Audit & Quality Assurance

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	St. James's Hospital
Date of Audit:	12 – 16 February 2018 inclusive
Date Final Report issued:	29 May 2018
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Table of Contents

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 **St. James's Hospital** (SJH) (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.

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

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

The approach involved:
  a) Site visit scheduled with two weeks' notice
  b) Selection of sampling frame based on extract file two weeks prior to site visit
  c) Completion of on-site Audit Checklist through random sample of key test controls
  d) Hospital Patient Administration System review
  e) Healthcare Record review, including admission booking form
  f) Other process review, if required
  g) Discussions with relevant staff, if required

6. **Sampling Framework**

The special Audit will include detailed review of random samples:
  a) Random sample review of 40 records on the *'active'* waiting list waiting between 6 and 9 months in the hospitals audited
     NOTE: The sample will only include patients waiting 6-9 months in order to capture those patients listed and managed, in compliance with the 2017 protocol
  b) Random sample review of 40 records on the planned procedure list with an indicative date in the past or with no indicative date in the hospitals audited

7. **Reference Protocols**
  ▪ The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
  ▪ National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017[1]

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

8. Key Findings

8.1 The Active Waiting List

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

The random sample consisted of 40 patients across 9 specialties (see no. 6a page 3). Specialty breakdown as follows:

- Cardiology - 5 patients
- Dermatology - 1 patient
- Gastroenterology - 5 patients
- General Surgery - 8 patients
- Maxillo-Facial - 3 patients
- Orthopaedics - 4 patients
- Plastic Surgery - 9 patients
- Urology - 2 patients
- Vascular Surgery - 3 patients

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

- 14 patients were wait-listed on foot of a new outpatient attendance, having been referred by
  - GP referrals x 10 patients
  - Internal Consultant Referral x 1 patient
  - Other x 3 patients

- 13 patients were wait-listed on foot of a return (follow-up) outpatient attendance

- 3 patients were wait-listed on discharge

- 2 patients were wait-listed as *'direct referrals'* from GP

- 3 patients were *'direct listed'* for cardiac catheterisation and endoscopy, having been referred by internal hospital consultant

- 2 patients were inter-hospital referrals, *'direct listed'* by the treating consultant having attended their outpatient service in another hospital within the Hospital Group

- 3 patients were inter-hospital referrals, *'direct listed'* for cardiac catheterisation having been referred by another hospital outside the Hospital Group

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?**
	14 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 these 14 patients were entered on the outpatient waiting list within **1 working day** as transaction dates were not visible on the hospital patient administration system (PAS). As all 14 patients have now attended their outpatient appointments, the information available on PAS was limited to; referral date, triage urgency, and appointment date.
	Of the 14 patients in the random sample referred via OPD, the Audit Team were unable to test if triage urgency was assigned within **5 working days** on receipt of referral as these date captures were not visible on PAS.
	The Audit Team were unable to test the **7 day turnaround** timeframe for issue of referral acknowledgement letters to source of referral (SOR) and patient for the 14 patients in the random sample referred via OPD as the hospital confirmed it was not standard practice to issue acknowledgement letters.
	St. James's Hospital is progressing towards the implementation of an Electronic Patient Record (EPR). As part of this development, the hospital reported that over the past 18 months it has been transitioning to an electronic system for listing patients onto the inpatient and day case waiting list. On the EPR, the Audit Team found evidence of a section for EPR *'Orders'*, which included two options/templates; EPR-Consults, and EPR-Consultation Referral for Endoscopy. Both templates resembled a Waiting List Booking Form, and contained patient information in line with national protocol. On the EPR, the *'Order'* date was the date authorised or signed by consultant, and the *'Order'* completed date was the date the patient was entered on the inpatient and day case waiting list on PAS by administration.
	Of the 40 patients in the random sample, 30 EPR *'Orders'* (26 EPR-Consults and 4 EPR-Consultation Referrals for Endoscopy) and 1 SJH Day Surgery Requisition Form were available for review.
	The Audit Team were unable to test if these 31 patients were added to the inpatient and day case waiting list within **3 working days** on receipt of the *'Order/Form'* in the Waiting List Office, or equivalent as transaction dates were not visible on PAS.
	Of the 31 *'Orders'*/Forms reviewed, the Audit Team found evidence of 19 patients who did not comply with national protocol in terms of *'date added'* to the inpatient and day case waiting list. The *'decision to admit'* date (i.e. *'Order'* date/date signed by consultant) was not the *'date added'* to the waiting list. The Audit Team observed:
	▪ 18 EPR 'Orders' whereby the *'date added'* to the waiting list was the date the *'Order'* was completed on the EPR and not the *'Order'* date ▪ 1 Booking Form was not dated by consultant/team
	The inability to view transaction dates on PAS limits the hospital in testing key date captures.

