



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

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1. Introduction

An RTE Investigates programme entitled *'Living on the List'* was aired on 6 February 2017 highlighting the experiences of 11 patients on waiting lists across six hospitals nationally. The programme and the issues it raised were debated at length in the Houses of the Oireachtas and during those debates the Minister for Health made a number of commitments in relation to hospital waiting lists including their management.

To help deliver on this Ministerial commitment in relation to waiting list management, the Minister for Health formally directed the National Treatment Purchase Fund (NTPF) *'to audit the practices in the hospitals highlighted and the individual cases featured in the programme with the aim to improve their communications with patients and work towards full compliance with relevant protocols'*.

The NTPF submitted a Report to the Minister which provided an overview of the key findings and recommendations from the Special Audit Programme. This report, including five hospital reports, was published on the Department of Health website on 9 November 2017. The seven individual patient reports (for those who had consented) were issued separately to the Minister and the patients.

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. This programme of work is to be undertaken and completed by the NTPF before the end of 2018 in order to feed into a wider programme of work led by the HSE to drive improved performance in waiting list management. The plan for the Special Audit Programme 2018 was submitted and agreed by the Department of Health on the 4 January 2018.

This report relates to the random sample of 80 patient (waiting list/planned procedure) records reviewed by the Audit Team in **Letterkenny University Hospital (LUH)** (see 6a, 6b Page 3).

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 special audit is being conducted in accordance with this statutory obligation.

3. Scope of Audit

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

In order to facilitate a detailed review of waiting list management practices and adherence to national protocols, the audit will review the entire patient waiting list pathway for patients identified in the random sample. In particular, emphasis will be placed on testing date captures, communication with patients during their waiting times etc. in line with national protocols.

4. 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

5. 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.

2018 Special Audit - 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?
12.	National protocol in respect of the removal of patients has been adhered to?

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

6. Sampling Framework

The Special Audit will include detailed review of random samples:

- 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 will only include patients waiting 6-9 months in order to capture those patients listed and managed, in compliance with the 2017 protocol
- 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

7. Reference Protocols

- The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
- National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017¹

¹ 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 extended 2018 audit programme references the 2017 protocol.

8. Key Findings

8.1 The Active Waiting List

The key findings were derived from 12 key test controls comprising 58 sub-test items carried out on the random samples.

The random sample consisted of 40 patients across 4 specialties (see no. 6a, page 3). Specialty breakdown as follows:

- General Surgery - 27 patients
- Gynaecology - 3 patients
- Orthopaedics - 4 patients
- Urology - 6 patients

For the 40 patients in the random sample, the referral pathways onto Letterkenny University Hospital's active inpatient and day case waiting list were as follows:

- 11 patients were wait-listed on foot of a new outpatient attendance, having been referred by GP
- 6 patients were wait-listed on foot of a return (follow-up) outpatient attendance
- 3 patients were wait-listed on discharge from hospital
- 19 patients were '*direct listed*' on foot of review of referral form/letter from GP
- 1 patient was '*direct listed*' by the treating consultant on foot of seeing patient at a HSE funded external clinic

Table 1: Key Findings – The Active Waiting List

No.	Key Test Control
1.	Dates logged for patient's waiting list pathway meet with national protocols?
	<p>11 of the 40 patients in the random sample were referred via the outpatient service (OPD) as <u>new</u> patient referrals. Whilst 8 of the 11 patients were added to the electronic outpatient waiting list (OPWL) within 1 working day on receipt of referral, the Audit Team found evidence of the following for 3 patients:</p> <ul style="list-style-type: none">▪ 1 patient was added to the OPWL within 7 working days on receipt of referral▪ 1 patient was added to the OPWL within 8 working days on receipt of referral▪ 1 patient was added to the OPWL within 14 working days on receipt of referral <p>Of the 11 patients in the random sample referred via OPD, 10 were not assigned a clinical priority within 5 working days on receipt of referral (range was between 6 and 27 working days).</p> <p>Of the 11 patients in the random sample referred via OPD, the Audit Team were unable to test the 7 day turnaround timeframe for issue of outpatient referral acknowledgement letters on</p>

