



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Audit & Quality Assurance

Special Audit Report

29 September 2017

Audit Title:	Special Audit of Hospital Waiting List
Requested by:	Minister for Health
Hospital Name:	South Infirmary Victoria University Hospital (SIVUH)
Date of Audit:	2 – 5 May 2017 inclusive
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1. Audit Background

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

To help deliver on this Ministerial commitment in relation to waiting list management, the Minister for Health formally directed the National Treatment Purchase Fund (NTPF) *"to audit the practices in the hospitals highlighted and the individual cases featured in the programme with the aim to improve their communications with patients and work towards full compliance with relevant protocols"*.

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

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

This report relates to the random sample of 80 waiting list/planned procedure records reviewed by the Audit Team in the South Infirmary Victoria University Hospital (SIVUH) (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 two patients featured in the programme who were on a waiting list the SIVUH. Explicit patient consent was obtained in respect of these two 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 the SIVUH's active waiting list with a wait time over 12 months (extract date 20 April 2017)
 - b) Random sample review of 40 planned procedure list records on the SIVUH's planned procedure list with an indicative date in the past and with no indicative date (extract date 20 April 2017)

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:

- Ophthalmology – 27 patients
- ENT – 6 patients
- Orthopaedics – 5 patients
- Pain Management – 1 patient
- Plastic Surgery – 1 patient

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

- 11 patients were wait listed via outpatient service as a new-patient attendance
- 18 patients were wait listed via outpatient service as a follow-up (return) patient attendance
- 11 patients directly listed via the CUH outpatient service (bypassing the CUH outpatient waiting list)

Note: As part of the reconfiguration programme for the acute hospitals in Cork and Kerry a regional Ophthalmology service is being developed at SIVUH which will result in the provision of all Ophthalmology services on one site i.e. SIVUH. Currently the Ophthalmology outpatient service is still delivered in Cork University Hospital (CUH). This service will move to SIVUH once the physical infrastructure is in place. As a result, in respect of the 27 Ophthalmology patients in the random sample – all were either initially seen in outpatients in CUH or ‘direct listed’ onto the SIVUH inpatient and day case elective waiting list from CUH.

Table 1: Key Findings – The Active Waiting List

No.	Key Test Control
1.	Dates logged for patient’s waiting list pathway meet with national protocols?
	<ol style="list-style-type: none">1. Of the 11 patients in the sample referred via the OPD service 5 patients had no date received stamp on referral letter. 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. 11 patients in the random sample were ‘direct listed’ on foot of referrals from other hospital consultant, community ophthalmologists etc. for their procedure in SIVUH bypassing the outpatient service in CUH. For these patients, the Audit Team found evidence of inconsistent practices for managing patients who are “direct listed” on to an inpatient and day case waiting list. In respect of these patients, the Audit Team observed significant variance in the management of such listings particularly in relation to the length of time between receipt of referral and the clinical decision to ‘direct list’ (date range was 4 days to 8 weeks).

	<ol style="list-style-type: none"> 3. Of the 40 Booking Forms reviewed, the Audit Team found evidence of 6 Booking Forms that were not date stamp received in the Booking Office, or equivalent. This practice limits the hospital in testing key date captures. 4. The Audit Team identified 5 patients where the 'decision to admit' date was not the 'date added to the waiting list' – 4 of these patients were added after the 'decision to admit' was made contrary to national protocol (variance date range 5 to 18 days).
2.	National protocols in respect of clinical prioritisation were adhered to?
	<ol style="list-style-type: none"> 1. The Audit Team found evidence of 4 patients where clinical priority was not assigned (1 outpatient referral letter and 3 Booking Forms). These patients were assumed 'routine' when added to the waiting lists. 2. The Audit Team found evidence of 2 patients whereby their clinical priority was not correctly assigned on the electronic waiting list (1 patient as per outpatient triage and 1 patient as per Admission Booking Form). 3. The Audit Team were advised by the hospital that any revision to clinical priority is recorded in the comments section on iPMS in the absence of the ability to track this on the system. However, the Audit Team found evidence of 1 patient whereby their clinical priority was revised but there was no reference to this in the comments section.
3.	Appropriate outpatient referral acknowledgement communication has been issued to patient in line with national protocol?
	<ol style="list-style-type: none"> 1. The Audit Team were unable to test if outpatient acknowledgement letters were sent within 7 working days. The hospital could not provide documentary evidence nor could the Audit Team determine from the Hospital Information Management System if an outpatient referral acknowledgement letter was issued to patients tested in the random sample.
4. & 5.	Required minimum information to ensure safe effective waiting list management was completed on Booking Forms as per national protocol?
	<ol style="list-style-type: none"> 1. The Audit Team observed that whilst all patients had a Booking Form completed there was no standard Booking Form in use which resulted in significant variation in the different Booking Forms reviewed. In respect of SIVUH patients there were two versions of Booking Forms in evidence. For CUH Ophthalmology, each Ophthalmologist has a named Booking Form i.e. 'Waiting List for Surgery Form' and 'Surgical Waiting List Form'. 2. The Booking Forms do not include a list type indicator i.e. Waiting List or Planned Procedure. The Audit Team were unable to establish how waiting list procedures are identified and added to the electronic list. 3. The national protocol prescribes 19 minimum standard information requirements when processing Booking Forms. With the exception of Waiting List indicator, the majority of Booking Forms reviewed included the core clinical information. However, information such as gender, telephone number etc. was not fully completed in all cases.