2.	National protocols in respect of clinical prioritisation were adhered to?
	Of the 14 patients referred via OPD, all patients had a triage urgency recorded on PAS, although the Audit Team could not determine what had informed this in all cases: ▪ 4 patients did not have a triage urgency assigned on their OPD referral letters, and therefore the Audit Team were unable to test if triage urgency had been correctly assigned on PAS All 40 patients in the random sample on the inpatient and day case waiting list had a clinical priority recorded on PAS, although the Audit Team could not determine what had informed this in all cases. Of the 31 EPR *'Orders'*/Form reviewed, the Audit Team found evidence of: ▪ 4 patients where no clinical priority was assigned on the EPR *'Order'*/Form, the Audit Team were unable to test if clinical priority had been correctly assigned on PAS ▪ 27 patients where clinical priority was clearly documented on the EPR *'Order'*/Form, 5 patients had their clinical priority transcribed incorrectly on PAS Note: Clinical priority/urgency description on PAS includes, *'Urgent', 'Soon' and 'Routine'*. Whilst EPR-Consults had a mandatory option to select the timeframe; Urgent (1-4 weeks), Soon (4-8 weeks), and Routine (8-16 weeks), the EPR- Consultation Referral for Endoscopy did not have a clinical priority option available.
3.	Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?
	Hospital confirmed it was not standard practice to issue referral acknowledgement letters.
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?
	For the 40 patients in the random sample, the Audit Team found evidence of: ▪ 30 - EPR *'Orders'* (26 EPR-Consults and 4-EPR Consultation Referral for Endoscopy) ▪ 1 - SJH Day Surgery Requisition Form (A5 Green Form) The national protocol prescribes 25 minimum standard information requirements when completing Waiting List Booking Forms. The Audit Team observed that the 30 EPR *'Orders'* and 1 Day Surgery Requisition Form did not fully meet with the minimum information requirements as the following key information was excluded: ▪ List type indicator (i.e. waiting list or planned procedure) ▪ Planned Procedure Indicative Treatment Dates ▪ Source of Referral ▪ Treating Specialty Note: Hospital reported, with the exception of Endoscopy (surveillance) and Geriatric Medicine ('R'), it was not hospital practice to list patients on the planned procedure list. Hospital also reported that the *'treating specialty'* is linked to consultant name and code on the EPR.

