



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund

## Audit & Quality Assurance

<b>Audit Title:</b>	Special Audit of Hospital Waiting List
<b>Requested by:</b>	Minister for Health
<b>Hospital Name:</b>	Sligo University Hospital
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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 protocol'*.

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 **Sligo University Hospital** (SUH) (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? – <b>see note below</b>
12.	National protocol in respect of the removal of patients has been adhered to?

**Note:** As per Ministerial instruction 19 June 2018 and in accordance with Section 4.1(d) SI No 179/2004, the NTPF has been assigned responsibility for the establishment and operation of a centralised validation unit that can deliver a national bi-annual administrative validation of patients on Outpatient, Inpatient and Day Case Waiting Lists. With effect from September 2018, the key test control No. 11 and the respective two sub-test items 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 2017<sup>1</sup>

<sup>1</sup> The reference protocol for the 2017 Special Audit Programme was *The National Waiting List Management Protocol: A Standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures (January 2014)*. Due to the launch of the new **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017**, the 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 8 specialties (see no. 6a, page 3):

- General Surgery - 2 patients
- Neurology - 1 patient
- Ophthalmology - 17 patients
- Orthopaedics - 3 patients
- Otolaryngology (ENT) 9 patients
- Pain Relief - 2 patients
- Rheumatology - 1 patient
- Urology - 5 patients

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

- 23 patients wait-listed on foot of a new outpatient attendance, having been referred by
  - GP x 15 patients
  - Internal hospital consultant (other specialty) x 1 patient
  - Optician x 5 patients
  - Optometrist x 1 patient
  - Community Audiology Service x 1 patient
- 4 patients were wait-listed on foot of a return (follow-up) outpatient attendance
- 1 patient was wait-listed on discharge from the Northwestern Rheumatology Day Services Unit (within Hospital Group)
- 2 patients were '*direct listed*' by the treating consultant following referral from another internal hospital consultant
- 2 patients were '*direct listed*' by the treating consultant following post-operative review in a private clinic. Both patients had been outsourced to the private hospital for their initial procedure
- 1 patient was '*direct listed*' by the treating consultant having been re-referred by GP following their removal from the waiting list post validation
- 6 patients were '*direct listed*' by the treating consultant having attended Peripheral Outpatient Clinics in other hospitals/clinics within the Hospital Group
- 1 patient was '*direct listed*' by the treating consultant having seen the patient in a private clinic

**Table 1: Key Findings – The Active Waiting List**

No.	Key Test Control
1.	<p data-bbox="336 338 1286 371"><b>Dates logged for patient’s waiting list pathway meet with national protocols?</b></p> <p data-bbox="336 416 1493 622">23 of 40 patients in the random sample were referred via the outpatient service (OPD) as <u>new</u> patient referrals. Whilst 15 of 23 patients were added to the electronic outpatient waiting list (iPMS) within <b>1 working day</b> on receipt of referral, the Audit Team found evidence of 6 patients who were added to the OPWL between 4–22 working days on receipt of referral. The Audit Team were unable to test the remaining 2 patients as the original referral letter had no central referrals office (CRO) date received stamp.</p> <p data-bbox="336 667 1493 801">Of the 23 patients in the random sample referred as <u>new</u> patients via OPD, 12 patients were not assigned a clinical priority within <b>5 working days</b> on receipt of referral (range was between 6 – 61 working days). The Audit Team were unable to test 2 patients as the original referral letter had no central referrals office (CRO) date received stamp.</p> <p data-bbox="336 846 1493 1048">Of the 23 patients in the random sample referred as <u>new</u> patients via OPD, the Audit Team were unable to test the <b>7 day turnaround</b> timeframe for issue of outpatient referral acknowledgement letters on 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) via Healthlink are issued with an automatic acknowledgement of receipt.</p> <p data-bbox="336 1093 1493 1272">Of the 40 patients in the random sample wait listed on the inpatient and day case waiting list, 14 Booking Forms were provided for review, 10 of which had no date stamp received into the Booking 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 <b>3 working days</b> of the Booking Form date stamp.</p> <p data-bbox="336 1317 1493 1451">4 of the 14 Booking Forms reviewed had a date stamp received. The Audit Team found evidence of 3 patients who were not added to the waiting list within 3 working days (range added was within 4-15 working days). 1 patient was unable to test as the Audit Team could not decipher the date on the stamp as Booking Form provided was a photocopy.</p> <p data-bbox="336 1496 1493 1630">Of the 14 Booking Forms reviewed, 13 were dated. Of this 13, the Audit Team found evidence of 4 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.</p> <p data-bbox="336 1641 655 1664">The Audit Team observed:</p> <ul data-bbox="384 1675 1493 1843" style="list-style-type: none"> <li>▪ 2 patients’ ‘<i>date added</i>’ was the ‘<i>transaction</i>’ or processing date - range was 1 and 10 days after the ‘<i>decision to admit</i>’ date</li> <li>▪ 1 patient’s ‘<i>date added</i>’ was the Day Services Unit stamp date - 2 days after the ‘<i>decision to admit</i>’ date</li> <li>▪ 1 patient’s ‘<i>date added</i>’ was 1 day after the ‘<i>decision to admit</i>’ date</li> </ul> <p data-bbox="336 1888 1493 1955">1 of the 14 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.</p> <p data-bbox="336 1966 1493 2022">In respect of this 1 patient the Audit Team observed that the ‘<i>date added</i>’ was the date of the OPD clinic attendance.</p>

