



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund

## Audit & Quality Assurance

<b>Audit Title:</b>	Special Audit of Hospital Waiting List
<b>Requested by:</b>	Minister for Health
<b>Hospital Name:</b>	University Hospital Waterford
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<b>Report Prepared by:</b>	Suzanne Kelly-Doherty, Audit and Quality Assurance Team Lead, NTPF  Suzanne Moran, Audit and Quality Assurance Team Lead, NTPF  Laura Maher, Audit and Quality Assurance Team Coordinator, NTPF
<b>Report Approved by:</b>	Liz Lottering, Audit, Quality and Research Director, NTPF
<b>Circulation List:</b>	<ol style="list-style-type: none"><li>1. Scheduled &amp; Unscheduled Care Performance Unit, Department of Health (DOH)</li><li>2. University Hospital Waterford</li><li>3. South/South West Hospital Group CEO</li><li>4. Acute Operations, Health Service Executive (HSE)</li></ol>

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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 Waterford (UHW)** (see 6a, 6b Page 3).

## 2. Background

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

## 3. Scope of Audit

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

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

#### 4. Objectives

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

#### 5. Methodology

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

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

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

The approach involved:

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

## 6. Sampling Framework

The Special Audit will include detailed review of random samples:

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

## 7. Reference Protocols

- The Management of Outpatient Services Protocol (February 2014 - Version 2.1)
- National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol 2017<sup>1</sup>

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

## 8. Key Findings

### 8.1 The Active Waiting List

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

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

- Gastroenterology - 3 patients
- Gastro-Intestinal Surgery - 5 patients
- General Surgery - 1 patient
- Ophthalmology - 13 patients
- Orthopaedics - 2 patients
- Otolaryngology (ENT) - 2 patients
- Pain Relief - 2 patients
- Urology - 7 patients
- Vascular Surgery - 5 patients

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

- 7 patients were wait-listed on foot of a new outpatient attendance (OPD), having been referred by
  - GP x 5 patients
  - Internal consultant (other specialty) x 1 patient
  - Optician x 1 patient
- 18 patients were wait-listed on foot of a return (follow-up) outpatient attendance(OPD)
- 4 patients were wait-listed on discharge
- 4 patients were wait listed following '*direct referral*' from GP
- 3 patients were '*direct listed*' by the treating consultant on foot of review of GP referral letter
- 1 patient was '*direct listed*' by treating consultant having attended for an appointment at an outside community clinic. (Note: The healthcare record for this patient could not be located during the audit, referral information was taken from the hospital Patient Management System (iPMS))
- 1 patient was '*direct listed*' on foot of attending a Community Ophthalmic Physician
- 1 patient was an inter-hospital referral, '*direct listed*' by the treating consultant having attended their outpatient service in another hospital within the Hospital Group
- 1 patient was '*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.	<b>Dates logged for patient’s waiting list pathway meet with national protocols?</b>
	<p>7 of 40 patients in the random sample were referred via the outpatient service (OPD) i.e. <u>new</u> patient referrals. All were added to the outpatient waiting list (OPWL) within <b>1 working day</b> of receipt of referral, however the Audit Team found evidence of the following:</p> <ul style="list-style-type: none"> <li>▪ Of the 7 patients in the random sample referred via OPD, 3 patients did not have a clinical priority assigned within <b>5 working days</b> of receipt of referral (range was between 7 and 18 working days)</li> <li>▪ Of the 7 patients in the random sample referred via OPD, the Audit Team found evidence for 2 patients whereby the referral acknowledgment letters were not issued within <b>7 working days</b> (range was between 10 and 30 working days)</li> </ul> <p>Of the 40 patients in the random sample wait listed on the inpatient and day case waiting list, <b>19 Booking Forms</b> were provided for review, 7 of which had no date stamp received into the Booking Office, or equivalent. This practice limits the hospital in testing key date captures. As a result the Audit Team were unable to test if these patients were added to the electronic waiting list (iPMS) within <b>3 working days</b> of the Booking Form date stamp.</p> <p>12 of the 19 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 (note: patient was added within 4 working days). In addition 2 patients were added to the electronic waiting list (iPMS) 1 day prior to the stamp received date on the Booking Form. Both were processed on the same day and appear to be stamp date errors.</p> <p>Of the <b>19 Booking Forms</b> reviewed, 15 were for general, ‘<i>non-direct</i>’ referrals. Of these 15 Booking Forms, the Audit Team found evidence of 5 patients where the ‘<i>decision to admit</i>’ date (i.e. date 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. The Audit Team observed:</p> <ul style="list-style-type: none"> <li>▪ 4 patients’ ‘<i>date added</i>’ was the ‘<i>transaction</i>’ or processing date (date range was 1 - 14 days after the decision to admit date)</li> <li>▪ 1 patient’s ‘<i>date added</i>’ was the stamp date on the Booking Form (note: the stamp date was 2 days after the date Booking Form was signed i.e. ‘<i>decision to admit</i>’ date)</li> </ul> <p>4 of the 19 Booking Forms reviewed did not have a date signed, 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"> <li>▪ The ‘<i>date added</i>’ for 1 patient was the stamp received date on the <b>Cataract Waiting List Form</b>. This was a direct listing (note: the transaction date was the stamp date)</li> <li>▪ The ‘<i>date added</i>’ for 1 patient was the stamp date on the <b>Urology CNS Booking Form</b> (note: the stamp date was 1 day after the outpatient clinic attendance)</li> <li>▪ The ‘<i>date added</i>’ for 2 patients was the date of their outpatient clinic attendance: (1 patient had an OPD clinic form attached to the <b>Eye WL Card</b> which was dated and signed by the consultant, ‘<i>date added</i>’ was the date this clinic form was signed 1 patient had no clinic form attached to the <b>Eye WL Card</b>)</li> </ul>