	In addition to the 31 patients above, the Audit Team found evidence of the following correspondence used to wait-list 9 patients: ■ **Discharge Summary -** 1 patient was wait-listed for cardiac catheterisation on discharge from SJH ■ **Consultant Referral Letter** - 1 patient was wait-listed for cardiac catheterisation on referral by internal hospital consultant ■ **Endoscopy Requisition Form -** 1 patient was wait-listed for endoscopy on referral by internal hospital consultant ■ **St Luke's Hospital Referral Form** - 1 patient was wait-listed under Plastic Surgery, on referral from St Luke's Hospital, Rathgar (form completed by the treating consultant) ■ **GP Referral Letter** - 2 patients were wait-listed for endoscopy on *'direct referral'* from GP ■ **Cardiac Catheterisation Lab Referral Form -** 3 patients were wait-listed for cardiac catheterisation, following inter-hospital referral to SJH (forms completed by SOR) Note: Hospital reported it is not hospital practice to complete EPR *'Orders'*/ Forms for GP *'direct referrals'* to endoscopy, or for referrals to Cardiology (i.e. Cardiac Catheterisation Lab). The Audit Team were unable to test these 9 patients against the required minimum information 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?**
	Of the 31 EPR *'Orders'*/Forms reviewed by the Audit Team a specific list type indicator (i.e. waiting list or planned procedure) was not included. Hospital reported it was not hospital practice to list patients on the planned procedure list, with the exception of endoscopy (surveillance) and Geriatric Medicine (R). The Audit Team found evidence of 2 patients in the random sample (listed under Urology – ERP *'Order'* completed) who were incorrectly listed on the waiting list. Both patients should have been entered on the planned procedure list, in line with national protocol as they were listed for a change of stent, with specific treatment timeframes. 1 of these patients was since removed as they had their procedure carried out in January 2018 (removed 08/02/2018).
6.	**National protocol in respect of patient scheduling timeframes was adhered to?**
	The Audit Team were unable to accurately test the notice period given to 4 patients with an appointment date (i.e. TCI/Pre-admit date) in the random sample as transaction dates were not visible on PAS. Note: Pre-admit dates ranged between 07/03/2018 and 18/04/2018.
7.	**National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?**
	The Audit Team found evidence of 3 patients in the random sample who had a DNA recorded against their waiting list entry on PAS:

	▪ 1 patient had a DNA, with no DNA date recorded on PAS. A DNA for this patient did not pull through to the extract file at national level. The patient had a booked TCI date in the past (10/01/2018). The Audit Team observed that this patient was removed from the waiting list on 10/01/2018 for reason DNA Note: If this patient was removed on 10/01/2018 their waiting list entry should not have come through in the random sample dated 31/01/2018. The removal date may have been back-dated to link the TCI date in the past ▪ 1 patient had a DNA date 02/01/2018 recorded on PAS, however this DNA did not pull through to the extract file at national level. The patient had a booked TCI date in the past (02/01/2018). The patient was since removed from the waiting list (01/02/2018) ▪ 1 patient had a DNA date 26/10/2017 recorded on PAS, however this DNA did not pull through to the extract file at national level. On review, the Audit Team found evidence that this patient had been treated on 14/11/2017, and the waiting list entry had not been resolved at the time. The patient was since removed from the waiting list (05/02/2018) Note: All 3 patients had TCI dates in the past which were not reconciled in real-time. All 3 patients were listed for endoscopy under Gastroenterology.
8.	**National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?**
	The Audit Team found evidence of 5 patients in the random sample who had a patient cancellation (CNA) recorded against their waiting list entry on PAS – 2 of these CNAs did not appear in the extract file at national level as the cancellations were not recorded on PAS until the 01/02/2018, which was after the random sample date (31/01/2018): ▪ 1 patient had a TCI date in the past (04/12/2017), cancelled on 01/02/2018 for reason CNA. Patient re-booked for 02/04/2018 ▪ 1 patient had a TCI date in the past (03/01/2018), cancelled on 01/02/2018 for reason CNA. Patient re-booked for 07/03/2018 Note: These 2 CNAs were not recorded in real-time on PAS but were recorded retrospectively. As wait-time re-calculations are applied to CNAs at national level, incorrect recording of CNA dates has implications for the re-calculating of patient wait-times. Both patients were listed for colonoscopy under Gastroenterology and General Surgery.
11.	**Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?**
	Of the 40 patients reviewed in the random sample, the Audit Team found evidence of formal patient validation for 2 patients, and informal patient validation for 1 patient. All 3 patients are currently suspended on the hospital waiting list.
12.	**National protocol in respect of the removal of patients has been adhered to?**
	The Audit Team found evidence of 8 patients who had not been appropriately removed from the waiting list.

5 patients had a pre-admit/TCI date in the past, which had not been reconciled and patients removed for reasons, including:

- 1 patient had a TCI date in the past (10/01/2018) - removed 10/01/2018, reason DNA
- 1 patient had a TCI date in the past (02/01/2018) - removed 01/02/2018, reason DNA
- 1 patient had a TCI date in the past (12/01/2018) - removed 05/02/2018, reason procedure previously carried out
- 1 patient had a TCI date in the past (10/01/2018) - removed 05/02/2018, reason procedure previously carried out
- 1 patient had a TCI date in the past (22/12/2017) - removed 01/02/2018, reason procedure previously carried out

Note: All 5 patients were listed for either endoscopy under Gastroenterology.