	<p>receipt of referral. The hospital confirmed that referral acknowledgement letters are not issued to patients or source of referral (SOR). In respect of SOR, only outpatient referrals received electronically from GPs (i.e. e-referrals) are issued with an automatic acknowledgement of receipt.</p> <p>Of the 40 patients in the random sample wait-listed on the inpatient and day case waiting list, only 16 Booking Forms were provided for review, none of which had a date stamp received into the Waiting List Office or equivalent. This practice limits the hospital in testing key date captures. As a result the Audit Team were unable to test if these patients were added to the electronic waiting list (iPMS) within 3 working days of the Booking Form date stamp.</p> <p>Of the 16 Booking Forms reviewed, 13 were dated and signed. Of this 13, the Audit Team found evidence of 2 patients where the <i>'decision to admit'</i> date (i.e. the date the Booking Form was signed) was not the <i>'date added'</i> to the waiting list. These patients therefore did not comply with national protocol in terms of <i>'date added'</i> to the inpatient and day case waiting list. The Audit Team observed:</p> <ul style="list-style-type: none"> ▪ 1 patient's <i>'date added'</i> was the date of the consultant's clinic letter to GP following patients attendance at a return OPD appointment (note: this letter was dated 1 day after the date the Booking Form was signed) ▪ 1 patient's <i>'date added'</i> was one day before the central referrals stamp received date of the outpatient referral letter (note: <i>'date added'</i> was within five days of the date the Booking Form was signed to <i>'direct list'</i> the patient) <p>3 of the 16 Booking Forms reviewed did not have a date signed i.e. <i>'decision to admit'</i> date, the Audit Team were therefore unable to test the <i>'date added'</i> against the Booking Form. In respect of these 3 patients the Audit Team observed:</p> <ul style="list-style-type: none"> ▪ 2 patients' <i>'date added'</i> was the date of the OPD clinic attendance ▪ 1 patient's <i>'date added'</i> was the <i>'transaction'</i> or processing date onto iPMS (Note: the transaction date was 6 days after date of the <u>new</u> OPD clinic attendance)
2.	<p>National protocols in respect of clinical prioritisation were adhered to?</p>
	<p>Of the 11 patients referred via OPD, all patients had a clinical priority recorded on the electronic outpatient waiting list (iPMS), the Audit Team however found evidence of:</p> <ul style="list-style-type: none"> ▪ 3 patients with no clinical priority assigned on the referral letters. The Audit Team were therefore unable to determine what had informed the clinical priority of <i>'routine'</i> assigned on iPMS for these patients and were unable to test whether correctly assigned ▪ 1 patient did not have a clinical priority of <i>'urgent'</i> or <i>'routine'</i> assigned on the referral letter but had <i>'next available'</i> hand written. This patient was assigned a clinical priority of <i>'urgent'</i> on iPMS <p>Of the 40 patients in the random sample on the inpatient and day case waiting list, all had a clinical priority recorded on iPMS.</p> <p>Of the 16 Booking Forms provided for review, the Audit Team found evidence of 1 patient where no clinical priority was assigned on the Booking Form, The Audit Team were therefore unable to test what had informed the clinical priority of <i>'urgent'</i> for this patient on iPMS.</p> <p>Of the 24 patients in the random sample for which Booking Forms were not provided, The Audit Team were unable to test what had informed the clinical priority recorded on iPMS for 8 of these patients, 6 of whom had a clinical priority of <i>'routine'</i> and 2 of whom had a clinical</p>

