



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

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Table of Contents

1. Introduction	1
2. Background	1
3. Scope of Audit	1
4. Objectives	2
5. Methodology	2
6. Sampling Framework	3
7. Reference Protocols	3
8. Key Findings	4
8.1 The Active Waiting List	
8.2 The Planned Procedure List	
9. Recommendations	13
10. Hospital Response	14
11. Conclusion	14
12. Acknowledgement	15

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 **University Hospital Galway** (UHG) (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 Special 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 involves the testing of 23 key test controls comprising 92 sub-test items. 12 key test controls relate to the Waiting List and 11 key test controls relate 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 involves:

- 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 includes detailed review of random samples:

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

7. Reference Protocols

- The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
- National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017¹

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

8. Key Findings

8.1 The Active Waiting List

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

The random sample consisted of 40 patients across 10 specialties (see no. 6a, page 3). Specialty breakdown as follows:

- Gastroenterology - 7 patients
- General Surgery - 6 patients
- Ophthalmology - 4 patients
- Orthopaedics - 1 patient
- Otolaryngology (ENT) - 2 patients
- Pain Relief - 4 patients
- Plastic Surgery - 4 patients
- Respiratory Medicine - 1 patient
- Urology - 8 patients
- Vascular Surgery - 3 patients

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

- 16 patients were wait-listed via the outpatient service as a new patient, having been referred by
 - GP x 14 referrals
 - Community Ophthalmologist x 1 referral
 - Inter-hospital referral (inside Hospital Group) x 1 referral
- 2 patients were wait-listed as '*Direct Referrals*' from GP
- 12 patients were wait-listed via the outpatient service as a return (follow-up) patient attendance
- 1 patient was wait-listed on discharge (admitted via the Emergency Department)
- 4 patients were '*direct listed*' by the treating consultant following referral from another internal hospital consultant
- 1 patient was '*direct listed*' by the consultant having attended same consultant in outpatients in another hospital within the Hospital Group
- 4 patients were re-listed for their procedure on discharge from UHG

Table 1: Key Findings – The Active Waiting List

No.	Key Test Control
1.	Dates logged for patient’s waiting list pathway meet with national protocols?
	<p>16 of 40 patients in the random sample were referred via the outpatient service (OPD), i.e. <u>new</u> patient referrals. Whilst 14 patients were added to the outpatient waiting list (OPWL) within 1 working day of receipt, the Audit Team found evidence of the following for 2 patients:</p> <ul style="list-style-type: none"> ▪ 1 patient referral had been date stamped received by the treating specialty 5 days prior to receipt in Central Appointments. The patient was only entered on the OPWL on the day the referral was received in Central Appointments Note: Hospital confirmed that their practice is to process outpatient referrals on the date the referral is received in Central Appointments ▪ The Audit Team were unable to test 1 patient as the original referral letter was not available on the patient’s Healthcare Record (HCR) Note: Although a faxed referral letter dated 04/05/2017 was filed on the HCR the patient was entered on the OPWL prior to this date (entered 24/04/2017). Patient was seen in clinic on 08/05/2017 <p>Of the 16 patients in the random sample referred via OPD, 6 patients were not assigned a clinical priority within 5 working days on receipt of referral (range was between 8 and 21 working days):</p> <ul style="list-style-type: none"> ▪ Of the 9 patients who were assigned a clinical priority within 5 days, clinical priority was incorrectly assigned on the system for 2 patients. 1 of these patients had their clinical priority corrected within 7 days ▪ The Audit Team were unable to test 1 patient as the original referral letter was not available on the patient’s HCR <p>Of the 16 patients referred via OPD, the Audit Team were unable to test if acknowledgement letters were sent within 7 working days of receipt of referral. Hospital confirmed acknowledgement letters are only issued to the patient, and not to the Source of Referral (SOR). Acknowledgement letters are generated by a third party and automated when the referral is returned from triage and the system is updated with the triage outcome. Although acknowledgement letters include date printed, and referral received date (i.e. date stamp received) the Audit Team could not test as copies are not retained by the hospital.</p> <p>Of the 40 patients in the random sample, 28 Booking Forms were provided for review. The Audit Team were unable to test if these 28 patients were added to the inpatient and day case waiting list within 3 working days of receipt of the Booking Form in the Waiting List Office, or equivalent as it is not standard hospital practice to date stamp completed Booking Forms. This practice limits the hospital in testing key date captures.</p> <p>Of the 28 Booking Forms provided the Audit Team found evidence of 10 patients who did not comply with national protocol in terms of ‘<i>date added</i>’ to the inpatient and day case waiting list. The ‘<i>decision to admit</i>’ date (i.e. date Booking Form signed by the consultant) was not the ‘<i>date added</i>’ to the waiting list:</p>

