



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund

## **Audit and Quality Assurance**

### **Report to the Minister for Health**

#### **2018 Special Audit Programme**

#### **Random Samples: Key Findings & Recommendations**

**26 March 2019**

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## 1. Introduction

The Department of Health formally requested the National Treatment Purchase Fund (NTPF) to develop a plan to extend the 2017 Special Audit Programme to cover other public acute hospitals in 2018. This was agreed on the 4 January 2018. This programme of work was undertaken by the NTPF with all audits completed by end of 2018. The results of this programme will feed into a wider programme of work led by the HSE to drive improved performance in waiting list management.

**Note:** Information in relation to the 2017 Special Audit Programme is available at <https://health.gov.ie/blog/publications/ntpf-special-audit-of-hospital-waiting-lists-2017>

This Report to the Minister provides an overview of common trends in respect of the key findings and recommendations across the 9 hospitals audited.

## 2. Background

The Audit and Quality Assurance (AQA) function was established in the NTPF in May 2013 under the NTPF's Statutory Instrument (2004, S.I. No. 179). Since then it has played an essential role in supporting the organisation to deliver on one of its key functions, which is to *'collect, collate and validate hospital waiting list data'*. This 2018 Special Audit Programme was conducted in accordance with this statutory obligation and on foot of formal request from the Department of Health.

## 3. Objectives

- To provide independent objective assurance to the Minister and Department of Health that the quality and accuracy of the data returned is in line with national minimum data set guidance and national waiting list management protocols
- To provide independent objective assurance to the Minister and Department of Health that the hospitals audited are effectively managing their waiting/planned procedure lists in line with national protocols
- To report formally to the Minister and Department of Health on its further findings and recommendations regarding waiting list management practices in the public hospitals audited by year-end 2018

## 4. Audit Scope

This programme was conducted throughout 2018. The scope of the audit covered public patients returned to the NTPF on inpatient, day case or planned procedure lists in a number of acute public hospitals nationally.

To facilitate a detailed review of waiting list management practices and adherence to national protocols across hospitals audited, the audit reviewed the entire patient waiting list pathway for patients identified in the random samples. In particular, emphasis was placed on testing date captures and communication with patients during their wait time, in line with national protocols.

## 5. Selection Criteria

Excluding the 5 hospitals audited as part of the 2017 Special Audit Programme, a total of 38 hospitals remained. Of these hospitals a detailed analysis was conducted at month-end November 2017, looking at total volume 'active' patients on the inpatient and day case waiting list. From this analysis, the top 10 hospitals with the highest overall volumes were selected for audit in 2018.

**Table 1: Top 10 hospitals**

No.	Hospital	Total volume of inpatient and day cases	% of the overall total
1.	University Hospital Galway	13,294	
2.	Beaumont Hospital	7,084 <sup>1</sup>	
3.	St James's Hospital	6,993	
4.	University Hospital Waterford	6,429	
5.	University Hospital Limerick	4,038	
6.	Sligo University Hospital	3,612	
7.	Letterkenny University Hospital	3,350	
8.	Royal Victoria Eye and Ear Hospital	2,426	
9.	St. Vincent's University Hospital	2,352	
10.	Midland Regional Hospital Tullamore	2,332	
<b>Combined Total</b>		<b>51,910</b>	<b>52%</b>
Total volume of patients on the 'active' inpatient and day case waiting list as per extract file dated 30 November 2017 (inclusive of GI Endoscopy)			<b>98,779</b>

**Note:** The 5 hospitals audited in 2017 represented 18% of the overall total so collectively these 15 hospitals represented 70% of patients actively waiting (30 November 2017 statistics).

## 6. Methodology

The checklist for this Special Audit involved testing of 23 key test controls comprising 92 sub-test items. 12 key test controls related to the waiting list and 11 key test controls related to the planned procedure list.

<sup>1</sup> Still outstanding from Special Audit 2017, see note under table 4, page 4

**Table 2: Waiting List Key Test Controls**

No.	Key Test Controls – The Waiting List
1.	Dates logged for patients' waiting list pathway meet with national protocols?
2.	National protocols in respect of clinical prioritisation were adhered to?
3.	Appropriate outpatient referral acknowledgement communication has been issued, as per national protocol?
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system, as per national protocol?
6.	National protocol in respect of patient scheduling timeframes was adhered to?
7.	National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?
8.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
9.	National protocol in respect of the management of patients who were cancelled by the hospital (HCAN) was adhered to?
10.	National protocol in respect of the management of suspensions was adhered to?
11.	Patients validated in the last 6 months to ensure accuracy of hospital data and communication with patient? – <b>see note below</b>
12.	National protocol in respect of the removal of patients has been adhered to?