	priority of 'urgent' assigned in iPMS (Note: for 2 of the 8 patients, the original referral correspondence that was used to list could not be located, and copies were printed from the system for review).
3.	Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?
	The hospital confirmed that referral acknowledgement letters are not issued to patients or source of referral (SOR). In respect of SOR, only outpatient referrals received electronically from GPs (i.e. e-referrals) are issued with an automatic acknowledgment of receipt. Of the 11 patients referred via OPD in the random sample, 2 patients were referred via Healthlink as e-referrals.
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?
	<p>Of the 40 patients in the random sample, Booking Forms for only 16 patients were provided to the Audit Team for review.</p> <p>The Audit Team observed that there was no standard Booking Form in use and as such there were significant variations in the different Booking Forms reviewed. The Audit Team found evidence of 3 different Booking Forms:</p> <ol style="list-style-type: none"> 1. Planned Admission Card – Day Services Unit Letterkenny University Hospital (A4) – completed for 13 patients 2. Orthopaedic Waiting List Card (A5) – completed for 1 patient 3. Letterkenny General Hospital Endoscopy Referral Form (A4) – completed for 2 patients <p>National protocol prescribes 25 minimum standard information requirements on the Waiting List Booking Form. Of the 16 Booking Forms reviewed none fully met with all of the 25 minimum information requirements.</p> <p>The Audit Team found evidence of significant variation in the Booking Forms reviewed regarding available information fields for completion. None included a specific List Type indicator (i.e. waiting list or planned procedure list). In some instances provision for key information was excluded e.g. specialty, GP details, source of referral (SOR). The Audit Team did observe however that the Endoscopy Referral Form was the most comprehensive of the Booking Forms reviewed.</p> <p>Of the 16 patients with a Booking Form provided for review, none were fully completed.</p> <p>Note: Of the 24 patients in the random sample for whom Booking Forms were not provided, the Audit Team found evidence of the following correspondence used to add these patients to the waiting list:</p> <ul style="list-style-type: none"> ▪ GP Referral Letter – 9 patients directly listed on referral from GP ▪ Colorectal Referral Form – 5 patients directly listed on referral from GP ▪ National General Referral Form – 4 patients directly listed on referral from GP ▪ Application for Outpatient Consultation Form (LGH) – 1 patient directly listed on referral from GP ▪ Discharge Slip – 1 patient wait listed on discharge from hospital ▪ Consultant OPD Clinic Letter – 4 patients wait listed on foot of <u>new</u> OPD attendance

5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 16 Booking Forms reviewed by the Audit Team, none included a specific list type indicator (i.e. waiting list or planned procedure list). However the Letterkenny General Hospital Endoscopy Referral Form, which accounted for 2 of the Booking Forms reviewed, did provide for the option of 'new' or 'surveillance' under the 'Procedure Required' section of the form. Neither option however had been completed for the 2 Endoscopy Booking Forms reviewed to indicate whether the procedure was new or surveillance. For the remaining 14 Booking Forms reviewed, the Audit Team were unable to test how 'waiting list' type was identified and added to iPMS.</p>

Note: There were no key findings in respect of key test controls 6, 7, 8, 9, 10, 11 and 12

8.2 The Planned Procedure List

Key findings were derived from 11 key test controls comprising 34 sub-test items carried out on the random sample.

The random sample consisted of 40 patients across 6 specialties (see no. 6b, page 3). Specialty breakdown as follows:

- Cardiology - 1 patient
- Gastroenterology - 18 patients
- General Surgery - 9 patients
- Ophthalmology - 4 patients
- Orthopaedics - 2 patients
- Urology - 6 patients