	<ul style="list-style-type: none"> ▪ 8 patients were added on the <i>'transaction'</i> or processing date (days ranged between 1 and 3 after the <i>'decision to admit'</i> date) ▪ 1 patient's <i>'decision to admit'</i> date appears to have been misread, resulting in the patient added 5 days prior to the <i>'decision to admit'</i> date ▪ 1 patient's <i>'decision to admit'</i> date on the Booking Form was recorded 3 months after the <i>'date added'</i> to the hospital system
2.	National protocols in respect of clinical prioritisation were adhered to?
	<p>Of the 16 patients referred via OPD, all patients had a clinical priority recorded on the hospital system, although the Audit Team could not determine what had informed this in all cases:</p> <ul style="list-style-type: none"> ▪ 2 patients had no clinical priority assigned on their outpatient referral letters, and therefore the Audit Team was unable to test if clinical priority had been correctly assigned on the system ▪ Of the 14 patients who had a clinical priority assigned on the outpatient referral letters, 3 patients had their clinical priority transcribed incorrectly on the system (1 patient was subsequently corrected) <p>All 40 patients in the random sample on the inpatient and day case waiting list had a clinical priority recorded on the system. The Audit Team were unable to test what had informed the clinical priority for 12 patients as Booking Forms had not been provided.</p> <p>Of the 28 Booking Forms reviewed, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 6 patients where no clinical priority was assigned on the Booking Form the Audit Team was unable to test if clinical priority had been correctly assigned on the hospital system ▪ 6 patients where clinical priority was not clearly documented on the Booking Form the Audit Team could not determine if clinical priority had been assigned correctly on the hospital system (Note: 3 patients should have been listed as a planned procedure) ▪ 16 patients where clinical priority was clearly documented on the Booking Form, 3 patients had their clinical priority transcribed incorrectly on the hospital system <p>Clinical priority on the hospital system included 4 options; 1 = very urgent, 2 = urgent, 3 = soon, and 4 = routine. On 25 Booking Forms reviewed, clinical priority was categorised as urgent, soon and routine, and the other 3 Booking Forms reviewed had the option of urgent and routine only.</p>
3.	Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?
	<p>Hospital confirmed that acknowledgement letters are only issued to the patient, and not to the Source of Referral (SOR).</p> <p>Acknowledgement letters are generated by a third party and automated when the referral is returned from triage and the system is updated with the triage outcome. Although acknowledgement letters are dated, and include the referral received date (i.e. date stamp received) they could not be tested by the Audit Team as copies are not retained by the hospital.</p>