**Note:** As per Ministerial instruction 19 June 2018 and in accordance with Section 4.1(d) SI No 179/2004, the NTPF has been assigned responsibility for the establishment and operation of a centralised validation unit that can deliver a national bi-annual administrative validation of patients on outpatient, inpatient and day case waiting lists. With effect from September 2018, the key test control No. 11 and the respective two sub-test items were not tested in the last 3 hospitals audited.

**Table 3: Planned Procedure List Key Test Controls**

No.	Key Test Controls – The Planned Procedure List
1.	Patients added to the planned procedure list as per national protocol?
2.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
3.	Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?
4.	Indicative treatment date/timeframe assigned as per national protocol?
5.	Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?
6.	National protocol in respect of patient scheduling timeframes was adhered to?
7.	National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?
8.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
9.	National protocol in respect of the management of patients who were cancelled by the hospital (HCAN) was adhered to?
10.	National protocol in respect of the management of suspensions was adhered to?
11.	National protocol in respect of the removal of patients has been adhered to?

The approach involved:

- a) Site visit scheduled with two weeks' notice
- b) Selection of sampling frame based on extract file two weeks prior to site visit
- c) Completion of on-site audit checklist through random sample of key test controls
- d) Hospital Patient Administration System review
- e) Healthcare Record review, including Admission/Booking Form
- f) Other process review, if required
- g) Discussions with relevant staff, if required

## 7. Sampling Framework

The Special Audit included:

- a) Random sample review of 40 records on the '*active*' waiting list waiting between 6 and 9 months in the hospitals audited  
**Note:** The sample only included patients waiting 6-9 months in order to capture those patients listed and managed, in compliance with the National IDPP Protocol (2017)
- b) Random sample review of 40 records on the planned procedure list with an indicative date in the past or with no indicative date in the hospitals audited  
**Note:** In respect of the Midland Regional Hospital Tullamore, the random sample process generated 29 patients. Further examination by the Audit Team identified that only 29 patients in total met with the planned procedure list sampling framework criteria

## 8. Reference Protocols

- The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
- National Inpatient, Day Case, Planned Procedure Waiting List Management Protocol 2017<sup>2</sup>

## 9. Audit Schedule

**Table 4: List of Hospitals Audited and Audit Dates**

No	Hospital Name	Audit Dates
1.	University Hospital Galway	22 – 26 Jan 2018 incl.
2.	St James's Hospital	12 – 16 Feb 2018 incl.
3.	University Hospital Waterford	12 – 16 March 2018 incl.
4.	University Hospital Limerick	16 – 20 April 2018 incl.
5.	St Vincent's University Hospital	08 – 11 May 2018 incl.
6.	Letterkenny University Hospital	23 – 26 July 2018 incl.
7.	Midland Regional Hospital Tullamore	03 – 07 Sept 2018 incl.
8.	Sligo University Hospital	08 – 12 Oct 2018 incl.
9.	Royal Victoria Eye and Ear Hospital	05 – 09 Nov 2018 incl.
10.	<b>Beaumont Hospital*</b>	<b>Not conducted</b>

\*The NTPF is continuing to engage with the HSE in order to arrange an audit of Beaumont Hospital.

<sup>2</sup> The reference protocol for the 2017 Special Audit Programme was *The National Waiting List Management Protocol: A Standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures (January 2014)*. Due to the launch of the new **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017**, the 2018 Special Audit Programme references the 2017 protocol.

## 10. Audit Reporting

A Special Audit Report was completed for each of the 9 hospitals audited in the 2018 Special Audit Programme, detailing key audit findings and recommendations. Each hospital was afforded the opportunity to provide a response, which are included in the final hospital reports.

This Report to the Minister provides an overview of common trends in respect of the key findings and recommendations across the hospitals audited. The HSE was afforded the opportunity to respond to these key findings and recommendations. The response received from the HSE (15 March 2019) is attached to this report.