Table 2: Key Findings – The Planned Procedure List

No.	Key Test Control
1.	Patients added to the planned procedure list as per national protocol?
	<p>Of the 40 patients reviewed in the random sample, Booking Forms were provided for 15 patients.</p> <p>None of the 15 Booking Forms reviewed had a date stamp received in the Booking Office or equivalent. In the absence of a date stamp, the Audit Team were unable to test the three working day turnaround time for processing Booking Forms, in line with national protocol.</p>
2.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
	<p>Of the 15 Booking Forms reviewed, the Audit Team found evidence of 3 variations of Bookings Forms used to list patients on the planned procedure list, including:</p> <ol style="list-style-type: none"> 1. Letterkenny University Hospital Endoscopy Referral Form - completed for 12 patients 2. Orthopaedic Waiting List (A5 card with consultant name) - completed for 2 patients 3. Cardiology Department Form - completed for 1 patient <p>The 15 Booking Forms reviewed did not fully meet with national protocol in respect of all 25 minimum standard information requirements.</p> <p>In respect of the remaining 25 patients in the random sample who did not have a Booking Form completed/provided, the Audit Team found evidence of other correspondence used to list 22 patients on the planned procedure list, including:</p> <ul style="list-style-type: none"> ▪ Colonoscopy Reports - 3 patients (General Surgery) ▪ Gastroscopy Reports - 6 patients (Gastroenterology) ▪ Sigmoidoscopy Reports - 3 patients (General Surgery and Gastroenterology) ▪ Histology Reports - 2 patients (General Surgery and Gastroenterology) ▪ Letters - 8 patients (Gastroenterology, Ophthalmology, and Urology)

	<p>Note: The various reports outlined above contained a management plan, specifying the required clinical follow-up (i.e. repeat procedure and treatment timeframe).</p> <p>The Audit Team were unable to test what documentation was used to list the remaining 3 patients in the random sample.</p>
<p>3.</p>	<p>Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?</p>
	<p>Of the 15 Booking Forms reviewed none had a specific list type indicator (i.e. waiting list or planned procedure list). As a consequence, the Audit Team were unable to test in all cases what list type patients should have been assigned to, and whether all patients were correctly listed on the planned procedure list. Hospital to review the 2 patients under Orthopaedics as the documentation reviewed by the Audit Team would indicate that the patients should have been listed on the waiting list and not the planned procedure list.</p> <p>The Endoscopy Referral Form, which was completed for 12 patients reviewed in the random sample, included a 'surveillance' section but did not facilitate the recording of an indicative treatment date/timeframe for planned procedures. Only 1 form had the surveillance section completed; 2 forms had the word 'surveillance', and 3 had the word 'repeat' hand-written.</p> <p>Of the 15 Booking Forms reviewed, 2 patients did not have a procedure type assigned.</p>
<p>4.</p>	<p>Indicative treatment date/timeframe assigned, as per national protocol?</p>
	<p>Of the 40 patients in the random sample, 34 patients were added to the planned procedure list with an indicative treatment date (i.e. 'admit by date' populated on iPMS), in line with national protocol. However, the Audit Team were unable to test in all cases what had informed the indicative treatment date.</p> <p>6 patients were added to the planned procedure list without an indicative treatment date assigned on iPMS. Breakdown of patients as follows:</p> <ul style="list-style-type: none"> ▪ 2 patients listed under Orthopaedics - Booking Forms completed did not indicate planned procedures or indicative treatment times ▪ 4 patients listed under Ophthalmology - No Booking Forms provided <ul style="list-style-type: none"> - 3 of these patients had an Admission Type: Elective-Waiting List recorded on iPMS (See additional findings outside of key test controls) <p>Of the 15 Booking Forms reviewed, 12 patients had no indicative treatment date assigned on the Booking Forms. Of these 12 patients, 10 had indicative dates recorded on iPMS. The Audit Team were unable to test what had informed the indicative dates for these 10 patients.</p> <p>Note: None of the Booking Forms reviewed made provision to record an indicative treatment date.</p>