11.	Patient has been validated in the last 6 months to ensure accuracy of hospital data and communication with patient?
	1. Of the 40 patients reviewed in the random sample there was only evidence of formal validation carried out in the last 6 months for 1 patient.
Additional Findings outside of Key Test Controls	
	<p>1. In respect of bilateral procedures it would appear that all 2nd eye cataract procedures are added to the 'active waiting list' and not the planned procedure list. As a result of this practice the waiting list is over-reported. The Audit Team found evidence of:</p> <ul style="list-style-type: none"> ▪ 4 patients originally referred by GP for 'bilateral cataract removal' were added to the 'Waiting List' for their '2nd eye' (cataract). ▪ 2 patients; 1 patient had '2nd eye' ticked on Booking Form and 1 patient had 2nd eye booked at post-operative review. Both patients were added to the 'Waiting List' for their '2nd eye' (cataract). ▪ 1 patient was added to the 'Waiting List' for their 2nd knee replacement at post-operative review following 1st knee replacement. <p>In respect of clinical priority for patients on the waiting list:</p> <ul style="list-style-type: none"> ▪ 3 patients reviewed were clinically prioritised as 'urgent' of which 2 patients are waiting 12-15 months and 1 patient is waiting 15-18 months.

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. The specialty breakdown was as follows:

- **Ophthalmology** – 38 patients
- **General Surgery (Endoscopy)** – 1 patient
- **Endocrinology** – 1 patient

Table 2: Key Findings – The Planned Procedure List

No.	Key Test Control
1.	Planned procedure was identified in line with national protocol?
	As the Booking Form does 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.	Indicative treatment date/timeframe provided in line with national protocol
	The Booking Forms do not include explicit indicative treatment start dates. However, all patients tested were entered on iPMS with an indicative treatment date.
5.	Timeframe between indicative treatment date and scheduled TCI date
	The Audit Team found evidence of variation in the length of time between the indicative treatment date and the scheduled TCI date. Of the 40 patients reviewed in the random sample 20 patients were not scheduled in line with national protocol.

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 enable the tracking of key data captures throughout the outpatient pathway.
- 7.2 The pathway for new patient referrals to the Ophthalmology service in CUH, who have been seen by either an Ophthalmologist in another hospital or a community Ophthalmologist and who are 'direct listed' onto the inpatient and day case waiting list in SIVUH for cataract removal requires review. The current practice for managing these patient referrals is inconsistent and therefore should be standardised, including the timeframe between receipt of referral and the clinical decision to 'direct list' the patient for surgery. This will ensure equity of access and treatment to all patients referred to the service for this procedure.
- 7.3 The hospital should revise 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 work towards full compliance of the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)*** which details the procedure for adding a patient to the waiting list and the planned procedure list.
- 7.5 The Booking Form should be standardised and also the hospital should ensure that Booking Forms are fully completed by consultants against the minimum information requirements in line with national protocol to support accurate and timely recording of patient admission information onto the hospital's electronic waiting list.
- 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 the Hospital Patient Management Information System to ensure that any revisions to clinical priority are accurately recorded and are visible from a waiting list management perspective.
- 7.8 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)***

- 7.9 The management of planned procedures, to include bi-lateral procedures, should be implemented in line with the new ***National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol (2017)*** to ensure accurate recording and reporting of the Waiting List and the Planned Procedure List.
- 7.10 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)***.
- 7.11 The hospital should review all patients clinically prioritised as ‘urgent’ and waiting over 12 months for their procedure and schedule appropriately.

