

National Outpatient Waiting List Management Protocol



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1 | Introduction



1 | Introduction

This protocol is a refresh of the waiting list management component of *'The Management of Outpatient Services 2.1, OSPIP 2014'* and incorporates recent changes in Outpatient (OP) Waiting List Management. It was developed in collaboration with:

- Hospital Groups
- Individual Hospital Representatives
- National Lead for Integrated Care, Clinical Design and Innovation, HSE
- National Treatment Purchase Fund (NTPF)
- Scheduled Care, Acute Operations, HSE
- Scheduled Care Transformation Programme, Acute Strategy & Planning, HSE
- Scheduled & Unscheduled Care Performance Unit, Department of Health

The protocol is intended to provide guidance to staff working in the area of outpatient waiting list management and its aim is to ensure that there is a consistent and standardised user-friendly approach to the active management and scheduling of patients on OP waiting lists within each public hospital and across hospital groups.

An outpatient audit programme, 'Accuracy of Outpatient Waiting List (OPWL) Submissions to the NTPF' was conducted in 2019 and 2020 across a number of public hospitals. The findings of this audit programme highlighted the need for the further development of national guidance, expansion to the current Minimum Data Set (MDS) to support the implementation of the national protocol and associated training and development programmes. Key recommendations from this audit programme have contributed towards the development of this refreshed waiting list management protocol.

The purpose of this protocol is to ensure that patients seeking access to OP Services are administratively managed in a safe, timely, fair and equitable manner whilst waiting.

The HSE has commenced a scheduled care transformation programme of work that will require funded organisations to deliver services in new and innovative ways. This change programme will see significant improvements to data collection processes and visualisation platforms, requiring the implementation of an agreed national minimum data set for scheduled care services. This will include collection of additional data items that will require training for staff currently delivering these services.

New pathways of care are being agreed with the clinical programmes, each with a requirement to report on key performance indicators and metrics. New pathways will be supported by significant improvements and modernisation of e-referral and GP decision support mechanisms, central referrals and booking processes, e-clinical prioritisation (triage), and patient ability to access their own information in an easy, streamlined manner. A key requirement of the reform programme is to develop agreed, standardised policies and procedures for all aspects of the management of scheduled care patients and the delivery of new ways of working.

This document will set in motion a series of improvements to OP waiting list administration that will enable a smoother transition to new processes as we move forward. Processes described herein should therefore be viewed as the first step in building the modern service that will be required to deliver on Sláintecare targets providing access to outpatients within 10 weeks of referral.

This longer term goal will mean however, that we are moving into a period of transition and change that will be notified to the hospital system as developments are agreed at national level, with all guidance being subject to review and updating on an ongoing basis.

2 | Fundamentals of Administrative Waiting List Management

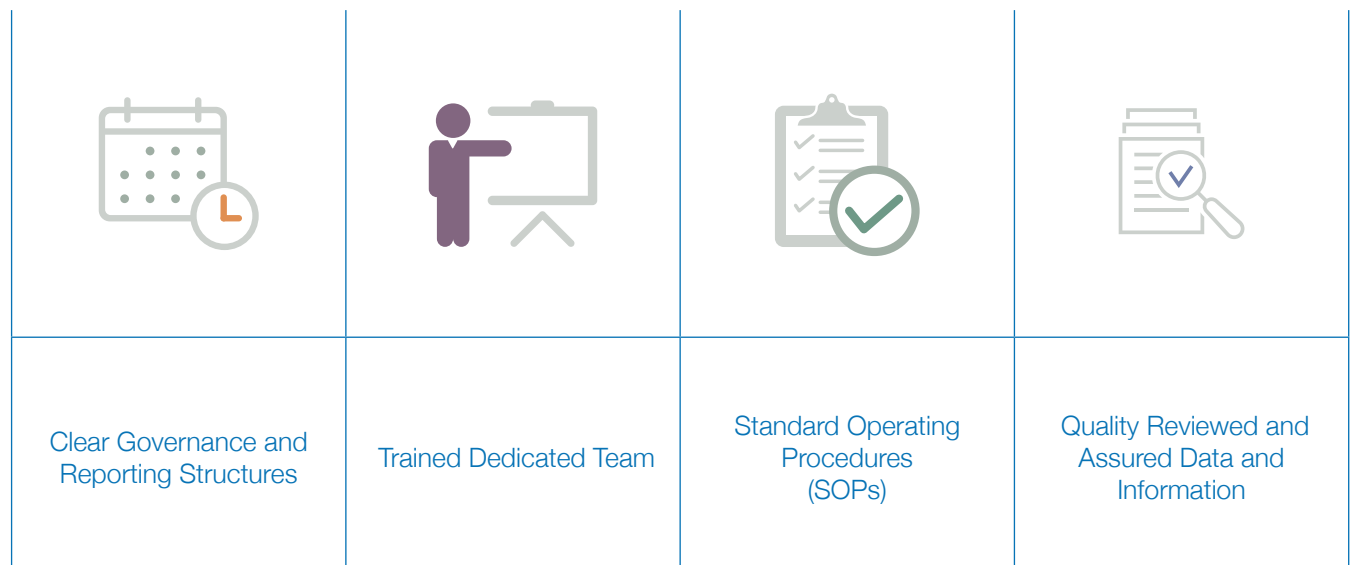
In this section the following areas will be covered:

- 2.1 Clear Governance and Reporting structures
- 2.2 Trained Dedicated Team
- 2.3 Standard Operating Procedures (SOPs)
- 2.4 Quality Reviewed and Assured Data and Information



2 | Fundamentals of Administrative Waiting List Management

The administrative management of OP waiting lists is a challenging, complex and dynamic process. The fundamentals of managing the waiting list process are outlined in the diagram below and further detailed in this section.



2.1 | Clear Governance and Reporting Structures

In order to effectively manage OP waiting lists there is a requirement to have clear 'top down', 'bottom up' governance and reporting structures at both hospital and hospital group level.

Scheduled Care Leads, with responsibility and accountability for all aspects of waiting list management including the implementation of the National Outpatient Waiting List Management Protocol, should be appointed and in place at hospital and hospital group level. Active waiting list management must be a standing agenda item for discussion at scheduled care and performance related meetings where OP access, key performance indicators (KPIs) and waiting list initiatives are discussed and OP waiting list management plans are developed and agreed. The minutes from these meetings must be documented and available for audit purposes.

2.2 | Trained Dedicated Team

Successful waiting list management is supported by the appointment of a trained dedicated administrative team. This can be achieved by each hospital and hospital group through the appointment of a dedicated Schedule Care Lead and supporting team to work in the area of OP waiting list management.

Team members are required to attend the Outpatient Protocol Training and Development Programme and Data Awareness Days (DAD) delivered by the NTPF, as well as completing the relevant HSeLanD online training modules.

2.3 | Standard Operating Procedures (SOPs)

In order to standardise OP waiting list management nationally, each Hospital Group Scheduled Care Lead must ensure that individual hospitals within their group have implemented an OP Waiting List Management SOP that is in line with the National Outpatient Waiting List Management Protocol.

2.4 | Quality Reviewed and Assured Data and Information

It is the responsibility of the hospital Scheduled Care Lead to ensure that OP waiting list data and information is current, up to date and valid.

This can be achieved by:

- Committing to an NTPF OP Waiting List Validation Programme
- Adherence to the NTPF Data Completeness Data Quality (DCDQ) Programme
- Conducting regular hospital level data validation to include lapsed appointments, duplicates, CNAs and DNAs, etc.
- Continuous monitoring and review of KPIs as set out by the HSE
- Facilitating and participating in NTPF Audits








3 | Audit and Quality Assurance (AQA)



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Implementation of this protocol at individual hospital level will be subject to audit by the NTPF AQA Team to:

	Establish if hospital OP waiting list management practices are in line with national protocol
	Determine if OP waiting list data submissions to the NTPF are in compliance with national Minimum Data Set (MDS) reporting requirements
	Identify issues which impact on the accuracy of the data and common trends affecting national reporting
	Make recommendations to improve data accuracy and hospital compliance with national protocol and MDS requirements based on generated findings for individual hospitals
	Support standardisation and promote improvements in OP waiting list management practices nationally

