differentiation-of-your-health-practice-porters-generic-strategies/ (Accessed: 09 February 2024).

Coventry, L. and Branley, D. (2018) *Cybersecurity in healthcare: A narrative review of trends, threats and ways forward*. *Maturitas*, 113, 48-52.

CSO (2023a) *Household Saving Q2 2023 - Central Statistics Office*. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-hs/householdsavingq22023/ (Accessed: 3 February 2024).

CSO (2023b) *Labour Productivity - Central Statistics Office*. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-pii/productivityinireland2021/labourproductivity/ (Accessed: 3 February 2024).

CSO (2024) *Ireland 2023: The Year in Numbers - Central Statistics Office*. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-yin/ireland2023theyearinnumbers/ (Accessed: 3 February 2024).

Cullen, P. (2022a) *'Emergency department delays worst on record with seriously ill waiting 13 hours for admission'*, *The Irish Times*, 11 May. Available at: https://www.irishtimes.com/news/health/emergency-department-delays-worst-on-record-with-seriously-ill-waiting-13-hours-for-admission-1.4875046 (Accessed: 10 January 2024).

Cullen, P. (2022b) *'Ireland's population ageing faster than anywhere else in Europe as births fall'*, *The Irish Times*, 2 December. Available at: https://www.irishtimes.com/ireland/social-affairs/2022/12/02/ireland-ageing-faster-than-anywhere-else-in-europe-as-births-fall/ (Accessed: 3 February 2024).

Data Protection Commission (2024) *Your Rights under the GDPR*. Available at: https://www.dataprotection.ie/individuals/rights-individuals-under-general-data-protection-regulation (Accessed: 3 March 2024).

Department of Health (2021) *Department of Health Statement of Strategy 2021-2023*. Available at: https://www.gov.ie/en/organisation-information/0fd9c-department-of-health-statement-of-strategy-2021-2023/ (Accessed: 7 March 2024).

Department of Health (2023) *Waiting List Action Plan 2023*. Available at: https://assets.gov.ie/249526/8b203212-06b9-4ddc-96f7-9938b0707e19.pdf (Accessed: 23 January 2023).

Doyle, P. (2022) 'St James's receives UCARE accreditation for urticaria care', *Irish Medical Times*, 26 August. Available at: https://www.imt.ie/news/st-jamess-receives-ucare-accreditation-for-urticaria-care-26-08-2022/ (Accessed: 10 January 2024).

Edwards, E. (2018) 'St James's Hospital goes digital with electronic patient record', *The Irish Times*, 16 October. Available at: https://www.irishtimes.com/news/health/st-james-s-hospital-goes-digital-with-electronic-patient-record-1.3664421 (Accessed: 9 January 2024).

Engineers Ireland (2020) 'Largest-scale energy performance contract in Irish healthcare implemented by St James's Hospital', 7 December. Available at: https://www.engineersireland.ie/Brexit/largest-scale-energy-performance-contract-in-irish-healthcare-implemented-by-st-jamess-hospital (Accessed: 10 January 2024).

Eolas (2023) 'St James's Hospital leads the way on standards-based innovation for digital care', *Eolas Magazine*, 21 February. Available at: https://www.eolasmagazine.ie/st-jamess-hospital-leads-the-way-on-standards-based-innovation-for-digital-care/ (Accessed: 9 January 2024).

Foroohar, R. (2023) 'Women are driving the labour market', *The Irish Times*, 2 September. Available at: https://www.irishtimes.com/business/work/2023/09/01/women-are-driving-the-labour-market/ (Accessed: 3 February 2024).

Ghoreishi, F. (2020) 'St. James's Hospital, Dublin, enables radiologists to continue their work from home', *HPE Aruba Networking Blogs*, 6 February. Available at: https://blogs.arubanetworks.com/industries/st-jamess-hospital-dublin-enables-radiologists-to-continue-their-work-from-home/ (Accessed: 25 February 2024).

Giantari, G. and Jatra, M. (2019) 'The role of differentiation strategy and innovation in mediating market orientation and the business performance', *Journal of Business Management and Economic Research*, 6(3), pp. 39–60. Available at: https://doi.org/10.29226/TR1001.2019.132.

Gov (2021) *Sláintecare Implementation Strategy and Action Plan 2021-2023*. Available at: https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/ (Accessed: 3 February 2024).

Henry, C. (2021) 'Significant boost for children with Spinal Muscular Atrophy as new gene therapy is approved for use in Ireland', *Irish Medical Times*, 8 October. Available at: https://www.imt.ie/news/significant-boost-for-children-with-spinal-muscular-atrophy-as-new-gene-therapy-is-approved-for-use-in-ireland-08-10-2021/ (Accessed: 10 January 2024).

HMI (2019) 'Innovation Hub opened at St. James's Hospital', Health Manager, 28 January. Available at: https://healthmanager.ie/2019/01/innovation-hub-opened-at-st-jamess-hospital/ (Accessed: 10 January 2024).

Ho, E. et al. (2017) 'The Synergy Tool: Making Important Quality Gains within One Healthcare Organization', Administrative Sciences, 7(3), p. 32. Available at: https://doi.org/10.3390/admsci7030032

Ho, F.N. and Huang, C.W. (2020) 'The interdependencies of marketing capabilities and operations efficiency in hospitals', Journal of Business Research, 113, pp. 337-347. Available at: https://www.sciencedirect.com/science/article/pii/S0148296319305843 (Accessed: 23 February 2024).

Hoare, P. (2023) 'Irish medics demand climate crisis be declared a public health emergency', Irish Examiner, 15 August. Available at: https://www.irishexaminer.com/news/arid-41205538.html (Accessed: 3 February 2024).

HSE (2014) Corporate plan. Available at: https://www.hse.ie/eng/services/publications/corporateplan/ (Accessed: 20 February 2024).

HSE (2022) National Outpatient Waiting List Management Protocol. Available at: https://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/protocol-for-the-managemen t-of-outpatient-services-and-guidance-documents/national-outpatient-waiting-list-manageme nt-protocol-2022.pdf (Accessed: 29 February 2024).

HSE (2023) HSE cyber-attack - staff information. Available at: https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/hse-cyber-attack-staff -information/ (Accessed: 29 December 2023).

IMT (2021) 'St James's Hospital initiative wins international medication safety award', Irish Medical Times, 5 November. Available at: https://www.imt.ie/news/st-jamess-hospital-initiative-wins-international-medication-safety-a ward-05-11-2021/ (Accessed: 10 January 2024).

Irish Life Health (2024) Understanding the health care system in Ireland. Available at: https://www.irishlifehealth.ie/IrishLifeHealth/media/Irish-life-Health/ilh.pdf (Accessed: 3 February 2024).

Jabnoun, N. and Juma AL Rasasi, A. (2005) 'Transformational leadership and service quality in UAE Hospitals', Managing Service Quality: An International Journal, 15(1), pp. 70–81. Available at: https://doi-org.dcu.idm.oclc.org/10.1108/09604520510575272

Kelleher, L. (2023) 'Ireland has taken in more Ukrainian refugees per head of population than the UK and major EU nations', Irish Independent, 29 October. Available at: https://www.independent.ie/irish-news/ireland-has-taken-in-more-ukrainian-refugees-per-hea

d-of-population-than-the-uk-and-major-eu-nations/a1923617549.html (Accessed: 3 February 2024).

Khiong, K. (2022) 'Impact and Challenges of Digital Marketing in Healthcare Industries during Digital Era and Covid-19 Pandemic', Journal of Industrial Engineering & Management Research, 3(5), pp. 112-118. Available at: https://www.jiemar.org/index.php/jiemar/article/view/408/307 (Accessed: 1 March 2024).

Kim, K.H. et al. (2008) Brand equity in hospital marketing. Journal of Business Research, 61(1), pp.75–82. Available at: https://doi.org/10.1016/j.jbusres.2006.05.010 (Accessed: 3 February 2024).

KPMG (2024) Immediate and long-term impacts of the Russia-Ukraine war on supply chains. Available at: https://kpmg.com/us/en/articles/2022/impacts-russia-ukraine-war-supply-chains.html (Accessed: 3 February 2024).

Kwo, L. (2023) 'Contributed: Nine revolutionary ways AI is advancing healthcare', MobiHealthNews, 15 December. Available at: https://www.mobihealthnews.com/news/contributed-nine-revolutionary-ways-ai-advancing-healthcare (Accessed: 3 February 2024).

Laja, P. (2023) 'Differentiation strategy: What it is, why it's critical, and how to get it right', CXL, 19 April. Available at: https://cxl.com/blog/differentiation-strategy/ (Accessed: 09 February 2024).

Loonam, J. (2023) 'Competition in an age of Ecosystems: Implications for Strategy'. Available at: https://loop.dcu.ie/pluginfile.php/5365953/mod_resource/content/0/Competition%20in%20an%20age%20of%20Ecosystems%202024.pdf (Accessed: 3 February 2024).

Lopes da Costa, R. et al. (2019) VRIO: Static or dynamic? European Academy of Management. Available at: https://repositorio.iscte-iul.pt/handle/10071/29533 (Accessed: 28 January 2024).

López-Cabarcos, M.A. et al. (2015) Organizational Capabilities and Profitability: The Mediating Role of Business Strategy. SAGE Open, 5(4). Available at: https://doi.org/10.1177/2158244015616852

Maguire, B. (2023) 'Ireland's medical technology drives country's competitive advantage', Euractiv, 1 November. Available at: https://www.euractiv.com/section/health-consumers/news/irelands-medical-technology-drives-countrys-competitive-advantage/ (Accessed: 3 February 2024).

Mc Donagh, D. (2023) 'HSE breached data protection laws nearly 200 times last year due to errors distributing digital Covid certificates', Irish Independent, 26 April. Available at:

https://www.independent.ie/irish-news/hse-breached-data-protection-laws-nearly-200-times-last-year-due-to-errors-distributing-digital-covid-certificates/a254804394.html (Accessed: 3 February 2024).

Mikkers, M. and Ryan, P. (2014) 'Managed competition' for Ireland? The single versus multiple payer debate', BMC Health Services Research, 14(1). Available at: https://doi.org/10.1186/1472-6963-14-442.

