



**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>Mater Misericordiae University Hospital (MMUH)</b>
<b>Date of Audit:</b>	<b>23 – 26 May 2017 inclusive</b>
<b>Prepared by:</b>	<b>Suzanne Kelly-Doherty, Audit and Quality Assurance Team Lead, NTPF</b> <b>Suzanne Moran, Audit and Quality Assurance Team Lead, NTPF</b>
<b>Approved by:</b>	<b>Liz Lottering, Audit, Quality and Research Director, NTPF</b>
<b>Circulation List:</b>	<b>Minister for Health</b> <b>Mater Misericordiae University Hospital (MMUH)</b>

## Table of Contents

1. Audit Background	3
2. Scope of Audit	3
3. Methodology	4
4. Sampling Framework	4
5. Reference Protocols	4
6. Key Findings	5
6.1 The Active Waiting List	
6.2 The Planned Procedure List	
7. Recommendations	9
8. Hospital Response	10
9. Conclusion	10
10. Acknowledgement	10

## 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 the Mater Misericordiae University Hospital (MMUH) (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 the MMUH. 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 MMUH's active waiting list with a wait time over 12 months (extract date 11 May 2017)
  - b) Random sample review of 40 planned procedure list records on the MMUH's planned procedure list with an indicative date in the past and with no indicative date (extract date 11 May 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 (see 4.2a). The specialty breakdown was as follows:

- **Cardiology** – 17 patients
- **ENT** – 2 patients
- **Gastro-intestinal Surgery** – 4 patients
- **General Surgery** – 1 patient
- **Ophthalmology** – 11 patients
- **Orthopaedics** – 1 patient
- **Pain Relief** – 1 patient
- **Urology** – 2 patients
- **Vascular** – 1 patient

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

- 14 patients were wait listed via outpatient service as a new-patient attendance
- 6 patients were wait listed via outpatient service as a follow-up (return) patient attendance
- 18 patients were 'direct referrals' (bypassing the MMUH outpatient service)
- 1 patient was a new referral, but whilst an inpatient was wait-listed for their procedure and discharged from hospital
- 1 patient attended OPD as a new patient directly following a diagnostic test but was not wait-listed on the outpatient waiting list

**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>1. The Audit Team found evidence that not all new outpatient referrals are entered on Hospital Information Management System (i.e. Patient Centre) upon date of receipt. The referral received date is only entered on Patient Centre when the patient record is created on the system (i.e. referral is scanned and sent to the consultant for triage). Whilst the referral received date is recorded on the system once created, in some instances this date is being recorded retrospectively which means that patients are not being entered on the outpatient waiting list in real time. Subsequently there is a delay in these patients being reported on the MMUH outpatient waiting list extract file.</p> <p>2. Of the 14 patients in the random sample referred via the OPD service, 4 patients had no date received stamp on referral letter.</p>

	<p>Note: These patients had a 'referral received date' recorded on Patient Centre. However, the Audit Team could not verify this date.</p> <ol style="list-style-type: none"> <li>3. Of the 14 patients in the sample referred via the OPD service, 8 patients were not wait-listed within 1 working day (days ranged between 3 – 218 days).</li> <li>4. Of the 14 patients in the sample referred via the OPD service, 10 patients did not have a clinical priority assigned within 5 working days of receipt of referral.</li> <li>5. The Audit Team found evidence of a dual system for clinical triage in operation for outpatient referrals where there is both a manual review/recording of clinical priority on referral letters and a system review/recording of clinical priority via a 'consultant worklist' on Patient Centre which is resulting in non-standardised practice.</li> <li>6. 18 patients in the random sample were '<u>direct referrals</u>' from other hospital consultants, community ophthalmologists etc. for their procedure in MMUH bypassing the outpatient service in MMUH. The Audit Team found evidence of inconsistent practices for managing patients who are "direct referred" onto an inpatient and day case waiting list in MMUH. The Audit Team observed significant variance in the management of such listings particularly in relation to 'date added to waiting list' and also the length of time between 'date added' (i.e. date placed on waiting list) and 'date entered' (i.e. transaction date) which ranged from same day to 7.5 months.</li> <li>7. The Audit Team found evidence of 17 Booking Forms, <u>excluding 'direct referrals'</u> none of which had a date stamp received in 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 patients were added to the electronic inpatient and day case waiting list within 3 working days of the Booking Form date stamp received in Booking Office, or equivalent.</li> <li>8. The Audit Team identified 6 patients whereby the '<i>decision to admit</i>' date on the Booking Form was not the '<i>date added to the waiting list</i>' but the '<i>transaction date</i>' on Patient Centre with the furthest date after the '<i>decision to admit</i>' date being 20 days.</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 7 patients where clinical priority was not assigned (1 outpatient referral letter and 6 Booking Forms).</li> <li>2. The Audit Team found evidence of 2 patients whereby their clinical priority was not correctly assigned on the electronic waiting list as per Booking Form.</li> <li>3. The hospital reported that any revision to clinical priority is changed on Patient Centre and visible as a waiting list revision on the activity screen. However, the Audit Team observed that the system does not detail what revisions have been made to the waiting list entry.</li> </ol>
3.	<b>Appropriate outpatient referral acknowledgement communication has been issued to patient in line with national protocol?</b>
	<ol style="list-style-type: none"> <li>1. The hospital reported that referral acknowledgement letters are not issued to patients and referral source (with the exception of Healthlink referrals whereby the GP received acknowledgement of receipt of referral. However, there were no GP referrals via Healthlink in the random sample tested).</li> </ol>

