



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund

## **Audit and Quality Assurance**

### **Report to the Minister for Health**

**Special Audit of Hospital Waiting Lists**

**Random Samples: Key Findings & Recommendations**

**29 September 2017**

Prepared by:

Suzanne Kelly-Doherty, Audit and Quality Assurance Team Lead, NTPF

Suzanne Moran, Audit and Quality Assurance Team Lead, NTPF

Approved by:

Liz Lottering, Audit, Quality and Research Director, NTPF

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## 1. Introduction

An RTE Investigates programme entitled 'Living on the List' was aired on 6 February 2017 highlighting the experiences of 11 patients on waiting lists across six hospitals nationally. The programme and the issues it raised were debated at length in the Houses of the Oireachtas and during those debates the Minister for Health made a number of commitments in relation to hospital waiting lists, including their management.

To help deliver on this Ministerial commitment in relation to waiting list management, the Minister for Health formally directed the National Treatment Purchase Fund (NTPF) on the 23 February 2017 *"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"*.

This report provides the Minister with an overview of the key findings and recommendations from random sample audits conducted in five of six hospitals featured in the programme. The reports in relation to the individual patients will be reported separately.

## 2. Background

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"*.

On foot of this formal written request from the Minister, the Audit and Quality Assurance Team developed an Audit Plan for this programme of work. This was agreed with the Department of Health in March 2017, including a completion timeline of the end August 2017.

This special audit was conducted in accordance with the NTPF's statutory obligation.

## 3. Audit Scope

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

Audit testable questions raised in the programme included:

- 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 patient's 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 reviewed the entire patient waiting list pathway for the specific wait-listed procedure in the random sample. This encompassed outpatient, inpatient/day case and planned procedure waiting lists where applicable.

#### 4. Methodology

The checklist for this special audit involved testing **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.

**Table 1: Breakdown of Audit Key Test Controls**

No	Key Test Control – The Waiting List
1.	Dates logged for patients’ waiting list pathway meet with national protocols?
2.	National protocols in respect of clinical prioritisation were adhered to?
3.	Appropriate outpatient referral acknowledgement communication has been issued to patient, as per national protocol?
4.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms, as per national protocol?
5.	Required waiting list type and procedure information was transcribed appropriately to hospital patient management information system, as per national protocol?
6.	National protocol in respect of patient scheduling timeframes was adhered to?
7.	National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?
8.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
9.	National protocol in respect of the management of patients who were cancelled by the hospital (HCAN) was adhered to?
10.	National protocol in respect of the management of suspensions was adhered to?
11.	Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patients?
12.	National protocol in respect of the removal of patients has been adhered to?
	<b>Key Test Controls – The Planned Procedure List</b>
1.	Planned procedure was identified, as per national protocol?
2.	Indicative treatment date/timeframe provided as per national protocol?
3.	Planned procedure with indicative date was transcribed appropriately to the Hospital Patient Management Information System (e.g. IPMS, PAS etc), as per national protocol?
4.	Management of patients with an indicative treatment date in the past?
5.	Timeframe between indicative treatment date and scheduled TCI date?
6.	National protocol in respect of the management of patients who did not attend (DNA) a scheduled admission date was adhered to?
7.	National protocol in respect of the management of patients who cancelled (CNA) a scheduled admission date was adhered to?
8.	National protocol in respect of the management of patients who were cancelled by the hospital (HCAN) was adhered to?
9.	National protocol in respect of the management of suspensions was adhered to?

The approach included:

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

**NOTE: The Audit Team did not review local hospital policy documentation. Operational practices were tested against national protocols (see No 6. below).**

## 5. Sampling Framework

This special audit involved a two-fold approach:

1. Individual confidential review of the patients featured in the programme. Individual patient reviews were only carried out in respect of patients whereby explicit consent was obtained (Note: consent was obtained for seven of the 11 patients across five hospitals)
2. Random Samples:
  - a) Random sample review of 40 records on the 'active' waiting list waiting over 12 months in the five hospitals audited
  - b) Random sample review of 40 records on the planned procedure list with an indicative date in the past or with no indicative date in the five hospitals audited