4 | Abbreviations



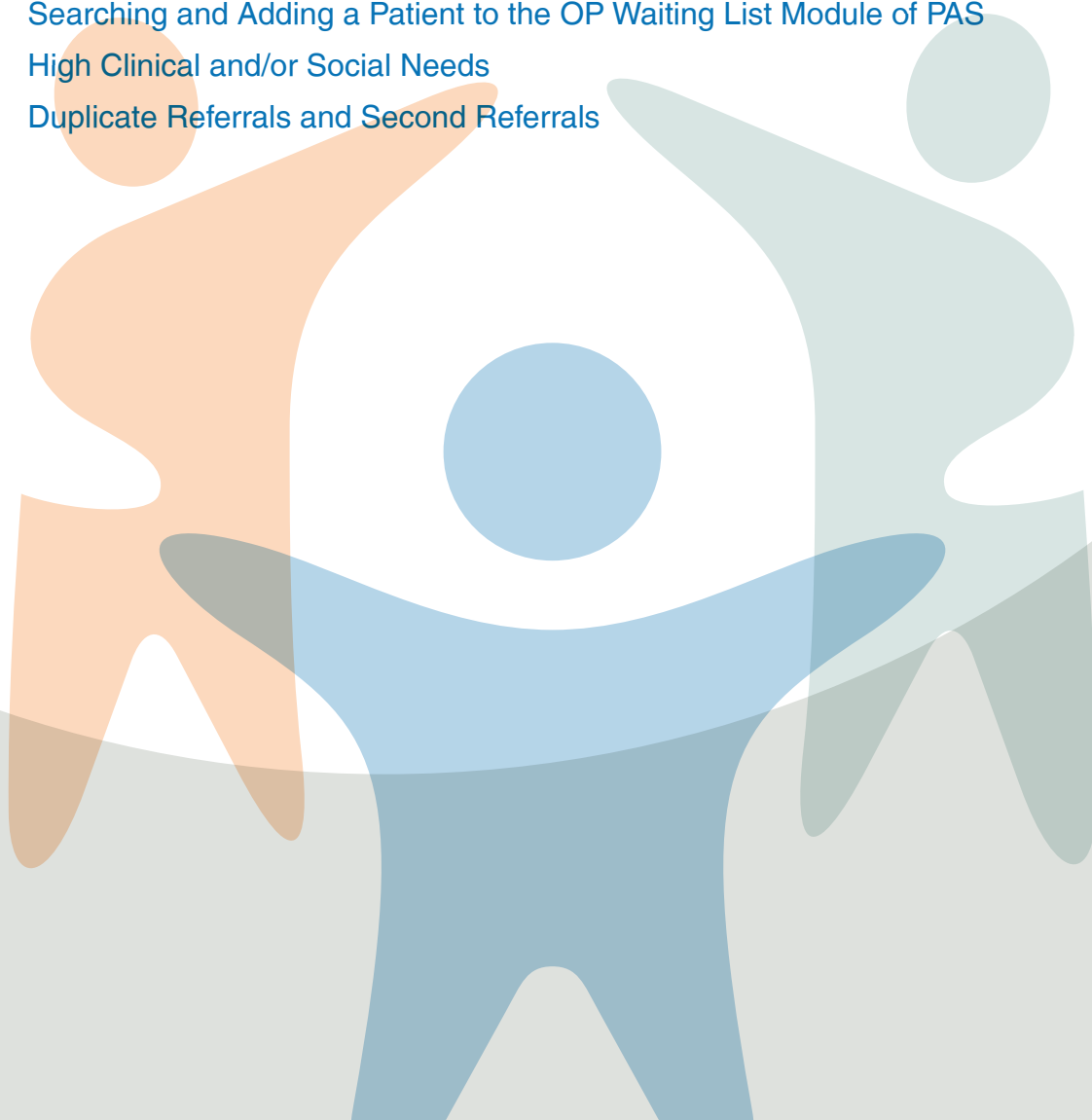
4 | List of Abbreviations

Terminology	Definition
AQA	Audit and Quality Assurance
AMAU	Acute Medical Assessment Unit
ANP	Advanced Nurse Practitioner
ASAU	Acute Surgical Assessment Unit
CDU	Clinical Decision Unit
CNA	Can Not Attend
CNS	Clinical Nurse Specialist
CP	Clinical Prioritisation
CPC	Clinical Prioritisation Category
CPP	Clinical Prioritisation Pathway
CRT	Clinically Recommended Timeframe
DCDQ	Data Completeness Data Quality
DNA	Did Not Attend
DOB	Date of Birth
DOH	Department of Health
ED	Emergency Department
GI	Gastro-Intestinal
GP	General Practitioner
HCAN	Hospital Cancellation
HCR	Health Care Record
HIQA	Health Information and Quality Authority
HSCP	Health Social Care Professional
HSE	Health Service Executive
ID	Identification
IPDC	Inpatient, Day Case
IDPP	Inpatient, Day Case and Planned Procedure
IHI	Individual Health Identified
KPI	Key Performance Indicator
MAU	Medical Assessment Unit
MDS	Minimum Data Set
MOU	Memorandum of Understanding
MRN	Medical Record Number
MSK	Musculoskeletal
NCCP	National Clinical Care Programmes
NTPF	National Treatment Purchase Fund
OoCCO	Office of Chief Clinical Officer
OP	Outpatient
OPD	Outpatient Department
PAS	Patient Administration System
SOR	Source of Referral

5 | Management of Outpatient (OP) Referrals

In this section the following areas will be covered:

- 5.1 Source of Referral (SOR)
- 5.2 Outpatient Referral
- 5.3 Minimum Information Required
- 5.4 Return Outpatient Referral
- 5.5 New Outpatient Referral
- 5.6 Receipt of an Outpatient Referral
- 5.7 Paper Referrals and E-Referrals
- 5.8 Searching and Adding a Patient to the OP Waiting List Module of PAS
- 5.9 High Clinical and/or Social Needs
- 5.10 Duplicate Referrals and Second Referrals



5 | Management of Outpatient (OP) Referrals

5.1 | Source of Referral (SOR)

Patients who require access to outpatient care are identified and referred from services within the healthcare community, known as Source of Referral (SOR).

Source of Referral can be internal, e.g. within a hospital that the patient is attending, or external within the wider healthcare community. Table 1 below lists recognised Sources of Referral.

Table 1: Recognised Sources of Referral

Internal Source of Referral	External Source of Referral