4.	<p>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</p>
	<p>Of the 40 patients in the random sample, only 28 patients had a Booking Form provided. Whilst the Audit Team found evidence of 4 different Booking Forms in use, 25 patients had the same Booking Form completed. Booking Forms evidenced included:</p> <ol style="list-style-type: none"> 1. Galway Regional Hospitals Waiting List Booking Form (3 part form; white copy held by the secretary, yellow copy filed on HCR, and pink copy retained in the book) - completed for 25 patients 2. Galway Regional Hospitals Waiting List Booking Form slight variation on the above form and did not include the recall section - completed for 1 patient 3. University Hospital Galway, Endoscopy Unit, OPD GI Endoscopy Referral Form - completed for 1 patient 4. Roscommon University Hospital Inpatient Waiting List Booking Form - completed for 1 patient <p>Note: Booking Forms provided to the Audit Team were mainly photocopies</p> <p>The Audit Team found evidence of 2 specialties in the random sample where the hospital confirmed it is not their practice to complete Booking Forms:</p> <ul style="list-style-type: none"> ▪ Respiratory Medicine - 1 patient ▪ Pain Management - 4 patients <p>The national protocol prescribes 25 minimum standard information requirements when completing Booking Forms. The Audit Team observed that none of the 28 Booking Forms reviewed met with the minimum requirements, and did not contain key information such as:</p> <ul style="list-style-type: none"> ▪ List type indicator i.e. Waiting List or Planned Procedure List ▪ Source of Referral (SOR) ▪ Treating Specialty <p>Of the 28 Booking Forms provided, none were fully complete.</p>
5.	<p>Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?</p>
	<p>Of the 28 Booking Forms reviewed by the Audit Team a specific list type indicator (i.e. waiting list or planned procedure list) was not included. Booking Forms used in most cases had a <i>'Recall'</i> option, including the provision for a timeframe in weeks/months/years.</p> <p>The Audit Team found evidence of 3 patients with a completed Booking Form listed incorrectly. These patients should have been listed on the Planned Procedure List as their <i>'procedure type'</i> and treatment timeframes had indicated. The <i>'Recall'</i> section on these Booking Forms had been completed. Whilst 2 of these patients were recorded correctly on the hospital system as <i>'WL Deferred'</i>, the Source of Admission for both patients was incorrectly recorded as <i>'Waiting List'</i> rather than <i>'Continuance of Care'</i>.</p>

	In the absence of a Booking Form, the Audit Team found evidence for 3 of 4 patients returned under Pain Management who should have been returned on the Planned Procedure List based on the procedure information and treatment history.
11.	Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?
	All 40 patients had been waiting between 6 and 9 months. 20 patients had just fallen into the 7 month category wait timeframe. Formal evidence of validation was found for 1 patient.
12.	National protocol in respect of the removal of patients has been adhered to?
	<p>The Audit Team found evidence of 3 patients in the random sample who were not appropriately removed:</p> <ul style="list-style-type: none"> ▪ 1 patient had their procedure in November 2017 and had not been removed. Patient was removed between time of sample (11/01/2018) and time of audit ▪ 1 patient was admitted in July 2016 and treated, and had not been removed. Patient removed at time of audit ▪ 1 patient entry was an incorrect entry as a re-scope was not required. Patient removed at time of audit
Additional Findings outside of Key Test Controls	
	<p>The Audit Team found evidence of 3 patients triaged as 'soon' on the hospital system and returned as 'routine' on the weekly extract file to the NTPF. This is incorrect as patients triaged as 'soon' should be mapped to 'urgent' from a national reporting perspective.</p> <p>The hospital patient administration system (Clinicom) used in UHG is over 30 years old. As a consequence, the hospital uses 'workarounds' and is dependent on the support of external providers. The system is difficult to navigate, and information is not easily accessed or interpreted due to a reliance on codes, some of which have multiple functions.</p>

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

- Gastroenterology - 25 patients
- General Surgery - 6 patients
- Orthopaedics - 7 patients
- Urology - 2 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?
	<p>Of the 40 patients in the random sample, only 12 had Booking Forms provided for review:</p> <ul style="list-style-type: none"> ▪ 6 General Surgery (Surgical Day Ward) ▪ 2 Urology (Surgical Day Ward) ▪ 4 Orthopaedic² <p>Of the 12 Booking Forms reviewed, 11 had no date stamp received in the Waiting List Office or equivalent. This practice limits the hospital in testing key date captures. The Audit Team were therefore unable to test if these 12 patients were added to the list within 3 working days of the Booking Form date stamp received.</p>
2.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
	<p>The national protocol prescribes 25 minimum standard information requirements on the Waiting List Booking Form. None of the <i>'Waiting List Booking Forms'</i> reviewed met with all of the minimum requirements, for example, <i>'planned procedure'</i> list type indicator, specialty, GP details and source of referral were not included.</p> <p>Of the 12 patients with a Booking Form, no patient had a Booking Form that was fully completed. The information not completed included personal information and in some instances clinical information.</p> <p>In respect of Endoscopy Surveillance, national protocol prescribes that <i>'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'</i>. 28 of 40 patients in the random sample did not have a Booking Form completed, 25 of which were listed under the specialty of Gastroenterology. Hospital practice observed by the Audit Team for patients requiring a <i>'repeat'</i> or <i>'surveillance'</i> Endoscopy procedure is to add the patient to the planned procedure list on the hospital system from printed/and or written information taken from the Endoscopy Procedure report.</p>

