



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	Midland Regional Hospital Tullamore
Date of Audit:	3 – 7 September 2018 inclusive
Date Final Report issued:	29 November 2018
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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 40 patient (waiting list) records reviewed by the Audit Team and an additional 29 patient (planned procedure) records in **Midland Regional Hospital Tullamore** (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? – see note below
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 will no longer be tested.

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.
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.

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 11 key test controls comprising 56 sub-test items carried out on the random samples. See section 5 (page 2), Methodology re key test control No 11.

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

- General Medicine - 1 patient
- General Surgery - 8 patients
- Orthopaedics - 24 patients
- Otolaryngology (ENT) - 7 patients

For the 40 patients in the random sample, the referral pathways onto the Midland Regional Hospital Tullamore active inpatient and day case waiting list were as follows:

- 10 patients were wait-listed on foot of a new outpatient attendance having been referred by
 - GP referrals x 7 patients
 - Internal hospital referrals (consultant) x 2 patients
 - Inter-hospital referral (other consultant) inside Group x 1 patient
- 23 patients were wait-listed on foot of a return (follow-up) outpatient attendance
- 7 patients were '*direct listed*' by treating consultant on foot of a review of GP referral letter (i.e. Direct Access for procedure).

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>10 of the 40 patients in the random sample were referred via the outpatient service (OPD) as <u>new</u> patient referrals. Whilst 1 of the 10 patients was added to the electronic outpatient waiting list (OPWL) within 1 working day on receipt of referral to the Central Referral Unit (CRU), the Audit Team found evidence of 4 patients who were added to the OPWL between 10-49 working days from receipt of referral. The Audit Team were unable to test the remaining 5 patients as the original referral had no CRU date received stamp.</p> <p>Of the 10 <u>new</u> patients in the random sample referred via OPD, 4 patients were not assigned a clinical priority within 5 working days on receipt of referral (range between 15-46 working days). The Audit Team were unable to test 5 patients as the original referral had no CRU date received stamp.</p> <p>Of the 10 <u>new</u> patients in the random sample referred via OPD, the Audit Team found evidence of 2 patients who had a referral acknowledgment letter recorded on the hospital system (iPMS). As per national protocol referral acknowledgment letters should be issued within 7 working days on receipt of referral. The Audit Team were unable to test when letters were issued as the hospital confirmed whilst they are printed when the patient is added to the OPWL, they are held until the referral letter is returned from triage, where an approx. wait time is included (handwritten) on the referral acknowledgement letter based on clinical priority assigned by the consultant.</p>

	<p>Note: Whilst the hospital system only retains a copy of the letter sent to the patient, the hospital confirmed a letter is also issued to the source of referral (SOR). The Audit Team were unable to test this.</p> <p>Of the 40 patients in the random sample on the inpatient and day case waiting list, only 12 Booking Forms were provided for review, all of which included a fully completed section '<i>For Waiting List Office Use Only – Date Received</i>'. In addition, 2 Booking Forms also had a date stamp received into the Inpatient Waiting List Office with the same date. Of these 12 patients, 5 were added to the waiting list within 3 working days on receipt of Booking Form in line with national protocol. Of the remaining 7 patients:</p> <ul style="list-style-type: none"> ▪ 4 patients were added within 6–14 working days on receipt of Booking Form ▪ 3 patients were added prior to the Booking Form received in the Inpatient Waiting List Office <p>Note: The Audit Team observed that most patients in the random sample had an Outpatient Attendance Letter filed on their healthcare record (HCR). The hospital confirmed that this correspondence is predominantly used by administration to list patients onto the waiting list, resulting in these 3 patients listed prior to the Booking Form being received in the Inpatient Waiting List Office (note: dual process currently in place).</p> <p>Of the 12 Booking Forms reviewed, the Audit Team found evidence of 3 patients where the '<i>decision to admit</i>' date on the Booking Form was not the '<i>date added</i>' to the waiting list and therefore did not comply with national protocol. For these 3 patients the Audit Team observed:</p> <ul style="list-style-type: none"> ▪ 1 patient's '<i>date added</i>' was date of consultant's letter to GP stating his decision to list patient. Patient was added 10 days after Booking Form was signed. ▪ 1 patient's '<i>date added</i>' was due to an error with the clinic date on Booking Form. Patient was added 8 days before Booking Form was signed. ▪ 1 patient's '<i>date added</i>' was the transaction/processing date on iPMS. Patient was added 6 days after the Booking Form was signed.
<p>2.</p>	<p>National protocols in respect of clinical prioritisation were adhered to?</p>
	<p>Of the 10 <u>new</u> patients referred via OPD, all patients had a clinical priority recorded on the OPWL, although the Audit Team could not determine what had informed this in all cases as 3 patients had no clinical priority assigned on referral letter.</p> <p>For 5 patients the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 1 patient triaged '<i>soon</i>' on referral letter and '<i>urgent</i>' recorded on iPMS ▪ 1 patient triaged '<i>soon</i>' on referral letter and '<i>routine</i>' recorded on iPMS ▪ 1 patient triaged '<i>urgent</i>' on referral letter and '<i>routine</i>' recorded on iPMS ▪ 2 patients triaged '<i>MSK/Interface</i>' on referral letter and '<i>routine</i>' recorded on iPMS. <p>Note: The Audit Team found evidence of a Musculoskeletal (MSK)/Interface Triage Service in place, supporting consultant led orthopaedic clinics. It is hospital practice that some patients are triaged MSK/Interface by the consultant orthopaedic surgeon, as some patients are assessed in the first instance by a clinical specialist physiotherapist.</p> <p>All 40 patients in the random sample on the inpatient and day case waiting list had a clinical priority recorded on the system, although the Audit Team could not determine what had informed this in all cases.</p>