## 6. 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)

## 7. Audit Schedule

**Table 2: List of Hospitals Audited and Audit Dates**

No	Hospital Name	Audit Dates
1.	South Infirmary Victoria University Hospital (SIVUH)	2 - 5 May 2017 incl.
2.	Mater Misericordiae University Hospital (MMUH)	23 - 26 May 2017 incl.
3.	Cork University Hospital (CUH) including Cork University Maternity Hospital (CUMH)	12 - 15 June 2017 incl.
4.	Our Lady's Children's Hospital Crumlin (OLCHC)	26 - 30 June 2017 incl.
5.	Beaumont Hospital *	24 – 28 July 2017 (Not conducted) 19 – 22 Sept 2017 (Not conducted)
6.	Tallaght Hospital	31 July - 4 August 2017 incl.

\*Beaumont Hospital did not facilitate the audit in line with the NTPF requirements

## 8. Audit Reporting

A total of 13 reports were completed by the beginning of September 2017 as part of this Audit Programme. Reports include:

- **Individual Patient Reports** in respect of the consented patients featured on the programme. These reports provide a review of each patient’s pathway  
**Note: These reports will be issued separately to both the Minister and patients due to patient confidentiality**
- A **Special Audit Report** for each hospital featured on the programme based on the random samples reviewed. These reports detail the key audit findings and recommendations. Each hospital was afforded the opportunity to provide a response. All hospital responses were included in the final reports  
A detailed **Supplementary Report** was provided to each hospital detailing the patient level analysis against the audit key test controls to support the findings in the Special Audit Reports
- **Report to the Minister** providing an overview of the key findings and recommendations from the random sample audits conducted in five hospitals featured in the programme. The HSE was afforded the opportunity to respond to these key findings and recommendations, the response received from the HSE is attached to this report

**Table 3: Breakdown of Hospital Audit Reports**

No.	Hospital Name	Reports	Report Detail
1.	South Infirmary Victoria University Hospital (SIVUH)	3	<ul style="list-style-type: none"> <li>▪ Hospital Audit Report</li> <li>▪ Individual Patient Reports x 2</li> </ul>
2.	Mater Misericordiae University Hospital (MMUH)	2	<ul style="list-style-type: none"> <li>▪ Hospital Audit Report</li> <li>▪ Individual Patient Reports x 1</li> </ul>
3.	Cork University Hospital (CUH) including Cork University Maternity Hospital (CUMH)	2	<ul style="list-style-type: none"> <li>▪ Hospital Audit Report</li> <li>▪ Individual Patient Report x 1</li> </ul>
4.	Our Lady’s Children’s Hospital Crumlin (OLCHC)	3	<ul style="list-style-type: none"> <li>▪ Hospital Audit Report</li> <li>▪ Individual Patient Reports x 2</li> </ul>
5.	Tallaght Hospital	2	<ul style="list-style-type: none"> <li>▪ Hospital Audit Report</li> <li>▪ Individual Patient Reports x 1</li> </ul>

