



**an ciste náisiúnta um cheannach cóireála**  
**the national treatment purchase fund**

## **Audit & Quality Assurance**

### **Special Audit Report**

**29 September 2017**

<b>Audit Title:</b>	<b>Special Audit of Hospital Waiting List</b>
<b>Requested by:</b>	<b>Minister for Health</b>
<b>Hospital Name:</b>	<b>Tallaght Hospital (Adult Services)</b>
<b>Date of Audit:</b>	<b>31 July – 4 August 2017 inclusive</b>
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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 Tallaght Hospital (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.

- 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 patients featured in the programme who were on a waiting list in Tallaght Hospital. Explicit patient consent was obtained in respect of one of the three patients 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 Tallaght Hospital's active waiting list with a wait time over 12 months (extract date 20/07/2017)
  - b) Random sample review of 40 planned procedure list records on Tallaght Hospital's planned procedure list with an indicative date in the past and with no indicative date (extract date 20/07/2017)  
**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 protocol.**

## 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 6 specialties (see 4.2a). Specialty breakdown as follows:

- **Gastro-Enterology** – 1 patient
- **General Surgery** – 7 patients
- **Orthopaedics** – 18 patients
- **Otolaryngology (ENT)** – 11 patients
- **Urology** – 2 patients
- **Vascular Surgery** – 1 patient

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

- 21 patients were wait-listed via outpatient service as a new patient attendance
- 8 patients were wait-listed via outpatient service as a follow-up (return) patient attendance
- 6 patients were 'direct listed' by their treating consultant having been seen by them in another hospital
- 1 patient was a 'direct referral' from another public hospital to Tallaght Hospital - the National referral Centre for Capsule Endoscopy
- 1 patient was wait-listed whilst an inpatient in Tallaght Hospital (admitted via ED)
- 3 patients were wait listed via internal (non-consultant) referral i.e. patients were screened by a Clinical Nurse Specialist in Tallaght Hospital as part of a Tonsillectomy Patient Screening exercise undertaken for the longest waiting patients on the ENT outpatient waiting list. As part of this screening exercise these 3 patients met the criteria for Tonsillectomy procedures and were subsequently removed from the outpatient waiting list and listed directly onto the inpatient waiting list for their Tonsillectomy Procedure (*Note: 2 of the 3 patients had been out-sourced to a private provider for their outpatient consultation who were then re-directed back to Tallaght Hospital for follow-up*)

**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>
	1. 21 of 40 patients in the random sample were referred via the OPD service (i.e. new patient referrals). Of these 21 patients, 17 patients were not added to the outpatient waiting list within 1 working day (days ranged from 5 – 130 days). In addition 2 patients had no date received stamp on referral letter and 2 patients had no referral letter available and as a result the Audit Team could not test if these patients were added to the outpatient waiting list within 1 working day.