Consultants within the hospital the patient is attending	General Practitioners (GP)
Consultants in another hospital where there is an agreed shared service	Consultants in another hospital (public/private) where there is no agreed shared service
Emergency Department (ED) within the hospital the patient is attending	Emergency Departments in other hospital (public/private)
Assessment Unit within the hospital, e.g. Medical Assessment Unit (MAU), Acute Medical Assessment Unit (AMAU), Clinical Decision Unit (CDU), Acute Surgical Assessment Unit (ASAU)	Dentists
Inpatient Areas	Mental Health Services
Day Case Services	Public Health Department
Health and Social Care Professionals	Older Persons Services
Advanced Nurse Practitioners (ANP)	Disability Services
	Health and Social Care Professionals
	Women's Health Centres
	Screening Services
	Other Primary Care Teams e.g. frailty teams, etc.

5.2 | Outpatient Referral

A patient's journey to access outpatient care begins when an outpatient referral is received by the hospital from a recognised Source of Referral (SOR) (see Table 1).

The referrer (SOR) sends the referral letter/form to a speciality or service to be included in a pooled waiting list and may indicate a preferred consultant. It is the responsibility of the referrer to ensure that minimum information required is included in the referral letter as outlined in section 5.3 below.

5.3 | Minimum Information Required

To enable safe processing and clinical assessment of an outpatient referral it must contain, at a minimum, the data set out by HIQA (2011) in '*The HIQA Minimum Data Set for Outpatient Referrals and standard Healthlink*'. For more information on '*The HIQA Minimum Data Set for Outpatient Referrals*', [please click here.](#)



The Minimum data set out by HIQA is as follows:

- Hospital
- Specialty/Service
- Priority (GP)
- Date of referral
- Patient's name – surname, first name
- Address
- Contact phone number (landline or mobile)
- Date of birth
- Gender
- Referrer name
- Referrer address
- Signature of referrer
- Reason for referral/anticipated outcome
- Symptoms (including history of presenting conditions and interventions to date)
- Past medical history
- Allergies
- Current medications

Additional minimum information may be set out by specialties as agreed with national clinical programmes and condition-specific pathways.