Miles, R.E. et al. (1978) Organizational Strategy, Structure, and Process. The Academy of Management Review, 3(3), 546–562. Available at: https://doi.org/10.2307/257544

Mintzberg, H. (1987) 'The Strategy Concept I: Five Ps for Strategy', California Management Review, 30(1), pp. 11–24. Available at: https://doi.org/10.2307/41165263

Naiker, U., FitzGerald, G., Dulhunty, J.M. and Rosemann, M. (2017) 'Time to wait: a systematic review of strategies that affect out-patient waiting times' Australian Health Review, 42(3), pp. 286-293. Available at: https://doi.org/10.1071/AH16275

National Care Experience Programme (2022) 'St James's Hospital - National Inpatient Experience Survey 2022'. Available at: https://yourexperience.ie/inpatient/local-results/st-jamess-hospital/ (Accessed: 10 January 2024).

Nifakos, S. et al. (2021) 'Influence of Human Factors on Cyber Security within Healthcare Organisations: A Systematic Review', Sensors (Basel, Switzerland), 21(15), p. 5119. Available at: https://doi.org/10.3390/s21155119.

O'Donoghue, P. (2023) 'Ireland records fastest growth in remote working in the EU', Irish Independent, 8 August. Available at: https://www.independent.ie/business/irish/ireland-records-fastest-growth-in-remote-working-in-the-eu/a1157287565.html (Accessed: 3 February 2024).

O'Donovan, B. (2023) 'HSE cyber attack: 32,000 notified of stolen data', RTE, 9 February. Available at: https://www.rte.ie/news/business/2023/0209/1355572-pac-hse-cyberattack/ (Accessed: 3 February 2024).

Panwar, R. et al. (2022) The Future of Global Supply Chains in a Post-COVID-19 World. California Management Review, 64(2), 5-23. Available at: https://doi.org/10.1177/00081256211073355.

Pines, J.M. (2006) The economic role of the emergency department in the healthcare continuum: Applying Michael Porter's five forces model to emergency medicine. The Journal of Emergency Medicine, 30(4), pp.447–453. Available at: https://doi.org/10.1016/j.jemermed.2006.02.001

Purcarea, V. L. (2019) 'The impact of marketing strategies in healthcare systems', Journal of Medicine and Life, 12(2), pp. 93-96. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6685306/ (Accessed: 30 December 2023).

PwC (2021) Conti cyber attack on the HSE, Independent Post Incident Review. Available at: https://www.hse.ie/eng/services/publications/conti-cyber-attack-on-the-hse-full-report.pdf (Accessed: 29 December 2023).

Rumelt, R.P. et al. (1994) Fundamental issues in strategy: A research agenda. Boston, MA: Harvard Business School Press.

Ryan, V. (2020) 'Trinity St James's Cancer Institute first to notch prestigious accreditation', Irish Medical Times, 12 November. Available at: https://www.imt.ie/news/st-jamess-cancer-institute-first-notch-prestigious-accreditation-12-11-2020/ (Accessed: 10 January 2024).

Sheehan, O. et al. (2021) 'Burnout on the Frontline: the impact of COVID-19 on emergency department staff wellbeing', Irish Journal of Medical Science, 191, pp. 2325-2333. Available at: https://link.springer.com/article/10.1007/s11845-021-02795-w (Accessed: 21 December 2023).

Speck, T. and Guria, A. (2024) How do you balance the trade-offs between strategic alignment and strategic fit?, Strategic Alignment vs Strategic Fit: How to Balance Them. Available at: https://www.linkedin.com/advice/0/how-do-you-balance-trade-offs-between-strategic-alignment (Accessed: 11 February 2024).

St. James's Hospital (2020a) St. James Hospital Annual Report 2020. Available at: https://www.stjames.ie/media/SJH Annual Report 2020.pdf (Accessed: 26 February 2024).

St. James's Hospital (2020b) The digitalisation of St James's Hospital. Available at: https://www.stjames.ie/aboutus/news/2020/thedigitalisationofstjamesshospital.html (Accessed: 31 January 2024).

St. James's Hospital (2021) Subject Access Request (SAR). Available at: https://www.stjames.ie/media/SAR%20FORM%20%20Orla%20Beggs%20House.pdf (Accessed: 29 February 2024).

St. James's Hospital (2023) About Us. Available at: https://www.stjames.ie/aboutus/ (Accessed: 10 January 2024).

St. James's Hospital (2024) Services. Available at: https://www.stjames.ie/services/ (Accessed: 29 December 2023).

St. James's Hospital (no date) St. James's Hospital Strategic Programme 2021 - 2025. Available at: https://heyzine.com/flip-book/00319a2d87.html#page/1 (Accessed: 10 February 2024).

Statista (2023) Unemployment rate of the Republic of Ireland from January 1998 to December 2023. Available at: https://www.statista.com/statistics/936027/monthly-unemployment-rate-ireland/ (Accessed: 3 February 2024).

Subramanian, R., Kumar, K., and Stranholm, K. (2009) 'The role of organizational competencies in the market-orientation-performance relationship: An empirical analysis', International Journal of Commerce and Management, 19(1), pp. 7-26. Available at: https://www.emerald.com/insight/content/doi/10.1108/10569210910939645/full/html (Accessed: 24 February 2024).

Thakare, V. and Khire, G. (2014) 'Role of Emerging Technology for Building Smart Hospital Information System', Procedia Economics and Finance, 11, pp. 583-588. Available at https://www.sciencedirect.com/science/article/pii/S2212567114002238 (Accessed: 2 January 2024).

The Global Economy (2023) Ireland: Political stability - data, chart. Available at: https://www.theglobaleconomy.com/Ireland/wb_political_stability/ (Accessed: 4 February 2024).

Theocharous, E. (2014). Economic recession and health. Thalassemia Reports, 4(3), 33–35. Available at: https://doi-org.dcu.idm.oclc.org/10.4081/thal.2014.4867

Trinity College Dublin (2023) St James's Hospital - Trinity Centre for Practice and Healthcare Innovation - Information about St James's Hospital/TCPHI partnership. Available at: https://www.tcd.ie/tcphi/research-collaboration/st-james/ (Accessed: 10 January 2024).

Veolia (2020) 'St James's Hospital implement largest Energy Performance Contract in Irish healthcare', 7 December. Available at: https://www.veolia.ie/media/news-and-press-releases/st-jamess-hospital-implement-largest-energy-performance-contract (Accessed: 10 January 2024).

Williams, P. (2023) 'Revolutionising healthcare: Towards paperless operations', Open Access Government, 26 October. Available at: https://www.openaccessgovernment.org/revolutionising-healthcare-towards-paperless-operations/166065/ (Accessed: 3 February 2024).

Wilson, J. (2023) 'Staff Shortages force closure of 16-bed psychiatric unit in Dublin', The Irish Times, 16 August. Available at: https://www.irishtimes.com/health/2023/08/16/staff-shortages-force-closure-of-16-bed-psychiatric-unit-in-dublin/ (Accessed: 1 March 2024).

Wrenn, B. (2002) 'Contribution to Hospital Performance: Market Orientation vs. Marketing Effort and Lack of Competition', Journal of Hospital Marketing & Public Relations, 14(1), pp. 3-13. Available at: https://www.tandfonline.com/doi/epdf/10.1300/J375v14n01_02?needAccess=true (Accessed: 23 February 2024).

You, S.H. et al. (2021) 'Incorporating a real-time automatic alerting system based on electronic medical records could improve rapid response systems: a retrospective cohort study', Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 29(1), p. 164. Available at: https://doi.org/10.1186/s13049-021-00979-y

Team Contract

Team Name: St. James's Hospital   **Team #** Group INTB 2

Team Members:

1) Alan Lynch   (20759959)
2) Anna Meudec   (20426856)
3) Benedikta Mc Sharry   (20366106)
4) David Patrick Kelleher   (20383553)
5) Lauren Mc Connell   (20332536)
6) Victor Adejobi   (20407046)

Team Procedures

1. Day, time, and place for regular **team meetings**:

    Every Monday at 7pm via Zoom

2. Preferred method of **communication** (e.g., e-mail, mobile, landline, Blackboard Discussion Board, Zoom (or other online platform), face-to-face) in order to inform each other of team meetings, announcement, updates, reminders, problems:

    Regular communication is performed via a team group on WhatsApp. E-mail communication is used to distribute notes and links to Zoom meetings. Google Docs' suggestions and comments are additionally used to give each other feedback and suggestions.

3. **Decision-making policy** (by consensus? by majority vote?):

    Decision-making is performed by consensus.

4. Method for setting and following meeting **agendas** (Who will set each agenda? When? How will team members be notified/reminded? Who will be responsible for the team following the agenda during a team meeting? What will be done to keep the team on track during a meeting?):

    Meeting agendas are set by the team leader prior to the meeting and notified through the team's Whatsapp group. A checklist is established at the beginning of each meeting, and everyone knows what needs to be completed before the meeting ends.

5. Method of **record keeping** (Who will be responsible for recording & disseminating minutes? How & when will the minutes be disseminated? Where will all agendas & minutes be kept?):

A team member is assigned to record and disseminate meeting minutes at the beginning of each team meeting. After the meeting, notes are posted directly into the team's Whatsapp group for anyone who couldn't attend the meeting and also to keep track of the dates of meetings and minutes taken.

Team Expectations

Work Quality

1. **Project standards** (What is a realistic level of quality for team presentations, collaborative writing, individual research, preparation of drafts, peer reviews, etc.?):

All team presentations must be well organised, original and coherent with other team members' work. Team collaborative writing must be accurately researched, cohesive and delivered on time. Individual research must be thoroughly analysed, critically analysed, and sourced correctly in the references section. Similarly, drafts and peer reviews must be delivered on time and recommendations for change are to be taken on board.

2. **Strategies** to fulfil these standards:

Throughout the report, the team leader will conduct regular checks against deadlines and establish clear guidelines for what must be done before the next meeting. Whilst actively encouraging team communication and feedback sharing.

Team Participation

1. Strategies to ensure cooperation and equal distribution of tasks:

Weekly meetings will aid the team in performing regular check-ins to discuss task progression and any issues that may arise during the project.