	<ol style="list-style-type: none"> <li>2. On receipt of new outpatient referrals, patients are ‘registered’ on the hospital system (iPMS) but not added to the outpatient waiting list module – OPWL. Patients are only added to the OPWL on return from consultant triage. Although new patient referrals are not being recorded on the OPWL in real time, the ‘referral received date’ is being recorded retrospectively (i.e. back-dated) on the OPWL once the referral is returned from triage. As a consequence, there is no visibility at national level of ‘un-triaged’ patients and there are delays in new patient referrals being reported at national level.</li> <li>3. Of the 21 patients in the sample referred via the OPD service, 4 patients were not assigned a clinical priority within 5 working days on receipt of referral (range is between 9 and 20 working days). The Audit Team was unable to test if clinical priority was assigned within 5 working days for 14 patients as; <ul style="list-style-type: none"> <li>▪ 2 patients had no referral letter available</li> <li>▪ 2 patients had no date stamp on referral letter</li> <li>▪ 10 patients did not have a ‘triage date’ assigned on their referral letter or the date ‘returned from triage’ field was not completed on the electronic waiting list (i.e. iPMS).</li> </ul> </li> <li>4. Of these 21 patients referred via OPD, the Audit Team found evidence of 6 patients who had received a referral acknowledgement letter of which 4 did not issue within 7 working days on receipt of referral and 1 could not be tested as referral letter was not date stamped.</li> <li>5. Of the 38 Admission/Booking Forms reviewed, the Audit Team found evidence of 5 patients who were not added to the waiting list within 3 working days (range 5 – 11 days). In addition, 29 Admission/Booking Forms were not date stamp received in the Booking Office, or equivalent. This practice limits the hospital in testing key date captures. The Audit Team were therefore unable to test if these 29 patients were added to the inpatient and day case waiting list within 3 working days.</li> <li>6. The Audit Team found evidence of 3 ENT patients in the random sample who were retrospectively added to the inpatient waiting list following a tonsillectomy screening exercise undertaken by the hospital for the longest waiting patients on the outpatient waiting list. There was a delay of almost 2 years before these patients were entered onto the inpatient waiting list and reported on the extract file at national level. However, the ‘decision to admit’ date recorded on Admission Booking Form was back-dated on iPMS.</li> </ol>
2.	<b>National protocols in respect of clinical prioritisation were adhered to?</b>
	<ol style="list-style-type: none"> <li>1. The Audit Team found evidence of 20 patients where clinical priority was not assigned (5 outpatient referral letters and 15 Booking Forms - the 5 outpatients were assumed as ‘routine’ on iPMS and of the 15 Booking Forms 12 patients were assumed as ‘routine’). An additional 2 outpatients could not be tested as referral letters were not available. As a consequence, the Audit Team could not determine if clinical priority had been correctly assigned on iPMS.</li> <li>2. The Audit Team found evidence of 2 patients whereby their clinical priority was not correctly assigned on iPMS (1 patient as per outpatient triage on referral letter and 1 patient as per Admission Booking Form).</li> </ol>

	<p>3. The hospital's Admission Form (A5 size), which is used for 'Inpatient' admissions only does not specify the options 'Urgent' or 'Routine' to identify clinical priority in line with national protocol. Instead the hospital reported to the Audit Team that '<i>Date on Waiting List: A, B or C and a space to include the date</i>' (A = Urgent, B = Soon &amp; C = Routine) is how clinical priority is described for inpatient admissions.</p>
3.	<p><b>Appropriate outpatient referral acknowledgement communication has been issued to patient in line with national protocol?</b></p>
	<p>1. The Audit Team found evidence of 15 patients who had no evidence of a referral acknowledgement letter issued. (Note: 2 of the 15 patients were prioritised as 'Urgent' and had an appointment letter issued upon entry onto the waiting list in lieu of the referral acknowledgement letter).</p>
4.	<p><b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</b></p>
	<p>1. Whilst most patients had an Admission/Booking Form completed there was no standard form in use and as such there were significant variations in the different forms reviewed. Admission/Booking Forms reviewed included:</p> <ol style="list-style-type: none"> <li>1. Admission Form (inpatient admissions only)</li> <li>2. Day Ward Day Case Booking</li> <li>3. Day Ward Endoscopy Form (x 2 versions)</li> </ol> <p>2. The national protocol prescribes 19 minimum standard information requirements when processing Booking Forms. None of the Booking Forms reviewed by the Audit Team fully met the minimum requirements.</p> <p>3. Of the 38 patients with an Admission/Booking Form completed, none were fully completed. The information not completed included personal information and in some instances clinical information.</p> <p>4. The Audit Team observed that the Admission Form used to list inpatient admissions did not have a list type indicator i.e. Waiting List or Planned Procedure, it did not contain Clinical Priority 'Urgent' or 'Routine' nor did it provide for inclusion of consultant signature and date of signature and in some instances is not being completed by the listing medical team (i.e. consultant/registrar).</p> <p>5. The Audit Team observed inconsistent practice in relation to some waiting list entries and waiting list revisions for orthopaedic patients, resulting in double waiting list entries.</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>1. All Admission/Booking Forms reviewed by the Audit Team did not include specific list type indicator i.e. Waiting List or Planned Procedure. However, the Day Ward Day Case and Day Ward Endoscopy Booking Forms did include the options for 'Surveillance' and 'Repeat'.</p>