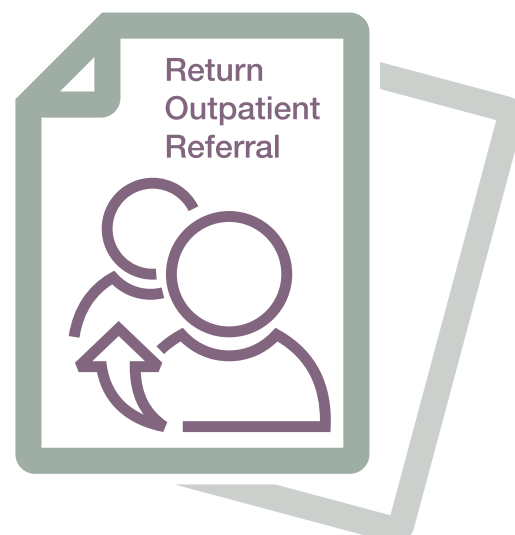
Where minimum information is not included the SOR must be contacted to complete the required information. Where contact with the SOR is not possible within 48 hours, the referral must be brought to the attention of a clinician who will decide whether or not the referral is acceptable or should be returned.

Administrators should not take clinical information from referrers over the phone.

5.4 | Return Outpatient Referral

A return patient referral is defined as a patient who has:

- Attended and/or discharged from an outpatient service in the last 12 months for the same condition, with the same consultant or speciality, within the **same hospital or within a different public hospital** where there is a shared service across both sites
- Admitted to an inpatient ward, Acute Medical Unit, Acute Medical Assessment Unit, Clinical Decision Unit, Acute Surgical Assessment Unit in the last 12 months under the same consultant or speciality, for the same condition, within the **same hospital or within a different public hospital** where there is a shared service across both sites



Note: Attendance to outpatient services applies to face to face, virtual, community and shared services. For more information on the Management of Virtual Clinics [please click here](#).

5.5 | New Outpatient Referral

A new outpatient referral is one that is not defined as a return referral. A new patient referral is a referral for a patient who has not accessed care for the same condition, with the same consultant or speciality, within the same hospital or within a different public hospital where there is an agreed shared service across both sites in the last 12 months.

5.6 | Receipt of an Outpatient Referral

Outpatient referral letters/forms can be received in paper format via the post or electronically via the e-referral system. As a patient's start time on the OP waiting list begins on the referral received date, referrals **must be** added to the outpatient waiting list module of the PAS within 24 hours of receipt.

5.7 | Paper Referrals and E-Referrals

Once a referral is received the correct referral received date must be recorded, as follows:



Paper Referrals - On receipt of an OP referral letter/form, the referral must be date stamped on the same day it is received. The patients start time on the OP waiting list begins on the day the referral letter is received and date stamped. **This is known as the 'referral received date'.**

If the referral letter has already been date stamped by another office in the same hospital or by another hospital within the same group, this date must be used as the referral received date. The earliest date must always be used (i.e. the initial date stamp).



E-Referrals - The date the e-referral was created and sent on the e-referral system by the referrer is the referral received date; this date is labelled as 'Referral Sent' on the e-referral under GP details. This includes referrals received outside standard office hours. If the referral needs to be printed for clinical prioritisation (triage) purposes, the date stamped should be the date the e-referral was created on the e-referral system.

Where the e-referral is integrated with the hospital PAS system, dates should be mapped accordingly.

5.8 | Searching and Adding a Patient to the OP Waiting List Module of PAS

When adding a patient to the OP Waiting List module of the PAS (within 24 hours see Section 5.6), the administrator must first search the system to see if the patient already exists with an established Medical Record Number (MRN), Patient Identification (ID) or Individual Health Identifier (IHI).

All new referrals must be added using the new Referral Received Date. Taking the time to do this will reduce the risk of duplication of patients on the local PAS and OP Waiting Lists.

It is important that the administrator does not select an existing waiting list entry or appointment for the same consultant, specialty and/or condition that the referral letter addresses. If an existing waiting list entry or appointment is selected, PAS may automatically populate the referral received date for the new referral with that of the existing waiting list entry or appointment.

