



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	University Hospital Limerick
Date of Audit:	16 – 20 April 2018 inclusive
Date Final Report issued:	25 July 2018
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Circulation List:	<ol style="list-style-type: none">1. Scheduled & Unscheduled Care Performance Unit, Department of Health (DOH)2. University Hospital Limerick3. UL Hospitals Group CEO4. Acute Operations, Health Service Executive (HSE)

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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 **University Hospital Limerick (UHL)** (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 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 7 specialties (see no. 6a, page 3). Specialty breakdown as follows:

- Gastroenterology - 13 patients
- General Surgery - 3 patients
- Gynaecology - 2 patients
- Maxillofacial - 3 patients
- Ophthalmology - 12 patients
- Otolaryngology (ENT) - 4 patients
- Urology - 3 patients

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

- 11 patients were wait-listed on foot of a new outpatient attendance, having been referred by
 - GP x 7 patients
 - Internal consultant (other specialty) x 1 patient
 - Dentist x 2 patients
 - Diabetic RetinaScreen Ophthalmology Clinic (Diabetic Retinopathy Screening Programme) x 1 patient
- 13 patients were wait-listed on foot of a return (follow-up) outpatient attendance
- 1 patient was wait-listed on discharge from hospital
- 1 patient was wait-listed following attendance at the hospital's Emergency Department (ED)
- 6 patients were wait-listed following '*Direct Referral*' from GP
- 1 patient was '*direct listed*' by the treating consultant on foot of review of GP referral letter
- 5 patients were internal hospital referrals, '*direct listed*' by the treating consultant. (Note: the healthcare record (HCR) for 1 patient was in two volumes, the required HCR (vol.1) could not be located during the audit, referral information was taken from iPMS)
- 2 patients were '*direct listed*' by the treating consultant having seen the patient in their private clinic

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>11 of 40 patients in the random sample were referred via the outpatient service (OPD) i.e. <u>new</u> patient referrals. Whilst 8 patients were added to the outpatient waiting list (OPWL) within 1 working day on receipt of referral, the Audit Team found evidence of the following for 3 patients:</p> <ul style="list-style-type: none"> ▪ 1 patient was added to the OPWL within 2 working days on receipt of referral ▪ 1 patient was added to the OPWL 18 working days after receipt of referral ▪ 1 patient, the Audit Team were unable to test whether the patient was added to the OPWL within 1 working day as the original GP referral letter was not available for review (the patient’s healthcare record (HCR) was located in Ennis General Hospital) <p>Of the 11 patients in the random sample referred via OPD, 4 patients were not assigned a clinical priority within 5 working days on receipt of referral (range was between 6 and 26 working days)</p> <p>In addition, the Audit Team were unable to test 2 patients due to the following:</p> <ul style="list-style-type: none"> ▪ For 1 patient, the date clinical priority was assigned i.e. ‘<i>referral authorised date</i>’ was not recorded on iPMS (also, no priority recorded on referral letter) ▪ For 1 patient, the original GP referral letter was not available (as above) <p>Of the 11 patients referred via OPD, the Audit Team were unable to test the 7 day turnaround timeframe for issue of outpatient referral acknowledgement letters on receipt of referral. The hospital confirmed that referral acknowledgement letters are not issued to patients or source of referral (SOR). In respect of SOR, only outpatient referrals received electronically from GPs (i.e. e-referrals) are issued with an automatic acknowledgment of receipt. Of the 11 patients referred via OPD in the random sample, 2 patients were referred via Healthlink as e-referrals.</p> <p>Of the 40 patients in the random sample wait-listed on the inpatient and day case waiting list, only 26 Booking Forms were provided for review, of which 22 had no date stamp received into the Booking Office, or equivalent. This practice limits the hospital in testing key date captures. As a result the Audit Team were unable to test if these patients were added to the electronic waiting list (iPMS) within 3 working days of the Booking Form date stamp.</p> <p>4 of the 26 Booking Forms reviewed had a date stamp received. The Audit Team found evidence of 1 patient who was not added to the waiting list within 3 working days. This patient was added to the electronic waiting list (iPMS) 18 days after the stamp received date.</p> <p>Of the 26 Booking Forms reviewed, 22 were dated and signed. Of this 22, the Audit Team found evidence of 12 patients where the ‘<i>decision to admit</i>’ date (i.e. the date the Booking Form was signed) was not the ‘<i>date added</i>’ to the waiting list. These patients therefore did not comply with national protocol in terms of ‘<i>date added</i>’ to the inpatient and day case waiting list.</p> <p>The Audit Team observed:</p> <ul style="list-style-type: none"> ▪ 9 patients’ ‘<i>date added</i>’ was the ‘<i>transaction</i>’ or processing date onto iPMS (date range was 1 to 3 days after ‘<i>decision to admit</i>’ date) ▪ 2 patients’ ‘<i>date added</i>’ was 1 day after the Booking Form was signed i.e. ‘<i>decision to admit</i>’ date ▪ 1 patient’s ‘<i>date added</i>’ was the stamp received date on the Booking Form (the stamp date was 4 days after the Booking Form was signed i.e. ‘<i>decision to admit</i>’ date)