2. Strategies for encouraging/including ideas from <u>all</u> team members (team maintenance):

The team will conduct regular brainstorming sessions in order to encourage idea generation from the team. Additionally, the team has established a rotation system whereby the team leader starts the discussion, and then individual team members follow in different orders each time.

3. Strategies for keeping on task (task maintenance):

The team has used project management tools, including a shared Google Calendar, whereby

objectives, timelines and milestones to be reached are included. The team will alter and adjust the calendar throughout the project's progression.

4. Preferences for leadership (informal, formal, individual, shared):

   The team has established a shared leadership style whereby open communication from all team members has been encouraged right from the start. A shared leadership style will also enable the team to contribute effectively throughout the project based on each member's strengths.

Personal Accountability

1. Expected individual attendance, punctuality, and participation at all team meetings:

   Individual team member attendance is mandatory (with exceptions made if notified beforehand). Team member punctuality is key to effective team meetings and respecting fellow team members' time. Individual participation is expected throughout the project, irrespective of individual task completion.

2. Expected level of responsibility for fulfilling team assignments, timelines, and deadlines:

   Each team member is expected to complete their assigned task on time and is personally responsible for managing their own time and deadlines.

3. Expected level of communication with other team members:

   Regular communication and responses to the teams' group chat on WhatsApp are essential throughout the project. All team members have agreed upon a same-day response time, expected from Monday to Friday.

4. Expected level of commitment to team decisions and tasks.

   A total commitment to decisions made collectively by the team is crucial in upholding a coherent final report. The team member acknowledges a willingness to change and adapt as the project progresses and team feedback is established.

Consequences for failing to Follow Procedures and Fulfil Expectations

1. Describe, as a group, how you would handle **infractions** of any of the obligations of this team contract:

   Team members are advised to contact the team leader if they feel infractions are being made so that they can be included in the following week's meeting agenda. During the meeting, the group will discuss with the team members and seek to identify the reason for the infraction and reinforce the importance of abiding by the team contract throughout the

project's fruition. Additionally, team members are encouraged to collectively communicate their project concerns, potential suggestions and any individual circumstances throughout team meetings.

2. Describe what your team will do **if the infractions continue**:

If infractions are consistent and continue throughout the project, despite clear discussions taking place and warnings given, advice from a lecturer will be sought after. After that, if issues continue, the team members' names will ultimately not be included in the final report. Thus, any work or contributions will go unrecognised.

****

a) I participated in formulating the standards, roles, and procedures as stated in this contract.
b) I understand that I am obligated to abide by these terms and conditions.
c) I understand that if I do not abide by these terms and conditions, I will suffer the consequences as stated in this contract.

Signed: **Date:**
Alan Lynch   *23rd October 2023*
Anna Meudec   *23rd October 2023*
Benedikta Mc Sharry   *23rd October 2023*
David Patrick Kelleher   *23rd October 2023*
Lauren Mc Connell   *23rd October 2023*
Victor Adejobi   *23rd October 2023*

Participating Organisation - St. James's Hospital

Strategic Report for St James's Hospital

Terms of Reference[L]

Alan Lynch	(20759959)
Anna Meudec	(20426856)
Benedikta Mc Sharry	(20366106)
David Patrick Kelleher	(20383553)
Lauren Mc Connell	(20332536)
Victor Adejobi	(20407046)

Version 1.0 – October 2023

---

[1] • Please note that this project is for educational purposes only. The ToR document is for discussion in class only (presented in part submission for Presentation 1). All engagements with participating company, data collected, analyses and findings suggested, and proposed recommendations, are completed in part fulfillment of the DCUBS Business Strategy module only and are not intended to act as a management consulting offering. Please note that DCUBS, and respective project participants, are not liable or responsible for suggested project advice or outcomes. All contact with client organisations should take place only after students familiarize themselves with the University protocols for conducting field research.

1. <u>Rationale for Study</u>

a. Readiness Assessment

Within the healthcare industry, we decided to choose St James's Hospital (SJH) as our client. After assessing SJH's Strategic Plan, it is evident that they are an ambitious company with many goals for the coming years. They also offer a wide range of services and have future prospects to expand their network to be recognised both within Ireland and abroad. We believe that their objectives are achievable and will positively impact their efficiency and reputation and give them a competitive advantage in the industry. That is why we are keen to explore SJH's internal processes further and offer recommendations on how they can continue to improve and develop. We also have connections with stakeholders at SJH with whom we can directly engage and obtain first-hand information, enabling our team to further understand the rundown of their day-to-day processes and how they can be enhanced through our strategic consultancy project.

As a team, we will meet weekly to ensure we keep up to date with the workload and share project updates. Each member will be assigned an area to focus on based on their skill sets while also getting the opportunity to work alongside another member to expand their understanding of the different sections of the project. We will keep track of our progress to ensure that our work is completed in a timely manner and that our workload is assigned appropriately and fairly.

b. Benefits Realisation Mapping

SJH has faced many challenges in the past, and due to the changing nature of the healthcare industry and the unpredictability of external factors, it is now more important than ever to ensure the proper implementation of a strategy plan moving forward. The COVID-19 pandemic was a prime example of how external factors can significantly impact the operations of a hospital. This caused strains in SJH's capacity capabilities, which emphasised the areas of the hospital that require additional attention and development. For SJH to continually adapt to changes and establish and maintain a sustainable competitive advantage, an in-depth analysis of its current strategy is crucial. Our engagement in this strategic consulting project will allow us as a team to bring fresh perspectives to the hospital's strategic plan that will add value to current operations while keeping their values, vision, and missions at the core of our work.

c. Critical Success Factors for Consulting Assignments

As a team, the factors we have deemed to be critical to the successful completion of our project are as follows:

Team Roles and Responsibilities: The importance of assigning roles and responsibilities to each member of our team will aid in providing clarity and effectiveness in the way in which we carry out all relevant tasks. As a team, we have emphasised the importance of organising regular team meetings in order to facilitate the successful completion of this project.

Client Selection: As a team, we also emphasised our client selection. We took the time to investigate, research, and select a client with a suitable industry size, along with open, accessible information. Additionally, we have chosen to select a client with whom we can have personal contact to acquire more profound and insightful information if needed.

Market Analysis: A major factor in the successful completion of our project is to have a good understanding of the market we will be analysing. As a team, we familiarised ourselves with the client markets by reading our client's strategic review document. This helped to give some insightful information pertaining to target segments, customer behaviour, and the position of our client within its market.

Timeline and Milestones: We constructed a document highlighting essential dates and deadlines for when certain parts of the report should be completed. Working towards deadlines will help us to stay on track whilst carrying out quality research and written work, ensuring that we avoid last-minute completion of project components.

Data Collection and Sources: The sources we choose to extract information from will be critical to the success of our project. The validity, reliability, and accuracy of our sources will aid in the credibility of our finished project. We aim to carry out a credible, in-depth analysis, and we know this can only be completed through the use of reliable sources and trustworthy information.

2. <u>Project Management</u>

### a. Identification of Project Goals & Scope

The identification of project goals and scope can be seen in the "Key Study Activities" section below. The following is a brief summary of the section:

Within our strategic report for SJH, there are four key stages on which our team will work. The first stage is the Orientation Stage, which focuses on critical strategic issues and challenges SJH faces, defining its overall objectives and gaining further knowledge of SJH through preliminary research. The second stage of our report is the Diagnostics Stage, whereby data collection occurs, and the identification of trade-offs is made. The next stage is the Intervention Stage, which involves the alignment of our data findings with SJH's current strategy, assessing strategic fit and the alignment of strategy with organisational structure and culture. Lastly, in the Evaluation Stage, our team's findings and recommendations are proposed, justified and accurately aligned with SJH's mission, vision, values and objectives. Overall, our strategic report for SJH aims to perform a comprehensive analysis of SJH's strategy and deliver data-driven and research-based recommendations for its future strategic development.

b. Development of Work Breakdown Structure

We have used the Kanban tool to identify key project deliverables and will use it to keep track of

the allocation of resources within our group. Using the Gantt software, we have divided work and allocated tasks equally. This software will help to keep to deadlines and outline the responsibilities of all members. Below is an image of our project output ownership and deadlines using the Gantt software.
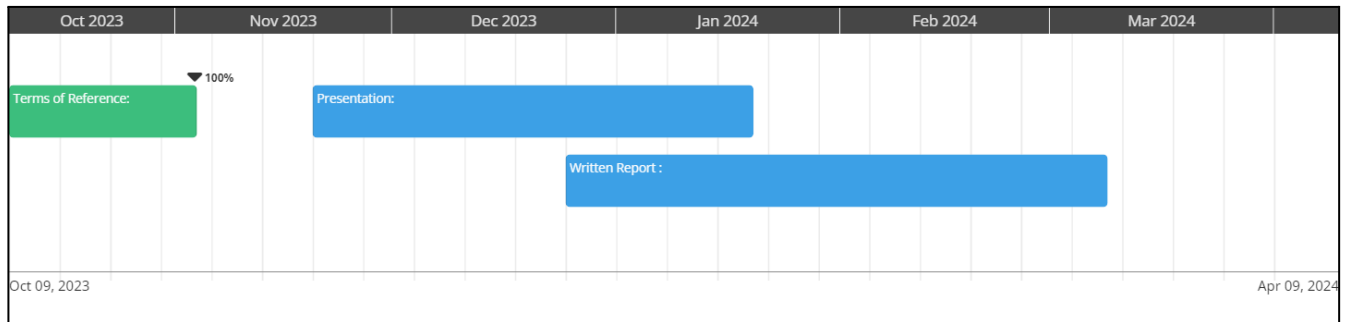
c. Performance Monitoring & Reflective Diary Keeping

A team member has been assigned the responsibility of keeping a journal of significant project milestones and performance throughout the year. This journal will serve as our meeting minutes and will help us to ensure that our work remains in line with the goals of the project. Additionally, these diaries will serve as an overview of our strategic ideas and thought processes.

3. <u>Key Study Activities</u>

i. Orientation Stage

In this first stage of our strategic report of St. James's Hospital (SJH), our overall aim is to scope the critical strategic issues and challenges faced by SJH. These current issues and challenges may revolve around industry, market competition and both internal and external factors surrounding SJH.