8. Hospital Response

Waiting List

Key Test Control 1

- The 5 patients with no “date received stamp” on the OPD referral letter are identified by specialty and date on list. Date stamping referral letters for OPD appointments is an established practice and steps are underway to ensure compliance at all times
- A QIP will be put in place to address the direct referral pathway to the IDPP WL (Ophthalmology) in compliance with the direct referral definition and procedure pathway detailed in the 2017 IDPP WL Protocol.
- Existing SIVUH protocol will be updated to include the date-stamping step. Date stamping admission booking forms is an established practice, evident from the 85% compliance level identified in the random sample tested. Steps are underway to ensure full compliance at all times.
- Existing SIVUH Protocol provides the “date added to the WL” should match the “decision to admit” date written on the booking form. This is evident from 90% compliance level identified in the random sample tested. Steps are underway to ensure full compliance at all times

Key Test Control 2

- The hospital accepts the accurate capturing of clinical priority is essential in respect of all referrals, inpatient, day case and OPD. Steps are underway to implement full compliance, including engagement with listing consultants
- Inpatient/Day: A new “Waiting List history” tracking tab has been set up in iPMS under the “Amend Waiting List Entry Screen” to track revisions to clinical priority, including the date and reason for the clinical priority change. This facility is being implemented and will be kept under review.
OPD: It is possible to track clinical priority changes in the OPD iPMS system but staffing resource implications are identified.

Key Test Control 3

- The issuing of OPD referral acknowledgement letters was temporarily stopped due to staffing implications but recommenced in June 2016.

Key Test Control 4 & 5

- A standard booking form is in place in SIVUH since July 2016 encompassing all clinical specialties with the exception of Ophthalmology (Ophthalmology OPD referrals remain under the remit of CUH at this time – date transfer of OPD service into SIVUH TBC)
- The admission Booking Form working group are to reconvene to review existing standard form and ensure all minimum data fields are captured.

Key Test Control 11

- The validation of IP & DC recommenced mid-May 2017 and will proceed incrementally until all patients waiting > 6 months are validated, encompassing all clinical specialties.

Additional Findings outside Key Test Controls

Bilateral Procedures

Further clarification and national guidance is required in this area.

SIVUH is unaware of the requirement to place patients on a “planned procedure” WL where a second/other side procedure is not identified at the outset.

Clinical Priority

Lengthy wait times for all patients and particularly patients clinically triaged as “urgent” are reviewed and validated on an ongoing basis in-house and with the S/SWHG and relevant areas are logged on the risk register. In respect of OPD/Orthopaedic: the high volume of Orthopaedic urgent breaches is significant owing to capacity/demand issues.

Planned Procedure List

Test Control 1 & 2

- The Admission Booking Form work group are to reconvene to review the existing standard form and ensure that all minimum data fields are captured including the “waiting list type” indicator and indicative date field.

Test Control 5

- Despite efforts to admit patients in the order of their “indicative date” this is not always possible due to capacity issues. SIVUH is aware that patients are passing their indicative date and this is constantly under review and is raised at the South/ South West Hospital Group performance meetings.

Summary

In summary, SIVUH accepts the NTPF 11 recommendations.

As detailed in the response action plans are underway to improve on existing practices and introduce new protocols, where required, with a view to achieving full compliance in all “key test” areas.

Multidisciplinary staff training is ongoing, including new and refresher guidance and waiting list management protocols/manuals are updated on an ongoing basis. The Hospital endeavours to maintain and improve all Waiting List Data Completeness and Data Quality (DCDQ) and implement best practice in line with National Protocol.

Finally SIVUH wishes to acknowledge the support of the NTPF.

9. Conclusion

The results of the random sample analysis provides reasonable assurance that the overall waiting list pathway for patients is managed within national protocols with the exception of patients who are ‘direct listed’ for a procedure or investigation. In particular, the pathway for new patient referrals to the Ophthalmology service in CUH, who have either been seen by an Ophthalmologist in another hospital or the community, showed inconsistencies in the management of these patients. The referral pathway for all patients ‘direct listed’ requires 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, evidence found by the Audit Team of inconsistencies with date captures could be improved through an internal audit and staff training programme.

The ability to track patients through their pathway would be improved if the Patient Management Information System (iPMS) was expanded to provide revision captures.

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.