Local data entry rules should be followed when searching and adding a patient to the OP Waiting List. Table 2 below provides sample data entry rules when searching PAS.

Table 2: Sample Data Entry Rules for Searching a Patient on PAS

1. | Identify if the patient has an existing Medical Record Number

Search by patient:

- Surname
- Forename
- Date Of Birth (DOB) (+/- dd/mm/yyyy)
- Address/Eir Code

If the patient's details appear to be similar (i.e. similar name with different spelling, DOB out by a day or a month, etc.) the administrator should contact the referrer or patient, as appropriate, to confirm the correct patient demographic details.

If the patient does not already exist on the PAS, proceed to add the patient; thus generating an MRN and ID.

If the patient has an existing MRN, ID or IHI proceed by searching if the patient has an existing waiting list entry.



2. | Identify if the patient has an existing waiting list entry or appointment for the same consultant, specialty and/or condition that the referral letter addresses

If the patient already has an OP waiting list entry on PAS for the same consultant, specialty and/or condition that the referral letter addresses, then the referral must be managed in line with the duplicate letter or second letter OP waiting list management process (see Section 5.10).

If the patient does not have an existing waiting list entry, or pending appointment, proceed with adding the patient to the OP waiting list on PAS.

Within seven (7) working days of receipt of a referral, both the referrer and patient should be issued an acknowledgement of receipt of the referral.

If any patient information that is not related to an OP referral is received, for example, a patient's test results, this information should not be added to the OP waiting list module of PAS; instead redirect this information appropriately.

5.9 | High Clinical and/or Social Needs

In some cases patients can be identified by a clinician as high clinical and/or social needs patients. In this case, it should be noted by the clinician on the patient's referral letter or medical record. Patients identified as high clinical and/or social needs on their record may require extra consideration to ensure they receive appropriate levels of care throughout their outpatient pathway.

5.10 | Duplicate Referrals and Second Referrals

Following on from the receipt of a referral letter, a referrer may resend the same referral letter; this is known as a duplicate referral.

A referrer may send an updated referral letter to the same consultant or specialty containing updated patient and/or clinical information; this is known as a Second Referral. Each of these referrals should be identified and managed as outlined in Table 3 below.