3 patients should have been removed for reasons, including:

- 1 patient was admitted on 18/07/2017 and waiting list entry was not reconciled - removed 05/02/2018, reason procedure previously carried out
- 1 patient cancelled their TCI date on 29/06/2017 as they were having their procedure done elsewhere - removed 02/02/2018, reason patient does not need procedure
- 1 patient was admitted on 22/01/2018, and waiting list entry was not reconciled - removed 08/02/2018, reason procedure previously carried out
  Note: this patient should have been on the planned procedure list

Note: The Audit Team were unable to test the transaction dates for these removals as this date capture is not visible on PAS.

Additional Findings outside of Key Test Controls

The Audit Team found evidence of 15 patients in the random sample with a clinical priority of *'soon'* on PAS, returned as *'routine'* on the weekly inpatient and day case waiting list extract file to the NTPF. Patients triaged as *'soon'* should be mapped to *'urgent'* from a national reporting perspective.

Note: There were no key findings in respect of key test control number 9 and 10.

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

- Gastroenterology - 24 patients
- General Surgery - 3 patients
- Geriatric Medicine - 13 patients

Table 2: Key Findings – The Planned Procedure List

No.	Key Test Control
1.	**Patients added to the planned procedure list as per national protocol?**
	Of the 40 patients in the random sample, none had a Booking Form completed. National protocol prescribes that *'within three working days'* 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 40 patients, the Audit Team was therefore unable to test the three day turnaround time against national protocol.
2.	**Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?**
	The national protocol prescribes that a Booking Form should be completed when adding a patient to the planned procedure list. There are 25 minimum standard information requirements when processing Booking Forms. None of the 40 patients in the random sample had a Booking Form completed. The Audit Team were therefore unable to test the random sample against national protocol in respect of the minimum information requirements when booking a patient onto the planned procedure list. In the absence of completed Booking forms, the Audit Team noted mixed processes when adding patients to the planned procedure list, i.e. **Gastroenterology** In respect of Endoscopy surveillance, national protocol prescribes that *'when a patient receives their first procedure and the clinical decision is made that the patient requires a further surveillance procedure, a booking form should be completed'.* The Audit Team observed it is not practice in the GI Endoscopy Unit to complete Booking Forms when adding patients to the planned procedure list on the hospital patient administration system (PAS) for Endoscopy surveillance procedures. The Audit Team noted three ways in which patients are currently added to the planned procedure list on PAS for Endoscopy surveillance procedures:

1. ADAM Report (Advanced Digitalising and more Documentation System)
   An Endoscopy Electronic Reporting System, *'ADAM'*, is maintained by the Hospital's Information Management System (IMS). An individual procedural report is generated by the Endoscopist on *'ADAM'* for each patient who has an Endoscopy procedure completed.
   Where follow-up instructions on the *'ADAM'* report record e.g. 'repeat procedure in 'x' number of weeks, months or years', patients are added to the planned procedure list on PAS.

Of 24 Gastroenterology patients in the random sample, 2 patients had a procedure *'ADAM'* report completed with direct follow up instructions for a repeat procedure (i.e. no specimens taken, no histology awaited)
Note: In addition, review of random sample found evidence of 2 patients who did not appear to have a procedure *'Adam'* report on the EPR.

2. Histopathology Order Report
   Histology reports are available on the Electronic Patient Record (EPR). Where the follow-up section on the ADAM report records *'await histology'*, the consultant reviews and endorses the histology results on the message centre action list in the patients EPR. The comment box is used to give instructions to clerical staff to arrange the appropriate follow-up. This EPR message centre is then accessed by the clerical pool. Instructions from the consultant to clerical staff to arrange the appropriate follow-up are actioned and the patient is added to the planned procedure list on PAS for their procedure.

