



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

Special Audit Report

29 September 2017

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	Cork University Hospital (CUH) including Cork University Maternity Hospital (CUMH)
Date of Audit:	12 – 15 June 2017 inclusive
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1. Audit Background

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 Audit and Quality Assurance function, which was established in the NTPF in 2014, is consolidated under the NTPF's statutory Instrument (2004, S.I. No. 179) *"to collect, collate and validate information in relation to persons waiting for hospital treatment and to put in place information systems for that purpose"*. This special audit is being conducted in accordance with this statutory obligation.

The NTPF has given an undertaking to complete its work to meet with this Ministerial request by end-August 2017, at which time all final reports will be issued to each of the patients and hospitals involved in this special audit of hospital waiting lists.

This report relates to the random sample of 80 waiting list/planned procedure records reviewed by the Audit Team in Cork University Hospital (CUH), including Cork University Maternity Hospital (CUMH) (see 4.2 Page 4).

2. Scope of Audit

To address the specific areas raised in the RTE Investigates programme the scope of this special audit has been tailored to specific questions.

Audit testable questions raised in the programme include:

- National protocol in respect of waiting list pathway for the patient's current listed procedure was not followed?
- National protocol in respect of revisions to the patient pathway for the listed procedure was not followed?
- Validation protocols were not followed for the patients listed procedure?
- Priority categorisation and scheduling e.g. long waits for patients categorised as urgent?

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 the current listed procedure which may encompass outpatient, inpatient/day case and planned procedure waiting lists where applicable.

3. Methodology

The checklist for this special audit involved testing of **21 Key Test Controls** comprising 69 sub-test items. 12 Key Test Controls related to the Waiting List and 9 Key Test Controls related to the Planned Procedure List. The test controls were examined through:

- Site visit scheduled with two weeks' notice
- Review of Hospital Patient Management Information Systems e.g. PAS, iPMS
- Review of Health Care Record (HCR), including patient Admission Booking Form
- Review of any administrative patient information not held on PAS/iPMS or HCR
- Discussion with relevant staff as appropriate
- Confirmation of accuracy of findings with hospital

4. Sampling Framework

This special audit involves a two-fold approach:

1. Individual confidential review of the patient featured in the programme who was on a waiting list in CUH. Explicit patient consent was obtained in respect of this patient in advance of the special audit
Note: The report in relation to this patient will be issued separately due to patient confidentiality
2. Random samples
 - a) Random sample review of 40 waiting list records on the CUH and CUMH active waiting list with a wait time over 12 months (extract date 1 June 2017)
 - b) Random sample review of 40 planned procedure list records on the CUH and CUMH planned procedure list with an indicative date in the past and with no indicative date (extract date 1 June 2017)**Note:** The report in relation to the random samples will be issued to the Minister for Health and to the hospital

5. Reference Protocols

- *The National Waiting List Management Protocol: A Standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures (January 2014)*
- *The Management of Outpatient Services Protocol (February 2014 - Version 2.1)*

NOTE: The Audit Team did not review local hospital policy documentation. Operational practices were tested against national protocols.

6. Key Findings

6.1 The Active Waiting List

The key findings were derived from 12 key test controls that are supported by a detailed random sample data analysis report which is provided separately to the hospital.

The random sample consisted of 40 patients across 7 specialties (see 4.2a). Specialty breakdown as follows:

- **Cardiology** – 1 patient
- **Cardio-Thoracic Surgery** – 1 patient
- **General Surgery** – 6 patients
- **Gynaecology** – 17 patients
- **Neurology** – 2 patients
- **Plastic Surgery** – 9 patients
- **Urology** – 4 patients

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

- 21 patients were wait-listed via outpatient service as a new-patient attendance
- 15 patients were wait-listed via outpatient service as a follow-up (return) patient attendance
- 2 patients were wait-listed/placed under the specialty of Neurology by Consultant Neurophysiologist and not Consultant Neurologist
- 1 patient was wait-listed directly via private rooms
- 1 patient unable to test as the original referral letter was not available on the patient's healthcare record (HCR). However, a discharge summary on the HCR confirmed that the patient was seen post-operatively in private rooms. Patient is now removed from the waiting list

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?
	<ol style="list-style-type: none">1. 21 of 40 patients in the random sample were referred via the OPD service (i.e. new patient referrals). Of these 21 patients, 7 patients were not wait-listed within 1 working day (days ranged from 2 – 25 days between the 'referral received stamp date' and the 'transaction date' on iPMS).2. Of these 21 patients referred via OPD, 12 patients did not have a clinical priority assigned within 5 working days of receipt of referral.3. The Audit Team found evidence of 8 new patients who did not receive a referral acknowledgement letter (i.e. 'date placed on waiting list letter') within 7 working days of receipt of referral.