Secondly, we will discuss our Terms of Reference document, clarifying aspects such as our strategic objectives, key deliverables and project management plan. Following this, we will delve into our research phase and conduct a preliminary literature review, whereby we aim to build the base of our argument through articles and academic literature. In order to assess both SJH and the healthcare industry accurately, we will focus on these specific areas of information: strategy-specific, client-specific (SJH), industry-specific (Healthcare) and resources that explore the intersections between strategy, IT and the healthcare industry.

Moving forward in the orientation stage, we will provide a preliminary case introduction for our client organisation (SJH). Here, we aim to give context to SJH and provide information on its organisational background, history, current business model and position in the healthcare industry in Ireland and within the EU. Similarly, we will discuss SJH's organisational purpose, which encapsulates its mission, vision, values and overall business objectives. Following this, we will present the balanced view of strategy framework whereby we will explore the four key schools of thought on strategy.

Alongside our preliminary literature, understanding these aspects of SJH will enable us to gain

valuable insights to not only shape our understanding of SJH and its industry but also to move forward in strategy development and decision-making.

ii. Diagnostics Stage

In this stage of our strategic report, we aim to provide legitimacy through data collection, both primary and secondary. Moreover, through the use of many different tools and frameworks to conduct a thorough analysis of both SJH and the industry, we will be able to identify critical trade-offs and valuable insights which will aid in supporting our final recommendations.

Our first step in this stage will be to conduct a macro-environmental analysis of the healthcare industry in Ireland and briefly mention the industry's situation across the EU. With this, we will perform a PESTLE analysis in addition to Porter's Five Competitive Forces model to gain a comprehensive understanding of the healthcare industry at a macro level and discover industry-specific factors that will impact SJH's strategic decision-making. Similarly, we will analyse SJH's internal functions, value chain activities and resources and capabilities using the VRIO framework. This enables us to gain further insight into the inner workings of SJH and how they might obtain a sustainable strategic advantage.

After executing analysis through the use of secondary data across the three stages of macro, industry and internal, we aim to use our team's networks and connections in order to obtain front-end knowledge. Having previously completed our analysis through secondary data, gaining primary data by performing interviews will be highly beneficial in summarising our findings and hearing straight from those associated with SJH. To conduct a successful interview, we aim to prepare a set of well-thought-out questions in advance with a focus on gaining more information on the strategic choices made by SJH. Furthermore, through networking and personal connections, our team aims to interview both a student doctor at SJH and a consultant at a senior level within the hospital.

To conclude this section, we will bring all our findings together to look at the strategic choices made by SJH within the healthcare industry. Alongside this, we aim to conduct a diagnosis of the overall strategic challenges faced by SJH, as well as the trade-offs that have been made.

iii. Intervention Stage

In this stage, our focus will be to analyse how SJH's current strategy fits with our previously completed data analysis in the diagnostics stage. Alongside making sense of our data, we aim to think strategically as a team in order to identify the implications for SJH's strategy whilst also comparing our emerging findings to frameworks and literature.

Firstly, our intervention stage will examine a joint analysis of SJH and the healthcare industry by performing a SWOT analysis. In our SWOT, we will combine our findings from both our external and internal analysis, which will further aid in identifying industry opportunities and threats, as well as identifying choices made by SJH, which include trade-offs.

Secondly, we will consider how SJH's current strategy aligns with our previously gathered data-driven insights. This will enable us to recognise areas where their strategy is supported by our

collected data and perhaps areas where discrepancies exist. Within this, to make sense of our data, we will use integrative tools such as McKinsey's 7-S framework. This will allow our team to see the implications of our findings for SJH's strategy whilst also permitting a view of how we can leverage these uncovered insights. Once completed, we will identify the choices supporting SJH's current strategy by looking at its generic competitive strategies. Additionally, to discuss strategic fit across SJH, we will use an Activity Map to represent the execution of its strategy across its whole organisation, enabling our team to evaluate its strategy alongside its many different departments and functional areas.

Furthermore, our team will discuss the alignment of SJH's strategy with its organisational structure and culture. To review the alignment of its strategy to its organisational structure, we will question and investigate whether or not its current structure supports or hinders the execution of its strategy. Similarly, to examine its alignment with organisational culture, we will analyse and deem cultural elements that may impact SJH's strategy success. Lastly, our team will describe our overall engagement process with SJH, discussing elements such as our primary data collection through interviews, potential feedback from patients/customers, and, most importantly, how these front-end inputs have aided our analysis and provided crucial suggestions for our strategic recommendations.

iv. Evaluation Stage

In this concluding stage of our strategic report for SJH, we seek to utilise our findings to provide justified and well-supported recommendations for the future strategic development of SJH.

After completing our orientation, diagnostics and intervention stages, we intend to propose and accurately justify recommendations based on our findings for SJH. Firstly, to present our findings and recommendations, we will begin by outlining how our recommendations will benefit SJH's future strategic development plan. Through this, our team will justify our recommendations and demonstrate how they will have a positive impact on SJH's overall goals and aim to obtain a sustainable competitive advantage within the healthcare industry. In addition, we aim to clearly articulate and illustrate how and why our recommendations align with SJH's mission, vision, values and objectives by basing them on our data-driven insights and overall findings throughout our report. Through the discussion of how our recommendations fit and align with SJH's current strategy, we will ensure strategic continuity is upheld, as well as build upon existing strengths and address potential weaknesses. Alongside this, our team will confirm that our recommendations correctly align with our initial challenges established for SJH and showcase the connection between our proposed recommendations. To further support our concluding recommendations, we will align them against key evaluation criteria such as SAF (Suitability, Acceptability, Feasibility) and potentially the Blue Ocean Strategy Framework.

Following on from this, our team will build a conceptual framework to synthesise our findings and present them in a consultant-friendly framework for SJH. This will aid in guaranteeing that SJH finds both our findings and recommendations easy to comprehend and implement. Aligning our team's findings with relevant literature and proposed theories throughout our evaluation stage will also be

crucial in supporting our recommendations and showcasing how they align with best practices and overall strategic concepts. In closing, our team will confirm that our specific recommendations have an overarching focus on driving strategic growth, promoting creativity, stimulating healthy change within SJH, and, lastly, pushing to obtain sustainable competitive advantage within the healthcare industry in Ireland. In addition, we may perform a balanced scorecard for SJH, which serves as a planning and control system whereby we measure strategic objectives through indicators and link them back to our initiatives.

To conclude our strategic report, our team will briefly reflect on team performance and the role of strategy consultants. Aspects such as teamwork efficiency, member contributions and potential challenges encountered will be discussed relative to team performance. Regarding the role of strategy consultants, our team will reflect upon lessons learned throughout the report, experiences and knowledge gained, and overall, how performing a strategic report for SJH has aided in our comprehension of strategic consulting.

4. <u>Confidentiality</u>

The principal consulting team adheres to the University guidelines on research and agrees not to disclose, publish or authorise others to publish reports or other confidential materials obtained during the course of this investigation without the client organisations' and supervisors (teaching professors) written prior authorization.

<u>Signed:</u>	<u>Date:</u>
Alan Lynch	*1st November 2023*
Anna Meudec	*1st November 2023*
Benedikta Mc Sharry	*1st November 2023*
David Patrick Kelleher	*1st November 2023*
Lauren Mc Connell	*1st November 2023*
Victor Adejobi	*1st November 2023*

Appendix 3: Certificate of Consent - Interviewee A

Dear Rory,

As part of my degree in International Business at Dublin City University, I am conducting a strategic review of St. James's Hospital. I am investigating this in part fulfilment of our Business Strategy module. I am inviting you to participate in my study because of your role as a cardiology registrar in the hospital.

If you accept, you will be asked to participate in an interview with Anna Meudec. No one else will be present unless you would like someone to accompany you. Anna will record the information you provide through an audio recording. No one else will have access to this information. The audio tapes will be stored in a secure folder and stored under lock and key on my laptop and will be destroyed when I complete my degree. All submitted work is subject to University guidelines on data storage. In addition, privacy assignments are stored for one year in a secure environment and destroyed by DCU after one year. In the study, you will be referred to by number, not by name, and only the interviewer will know your number. The interview should last between 20-40 minutes.

I will ask you about many aspects of St. James's Hospital and ask you to share your knowledge. The questions will be about St. James's Hospital's working environment, community engagement, partnerships, and overall business strategy. There is a risk that you will share some personal information or feel uncomfortable with some of the questions. If there is a question you'd rather not answer, I will move on to the next one. Please note that participation is entirely voluntary and that it is possible to withdraw at any stage. If you have concerns about the study, please feel free to contact the module coordinator, Dr. John Loonam (john.loonam@dcu.ie).

While I do have the support of St. James's Hospital to engage in this research, it is being conducted by me in a personal capacity. You do not have to participate in this study if you do not wish to do so. Choosing to participate or not will not affect your job in any way.

I would like to thank you for taking the time to read this letter. If you would like to know more about my study before deciding whether to participate, please contact me at anna.meudec2@mail.dcu.ie. If you agree to participate, I would be grateful if you could read and sign the certificate of consent on the attached page. Please return this certificate to me at anna.meudec2@mail.dcu.ie. Regardless of whether you choose to participate, please let me know if you would like a summary of my findings.

Yours faithfully,

Anna Meudec

Certificate of Consent

I have read the foregoing information [or I have had it read to me]. I have had the opportunity to ask questions about it, and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study, and I understand that I can withdraw from the [interview/discussion] at any time without any impact on my [job, position, grade].

Print Name of Participant: RORY DURAND

Signature of Participant:

Date:

Appendix 4: Certificate of Consent - Interviewee B

Dear Hugo,

As part of my degree in International Business at Dublin City University, I am conducting a strategic review of St. James's Hospital. I am investigating this in part fulfilment of our Business Strategy module. I am inviting you to participate in my study because of your role as a St. James's Hospital medical student.

If you accept, you will be asked to participate in an interview with Anna Meudec. No one else will be present unless you would like someone to accompany you. Anna will record the information you provide through an audio recording. No one else will have access to this information. The audio tapes will be stored in a secure folder and stored under lock and key on my laptop and will be destroyed when I complete my degree. All submitted work is subject to University guidelines on data storage. In addition, privacy assignments are stored for one year in a secure environment and destroyed by DCU after one year. In the study, you will be referred to by number, not by name, and only the interviewer will know your number. The interview should last between 20-40 minutes.