## 9. Key Audit Findings

<b>1.</b>	<b>Date captures along the patient journey</b>
	<p>The hospitals audited did not comply with national protocols in relation to date captures. The Audit Team found evidence of a combination of non-compliance and inconsistent practices in relation to how date captures were being recorded across all of the hospitals for outpatient, inpatient, day case and planned procedure pathways. In some cases, the Audit Team found evidence of long delays in wait-listing patients and also retrospective wait-listing of patients. As a consequence, there were implications for overall waiting list management i.e. incomplete tracking of the patient’s journey and incorrect wait times. All resulting in inaccurate reporting of patient wait times at both local and national level.</p>
<b>2.</b>	<b>Direct listing of patients onto an inpatient and day case waiting list</b>
	<p>The Audit Team observed a number of patients across all hospitals who had been ‘direct’ listed onto an inpatient or day case waiting list. All of these patients would have by-passed the outpatient service in the hospitals audited.</p> <p>The Audit Team found evidence that ‘direct’ listed patients were either:</p> <ol style="list-style-type: none"> <li>a) Referred to the listing consultant by another hospital consultant or community physician e.g. community ophthalmologist or</li> <li>b) Seen by the listing consultant in another hospital.</li> </ol> <p>Note: Patients referred by a community physician would not have been seen in a hospital outpatient setting</p> <p>The Audit Team observed variation in the management of referrals to ophthalmology services, particularly for cataract surgery. Some referrals from community ophthalmologists were accepted onto an inpatient and day case waiting list, by-passing the outpatient service, whilst other patients referred from community ophthalmologists were placed on an outpatient waiting list to be seen prior to listing for their surgery. As a consequence, there was inequity of access to treatment for patients requiring this specific procedure.</p> <p>In addition to ophthalmology, the Audit Team observed the ‘direct’ listing of some patients in other specialties, including cardiology and orthopaedics. The Audit Team found evidence of significant variance in the ‘date placed on waiting list’ as a result of the length of time between receipt of referral and the clinical decision to ‘direct’ list patients for cardiology and ophthalmology. As a result, there were inconsistencies in how patient wait times were recorded.</p>
<b>3.</b>	<b>Clinical Prioritisation</b>
	<p>In each of the hospitals reviewed, the Audit Team observed non-compliance in relation to assigning clinical prioritisation on either the outpatient referral letter or Admission/Booking Form. Additionally, the Audit Team found evidence of inaccuracies in relation to transcribing the assigned clinical prioritisation on the hospital system for either outpatient referrals or inpatient and day case procedures. Furthermore, the Audit Team observed limited capability on the hospital systems reviewed for tracking revisions to clinical priority.</p> <p>In the majority of hospitals audited, the Audit Team observed a number of patients clinically prioritised as ‘urgent’ who were waiting 12 months and over on the active inpatient and day case waiting list.</p>

<b>4.</b>	<b>Outpatient referral acknowledgment communication</b>
	<p>The hospitals audited did not fully comply with national outpatient protocol in relation to required patient referral communication. The Audit Team found evidence of significant variation across all hospitals audited in relation to this communication. In some instances there was no communication issued or it was sporadic. As a consequence, the Source of Referral (SOR) and/or patient were not appropriately informed in all cases.</p>
<b>5.</b>	<b>Admission/Booking Form</b>
	<p>There was no standard Admission/Booking Form in place in any of the hospitals audited. The Audit Team found evidence of a variation in Admission/Booking Form formats and versions resulting in the capture of different patient level information. None of the forms reviewed fully met with all 19 minimum standard information requirements, in line with national protocol. In particular, not all Admission/Booking Forms included a specific list type indicator i.e. waiting list or planned procedure list. As a consequence, the Audit Team were unable to fully test what informed the list type selected by the hospital on the electronic patient system.</p> <p>Additionally, the Audit Team observed that none of the Admission/Booking Forms reviewed were fully completed, and in some instances excluded key clinical information.</p>
<b>6.</b>	<b>Validation</b>
	<p>The Audit Team found evidence that compliance to national protocol was weak in respect of validation. As a consequence, there are inaccuracies in waiting list volumes reported at both local and national level.</p>
<b>7.</b>	<b>Planned Procedure List</b>
	<p>In the absence of a specific list type indicator. i.e. waiting list or planned procedure list, on most of the hospital Admission/Booking Forms reviewed, the Audit Team were unable to fully determine what had informed the list type selected on the electronic patient system.</p> <p>In all hospitals audited, the Audit Team found evidence of non-compliance and inconsistent practice in relation to how 'indicative' treatment dates were recorded on the Admission/Booking Form and how this information was subsequently transcribed onto the electronic patient system. As a consequence, the Audit Team could not give assurance that patients were being managed within the appropriate clinical treatment timeframes.</p> <p><b>The Audit Team found evidence that a number of patients were incorrectly listed (i.e. listed on the planned procedure list and should have been listed on the waiting list or the reverse).</b></p>
<b>8.</b>	<b>Hospital Patient Management Information Systems</b>
	<p>As part of this special audit, the Audit Team reviewed 3 different patient management systems in operation (i.e. IPMS, PAS and Patient Centre). As a result, the Audit Team observed variations in functionality and capability between these various systems. Whilst three of the hospitals audited use the same system provider (i.e. IPMS) differences in functionality across these systems were also apparent.</p> <p>As a consequence, there is limited ability in hospitals to fully support the national minimum data set requirements and national protocols. In particular, the Audit Team found evidence of weaknesses in relation to the tracking capability of hospital systems to accurately record and view all revisions along the patients' journey.</p>