Of 24 Gastroenterology patients in the random sample:
▪ 13 patients, histology results were endorsed by the consultant and instructions given that were actioned by clerical staff on the EPR
▪ 4 patients, histology results had not been endorsed by the consultant on the EPR
▪ 3 patients, histology results had been endorsed by the consultant but no instructions given to clerical staff in the comments field on the EPR
▪ 1 patient was noted to have histology results endorsed by the consultant with instructions for a repeat Endoscopy procedure on the EPR however the instruction to book a repeat procedure did not appear to be actioned on the EPR

3. Endoscopy Requisition Form
   This is an internal form used to refer a patient to the Endoscopy Unit for a surveillance Endoscopy procedure.
Of the 24 Gastroenterology patients in the random sample, 1 patient had a requisition form completed.

General Surgery

Of the 3 General Surgery patients reviewed in the random sample, all 3 patients had an *'Endoscopy Requisition Form'* completed. The hospital reported that this is an internal referral form used by the specialty of General Surgery to refer a patient to the GI Endoscopy Unit for a *'surveillance'* Endoscopy procedure. This form is date stamp received by the Endoscopy Unit and used to add the patient to the planned procedure list on PAS.

Geriatric Medicine

Patients returned on the planned procedure list under the specialty 'Geriatric Medicine' are patients due for return attendance to the Falls and Syncope Unit (FASU) which is an 8 bedded rapid assessment and treatment unit that provides a day case Syncope Service.
Hospital reported that currently, a *'Falls and Syncope Unit Return Appointment Slip'* is manually

completed by consultants for patients who have attended the unit and who require to attend a further appointment to undergo further assessment/investigation. This slip is used by clerical staff to add patients to the planned procedure list on PAS. The hospital reported that this slip is then discarded upon entry onto PAS and is not retained in the patient's Healthcare Record (HCR). The *'Falls and Syncope Unit Integrated Care Pathway Admission'* document and *'OPD review Falls and Syncope Service letter'* are retained in the patient's HCR.

Of the 13 Geriatric Medicine patients in the random sample, all had a completed *'Falls and Syncope Unit Integrated Care Pathway Admission'* document and *'OPD review Falls and Syncope Service letter'* in their HCR

Note: The hospital reported that a manual diary system is currently in operation. Patients are not managed on the Electronic Patient Record (EPR). The hospital reported that a Cardiovascular Information System (CVIS) is due for implementation by end 2018.

3.	**Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?**

All patients in the random sample were entered on PAS under Source of Admission Code '*C– Planned Repeat*'. However, in the absence of completed Booking Forms, the Audit Team were unable to test against national protocol in respect of the requirement for *'procedure description'* and *'planned procedure list type indicator'* to be assigned on the Booking Form and entered onto PAS.

In the absence of Booking Forms for all 40 patients in the random sample, the Audit Team observed the following practice in relation to how procedure *'list type'* and *'procedure type'* are currently identified and transcribed onto PAS:

In **Gastroenterology**, the '*Endoscopy procedure (ADAM) reports'* reviewed included an indication for a *'repeat'* procedure in the follow-up section. Also, where histology results were endorsed and instructions given by the consultant in the message centre on the EPR, comments recorded included e.g. '*repeat OGD*', '*repeat colonoscopy*'.

In **General Surgery**, the procedure description on the '*Endoscopy Requisition Forms'* specified *'Consultation Referral for Endoscopy'*. A field on the form named *'indication for endoscopy'* was used to indicate whether an upper or lower Endoscopy procedure was being requested. In the absence of a list type indicator, 2 of the 3 forms reviewed included the word *'surveillance'* or *'surv'* beside the *'indication for procedure'* or beside *'location'* on the form.

In **Geriatric Medicine,** the *'OPD review Falls and Syncope Service'* letters reviewed included a plan for each patient which stated that the patient was for '*review*' in a specified timeframe. A blank FASU Return Appointment Slip was provided for review, this includes a list of tests/investigations for selection. The Procedure type entered on PAS was *'Other Assessment, consultation or evaluation'*.

4.	**Indicative treatment date/timeframe assigned, as per national protocol?**

In the absence of completed Booking Forms for all 40 patients in the random sample, the Audit Team were unable to test against national protocol which requires *'planned procedure indicative treatment dates'* to be assigned on the patients Booking Form.

