



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

Audit Title:	Special Audit of Hospital Waiting List
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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 the **Royal Victoria Eye and Ear Hospital (RVEEH)** (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

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 2 specialties (see no. 6a, page 3). Specialty breakdown as follows:

- Ophthalmology - 39 patients
- Otolaryngology (ENT) - 1 patient

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

- 12 patients wait-listed on foot of a new outpatient attendance having been referred by
 - GP x 5 patients
 - ED x 2 patients
 - Inter-Hospital (other consultant) outside Group x 1 patient
 - Community Ophthalmic Physician x 2 patients
 - Private Hospital x 1 patient
 - Ocularist x 1 patient
- 13 patients were wait-listed on foot of a return (follow-up) outpatient attendance
- 15 patients were '*direct listed*' by the treating consultant having been seen by
 - Treating consultant in another hospital x 3 patients
 - Another hospital within the Group as part of an insourcing initiative x 1 patient
 - Consultant Ophthalmic Surgeon within the Group x 1 patient
 - Community Ophthalmic Physician x 10 patients (3 seen internally and 7 externally)

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?
	12 of 40 patients in the random sample were referred via the outpatient service (OPD) as <u>new</u> patient referrals. The Audit Team were unable to test if patients were entered on the hospital's patient administration system (i.e. CAPAS) within 1 working day on receipt of referral to the Appointments Office as there was no access to transaction/processing date details on CAPAS.

	<p>National protocol prescribes that clinical priority is assigned within 5 working days on receipt of outpatient referral. For the 12 patients in the random sample referred via OPD, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 3 patients who had a clinical priority assigned on the system within the correct timeframe, but the Audit Team observed that referrals were addressed to, received and triaged by consultant prior to being received and processed by the Appointments Office ▪ 1 patient who had a clinical priority assigned on the system 12 working days after receipt, but the Audit Team observed that the referral was clinically triaged on paper within 2 days ▪ 1 patient who was booked directly to clinic from ED and therefore the OPD checks were not applicable ▪ 7 patients unable to test; 5 had no stamp received date, 1 had no triage recorded, and 1 had inaccurate date captures <p>Of the 12 patients in the sample referred via OPD, the Audit Team found evidence of 5 patients who had an outpatient referral acknowledgement letter printed on the system. The Audit Team were unable to test the 7 day turnaround timeframe for 3 of these patients as the original referral had no stamp received date.</p> <p>For the 40 patients in the sample on the inpatient and day case waiting list, 31 Booking Forms were provided for review. The Audit Team were unable to test if these 31 patients were added to the waiting list within 3 working days on receipt of Booking Form in the Bed Booking Office as it is not standard hospital practice to date stamp completed Booking Forms received. This practice limits the hospital in testing key date captures.</p> <p>Of the 31 Booking Forms provided the Audit Team found evidence of 18 patients who did not comply with national protocol in terms of <i>'date added'</i> to the inpatient and day case waiting list. The <i>'decision to admit'</i> date (i.e. date Booking Form signed by the consultant) was not the <i>'date added'</i> to the waiting list:</p> <ul style="list-style-type: none"> ▪ 14 patients' <i>'date added'</i> ranged between 1 and 28 working days after the Booking Form date, 9 of which had a <i>'date added'</i> 1 day after the Booking Form date ▪ 1 patient's <i>'date added'</i> was prior to the Booking Form date – internal referral letter date recorded as <i>'date added'</i> ▪ 3 patients unable to test as Booking Forms were not dated
<p>2.</p>	<p>National protocols in respect of clinical prioritisation were adhered to?</p>
	<p>Of the 12 patients in the sample referred as <u>new</u> patients via OPD, 2 patients did not have a clinical priority recorded on the system. The Audit Team observed that both patients were referred via ED; 1 booked directly to an outpatient clinic, and the other triaged as <i>'urgent'</i> on the referral but not recorded on the system.</p> <p>For the 10 patients who had a clinical priority recorded on the electronic outpatient waiting list the Audit Team could not determine what had informed this in all cases:</p> <ul style="list-style-type: none"> ▪ 6 patients had no clinical priority recorded on the referral but 2 of these had appointment timeframes (i.e. 3-4 months) recorded on the letters ▪ 1 patient was triaged as <i>'soon'</i> on the referral but <i>'urgent'</i> on the system

