Audit & Quality Assurance

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	St. Vincent's 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 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 Vincent's University Hospital** (SVUH) (see 6a, 6b Page 3).

2. Background

The Audit and Quality Assurance (AQA) function was established in the NTPF in May 2013 under the NTPF's Statutory Instrument (2004, S.I. No. 179). Since then it has played an essential role in supporting the organisation to deliver on one of its key functions, which is to *'collect, collate and validate hospital waiting list data'.* This special audit is being conducted in accordance with this statutory obligation.

3. Scope of Audit

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

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

4. Objectives

- To provide independent objective assurance to the Minister and Department of Health that the quality and accuracy of the data returned is in line with national minimum data set guidance and national waiting list management protocols
- To provide independent objective assurance to the Minister and Department of Health that the hospitals audited are effectively managing their waiting/planned procedure lists in line with national protocols
- To report formally to the Minister and Department of Health on its further findings and recommendations regarding waiting list management practices in the public hospitals audited by year-end 2018

5. Methodology

The checklist for this special audit involved testing of 23 key test controls comprising 92 sub-test items. 12 key test controls related to the Waiting List and 11 key test controls related to the Planned Procedure List.

2018 Special Audit - Key Test Controls

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

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

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

6. Sampling Framework

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

7. Reference Protocols
   ▪ The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
   ▪ National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 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 11 specialties (see no. 6a, page 3). Specialty breakdown as follows:

- Cardiology - 3 patients
- Cardio-Thoracic Surgery - 1 patient
- Gastroenterology - 1 patient
- General Surgery - 1 patient
- Ophthalmology - 11 patients
- Otolaryngology (ENT) - 3 patients
- Pain Relief - 11 patients
- Plastic Surgery - 3 patients
- Respiratory Medicine - 1 patient
- Urology - 3 patients
- Vascular Surgery - 2 patients

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

- 10 patients were new outpatient referrals, having been referred by
    - GP x 5 patients
    - Medical Eye Specialist (MES) x 2 patients
    - Internal Hospital Consultant x 2 patients
    - Another Hospital (outside Group) x 1 patient

Note: Although all 10 patients were new outpatient referrals to the listed specialty, only 4 patients were seen in outpatients as new patient attendances. 5 patients were admitted to the Ophthalmology Day Ward for their initial consultation, and 1 patient was admitted to the ENT Day Ward for their initial consultation

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

- 4 patients were *'direct listed'* by the listing specialty/consultant for their procedure
    - 1 GP referral for cystoscopy (Urology)
    - 1 Internal Hospital Consultant referral for cystoscopy (Urology)
    - 1 Inter-Hospital (inside Group) referral to Cardiology
    - 1 patient seen in private rooms (ENT)