	<p>4. Of the 40 patients in the random sample wait-listed on the electronic inpatient and day case waiting list, the Audit Team reviewed 36 Admission Booking Forms, 17 of which had no date stamp received in the Booking Office, or equivalent. Evidence of this was found in one specialty only, Gynaecology. This practice limits the hospital in testing key date captures. As a result the Audit Team were unable to test if patients were added to the inpatient and day case waiting list within 3 working days.</p> <p>5. Of the 36 Admission Booking Forms reviewed, the Audit Team found evidence of 19 patients whereby the 'decision to admit' date on the Booking Form was not the 'date added' to the waiting list. For 14 of these patients the 'date added' was the administration 'transaction date' on iPIMS with the furthest transaction date being 216 days after the 'decision to admit'.</p>
2.	National protocols in respect of clinical prioritisation were adhered to?
	<p>1. The Audit Team found evidence of 8 patients in the random sample whereby clinical priority was not assigned (6 new outpatient referral letters and 2 Admission Booking Forms).</p> <p>2. The hospital reported that any revision to clinical priority is changed on iPMS and visible as an 'edit' on the transaction screen on iPMS. Although the system tracks edits it does not provide the detail of what revisions/edits have been made to the waiting list entry so the Audit Team was unable to test. The hospital reported that changes to clinical priority would also be noted in the 'comments section' on iPMS.</p>
3.	Appropriate outpatient referral acknowledgement communication has been issued to patient in line with national protocol?
	<p>1. Of the 21 patients referred via OPD, the Audit Team found evidence of 8 patients with no reference to a 'Date placed on waiting list letter' (i.e. outpatient referral acknowledgement letter) recorded on the 'document screen' on iPMS.</p>
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?
	<p>1. The Audit Team found evidence of 4 Booking Forms in use (3 variations within CUH and 1 in CUMH).</p> <p>2. The national protocol prescribes 19 minimum standard information requirements when processing Admission Booking Forms. None of the Booking Forms reviewed by the Audit Team fully met with all of the minimum requirements.</p>
5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?
	<p>1. Of the 36 Booking Forms reviewed, none included a specific waiting list type indicator i.e. 'Waiting List' or 'Planned Procedure'. However, some had an option of 'surveillance' beside the heading 'priority' (i.e. urgent/surveillance/routine). None of the Booking Forms reviewed included an option for non-surveillance planned procedures.</p>

8.	National protocol in respect of the management of patients who cancelled a scheduled appointment or an admission date was adhered to?
	<p>1. The Audit Team found evidence of 2 patients who had cancelled their appointment and had their 'date added' to the waiting list restarted on iPMS to the date of their cancellation (i.e. CNA date). This results in the incorrect and under-calculation of the patient's overall wait-time and could have implications for scheduling and outsourcing.</p> <p>The hospital reported, as per their Management of Waiting List Policy, that <i>'any patient who cannot attend or cancels an offer of admission, their waiting time will be restarted to reflect the date the admission offer was cancelled'</i></p> <p>As per national protocol, a patient's 'date added' to the waiting list must <u>not</u> be changed or altered by the hospital at any point during the patient's journey through the scheduled care system. Wait-time adjustments for patient cancellations (CNA's) should only be re-calculated at a national level for reporting purposes.</p>
11.	Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?
	<p>1. Of the 40 patients reviewed, there was no evidence of validation having been carried out in the last 6 months for 27 patients.</p>
Additional findings outside of key test controls	
	<p>In addition to the 2 patient cancellations (CNA's), the Audit Team found evidence of 2 additional patients on the inpatient and day case waiting list who had their 'date added' to the waiting list restarted. This results in the incorrect and under-calculation of the patient's overall wait-time and could have implications for scheduling and outsourcing.</p> <p>The Audit Team found evidence of 1 patient listed on the inpatient and day case waiting list for a further episode of care. This patient should have been listed on the planned procedure list.</p> <p>The Audit Team observed 11 patients clinically prioritised as 'urgent' of which; 3 patients are waiting 12-15 months, 3 patients are waiting 15-18 months and 5 patients are waiting over 18 months.</p> <p>Note: 9 of these 11 patients are listed under Gynaecology.</p>

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

6.2 The Planned Procedure List

Key findings were derived from 9 key test controls that are supported by a detailed random sample data analysis report which is provided separately to the hospital.