	<p>Of the 40 patients in the sample on the inpatient and day case waiting list, 38 patients had a clinical priority recorded on the system but the Audit Team could not determine what had informed this for 21 patients. All 21 patients were clinically prioritised as 'routine' on the system.</p> <p>Note: For the remaining 2 patients, the Audit Team could not test if clinical priority had been recorded on the system as both had been discharged as procedures no longer required. Once a patient is discharged the triage screen on CAPAS cannot be accessed.</p> <p>Of the 31 Booking Forms reviewed, the Audit Team found evidence of 12 patients who had no clinical priority assigned on the Booking Form, all patients were clinically prioritised as 'routine' on the system.</p>
<p>3.</p>	<p>Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?</p>
	<p>Of the 12 <u>new</u> patients in the sample referred via OPD, the Audit Team only found evidence where the referral acknowledgment letter was issued for 5 patients.</p> <p>The hospital confirmed that referral acknowledgement letters are only issued to the patient and not to the source of referral (SOR).</p>
<p>4.</p>	<p>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</p>
	<p>Of the 40 patients in the random sample, 31 Bookings Forms were provided to the Audit Team for review.</p> <p>While mainly 1 Booking Form format was used to list patients on the waiting list the Audit Team observed 3 variations of the form:</p> <ol style="list-style-type: none"> 1. RVEEH Eye Booking Admission Form - 29 patients 2. RVEEH Eye Booking Form - 1 patient 3. RVEEH Admission Form - 1 patient <p>National protocol prescribes 25 minimum information requirements on the Booking Form. Of the 31 Booking Forms reviewed none fully met with all of the 25 minimum information requirements, and did not contain key information such as; list type indicator (i.e. waiting list or planned procedure list), source of referral (SOR), and GP details.</p> <p>Of the 31 Booking Forms provided, none were fully complete.</p> <p>For the 9 patients in the random sample where Booking Forms were not provided, the Audit Team found evidence of the following correspondence used to list 7 patients to the waiting list:</p> <ul style="list-style-type: none"> ▪ Community Ophthalmic Physician referrals - 6 patients ▪ GP referral /Community Ophthalmic Physician assessment - 1 patient <p>The Audit Team were unable to test what correspondence was used to list 2 patients.</p>

5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 31 Booking Forms reviewed by the Audit Team, none included a specific list type indicator (i.e. waiting list or planned procedure list). Consequently, the Audit Team were unable to test how the '<i>list type</i>' was identified and added to CAPAS.</p> <p>The Audit Team found evidence of 9 patients in the sample who were listed on the waiting list for their 2nd cataract surgery instead of the planned procedure list, in line with national protocol.</p> <p>Note: Hospital reported that it is not their practice to list 2nd cataract procedures on the planned procedure list. This is not in line with national protocol.</p> <p>Of the 31 Booking Forms reviewed, the Audit Team found evidence of 2 patients who were listed for right cataract surgery on the Booking Form but recorded on the system for left.</p>
6.	National protocol in respect of patient scheduling timeframes was adhered to?
	<p>Of the 40 patients in the sample, the Audit Team were unable to test the notice period given to 8 patients with an appointment date (i.e. TCI/Pre-admit date) as transaction dates were not visible on the hospital system.</p>
Additional Findings outside of Key Test Controls	
	<p>Of the 40 patients in the random sample, the Audit Team observed 24 patients with an Admission Method – NTPF recorded on the hospital system. The hospital reported that these patients had been identified for treatment in RVEEH, funded by NTPF insourcing.</p> <p>National protocol recommends that the suspension process be applied in order to facilitate the management of patients being insourced within the Hospital Group structure. However, the guidance is not clear in respect of patients identified for treatment within the same hospital via insourcing/NTPF funding. This matter requires further consideration at national level.</p>

Note: There were no key findings in respect of key test controls 7, 8, 9, 10 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 random sample consisted of 40 patients across 1 specialty (see no. 6b, page 3).