² See additional findings outside of key test controls, page 12

3.	<p>Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?</p>
	<p>The <i>'Waiting List Booking Form'</i> in use by the hospital does not include a specific <i>'planned procedure'</i> list type indicator. Of the 12 Booking Forms reviewed, the Audit Team were therefore unable to establish in all cases how planned procedures were identified and added to the electronic planned procedure list.</p> <p>Whilst the procedures assigned on the 12 Booking Forms reviewed matched the procedures entered on the hospital system (e.g. Colonoscopy, OGD), in the absence of a <i>'planned procedure'</i> list type indicator, the procedure descriptions in only 2 out of the 12 Booking Forms reviewed included the word <i>'repeat'</i> or <i>'surveillance'</i>. A further Booking Form had the procedure description of <i>'category 2 colonoscopy'</i> written (category 2 being the code for a clinical priority of <i>'urgent'</i>), indicating that the patient should have been entered on the waiting list.</p>
4.	<p>Indicative treatment date/timeframe assigned as per national protocol?</p>
	<p>The Audit Team observed that the <i>hospital 'Waiting List Booking Form'</i> includes a <i>'Recall'</i> field. Beside this recall field there are three treatment timeframes available for completion i.e. number of weeks, months or years.</p> <p>The hospital system functionality does not provide for an indicative date field. As a result, the hospital uses the <i>'Wait list defer function'</i> (WDF) on the system to identify and manage patients on the planned procedure list and to generate the date the planned procedure is due i.e. <i>'indicative date'</i>. Patients are deferred from a <i>'start'</i> to an <i>'end'</i> date. On reaching the deferral <i>'end date'</i>, the patient then re-activates back onto the waiting list (i.e. <i>'Waiting List Active'</i>) and this re-activation date is the indicative date which is returned on the extract file to the NTPF.</p> <p>Of the 12 Booking Forms reviewed, the Audit Team found evidence of the following:</p> <ul style="list-style-type: none"> ▪ 5 did not have the recall field completed (i.e. 1 Surgical Day Ward General Surgery patient and 4 Orthopaedic patients) ▪ 1 did not have the recall field completed, though a timeframe was written elsewhere on the Booking Form, this patient however was not deferred on the hospital system and was entered with a clinical priority of <i>'urgent'</i>. This patient had a <i>'to come in'</i> (TCI) date scheduled (Surgical Day Ward Urology patient) ▪ 6 did have the recall field completed (i.e. 5 Surgical Day Ward General Surgery patients and 1 Surgical Day Ward Urology patient) <p>In the absence of a <i>'planned procedure'</i> list type indicator on the Booking Forms reviewed, it was unclear in some instances, whether this <i>'recall'</i> field, when used, was intended as an indicative timeframe for the <i>'planned procedure list'</i> or an admit by date for the <i>'waiting list'</i>.</p> <p>Where a short recall timeframe of <i>'weeks'</i> was recorded, some Booking Forms reviewed also had a clinical priority of <i>'urgent'</i> or <i>'soon'</i> selected. It was therefore unclear to the Audit Team whether the intention was for the patient to be added to the <i>'waiting list'</i> with a clinical priority of <i>'urgent'</i> or <i>'soon'</i> or added to the <i>'planned list'</i> with an indicative treatment date. For example of the 6 Booking Forms reviewed where the recall field was completed:</p>