	<p>Of the 12 Booking Forms reviewed, the Audit Team found evidence of 6 patients where no clinical priority was assigned on the Booking Form.</p> <p>Booking Forms had not been provided for 28 patients in the random sample. The Audit Team observed for 5 patients listed for direct access for procedure on review of GP referral by the consultant, 1 patient had a triage 'P1' on referral letter and recorded as 'urgent' on iPMS. However, 4 patients had a triage 'soon' on referral letter, with 'routine' recorded on iPMS.</p>
3.	Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?
	<p>Of the 10 <u>new</u> patients in the random sample referred via OPD, the Audit Team only found evidence where the referral acknowledgment letter was issued for 2 patients. The system retains a copy of 1 letter (i.e. to patient) but the hospital confirmed a letter is also issued to the SOR, the Audit Team were unable to test this.</p>
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, only 12 patients had a Midland Regional Hospital Tullamore Referral to In-patient Waiting List Form completed.</p> <p>Note: Most of these patients also had an Outpatient Attendance Letter relating to their procedure filed on their HCR, resulting in a dual process for listing patients on the inpatient and day case waiting list.</p> <p>National protocol prescribes 25 minimum information requirements when completing Booking Forms. The Audit Team observed that none of the Waiting List Booking Forms reviewed met with the minimum information requirements, and none were fully complete.</p> <p>In respect of the remaining 28 patients in the random sample where no Booking Forms were provided, the Audit Team evidenced the following correspondence used to list patients on the inpatient and day case waiting list, including:</p> <ul style="list-style-type: none"> ▪ Outpatient Attendance Letters - 20 patients ▪ Internal Referral Letter - 1 patient ▪ GP Referral Letters - 7 patients
5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 12 Booking Forms reviewed by the Audit Team, none included a specific list type indicator (i.e. waiting list or planned procedure list). The Audit Team were unable to test how 'waiting list' type was identified and added to iPMS.</p> <p>The Audit Team found evidence of 4 patients listed under Orthopaedics whereby the procedure information and treatment history provided would indicate they should be returned on the planned procedure list:</p> <ul style="list-style-type: none"> ▪ 1 patient for a total knee replacement (2nd knee) ▪ 3 patients for carpal tunnel release (2nd hand)

10.	National protocol in respect of the management of suspensions was adhered to?
	The Audit Team found evidence of 8 patients in the random sample suspended for slightly over 3 months, 1 of which was suspended on a second occasion. All patients are suspended for reason code ' <i>Referred to other hospital through NTPF</i> '.

There were no key findings in respect of key test controls 6, 7, 8, 9 and 12.

Note: Key test control no. 11 is no longer tested.

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 sample consisted of 29 patients across 5 specialties.