- Ophthalmology - 40 patients (39 patients were listed for injections, 1 patient listed for other eye procedure)

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>For the 40 patients reviewed in the random sample, Booking Forms were provided for 39 patients (A Booking Form could not be located for 1 patient)</p> <p>Of the 39 Booking Forms reviewed, none had a date stamp received in the Booking Office. 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 39 Booking Forms reviewed – none included a specific list type indicator (i.e. waiting list or planned procedure list).</p> <p>The Audit Team found evidence of 2 variations of Booking Forms used to list patients on the planned procedure list, which included:</p> <ol style="list-style-type: none"> 1. RVEEH Eye Booking Admission Form – completed for 38 patients 2. [Consultant Name] RVEEH Eye Booking Admission Form (fax copy) – completed for 1 patient <p>None of the 39 Booking Forms reviewed met with national protocol in respect of all 25 minimum standard information requirements. In particular, the 2 variations of Booking Forms reviewed did not provide a specific section for recording planned procedure list type or indicative treatment date/timeframe.</p> <p>Of the 39 Booking Forms provided for review, none were fully complete.</p>
3.	Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?
	<p>Of the 39 Booking Forms reviewed in the random sample, none included a specific list type indicator (i.e. waiting list or planned procedure list). As a result the Audit Team were unable to establish in all cases how planned procedures were identified and added to the planned procedure list on the hospital system (CAPAS) and whether correctly listed on the planned procedure list.</p>

	<p>In the absence of a planned procedure indicator on the Booking Form, of the 39 Booking Forms reviewed, the procedure description for 9 patients did not indicate a planned procedure i.e. either a single injection or '1 of 1' was recorded. It was only upon review of the treatment history for these patients on CAPAS and the Healthcare Record that the procedures for 6 of the 9 patients could be identified as either part of a current course of injections or recall for further treatment arising from a previous course of injections.</p> <p>National Protocol states that '<i>planned procedures refer to those patients who have had an initial episode of care and require recall for further treatment relating to that initial episode</i>'. Of the 40 patients in the random sample, the Audit Team found evidence of 10 patients who had no previous admission/treatment history relating to the listed procedure, but were listed on the planned procedure list for either a single injection/procedure or the first injection of a series.</p> <p>All 39 Booking Forms reviewed had a procedure type assigned, all of which were transcribed appropriately on CAPAS.</p>
4.	<p>Indicative treatment date/timeframe assigned, as per national protocol?</p>
	<p>All 40 patients in the random sample were returned with an indicative treatment date on the extract file to the NTPF. The Audit Team were unable to test in all cases what had informed this indicative treatment date.</p> <p>Of the 39 Booking Forms reviewed in the random sample, 27 patients had no indicative treatment date assigned on the Booking Form, 10 of which included injection treatment intervals but did not specify when the initial injection of the series was due to start. (Note: 1 Booking Form did not have an indicative date/timeframe assigned but had an attached one page clinic note on which indicative treatment dates were recorded).</p> <p>The hospital system (CAPAS) includes a field for recording an '<i>indicative treatment timeframe</i>' for '<i>Elective Planned Procedures</i>' whereby the user can select and enter the number of indicative days, weeks, months or years from a drop down listing. Of the 40 patients in the random sample, this indicative treatment timeframe was only visible on CAPAS for 15 patients. The hospital confirmed that once a patient has been admitted/ removed, the indicative timeframe is no longer visible. (25 of 40 patients in the random sample had been admitted/removed prior to or during audit).</p> <p>Of the 15 patients added to the planned procedure list on CAPAS with a visible indicative treatment timeframe, the Audit Team could not determine what had informed the indicative treatment timeframe recorded for 8 patients as the Booking Form for 7 patients did not include an indicative treatment date/timeframe and a Booking Form was not available for 1 patient.</p> <p>Note: None of the Booking Forms reviewed provided a section for the inclusion of an indicative treatment date/timeframe.</p>