	<ul style="list-style-type: none"> ▪ 1 General Surgery Booking Form had <i>'recall in 6 weeks'</i> recorded. The procedure description written stated <i>'category 2 colonoscopy'</i> and priority <i>'urgent'</i> was selected. This patient however was entered onto the planned list on the hospital system but had not been deferred and therefore had no indicative treatment date. At time of audit this patient did not have a scheduled TCI date. ▪ 1 General Surgery Booking Form had <i>'recall in 6-8 weeks'</i> recorded. Priority <i>'soon'</i> was selected. This patient however was entered onto the planned list on the hospital system but had not been deferred and therefore had no indicative treatment date. At time of audit this patient did not have a scheduled TCI date.
<p>5.</p>	<p>Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?</p>
	<p>Of the 40 patients in the random sample, 11 patients were entered onto the planned procedure list on hospital system but were not deferred i.e. no deferral reactivation (indicative) date was entered and therefore these patient records were not returned with indicative dates in the weekly extract file submission to NTPF for national reporting. The Audit Team also observed that 10 of these 11 patients were entered on the hospital system with a clinical priority of <i>'urgent'</i>.</p> <p>Of the 6 Booking Forms where the <i>'recall'</i> field was completed (see no. 4 above) the Audit Team observed that for 4 patients the treatment timeframe recorded on the Booking Form was either not entered on the hospital system or did not match the deferral reactivation (indicative) date entered:</p> <ul style="list-style-type: none"> ▪ 1 patient's treatment timeframe recorded in the recall field on the Booking Form did not match the deferral reactivation (indicative) date entered on the hospital system i.e. a deferral reactivation date of 5 months from the date of the Booking Form being completed was entered on the hospital system instead of <i>'6 weeks'</i> as recorded on the Booking Form. The treatment timeframe recorded on the Booking Form was in the past. ▪ 3 patients were entered onto the planned list on the hospital system but were not deferred against the treatment timeframe recorded in the recall field on the Booking Form. For all 3 patients, the treatment timeframes recorded on the Booking Forms were in the past. <p>Of the 5 Booking Forms where the <i>'recall'</i> field was not completed, the Audit Team observed that 1 patient however was entered on the planned list on the hospital system and deferred with a reactivation (indicative) treatment date. The Audit Team were unable to establish what had informed this indicative date.</p> <p>Of the 28 patients in the random sample for which Booking Forms were not provided, 25 patients were listed under the specialty Gastroenterology (see no. 2 above) of which 7 patients were not deferred on the hospital system. Of these 7 patients, a treatment timeframe was either printed or written on the Endoscopy reports for 6 patients. No treatment timeframe was recorded on the Endoscopy report for 1 patient. In addition, whilst these 7 patients were not deferred on the hospital system, all were however entered with a clinical priority of <i>'urgent'</i>.</p>

	Additional Findings outside of Key Test Controls
	<p>Of the 40 patients reviewed in the random sample, 7 patients (17%) were listed under the specialty Orthopaedics. The Audit Team found evidence of an extract file mapping issue in respect of these patients i.e.</p> <p>All 7 patients were returned as planned procedures in the extract file to the NTPF. These patients however were not entered on the hospital system as planned procedures under the Source of Admission Code '<i>C: IPWL Continuance of Care</i>' but entered under Code '<i>E</i>' i.e. <i>Elective/Booked</i>'. The hospital reported that patients entered under Elective/Booked are managed on the hospital system as '<i>waiting list</i>' patients. However, the audit observed that the Elective/Booked code is being mapped to the '<i>planned procedure</i>' list on the weekly extract file submission to the NTPF instead of to the '<i>waiting list</i>'.</p> <p>In addition, the Audit Team observed that the Booking Form for 1 of these 7 patients included the procedure description '<i>removal of metal</i>'. This description would indicate that this is a planned procedure.</p>