I will ask you about many aspects of St. James's Hospital and ask you to share your knowledge. The questions will be about St. James's Hospital's working environment, community engagement, partnerships, and overall business strategy. There is a risk that you will share some personal information or feel uncomfortable with some of the questions. If there is a question you'd rather not answer, I will move on to the next one. Please note that participation is entirely voluntary and that it is possible to withdraw at any stage. If you have concerns about the study, please feel free to contact the module coordinator, Dr. John Loonam (john.loonam@dcu.ie).

While I do have the support of St. James's Hospital to engage in this research, it is being conducted by me in a personal capacity. You do not have to participate in this study if you do not wish to do so. Choosing to participate or not will not affect your job in any way.

I would like to thank you for taking the time to read this letter. If you would like to know more about my study before deciding whether to participate, please contact me at anna.meudec2@mail.dcu.ie. If you agree to participate, I would be grateful if you could read and sign the certificate of consent on the attached page. Please return this certificate to me at anna.meudec2@mail.dcu.ie. Regardless of whether you choose to participate, please let me know if you would like a summary of my findings.

Yours faithfully,

Anna Meudec

Certificate of Consent

I have read the foregoing information [or I have had it read to me]. I have had the opportunity to ask questions about it, and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study, and I understand that I can withdraw from the [interview/discussion] at any time without any impact on my [job, position, grade].

Print Name of Participant: HUGO PEREIRA

Signature of Participant: *Hugo Pereira*

Date: 13/11/2023

Interviewee A: A Cardiology Registrar at SJH for 2 years.

Interviewee B: A Medical Student at SJH for 3 years.

Interview Sidenotes:
- Both interviewees were aware of SJH's strategic plan (values, vision, mission).
- Neither interviewee was aware of how SJH measures work progress or how often.
- Neither interviewee knew how the hospital was working to enhance the patient experience.
- Neither interviewee knew of specific initiatives/programs focused on patient satisfaction.
- Neither interviewee was aware of any marketing campaigns run by SJH to target patients.

Interviewee A: Cardiology Registrar at SJH

Firstly, what is the organisational culture like working at SJH?
"I'd say it's a nice atmosphere to work in; all the different professions end up working together quite well, and there is quite a bit of diversity with different nationalities, religions and cultures. You end up meeting a lot of people by working alongside them and creating a relationship through that."

Is ongoing employee training provided?
"Yes, there is; all employees are required to be tested regularly on specific skills and obtain certificates on a platform called HSEland. Outcomes for patients in different areas are also often compared with different hospitals, and if they see that a particular area is lacking, they would incentivise further training."

Do you feel like the hospital is understaffed? Do you feel the repercussions of it?
"No, I don't believe it is. In healthcare, especially where you see other hospitals struggle for staff, I really believe SJH does well in that department. SJH, being such a well-renowned hospital in Dublin, plays a big part in it, as it is a fairly competitive workplace. I'm sure certain teams and departments within the hospital could do with a few more members, but on the whole, it's a well-staffed hospital. SJH's attractiveness within Dublin is a big part of it, I'd say."

What measures are in place to ensure employee satisfaction and engagement?
"HR does a great job of dealing with complaints and issues."

Are there any challenges or concerns regarding your work environment?
"Junior doctors are made to work long hours, which can lead to exhaustion and mistakes; also, sometimes, it is hard to change shifts for significant life events, and you end up having to ask for favours from other doctors."

What are the biggest challenges you face working at SJH? And what are the biggest challenges faced by the hospital?

"SJH, being one of the leading hospitals in Dublin, comes naturally busy; as I mentioned before, it can be pretty tricky to get call cover and change shifts. Structurally, the organisation could be better in that sense. Another challenge we face, especially if you have a research interest, is getting data for studies. This is a more SJH-specific thing as I also do research work in the Mater Hospital, and the same problem doesn't arise. This can put doctors from SJH at a disadvantage for future positions that might require particular research on our CV."

What is the hospital doing well that it should do more of?
"I think introducing the EPR was a great idea, and expanding on that would be phenomenal. If there could be one extensive network linking all the hospitals in Ireland so that we don't have to call other hospitals for information about patients who have previously been there, it would save an enormous amount of time."

Where do you feel the hospital lacks efficiency? How could this be improved?
"I feel one of the areas where the hospital struggles is outpatient department waiting lists. I mean, some of the wait times are absolutely catastrophic; I think it's made worse by the fact that there is a simple solution to it, which is to set up remote clinics affiliated with the hospital. Being confined to the hospital space not only limits the number of doctors but also the number of patients, leading to disastrous waiting times in some cases. Having these clinics working alongside the consultants on site would not only improve the community's healthcare standard but also free up some space and time in the hospital."

Do you have any ideas on how SJH could improve?
"I think a bit of everything that was said before: keep implementing and bettering the EPR and setting up affiliated remote clinics would really benefit the patients and the doctors."

Do you believe SJH to be innovative in comparison to other Irish hospitals?
"Absolutely, yes. It's one of the only big hospitals in Dublin to work with an EPR system. It also attempts to have the best equipment possible for such a big hospital. There have also been some initiatives taken by the hospital, such as the Innovation Hub or the Guinness Enterprise health cluster, that really point towards the hospital's vision being one of innovation."

What direction do you see SJH going in the future?
"Remote services are definitely one I could see happening, whether that be clinics in the community or even some sort of home-to-home approach, which some professions already have to do, such as Physiotherapists and Occupational Therapists. I could see an approach to healthcare closer to people's homes, leaving the hospital for more acute patients who can not currently be at home."

How does the hospital engage with the local community?
"SJH Foundation is all I am aware of; apart from that, I can't think of anything else major at the moment. I know we are in contact with GPs and clinics and receive any patients who might be too unwell for them to manage, but there is no partnership of sorts, which is a real shame and something that could be potentially interesting to explore."

Are there opportunities for the hospital to further contribute to community health and well-being?
"Definitely, like I said, I think clinics affiliated with hospitals could be a great idea and could lead to a better patient experience. Overall, I could see it increasing the level of healthcare administered in the community, especially in areas that are not so fortunate in terms of availability and competence of doctors and other healthcare workers; a real push to help those communities could then save a lot of money down the line with reduced hospital admissions."

What (if any) was the reaction of workers to SJH's move to electronic patient records (EPR)?
"Very positive, the handwritten notes are a bit of a nightmare, especially with long-term patients; knowing everything about a patient within a few clicks rather than minutes of reading and deciphering handwriting is frankly life-changing. You can also access all the imaging and tests, as well as order them all in the same place; it really does save a lot of time."

SJH has been in partnership with Trinity College Dublin since 2012. Do you feel this current partnership is effective, and why/why not?
"Yes, it's great; SJH has some of the best doctors in this country and having the medical students learn from them is always good for their development. It also means many of them are more likely to try and do their internship year in SJH, leading to more competition and better doctors for the patients. It's a positive cycle in which Trinity gives their students more experience, and in return, SJH gets better doctors. We also get a lot of students from other healthcare professions who do a great job around the hospital, like nurses, pts and ots."

<div align="center">

END OF INTERVIEW

</div>

<div align="center">

Interviewee B: Medical Student at SJH

</div>

Is ongoing employee training provided?
"Before being able to go into hospital settings, medical students are forced to undertake multiple online and in-person courses to train practical skills and to be ready for certain situations they might encounter in the hospital. These are both provided by TCD or through a platform called HSEland."

Are there any challenges or concerns regarding your work environment?
"At times, it is hard to implement yourself within a team, especially if the consultant is not very interested in teaching. I'm not sure if doctors have the possibility of opting out of having medical students with them, but some consultants are way more receptive than others."

What are the biggest challenges you face working at SJH? And what are the biggest challenges faced by the hospital?
"I believe the biggest challenge SJH faces is the growing number of patients for a limited number of doctors/facilities. Every year, there are longer wait lists, and a constant hospital expansion is impossible. I think this was highlighted during the COVID-19 pandemic, especially."

What is the hospital doing well that it should do more of? And what is not working?
"The change to EPR was a great one and something that should be promoted in more Irish hospitals."

Where do you feel the hospital lacks efficiency? How could this be improved?
"I think the hospital's limited treatments to one site limits its efficiency, leading to longer waits and certain patients having to travel far and wide. A partnership with different clinics within the county of Dublin would benefit the hospital and the community."

Do you believe SJH to be innovative in comparison to other Irish hospitals?
"Yes, it is very innovative, especially compared to some of Dublin's more 'old school' hospitals. Staff are well trained and informed about new research and new literature and don't shy away from attempting new things."

What direction do you see SJH going in the future?
"Expansion of the treatment from just on-site to the broader community, allowing for more spaces to be held for acute patients in the hospital itself."

How does the hospital engage with the local community?
"I know certain professionals within the hospital will go out to the community and attend to patients' houses to ensure that they are safe and adequate to patients' needs. As far as I'm aware, there is no direct treatment provided by SJH, as it's passed over to different companies."

Are there opportunities for the hospital to further contribute to community health and well-being?
"Definitely, I really believe that if more money, work, and staff were used for community treatment, it would save a lot of the hospital's funding and resources in the long term. Problems would be dealt with sooner, reducing the need to admit as many patients."

What (if any) was the reaction of workers to SJH's move to electronic patient records (EPR)?
"Very, very positive, a time saver and has really improved communication within different teams and professions."

SJH has been in partnership with Trinity College Dublin since 2012. Do you feel this current partnership is effective, and why/why not?
"It's great; as a medical student, SJH has been the best place to be on placement, yet it gives us an opportunity to work in teams for more extended periods than a lot of the other smaller hospitals. Some of the doctors there are the best there are in this country. Seeing how effective the EPR is compared to handwritten notes has cemented my decision to work at SJH in the future. It has definitely made me more likely to apply for internship jobs there as opposed to other Irish hospitals."

<div align="center">

END OF INTERVIEW

</div>

Appendix 6: PESTLE Analysis

External Factors & Implications for SJH

Political

The possibility of a change in government due to an election.
Implication: A change in government could bring about changes in the minister and policy priorities, potentially leading to an overview of funding for SJH. It could also affect the regulation and deregulation of certain services.