5.	Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 39 Booking Forms reviewed, 12 patients had an indicative treatment date/timeframe recorded on the Booking Form. Whilst the indicative timeframes assigned on the Booking Form for 3 patients matched the treatment timeframe entered on CAPAS, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 3 patients where the treatment timeframe entered on CAPAS did not match the indicative treatment date/timeframe assigned on the Booking Form. (Note: the dates for these 3 patients were recorded in the Scheduled Admission Date field on the Booking Form 2 of which were entered as the TCI date on CAPAS) ▪ 6 patients where the indicative treatment timeframe was no longer visible on CAPAS, the Audit Team were therefore unable to test whether the indicative date/timeframe assigned on the Booking Form was transcribed correctly on CAPAS. (Note: The Audit Team observed that for 4 of the 6 patients the indicative date/timeframe assigned on the Booking Form did not correspond with the indicative date that was returned in the extract file to NTPF, with 2 of the 4 dates matching the TCI date) <p>Of the 1 patient with no indicative date assigned on the Booking Form, a one page clinic note was attached which included an indicate treatment date, this date did not correspond with indicative timeframe entered on CAPAS but matched the TCI date entered.</p>
6.	National protocol in respect of patient scheduling timeframes was adhered to?
	<p>All 40 patients in the random sample had a 'To Come In' (TCI) date booked (i.e. Intended Admission Date entered on CAPAS).</p> <p>Of these 40 patients, all had an indicative treatment date in the past returned in the extract file to NTPF. 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 1 – 16 weeks for these patients. The TCI dates for 11 patients were scheduled within two weeks of the indicative treatment date and 4 patients (with scheduling timeframe between 3-16 weeks) had been initially scheduled within the required 2 week timeframe but had cancelled their booked date.</p> <p>For the remaining 25 patients, the scheduling timeframe ranged from 3 – 9 weeks of the indicative treatment date returned on the extract file to NTPF, of which:</p> <ul style="list-style-type: none"> ▪ 8 patients were scheduled within 3 - 3.5 weeks ▪ 13 patients were scheduled within 4 - 6 weeks ▪ 4 patients were scheduled within 7 - 9 weeks <p>Note: The Audit Team were unable to test what informed the indicative dates for 18 of the 25 patients above as there was no indicative date/timeframe assigned on the Booking Form for 17 patients and no Booking Form available for 1 patient. The Audit Team observed that the indicative date returned in extract file for 15 of 18 patients was exactly 1 week after date of referral (for the remaining 3 patients the indicative date was between 2-4 weeks after date of referral).</p> <p>National Protocol prescribes that when scheduling patients for a TCI date, patients should be given a reasonable offer, i.e. a minimum of two weeks' notice. The Audit Team were however unable to accurately test the notice period given to the 40 patients in the random sample with a TCI date (i.e. Intended Admission date on CAPAS) as transaction dates (i.e. when TCI offer was made) were not visible on CAPAS.</p>

11.	National protocol in respect of the removal of patients has been adhered to?
	<p>Of 40 patients in the random sample, the Audit Team found evidence of 3 patients who were not removed in a timely manner:</p> <ul style="list-style-type: none"> ▪ 1 patient had already been admitted for their procedure on 02/05/2018 but was not removed until 30/10/2018 ▪ 1 patient had already been admitted for their procedure on 12/07/2018 but was made active again on the planned procedure list and not removed until 25/10/2018 ▪ 1 patient had already been admitted for their procedure on 22/02/2018 but was not removed until 30/10/2018 <p>In addition, the Audit Team found evidence of 1 patient in the random sample who should be removed from the planned procedure list. This patient did not attend (DNA) on 2 occasions, clinic notes in the Healthcare Record noted that patient was for discharge. This instruction had not been completed on CAPAS.</p>
	Additional Findings outside of Key Test Controls
	<p>The Admission Method field on CAPAS includes a drop down menu of list types for selection when adding a patient on the waiting list module. Admission Method: Elective - Planned Procedure when selected is mapped to the planned procedure list on the extract file to NTPF.</p> <p>Of the 40 patients in the random sample, 17 patients had been admitted prior to/ during audit. The Audit Team observed that these 17 patients had new TCI dates booked for their next injection of a series but were entered with an Admission Method: Elective – Readmission on CAPAS which maps to the waiting list. As a result these 17 patients are all returned on the waiting list in the extract file to NTPF and not the planned procedure list. The hospital reported that in respect of patients being listed for a series of injections, it is practice to enter patients under Elective - Planned Procedure for the initial injection of a series and to list patients under Elective – Readmission for subsequent injections within a series. This is resulting in patients who are being recalled for further treatment relating to the initial episode being returned on the waiting list.</p>