The Audit Team observed variation in practice in respect of how indicative treatment timeframes are currently assigned for planned procedures:

Gastroenterology

For 21 of 24 patients in the random sample, a treatment timeframe for a *'repeat'* Endoscopy surveillance procedure was assigned in the follow-up section of the *'procedure (ADAM) report'*. 2 patients did not have a *'procedure (ADAM) report'* saved in their EPR - an indicative treatment timeframe was recorded in the EPR message centre by the consultant on endorsement of histology results. 1 patient had an Endoscopy requisition form completed and beside field 'Indication for Endoscopy' was written, '*Last OGD Feb 2017. Next OGD required around Feb 2020'*.

General Surgery

For the 3 patients in the random sample, an *'Indication for Endoscopy'* field was completed on the *'Endoscopy requisition forms',* this field was also used to include a treatment timeframe for the procedure.

Geriatric Medicine

For the 13 patients in the random sample, as the '*Falls and Syncope Unit Return Appointment Slips'* had been discarded, the Healthcare records for these patients were provided for review which included the patients *'OPD Review Falls and Syncope Service letter'*. In these letters the consultant recorded a timeframe for *'review'* as part of the plan for the patient following attendance at the Unit.

5.	**Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?**

The hospital system functionality (PAS) does not provide for an indicative date field. The Audit Team observed that *'indicative dates'* are entered in the *'Expected Admission Date'* field on the waiting list details screen on PAS and patients are categorised under the status of *'Pre-Admit'*. As a result indicative dates are currently not returned on the weekly extract file submission to NTPF for national reporting. Instead, all patients on the planned procedure list are returned with '*To Come In'* (TCI) dates.

The Audit Team observed variation in how this *'Expected Admission Date'* field is used for patients added to the planned procedures list i.e.

Gastroenterology

For the 24 Gastroenterology patients in the random sample, the *'indicative date'* is being entered in the *'expected admission date'* field on PAS. This date entered is not however a TCI date but an actual *'indicative date'* based on the treatment timeframe indicated either on the patients procedure report (ADAM) or as per instruction from the consultant's endorsement of histology results. These dates are being returned on the extract file to the NTPF as TCI dates which are dated out as far as 2022. The Audit Team's review of the 24 patients observed that the date entered in the *'expected admission date'* field on PAS matched the treatment timeframe indicated on the procedure report (ADAM) for 21 patients and the consultant's histology endorsement instructions for the 2 patients without an ADAM report. For the 1 patient with an Endoscopy form completed the treatment timeframe on the form matched the date entered on PAS in the *'expected admission date'* field.

General Surgery

For the 3 General Surgery patients in the random sample, as with Gastroenterology the *'indicative date'* is being entered in the *'expected admission date'* field on PAS. The date entered in this field matched the treatment timeframe indicated against the indication of Endoscopy recorded on the *'Endoscopy Requisition Form'*.

Geriatric Medicine

For the 13 Geriatric Medicine patients in the random sample, the hospital reported that the date entered in the *'expected admission date'* field on PAS is the actual *'TCI date'* and not an 'indicative date'.

In addition, of the 13 patients in the random sample, the timeframe for review was not indicated on the *'OPD Review Falls and Syncope Service letter'* for 4 patients, as a result the Audit Team were unable to verify the *'expected admission dates'* entered on PAS for these patients. For a further 3 patients, the *'expected admission dates'* entered on PAS were approximately 1 month outside of the stated timeframe for review in the OPD letter.

Additional Findings outside of Key Test Controls
The Audit found evidence of duplicate entries that were made on PAS for 3 of the 24 Gastroenterology patients in the random sample. As a result, all 3 patients were returned twice for the same procedure on the extract file submission to the NTPF. All 3 patients had been entered on the planned procedure list on PAS based on the procedure report (ADAM) and were then entered for a second time when histology results were endorsed by the consultant on the EPR.

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 of receipt of referral to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.

9.2 EPR *'Orders'* or Waiting List Booking Forms 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 EPR *'Orders'* template should include specific list type indicator (i.e. waiting list or planned procedure list) to ensure patients are categorised and listed correctly.