Note: The generation of the random sample identified 29 patients only which met with the planned procedure list sampling framework criteria (see no. 6b, page 3). Specialty breakdown as follows:

- Cardiology - 2 patients
- General Medicine - 6 patients
- General Surgery - 12 patients
- Orthopaedics - 8 patients
- Otolaryngology (ENT) - 1 patient

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>The national protocol prescribes when adding a patient to the planned procedure list, that '<i>a Booking Form should be completed</i>'. Of the 29 patients in the random sample, none had a Booking Form completed/provided.</p> <p>The national protocol prescribes that '<i>within three working days</i>' of receipt of the completed waiting list Booking Form patients must be added to the electronic waiting list. In the absence of completed Booking Forms for all 29 patients in the random sample, the Audit Team were therefore unable to test the three day turnaround time against national protocol.</p>
2.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
	<p>The national protocol prescribes 25 minimum information requirements when processing Booking Forms. As none of the 29 patients in the random sample had a Booking Form completed/provided, the Audit Team were unable to test the random sample against national protocol in respect of the minimum information requirements, including list type indicator (i.e. waiting list or planned procedure list), when booking a patient onto the planned procedure list.</p> <p>In the absence of completed Booking Forms for the 29 patients in the random sample, the Audit Team observed mixed practices when adding patients to the planned procedure list and noted the following correspondence/documentation used to list:</p> <ul style="list-style-type: none"> ▪ Colonoscopy Report - 6 patients (General Surgery) ▪ Gastroscopy Report - 3 patients (General Surgery) ▪ Histopathology Report - 2 patients (General Surgery) ▪ Discharge Summary & GP Information Sheet - 1 patient (General Surgery) ▪ Outpatient Attendance Letter - 13 patients (2 Cardiology, 7 Orthopaedic, 4 General Medicine) ▪ Letter from consultant to GP - 2 patients (General Medicine) ▪ E-mail from listing consultant - 1 patient (Orthopaedic)

	<p>Note: The Audit Team were unable to test what documentation was used to list 1 patient in the random sample (ENT).</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>All 29 patients in the random sample were entered on the hospital's electronic waiting list (iPMS) as <i>'Elective - Planned'</i> under Admission Type. However, in the absence of completed Booking Forms, the Audit Team were unable to test against national protocol in respect of the requirement for <i>'procedure description'</i> and <i>'planned procedure list type indicator'</i> to be assigned on the Booking Form and entered onto the hospital system.</p> <p>In the absence of completed Booking forms for the 29 patients in the random sample, review of the types of correspondence/documentation used to list these patients on the planned procedure list as outlined in no. 2 above identified:</p> <ul style="list-style-type: none"> ▪ The Colonoscopy and Gastroscopy reports provided for 9 patients contained a management plan section in which a follow-up procedure and treatment timeframe was specified ▪ The Histopathology reports provided for 2 patients included the word <i>'repeat'</i> in the procedure description and a treatment timeframe which were hand written on the reports ▪ The discharge summary provided for 1 patient did not indicate that the procedure to be listed was a planned procedure ▪ Of the Outpatient Attendance letters provided for 13 patients, the Audit Team found evidence of: <ul style="list-style-type: none"> - 10 letters where the procedure description recorded on the letter indicated that the procedure was planned i.e. removal of metal/plate/screws (7 patients) or where the procedure description included the term <i>'surveillance'</i> or <i>'follow up'</i> in either the body of the letter or in copied instructions to Admissions (3 patients) - 1 letter cc'd to the listing consultant, where consideration for <i>'repeating'</i> a procedure was requested by a consultant from a different specialty on review of the patient in OPD - 2 letters where the procedure description did not include a term to indicate that the procedure to be listed was a planned procedure ▪ The Consultant letter to GP provided for 2 patients where the procedure description included <i>'follow-up'</i> or <i>'repeat'</i> in the body of the letter ▪ The E-mail from the listing consultant to Admissions for 1 patient where the procedure description recorded on the letter indicated that the procedure was planned i.e. removal of metal
<p>4.</p>	<p>Indicative treatment date/timeframe assigned, as per national protocol?</p>
	<p>In the absence of completed Booking Forms for all 29 patients in the random sample, the Audit Team were unable to test against national protocol which requires <i>'planned procedure indicative treatment dates'</i> to be assigned on the patients Booking Form.</p>

The Audit Team observed variation in practice in respect of how indicative treatment timeframes are currently assigned for patients added to the planned procedure list. Review of the different types of correspondence provided used to list patients on the planned procedure list showed that indicative treatment timeframes were recorded either:

- In the management plan section of the **Colonoscopy/Gastroscopy reports**
- As hand written instructions recorded on the **Histopathology report**
- Within the body of the **Outpatient Attendance Letter** or in the instructions copied to Admissions