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

9. Recommendations

- 9.1 Outpatient service referral management should be reviewed by the hospital to ensure that **The Management of Outpatient Services Protocol (February 2014 - Version 2.1)** is fully implemented and adhered to. This protocol clearly states how the receipt, clinical prioritisation and acknowledgement of referrals should be managed within specific timeframes to ensure all referrals are added to the outpatient waiting list module within 24 hours of receipt of referral to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.
- 9.2 The hospital Waiting List Booking Form should be revised and standardised to meet the minimum information requirements in line with the **National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)**.
- 9.3 The revised hospital Waiting List Booking Form should include specific list type indicator (i.e. waiting list or planned procedure list) to ensure that patients are added to the correct list.
- 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 support accurate and timely transcription of patient admission details, including the 'decision to admit' date (i.e. date added) for entry onto the hospital's waiting list.
- 9.6 The hospital should ensure that clinical priority is assigned clearly on Booking Forms and transcribed correctly onto the hospital system in line with national protocol.
- 9.7 All patients who are added to the planned procedure list should have an indicative treatment date or approximate treatment timeframe clearly assigned on the Waiting List Booking Form and transcribed correctly onto the hospital system.
- 9.8 All Waiting List 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 is in line with national protocol.
- 9.9 The procedure for processing Waiting List Booking Forms should be supported by a staff education and training programme to ensure that patients are added to the appropriate '*waiting list*' or '*planned procedure list*' in line with national protocol. Review and audit should be implemented to identify opportunities for improvement and on-going staff training needs.
- 9.10 The hospital should undertake a review of the mapping of the '*E -Elective/Booked*' source of Admission Code to the extract file, to ensure patients are mapped to the correct list type on the weekly extract file submission to NTPF.
- 9.11 The hospital should ensure that patients clinically prioritised as '*soon*' are mapped correctly to '*urgent*' on the weekly extract file submission to the NTPF.
- 9.12 The hospital should ensure full compliance with the process for the removal of patients from the waiting list and planned procedure list in a timely manner in line with national protocol.

10. Hospital Response

Galway University Hospital accepts the findings of the NTPF Special Audit 22nd to 26th January 2018 with the following observations:

1. While the report makes reference to inadequacies of the GUH 'Clinicom Patient Administration System', the impact of reliance on such an old unfit for purpose system cannot be overstated. The system has been modified to cater for requirements for which it was never designed. The Saolta Group is proceeding to progress the replacement of our PAS system across the Group as a key priority and is the number one priority in our ICT Strategy.
2. Local Practice has developed whereby booking forms are not always used by Consultants. Example of this is Endoscopy Surveillance where the Endoscopy procedure report is seen as containing all information required in booking patient to planned procedure list. However, subsequent to the audit findings the hospital is currently reviewing booking form templates and will implement standardised templates to meet with national protocol recommendations.
3. Surveillance patients were not suspended from PAS in compliance with national protocol.
 - a. As included in report, treatment 'indicative date' is declared by suspending patients for a period to elapse on date of treatment required. On expiration of suspension, patient becomes active on live waiting list. Due to lack of adequate capacity, slots are not available to treat patients on date of reactivation – e.g. urgent non-surveillance patients treated within 28 days avail. For this reason, staff monitor urgent surveillance and TCI as soon as possible without suspension.
4. GUH have identified 2 staff members that will cascade training on 'National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017). It should be noted NTPF training was provided for these personnel December 4th 2017.
5. GUH are in the process of carrying out further review/audit of Surgical day ward booking forms and how patients are managed on Planned Procedure list with a view to addressing findings to ensure compliance.

11. Conclusion

Based on the results of the random sample analysis the audit cannot provide assurance that the overall waiting list and planned procedure patient pathways are managed within national protocols.

From a waiting list perspective the Audit Team found evidence of inconsistencies around the recording and transcription of clinical priority, and also the incorrect listing of some patients.

From a planned procedure list perspective, the audit found evidence of inconsistencies in how planned procedures were being identified on Booking Forms completed for the Surgical Day Ward and it was therefore not evident to the Audit Team what was informing the planned categorisation in all cases. In addition it was not clear to the Audit Team in some instances whether the recall field on the Booking Forms was being used to record indicative timeframes for planned procedures or 'admit by dates' for wait list procedures. The NTPF Audit, Quality and Research Director met with the hospital's Chief Executive and Clinical Leads, and agreed that the hospital would look at a wider sample of Booking Forms in the Surgical Day Ward to establish if a more comprehensive and timely review is required.

The audit recognised the limitations of the hospital system in managing and tracking the patient's waiting list pathway.

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. Revision of the Waiting List Booking Form is required to facilitate greater transparency for the completion of required information and to remove any ambiguity as to list type.

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.