2.	<b>National protocols in respect of clinical prioritisation were adhered to?</b>
	<p>Of the 23 patients in the random sample referred as <u>new</u> patients via OPD, all patients had a clinical priority recorded on the electronic outpatient waiting list (iPMS), the Audit Team however were unable to determine what had informed this in all cases as 10 patients had no clinical priority recorded on the referral letter. The Audit Team were therefore unable to test whether clinical priority was correctly assigned on iPMS for these 10 patients.</p> <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 14 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 'urgent' for this patient on iPMS.</p> <p>Of the 26 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.</p>
3.	<b>Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?</b>
	<p>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) via Healthlink are issued with an automatic acknowledgement of receipt. Of the 23 patients referred as new patients via OPD in the random sample, 2 patients were referred via Healthlink.</p>
4.	<b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</b>
	<p>Of the 40 patients in the random sample, Booking Forms for only 14 patients were provided to the Audit Team for review.</p> <p>The Audit Team observed that there was no standard Booking Form in use, but found evidence of 3 different Booking Forms:</p> <ol style="list-style-type: none"> <li>1. <b>Booking Form</b> (DL sized paper) - completed for 6 patients</li> <li>2. <b>ENT Consultant Booking Form</b> (DL sized paper) - completed for 2 patients</li> <li>3. <b>Day Services Unit Booking Card</b> (A5) - completed for 6 patients</li> </ol> <p>National protocol prescribes 25 minimum standard information requirements on the Waiting List Booking Form. Of the 14 Booking Forms reviewed none fully met with all of the 25 minimum information requirements, and did not contain key information such as:</p> <ul style="list-style-type: none"> <li>▪ List type indicator (i.e. waiting list or planned procedure list)</li> <li>▪ Source of referral</li> <li>▪ Treating specialty</li> </ul> <p>Of the 14 patients with a Booking Form provided for review, none were fully complete.</p> <p>Of the 26 patients in the random sample for whom Booking Forms were not provided, the Audit Team found evidence of the following correspondence used to add 19 patients to the waiting list:</p> <ul style="list-style-type: none"> <li>▪ <b>Medisoft outpatient clinic note/generated outpatient clinic letter</b> – 15 patients</li> <li>▪ <b>Letter from treating consultant who saw patient in private clinic</b> – 2 patients</li> </ul>