The random sample consisted of 40 patients across 10 specialties (see 4.2b). Specialty breakdown as follows:

- **Cardiology** – 1 patient
- **Gastroenterology** – 6 patients
- **General Surgery** – 21 patients
- **Gynaecology** – 1 patient
- **Neurology** – 2 patients
- **Neurosurgery** – 2 patients
- **Pain Relief** – 1 patient
- **Plastic Surgery** – 1 patient
- **Urology** – 4 patients
- **Vascular Surgery** – 1 patient

Table 2: Key Findings – The Planned Procedure List

No.	Key Test Control
1.	Planned procedure was identified in line with national protocol?
	1. Of the 31 Booking Forms reviewed none had a waiting list type indicator (i.e. Waiting List or Planned Procedure specified). However, 24 Booking Forms reviewed did have 'priority – surveillance' specified and 1 Booking Form had 'admission type – planned' specified.
2.	Indicative treatment date/timeframe provided in line with national protocol
	1. Of the 31 Booking Forms reviewed, 23 patients did <u>not</u> have an indicative treatment date/timeframe identified on the Booking Form. However, the Audit Team observed that 8 of these patients had an indicative treatment date recorded on iPMS. It was not evident to the Audit Team what had informed these indicative treatment dates.
3.	Planned procedure with indicative date was transcribed appropriately to iPMS as per national protocol
	1. Of the 31 Booking Forms reviewed, 8 patients had an indicative treatment timeframe identified on the Booking Form. Of these 8 patients, the Audit Team observed variation in relation to how this information was transcribed onto iPMS: <ul style="list-style-type: none"> – 3 patient's indicative timeframes were recorded in the 'admit by date' on iPMS. Although returned in NTPF weekly extract these dates were <u>not</u> transcribed correctly – 3 patient's indicative timeframes were recorded in the 'comments section' on iPMS. Whilst dates matched the Booking Form they are <u>not</u> returned in NTPF weekly extract – 2 patient's indicative timeframes were not entered on iPMS

7.	National protocol in respect of the management of patients who cancelled a scheduled appointment or an admission date was adhered to?
	<ol style="list-style-type: none"> 1. The Audit Team found evidence of 1 patient who had cancelled their appointment (appointment offered with less than 3 weeks' notice) and had their 'date added' to the planned procedure list restarted on iPMS to the date of the cancellation (i.e. CNA date). 2. The Audit Team found evidence of a further patient who had received a TCI offer and declined. Although this was not recorded as a CNA on iPMS the patient had their 'date added' restarted on iPMS to the date the patient declined the offer.
	Additional findings outside of key test controls
	<p>The Audit Team found evidence of 2 patients listed on the planned procedure list that should have been listed on the inpatient and day case waiting list.</p> <p>The Audit Team observed that patients are not always outcomed/removed on iPMS at time of admission (i.e. TCI admission date). The hospital reported that there is a monthly process in place to identify patients with TCI dates in the past mainly due to the fact that the current admission process does not always link to the waiting list entry. Whilst transaction dates are in 'real time' on iPMS, removal dates are back dated on iPMS to match scheduled TCI dates/outcome reason (i.e. admission). The hospital also reported that there is a plan to move this monthly reporting to weekly.</p>

Note: There were no key findings in respect of key test controls 4, 5, 6, 8 and 9.