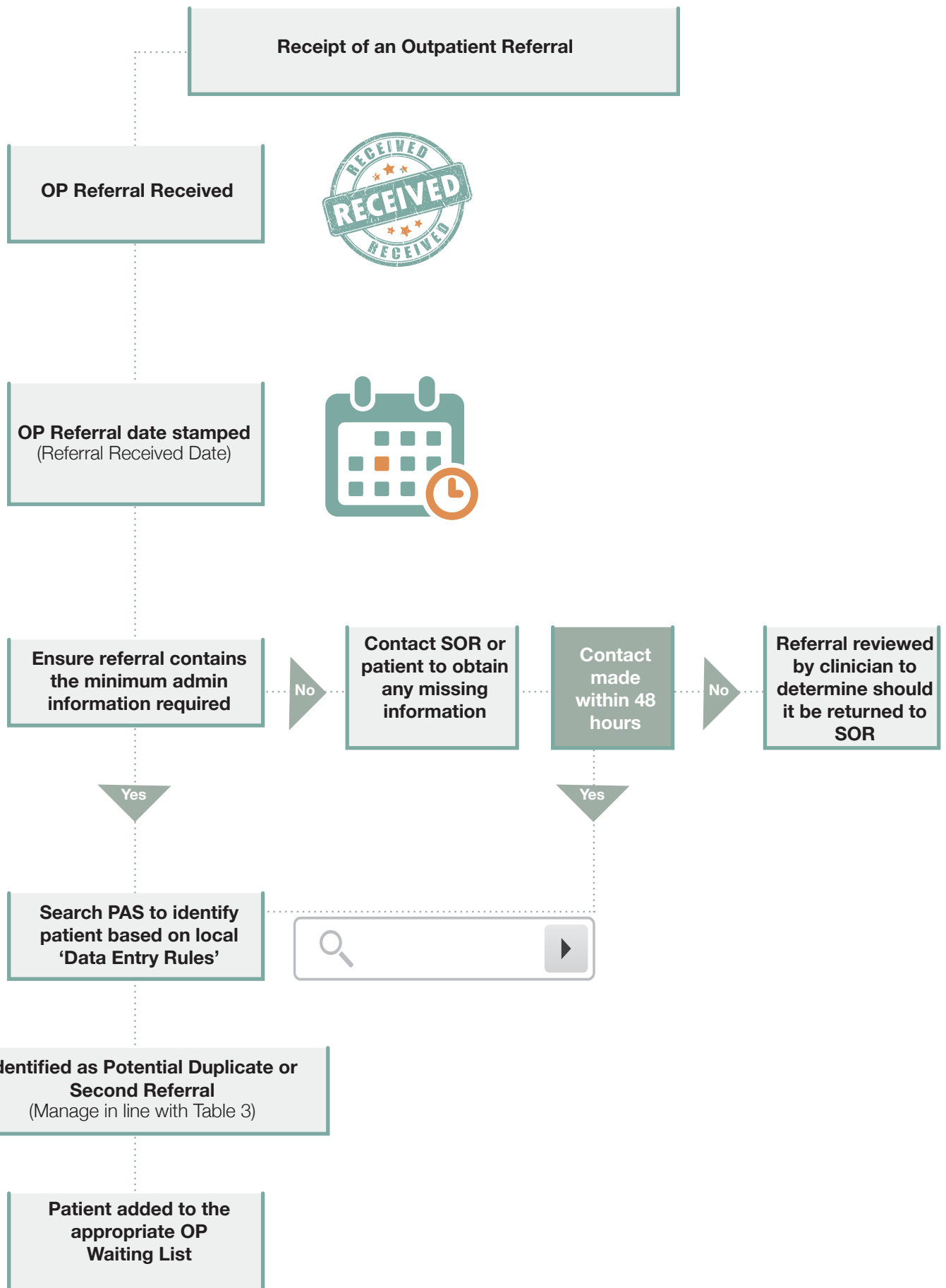
Where a referral has been returned to a referrer due to not meeting the minimum data requirements set out in section 5.3, on receipt of the updated referral it must be managed in line with the new referral process in section 5.5.



Table 3: Identification and Management of Potential Duplicate Referrals and Second Referrals

	Identification	Management	Other Potential Outcomes
Duplicate Referral	<ul style="list-style-type: none"> Does not contain any new or updated clinical information Same SOR for the same condition Same SOR for the same condition, same consultant and specialty Same SOR for the same condition, same consultant and specialty containing updated patient demographics Same SOR for the same condition, same specialty to a different consultant Different SOR for the same condition, same consultant and specialty 	<ol style="list-style-type: none"> Thoroughly check PAS and letter content to confirm referral is a potential duplicate Locate original referral and attach the potential duplicate. Send both for re-triage. Notify triaging clinician that patient is already on a waiting list Do not add to the waiting list module on PAS. A note should be made against the original referral Where referrals are received from two (2) different SORs, contact should be made with both to highlight the duplication of referral and agree communication process going forward 	<p>Referral received for the same condition for a different specialty is not a duplicate and must be added to the waiting list as a new referral.</p> <p>The administrator must:</p> <ul style="list-style-type: none"> flag the referral to indicate that the patient is already on a waiting list for a different specialty Send for clinical triage <p>Where the same referral is sent to multiple specialties/consultants; input/direct contact between consultants may be required.</p>
	Identification	Management	Other Potential Outcomes
Second Referral	<ul style="list-style-type: none"> Same SOR, same referral, same condition, same specialty, same consultant containing updated clinical information (i.e. symptoms, test results) and a different referral date SOR will/may identify this as a second referral and state that the patient has previously been referred. 	<ol style="list-style-type: none"> Locate original referral and attach the second referral Add a note to PAS that a second referral has been received Send for re-triage, notifying clinician that this is a second letter received containing new clinical information Date stamp the second referral and update PAS with date of receipt and any change to the triage priority or outcome Dates must not be changed or altered and must remain the same on the hospital PAS 	

Process Map: Receipt of referral



6 | Clinical Prioritisation (Triage) Process

In this section the following areas will be covered:

- 6.1 Clinical Prioritisation (Triage) Process
- 6.2 Referral Accepted
- 6.3 Referral Redirected
- 6.4 Referral Rejected
- 6.5 Maintaining Visibility of a Referral through the Clinical Prioritisation Process
- 6.6 Communication




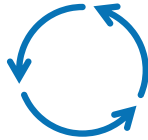

6 | Clinical Prioritisation (Triage)

6.1 | Clinical Prioritisation (Triage) Process

When an outpatient referral is received, reviewed and identified as 'new' it is added to the outpatient waiting list module on PAS and sent for clinical prioritisation, also known as clinical triage or triage.