## 11. Key Audit Findings

<b>11.1</b>	<b>Date Captures</b>
	<p>The 2018 Special Audit Programme identified that hospitals audited did not fully comply with the <b>Management of Outpatient Services Protocol (February 2014 - Version 2.1)</b> and the <b>National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)</b> in relation to the accurate and timely recording of key date captures throughout the patient’s pathway. This has implications for the overall waiting list management of patients.</p> <p>The Audit Team found evidence in some cases of:</p> <ul style="list-style-type: none"> <li>▪ Non-compliance and inconsistent practices in how date captures were recorded across all hospitals for outpatient, inpatient, day case and planned procedure pathways</li> <li>▪ Delays in wait-listing some patients – up to 49 working days to add to the outpatient waiting list (OPWL) and 28 working days to add to the inpatient and day case waiting list</li> <li>▪ Hospitals where it was not their practice to date stamp referrals or Admission/Booking Forms on receipt</li> </ul> <p>As a result of the above, there was inaccurate reporting of patient wait times at both local and national level.</p> <p>The National IDPP Protocol describes the ‘<i>decision to admit</i>’ date in two ways:</p> <ul style="list-style-type: none"> <li>▪ ‘<i>within three working days of receipt of the completed waiting list booking form, patients must be <u>added</u> to the electronic waiting list</i>’, i.e. entered on system, and</li> <li>▪ ‘<i>the date the decision to admit was made must be entered on the system as the <u>date added</u> to the waiting list</i>’</li> </ul> <p>The word ‘<i>added</i>’ depending on the context in which it is being used could be interpreted in different ways.</p> <p>In addition, the current <b>Guide to File Extract &amp; Minimum Data Set (MDS)</b> uses different terminology to National IDPP Protocol whereby the ‘<i>decision to admit</i>’ date is defined as ‘<i>date placed on waiting list</i>’.</p> <p>The 3 hospital patient administration systems (i.e. iPMS, Clinicom, CAPAS) reviewed did not use the same field name definitions to record the ‘<i>decision to admit</i>’ date, including for example, ‘<i>date on list</i>’, ‘<i>waiting list start date</i>’ and ‘<i>referral date</i>’. The use of different terminology has the potential to add confusion when adding patients to the waiting list,</p>

	<p>which can lead to inaccurate and inconsistent date captures. As a result, what was recorded against the <i>'decision to admit'</i> date on the hospital systems reviewed varied, and in many cases the entry/transaction date was used.</p>
<b>11.2</b>	<b>GI Endoscopy Direct Referrals</b>
	<p>The Audit Team observed variation across the hospitals audited in respect of the management of GI Endoscopy direct referrals from GPs. There was mixed practice across hospitals in respect of referral pathways and the route referrals followed before being added to the waiting list. Hospitals not receiving referrals directly into Endoscopy Units were receiving them through either:</p> <ul style="list-style-type: none"> <li>▪ Outpatient Departments (OPD)</li> <li>▪ Consultants</li> </ul> <p>Referrals routed via OPD, followed the process for the receipt of outpatient referrals whereby referrals were received into the Central Appointments Office/Central Referrals Unit, added to the OPWL, sent for triage, returned from triage and removed from the OPWL where a decision was made for <i>'direct access'</i> or to <i>'direct list'</i>. In some cases patients were not added to the OPWL. In other instances referrals were received directly by the consultant who upon review of the referral letter made a clinical decision for <i>'direct access'</i> or to <i>'direct list'</i> onto the waiting list.</p> <p>The National IDPP Protocol prescribes that the <i>'Direct Referral Start Wait Time is the date the direct referral is received by the hospital, date stamped, and entered on the electronic waiting list'</i>. Due to variation in practice for the receipt and management of GI Endoscopy direct referrals there were inconsistencies in <i>'date added'</i> to the waiting list. The Audit Team did not find evidence of any significant delays between date of receipt of referral and date added to the waiting list for patients. There was however variance from where the <i>'date added'</i> was being taken which included, the date the referral was received, the date the Booking Form was completed and in some cases the date the patient was entered onto the electronic waiting list. The lack of standardisation in the management of GI Endoscopy direct referrals and inconsistencies around the <i>'date added'</i> has the potential to impact on patient wait times.</p>
<b>11.3</b>	<b>Direct Listing</b>
	<p>The Audit Team found evidence of patients who were listed directly onto waiting lists, having not attended outpatients in the listing hospital. These patients were either:</p> <ol style="list-style-type: none"> <li>a) Seen by the treating consultant in another public or private hospital, or</li> <li>b) Referred to the treating consultant by, another hospital consultant, a community ophthalmic physician, or a GP</li> </ol> <p>In respect of <b>b)</b>, the treating consultant would have deemed these patients clinically suitable to be listed directly, without the need for an outpatient consultation prior to their admission.</p> <p>Procedure types included:</p> <ul style="list-style-type: none"> <li>▪ Cataract surgery (Ophthalmology)</li> <li>▪ Coronary angiography (Cardiology – Cardiac Cath Lab)</li> <li>▪ Cystoscopy (Urology)</li> <li>▪ Endoscopy (Gastroenterology and General Surgery)</li> <li>▪ Excision of skin lesion (Dermatology and Plastic Surgery)</li> </ul>