11.	<b>Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?</b>
	1. Of the 40 patients reviewed in the random sample there was no evidence of formal validation carried out in the last 6 months for 28 patients waiting > 12 months on the inpatient and day case waiting list.
<b>Additional Findings outside of Key Test Controls</b>	
	<p><b><u>Musculoskeletal Physiotherapy (MSK) Service</u></b></p> <p>In the random sample of 40 patients, 18 patients were listed under Orthopaedics. On review of these 18 patients, the Audit Team observed some variation in relation to how new patient referrals initially seen/reviewed by the MSK Service, prior to orthopaedic consultant review, were being captured on the OPWL waiting list.</p> <p>The Audit Team observed that 9 new patient referrals were initially reviewed by the MSK Service with the following outcome:</p> <ul style="list-style-type: none"> <li>– 2 patients had attended MSK as a <b><i>‘New patient’</i></b> and then seen by an orthopaedic consultant as a <b><i>‘New Patient’</i></b> <ul style="list-style-type: none"> <li>▪ 2 patients – Back Pain Screening Clinic (BPSC)</li> </ul> </li> <li>– 4 patients had attended MSK as a <b><i>‘New patient attendance’</i></b> and then seen by an orthopaedic consultant as a <b><i>‘Return patient’</i></b> <ul style="list-style-type: none"> <li>▪ 2 patients – Back Pain Screening Clinic (BPSC)</li> <li>▪ 2 patients – Elbow/Wrist</li> </ul> </li> </ul> <p><b>Note: 3 patient referral letters had been reviewed by MSK but deemed unsuitable to be seen by MSK and referred on for surgical review</b></p> <p><b><u>Clinical Priority “Urgent”</u></b></p> <p>Of the <b><u>40 patients</u></b> reviewed on the inpatient and day case waiting list <b><u>12 patients</u></b> were clinically prioritised as ‘Urgent’ (with the exception of 1 patient who was listed under ENT, all other patients were waiting for admission by the orthopaedic service). Breakdown as follows:</p> <ul style="list-style-type: none"> <li>– 5 patients waiting 12-15 months</li> <li>– 3 patients waiting 15-18 months</li> <li>– 4 patients waiting 18+ months</li> </ul>

**Note: There were no key findings in respect of key test controls 6, 7, 8, 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 (see 4.2b). The specialty breakdown was as follows:

- **Gastro-Enterology** – 30 patients
- **General Surgery** – 9 patients
- **Urology** – 1 patient

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

No.	Key Test Control
1.	<b>Planned procedure was identified in line with national protocol?</b>
	<ol style="list-style-type: none"> <li>1. The Audit Team found evidence of two variations of Booking Forms for patients listed on the planned procedure list. Both forms had a Priority Waiting List section, which included the options ‘Surveillance’ and ‘Repeat Procedure’. For procedures that did not fall under surveillance or repeat there was no option to identify a planned procedure in this regard.</li> <li>2. Of the 35 Booking Forms provided for review, list type on Booking Form for 5 patients was not identified as either ‘Surveillance’ or ‘Repeat Procedure’ but they were entered on iPMS and returned in the weekly extract file as planned procedures.</li> <li>3. The Audit Team found it difficult to establish how the process for managing Booking Forms for the associated listed planned procedures was being controlled. In most instances, the Audit Team was provided with a number of Booking Forms that were in circulation for the patient’s listed planned procedure (i.e. a combination of originals, photocopies, duplicates and replacement forms were provided). Whilst some information contained in these multiple forms matched some information did not.</li> </ol>
2.	<b>Indicative treatment date/timeframe provided in line with national protocol</b>
	<ol style="list-style-type: none"> <li>1. Of the 35 Booking Forms reviewed, 11 did not include explicit indicative start dates (i.e. treatment year only was indicated on the Booking Form).</li> </ol>
3.	<b>Planned procedure with indicative date was transcribed appropriately to iPMS as per national protocol?</b>
	<ol style="list-style-type: none"> <li>1. Of the 35 Booking Forms reviewed, the Audit Team observed the following in relation to 13 patients: <ul style="list-style-type: none"> <li>– 12 patients were entered with indicative dates on iPMS that did not specifically match what was recorded on the Booking Form</li> <li>– 1 patient entered without an indicative date although specified on Booking Form.</li> </ul> </li> <li>2. Whilst 7 patients appeared to be correctly entered on iPMS (i.e. indicative date entered in “Admit by Date” section) these indicative dates were not included in the extract file.</li> </ol>