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?**
	10 of 40 patients reviewed in the random sample were <u>new</u> outpatient referrals to the listing specialty. Of these 10 patients, the Audit Team found evidence of 1 patient who was not entered onto the outpatient (OPD) waiting list but admitted to the ENT Day Ward for their initial consultation. **Note:** Of the 9 patients entered onto the OPD waiting list, the Audit Team observed 5 Ophthalmology patients with new OPD appointments scheduled, which were subsequently cancelled, and patients admitted to the Ophthalmology Day Ward for their initial consultation (on the same appointment date). The Audit Team were unable to test if the 9 patients listed on the OPD waiting list were entered within **1 working day** on receipt of referral as transaction dates were not visible on the hospital patient administration system (PAS/Clinicom). Of these 9 patients, 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 these 9 patients entered on the OPD waiting list as the hospital system (i.e. PAS) does not retain this information. All 40 patients reviewed in the random sample had an Admission Booking Form provided. SVUH is progressing towards full implementation of an electronic system to support the listing of patients onto the inpatient and day case waiting list. **e-Referrals - Admission Waiting List Request Forms,** introduced in the last 18 months are completed electronically by consultants/medical teams. All 40 Booking Forms reviewed in the random sample included a *'request date'* (i.e. date completed by consultant/medical team or 'decision to admit' date). Of the 40 Booking Forms reviewed, 14 Booking Forms were not date stamped received in the Waiting List Office, only 2 of which had *'duplicate'* written on the form. The Audit Team were unable to test if the 40 patients in the random sample were entered on the inpatient and day case waiting list within **3 working days** on receipt of the completed Booking Form in the Waiting List Office as transaction dates were not visible on PAS. Of the 40 Booking Forms reviewed, the Audit Team found evidence of 2 patients who did not comply with national protocol in terms of *'date added'* (i.e. decision to admit) to the inpatient and day case waiting list. Although the Audit Team could not ascertain what had informed the *'date added'* in these 2 cases, they observed that the *'date added'* was within 2 days of the *'request date'* recorded on the Booking Form. 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 9 patients entered onto the OPD waiting list, the Audit Team found evidence of: • 7 patients with a triage urgency recorded on PAS - 6 of which the Audit Team could not determine what had informed this on PAS as triage urgency was not assigned on the referral letters • 2 patients with a triage urgency assigned on the referral letters, only 1 of which was 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. Of the 40 Booking Forms reviewed, 39 patients had a clinical priority assigned on the Booking Form, 38 of which were transcribed correctly onto PAS. 1 patient had no clinical priority assigned on the Booking Form, and therefore the Audit Team were unable to test what had informed the clinical triage of *'routine'* for this 1 patient on PAS.
3.	**Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?**
	The Audit Team were unable to test if appropriate outpatient referral acknowledgement letters were issued to the SOR and patient, in line with national protocol as this information is not visible on PAS once letters have been generated, nor are copies of letters retained by the hospital. **Note:** Hospital reported that referral acknowledgement letters are generated from PAS on receipt of the referral to outpatients (prior to clinical triage), and are issued to both SOR and patient. Hospital also reported that Healthlink referrals receive an automated acknowledgement to the GP, post triage.
4.	**Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?**
	All 40 patients reviewed in the random sample had a Booking Form completed. Whilst the Audit Team found evidence of **3 different Bookings Forms** used to list patients in the random sample, 35 patients had the same Booking Form completed. Booking Forms evidenced included: 1. **e-Referrals – Admission Waiting List Request Form** completed electronically for **35 patients** (Note: e-Referrals template completed manually for 1 patient) 2. **St Vincent's University Hospital Admission Waiting List Request Form** (A4 Form) completed for 1 patient 3. **St Vincent's University Hospital Admission Waiting List Request Form** (A5 2 part Form) completed for 3 patients The national protocol prescribes 25 minimum standard information requirements when completing Booking Forms. The Audit Team observed that none of the 40 Booking Forms reviewed met with the minimum requirements, and did not contain key information such as: • List type indicator (i.e. waiting list or planned procedure list) • GP details • Treating specialty

5.	**Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?**
	None of the **40 Booking Forms** reviewed by the Audit Team had a specific list type indicator (i.e. waiting list or planned procedure list) included. The Audit Team found evidence of 4 patients in the random sample listed under Ophthalmology who had been re-listed for their second cataract surgery on the waiting list instead of the planned procedure list, in line with national protocol. **Note: Hospital reported that it is not their practice to list second cataract procedures on the planned procedure list. This is not in line with national protocol.**
11.	**Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?**
	The Audit Team found no evidence of formal patient validation in the last 6 months for any of the 40 patients reviewed in the random sample. The Audit Team observed 6 patients listed under Ophthalmology who had attended their pre-operative assessment in the previous 6 weeks, for the procedure listed in the random sample.
12.	**National protocol in respect of the removal of patients has been adhered to?**
	The Audit Team observed that 8 patients had been removed from the waiting list prior to audit who should have been removed earlier. Removal reasons included: 2 patients had been treated privately (September and November 2017) 1 patient had been treated whilst an inpatient and their waiting list entry had not been removed (April 2018) 2 patients required further clinical intervention (March and April 2018) 2 patients no longer required their procedures (January and April 2018) 1 patient (RIP)

Note: There were no key findings in respect of key test controls 6, 7, 8, 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 5 specialties (see no. 6b, page 3). The specialty breakdown was as follows:

- Gastroenterology - 7 patients
- General Surgery - 1 patient
- Ophthalmology - 10 patients
- Pain Relief - 14 patients
- Urology - 8 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, 36 had an Admission Booking Form completed: ■ 3 Gastroenterology ■ 1 General Surgery ■ 10 Ophthalmology ■ 14 Pain Relief ■ 8 Urology Of the **36 Admission Booking Forms** reviewed, 24 had no date stamp received in the Waiting List Office or equivalent and therefore did not comply with national protocol. 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. The Audit Team however had no visibility of the actual transaction dates on the hospital patient administration system (PAS). As a result, in respect of the 12 Admission Booking Forms that were date stamped on receipt, the Audit Team were unable to test this 3 day turnaround time. The inability to view transaction dates on PAS limits the hospital in testing key day captures.
2.	**Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?**
	Of the **36 Admission Booking Forms** reviewed in the random sample, the Audit Team found evidence of **2 variations** of Booking Forms used to list patients on the planned procedure list, which included: 1. St Vincent's University Hospital *'Admission Waiting List Request Form'* (A5) – completed for 24 patients 2. *e-Referrals 'Admission Waiting List Request Form'* – completed for 12 patients (Note: This is the hospital 'Electronic Booking Form' implemented approx. 18 months ago)

	National protocol prescribes 25 minimum standard information requirements when completing Booking Forms. The Audit Team observed that none of the 36 Admission Booking Forms reviewed met with all of the minimum requirements, for example, planned procedure list type indicator, planned procedure indicative treatment date, treating specialty and GP details were not included for completion. In respect of the remaining 4 patients who did not have an Admission Booking Form completed, the Audit Team were provided with a copy of the correspondence that was used to list these patients on the planned procedure list i.e. ▪ St Vincent's University Hospital **Appointment Request Form Following In-Patient Discharge.** This is an internal form that must be completed by the Ward Secretary or the Referring Doctor In the above 4 forms reviewed, the *'clinical reason for referral'* section was used to record the required procedure which also included a treatment timeframe. However, in the absence of a planned procedure indicator it was unclear to the Audit Team on review of these forms as to what list type patients should be assigned to (all listed under Gastroenterology). Of the 36 Admission Booking Forms provided for review, none were fully complete.
3.	**Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?**
	The Admission Booking Forms in use by the hospital do not include a specific '*planned procedure'* list type indicator. Of the **36 Admission Booking Forms** reviewed, the Audit Team were therefore unable to establish in all cases how planned procedures were identified and added to the planned procedure list on PAS. Whilst the procedure types assigned on the **36 Admission Booking Forms** reviewed matched the procedures entered on the hospital system, in the absence of a 'planned procedure' list type indicator, the procedure descriptions in 24 out of the 36 Admission Booking Forms reviewed included the term i.e. *'repeat', 'surveillance', 'review', 'follow-up', 'change of'* or *'refill'*. The remaining 12 Admission Booking Forms reviewed did not include any of these terms in the procedure description to indicate that the procedure was a *'planned procedure'*.
4.	**Indicative treatment date/timeframe assigned, as per national protocol?**
	Of the **36 Admission Booking Forms** reviewed in the random sample, 17 patients had no indicative treatment timeframe assigned on the Admission Booking Form and were added to the planned procedure list on PAS without an indicative treatment date assigned (i.e. 'Expected Op Date'). (Note: this included all 14 patients listed under Pain Relief in the random sample, 2 Ophthalmology patients and 1 Urology patient). Of the 4 patients in the random sample who did not have an Admission Booking Form completed, the Audit Team observed that the **Appointment Request Form Following In-Patient Discharge** was used to list these patients on the planned procedure list based on the clinical reason for referral section, which included a required procedure with a treatment timeframe assigned. Of the 40 patients reviewed in the random sample, only 15 had been added to the planned procedure list with an indicative treatment date (i.e. 'Expected Op Date') on PAS and returned in the extract file to the NTPF.

	Note: The Audit Team observed that the neither of the 2 Admission Booking Forms reviewed provided for the inclusion of an indicative treatment date/timeframe. The Audit Team observed variation across the Admission Booking Forms reviewed in respect of where treatment timeframes were recorded.
5.	**Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?**
	Of the 36 Booking Forms reviewed in the random sample, 19 patients had an indicative treatment timeframe assigned on the Admission Booking Form, 10 of which the indicative timeframe was accurately transcribed on PAS (i.e. Expected Op Date).