	<ul style="list-style-type: none"> <li>▪ <b>Letter from Community Ophthalmologist (external HSE community clinic) – 1 patient</b></li> <li>▪ <b>Clinic diary photocopied page – 1 patient</b></li> </ul> <p>The Audit Team were unable to test what correspondence was used to list 7 patients.</p> <p><b>Note:</b> The Audit Team found evidence of 4 specialties where the hospital confirmed that it is not their practice to complete Booking Forms:</p> <ul style="list-style-type: none"> <li>▪ Ophthalmology</li> <li>▪ Orthopaedics</li> <li>▪ Pain Relief</li> <li>▪ Rheumatology</li> </ul>
<b>5.</b>	<b>Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?</b>
	<p>Of the 14 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 <i>'waiting list'</i> type was identified and added to iPMS.</p> <p>The Audit Team found evidence of 3 patients in the random sample whereby the procedure information and treatment history provided would indicate they should have been returned as <i>'planned procedures'</i>. 1 of these patients has been treated and removed.</p>
<b>12.</b>	<b>National protocol in respect of the removal of patients has been adhered to?</b>
	<p>Of the 40 patients reviewed 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"> <li>▪ 1 patient had their treatment in January 2018. Hospital confirmed patient should have been removed from the waiting list at the time</li> <li>▪ 1 patient cancelled by hospital for TCI date of 04/04/2018 with a reason code <i>'procedure not required'</i>. Patient should have been removed from the waiting list at time of hospital cancellation</li> <li>▪ 1 patient's SUH Theatre/Laser Booking Form dated 18/06/2018 stated <i>'Remove from Phaco WL'</i>. Patient should have been removed from the waiting list at the time</li> </ul>
<b>Additional Findings outside of Key Test Controls</b>	
	<p>As per the Integrated Patient Management System (iPMS) manual, the <b>Admission Type</b> field should be used to select list type (i.e. Elective Waiting list or Elective Planned) which is then mapped to the NTPF extract file for national reporting. The Audit Team found evidence that the <b>Admission Type</b> field is not being used by the hospital; <b>List Name</b> is being used instead.</p>

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

**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 4 specialties (see no. 6b, page 3). Specialty breakdown as follows:

- General Surgery – 12 patients
- Gynaecology – 3 patients
- Ophthalmology – 21 patients
- Pain Relief – 4 patients