	<p>4 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 of:</p> <ul style="list-style-type: none"> <li>▪ 3 patients <i>'date added'</i> was the transaction date (date range was 2 – 6 days after the referral received date)</li> <li>▪ 1 patient was unable to test as no date stamp received on referral letter. Patient's <i>'date added'</i> was the transaction date</li> </ul>
<b>2.</b>	<b>National protocols in respect of clinical prioritisation were adhered to?</b>
	<p>Of the 7 <u>new</u> patients in the random sample referred via OPD, all patients had a clinical priority recorded on iPMS, however:</p> <ul style="list-style-type: none"> <li>▪ The Audit Team could not determine what had informed this for 2 patients as clinical priority was not assigned on their outpatient referral letter, and therefore the Audit Team were unable to test if clinical priority had been correctly assigned on iPMS</li> <li>▪ Of the 5 patients who had a clinical priority assigned on their outpatient referral letter, 1 patient had their clinical priority transcribed incorrectly on iPMS (i.e. <i>'routine'</i> written on referral letter, <i>'urgent'</i> entered on iPMS)</li> </ul> <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> <ul style="list-style-type: none"> <li>▪ Of the 19 Booking Forms provided for review, the Audit Team found evidence of 6 patients where no clinical priority was assigned 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 (it was evident for 2 of the 6 patients that clinical priority had been taken from an outpatient clinic form which was attached to the Booking Form and correctly assigned on iPMS)</li> <li>▪ Booking Forms had not been provided for 21 patients in the random sample. The Audit Team were unable to test what had informed the clinical priority recorded on iPMS in all but 4 cases (i.e. for 4 patients, clinic priority was written either on the clinic letter used to wait list (2 patients) or on the outpatient clinic form used to wait list (2 patients))</li> </ul> <p>Of the 19 Booking Forms reviewed, not all included an option to record clinical priority.</p>
<b>4.</b>	<b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</b>
	<p>Of the 40 patients in the random sample, Booking Forms for only 19 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 5 different Booking Forms in use:</p>