For the remaining 9 patients, the Audit Team observed:
- 8 patients' indicative timeframe was not transcribed on PAS (i.e. Expected Op Date was blank)
- 1 patient's indicative treatment timeframe was not accurately transcribed. The Audit Team observed however that the indicative date recorded on PAS for this patient was just one month out from the indicative timeframe recorded on the Booking Form

Note: Of the 4 patients with no Admission Booking Forms completed, and who were listed on the planned procedure list based on the '*clinical reason for referral*' section on the **Appointment Request Form Following In-Patient Discharge,** the treatment timeframes specified on this section of the reports, matched the indicative date (i.e. Expected Op Date) on PAS. |
| **6.** | **National protocol in respect of patient scheduling timeframes was adhered to?** |
| | Of 40 patients in the random sample, 39 patients had scheduled dates to *'To Come In'* (TCI) i.e. *'Expected Admission dates'* on PAS*,* just under half of which were booked out beyond six weeks and as far as December 2018. Of these 39 patients, only 15 had indicative treatment dates to inform these TCI dates, recorded on PAS and returned in the extract file to NTPF.

Of the 15 patients with an indicative treatment date, 14 had scheduled TCI dates*.* National protocol prescribes that TCI dates should be scheduled within two weeks of indicative treatment dates. The Audit Team observed that the scheduling timeframes for these patients ranged from 4 weeks to 29 weeks.

Of these 14 patients however with scheduled TCI dates, the Audit Team found evidence that 8 patients had been initially scheduled within the required two week timeframe:
- 4 patients had cancelled (CNA) their initial scheduled TCI date
- 3 patients did not attend (DNA) their initial scheduled TCI date
- 1 patient's initial TCI date was incorrectly recorded on their referral form and entered on PAS. The correct TCI that should have been recorded was within 2 weeks of the indicative date. This error was corrected on PAS (on 04/05/18) and the patient scheduled an earlier TCI date

In addition:
- 1 patient underwent their listed procedure whilst and in-patient on 11/01/2018, 1 month in advance of the indicative date (13/02/2018). Waiting list entry had not been resolved on PAS. Patient was since removed from the planned procedure list on 02/05/2018. |

	Note: Of the remaining 5 patients with TCI dates, the Audit Team observed that the scheduling timeframe between the initial TCI date and indicative date ranged from 3 to 14 weeks. 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 39 patients in the random sample with a TCI date (i.e. Expected Admission date) on PAS as transaction dates (when TCI offer was made) were not visible on PAS.
7.	**National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?**
	Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 7 patients who did not attend (DNA) a scheduled date *'To Come In'* (TCI) on one occasion. All had been re-booked with new TCI dates (i.e. 'Expected Admission Date') on PAS. Of these 7 patients, 2 were noted to have also cancelled (CNA) 2 previous scheduled TCI dates. The Audit Team were unable to accurately test the notice period for TCI dates cancelled due to non-attendance (DNA) owing to a lack of visibility on PAS. It was therefore not possible to determine whether '*reasonable*' i.e. *'2 weeks'* notice had been given. Of the 7 patients who did not attend (DNA) a scheduled date *'To Come In'*, the Audit Team observed that 1 patient's Admission Booking Form included a hand written note that the appointment letter had not been received by patient and based on this reason the patient was re-booked with a new TCI date. In respect of the remaining 6 DNA patients, the Audit Team found no evidence recorded on the hospital system (PAS) or Admission Booking Form that clinical guidance had been sought in relation to patients who did not attend.
8.	**National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?**

	Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 8 patients who had cancelled (CNA) a scheduled date *'To Come In'* (TCI).
	Of the 8 patients who had cancelled (CNA) a scheduled date:
	   ▪ 2 patients cancelled a scheduled date on two occasions and were re-booked
	   ▪ 1 patient cancelled a scheduled date on three occasions and was re-booked
	   ▪ 1 patient cancelled their scheduled date as they were unwell (as per comment recorded on PAS). The cancellation reason code selected however was *'patient request'* i.e. CNA and not *'patient unfit'.*
	
	The Audit Team were unable to accurately test the notice period for cancelled TCI dates due to lack of visibility on PAS. It was therefore not possible to determine whether *'reasonable'* i.e. '*2 weeks*' notice had been given.
	
	In addition, in respect of patients in the random sample where previous TCI dates had been cancelled and new dates scheduled, PAS functionality did not provide full visibility of previous TCI dates. PAS functionality also did not provide full visibility to the Audit Team of the entire cancellation history for patients as only a maximum of 2 (most recent) cancelled dates are retained on the waiting list details screen. For additional oversight, the Audit Team therefore relied on the manual record of hand written (and crossed out) TCI dates maintained on the Admission Booking Forms provided and attached cancellation screen print outs from PAS.