Various governmental strategies and reforms are in place, all of which require funding and development for successful implementation.
Implication: Ongoing increases in funding are crucial in facilitating further access to medical and GP cards (Gov, 2021).

A public perception of an overly bureaucratic management structure within the HSE leads to an inefficient use of resources.
Implication: A negative perception could erode public trust in the HSE's management and decision-making processes (Gov, 2021).

Ireland is a politically stable country where corruption is of no significant concern. The Index of Political Stability averaged 1.11 points between 1996 and 2022 (The Global Economy, 2023).
Implication: Despite this, with Ireland being a member of the EU, SJH can face an influx in admissions due to wars and conflicts in other EU countries.

The Republic of Ireland benefits from free trade agreements (FTAs) with all EU countries.
Implication: This enables SJH to source and import medical equipment easily from within the EU.

The introduction of new government-led public health initiatives.
Implication: Certain initiatives can potentially decrease or increase demand for certain health services in SJH.

Economic

Significant disruption to global supply chains due to the COVID-19 pandemic (Panwar et al., 2022).
Implication: Supply chain disruption can increase equipment sourcing and costs, impacting SJH's budget projections.

Rising concerns over energy supply due to ongoing war in Ukraine (KPMG, 2024).

Urban areas are facing a severe housing crisis, impacting the labour market.
Implication: Particularly in urban areas, the housing crisis restricts workforce mobility and recruitment responses (Gov, 2021).

The Consumer Price Index (CPI) fell steadily by 4.6% from February to November 2023 (CSO, 2024).
Implication: This decrease in CPI could result in reduced expenses and operational costs for SJH and positively influence its budget.

Total Disposable Income (TDI) in Ireland rose 1.2% in the second quarter of 2023 (CSO, 2024).
Implication: A higher TDI could increase patient healthcare service affordability and encourage households to invest in healthcare insurance, leading to increased reimbursement for SJH.

Ireland is considered to have full employment, with an unemployment rate of 4.9% as of December 2023 (Statista, 2023).

The highly educated and highly skilled young Irish workforce has one of the highest productivity rates in the world (CSO, 2023).
Implication: Intense competition of overseas talent and limited availability of healthcare workers significantly impacts SJH (Gov, 2021).

External Factors & Implications for SJH

Social

There is an increasing rate of Ukrainian refugees settling in Ireland (Kelleher, 2023).
Implication: This could potentially put additional pressure on SJH's services and facilities.

The trend of remote working has grown faster in Ireland than in any other EU country (O'Donoghue, 2023).
Implication: Remote working could reduce costs for SJH due to the reduced need for office spaces. Additionally, SJH's overall organisational structure is likely to continue seeing shifts and should embrace hybrid working in order to attract a broader talent base.

Ireland's ageing population will require heightened medical services (Cullen, 2022).
Implication: This could see SJH implementing new services or expanding to meet the future healthcare demands of Ireland's changing demography (Gov, 2021).

There has been a post-pandemic boom of women returning to full-time and part-time work (Foroohar, 2023).

Technological

The rate of data being generated on an annual scale is rapidly increasing, as well as the complexity of digital transformation.
Implications: Increased investment from the HSE is needed for SJH to benefit from the savings and increased efficiencies brought about by emerging technologies. SJH must account for the increasing importance of patient data protection and digital data security (Mc Donagh, 2023).

The emergence of AI in Healthcare.
Implication: SJH could decide to utilise AI in its operations and meet the increasing demand for tailored healthcare solutions (Kwo, 2023).

There is an increased movement towards a paperless and cashless society (Williams, 2023).
Implication: This movement poses additional cyber security risks for SJH and the need for further infrastructure investment. However, the movement sees benefits such as administrative efficiency and an enhanced patient experience (Gov, 2021).

Cutting-edge technologies used for optimal treatment are costly and may not yet be universally accessible.
Implication: SJH should advocate for increased funding to access high-cost medical technologies that could drive the Irish healthcare industry's competitive advantage (Maguire, 2023).

Legal

The healthcare industry in Ireland has a highly intricate regulatory environment (Gov, 2021).
Implication: SJH is heavily affected by this complicated environment. Regulations can potentially affect SJH's resource allocation, quality of care, operational efficiency and overall risk management of the hospital.
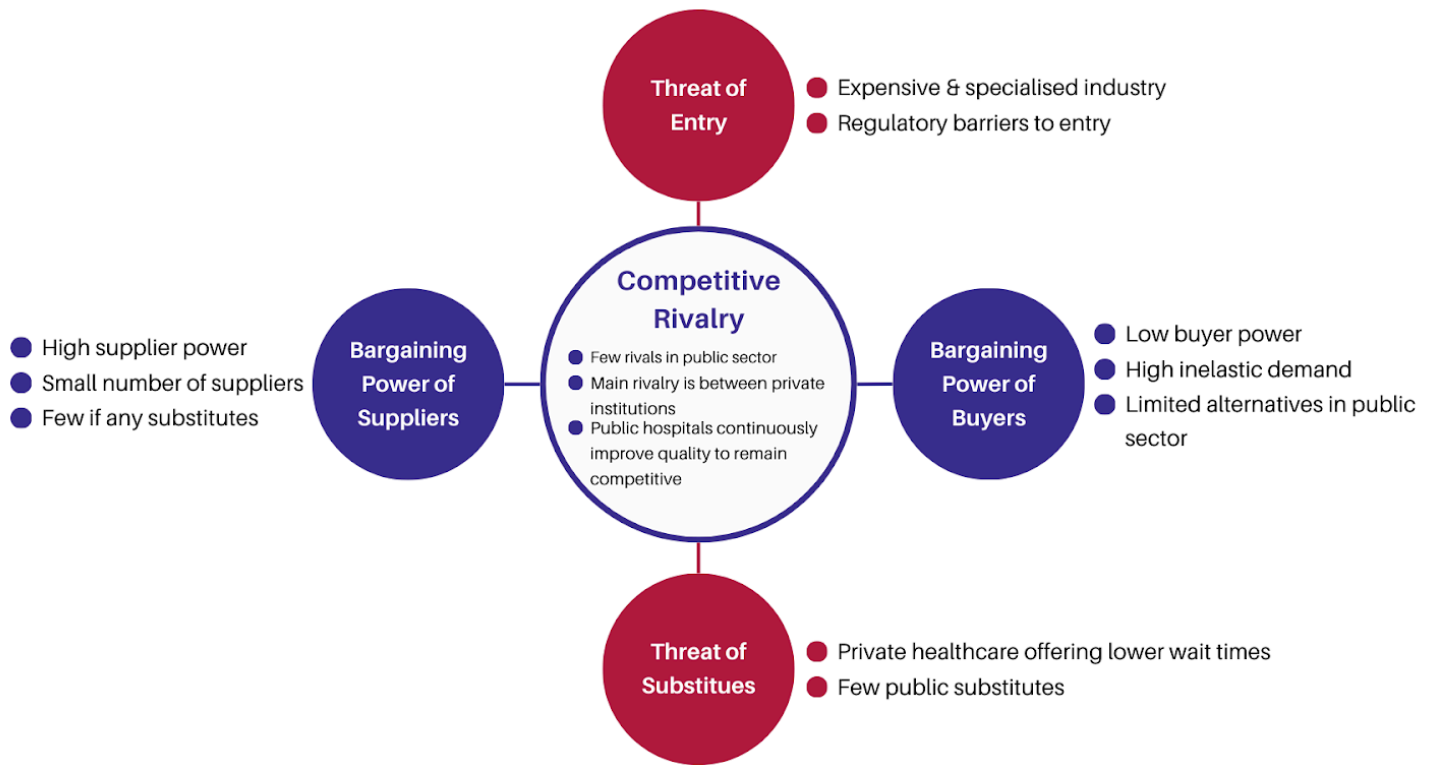
Environmental

Growing severe adverse weather events due to climate change.
Implication: This could pose a risk of harm to SJH's physical buildings and infrastructure. In addition, medical emergencies due to weather adversities may increase, as well as insurance claims (Boland, 2024). In 2023, many Irish medics even demanded that the climate crisis be deemed a public health emergency (Hoare, 2023).

There is a global rise in public awareness surrounding the adoption of more green technologies and energy-efficient practices (Bocca, 2023).
Implication: Creates an opportunity for SJH to decrease its energy consumption and implement new energy-efficient technologies.

Appendix 7: Porter's Five Forces Framework

Threat of Entry
- Expensive & specialised industry
- Regulatory barriers to entry

Bargaining Power of Suppliers
- High supplier power
- Small number of suppliers
- Few if any substitutes

Competitive Rivalry
- Few rivals in public sector
- Main rivalry is between private institutions
- Public hospitals continuously improve quality to remain competitive

Bargaining Power of Buyers
- Low buyer power
- High inelastic demand
- Limited alternatives in public sector

Threat of Substitues
- Private healthcare offering lower wait times
- Few public substitutes

Appendix 8: VRIO Analysis

	Valuable?	Rare?	Costly to Imitate?	Exploited by Organisation?	Competitive Implications
Facilities & Firm Infrastructure	Yes	Yes	No		Temporary competitive advantage
Medical Equipment	Yes	No			Competitive parity
Technology Infrastructure	Yes	Yes	Yes	Yes	Sustained competitive advantage
Pharmaceuticals & Supplies	Yes	No			Competitive parity
Brand & Reputation	Yes	Yes	Yes	No	Unused competitive advantage
Administrative Staff	Yes	No			Competitive parity
Highly Skilled Medical Staff	Yes	Yes	Yes	Yes	Sustained competitive advantage
Research & Development	Yes	Yes	Yes	Yes	Sustained competitive advantage
Accreditations & Certificates	Yes	Yes	Yes	Yes	Sustained competitive advantage
Specialised Medical Services	Yes	Yes	Yes	Yes	Sustained competitive advantage
Collaborations & Partnerships	Yes	Yes	Yes	Yes	Sustained competitive advantage
Outpatient Clinics	Yes	Yes	Yes	No	Unused competitive advantage

Appendix 9: SWOT Analysis

STRENGTHS

- Ireland's largest acute academic teaching hospital
- Deep rooted partnerships with academic institutions
- Largest clinical research facility in Ireland
- Quick & keen to implement new treatments
- Research focused clinical trials
- Technology advantage - EPR
- Highly skilled & diverse workforce