	<ol style="list-style-type: none"> <li>1. <b>University Hospital Waterford Dayward Endoscopy Booking Form</b> - completed for 8 patients</li> <li>2. <b>U.H.W Eye W/L Card (A5)</b> - completed for 5 patients</li> <li>3. <b>Urology CNS Booking Form</b> - completed for 3 patients</li> <li>4. <b>W.R.H ENT W/L Card (A5)</b> - completed for 2 patients</li> <li>5. <b>Cataract Waiting List Form</b> - completed for 1 patient (hospital confirmed that this is a community Booking Form)</li> </ol> <p>Of the 21 patients in the random sample for which Booking Forms were not provided, the Audit Team found evidence of 2 specialties where the hospital confirmed that it is not their practice to complete Booking Forms:</p> <ul style="list-style-type: none"> <li>▪ Vascular Surgery - 5 patients</li> <li>▪ Pain Relief - 2 patients</li> </ul> <p>In addition, the hospital confirmed that:</p> <ul style="list-style-type: none"> <li>▪ 1 General Surgeon does not complete Booking Forms - 1 patient</li> <li>▪ 1 Orthopaedic Surgeon does not complete Booking Forms for patients seen in 'outside' clinics held in another hospital within the Hospital Group - 1 patient</li> </ul> <p>National protocol prescribes 25 minimum standard information requirements on the Waiting List Booking Form. Of the 19 Booking Forms reviewed none fully meet with all of the 25 minimum information requirements.</p> <p>The Audit Team found evidence of significant variation in the Booking Forms reviewed regarding available information fields for completion. None included a specific list type indicator (i.e. waiting list or planned procedure list). In some instances provision for key information was excluded e.g. GP details, source of referral (SOR), clinical priority, procedure type and treating consultant. In addition, provision for inclusion of consultant signature and date was not included on all Booking Forms reviewed. The Audit Team did observe however that the <b>Dayward Endoscopy Booking Form</b> was the most comprehensive of the Booking Forms reviewed.</p> <p>Of the 19 patients with a Booking Form provided, none were fully completed.</p>
5.	<p><b>Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?</b></p>
	<p>Of the <b>19 Booking Forms</b> reviewed by the Audit Team, none included a specific list type indicator (i.e. waiting list or planned procedure list). However, the <b>Dayward Endoscopy Booking Form</b>, which accounted for 8 of the Booking Forms reviewed, did include the option for 'surveillance' and 'repeat procedure' in the 'Priority Waiting List' section (neither option had been completed for the 8 Endoscopy Booking Forms reviewed which would indicate patients were added to the correct list type i.e. waiting list). For the remaining 11 Booking Forms reviewed, the Audit Team were unable to test how 'waiting list' type was identified and added to iPMS.</p> <p>In addition, the Audit Team found evidence of:</p> <ul style="list-style-type: none"> <li>▪ 1 patient where the outpatient clinic letter from the treating consultant to the patients GP advised that following insertion of left punctal plugs in May 2017 the patient requires replacement of same</li> </ul>

	<ul style="list-style-type: none"> <li>▪ 1 patient who had Right Cataract Extraction in May 2017 and following the post-operative return appointment in July 2017 was added to the active 'waiting list' for Left Cataract Extraction</li> </ul> <p>Procedure information and treatment history for both patients would indicate that both patients should be returned on the Planned Procedure list.</p>
<p><b>11.</b></p>	<p><b>Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?</b></p>
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of formal patient validation for 5 patients.</p>
<p><b>12.</b></p>	<p><b>National protocol in respect of the removal of patients has been adhered to?</b></p>
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of 3 patients who were not appropriately removed:</p> <ul style="list-style-type: none"> <li>▪ 1 patient had declined a TCI date for 01/09/2017. In the patient's healthcare record was a letter dated 30/08/2017 from the listing consultant to the GP to advise that the patient was being discharged as had declined surgery offer in UHW and had requested surgery in Cork. Patient had not been removed from the waiting list at time of audit</li> <li>▪ 1 patient had attended the Clinical Nurse Specialist (CNS) walk-in clinic on 18/09/2017. Patient was removed from the waiting list on 12/03/2018 with a cancellation reason '<i>patient already seen in OPD</i>'. Hospital confirmed that this patient should have been removed from the waiting list 6 months previously following attendance at the walk-in clinic in September 2017</li> <li>▪ 1 patient's healthcare record contained a letter from the Urology CNS to the patient's GP to advise that the patient had requested transfer to the Blackrock Clinic. As this letter was not dated, the Audit Team could not establish when this letter was sent. Hospital confirmed that patient had cancelled an appointment on 25/01/2018 as awaiting transfer to the Blackrock Clinic. Patient was removed from the waiting list post audit</li> </ul>
<p><b>Additional Findings outside of Key Test Controls</b></p>	
	<p>Of the 40 patients reviewed in the random sample, the Audit Team found evidence of the following:</p> <ul style="list-style-type: none"> <li>▪ 1 patient was incorrectly listed: Patient was '<i>direct listed</i>' for a Panendoscopy procedure on receipt of referral. The hospital confirmed that this patient should not have been listed for this procedure and that a Booking Form was completed in error. The hospital confirmed that this patient is being placed on the outpatient waiting list, back dated to date of referral. The waiting list entry for Panendoscopy is to be removed</li> </ul>