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

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 of receipt of referral to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.
- 9.2 Hospital Booking Form should be expanded to meet the minimum information requirements in line with the **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)**. In particular, the revised forms should include specific list type indicator (i.e. waiting list or planned procedure list) to ensure patients are categorised and listed correctly.
- 9.3 The hospital should ensure that Booking Forms are fully completed by consultants for all patients when adding to the '*waiting list*' and '*planned procedure list*', 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.
- 9.4 For patients added to the '*waiting list*', a clinical priority should be clearly assigned by consultant on the Booking Form, and transcribed correctly onto the hospital system (i.e. CAPAS), in line with national protocol.
- 9.5 All Booking Forms should be date stamped received in the Bed Booking Office to facilitate testing of key date captures.
- 9.6 The hospital should ensure 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 properly.
- 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, transcribed correctly onto the hospital system (i.e. CAPAS), and scheduled in line with national protocol.
- 9.8 Hospital to review CAPAS functionality regarding a) the visibility of transaction dates to allow testing of key date captures in line with national protocol and b) full visibility of the patient's TCI offers on CAPAS.
- 9.9 The hospital should ensure full compliance with the process for the removal of patients from the planned procedure list in a timely manner in line with national protocol.

- 9.10** The process for entering patients onto the hospital system (CAPAS) with new TCI dates for further treatment arising from an initial episode of care should be reviewed and supported by staff training to ensure patients are entered under the correct list type in line with national protocol and returned on the appropriate list on the NTPF extract file for national reporting.

10. Hospital Response

The Royal Victoria Eye and Ear Hospital has reviewed the draft report and is satisfied that its contents are accurate. Work has already commenced on making some of the changes recommended in the draft report for the Bed Booking Department.

Outlined below are proposed actions developed by the hospital in response to the 10 recommendations:

- The triage process is currently under review with Eye and ENT groups to ensure triage is completed within the timeframes outlined in The Management of Outpatient Services Protocol (February 2014 – Version 2.1). Revised procedures to be signed off with Eye and ENT groups in January 2019
- Hospital Booking Form to be revised to incorporate elements of the draft NTPF Booking Form circulated in August 2018
- Audit tool to be developed for bed booking to carry out regular audits of the Booking Forms to measure conformance with wait list policy. Results of audit will be fed back to appropriate channels. Audit tool for current Booking Form to be developed for audit in January 2019. This audit will include checks for entries for clinical priority, decision to admit date both on the Booking Form and CAPAS, indicative treatment dates for planned procedures on Booking Form and CAPAS
- All Booking Forms will be date receipt stamped in the Booking Office from 02/01/2019
- Scheduled care and ICT to review CAPAS functionality regarding the;
 1. The visibility of transaction dates to allow testing of key date captures in line with national protocol
 2. Full visibility of the patient's TCI offers on CAPASThis review will be carried out in the context of the development of IPMS to replace CAPAS
- Audit tool will be developed for regular audits of the planned procedure list to audit compliance with Waiting List Management Protocol and Hospital Policy. This tool will be developed with the Bed Booking Department with audits commencing February 2019
- The Bed Booking Team Leader has attended training with the NTPF since the audit and is revising the SOP for listing patients for further episodes of treatment. Offline training for the department will be scheduled in January 2019.

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 expand the hospital Booking Form to meet the minimum information requirements. A Booking Form should be completed 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. The hospital should also ensure that all patients entered on the waiting list have been clinically prioritised by the consultant.

In respect of the planned procedure list, the hospital should also ensure that completed Booking Forms include a clearly assigned indicative treatment timeframe. Additionally, the process for adding patients to the planned procedure list for further treatment relating to an initial episode should be reviewed and supported by staff education and training to ensure that patients are categorised correctly added to the appropriate list type in line with national protocol.

The audit recognised the limitations of the hospital system (i.e. CAPAS) in managing and tracking the patient's waiting list pathway.

12. Acknowledgement

The Audit Team wishes to acknowledge the support and co-operation of hospital staff, particularly the Waiting List Lead, 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.