Of the 29 patients in the random sample, 22 patients were added to the planned procedure list with an indicative treatment date (i.e. 'admit by date' entered on iPMS), in line with national protocol. In the absence of completed Booking Forms and a planned procedure 'list type' indicator, it was not entirely clear in all cases from the procedure descriptions whether the treatment timeframe recorded on correspondence provided was to inform an 'indicative date' for a planned procedure. In addition the Audit Team were unable to test in all cases what had informed the indicative treatment date (i.e. 'admit by date' entered on iPMS). For example, the Audit Team observed:

- In the **Discharge Summary** provided for 1 patient there was nothing in the procedure description to indicate this was a planned procedure. It was therefore unclear if the treatment timeframe recorded was an 'indicative treatment timeframe' for the planned list or a 'schedule by timeframe' for the waiting list
- In respect of 5 of the 13 **Outpatient Attendance Letters** provided:
 - **2 letters** did not include a treatment timeframe for a follow-up procedure i.e. 'removal of metal'. The Audit Team were therefore unable to test what informed the indicative treatment date (i.e. 'admit by date' entered on iPMS)
 - **1 letter** did not include a term in either the procedure description or body to indicate that the treatment timeframe recorded was for a planned procedure.
 - **1 letter** did not include a term in either the procedure description or body to indicate a planned procedure. It was therefore unclear if the actual treatment date appointed on the letter was an 'indicative date' for the 'planned list' or a scheduled 'to come in' date (TCI) for the 'waiting list'. (Note: This patient has since been admitted and removed from the planned procedure list)
 - **1 letter** included a handwritten procedure and treatment timeframe i.e. 'TOE 3-4/52'. A scheduled TCI date was entered on iPMS based on this indicated treatment timeframe and a clinical priority of 'urgent'. As a result it was unclear as to whether this timeframe was intended to inform a 'TCI date' for admission or an 'indicative treatment date'. (Note: An 'admit by date' was entered on iPMS but this did not match the treatment timeframe indicated on the letter)

Of the 29 patients in the random sample 7 patients were added to the planned procedure list without an indicative treatment date (i.e. 'admit by date' entered on iPMS). The Audit Team observed:

- A treatment timeframe had been assigned on the correspondence/documentation used to list for 6 patients

Note: The Audit Team were unable to test what documentation was used to list 1 patient

5.	Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 22 patients in the random sample that were added to the planned procedure list with an indicative treatment date (i.e. 'admit by date' entered on iPMS), the treatment timeframes assigned on the correspondence/documentation provided for 9 patients matched the '<i>admit by date</i>' entered on iPMS, however the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 11 patients where the indicative treatment timeframe recorded on correspondence/documentation used to list was not correctly assigned on iPMS, 5 of whom should have an '<i>indicative date</i>' in the future i.e. 2019 – 2023 ▪ 2 patients had no treatment timeframe assigned on the OPD Attendance letter used to list, the Audit Team were therefore unable to test what had informed the '<i>admit by date</i>' entered on iPMS <p>Of the 7 patients in the random sample that were added to the planned procedure list without an indicative treatment date (i.e. 'admit by date' entered on iPMS), the Audit Team observed that for 6 of these patients a treatment timeframe had been assigned on the correspondence/documentation used to list but had not been transcribed onto iPMS. (Note: the specific treatment date assigned on correspondence used to list 2 of the 6 patients was entered directly as a TCI date i.e. scheduled 'to come in' date for admission).</p>

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

9. Recommendations

- 9.1 Outpatient service referral management should be reviewed by the hospital to 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 on receipt of referral to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.
- 9.2 The hospital Waiting List Booking Form should be revised and standardised to meet the minimum information requirements in line with the **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)**.
- 9.3 The revised hospital Waiting List Booking Form should include a specific list type indicator (i.e. waiting list or planned procedure list) to ensure patients are categorised and listed correctly.
- 9.4 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.
- 9.5 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.
- 9.6 The hospital should ensure the '*decision to admit*' date (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 properly.
- 9.7 The hospital should ensure that clinical priority is assigned clearly on Waiting List Booking Form and transcribed correctly onto the hospital system in line with national protocol.
- 9.8 All patients who are added to the planned procedure list should have an indicative treatment date or approximate treatment timeframe clearly assigned on the Waiting List Booking Form and transcribed correctly onto the hospital system (iPMS).

10. Hospital Response

The hospital accepts the audit report findings and will make every effort to address the issues raised in relation to the Booking Form.

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 protocol.

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 revise and standardise the hospital Booking Form to meet the minimum information requirements. This needs to be implemented 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.

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.