# Frequently Asked Questions

*The below questions were raised by participants of the IDPP and GI Endoscopy Waiting List Management Protocol Train the Trainer Programme.*

*Please note that this document is live, and will be updated periodically. Go to NTPF.ie for the latest version.*

## Inpatient Day Case and Planned Procedure (IDPP) Waiting List Management

### Section 4: Source of Referral

#### Q1. Is Inter-hospital Referral the new term for Cross Hospital referral?

Yes, in line with the Protocol section 4.5, Inter-Hospital Referral is defined as "...occurs when a patient is transferred from one hospital to another for care and/or treatment."

### Section 4: Clinical Prioritisation

#### Q2. Once a booking form has been completed, when should this be given to the administrator?

As set out in Section 5.4 Decision to Admit:

Once a patient has been seen by a consultant and/or senior clinician and the decision to admit has been made, the patient is verbally informed. **A waiting list booking form must be completed and forwarded to the booking administrator or booking office within one (1) working day.** The Waiting List Category (e.g. inpatient, day case or planned procedure) and Clinical Prioritisation Category (CPC) or indicative date must be clearly indicated on this form.

#### Q3. Should "soon" patients be submitted to NTPF?

As per the IDPP Protocol 2024 there are three clinical prioritisation categories. (See table 1, page 19)

- Urgent
- Semi-Urgent
- Non-Urgent

In terms of your "soon" patients mapping to urgent in the NTPF weekly extract, you should link in with your local script writer and NTPF Data Quality and Data Completeness team (DCDQ@ntpf.ie) as these patients should be "semi-urgent".

## Section 6: Adding a Patient to the Waiting List

### Q4. What date should a direct eReferral be added to the IDPP waiting list?

As per section 6.1 Adding a Direct Referral to the Waiting List;

**Paper Referral**

The "start wait time" is the date that the paper referral is received by the hospital, date stamped and entered on the electronic waiting list

**eReferral**

The "start wait time" is the date that the eReferral was created and sent on the e-referral system by the referrer

**Redirects from Outpatients Clinical Prioritisation Process**

Referrals redirected from the outpatient department, which have been deemed suitable by the clinician for direct listing, must be added to the appropriate waiting list.

The "start wait time" on the IDPP waiting list is the date that the clinician deemed the patient suitable for direct listing. See section 6.3 of the Outpatient Waiting List Management Protocol 2022 for more detail. A booking form should be completed by the clinician to ensure the minimum information required to safely add the patient to the IDPP waiting list is available to the administrator.

### Q5. What date should a completed booking form be added to the PAS system from?

The date that the "decision to admit" was made must be entered on the system as the date added to the waiting list, this will inform the patient's "start wait time" on the IPDC waiting list. This date must not be changed or altered by the hospital at any point during the patient's journey.

### Q6. How should patients be transferred from one hospital to another i.e. if a consultant works across both hospitals and wants to transfer them. What's the patients "start wait time" at the new hospital?

If there is an agreement to transfer a service from one hospital to another, patients should be removed from the referring hospital waiting list using the appropriate removal reason, "Transfer of care/service".

The new treating hospital should add the patient to their hospital waiting list using the original "start wait time", where possible the episode history should be transferred to. The patient must be notified of this change. It is also recommended to notify NTPF ICT of these movements in advance of your weekly extract.

Where there is a shared instance of PAS across both hospitals the care can be transferred directly on PAS, there is no need to remove and re-add the patient in this case. (Follow local data entry rules and processes)

If the patient is transferred as part of an Insourcing initiative where capacity is identified at another hospital, the steps outlined in Section 10.3.2 Additional capacity in another public hospital, should be followed.

### Q7. During a Pre-Op Assessment clinic, it is determined by the clinician that a patient requires a procedure (e.g. a scope) prior to completing their listed procedure. How should this be managed? Both the current waiting list episode and the new waiting list episode?

If during pre-op assessment/review it is identified that the patient requires further diagnostics, treatment, or review prior to completing their listed care, they can be suspended in line with Section 9.1 Managing a Clinical Suspension. They should be added to the active waiting list for the scope in the above example, and managed in line with GI Endoscopy section.

Once the patient has completed their scope the suspension should be reviewed by the clinical team in line with the Suspension section 9.1 of the protocol prior to re-instatement to the Active list.

If, upon review, the patient is deemed not suitable to return to the active waiting list, the patient should be removed from the list and returned to the care of the SOR and/or GP.

### Q8. Two independent referrals are required for a patient to treat their veins. How should they be added to the Waiting List?