- 2 patients had duplicate entries:
  - 1 patient had two Medical Record Numbers for the same procedure. As a result the patient was returned twice on the extract file to the NTPF for the same procedure but with two different wait time start dates (i.e. 31/03/2017 and 09/08/2017). There was activity on both MRN's - the 1<sup>st</sup> waiting list entry had x2 TCI dates recorded, one past date which had been cancelled as patient unfit and one date in the future, the 2<sup>nd</sup> MRN had x1 past TCI date which also had been cancelled as patient unfit. Note: The patient's charts (healthcare records) could not be located at time of audit
  - 1 patient was wait listed for Urine flow study in the random sample (date added 09/06/2017). This was cancelled by the hospital on 18/08/2017 due to a change of procedure. This waiting list entry however was not revised and a new waiting list entry was created for the new procedure. As a result this patient was returned twice on the extract file to the NTPF for both procedures instead of one

**Note: There were no key findings in respect of key test controls 3, 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 - 1 patient
- Gastro-Intestinal Surgery - 10 patients
- Ophthalmology - 17 patients
- Urology - 12 patients

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

No.	Key Test Control
1.	<b>Patients added to the planned procedure list as per national protocol?</b>
	<p>Of the 40 patients reviewed in the random sample, 31 patients had a Booking Form completed.</p> <p>Of the <b>31 Booking Forms</b> reviewed, 21 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.</p> <p>Of the 10 Booking Forms reviewed, which had a date stamp (i.e. University Hospital Waterford Day Ward Endoscopy Booking Forms), 8 patients were added within 3 working days:</p> <ul style="list-style-type: none"> <li>▪ 1 patient was added the day before the Booking Form was date stamped</li> <li>▪ 1 patient had an incorrect date stamp (i.e. 51/09/2017), however, patient was entered onto the planned procedure list the same date as the Booking Form was signed (i.e. 15/09/2017)</li> </ul>
2.	<b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?</b>
	<p>Of the <b>31 Booking Forms</b> reviewed in the random sample, the Audit Team found evidence of <b>5 variations</b> of Bookings Forms used to list patients on the planned procedure list, including:</p> <ol style="list-style-type: none"> <li>1. <b>Waterford Regional Hospital Eye Minor Operations</b> - completed for 12 patients (Note: These forms were completed and signed by a nurse)</li> <li>2. <b>Cataract Surgery Listing Form</b> - completed for 1 patient</li> <li>3. <b>U.H.W Eye W/L Form</b> - completed for 1 patient</li> <li>4. <b>University Hospital Waterford Dayward Endoscopy Booking Form</b> - completed for 10 patients</li> <li>5. <b>Flexible Cystoscopy Booking Form</b> - completed for 7 patients</li> </ol> <p>Of the <b>31 Booking Forms</b> reviewed in the random sample, none fully met with national protocol in respect of all 25 minimum standard information requirements.</p>

	<p>The Audit team found evidence of other correspondence used to list the remaining 9 patients in the random sample:</p> <ul style="list-style-type: none"> <li>▪ <b>Endoscopy Reports</b> - 5 patients (Urology)</li> <li>▪ <b>Sigmoidoscopy Report</b> - 1 patient (Gastro-Intestinal Surgery)</li> <li>▪ <b>White Sheet</b> - 1 patient (Ophthalmology)</li> <li>▪ <b>Pink Clinic Form</b> - 2 patients (Ophthalmology)</li> </ul>
<p><b>3.</b></p>	<p><b>Required planned procedure list type and procedure type was transcribed appropriately to hospital patient management information system, as per national protocol?</b></p>
	<p>Of the <b>31 Booking Forms</b> reviewed in the random sample none had a specific list type indicator (i.e. waiting list or planned procedure list).</p> <p>Of the 5 variations of Booking Forms reviewed by the Audit Team, only 2 Booking Forms included an option for surveillance and/or repeat procedure:</p> <ul style="list-style-type: none"> <li>▪ <b>UHW Dayward Endoscopy Booking Form</b> included an option for surveillance and repeat procedure with month/year required in the priority waiting list section of the form – completed for 10 patients</li> <li>▪ <b>Flexible Cystoscopy Booking Form</b> included an option for ‘<i>TCC surveillance</i>’, and a specific date option beside the clinical priority tick boxes – completed for 7 patients</li> </ul> <p>Of these 17 patients reviewed who had either a UHW Dayward Endoscopy Booking Form or a Flexible Cystoscopy Booking Form completed, 2 patients did not have the relevant section (i.e. surveillance/repeat) completed on the form to indicate a planned procedure.</p> <p>The other 3 variations of Booking Forms completed for 14 patients did not include any list type indicator.</p> <p>Of the 30 patients reviewed in the random sample who had a procedure type assigned on the Booking Form:</p> <ul style="list-style-type: none"> <li>▪ 8 patients’ procedure type on the Booking Form did not match the procedure type recorded on iPMS. These 8 patients had ‘<i>periorbital botox injection</i>’ recorded on the Booking Form and procedure type coded to ‘<i>other procedures on eyeball</i>’ on iPMS</li> </ul> <p>Note: The Audit Team found evidence of 3 patients in the random sample who had ‘<i>periorbital botox injection</i>’ recorded on the Booking Form and procedure type coded to ‘<i>administration of botulinum toxin into eyelid</i>’ on iPMS.</p>
<p><b>4.</b></p>	<p><b>Indicative treatment date/timeframe assigned, as per national protocol?</b></p>
	<p>Of the <b>31 Booking Forms</b> reviewed in the random sample, 14 patients had no indicative treatment timeframe assigned on the Booking Form (all patients listed under Ophthalmology).</p> <p>Of the 40 patients in the random sample, 14 patients were added to the planned procedure list without an indicative treatment date (i.e. admit by date) assigned on iPMS.</p>