**Note: There were no key findings in respect of key test controls 4, 5, 6, 7, 8 and 9**

## 7. Recommendations

- 7.1** The hospital should review its operational and technical processes in respect of entering patients onto the outpatient waiting list (OPWL) to ensure that waiting list returns to the NTPF are correct to support accurate waiting list reporting at national level.
- 7.2** 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.
- 7.3** The hospital should revise and standardise the Admission/Booking Form to include a list type indicator i.e. 'Waiting List' or 'Planned Procedure List' to ensure that patients are added to the correct list type. Patients who are added to the Planned Procedure List should have an indicative treatment date or approximate treatment timeframe. Provision for this date capture must be included on the revised Admission Booking Form.
- 7.4** The hospital should review the process for the overall management of Booking Forms for planned procedures to ensure standardisation.
- 7.5** The hospital should review why some indicative treatment dates (i.e. 'Admit by Dates' on iPMS) are not pulling through to the weekly extract file to the NTPF.
- 7.6** Once the Admission Booking Form has been reviewed and standardised the hospital should work towards full compliance to ensure that forms are fully completed by consultants against the minimum information requirements in line with national protocol. This will support accurate and timely recording of patient admission information onto the hospital's electronic waiting list.
- 7.7** All Admission Booking Forms should have a date received stamp in the Booking Office, or equivalent, to ensure that patient admission information is processed onto the electronic waiting list in line with national protocol.
- 7.8** The hospital should work towards full compliance of the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)*** supported by a staff education and training programme.
- 7.9** 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)***

- 7.10** The hospital should review the classification (i.e. ‘new’ or ‘return’) and clinical prioritisation of patients who have been seen by the MSK Service to ensure consistency and accurate recording of this outpatient waiting list information and adherence to national outpatient protocol.
- 7.11** The hospital should review all patients clinically prioritised as ‘urgent’ and waiting over 12 months for their procedure and schedule appropriately.

## 8. Hospital Response

The hospital has reviewed the report and overall the hospital is in agreement with the recommendations. An improvement/action plan will be developed by the hospital to address all findings from the audit.

In relation to adding patients to the outpatients waiting list, the hospital’s practice is based on **Recommendation 24: Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information (HIQA 23 March 2011)**, which states that *“Patients should receive integrated and coordinated care when they are referred to secondary care. Patients should be informed of the healthcare professional who has overall responsibility and accountability through all stages of the referral pathway. GPs are accountable and responsible for the care of a patient until a hospital consultant makes the clinical decision to accept the referral, and the hospital consultant remains accountable and responsible for the patient until the patient is discharged back to the care of the GP”*. The hospital’s current process is built on the policy that a waiting list entry cannot be created without allocating a consultant and specialty. As a consultant is only allocated to a patient at triage the hospital is unable to add a compliant waiting list entry until post triage. In addition, of the 900 plus referrals received each week approximately 15% are rejected post triage (this is based on the rejection rate on the Healthlink website). Following the audit the hospital will explore the option of adding patients to an ‘Awaiting Triage’ consultant, and risk assessing any possible issues with this change (including the risk if the WL entry was not updated the entry is non-compliant with any of the DCDQ reports and HIQA standards).

The hospital’s revised waiting list policy is due for final sign off and this will ensure that our processes run in parallel with national protocol in relation to a number of points from the audit—i.e. patients sent acknowledgment letters when placed on a waiting list, and an updated process for returning booking forms to consultants if all areas are not fully completed.

We are in the final stages of developing a new surgical pathway document, which is due to be launched by the end of September. This will bring us in line with the national protocol in relation to the booking forms, decision to admit, date and signed by consultant, clinical priority etc. A date stamp will be part of this process.

A process has been introduced recently in relation to planned procedure lists, this will be updated further and additional education provided in line with the new policy.

## 9. Conclusion

Based on the results of the random sample analysis the audit is not satisfied that the overall waiting list pathway for patients is managed within national protocols. The hospital's weekly outpatient extract file submission to the NTPF is inaccurate due to its current practices. As a result, the hospital's outpatient waiting list is currently under-reported at national level. This needs to be resolved as a matter of priority.

In addition, 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 and standardise the Admission/Booking Form. This should be supported by a staff education, training and audit programme.

## 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.*