Audit & Quality Assurance

Special Audit Report
29 September 2017

Audit Title:	**Special Audit of Hospital Waiting List**
Requested by:	**Minister for Health**
Hospital Name:	**Our Lady's Children's Hospital Crumlin (OLCHC)**
Date of Audit:	**26 – 30 June 2017 inclusive**
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Circulation List:	**Minister for Health** **Our Lady's Children's Hospital Crumlin (OLCHC)**

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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 the Our Lady's Children's Hospital Crumlin (OLCHC) (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 patients 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 OLCHC. Explicit patient consent was obtained in respect of two of the three patients in advance of the special audit
   Note: The reports in relation to these two patients will be issued separately due to patient confidentiality
2. Random samples
   a) Random sample review of 40 waiting list records on OLCHC <u>active waiting list</u> with a wait time over 12 months (extract date 15 June 2017)
   b) Random sample review of 40 planned procedure list records on the OLCHC <u>planned procedure list</u> with an indicative date in the past and with no indicative date (extract date 15 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 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** – 1 patient
- **Dental Surgery** – 7 patients
- **ENT** – 2 patients
- **Gastro-Enterology** – 1 patient
- **General Surgery** – 1 patient
- **Maxillo**-**Facial** – 1 patient
- **Ophthalmology** – 5 patients
- **Orthopaedics** – 9 patients
- **Paediatrics** – 9 patients
- **Plastic Surgery** – 3 patients
- **Radiology** – 1 patient

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

- 14 patients were wait listed via outpatients as a new patient attendance
- 21 patients were wait listed via outpatients as a follow-up (return) patient attendance
- 1 patient was wait listed directly by their listing consultant who saw patient in an external clinic *(Enable Ireland Cork)*
- 1 patient was referred by a Community Ophthalmologist and directly listed for surgery
- 1 patient was referred from another public hospital under the specialty of Radiology for an MRI scan
- 2 patients unable to test as the original referral letters were not available on the patient's healthcare records (HCR) however both appeared to be internal referrals i.e.
  - 1 Maxillo-Facial patient was under the care of the Plastic Surgery team since 2008 and Cleft Services since 2011 but no record of a referral or an OPD attendance with listing consultant. (Note: The Waiting list entry for this patient is now removed (see 12.1)
  - 1 Gastro-Enterology patient had previous admissions under GI and multiple outpatient attendances and reviews under same specialty but no record of a referral or an OPD attendance with listing consultant and no booking form. (Note: This patient is now removed from the waiting list (see 12.1)

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?**
	1. 14 of the 40 patients in the sample were referred via the OPD service (i.e. new patient referrals). Of these 14 patients, 3 patients had no date received stamp on referral letter and 1 patient had no referral letter available. As a result the Audit Team could not test if these patients were added to the outpatient waiting list within 1 working day or if clinical priority was assigned within 5 working days on receipt of referral. 2. Of these 14 patients referred via OPD, 4 patients did not have a clinical priority assigned within 5 working days of receipt of referral (range is between 10 and 35 working days). 3. Of these 14 patients referred via OPD, the Audit Team found evidence that 2 patients received a referral acknowledgement letter (i.e. Entry Letter). The Audit Team however were unable to test if letters were sent within 7 working days as the Patient Administration System (PAS) does not retain the date the letters are sent i.e. printed for patients who have attended as subsequent appointment letters that are printed override the 'Entry Letter'. 4. Of the 40 patients in the random sample wait listed on the electronic inpatient and day case waiting list, the Audit Team reviewed 39 Admission Booking Forms of which 38 had no date stamp received in the Waiting List Office. This practice limits the hospital in testing key date captures. Also, 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. 5. The Audit Team identified 21 patients of 39 where the 'decision to admit' date was not the 'date added to the waiting list' (i.e. date Booking Form signed by consultant). For these 21 patients the 'date added' was the administration 'processing date' which was after the decision to admit date, the furthest date out being 63 working days (approximately 3 months). Additionally, Booking Forms for 6 patients were not dated and the 'date added' was the administration 'processing date'.
2.	**National protocols in respect of clinical prioritisation were adhered to?**
	1. The Audit Team found evidence of 16 patients where clinical priority was <u>not</u> assigned on 5 (of 14) 'new' outpatient referral letters and on 11 (of 39) Admission Booking Forms. 2. The Audit Team were unable to test if clinical priority was <u>correctly assigned</u> on PAS for 6 (of 14) 'new' outpatient referrals (i.e. clinical priority was not recorded on referral letter for 5 patients and no referral letter available for 1 patient) and for 11 (of 39) inpatient/ day cases (i.e. clinical priority was not recorded on the Booking Form). In addition 1 day case patient had both 'urgent' and 'routine' recorded on their Booking Form and 2 day case patients had 'routine' recorded on their Booking Forms but no priority assigned on PAS. 3. The Audit Team found evidence of 1 day case patient who had a second Admission Booking Form completed which showed clinical priority was revised from 'routine' to 'urgent'. This change in priority was not reflected on PAS and the patient remained triaged as 'routine' at time of audit which was 9 months after the second Booking Form with the change in priority was completed.