Where it is identified that a patients required 'Bilateral Various Veins' the patient should be added to the waiting list using the appropriate ICD-10 code on one booking form. Where two booking forms are required and completed by the clinician, they should be added to the active waiting list.

### Q9. Referrals from one consultant to another – what date on list is used?

If the referral letter is received in central referrals it should be date stamped and added to the outpatient waiting list using the "referral received date". Once the patient has been seen in Outpatients and the new consultant has completed a booking form for the patient to have a procedure done, the patient should be added to the IDPP waiting list from the date the "decision to admit" was made on the booking form.

### Q10. Can you add a National booking form where both sections A (Waiting List) and B (Planned Procedure) are complete with the To Come In (TCI) date completed which is the same as the indicative date?

No, as indicated on the National Booking Form, Figure 2, page 25 of the protocol, "Either Section A or B must be completed" If both sections are complete, it is unclear what the clinicians' intentions are. Therefore, the booking form must be returned to the referring clinician for clarification and a new booking form to be completed.

### Q11. Going forward how should you manage Second Eyes/Hips/Knees etc. which are currently on the Planned Procedure List?

NTPF Commissioning will be in contact with each public hospital to discuss any patients on their Planned Procedure lists who fall into this category. A plan will then be made on how to progress their treatment.

## Q12. Referral to OP is identified as suitable for Direct Access during the Clinical Prioritisation Process, how are they transferred to the IPDC waiting list?

In line with the Protocol section 6.3 of the Outpatient Waiting List Management Protocol, page25, the referral should be "Redirected" to IDPP. The referral must be removed from the OP waiting list on PAS and a comment in the notes entered to indicate 'Direct Access' The date the referral was reviewed by the clinician and deemed suitable for redirection to direct access is the start date for the patient on the inpatient or day case waiting list. The patient should be placed on the IPDC or GI waiting list with in 24hrs of receipt of the redirection.

## Q13. If a hospitals process is to manage all Direct Referrals through Outpatient referrals, what is the date on list if the referral is an IPDC/GI waiting list Direct Referral?

In line with the Protocol Section 6.1, paper referrals "start wait time" is the date that the paper referral is received by the hospital, date stamped and entered on the electronic waiting list. eReferral "start wait time" is the date that the eReferral was created and sent on the e-referral system by the referrer. These apply to Direct Referrals where an agreed Direct Referral pathway exists.

### *If the referral is to OP GI but following clinical prioritisation is deemed suitable for redirection and direct listing on the GI IDPP waiting list, what is the date on list?*

Section A3.3 of the GI Endoscopy Waiting list management protocol states that the "start wait time" on the IDPP waiting list for redirected referrals is the date the clinician deemed the patient suitable for direct listing.

## Q14. Where a surgeon dictates the scheduling of a patient irrespective of the Clinical Prioritisation Category (CPC) what should happen?

In line with the Protocol section 6.4, "in order to ensure fair, equitable access to hospital capacity patients should be scheduled in line with their CPC. The patient's clinical requirement must be taken into consideration when scheduling"

Section 1.3 Clear Governance and Reporting Structures "Active waiting list management must be a standing agenda item for discussion at scheduled care and performance related meetings. Items such as access, key performance indicators (KPIs) and waiting list initiatives should be discussed and waiting list management plans developed and agreed. Meetings should be held on a regular basis and the minutes from these meetings must be documented and available for audit purposes."

## Section 7: Cancellations

### Q15. If an urgent patient phones the patient and informs the hospital that they no longer require the appointment does the clinician have to review their record?

Yes, clinical guidance must be sought when managing urgent and/or high clinical and/or social needs patients who cancel a TCI date.

### Q16. Should I amend a patients start time on the waiting list if they cancel their scheduled TCI date?

No, a patients wait time clock will reset at national level and this is done by the NTPF. An administrator must never attempt to reset a patients wait time clock. The date must not be changed or altered by the local hospital at any point during the patient's journey through the scheduled care system

### Q17. Is Covid-19 specific cancellation reason still valid? Prioritisation Category (CPC) what should happen?

Revert with an answer – send query to AG and ED to confirm

## Section 8: Did Not Attends (DNA)

### Q18. How do you manage a Planned Procedure who DNA their scheduled appointment?

Patients who DNA their scheduled treatment should be managed in line with protocol Section 8.1, Administrator DNA Management.

### Q19. Why should I check the patients episode history if a non-urgent patient has DNA their TCI

Prior to removing a patient from the waiting list following a DNA, the following should be checked:

- Were the patient's contact details correct?
- Was the patient given reasonable notice? (two (2) weeks)
- Is the patient identified on their record as urgent and/or high clinical and/or social needs?