5.	Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 15 Booking Forms reviewed, only 3 Booking Forms had an indicative treatment timeframe assigned and transcribed correctly onto iPMS.</p> <p>Note: The Audit Team observed 22 patients in the random sample who did not have a Booking Form completed but were listed on the planned procedure list based on the follow-up outlined in the correspondence reviewed (e.g. Colonoscopy, Gastroscopy Reports etc.). Of these 22 patients, all had indicative treatment timeframes specified, and all were transcribed correctly onto iPMS, with the exception of 1 patient.</p>
6.	National protocol in respect of patient scheduling timeframes was adhered to?
	<p>Of the 40 patients in the random sample, 34 patients had an indicative treatment date in the past recorded on iPMS, and returned in the extract file to the NTPF. Of these 34 patients, 7 patients had a <i>'To Come In'</i> (i.e. TCI) date booked. National protocol prescribes that TCI dates should be scheduled within two weeks of indicative treatment dates. The Audit Team found evidence of scheduling timeframes ranging from 8 – 28 weeks for these patients, 2 of which had been offered earlier appointments by the hospital but the patients had either cancelled (CNA) or did not attend (DNA) their appointment.</p> <p>In respect of TCI date notice periods, for these 7 patients with TCI dates the Audit Team found evidence that notice periods ranged from 1 – 3 weeks. National protocol prescribes that a TCI date is a reasonable offer, giving patients a minimum of two weeks' notice, and not scheduling more than 6 weeks in advance. The Audit Team observed that 5 patients were given insufficient notice, 2 of which were admitted and treated, irrespective of insufficient notice.</p>
8.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 10 patients who had cancelled (CNA) a scheduled appointment; 2 patients cancelled on two occasions, and 1 patient cancelled on three occasions.</p> <p>The Audit Team found no evidence recorded that clinical guidance had been sought in relation to patients who had cancelled their appointment. Furthermore, the Audit Team observed in some instances that insufficient notice of TCI dates was given to patients who had a CNA recorded.</p>
	Additional Findings outside of Key Test Controls
	<p>The Audit Team found evidence of 3 patients in the random sample (extract file 12/07/2018) listed under Ophthalmology for cataract surgery (1st eye) who had an Admission Type: Elective-Waiting List recorded on iPMS but returned as planned procedures in extract file 12/07/2018 to the NTPF. Hospital confirmed that these 3 patients had been incorrectly listed and corrected by the hospital between the extract file date and the on-site audit.</p>

Note: There were no key findings in respect of key test controls 7, 9, 10 and 11.

9. Recommendations

- 9.1 The hospital should ensure that **The Management of Outpatient Services Protocol (February 2014 – Version 2.1)** is fully implemented and adhered to. This protocol clearly states how the receipt, clinical prioritisation and acknowledgement of referrals should be managed within specific timeframes to ensure all referrals are added to the outpatient waiting list module within 24 hours of receipt of referral to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.
- 9.2 The hospital should implement the newly developed Booking Form which has been revised and standardised to meet the minimum information requirements, including list type indicator in line with the **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)**.
- 9.3 A Booking Form should be completed for all patients when adding to the '*waiting list*' and to the '*planned procedure list*' in line with national protocol.
- 9.4 The hospital should ensure that Booking Forms are fully completed by consultants against the minimum information requirements in line with national protocol to ensure safe, effective waiting list management and reporting and to support accurate and timely transcription of patient admission details onto the hospital system (iPMS).
- 9.5 The hospital should ensure that the '*decision to admit*' date (i.e. date Booking Form signed by consultant) is the '*date added*' to the waiting list, in line with national protocol so patient wait times are calculated correctly.
- 9.6 The hospital should ensure that clinical priority is assigned clearly on Booking Forms and transcribed onto the hospital system in line with national protocol.
- 9.7 All patients who are added to the planned procedure list should have an indicative treatment date or approximate treatment timeframe clearly assigned on the Booking Form and transcribed correctly onto the hospital system (iPMS).
- 9.8 All Booking Forms should have a date stamp received in the Waiting List Office, or equivalent to ensure that the processing date onto the electronic waiting list (iPMS) is in line with national protocol.
- 9.9 Hospital should adhere to the scheduling timeframes for patients listed on the planned procedure list in line with national protocol.
- 9.10 Hospital to ensure that the management of patient cancellations (CNAs) is in line with national protocol.

10. Hospital Response

The draft report has been reviewed and verified for accuracy.