WEAKNESSES

- Damaged brand reputation
- Government funding can restrict growth
- Marketing deficiencies
- Management of staff - call cover, shift changes
- Outpatient department waiting lists

OPPORTUNITIES

- Expansion through affiliated remote clinics
- Partnerships with CNS and RNS hubs in primary care sector
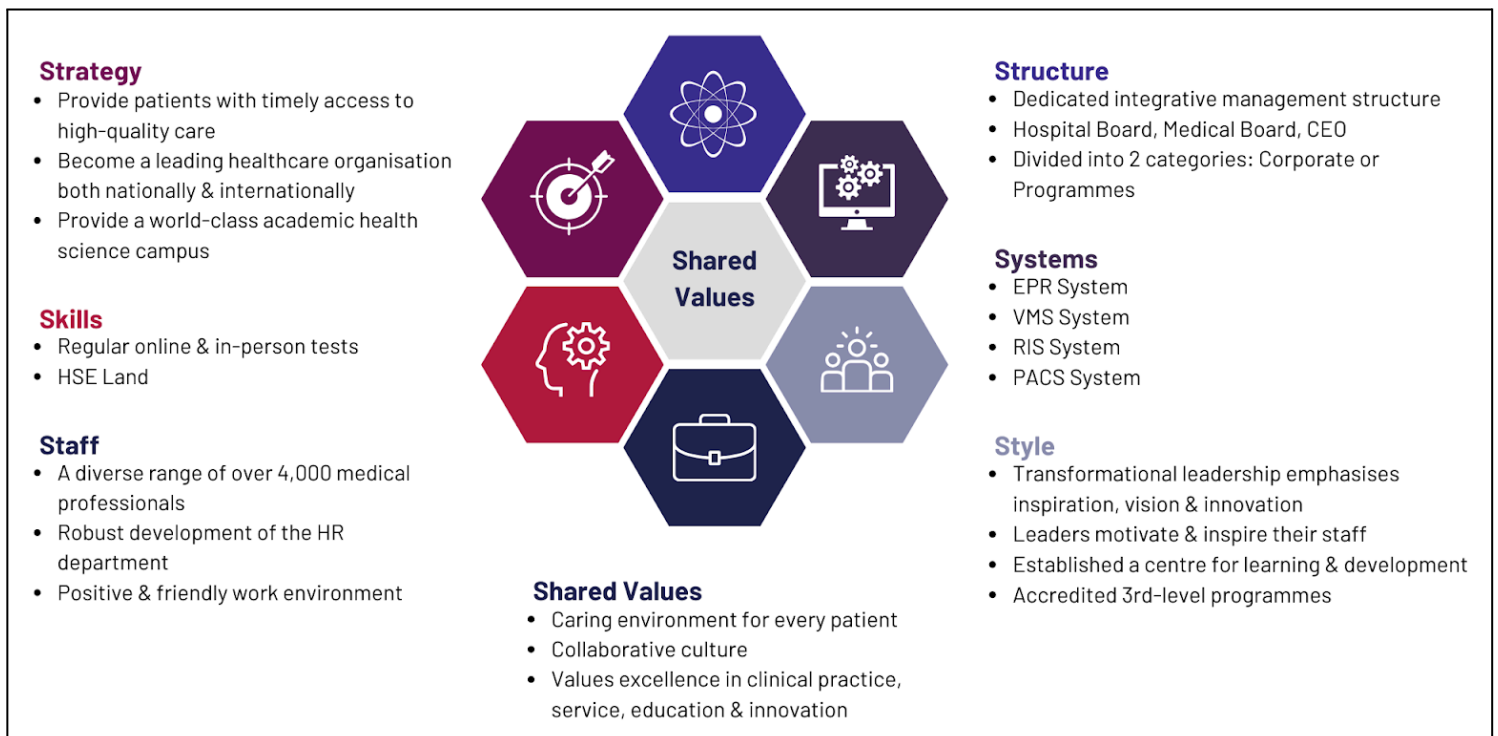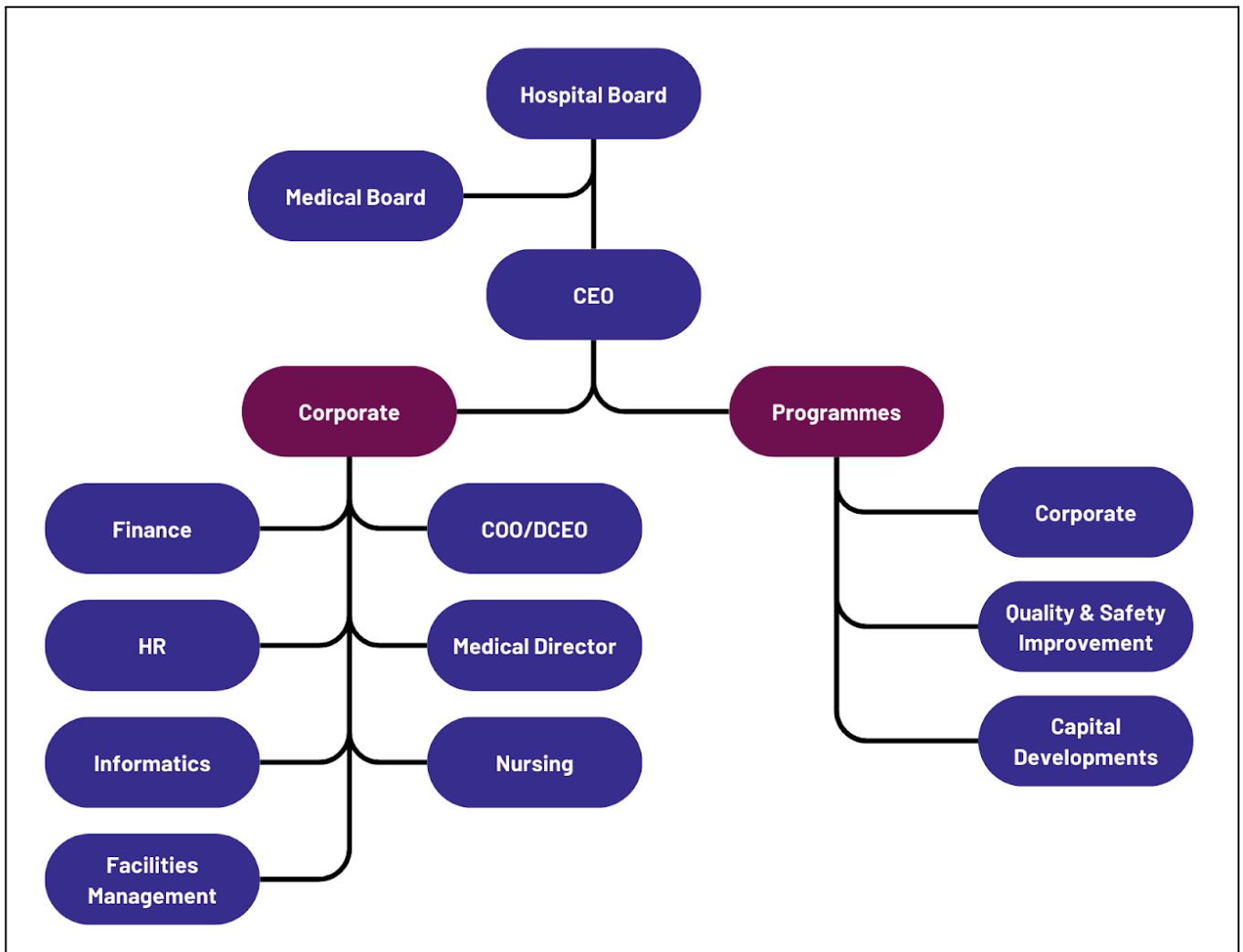- New technologies - patient platforms

THREATS

- Cyber attacks, ransomware, malware
- Unpredictable interruptions - pandemics, wars, natural disasters
- Increasing growth of private healthcare insurance & facilities
- Loss of staff due to emigration

S W O T

Appendix 10: McKinsey's 7-S Framework

Strategy
- Provide patients with timely access to high-quality care
- Become a leading healthcare organisation both nationally & internationally
- Provide a world-class academic health science campus

Skills
- Regular online & in-person tests
- HSE Land

Staff
- A diverse range of over 4,000 medical professionals
- Robust development of the HR department
- Positive & friendly work environment

Shared Values
- Caring environment for every patient
- Collaborative culture
- Values excellence in clinical practice, service, education & innovation

Structure
- Dedicated integrative management structure
- Hospital Board, Medical Board, CEO
- Divided into 2 categories: Corporate or Programmes