	<p>In addition the date signed on the Booking Form for 1 patient was unclear. The Audit Team were unable to determine whether the patients <i>'date added'</i> was the <i>'decision to admit'</i> date or 4 days after the <i>'decision to admit'</i> date as the date the Booking Form was signed was unclear and potentially misread.</p> <p>4 of the 26 Booking Forms reviewed did not have a date signed i.e. <i>'decision to admit'</i> date, the Audit Team were therefore unable to test the <i>'date added'</i> against a Booking Form date signed. In respect of these 4 patients the Audit Team observed:</p> <ul style="list-style-type: none"> ▪ 3 patients' <i>'date added'</i> was the <i>'transaction'</i> or processing date onto iPMS ▪ 1 patient's original <i>'date added'</i> was the transaction date. Patient was admitted (19/09/2016) but unfit for procedure and discharged. Consultant wrote to patients GP (07/10/2016) to advise patient would be re-booked. This patient's original waiting list entry was however removed and patient was re-listed with a new <i>'date added'</i> i.e. date of letter to GP (07/10/2016), and patient was not re-listed with their original date on list (03/08/2016). In addition this new <i>'date added'</i> was not entered on iPMS until 4 months later (15/02/2017) <p>6 of 40 patients in the random sample were wait-listed as routine <i>'direct referrals'</i> from GP. These patients did not comply with national protocol in terms of the <i>'start wait time'</i> for direct referrals i.e. the date that the referral was received by the hospital. The Audit Team found evidence that for the 6 patients, the <i>'date added'</i> was the <i>'transaction date'</i> (date range was 3 – 15 days after the initial referral received date).</p>
2.	<p>National protocols in respect of clinical prioritisation were adhered to?</p>
	<p>Of the 11 patients referred via OPD, all patients had a clinical priority recorded on iPMS, however 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 referral letter and therefore the Audit Team were unable to test if clinical priority had been correctly assigned on iPMS ▪ 1 patient unable to test as the original GP referral letter was not available (as no.1 above) <p>Of 40 patients in the random sample on the inpatient and day case waiting list, all had a clinical priority recorded on iPMS, however the Audit Team were unable to determine what had informed this in all cases.</p> <p>Of the 26 Booking Forms provided for review, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 13 patients where no clinical priority was recorded on the Booking Form, the Audit Team were unable to test if clinical priority had been assigned correctly on iPMS based on review of the Booking Forms ▪ 1 patient's clinical priority was recorded as <i>'soon'</i> on the Booking Form and transcribed as <i>'urgent'</i> on iPMS <p>Booking Forms had not been provided for 14 patients in the random sample. The Audit Team were unable to test what had informed the clinical priority recorded on iPMS in all but 5 cases (i.e. for 5 patients, clinic priority was written either on the referral letter/form used to wait list).</p> <p>Of the 40 patients in the random sample, clinical priority had been revised for 2 patients. In respect of 1 patient, the Audit Team found evidence that clinical priority was revised from <i>'routine'</i> to <i>'urgent'</i> (as per triage recorded on 2nd referral letter received from GP). This revised priority however was not updated on iPMS.</p>