## 10. Key Recommendations

<p><b>1.</b></p>	<p><b>Date captures along the patient journey</b></p> <p>All hospitals should review the <i><b>The Management of Outpatient Services Protocol (February 2014 - Version 2.1)</b></i> to ensure this protocol is fully implemented and adhered to. This protocol clearly states how the receipt, acknowledgement and clinical prioritisation of outpatient referrals should be managed within specific timeframes to enable the tracking of key date captures throughout the outpatient pathway.</p> <p>In addition, all hospitals should review the new <i><b>National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)</b></i> to ensure this protocol is fully implemented and adhered to. This protocol clearly states how patients should be added to the waiting list or planned procedure list, including completion, receipt and processing of waiting list/admission information onto the electronic waiting list.</p>
<p><b>2.</b></p>	<p><b>Direct referral/direct listing of patients onto an inpatient and day case waiting list</b></p> <p>The current pathways for managing patients who are ‘direct’ listed either as a result of a ‘direct’ referral from another hospital consultant, community physician or having been seen by the ‘listing’ consultant elsewhere should be reviewed by all hospitals. In particular, where clinical pathways for patients are agreed at national level or where consultants are managing patients across sites. This will support standardisation of patient pathways and will ensure equity of access to treatment.</p> <p>In addition, procedures for managing the transfer of patient referrals/clinical documentation should be reviewed to ensure that there is a managed process for the efficient timely recording and tracking of all patient referrals /documentation.</p> <p><b>NOTE: National guidance requires expansion in relation to ‘direct’ listing of patients, their associated pathways and tracking of patient documentation.</b></p>
<p><b>3.</b></p>	<p><b>Clinical Prioritisation</b></p> <p>All hospitals should review their systems tracking capability to ensure that revisions to clinical priority are clearly documented and are visible from a waiting list management perspective.</p> <p>Hospitals should also review all patients clinically prioritised as ‘urgent’ and waiting over 12 months for their procedure and schedule/manage appropriately.</p> <p><b>NOTE: The NTPF is currently leading on a Clinical Prioritisation Project, in collaboration with the National Clinical Advisor and Group Lead (NCAGL) for Acute Hospitals.</b></p>
<p><b>4.</b></p>	<p><b>Outpatient referral acknowledgement communication</b></p> <p>Outpatient referral acknowledgement letters should be sent to both Source of Referral (SOR) and patient to ensure notification of receipt of referral and the outcome of clinical prioritisation, as per national protocol.</p>

<p><b>5.</b></p>	<p><b>Admission/Booking Form</b></p> <p>Hospital Admission/Booking Forms should be revised and standardised to meet with the minimum information requirements, in line with the new <i><b>National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)</b></i> to ensure safe, effective waiting list management and reporting.</p> <p>Once implemented, hospitals should then put a process in place to ensure that all Admission/Booking Forms are fully completed by the listing consultant against the minimum information requirements to support accurate and timely recording of patient admission information onto the hospital’s electronic waiting list or planned procedure list in line with national protocol.</p> <p><b>NOTE: The current process for adding a patient to the inpatient and day case waiting list is paper-driven, manual and prone to error. This could be improved by progressing to a system integrated national electronic Admission/Booking Form.</b></p>
<p><b>6.</b></p>	<p><b>Validation</b></p> <p>All hospitals should have a continuous programme of administrative and clinical patient validation in place to ensure waiting lists are accurate and up to date, in line with national protocol. This programme would need to be fully resourced at hospital level.</p>
<p><b>7.</b></p>	<p><b>Planned Procedure List</b></p> <p>Patients who are added to the planned procedure list should have an ‘indicative’ treatment date or approximate treatment timeframe assigned on the Admission/Booking Form and transcribed correctly onto the electronic waiting list. Provision for this date capture must be included on revised Admission/Booking Forms.</p>
<p><b>8.</b></p>	<p><b>Hospital Patient Management Information Systems</b></p> <p>Each hospital should review their own system functionality to identify and remedy system weaknesses in the context of the current national minimum data set requirements.</p> <p><b>NOTE: The minimum data set for inpatient, day case and planned procedures is currently under national review and expansion by the NTPF to support national guidance. In addition, the outpatient minimum data set is also undergoing a national review and expansion.</b></p>
<p><b>9.</b></p>	<p><b>Training and Development</b></p> <p>All hospitals should put in place an implementation and monitoring plan to support operational compliance to national waiting list protocols and ensure that all staff are trained appropriately in relation to waiting list management.</p> <p>To support the roll out of the new <i><b>National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)</b></i>, the NTPF will be delivering a Training and Development Programme, which will be available to hospital representatives in Q4 2017, together with a Waiting List Management Toolkit. All hospitals should engage fully with this Training and Development Programme.</p>