	<p><b>Note:</b> While direct listing patients accelerates access to treatment, the administration process for adding patients to the waiting list was not being fully applied across hospitals for this cohort of patients, in line with national protocol.</p>
<b>11.4</b>	<b>Clinical Prioritisation</b>
	<p>There was evidence of non-compliance in relation to the completion of clinical prioritisation on either the outpatient referral letter or Admission/Booking Form, and in some hospitals this was significant. As a result, the Audit Team were unable to test what had informed the clinical priority assigned on the hospital patient administration system in these cases and if correctly assigned.</p> <p>Where the clinical priority was assigned on either the outpatient referral letter or Admission/Booking Form, there was evidence of inaccurate transcription of the assigned clinical prioritisation on the hospital system against either the appointment or procedure.</p> <p>The National IDPP Protocol prescribes 2 clinical priority categories (i.e. urgent and routine). However, the Audit Team observed multiple clinical priority categories in use across hospital documentation and systems including, <i>'very urgent'</i>, <i>'urgent'</i>, <i>'semi-urgent'</i>, <i>'soon'</i>, <i>'P1'</i>, <i>'PR2'</i>, <i>'in-turn'</i>, <i>'normal'</i> and <i>'routine'</i>. Clinical priority categories on the documentation reviewed did not always match the selection options on the hospital system.</p> <p>In 3 hospitals audited priority <i>'soon'</i> was recorded on the hospital system but mapped to <i>'routine'</i> on the NTPF extract file for national reporting. This is incorrect as <i>'soon'</i> should be mapped to <i>'urgent'</i>.</p> <p><b>Note:</b> A new <b>Clinical Prioritisation Process for Elective Patients who require Inpatient or Day Case Admission</b> has been developed in collaboration with key stakeholders - NTPF, Clinical Care Programmes and HSE. This new process provides standardisation to clinical priority categories and clinically recommended timeframes. A roll-out plan has been developed for implementation in 2019.</p>
<b>11.5</b>	<b>Outpatient referral acknowledgment communication</b>
	<p>Of the 9 hospitals audited, 8 did not comply with National Outpatient Protocol, in relation to required referral communication. The Audit Team found significant variation across the hospitals audited. For the small number of hospitals where it was their practice to issue communication to both SOR and patient, or patient only, requirements were only met in part. For some hospitals it was not their practice to issue any referral acknowledgement communication. In other hospitals the Audit Team were unable to test communication as this information was not visible on the hospital patient administration system.</p>
<b>11.6</b>	<b>Admission/Booking Form</b>
	<p>In most of the hospitals audited there was no standardised Admission/Booking Form in place. There was significant variation in the layout of Admission/Booking Forms both within and across hospitals, resulting in disparate patient level information being captured.</p>