	<p>Breakdown of the 14 patients as follows:</p> <ul style="list-style-type: none"> <li>▪ 12 patients were listed under Ophthalmology All 12 patients had a Booking Form completed (i.e. Waterford Regional Hospital Eye Minor Operations) but the option to record an indicative treatment timeframe was not available on this form</li> <li>▪ 2 patients were listed under Urology <ul style="list-style-type: none"> <li>- 1 patient had a Booking Form completed (i.e. Flexible Cystoscopy Booking Form) with a specific date 3/12 assigned. This timeframe was not transcribed onto iPMS (i.e. admit by date not populated on iPMS)</li> <li>- 1 patient had no Booking Form completed but had an Endoscopy Report with plan 'redo 1 year' clearly documented. The 'admit by date' on iPMS was not populated. Instead the patient was given a TCI date 12 months in advance</li> </ul> </li> </ul>
5.	<p><b>Indicative date was transcribed appropriately to hospital patient management information system as per national protocol?</b></p>
	<p>Of the <b>31 Booking Forms</b> reviewed, 17 patients had an indicative treatment timeframe recorded on the Booking Form. Of these 17 patients, 4 patients did not have their indicative treatment dates recorded/transcribed correctly onto iPMS:</p> <ul style="list-style-type: none"> <li>▪ 3 patients did not have their indicative date entered correctly on iPMS</li> <li>▪ 1 patient did not have their indicative date recorded on iPMS</li> </ul>
6.	<p><b>National protocol in respect of patient scheduling timeframes was adhered to?</b></p>
	<p>Of the 26 patients in the random sample with an indicative treatment date (i.e. admit by date) recorded on iPMS and returned in the extract file to the NTPF, 13 patients had a 'To Come In' (i.e. TCI) date. Of these 13 patients, none were scheduled within two weeks of their indicative treatment date, in line with national protocol:</p> <ul style="list-style-type: none"> <li>▪ 2 patients were scheduled within 2 - 6 weeks</li> <li>▪ 8 patients were scheduled within 7 - 11 weeks</li> <li>▪ 3 patients were scheduled beyond 12 weeks (1 patient had cancelled an earlier TCI date and 1 patient had not attended an earlier TCI date)</li> </ul> <p>Of the 26 patients in the random sample who had an indicative treatment date (i.e. admit by date) recorded on iPMS and returned in the extract file to the NTPF, all indicative treatment dates were in the past. Of these 26 patients with indicative treatment dates in the past, 13 patients had no TCI dates booked.</p> <p>For the 27 patients in the random sample with a TCI date, the Audit Team were unable to test the notice period for TCI offers as evidence was found of 4 patients in the random sample whereby their TCI dates had been changed/rescheduled on iPMS but the 'date offer' on iPMS had not been revised.</p> <p>Note: Only 13 of 27 patients with a TCI date had an indicative treatment timeframe (i.e. admit by date) recorded on iPMS and returned in the extract file to the NTPF.</p>