<b>10.</b>	<b>Governance and Accountability Framework</b>
	In addition to the above recommendations, a governance, risk and control framework should be established to ensure the implementation of the national protocols at hospital, group and national level. Such a framework should be capable of providing assurance of adherence to national protocols.

## **11. HSE Response**

See attached correspondence dated 29<sup>th</sup> September 2017 from Mr. Liam Woods, National Director Acute Hospitals Division (Interim), HSE.

## 12. Conclusion

The NTPF has completed this special audit, as requested by the Minister for Health. The NTPF was tasked to audit the practices in the hospitals highlighted together with the individual cases featured in the RTE Investigates programme entitled 'Living on the List'. The aim was to improve communications with patients and work towards full compliance with relevant national protocols.

Having conducted this special audit of waiting list management on random samples in five hospitals, the Audit and Quality Assurance Team cannot give full assurance that overall waiting list management practices were in line with national protocols. Individual hospital reports with key findings and recommendation were issued to the hospitals audited. All hospitals audited have fully accepted the individual audit findings and have agreed to implement these recommendations.

Reports in relation to the individual patients featured in the programme were reported separately due to patient confidentiality.

In addition, this report provides the Minister with the key findings and recommendations across the five hospitals audited from the random samples. The implementation of these recommendations would further improve waiting list management and patient communication across all hospitals nationally.

## 13. Acknowledgements

The Audit Team wishes to acknowledge the support and co-operation of the Department of Health, all hospital staff, particularly the Waiting List Leads, involved in these special audits.

*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.*



Eidilinnseanacht na Seirbhíse Sláinte  
Health Service Executive

Rannán na nOspidéal Ghearmhíocháilte  
Aonad 4A – Áras Dargan  
An Coisntar Thoir  
An Bóthar Míleáil  
Cill Mhaigneann  
BÁC 8

Acute Hospitals Division  
Health Service Executive  
Unit 4A - The Dargan Building  
Heuston South Quarter  
Military Road  
Kilmainham  
Dublin 8

Mr. Liam Sloyan  
Chief Executive  
National Treatment Purchase Fund  
Ashford House  
Tara Street  
Dublin 7

20<sup>th</sup> September 2017

Re: RTE Investigates Programme – Special Waiting List Audits

Dear Liam,

I refer your letter of 20<sup>th</sup> September, 2017 regarding the audit of six hospitals and seven individual patient pathways that was undertaken at the request of the Minister for Health following the RTE documentary which aired in February 2017. The opportunity for the Health Service Executive to review and provide feedback on the report is welcome.

It is disappointing that the findings in the report to the Minister indicate that, following the audit undertaken in five hospitals, full assurance cannot be given regarding adherence to the national waiting list management protocols. It is welcome that the five Hospitals, subject to audit, have accepted the recommendations contained within the audit findings and have indicated a commitment to implementing these recommendations. It is also positive that the audit reports recognise the work that is already being progressed across the system to address some of the issues raised within them.

You will be aware that the Hospital Group CEO's have delegated authority for the Hospitals within their Group and it is noted that comment has not been sought from them on the individual Hospital audit reports relevant to them. In this context, I will be sharing the audit reports with the relevant Hospital Group CEO's and seeking an improvement plan from them to oversee the implementation of the identified recommendations. I will also request the Groups to put appropriate oversight arrangements in place through their performance arrangements with their Hospitals to ensure that the recommendations are implemented, in order to ensure that the recommendations contained within the audit reports are progressed and implemented. They will be asking them on the monthly performance meeting agenda with the Hospital Groups.

Finally, it is acknowledged that there is a requirement to ensure that the generic recommendations on process improvement are implemented across all Groups.

Yours Sincerely,

Liam Woods  
National Director Acute Hospitals Division (Interim)