3.	Appropriate outpatient referral acknowledgement communication has been issued as per national protocol?
	The hospital confirmed that referral acknowledgement letters are not issued to patients or source of referral (SOR). In respect of SOR, only outpatient referrals received electronically from GPs (i.e. e-referrals) are issued with an automatic acknowledgment of receipt. Of the 11 patients referred via OPD in the random sample, 2 patients were referred by Healthlink as e-referrals.
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?
	<p>Of the 40 patients in the random sample, Booking Forms for only 26 patients were provided to the Audit Team for review.</p> <p>The Audit Team observed that there was no standard Booking Form in use and as such there were significant variations in the different Booking Forms reviewed. The Audit Team found evidence of 7 different Booking Forms in use:</p> <ol style="list-style-type: none"> 1. Midwest Regional Hospital Group – Dooradoyle, Limerick REFERRAL FORM - ENDOSCOPY SERVICES (New form implemented which replaces no. 2 below which is being phased out) - completed for 4 patients 2. Request for GI Endoscopy of outpatient or inpatient MWRH Limerick - completed for 3 patients 3. UL Hospitals Procedure Request Form (Limerick, Ennis, Nenagh, Croom, St Johns) - completed for 13 patients 4. Nenagh Hospital Procedure Request Form - completed for 2 patients 5. ENT Admission Request Form - completed for 1 patient 6. Oral & Maxillofacial Department Admission A5 Card - completed for 1 patient 7. Oral and Maxillofacial Department Local Anaesthetic Clinic A5 Card - completed for 2 patients <p>National protocol prescribes 25 minimum standard information requirements on the Waiting List Booking Form. Of the 26 Booking Forms reviewed none fully meet with all of the 25 minimum information requirements.</p> <p>The Endoscopy Services Referral Form and Request for GI Endoscopy of outpatient or inpatient MWRH Limerick Form, have dual-purpose usage depending on the '<i>referrer or requester</i>' completing the form i.e. forms are used and completed by the listing/treating consultant to book patients for an Endoscopy procedure, the forms are then also used and completed internally by other specialties to request an Endoscopy procedure. In this instance, the form completed by the requesting specialty is forwarded to the receiving consultant who manually grades, signs and dates the form for the patient to be added to the waiting list.</p> <p>Note: In respect of the 7 Endoscopy Services Referral Forms provided for review, 3 had been completed by another specialty to request an Endoscopy procedure. The Audit Team observed that 2 of the 3 forms had then been reviewed by the listing/treating consultant who had manually graded, dated and signed the forms. Regarding 1 form however, there was no evidence of review by the listing/treating consultant. The Audit Team were therefore unable to determine how this form was processed to add the patient to the waiting list.</p> <p>Of the 26 patients with a Booking Form provided, none were fully completed.</p>

5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 26 Booking Forms Reviewed by the Audit Team, none included a specific List Type indicator i.e. <i>'waiting list'</i> or <i>'planned procedure'</i>. However, the Midwest Regional Hospital Group - Dooradoyle Limerick Referral Form – Endoscopy Services, which accounted for 4 of the Booking Forms reviewed, did include the option to select <i>'surveillance'</i> in the <i>'Surveillance for Known: (CRC, Polyp, Barretts, IBD, CRC, Family Hx)'</i> section on the form together with details of previous Endoscopy procedures (this option was not completed for the 4 Forms reviewed which would indicate patients were added to the correct list type i.e. waiting list). For the remaining 22 Booking Forms reviewed, the Audit Team were unable to test how <i>'waiting list'</i> type was identified and added to iPMS.</p> <p>In addition, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 1 patient who had Right Cataract Extraction in July 2017 and following the post-operative return appointment in August 2017 was added to the active <i>'waiting list'</i> for Left Cataract Extraction ▪ 1 patient who had a previous Endoscopy procedure as an <i>'elective planned'</i> procedure in 2013 and 2014. As per iPMS patient DNA for their <i>'elective planned'</i> Endoscopy procedure in May 2017 and was removed from the list. Patient was re-listed on foot of a GP referral letter requesting reappointment due to <i>'missed review appointment for repeat OGD'</i>. Patient was added to the active <i>'waiting list'</i> for their procedure <p>Procedure information and treatment history for both patients would indicate patients should be returned on the Planned Procedure list.</p>
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 carried out in the last 6 months for 2 patients, 1 of whom was contacted as part of an outsourcing initiative.
Additional Findings outside of Key Test Controls	
	The Audit Team found evidence of 2 patients in the random sample with a clinical priority of <i>'soon'</i> recorded on iPMS but returned as <i>'routine'</i> on the weekly extract file to the NTPF. Priority <i>'soon'</i> should be mapped to <i>'urgent'</i> on the extract file to NTPF for national reporting.