9.3 An EPR *'Order'* or Waiting List Booking Form should be completed for all patients added to the waiting list and planned procedure list, in line with national protocol to support accurate and timely recording of patient information onto the appropriate list to ensure safe, effective waiting list management and reporting.

9.4 Whilst EPR *'Orders'* support the completion of patient admission details by consultants, the hospital should ensure that patient information is transcribed correctly onto the hospital system (PAS) to support local management and national reporting.

9.5 The hospital should ensure that the *'decision to admit'* date or EPR *'Order'* date (i.e. date Booking Form signed by consultant) is the *'date added'* to the waiting list, in line with national protocol so patient wait-times are calculated correctly.

9.6 The hospital should ensure that clinical priority is always assigned on EPR *'Orders'* or Waiting List Booking Forms and subsequently transcribed correctly onto the hospital system (i.e. PAS) in line with national protocol.

9.7 The hospital should review the process for managing DNA's and patient cancellations (CNAs), to ensure patients who DNA or CNA are managed appropriately in real-time and not retrospectively so wait-time re-calculations are recorded correctly at national level. A regular review and audit process should be implemented to identify opportunities for improvement and on-going staff training needs.

9.8 The hospital should implement a programme of patient validation for all patients waiting over 6 months in line with national protocol.

9.9 The hospital should review the process for removing patients from the waiting list to ensure they are removed appropriately.

9.10   The hospital to review PAS functionality regarding the visibility of transaction dates to allow testing of key date captures in line with national protocol.

9.11   The hospital should ensure that patients clinically prioritised as *'soon'* on the inpatient and day case waiting list are mapped correctly to *'urgent'* on the weekly extract file   submission to the NTPF.

9.12   The hospital should comply with national protocol which details the procedure for adding a patient to the planned procedure list upon receipt of a completed Waiting List Booking Form.

9.13   The hospital should review PAS functionality in respect of the provision of an *'indicative date'* field for planned procedures to allow for treatment timeframes to be accurately recorded.

9.14   All patients who are added to the planned procedure list on PAS should be added with an actual indicative treatment date or approximate timeframe for their procedure in an indicative date field and not a TCI date.

9.15   All patients on the planned procedure list should be returned on the weekly extract file submission to the NTPF with an indicative treatment date mapped to the correct field for national reporting.

9.16   The hospital should review and remove duplicate patient records on the planned procedure list to ensure patients are not listed twice for the same procedure and to ensure the return of accurate patient information on the weekly extract file submission to NTPF for the reporting of planned procedure volumes at national level. A regular review and audit process should be implemented to identify opportunities for improvement and on-going staff training needs.

10. Hospital Response

St James's Hospital Dublin have reviewed the report and found no factual inaccuracies.

The Hospital is currently working towards implementing the relevant national guidelines and protocols.

Currently the Patient Administration System (PAS) does not lend itself to the implementation of major changes and this will influence the Hospital's ability to make all the system changes which have been recommended.

The recommendations contained in this report will be used to inform the implementation and continuous quality improvement activity in St. James's Hospital.

11. Conclusion

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

This report sets out a number of recommendations based on the key findings of the Special Audit that require implementation by the hospital if national protocols are to be fully adhered to. In particular the hospital should expand EPR *'Orders'* or Waiting List Booking Forms to meet the minimum information requirements to ensure patients are categorised correctly and listed on the appropriate list type.

In addition, the hospital should also review the process for the management of patient cancellations (CNA), patients who did not attend (DNA) and the process for removing patients from the waiting list. This would ensure improved quality and accuracy of the data returned to the NTPF in line with national minimum data set guidance and national waiting list management protocols. In tandem with this a regular review and audit process should be implemented to identify opportunities for improvement and on-going staff training needs. The lack of visibility of transaction dates on PAS also needs to be reviewed to allow the testing of key date captures in line with national protocol.

Furthermore, in respect of the planned procedure list, the hospital should revise PAS functionality regarding the provision of an indicative date field to ensure *'indicative dates'* are returned in the correct field on the weekly extract file submission to the NTPF for national reporting.

12. Acknowledgement

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

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

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