**Table 2: Key Findings – The Planned Procedure List**

No.	Key Test Control
<b>1.</b>	<b>Patients added to the planned procedure list as per national protocol?</b>
	<p>For the 40 patients reviewed in the random sample, Booking Forms were provided for 3 patients only.</p> <p>Of the <b>3 Booking Forms</b> reviewed, 2 had no 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> <p><b>1 Booking Form</b> was date stamp received in the Day Services Unit but the Audit Team found evidence that this patient was added to the planned procedure list 8 days after its receipt.</p>
<b>2.</b>	<b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?</b>
	<p>Of the <b>3 Booking Forms</b> reviewed in the sample, the Audit Team found evidence of <b>2 variations</b> of Bookings Forms used to list patients on the planned procedure list, including:</p> <ol style="list-style-type: none"> <li><b>1. Booking Form</b> (DL sized paper) – completed for 2 patients (General Surgery)</li> <li><b>2. Day Services Unit Booking Form</b> – completed for 1 patient (Gynaecology)</li> </ol> <p>The <b>3 Booking Forms</b> reviewed contained very minimal information and did not meet with national protocol in respect of all 25 minimum standard information requirements.</p> <p>In the absence of Booking Forms, the Audit Team found significant variance by specialty in the correspondence used to list the remaining 37 patients in the sample, including:</p> <ul style="list-style-type: none"> <li>▪ General Surgery <ul style="list-style-type: none"> <li>- Proctoscopy Reports - 4 patients</li> <li>- Colonoscopy Report - 2 patients</li> <li>- Clinic Letters - 2 patients</li> <li>- Note for consultant secretary - 1 patients</li> <li>- National General Referral Form - 1 patient</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Gynaecology <ul style="list-style-type: none"> <li>- Pathology Report - 1 patient</li> <li>- Page from Colposcopy Chart - 1 patient</li> </ul> </li> <li>▪ Ophthalmology <ul style="list-style-type: none"> <li>- Clinic Note - 11 patients</li> <li>- Operation Note - 10 patients</li> </ul> </li> </ul> <p><b>Note:</b> Hospital reported it is not standard practice to complete Booking Forms in Ophthalmology. Instead Clinic/Operation Notes are generated from Medisoft, a Clinical Management System used in Ophthalmology.</p> <ul style="list-style-type: none"> <li>▪ Pain Relief <ul style="list-style-type: none"> <li>- Patient Clinic List - 3 patients</li> <li>- Clinic Diary - 1 patient</li> </ul> </li> </ul> <p><b>Note:</b> Hospital reported it is not standard practice to complete Booking Forms in Pain Relief.</p>
3.	<p><b>Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?</b></p>
	<p>Of the <b>3 Booking Forms</b> reviewed in the sample none had a specific list type indicator (i.e. waiting list or planned procedure list). Only <b>1 Booking Form</b> had a treatment timeframe (i.e. surveillance 12/12) handwritten on the form, indicating it was a planned procedure. The other 2 patients with a Booking Form completed did not meet the planned procedure criteria, as per national protocol and should have been returned on the waiting list.</p> <p>All <b>3 Booking Forms</b> reviewed in the sample had a procedure type assigned on the form and transcribed appropriately on iPMS.</p>
4.	<p><b>Indicative treatment date/timeframe assigned, as per national protocol?</b></p>
	<p>Of the <b>3 Booking Forms</b> reviewed in the sample, 2 had no indicative dates recorded – both patients were not planned procedures and therefore indicative dates were not applicable. <b>1 Booking Form</b> had an indicative treatment timeframe handwritten in the comments section of the form.</p> <p><b>Note:</b> The Booking Forms reviewed did not include a specific section for recording indicative treatment timeframes.</p> <p>Whilst the remaining 37 patients in the sample did not have a Booking Form completed/provided, the Audit Team observed that 28 patients had indicative treatment timeframes assigned on the various correspondence used to add the patients to the planned procedure list on iPMS.</p> <p>Of the 40 patients in the random sample, only 4 patients were added to the planned procedure list on iPMS with an indicative treatment date, in line with national protocol:</p> <ul style="list-style-type: none"> <li>▪ 1 patient had a Booking Form completed, including an indicative treatment timeframe</li> <li>▪ 1 patient had no Booking Form completed but the correspondence provided included an indicative treatment timeframe</li> <li>▪ 2 patients had no Booking Forms completed and the correspondence provided did not specify indicative treatment timeframes, so the Audit Team could not determine what had informed these dates. 1 patient's 'date added' and 'indicative date' were the same, which is incorrect</li> </ul>

5.	<b>Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?</b>
	<p>Of the <b>3 Booking Forms</b> reviewed, only 1 patient had an indicative treatment timeframe assigned on the Booking Form. This indicative timeframe was transcribed correctly on iPMS.</p> <p><b>Note:</b> Of the 37 patients in the sample who did not have a Booking Form completed, 3 patients had an indicative treatment timeframe recorded on iPMS and returned in the weekly extract file to the NTPF, although the Audit Team could not determine what had informed these dates in 2 cases. Furthermore, the Audit Team observed that 24 patients had a 'To Come In' (i.e. TCI) date booked at the same time they were added to the planned procedure list. TCI dates were booked on iPMS as per the indicative treatment timeframes recorded on the various correspondence reviewed.</p>
6.	<b>National protocol in respect of patient scheduling timeframes was adhered to?</b>
	<p>For the 40 patients in the sample, 29 patients had a TCI date booked, only 1 of which had an indicative date returned in the weekly extract file to the NTPF. Whilst this patient's indicative date and TCI date matched, the patient was removed from the list as they did not attend (i.e. DNA) their booked appointment.</p> <p>The remaining 3 patients returned in the extract file with indicative dates, their dates are now in the past and are awaiting TCI dates.</p> <p>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. For the 29 patients with TCI dates booked in the sample, 16 patients had been given sufficient notice, in line with national protocol (5 admitted and treated prior to/during audit, 1 removed for reason DNA, 1 removed as procedure no longer required, and 9 with TCI dates in the coming weeks).</p> <p>For the remaining 13 patients the Audit Team found evidence of the following notice periods:</p> <ul style="list-style-type: none"> <li>▪ &lt; 1 week – 5 patients (4 admitted and treated prior to/during audit despite the short notice, 2 of which did not meet the planned procedures criteria and should have been listed on the waiting list. 1 removed as they were listed in error)</li> <li>▪ 7-10 weeks – 5 patients (2 admitted and treated prior to/during audit, and 3 with TCI dates in the coming weeks)</li> <li>▪ 22, 34 and 52 weeks – 3 patients (all yearly repeat/review, 1 with a TCI date in the coming weeks and 2 with TCI dates in 03/2019)</li> </ul>
11.	<b>National protocol in respect of the removal of patients has been adhered to?</b>
	<p>Of the 40 patients reviewed in the sample, 14 patients had been removed from the planned procedure list either prior to/during audit. Although 11 patients had been appropriately removed due to admission, 2 had been returned on an incorrect list. For the remaining <b>3 patients</b>, the Audit Team observed:</p> <ul style="list-style-type: none"> <li>▪ 1 patient DNA on 18/09/2018 and was not removed until 28/09/2018, 10 days later</li> <li>▪ 1 patient who was cancelled on 14/08/2018 as their procedure was no longer required but they were not removed from the list until 02/10/2018</li> <li>▪ 1 patient who was listed in error on 25/09/2018 and not removed until 03/10/2018</li> </ul>