The hospital wishes to affirm its commitment to the implementation of both The Management of Outpatient Services Protocol (February 2014 – version 2.1) and National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017) and ensuring that all patient pathways are managed in line with these national protocols. The hospital will reflect on the recommendations set out in the report and where there are areas of protocol not implemented we will look to do this as a matter of priority. The hospital will ensure that all staff and departments are aware of their role and responsibilities in implementing the protocols and the hospital will continue to audit adherence to the protocols in order to identify and address areas of non-adherence.

In response to the recommendations and conclusions we would like to add the following comments:

9.1 – The hospital will ensure that all areas receiving referrals are aware of the requirement to add these to IPMS within 24 hours and will continue audits to identify and address any non-adherence to the Protocol.

9.2 – The hospital had postponed implementation of the locally developed booking form pending development of a new National Booking Form. It is now confirmed that the National Form is delayed we will now proceed with the implementation of the locally developed form.

9.3 – Currently, booking forms are completed for all patients seen at outpatient clinics who are to be added to the “waiting list”. While there is no official GP “Direct Access” to day services the consultants often triage GP referrals direct to day services, in this case the GP referral is used and no booking form is complete. We acknowledge that the current process for adding patients to a “planned procedure list” does not include the completion of a booking form for all patients, as an outcome from the audit we will now review this practice and ensure that booking forms will be completed for all patients added to “waiting list” or “planned procedure list”.

9.4, 9.6, 9.7 - The hospital acknowledges the audit findings in respect of incomplete booking forms by consultants, including assigning clinical priority, indicative dates, signature and dated. In line with the roll out of the new booking form we will ensure that consultants are aware of their responsibility to fully complete booking forms in line with National Protocol and administration staff with responsibility for adding patients to waiting lists will be instructed to return all incomplete forms to consultants and to only accept booking forms that are fully complete. Once the new booking form is implemented we will carry out audits to identify and address any non-adherence in relation to the completion of the booking form.

9.5 – The hospital will reiterate the National Protocol for adding patients to waiting lists with all administration staff and continue to audit to identify and address any non-adherence.

9.8 – The hospital is fully committed to the implementation of the National Protocol and in line with the protocol has recently introduced date stamping of booking forms and referral letters received in our Day Services Unit, we will continue to monitor the implementation of this new process and address any non-adherence.

9.9 - The hospital endeavours to adhere to scheduling timeframes for all patients listed on the planned procedure lists in line with national protocol, including running additional sessions where core capacity does not meet the demand.

9.10 – The hospital has ratified and implemented the management of patient cancellations in line with national protocol. In recent weeks changes have been made to ensure patients receive the required 2 weeks’ notice of appointment. The evidence of non-adherence to the cancellation policy found in the audit was for patients on the “planned procedure list” where for clinical reasons it is more difficult to strictly adhere to a cancellation policy. Clinical guidance always informs decisions to issue further appointments in LUH, however the hospital acknowledges that the recording of this clinical guidance does not occur in all cases. Going forward, the hospital will ensure that all clinical decisions to issue another appointment following 2 cancellations will be recorded and signed in the patient’s record, as per national protocol.

11. Conclusion

The results of the random sample analysis provide limited assurance that the overall waiting list and planned procedure patient pathways are managed in part within national protocols.

This report sets out a number of recommendations based on the key findings of the Special Audit that require implementation by the hospital if national protocols are to be fully adhered to. As a priority the hospital should implement the newly developed Booking Form for all patients when adding to the waiting list to ensure patients are categorised correctly and listed on the appropriate list type and to inform the ‘start wait time’ in line with national protocol.

Additionally, patients on the planned procedures list should also have a Booking Form completed with an indicative treatment date/timeframe clearly assigned.

12. Acknowledgement

The Audit Team wishes to acknowledge the support and co-operation of hospital staff, particularly the Waiting List Leads, involved in this special waiting list audit conducted at the request of the Minister for Health.

It is a matter for the hospital to ensure all necessary steps are taken to meet with national protocols in respect of individual and overall hospital findings.

Note: For the purposes of reports our work is 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.