4. & 5.	<p><b>Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?</b></p> <p><b>Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?</b></p>
	<ol style="list-style-type: none"> <li>1. There was no standard Booking Form in use in MMUH and as such there were significant variations in the different Booking Forms reviewed. The Audit Team found evidence of a variation of 6 Booking Forms (4 variations within MMUH).</li> <li>2. Only 1 of the 6 Booking Forms reviewed, which was an MMUH Booking Form, included a list type indicator (i.e. Waiting List or Planned Procedure). For all other forms reviewed the Audit Team were unable to establish how waiting list procedures are identified and added to the electronic list.</li> <li>3. The national protocol prescribes 19 minimum standard information requirements when processing Booking Forms. None of the Booking Forms reviewed met with all of the minimum requirements.</li> </ol>
<p><b>Additional findings outside of key test controls</b></p>	
	<p>The Audit Team found evidence of 2 patients listed on the active inpatient and day case waiting list that were planned procedures.</p> <p>The Audit Team also observed that 10 of the 40 patients reviewed were clinically prioritised as 'urgent' of which 3 patients are waiting 12-15 months, 1 patient waiting 15-18 months and 6 patients waiting 18+ months.</p>

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

- **Gastroenterology** – 1 patient
- **Ophthalmology** – 30 patients
- **Orthopaedics** – 1 patient
- **Plastic Surgery** – 1 patient
- **Urology** – 6 patients
- **Vascular** – 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>
	21 of 40 patients had a Booking Form completed, out of which 15 Bookings Forms did not include a list type indicator (i.e. Waiting List or Planned Procedure). The Audit Team were unable to establish how planned procedures are identified and added to the electronic planned procedure list.
2.	<b>Indicative treatment date/timeframe provided in line with national protocol</b>
	Of the 21 Booking Forms reviewed, 16 patients did not have an indicative treatment date or timeframe identified on the Booking Form. Although all patients had an indicative treatment date recorded on Patient Centre and returned in weekly extract file to NTPF, it was not evident to the Audit Team what informed this indicative treatment date.
5.	<b>Timeframe between indicative treatment date and scheduled TCI date</b>
	The Audit Team found evidence of a variation in the length of time between the indicative treatment date and scheduled TCI date (including past TCI date) for 6 patients, none of which were scheduled in line with national protocol.
	<b>Additional findings outside of key test controls</b>
	The Audit Team observed that when a patient has been treated and removed, their waiting list history for their ' <i>listed procedure</i> ' is no longer visible on Patient Centre.

**Note: There were no key findings in respect of key test controls 3, 4, 6, 7, 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 and clinical prioritisation of referrals should be managed within specific timeframes to ensure all referrals are added to the outpatient waiting list module within 24 hours to enable the accurate and timely tracking of key date captures throughout the outpatient pathway.
- 7.2 The current '***dual system***' which is in operation for outpatient referral clinical triage is resulting in a variation of practice for managing of triage and should be standardised.
- 7.3 The current practice for managing patients who are on a '***direct referral***' pathway is inconsistent and therefore should be standardised. In particular, significant variance was observed by the Audit Team in relation to '***date added to waiting list***' and also the timeframe between '***date placed on waiting list***' and '***date entered on Patient Centre***'. Standardising the practice will ensure equity of access to treatment for all patients referred directly to the hospital.
- 7.4 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 for entry onto the hospital's electronic Waiting List or Planned Procedure List.
- 7.5 Patients who are added to the Planned Procedure List should have an indicative treatment date or approximate treatment timeframe assigned. Provision for this date capture must be included on the revised Admission Booking Form.
- 7.6 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.
- 7.7 The hospital should review their electronic tracking capability on Patient Centre to ensure that details related to clinical priority revisions are clearly documented and are visible from a waiting list management perspective.
- 7.8 In respect of scheduling planned procedures, against their indicative treatment date, the hospital should ensure that their scheduling practices are in line with the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)***.

**7.9** The hospital should review all patients clinically prioritised as **'urgent'** and waiting over 12 months for their procedure and schedule appropriately.

**7.10** The hospital to review its Patient Centre functionality to enable visibility of the waiting list history for patients who have been treated and/or removed from the waiting list for review and audit purposes.

## **8. Hospital Response**

The hospital has reviewed the MMUH Special Audit Report and agrees with the findings accordingly.

The hospital will now ensure the implementation of recommended changes to ensure than national protocol standards are fully met.

## **9. Conclusion**

Based on the results of the random sample analysis the audit is not fully satisfied that the overall waiting list patient pathways are managed within national protocols. In particular, the retrospective processing of some outpatient referrals on Patient Centre and the inconsistent practice for managing *'direct referrals'* to the hospital has implications for patients date captures and waiting times on waiting lists. The referral pathways require review and standardisation by the hospital to ensure equity of access to treatment for all patients.

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 complete the revision and standardisation of the Admission Booking Form. Also, inconsistencies with date captures observed by the Audit Team could be improved through an internal audit and staff training 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.*