	<p>None of the forms reviewed fully met with all 25 minimum information requirements, in line with National IDPP Protocol. In particular, many of the Admission/Booking Forms reviewed did not include a specific list type indicator (i.e. waiting list or planned procedure list). Consequently, the Audit Team were unable to fully test what had informed the list type selected on the hospital patient administration systems.</p> <p>The Audit Team observed that there was a greater use of forms to list patients on the waiting list than on the planned procedure list. Where forms were used, their completion was often poor, and in some instances excluded key clinical information (e.g. clinical priority, indicative treatment dates, anaesthesia preference). In respect of the planned procedure list, it was not the practice to use forms to list patients in 2 hospitals. For Endoscopy surveillance, procedure reports were predominately used to list planned procedures.</p> <p>In some of the hospitals audited, the Audit Team observed that it was not standard practice to complete forms in certain specialties. In other hospitals, additional correspondence was used to list patients, including, 'referral letters', 'clinic letters', 'clinical reports' and 'discharge summaries'. This practice limited the capture of minimum information requirements to support waiting list management.</p> <p>The Audit Team observed 2 hospitals whereby electronic Admission/Booking Forms were in use, albeit not integrated with the hospital patient administration systems.</p> <p><b>Note:</b> To support the rollout of the clinical prioritisation process the National IDPP Project Steering Group is currently developing a new National Booking Form to support hospitals to meet with minimum information requirements and best practice waiting list management. It is expected that the new form will be introduced in 2019.</p>
<p><b>11.7</b></p>	<p><b>Patient Level Validation</b></p>
	<p>The Audit Team found that 5 of the 6 hospitals tested did not comply with National IDPP Protocol in respect of waiting list validation. This has the potential to impact on the accuracy of waiting list volumes at both local and national level.</p> <p><b>Note:</b> As per Ministerial instruction 19 June 2018 and in accordance with Section 4.1(d) SI No 179/2004, the NTPF has been assigned responsibility for the establishment and operation of a Centralised Validation Unit. This unit will deliver national validation of the Outpatient, Inpatient and Day Case Waiting Lists. With effect from September 2018, this instruction superseded the testing of this key control for the last 3 hospitals audited.</p>
<p><b>11.8</b></p>	<p><b>Patient Scheduling and Scheduling Timeframes</b></p>
	<p>National IDPP Protocol prescribes that a reasonable offer is giving patients a minimum of 2 weeks' notice of the 'To Come In Date' (TCI). The Audit Team were unable to accurately test, in 4 hospitals audited, the notice period given to patients with a 'booked' TCI date on the hospital patient administration systems (i.e. Clinicom and CAPAS) as transaction dates (when TCI offer was made) were not visible.</p> <p>In respect of patients who cancelled their 'booked' TCI date, and where the TCI offer date was visible on the hospital patient administration system (i.e. iPMS), the Audit Team found that minimum notice had not been given to patients in all cases (i.e. non-reasonable offer). This was more evident when testing the planned procedure list. However, there were low</p>

	<p>volumes of patient cancellations found on the waiting list where minimum notice had not been given. In these cases the wait list clock is automatically reset at national level and impacts on patient wait times.</p> <p><b>Note:</b> Current MDS does not support the capture of '<i>non-reasonable offer</i>' cancellation reason codes.</p> <p>In respect of the planned procedure list, National IDPP Protocol prescribes that TCI dates should be scheduled within 2 weeks of indicative treatment dates. Where this could be tested, there was evidence of non-compliance with scheduling timeframes ranging up to 26 weeks past the indicative date.</p> <p>For patients requiring a planned series or sequence of care (e.g. injections), the Audit Team observed that operationally the scheduling of TCI dates within 2 weeks of their indicative date as per National IDPP Protocol can be difficult for hospitals to coordinate.</p>
<p><b>11.9</b></p>	<p><b>Planned Procedure List</b></p>
	<p>In the absence of a specific list type indicator (i.e. waiting list or planned procedure list), on all of the hospital Admission/Booking Forms reviewed, the Audit Team were unable to fully determine what had informed the list type selected on the hospital patient administration systems and could not test if correctly assigned. There was evidence of a number of patients incorrectly listed (i.e. listed on the planned procedure list and should have been listed on the waiting list or vice versa).</p> <p>In all hospitals audited, there was evidence of non-compliance and inconsistent practices in relation to how indicative treatment dates were recorded on the Admission/Booking Form and how this information was subsequently transcribed onto the hospital system. The Audit Team therefore could not give assurance that patients were being managed within the appropriate clinical treatment timeframes.</p> <p>The Audit Team observed different interpretations across hospitals audited as to what constitutes a '<i>planned procedure</i>'. In some instances the term '<i>planned</i>' was used in the context of scheduled or upcoming surgery for '<i>waiting list</i>' patients as opposed to the application of national protocol definitions. This ambiguity on the ground around the definition of a '<i>planned procedure</i>' has an impact on how planned procedures are being identified and distinguished from the waiting list.</p> <p>A number of hospitals were not following National IDPP Protocol in respect of 2nd surgeries (i.e. 2nd cataract surgery and 2nd varicose vein surgery), whereby these procedures were added to the waiting list instead of the planned procedure list. This requires further evaluation by the NTPF as this has implications for data accuracy.</p> <p>In respect of 2nd surgeries and in particular 2nd cataract surgeries, there was variation in the length of time between the 1st surgery and the decision to admit for the 2nd surgery. There was also variation around the point at which this decision was made which ranged from initial consultation, post op review attendance, return clinic attendance and in some cases upon referral back into the hospital. In the absence of specific clinical timescales between 1st and 2nd surgeries the Audit Team could only test against the descriptors as set out in National IDPP Protocol.</p>