Note: There were no key findings in respect of key test controls 6, 7, 8, 9, 10 and 12.

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

- Cardiology - 1 patient
- Gastroenterology - 10 patients
- General Medicine - 3 patients
- General Surgery - 11 patients
- Ophthalmology - 11 patients
- ENT - 3 patients
- Respiratory Medicine - 1 patient

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 reviewed in the random sample, Booking Forms were only provided for 12 patients.</p> <p>Of the 12 Booking Forms reviewed, 3 Booking Forms were not dated by the consultant/team completing the form.</p> <p>Of the 12 Booking Forms reviewed:</p> <ul style="list-style-type: none"> ▪ 10 Booking Forms had no date stamp received in the Booking Office or equivalent. In the absence of a date stamp, the Audit Team were unable to test the three working day turnaround time for processing Booking Forms, in line with national protocol ▪ 2 Booking Forms had a date stamp received, and both patients were added to the planned procedure list within 3 working days, in line with national protocol
2.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
	<p>Of the 12 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, including:</p> <ol style="list-style-type: none"> 1. UL Hospitals Procedure Request Form – completed for 10 patients (Ophthalmology - 8 patients, and ENT - 2 patients) 2. Midwest Regional Hospital Group Referral Form – Endoscopy Services – completed for 2 patients (General Medicine - 1 patient, and General Surgery - 1 patient) <p>These 12 Booking Forms did not fully meet with national protocol in respect of all 25 minimum standard information requirements.</p>

	<p>In respect of the remaining 28 patients who did not have a Booking Form completed/provided, the Audit Team were provided with the following correspondence for listing 18 patients on the planned procedure list, including:</p> <ul style="list-style-type: none"> ▪ Colonoscopy Report - 7 patients ▪ Sigmoidoscopy Report - 6 patients ▪ Gastroscope Report - 2 patients ▪ Proctoscopy Report - 1 patient ▪ ERCP Report - 1 patient ▪ Consultant Referral Letter - 1 patient <p>Note: The various reports outlined above contained a follow-up section, specifying the required clinical follow-up (i.e. further/repeat procedure and treatment timeframe)</p> <p>The Audit Team were not provided with the documentation used to list the remaining 10 patients reviewed in the random sample.</p>
<p>3.</p>	<p>Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?</p>
	<p>Of the 12 Booking Forms reviewed in the random sample none had a specific list type indicator (i.e. waiting list or planned procedure list). As a consequence, the Audit Team were unable to test what list type patients should have been assigned to.</p> <p>The Midwest Regional Hospital Group Referral Form – Endoscopy Services, which was completed for 2 patients reviewed in the random sample included a <i>‘Surveillance section for known; CRC, Polyp, Barretts, IBD, Family Hx CRC’</i>, and allowed for <i>‘details of previous endoscopy procedures’</i> to be recorded. However, this form did not facilitate the recording of an indicative treatment date/timeframe for planned procedures. 1 of these completed forms indicated <i>‘surveillance colonoscopy’</i>, and had an indicative treatment time specified on the top of the form.</p> <p>All 12 Booking Forms reviewed in the random sample had a procedure type assigned. Of these 12 Booking Forms, 9 patients had their procedure type transcribed appropriately on iPMS. For 3 patients reviewed, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 2 patients listed under Ophthalmology who had their procedure descriptions individually recorded on the Booking Forms as; <i>‘Nasal Bone Manipulation’</i>, and <i>‘Trial of MNB Manipulation Nasal Bone’</i>. These patients did not have their procedures coded on iPMS, and consequently the patients were returned in the extract file to the NTPF with a procedure description of <i>‘Other’</i> ▪ 1 patient listed under ENT who had their procedure description recorded on the Booking Form as; <i>‘R + L Orbital Floor Triamcinolone’</i>. Although this patient did have their procedure coded on iPMS to; <i>‘42740-03 Administration of therapeutic agent into posterior chamber’</i>, this procedure code did not pull through to the extract file at national level, and the patient’s procedure description was reported as <i>‘Other’</i>