7. Recommendations

- 7.1 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.
- 7.2 The hospital Admission Booking Form should be revised and standardised to meet the minimum information requirements in line with the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)***. Once revised, the hospital should ensure that all Booking Forms are fully completed by consultants against the minimum information requirements to support accurate and timely recording of patient admission details, including the 'decision to admit' date (i.e. 'date added') for entry onto the hospital's electronic waiting list.
- 7.3 The revised hospital Admission Booking Form should include specific waiting list type indicator i.e. 'Waiting List' or 'Planned Procedure List' to ensure that patients are added to the correct list. Patients who are added to the planned procedure list should have an indicative treatment date or approximate treatment timeframe assigned on the Booking Form and transcribed correctly i.e. 'admit by date' on iPMS. Provision for this date capture must be included on the revised Admission Booking Form.
- 7.4 All Booking Forms should have a date stamp received in the Booking Office, or equivalent to ensure that the Booking Form processing date onto the electronic waiting list is in line with national protocol.
- 7.5 The hospital should cease, with immediate effect, the practice of restarting a patient's 'date added' to both the waiting list and planned procedure list. In line with national protocol, a patient's 'date added' to the waiting list must not be changed or altered by the hospital at any point during the patient's journey through the scheduled care system. Wait-time adjustments for patient cancellations (CNA's) should only be re-calculated at a national level for reporting purposes.
- 7.6 The hospital should implement a programme of patient validation in line with the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)***
- 7.7 The hospital should review their electronic tracking capability on iPMS to ensure that details related to clinical priority revisions are clearly documented and are visible from a waiting list management perspective.

- 7.8 Hospital to review their admission process to ensure that all scheduled care admissions (i.e. patients that are booked from the waiting list) are linked to the waiting list entry at time of admission. The current practice is resulting in over-reporting of patients waiting. A programme of user training and education should be undertaken to ensure correct and consistent practice.
- 7.9 The hospital should review all patients clinically prioritised as *'urgent'* and waiting over 12 months for their procedure and schedule appropriately.

8. Hospital Response

8.1 CUH Response

The report has been reviewed by members of the CUH Scheduled Care Governance team and there was agreement that the recommendations contained in the report will need to be adopted and implemented by the CUH Scheduled Care Governance team. The full report will be tabled for discussion at the next meeting of the team scheduled for Tuesday 29th August.

Specifically in relation to the recommendations on the Bed Booking Form, in 2015 the Executive Management Board set up a steering group to oversee the implementation of the electronic Bed Booking Form and it was piloted in a number of specialities. However, due to the requirement for enhanced facilities on the system the implementation did not progress across all specialities. The requested enhancements have now been completed and are ready for deployment. This action will be part of the work to be progressed by the CUH Scheduled Care Governance team.

8.2 CUMH Response

It is difficult to comment on the report as Gynaecology is included in the overall CUH report therefore we are responding only to the specific Gynaecology comments we could identify.

Theatre Booking Form

1.4 – no date stamp on 17 Gynaecology Booking Forms

The Booking Forms arrive up to the theatre Booking Office straight after the OPD clinic. The waiting list entries are put up on the system as soon as possible and the date of OPD clinic is the date the patient goes on the waiting list. This is our equivalent of a date stamp. Going forward we will date stamp when the referral comes but still use the OPD clinic date when putting waiting list entry up on system – i.e. date booking form was completed.

4.2 – the national protocol prescribes 19 minimum standard information requirements. None of the Booking Forms fully met with all of the minimum requirements.

Our Booking Form was devised in house. We request the Audit Team share the national protocol and we will compare our Booking Form with it and make necessary changes in consultation with Dr Cathy Burke and other relevant staff.

Additional Findings

The Audit Team observed 11 patients clinically prioritised as ‘urgent’ of which; 3 patients are waiting 12-15 months, 3 patients are waiting 15-18 months and 5 patients are waiting over 18 months. 9 of these 11 patients are listed under Gynaecology.

Many of these patients are robotic cases and couldn’t be outsourced. Currently looking at a plan for seeing these patients.

9. Conclusion

Based on the results of the random sample analysis the audit is not fully satisfied that the overall waiting list and planned procedure patient pathways are managed within national protocols. In particular, incomplete and incorrect date captures were identified throughout the patient’s journey. There was evidence of restarting of wait-times associated with patient cancellations which has implications for overall patient wait-times. Also, there was evidence of inconsistencies across all aspects of indicative dates for planned procedures.

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. This could be supported through a process of internal audit and staff training. As a priority, the hospital should revise and standardise the Admission Booking Form.

10. 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.

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.