	The Audit Team found no evidence recorded on the hospital system (PAS) or Admission Booking Form that clinical guidance had been sought in relation to patients who had cancelled a scheduled TCI date on 2 or more occasions.
11.	**National protocol in respect of the removal of patients has been adhered to?**
	Of the 40 patients in the random sample, the Audit Team found evidence of 2 patients that were not removed in a timely manner: ▪ 1 patient was admitted for their procedure on 30/04/2018 however this admission was not linked to the waiting list entry on PAS, and patient was not removed from the planned list until 02/05/2018 ▪ 1 patient underwent their listed procedure when admitted to the Acute Medical Unit (AMU) from 11/01/18 until 18/01/18. The waiting list entry on PAS for this episode however was not cancelled on PAS until 02/05/2018

Note: There were no key findings in respect of key test controls 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   **e-Referrals - Admission Waiting List Request 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   Whilst electronic Booking Forms support the completion of patient admission details by consultants, the hospital should ensure that all Booking Forms are date stamped received in the Waiting List Office, or equivalent to facilitate testing of key date captures.

9.4   The hospital should ensure that all patients waiting over six months are validated, as part of a programme of validation, in line with national protocol. In addition, the hospital should implement a process for regular data validation, including improved communication to   the Waiting List Office regarding any changes to a patient's clinical status to support data accuracy.

9.5   All patients who are added to the planned procedure list should have an indicative treatment date or approximate treatment timeframe clearly assigned on the Booking Form and transcribed correctly onto the hospital system (PAS/Clinicom).

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

9.7   Hospital to review PAS 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 patients scheduling and cancellation history on PAS, (i.e. offers, TCI and cancellation dates).

9.8   Hospital should adhere to the scheduling timeframes for patients listed on the planned procedure list in line with national protocol.

9.9   Hospital to ensure that the management of patient cancellations (CNAs) and patients who do not attend (DNAs) is in line with national protocol.

9.10   The hospital should review the process for removing patients from the waiting list and planned procedure list to ensure they are removed appropriately.

10. Hospital Response

SVUH Response to Recommendations:

SVUH acknowledge and accepts the recommendations as outlined in the NTPF audit report and will continue to work towards full implementation and compliance with the national protocol.

Additional comments outlined below:

9.1. SVUH can confirm that referrals are opened, date stamped and added to the SVUH OPD waiting list within 24 hours of receipt. Following the audit, SVUH will add a priority status on the triage stamp to show evidence of compliance with the protocol.

9.2. The e-Referral system is currently under review and will be expanded to meet minimum information requirements in line with the National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017).

9.3. All e-Referrals processed through the waiting list office are date stamped. SVUH have highlighted this to any other department that may be dealing with putting patients on the waiting list. A re-training programme and workshop will be undertaken to ensure this is adhered to.

9.4. The Hospital implemented a programme of patient validation in 2004. This validation programme is completed for IP/DC and OPD waiting lists bi-annually for patients waiting over six months in line with the National IDPP Waiting List Management Protocol. There is a clear protocol on this programme, with documentation, copy of letters and final outcome updated on PAS. The patients selected for audit were not eligible i.e. over 6 months waiting on the date of the last validation programme which commenced 21st November 2017. These patients are now eligible and were included in the validation programme which commenced 22nd May 2018. We are in the process of exploring a text validation process. If this is implemented it will be an ongoing validation process to ensure patients are validated as soon as they reach 6 months waiting. This will ensure all patients are validated at 6 months rather than bi-annually.

9.5. This will be added in the review of e-Referral booking form.

9.6. All patients are returned on the weekly extract file to NTPF. Patients with TCI dates did not have an indicative date included.

9.7. SVUH is aware of limitations of PAS functionality and an upgrade to the system will require funding

9.8. SVUH endeavours to schedule all planned procedures within the relevant timeframe where possible.

9.9. SVUH manages CNA's and DNA's to ensure safe practice and reduce risk to patients. Staff are reminded to document all transactions on the patient's e-Referral. The will be emphasised at induction and training.

9.10. With the introduction of the White Board system (FLOW), SVUH is reviewing patients admitted through FLOW and ICT are developing a report to check these weekly to ensure waiting list patients are captured.

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 the electronic '*Admission Waiting List Request Form*' to meet the minimum information requirements to ensure patients are categorised correctly and listed on the appropriate list type.

In respect of the planned procedure list, all patients should be assigned an indicative treatment date and scheduled in line with national protocol.

The audit recognised the limitations of the hospital system (i.e. PAS/Clinicom) 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 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.