11.10	<b>Data Validation and Removal of Patients</b>
	<p>The Audit Team observed that not all hospitals were fully compliant with data validation and found evidence of weaknesses in this area. This resulted in inaccurate waiting list volumes at both local and national level. Regular and ongoing data validation is a core waiting list management activity that, along with patient level validation, ensures the waiting list is up to date, valid, timely and reflects an accurate representation of the number of patients waiting.</p> <p>The Audit Team found evidence in 8 of the 9 hospitals audited of patients who had not been removed from the waiting list or planned procedure list in a timely manner or who should have been removed or both.</p> <p>In respect of patients who had not been removed in a timely manner from either list the variance between the date of actual removal and when the patient should have been removed was significant in some cases and ranged between 2 – 32 weeks.</p> <p><b>Note:</b> In many cases these removals had been carried out in the week prior to the audit or at time of audit.</p> <p>For those patients who remained on either list at time of audit and who should have been removed, the main reasons included, <i>‘patient had already been admitted for their procedure’</i>, <i>‘procedure was no longer required’</i>, <i>‘patient had procedure in another hospital’</i>, or incorrectly listed.</p>
11.11	<b>Insourcing and Outsourcing Initiatives</b>
	<p>National IDPP Protocol states that <i>‘to support and facilitate the management of patients within the hospital group structure through insourcing initiatives or within a private organisation through an outsourcing initiative, it is recommended to use the suspension process’</i>. The Audit Team observed that a number of patients in 1 hospital had been identified for treatment in their own hospital, funded through NTPF insourcing – these patients were on the active waiting list, awaiting admission.</p> <p>National guidance is not clear in respect of the categorisation of patients identified for treatment within the same hospital via insourcing/NTPF funding. This matter requires further clarification at national level.</p>
11.12	<b>Hospital Patient Administration Systems</b>
	<p>During this audit programme, the Audit Team reviewed 3 different hospital patient administration systems in operation:</p> <ul style="list-style-type: none"> <li>▪ iPMS – 5 hospitals</li> <li>▪ Clinicom – 3 hospitals</li> <li>▪ CAPAS – 1 hospital</li> </ul> <p>The Audit Team observed significant variation in each system’s functionality and capability, and also saw differences in the versions and configurations in the same systems across different hospitals. As a consequence, some hospitals were unable to fully implement the MDS requirements to support national protocols.</p>

	<p>System limitations prevented testing of all audit checks against the random samples, and therefore the audit team were unable to produce audit findings. There was evidence of weaknesses in tracking capability to review any changes or revisions made along the patient's wait time journey. Although some hospital systems have been modified to meet MDS requirements, system limitations are resulting in the implementation of local workarounds, which was not ideal. This was acknowledged at hospital level.</p>
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## 12. Key Recommendations