	<b>Additional Findings outside of Key Test Controls</b>
	<p>The Audit Team found evidence of:</p> <ul style="list-style-type: none"> <li>▪ 3 patients returned in the random sample (extract file 01/03/2018) with TCI dates of 15/03/2018, which at time of audit had new TCI dates of 21/06/2018 recorded on iPMS, but no history of the TCI date of 15/03/2018 recorded on iPMS</li> <li>▪ 1 patient returned in the random sample (extract file 01/03/2018) with a TCI date of 28/03/2018, who at time of audit had a new TCI date of 11/04/2018 recorded on iPMS, but no history of the TCI date of 28/03/2018 recorded on iPMS</li> </ul> <p>Note: These patients may have been re-scheduled without cancelling/re-booking their appointments.</p> <p>The Audit Team found evidence of 3 patients in the random sample (extract file 01/03/2018) listed under Ophthalmology for <i>'administration of botulinum toxin into eyelid'</i> and returned on the planned procedure list. At time of audit, these patients were recorded on iPMS as <i>'Elective-Waiting List'</i> and not <i>'Elective-Planned'</i>. A Waterford Regional Hospital Eye Minor Operations Booking Form was completed for these patients, which did not include a list type indicator (i.e. waiting list or planned procedure list).</p>

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

## 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 clinical prioritisation of referrals 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 when '*To Come In*' (i.e.TCI) dates are rescheduled that the process captures all '*offer dates*' and '*cancelled TCI dates*' to provide full visibility of the patient's appointment history on iPMS.



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

**9.14** The hospital should ensure full compliance with the process for the removal of patients from the waiting list in a timely manner in line with national protocol.

**9.15** The hospital should implement a process of regular data validation to ensure data accuracy and consistency, and to ensure that accurate patient information is returned in the weekly extract file submission to the NTPF for national reporting. Regular audit sampling of waiting list information should be undertaken to identify opportunities for improvement and on-going staff training needs.

## **10. Hospital Response**

**9.1** The Audit identified that of the 7 patients in the random sample referred via OPD, 3 patients did not have a clinical priority assigned within 5 working days of receipt of referral (range was between 7 and 18 working days).

Of the 7 patients in the random sample referred via OPD, the Audit Team found evidence for 2 patients whereby the referral acknowledgment letters were not issued within 7 working days (range was between 10 and 30 working days).

The processing of the OPD Referrals takes place in the Central Appointments Office (CAO). The operational policies and SOPs of the CAO require full implementation of the National Outpatients Services Protocol. Further training has been provided to CAO staff to ensure full compliance with National Policy.

**9.2 – 9.10** Booking Forms are not used by all UHW services. There is no standardised hospital Booking Form, the Orthopaedic referral form is the most comprehensive in use. The Inpatient / Day-case Governance group will develop standardised Booking Forms with clinicians and management in the UHW Peri-operative directorate. This will be completed by 30 September 2018.

**9.11** The identified issues with scheduling patients according to TCI dates is caused by issues with capacity to treat patients in theatre, endoscopy and cystoscopy. Patients may also be cancelled due to bed capacity issues. This issue is being addressed through planning for additional day theatre capacity mainly for Ophthalmology. The additional capacity will also be used by other services. The additional theatre is expected to be completed by the end of 2018. Additional Endoscopy and cystoscopy capacity is also planned following the decanting of a number of departments to the new hospital block currently under construction. This additional capacity will become available early 2019.

**9.12** The issue relating to the amendment of TCI dates has been resolved through individual training.

**9.13 – 9.15** In relation to validation requirements the NTPF will pilot validation programme at UHW in May / June 2018.

## 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 inconsistent practices.

This report sets out a number of recommendations based on the key findings of the Special Audit that require implementation by the hospital if national protocols are to be fully adhered to. As a priority the hospital should revise, standardise, and implement the hospital Waiting List Booking Form to meet the minimum information requirements to ensure safe, effective waiting list management and reporting and to support the accurate and timely transcription of patient admission details onto the hospital system. The hospital should implement a programme of patient validation and a process of regular data validation to ensure waiting list information is up to date, accurate and valid. Regular audit sampling of waiting list information should be undertaken to identify opportunities for improvement and on-going staff training needs.

In respect of the planned procedure list, the hospital should ensure that all patients have a Booking Form completed, including a clearly assigned indicative treatment timeframe for the accurate recording and management of patients. In particular, the hospital should review its scheduling processes, including treatment timeframes, offers, and cancellations.

## 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.*