Systems
- EPR System
- VMS System
- RIS System
- PACS System

Style
- Transformational leadership emphasises inspiration, vision & innovation
- Leaders motivate & inspire their staff
- Established a centre for learning & development
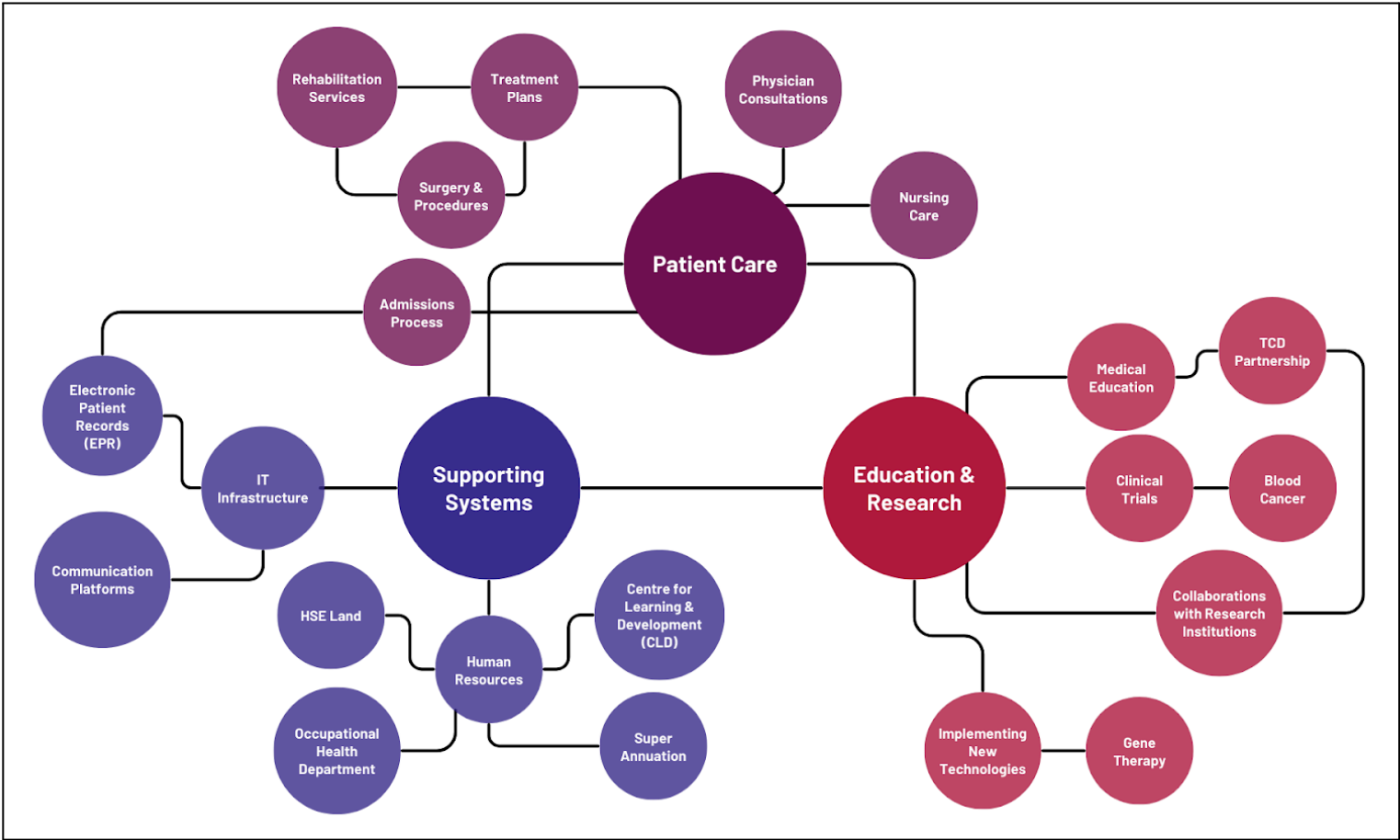- Accredited 3rd-level programmes

Shared Values

Appendix 11: Organisational Structure

(St. James's Hospital, 2020a)

Appendix 12: Activity Systems Map

Appendix 13: Roadmap of Recommendations

ST. JAMES'S HOSPITAL

RECOMMENDATION ROADMAP

Build support — 1

Phase 1

SJH must gain the confidence and trust of stakeholders by explaining the great benefits Marketing, Outpatient Clinics, and the Patient Portal will have on patients, staff, and the hospital's overall performance.

Research — 2

Phase 2

SJH will continue researching the best marketing strategies for patients and other institutions. SJH will analyse partner and potential partner clinics, evaluating their eligibility to become an affiliate clinic. Two clinics will be identified to begin the process.

Remove Barriers — 3

Phase 3

SJH will begin the process of removing barriers to the EPR improvements. These improvements will need to be accepted by the HSE to ensure compliance with GDPR. Once approved, we will begin the development of the Patient Portal.

Training — 4

Phase 4

Training is a crucial step in aiding the development of the new patient portal. It will ensure the protection of patient and staff information. To ensure safety, staff will need a thorough orientation on how to use the system and cybersecurity training.

Implement (1) — 5

Phase 5

SJH will begin the implementation of the marketing strategy by creating relationships with external clinics. SJH will also commence the testing stage of the portal, which is estimated to take 6 - 8 months.

Implement (2) — 6

Phase 6

SJH will continue enhancing the EPR system with the patient portal. SJH will also begin referring patients to the two previously identified outpatient clinics. The establishment of relationships with external clinics is a long-term investment which is predicted to take 12 - 18 months.

Evaluate — 7

Phase 7

SJH will evaluate the effectiveness of its marketing strategy and the patient portal. It will also analyse the effectiveness of their relationships with outpatient clinics while also beginning to establish further connections.

Sustain — 8

Phase 8

SJH must constantly monitor and improve its new systems. Measures must be in place to prevent disruptions and ensure functionality, allowing SJH create a better environment for patients and staff.

Appendix 14: Balanced Scorecard

	OBJECTIVES	MEASURES	TARGETS	INITIATIVES
FINANCE	• Break-even	• Financial statements document	• Reach point where total cost equals total revenue	• Monitor cash flows
CUSTOMER	• Deliver timely access to high-quality care	• No. of patients on outpatient department lists	• Decrease overall wait times	• Set up remote clinics • Home-to-home approach
INTERNAL PROCESSES	• Provide care to patients from birth to adulthood	• Increase in patients and patient retention	• Gain customers for life	• Generate marketing strategy
LEARNING & GROWTH	• Enhance EPR system	• Cycle times of processes	• Reduce bottlenecks	• Enhance cybersecurity • Add hospitals and patients to EPR

Appendix 15: Patient Portal Proposal

Patient Portal Dashboard:

ST JAMES'S HOSPITAL | PATIENT PORTAL

Back to St. James's Hospital website

🏠 HOME   DASHBOARD ▼   MY SERVICES   MANDATE REQUEST   REVOCATION OF MANDATE   HELP

Dashboard

My personal data

JOSEPH DOYLE
Birth Date: 02/07/1995
Gender: Male
Blood group: A Pos

11, Friarsland Road, Dundrum,
Co. Dublin, D14 V342,
Ireland
josephdoyle95@gmail.com

Modify my personal data >

My next appointments

No appointment found

New appointment >   See all my appointments >

My latest messages*

Date	Sender / doctor	Title	View Scan
11/10/2023	DUNNE Julie	Clinical biology	📁
11/10/2023	WALSH Kyle	Order	📁

*X-ray reports available 30 days after the examination and lab results 24 hours after collection

See the following messages >

My administrative data

Date	Type	Title	Service
23/11/2023	Invoice	Invoice : 235099635	Undefined
20/10/2023	Invoice	Invoice : 234399802	Undefined

See all my administrative documents >

My medical data

⚏ **Vital parameters : Last known values**

Measure	Value	Unit of measure	Measurement Date	View Chart
Cardiac frequency	94	beats/minute	04/10/2023	📈
Respiratory rate	20	breaths/minute	04/10/2023	📈
Blood sugar	91	mg/dL	16/09/2023	📈
Weight	83	kg	26/09/2023	📈
Height	188	cm	26/09/2023	📈
BMI	23.5	kg/m2	26/09/2023	📈
Temperature	37.2	C	04/10/2023	📈

See other values >   Show charts

⚏ **Medications***

Prescription	Medication	Dose
24/09/2023	MOVICOL UNIDOSE SACHET	1 sach. 2 x par j. (8h - 20h) / Prescribed by: KENNEDY Mary
17/09/2023	TRADONAL ODIS COMPR 50 MG	1 compr(s) - max: 3 compr(s)/24u. - interval: 8h. / Prescribed by: KENNEDY Mary

*Medications only prescribed by St. James's Hospital   See all medications >

✎ **Vaccinations**   ▤ **Consents**

No vaccine found

Friday 06/10/2023	**Thursday 05/10/2023**
IBIS	GDPR
IBIS	**Acceptance of GDPR Rules**

See all consents >

Portal Navigation:

ST JAMES'S HOSPITAL | PATIENT PORTAL

🏠 HOME   DASHBOARD ▼   MY SERVICES   MANDATE REQU

MY PERSONAL DATA
MY NEXT APPOINTMENTS
MY ADMINISTRATIVE DOCS
MY MEDICAL DATA
MY MEDICATIONS
MY VACCINATIONS
MY CONSENTS

Help

Contact us

The main hosp...
need at (01) 4...
switchboard m...
times.

...ind the service you
...ls to our main
...it, particularly at busy

Modify my personal data >

Useful links

The links below may help in finding the information you are looking for.

A – Z Services >
A – Z Consultants >
A – Z Wards >

Appendix 16: SAF Analysis

SAF ANALYSIS	Marketing	Outpatient Clinics	EPR Enhancement
Suitability	• Entrench position as market leader in a highly contested market. • Negate the threat of reputational damage by reinforcing a positive brand image (Appendix 8). • Help strengthen organisational partnerships.	• Cater to a wider population of patients. • Strengthen its reputation. • Provide more efficient care for patients who require specialised treatment. • Increase in income as outpatient clinics make up majority of hospital revenue.	• Efficient communication between hospital staff and patients. • Increase customer satisfaction by minimising potential stresses and misunderstandings. • Provide timely, high-quality care to all patients.
Acceptability	• Build brand reputation and awareness. • Trust, satisfaction, and customer relations positively affect brand loyalty and awareness (Kim et al., 2008), which leads to more revenue.	• Increase the scope of treatment provided to a greater customer base. • Well-trained staff are essential to the success of this strategy, as inefficiency would incur sizeable costs and damage to reputation.	• Provide patients with a more streamlined method of accessing their records. • Combining this with cybersecurity improvements would work towards the hospital's goal to provide exceptional care efficiently.
Feasibility	• Internal testing would be required to determine the direct results of the marketing to optimise budgets. • SJH has a communications department, meaning minimal hiring would be required.	• Require significant financial and human resources to establish. • Partner with existing clinics to minimise initial fixed costs. • Staff training programmes and hiring would require significant funding.	• Costly to implement. • 2,400 staff members were trained on the current EPR system (Edwards, 2018), so minimal training would be required. • Mitigate cyber threats and improve customer trust.

Appendix 17: Conceptual Framework

Moderating Variable
- Macro-Environment
- PESTLE Factors - economic & political stability, demographic shifts

Independent Variable
- Differentiation Strategy
- Digital Transformation
- Service Reforms

Mediating Variable
- Organisational Restructuring
- Enhancement of EPR system
- Expansion to outpatient clinics

Dependent Variable
- Improve service delivery
- Become an industry leader both nationally & internationally

Control Variable
- Impact of COVID-19 pandemic
- Cyber attack disruptions