12.1	<b>Date Captures</b>
	<p>To enable the tracking of key date captures throughout the outpatient pathway all hospitals should ensure that the receipt, acknowledgement and clinical prioritisation of referrals should be managed within specific timeframes, as per the <b>Management of Outpatient Services Protocol (February 2014 - Version 2.1)</b>.</p> <p>The <b>National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)</b> must be fully implemented and adhered to when adding a patient to the waiting list or planned procedure list to ensure the accurate recording of key date captures. Admission/Booking Forms should be date stamped on receipt in the booking office and must be added to the hospital patient administration system within the specified timeframe. The patient's '<i>decision to admit</i>' date on the waiting list must be entered on the hospital system as the date added which will inform the '<i>start wait time</i>'.</p> <p>Consideration should be given at national level to the standardisation of key definitions in <b>National IDPP Protocol and Minimum Data Set (MDS)</b> guidance to support consistent and accurate date captures.</p>
12.2	<b>GI Endoscopy Direct Referrals</b>
	<p>National IDPP Protocol guidance should be enhanced to support the management of GI Endoscopy direct referrals from GPs to ensure a consistent and standardised approach to the referral pathway.</p> <p>Expansion to the MDS guidance is essential for hospitals to fully meet the National IDPP Protocol requirements in respect of key date captures for the direct referral pathway.</p>
12.3	<b>Direct Listing</b>
	<p>Hospitals should ensure that National IDPP Protocol is applied when adding all patients to the waiting list, including those who are being listed directly by the treating/listing consultant, following their clinical review.</p>
12.4	<b>Clinical Prioritisation</b>
	<p>The roll out plan developed for the <b>Clinical Prioritisation Process for Elective Patients who require Inpatient or Day Case Admission</b> should be prioritised for implementation in 2019. This new process provides standardisation to clinical priority categories and clinically recommended timeframes.</p> <p>In the interim, hospitals should ensure that clinical priority is clearly assigned on the outpatient referral letter and on the Admission/Booking Form and transcribed correctly onto the hospital patient administration systems, to ensure all patients receive care in a timely and clinically appropriate manner, in line with national protocols.</p> <p>Hospitals should ensure correct mapping of clinical priority to extract file submissions to NTPF for national reporting.</p>

12.5	<b>Outpatient referral acknowledgement communication</b>
	<p>Outpatient referral acknowledgement letters should be sent to both Source of Referral (SOR) and patient to ensure notification of receipt of referral and the outcome of clinical prioritisation, as per Outpatient Services Protocol.</p>
12.6	<b>Admission/Booking Form</b>
	<p>The National IDPP Project Steering Group should prioritise the development and implementation of the new national Admission/Booking Form to support hospitals to meet with the minimum information requirements, in line with the National IDPP Protocol.</p> <p>In the interim, hospitals should ensure that Booking Forms are fully completed by consultants when adding all patients to the waiting list and planned procedure list.</p> <p><b>Note:</b> The current process for adding a patient to waiting/planned procedure list is paper-driven, manual and prone to error. This process would be greatly improved by progressing to a system integrated national electronic Admission/Booking Form.</p>
12.7	<b>Management of Patient Scheduling</b>
	<p>The current MDS should be extended to fully support the implementation of National IDPP Protocol in respect of patient initiated cancellations for 'Booked' TCI dates where minimum notice was not given (i.e. non-reasonable offer). Implementation of the above would ensure that, the waiting list clock will not be reset at national level, where minimum notice has not been given.</p> <p>Patients listed for planned procedures should be scheduled in line with indicative treatment timeframes, as per with National IDPP Protocol. Consideration should be given to the scheduling of patients requiring a planned series or sequence of care when the National IDPP Protocol is being revised.</p>
12.8	<b>Planned Procedure List</b>
	<p>Patients who are added to the planned procedure list should have a planned list type indicator with an indicative treatment date or approximate treatment timeframe clearly assigned and completed on the Admission/Booking Form. This information should then be transcribed correctly onto the hospital system. Provision for this indicative date capture should be an available field for selection on hospital patient administration systems.</p> <p>National IDPP Protocol guidance should be expanded to support the classification and management of planned procedures. This should include enhanced guidance in relation to second surgeries and clinically agreed timescales between the 1st and 2nd surgery.</p>