If so, the patient's record must be brought to the attention of the clinician for review to determine if it is appropriate to remove the patient from the IDPP waiting list, or if a further TCI should be issued.

### Q20. How do you manage a Non-Urgent Patient who DNA their scheduled appointment but is requested by the clinician to remain on the list?

A clinician may choose to review all patients who DNA and make a decision on whether or not to remove them from the Waiting List or issue a further appointment. This is above what is expected in the Protocol. The patients should be managed in line with the clinician guidance.

## Section 9: Suspensions

### Q21. Following a clinical suspension for pre-op, what happens if the patient is not suitable at your site and needs to be transferred to another hospital?

The patient must be removed following the safe removal process and the removal reason should be "Transfer of care/service". The treating clinician must be made aware of the patients status prior to removal.

### Q22. Patient is suspended for clinical reasons prior to their treatment. At the end of the suspension date, they have not made progress and remain clinically unsuitable. Can they be removed from the waiting list?

As outlined in Section 9.1 of the protocol, Managing Clinical Suspensions, "Each clinical team should review suspensions prior to reinstatement to ensure that the patient is fit to return to the active waiting list." "If, upon review, the patient is deemed not suitable to return to the active waiting list, the patient should be removed from the list and returned to the care of the SOR and/or GP."

### Q23. If a patient has a series of suspension reasons, how are these managed? Do you extend the suspension end date from the first suspension reason?

In line with the Protocol section 9, Suspensions, patients may be suspended for a number of reasons. The type of suspension will influence the patients wait time journey and it is therefore important that patients are suspended for the appropriate suspension reason. If patients require suspension for different suspension reasons for example Non-Clinical Reason followed by a Clinical Suspension. The patient should be suspended for two separate periods using two different suspension reason codes. Noting that a clinical review should follow a Clinical suspension prior to reinstatement onto the Active Waiting List.

## Section 10: Commissioning Insourcing and Outsourcing Initiatives

### Q24. Discharge paperwork from the treating hospital is delaying patients been removed from the Waiting List as well as extending their suspension period. What can be done to assist this process?

Any delays to return of full discharge paperwork from treating hospitals should be escalated to the team managing the initiative. For NTPF Initiatives, please contact the commissioning team on commissioningreports@ntpf.ie and alert them to these delays.

With regards to the suspension period, Section 10.8 of the protocol states "Patients must not incur multiple suspensions. For example, if a patient is on an agreed treatment plan in the treating hospital and the suspension period is due to lapse, the suspension period should be extended by a further three (3) months."

### Q25. Where a patient initially accepts an offer of commissioning but then later requests to be return the referring hospital, can they be removed?

In line with the Protocol Section 10.7, Management of patients returned from an Insourcing or Outsourcing Initiative, when a patient has accepted the offer of treatment in another location (public or private) and has agreed to participate in the initiative it is considered a 'Valid Offer'. The referring hospital can therefore manage patients returning from these initiatives in line with the appropriate sections in the IDPP protocol

- Patient Initiated Cancellation – See Section 7.2
- Patient DNA – See Section 8

*Follow up, is the Patients wait time period accruing while they are suspended for commissioning?*

As stated in Section 9.3 of the Protocol "Suspension periods to facilitate Insourcing and Outsourcing Initiatives will not incur a 'stop start' in the patient's waiting time period"

### Q26. Can I extend the suspension period by a further 6 months to save on administrative work of constantly having to go in an extend the suspension period twice?

No, the suspension period should be extended by a further three (3) months. This is done by extending the suspension end date on the hospital patient administration or management system.

### Q27. If a patient DNAs or CNAs in a treating hospital as part of an insourcing / outsourcing initiative, how is this managed?

As the patient has accepted the offer of treatment in another location (public or private) and agreed to participate in an insourcing or outsourcing initiative this is considered a 'Valid Offer'. The referring hospital should, therefore, manage the patient in line with the appropriate section within the IDPP Waiting List Management Protocol 2024.

- Patient Initiated Cancellation – See Section 7.2
- Patient DNA – See Section 8

Clinical review must be sought when managing patients identified as urgent and/or high clinical and/or social needs who have not had their care progressed within the treating hospital and are returned to the referring hospital for onward management

## Section 11: Validation

### Q28. If clinical validation leads to a recommendation for an alternate procedure, should the original waiting list entry be updated or a new waiting list entry made?