3.	**Appropriate outpatient referral acknowledgement communication has been issued to patient in line with national protocol?**
	1. The Hospital reported that referral acknowledgement letters (when sent) are only sent to the patient and not to the source of referral (SOR).
	2. The Audit Team found evidence that 2 of 14 outpatients were sent a referral acknowledgement letter *(i.e. Entry Letter).* There was no evidence of an 'Entry Letter' being sent for the remaining 12 patients of which:
	▪ 1 patient did not attend their first appointment (DNA) and as a result the Audit Team were unable to test if the 'Entry Letter' was sent as this was not visible on PAS due to being overridden by the DNA letter.
	▪ 11 patients had 'Entry Letter Due' recorded on PAS. The Hospital reported that patients who have an appointment booked upon listing (entry) onto the outpatient waiting list are sent an appointment letter in lieu of the referral acknowledgement letter. The Audit found evidence however that these 11 patients included 2 patients triaged as 'urgent' who were not sent an acknowledgement letter on receipt of referral and who did not have an appointment booked until <u>2 months</u> after listing and 1 patient triaged as 'soon' who was not sent an acknowledgement letter on receipt of referral was not booked an appointment until <u>14 days</u> after listing.
4.	**Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?**
	1. 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 with all of the minimum requirements.
	2. Of the 39 patients with a Booking Form completed, no patient had a Booking Form fully completed. The information not completed included personal information and in some instances clinical information.
	3. The Audit Team observed some practicality issues with the current duplicate design of the 'Admission' Booking Form which comprises of two copies (i.e. a top copy which can be retained by consultant/team *(if required)* and a duplicate copy that is retained by the Waiting List Office). Resulting inconsistencies were observed with the 'Admission' Booking Forms reviewed i.e. missing personal details label on 2nd copy, clinical information and dates traced on second copy that did not originate from top copy and second copies only completed that were hand written.
5.	**Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system as per national protocol?**
	1. The Audit Team found evidence of a variation of 2 Booking Forms i.e. the' Admission' Form and an 'Admissions Card' used in Radiology. The Admissions Card does not include a specific list type indicator i.e. Waiting List or Planned Procedure.
	2. Of the 40 patients in the random sample, 7 were listed under the specialty Dental Surgery, for 5 of these patients the procedure recorded on the 'Admission' Booking Form did not match the procedure entered on PAS.

12.	**National protocol in respect of the removal of patients has been adhered to?**
	1. 4 of 40 patients did not comply with national protocol and had not been removed from the Waiting List in a timely manner (all 4 patients have since been removed from the waiting list).
	Additional Findings outside of Key Test Controls
	The Audit found evidence of 10 patients on the inpatient and day case waiting list who had no clinical priority recorded on PAS (i.e. Not Triaged) and who were returned as 'routine' on the extract file submission to the NTPF.

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

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:
- **Dermatology** – 7 patients
- **General Surgery –** 2 patients
- **Maxillo-Facial** – 1 patient
- **Orthopaedics** – 22 patients
- **Paediatric Cardiology** – 3 patients
- **Paediatric Gastro-Enterology** – 4 patients
- **Paediatric Nephrology** – 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. 36 of 40 patients had a Booking Form provided for review by the hospital. The Audit Team found evidence of 4 types of Booking Forms i.e. an Admission Form, Inpatient and Day case Admission Pilot Booking Form, Admission Card and GI Procedure Booking Form. 2. Of the 36 Booking Forms reviewed: ▪ 6 did not include a list type indicator i.e. Waiting List or Planned Procedure *(2 Pilot Forms, 3 Admission Cards and 1 GI Procedure Booking Form)*. The Audit Team were unable to establish how these planned procedures were identified and added to the electronic planned procedure list ▪ List type on the Booking 'Admission' Form for a further <u>29 patients</u> did not match the list type assigned on the electronic planned procedure list (PAS) i.e. the <u>Admission Details Section</u> of the Booking Form was completed and not the designated <u>Follow –up Procedure 'Planned Procedure' Section</u>. It was therefore not evident to the Audit Team what had informed these procedures as planned ▪ 10 Booking Forms had priority 'urgent' recorded in the Admission Details Section
2. & 3.	**Indicative treatment date/timeframe provided in line with national protocol** **Planned procedure with indicative date was transcribed appropriately to PAS as per national protocol?**
	1. Whilst all patients had an indicative treatment date recorded on the electronic planned procedure list and returned in weekly extract file to NTPF, it was not evident to the Audit Team what informed this indicative treatment date in all cases i.e. Of the 36 Booking Forms reviewed: ▪ 21 patients did <u>not</u> have an indicative treatment date or timeframe identified on the Booking Form