<b>12.9</b>	<b>Data Validation and removal of patients from the waiting list</b>
	<p>Hospitals should ensure full compliance with the process for removing a patient from a <i>'waiting list'</i> or <i>'planned procedure list'</i> in a timely manner, in line with national protocol.</p> <p>Hospitals should develop and implement procedures to support a process of regular data validation and monitoring to ensure the accuracy, reliability and timeliness of waiting list data that reflects a true representation of the number of patients waiting for national reporting. Regular review and audit of waiting list information should be undertaken to identify opportunities for improvement and on-going staff training needs.</p>
<b>12.10</b>	<b>Insourcing and Outsourcing Initiatives</b>
	National IDPP Protocol should be expanded to provide guidance to support the identification, management and tracking of patients to be treated within own hospital through insourcing initiatives.
<b>12.11</b>	<b>Hospital Patient Management Information Systems</b>
	<p>Each hospital should review their own system functionality to identify and remedy system weaknesses in the context of the current MDS requirements. Hospitals should also review their systems tracking capability to ensure that any revisions to the patients waiting time journey are clearly documented and visible to support waiting list management.</p> <p><b>Note:</b> The new MDS developed in 2017 to support National IDPP Protocol is currently on hold while consideration is given to recommendations from the NTPF commissioned Trinity Review, which may impact further on the MDS.</p>
<b>12.12</b>	<b>Training and Development</b>
	<p>Hospitals should put in place training and development plans to support operational compliance to national protocols and ensure that all staff are trained appropriately in relation to waiting list management.</p> <p>Hospitals should engage fully with any on-going national training and development programmes.</p>



### **13. HSE Response**

The response received from Ms. Angela Fitzgerald, Interim National Director, Acute Operations, HSE, dated 15 March 2019 is attached.

### **14. Conclusion**

The Department of Health formally requested the NTPF to develop a plan to extend the 2017 Special Audit Programme to cover other public acute hospitals in 2018. The NTPF has completed this Special Audit, as requested by the Minister for Health. The aim was to provide assurance that the quality and accuracy of the data returned by hospitals and waiting list management practices were in line with national protocols and minimum data set guidance.

Having conducted this Special Audit on random samples in 9 of the 10 hospitals selected, the Audit Team could not give full assurance that waiting list management practices or the quality and accuracy of the data returned were in line with national minimum data set guidance and national waiting list management protocols. Individual hospital reports with key findings and recommendations were issued to the hospitals audited. All hospitals have fully accepted the individual audit findings and have agreed to implement the recommendations.

In addition, this report provides the Minister with an overview of common trends in respect of the key findings and recommendations across the 9 hospitals audited. The implementation of these recommendations would greatly improve waiting list management across all hospitals nationally.

### **15. Acknowledgements**

The Audit Team wishes to acknowledge the support and co-operation of the Department of Health, HSE, Hospital Groups and individual hospitals. In particular the Audit Team would like to thank all hospital staff, particularly the Waiting List Leads for their time and assistance in conducting this audit programme.

*For the purposes of reports our work was heavily dependent on the co-operation of the people to whom we spoke and the completeness of the documentation that we reviewed. Whilst we have no reason to doubt the integrity of the information provided our reports should be considered in that light and we cannot accept any liability for our findings being prejudiced through provision of incomplete or unreliable information or material.*



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National Treatment Purchase Fund  
Ashford House  
Tara Street  
Dublin 2.

15<sup>th</sup> March 2019

**RE: 2018 Special Audit Programme**

Dear Liam,

I refer to correspondence regarding the audit of nine Hospitals undertaken by the NTPF in 2018 at the request of the Department of Health. The opportunity for the Health Service Executive to review and provide feedback on the audit report is welcome.

The findings in the Report to the Minister indicate that full assurance cannot be given regarding adherence to the national waiting list management protocols; however, it is welcome that the nine Hospitals have accepted the recommendations contained within the audit reports and have made significant progress in implementing these recommendations.

It is also positive that the Report to the Minister recognises the work that is already underway across the system to address the overarching recommendations set out therein. In particular, the HSE will continue work already being progressed with the NTPF through the National IDPP Project Steering Group to address systemic recommendations e.g. National Booking Form, Clinical Prioritisation Process for Elective Patients.

You will be aware that the Hospital Group CEO's have delegated authority for the Hospitals within their Group. In this context, I will be sharing the audit reports with the relevant Hospital Group CEO's and seeking confirmation of the implementation of the identified recommendations specific to each Hospital.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Angela Fitzgerald', is written over a horizontal line.

Angela Fitzgerald  
Interim National Director, Acute Operations  
Cc: Ms Liz Lottering, Audit, Quality Assurance and Research Director