The new procedure should be updated on the PAS system using the new and correct ICD-10 procedure code.

If the PAS system does not allow you to update the procedure it is recommended that the old waiting list entry is removed using the appropriate reason code and added back on to the IDPP waiting list using the original "date on list".

## Section 12: Admitting a Patient from the Waiting list

### Q29. Patients are remaining on the Waiting List following admission. What could be happening?

In line with Section 12 of the protocol, Admin staff should select the correct episode of care the patient is presenting for on the day. Not completing this step or completing a manual admission can lead to patients remaining on the Active Waiting List having completed their treatment.

Also, as per the IP MDS 2024 document, all records should be submitted weekly up to 4 weeks after being admitted or removed.

## Section 13: Removing a Patient from the Waiting list

### Q30. If a patient DNAs and is removed from the waiting list within what timeframe can the patient or SOR seek reinstatement?

If a request for reinstatement to the IDPP waiting list is made by the patient or their guardian, SOR or GP, within four (4) weeks of the notification of the decision to remove, the patient may be reinstated at the discretion of the clinician, in consultation with the Scheduled Care Lead. When reinstating a patient to the IDPP waiting list, the patient must be added using the original date on the list, unless the patient was removed following a DNA where they should be reinstated from the date of their DNA unless otherwise stated.

### Q31. When reinstating a patient onto the waiting list following the safe removal process, should a new episode of care be created?

If possible, the original waiting list entry should be reinstated. This allows the full history of the patients waiting list journey to be available as they proceed with their care.

Section 13.3 of the protocol, Reinstatement of a Removal, states that “When reinstating a patient to the IDPP waiting list, the patient must be added using the original date on the list, unless the patient was removed following a DNA where they should be reinstated from the date of their DNA unless otherwise stated.”

# Gastrointestinal (GI) Endoscopy Waiting List Management

## Section 1: GI Endoscopy

### Q32. Are DNAs managed differently for GI Endoscopy?

Active waiting list management of patients on GI Endoscopy waiting lists must be carried out in line with those set out in the earlier sections of this protocol.

Please refer to the relevant section in the IDPP Protocol:

- Hospital Initiated Cancellations (HCAN) – Section 7.1
- Patient Initiated Cancellations (CNA) – Section 7.2
- Did Not Attend (DNA) – Section 8
- Suspensions – Section 9
- Removing patients – Section 13

## Section 2: Clinical Prioritisation

### Q33. Are the new clinical prioritisation categories for the IDPP waiting list the same now for GI?

No, as per Section A2 of the protocol, patients who require a GI Endoscopy procedure are clinically prioritised as Priority 1 (P1 or urgent) or Priority 2 (P2 or routine).

| Clinical Prioritisation Categories for GI Endoscopy | |
|---|---|
| Clinical Prioritisation Categories (CPC) | Maximum Clinically Recommended Time (CRT) to admission |
| Urgent Priority 1 (P1) | Up to one month.<br>Note: urgent colonoscopy patients, however, need to be scheduled for an appointment < 28 days |
| Routine Priority 2 (P2) | < 13 weeks<br>(91 days) |

## Section 3: Adding a patient to a GI Endoscopy Waiting List

### Q34. Where an OP Referral has been redirected to GI Endoscopy as a Direct Referral, should a booking form be completed by the Clinician?

### Q35. Can a GI nurse triage a GP GI referral, or does it always need to be a GI consultant?

In line with the protocol Section A3.3, patients that need a GI Endoscopy procedure should be assigned a Clinical Prioritisation Category (CPC) by a member of the clinical team. Clinical members of the GI Endoscopy team that can assign a CPC include:

- Consultants
- Senior Registrars
- GI Endoscopy Triage Nurses

### Q36. Do external GI referrals require Clinical Prioritisation prior to availing of an outsourcing initiative?

In line with the protocol Section A3.3, all GI Endoscopy Referrals received from an external source must be sent for clinical prioritisation and returned to the GI Endoscopy administrative office within five (5) working days. The patient's clinical prioritisation outcome can be:

- Accepted and assigned a Clinical Prioritisation Category (CPC)
- Redirected
- Rejected

### Q37. How do you manage a patient on the GI Planned list who is past their indicative date?

In line with the protocol Section A3.7, Managing a Planned Procedure, "Recall for GI Endoscopy Surveillance procedure can be up to 13 weeks beyond the planned indicative date."

Planned procedures must be considered when capacity and demand planning. Patients who are not scheduled in these timeframes should have their referral brought to the attention of the clinician for clinical review, notifying them of the time lapse.