	<p>The Audit Team found evidence of 3 patients in the sample, who should be removed from the planned procedure list for reasons including:</p> <ul style="list-style-type: none"> <li>▪ 2 patients who were added to the wrong list – both patients should be transferred to the waiting list (hospital confirmed the patients were listed incorrectly)</li> <li>▪ 1 patient who has had a number of cancellations (i.e. CNA's) due to prolonged illness and is being reviewed by the consultant post audit</li> </ul>
	<p><b>Additional Findings outside of Key Test Controls</b></p>
	<p>As per the Integrated Patient Management System (iPMS) manual, the <b>Admission Type</b> field should be used to select <b>List Type</b> (i.e. waiting list or planned procedure list), which is then mapped to the NTPF weekly extract file for national reporting. The Audit Team observed that <b>List Type</b> is mapped to the weekly extract file from the <b>List Name</b> and not the <b>Admission Type</b> on iPMS. All 40 patients in the sample had a <b>List Name</b> 'Planned' recorded on iPMS and returned on the planned procedure list at national level.</p> <p>The Audit Team also observed from the correspondence provided at time of audit 2 patients listed for colposcopy under Gynaecology who were not 'added' to iPMS at the time the clinical decision was made to list these patients. The hospital confirmed that patients are managed by the Colposcopy Service on a computerised clinical system (i.e. CompuScope) and are only added to iPMS at the point of scheduling, which is generally 2-3 weeks prior to admission. This practice does not allow full visibility of the patient's wait time journey for planned colposcopy, and therefore not in line with national protocol.</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 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 developed 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 newly developed 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 (iPMS).
- 9.6 All patients who are added to the planned procedure list should have an indicative treatment date clearly assigned on the Booking Form, transcribed correctly onto the hospital system (iPMS), and returned on the weekly extract file submission to the NTPF for national reporting.
- 9.7 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.
- 9.8 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.
- 9.9 The hospital should review the process for removing patients from the waiting list and planned procedure list to ensure they are removed appropriately.
- 9.10 The hospital should review the current mapping of '*List Type*' (i.e. Waiting List or Planned Procedure List) to the NTPF extract file to ensure patients are returned on the appropriate list for national reporting. As per the Integrated Patient Management System (iPMS) manual, the '*Admission Type*' field should be used to select list type.

## 10. Hospital Response

The hospital is satisfied with the content of the report and the recommendations. The report will be discussed at the waiting list management group team meeting, and the recommendations will be included in staff training sessions.

## 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 due to the lack of standardisation in waiting list management practices.

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 review the mapping of list type (i.e. waiting list or planned procedure list) to the weekly NTPF extract file upload to ensure patients are returned on the correct list for national reporting.

The hospital should also develop a new hospital Booking Form to meet the minimum information requirements. This should 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.*