	▪ 13 patients did not have a clearly identifiable indicative treatment date/ timeframe recorded on the Booking Form and the Audit Team observed variation in relation to how and where these dates were being recorded on Booking Forms
6.	**National protocol in respect of the management of patients who failed to attend (DNA) a scheduled appointment or an admission date was adhered to?**
	1. The Audit Team found evidence of 4 of 40 patients who had failed to attend for a scheduled date (DNA) and who remained on the planned list: ▪ 1 patient had DNA'd a scheduled date 12 months previously and remains on the waiting list ▪ 2 patients had DNA'd scheduled dates 12 months previously and had been admitted for their procedures but were not resolved from the planned list until one year later ▪ 1 patient had DNA'd a scheduled date 14 months previously who remained on the planned list was not resolved from the waiting list until one year after the DNA occurred
8.	**National protocol in respect of the management of patients who were cancelled by the hospital was adhered to?**
	1. The Audit Team found evidence of 6 of 40 patients who had a scheduled date cancelled by the hospital (HCAN) out of which: ▪ 1 patient was cancelled for a scheduled date twice in 2016 both reasons were because procedure was 'no longer required' and patient remained on the planned list. Patient was not resolved from the planned list until one year after the cancellations occurred ▪ 3 patients were cancelled as 'further clinical assessment' was required and remained on the waiting list, of which 1 patient was not resolved from the planned list until two years after the cancellation occurred and 1 patient was not resolved until one year after the cancellation occurred

Note: There were no key findings in respect of key test controls 4, 5, 7 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 enable the tracking of key date captures throughout the outpatient pathway.

7.2   Outpatient Referral Acknowledgement Letters should be sent to the Source of Referral (SOR) as well as to all patients on receipt of referral to ensure notification of receipt of referral and the outcome of clinical prioritisation as per national outpatient protocol.

7.3   The hospital should review their electronic tracking capability on the Hospital Patient Administration System (PAS) to ensure that all Acknowledgement letters sent are visible from a communication and date capture perspective.

7.4   All Booking Forms should have a date stamp received in the Waiting List Office, or equivalent to ensure that the Booking Form processing date onto the electronic waiting list is in line with the new *National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017).*

7.5   The hospital 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)** to ensure safe, effective waiting list management and reporting.

7.6   In addition to 7.5 above, the hospital should review the current design of the 'Admission' Booking Form in order to reduce any potential inconsistencies attributed to its duplicate design.

7.7   The hospital should ensure that Booking Forms are fully completed by consultants against the minimum information requirements in line with the new *National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol* **(2017)** to support accurate and timely recording of patient admission information onto the hospital's electronic waiting list and the planned procedure list.

7.8   The procedure for processing Booking Forms should be supported by a staff education and training programme to ensure that patients are added to the appropriate Waiting list or Planned Procedure list in line with national protocol. Review and audit should be implemented to identify opportunities for improvement and on-going staff training needs.

7.9   The hospital should review procedure codes on PAS for Dental Surgery and ensure that all patient records are coded to the correct procedure to accurately reflect the assigned procedure on the Booking Form.

7.10 Patients who are added to the Planned Procedure List should have an indicative treatment date or approximate timeframe assigned on the Booking Form and transcribed correctly on the electronic waiting list.

7.11 The hospital is required to review all patients on the planned procedure list to ensure they are categorised correctly and listed on the appropriate list type.

7.12 The hospital should ensure full compliance with the process for the 'Removal of Patients' from the waiting list and planned list in a timely manner in line with national protocol.

7.13 The hospital should ensure that the correct administrative and clinical validation process is adhered to in order to ensure the timely and appropriate follow up of cancellations.

7.14 The hospital should implement a process for the review of patients where there is no clinical priority recorded on PAS and ensure that all patients reviewed are assigned a clinical priority in line with national protocol.

8. Hospital Response

Our Lady's Children's Hospital, Crumlin have reviewed the report and have found no factual inaccuracies.

The recommendations of the audit are accepted and the hospital is committed to implementing the 14 recommendations and has put an action plan in place which will deliver these recommendations. In particular the hospital has conducted an internal review of patients placed on the planned procedure list and has implemented remedial action where necessary.

The hospital has invited the NTPF Audit and Quality Assurance Team to return in December 2017 to complete a wider focused audit which has been agreed.

9. Conclusion

Based on the results of the random sample analysis the audit is not satisfied that the overall waiting list and planned procedure patient pathways are managed within national protocols. In particular, the pathway for planned procedures showed variation in how planned procedures were being identified on Booking Forms and it was therefore not evident to the Audit Team what was informing the planned categorisation in these cases. The Audit Team also found evidence of inconsistencies across all aspects of indicative dates for planned procedures. The NTPF Audit, Quality and Research Director met with the hospital's Chief Executive and Chief Operations Officer and agreed that a review of all planned procedure patient lists would be carried out by the hospital.

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. Revision and standardisation of the Admission Booking Form is required to facilitate greater transparency for the completion of required information and to remove any ambiguity as to list type. In tandem with this a staff education, training and audit programme should be undertaken to ensure roles and responsibilities around completion of booking forms and transcribing of information from the Booking Form to the electronic waiting list are clear.

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.