4.	Indicative treatment date/timeframe assigned, as per national protocol?
	<p>In line with national protocol, all 40 patients reviewed in the random sample were added to the planned procedure list with an indicative treatment date (i.e. 'admit by date' populated on iPMS). The Audit Team were unable to test in all cases what had informed this indicative treatment date.</p> <p>Of the 12 Booking Forms reviewed in the random sample, 10 patients had no indicative treatment timeframe assigned on the Booking Form, and 1 patient's indicative treatment timeframe recorded in the procedure description section of the Booking Form was unclear.</p> <p>Although all 12 patients were added to the planned procedure list with an indicative treatment date, the Audit Team could not determine what had informed the indicative treatment dates for 11 of these patients.</p> <p>Note: Neither of the 2 Booking Forms reviewed made provision to record an indicative treatment date/timeframe.</p>
5.	Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>Of the 12 Booking Forms reviewed, only 1 patient had a clear indicative treatment timeframe assigned on the Booking Form. This indicative date was transcribed correctly onto iPMS.</p> <p>Note: The Audit Team observed 17 patients in the random sample who did not have a Booking Form completed, and who were listed on the planned procedure list based on the follow-up outlined in the Endoscopy Reports reviewed (e.g. Colonoscopy, Sigmoidoscopy Reports etc). Of these 17 patients, 15 patients had indicative treatment timeframes specified on the reports, and transcribed correctly onto iPMS.</p>
6.	National protocol in respect of patient scheduling timeframes was adhered to?
	<p>All 40 patients in the random sample had an indicative treatment date in the past recorded on iPMS, and returned in the extract file to the NTPF.</p> <p>Of these 40 patients, 10 patients had a 'To Come In' (i.e. TCI) date booked. National protocol prescribes that TCI dates should be scheduled within <u>two weeks</u> of indicative treatment dates. The Audit Team found evidence of scheduling timeframes ranging from same date – 17 weeks.</p> <p>Of these 10 patients, the Audit Team found evidence of 8 patients who were initially scheduled within the required two week timeframe:</p> <ul style="list-style-type: none"> ▪ 6 patients had either cancelled (CNA) or did not attend (DNA) their scheduled appointment, 4 of which have now been treated and removed from the list ▪ 2 patients had TCI dates in the past but were not appropriately resolved <p>In respect of TCI date notice periods, for these 10 patients the Audit Team found evidence that notice periods ranged from 1-6 weeks. National protocol prescribes that a TCI date is a reasonable offer, giving patients a minimum of two weeks' notice, and not scheduling more than 6 weeks in advance. The Audit Team observed that 4 patients were given insufficient notice, 2 of which were admitted and treated, irrespective of insufficient notice.</p>

7.	National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 9 patients who did not attend (DNA) a scheduled appointment, 3 of which did not attend on two occasions.</p> <p>The Audit Team found no evidence recorded on the system (i.e. iPMS) that clinical guidance had been sought in relation to patients who did not attend. Furthermore, the Audit Team observed in some instances that insufficient notice of TCI dates was given to patients who had a DNA recorded.</p>
8.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 8 patients who had cancelled (CNA) a scheduled appointment, 3 of which cancelled on two occasions.</p> <p>The Audit Team found no evidence recorded on the system (i.e. iPMS) that clinical guidance had been sought in relation to patients who had cancelled their appointment. Furthermore, the Audit Team observed in some instances that insufficient notice of TCI dates was given to patients who had a CNA recorded.</p>
11.	National protocol in respect of the removal of patients has been adhered to?
	<p>Of the 40 patients reviewed in the random sample, 9 patients had been removed from the planned procedure list prior to the audit. Whilst 4 patients had been appropriately removed (i.e. admitted, treated, and removed), the Audit Team observed that:</p> <ul style="list-style-type: none"> ▪ 4 patients had been transferred to the waiting list prior to the audit – hospital confirmed that these patients had been incorrectly listed on the planned procedure list (3 patients listed under ENT, and 1 patient listed under Cardiology) ▪ 1 patient had been removed from the planned procedure list – hospital confirmed that this patient had been listed in error (listed under Respiratory Medicine) <p>The Audit Team found evidence of 2 patients in the random sample, who should be removed from the planned procedure list for reasons including:</p> <ul style="list-style-type: none"> ▪ 1 patient was admitted and treated on 21/02/2018 but the planned procedure list entry had not be appropriately resolved (listed under Ophthalmology) ▪ 1 patient was a new referral and therefore should have been listed on the waiting list (listed under General Medicine)

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

9. Recommendations

- 9.1 The hospital should ensure that **The Management of Outpatient Services Protocol (February 2014 – Version 2.1)** is fully implemented and adhered to in respect of the receipt of referrals, clinical prioritisation and acknowledgement of referrals to support the accurate and timely transcription of clinical priority onto the hospital system (iPMS) and timely outpatient services communication.
- 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 categorised and listed correctly.
- 9.4 A Booking Form should be completed for all patients when adding to the '*waiting list*' and to the '*planned procedure list*' in line with national protocol.
- 9.5 The hospital should ensure that Booking Forms are fully completed by consultants against the minimum information requirements in line with national protocol to ensure safe, effective waiting list management and reporting and to support accurate and timely transcription of patient admission details onto the hospital system (iPMS).
- 9.6 The hospital should ensure that for general '*non-direct*' referrals the '*decision to admit*' date (i.e. date Booking Form signed by consultant) is the '*date added*' to the waiting list, and for '*direct referrals*' that the '*date the referral is received by the hospital*' is the start wait time, in line with national protocol so patient wait times are calculated correctly.
- 9.7 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.
- 9.8 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 (iPMS).
- 9.9 All Booking Forms should have a date stamp received in the Waiting List Office, or equivalent to ensure that the processing date onto the electronic waiting list (iPMS) is in line with national protocol.
- 9.10 Hospital to ensure that procedures recorded on the Booking Form are coded correctly on iPMS for return in the weekly extract file to the NTPF.
- 9.11 Hospital should adhere to the scheduling timeframes for patients listed on the planned procedure list in line with national protocol.
- 9.12 Hospital to ensure that the management of patient cancellations (CNAs) and patients who do not attend (DNAs) is in line with national protocol.

9.13 The hospital should ensure that all patients waiting over 6 months are validated, as part of a programme of validation, in line with national protocol.

9.14 The hospital should ensure that patients clinically prioritised as 'soon' are mapped correctly to 'urgent' on the weekly extract file submission to the NTPF.

10. Hospital Response

University Hospital Limerick (UHL) accepts the findings of the Special Audit 2018 and will implement the recommendations.

11. Conclusion

The results of the random sample analysis provide limited assurance that the overall waiting list and planned procedure patient pathways are managed in part within national protocol, due to the lack of standardisation in waiting list management practices. The governance framework in relation to; development of Booking Forms to required minimum datasets, completion of Booking Forms, placement of patients on the waiting list and planned procedure list, transcription of clinical priority, retention and accessibility of patient information was poor and requires immediate review. A focused approach is also required in relation to DNA and patient cancellation management.

Additionally, 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.

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.