What happens next?

New outpatient referrals are sent to the relevant specialty department or service to review and decide a Clinical Prioritisation Outcome.

When a clinician assesses a new referral they decide if the referral will be:	
	Accepted and assigned a Clinical Prioritisation Category (CPC)
	Redirected
	Rejected

The clinical prioritisation process must be completed (sent for clinical prioritisation outcome and returned to the administrative office) within five (5) working days from the date the referral letter was received.

6.2 | Referral Accepted

Once a referral has been reviewed, accepted and assigned a Clinical Prioritisation Category (CPC) by a clinician or specialty, either in paper or electronic format, it must be signed, dated and returned to the relevant administrator or office within five (5) working days from the date the referral letter was received.

Clinical Prioritisation Category (CPC) is the level of urgency that a clinician assigns to a referral. These categories are urgent, semi-urgent or non-urgent. Each category of clinical prioritisation is accompanied by a Clinically-Recommended Time-Frame (CRT), which is a maximum waiting time as detailed in Table 4 below. These time frames will be reviewed and updated annually by the HSE to reflect new targets which will help achieve the Sláintecare maximum wait time guarantees.

A daily review of accepted referrals and their assigned CPC should be conducted by the relevant administrator or office. This will ensure that patients are given appointments with regard to timeframes agreed with the clinical programmes. Across the next five years the semi-urgent and non-urgent categories will merge with a CRT of 10 weeks, in keeping with Sláintecare access targets.

Table 4: Outpatient Referral Clinical Prioritisation Category Definitions & Clinically Recommended Time-Frames (CRTs)

Clinical Prioritisation Category	Clinical characteristics/outcomes of conditions within category	Clinically Recommended Time-Frame (CRT) to consultation to minimise risk and/or achieve best clinical outcomes	Notes/discussion points
Urgent	<ul style="list-style-type: none"> Risk of permanent damage to organ system if treatment is delayed beyond CRT Major functional impairment Suspected malignant neoplastic disease Rapidly progressing dysfunction (over a period of days or weeks) in established conditions 	≤ 28 days	NCCP/Individual specialties and/or subspecialties may set urgent CRT at less than 28 days (e.g., as per breast disease)
Semi-Urgent	<ul style="list-style-type: none"> Risk of damage to organ system if treatment is delayed beyond CRT Moderate functional impairment or progressive loss of function over a period of months or years Benign neoplastic disease Significant restriction of economic activity ¹ 	≤ 13 weeks	Individual specialties and/or subspecialties and/or conditions may set semi-urgent CRT at less than 13 weeks for internal clinical management
Non-Urgent	<ul style="list-style-type: none"> Minimal risk of damage to organ system if treatment is delayed beyond 13 weeks Moderate functional impairment Significant restriction of social activity² Management issues in established conditions Reassessment of stable/chronic conditions that meet the criteria for review 	≤ 26 weeks	
Excluded	<ul style="list-style-type: none"> Conditions that have no impact on physical well-being, e.g., work assessments, cosmetic surgery Sub-acute or minor conditions/complaints that will be safely diagnosed and/or managed in primary care. 		Specialties can decide on specific conditions/complaints, based on literature and/or international best practice, taking account of Irish health system's structure.

Note 1: CRTs will be updated annually to reflect yearly Sláintecare target achievement

Note 2: Scheduled Care Pathways will set out nationally agreed same day, 'excluded' and high risk of malignancy conditions

Note 3: Clinical Prioritisation definitions and CRT's are relevant to the acute hospital sector only rather than community

¹ Significant restriction resulting in inability to work/support self and/or dependants

² Resulting in a deterioration of the person's overall well-being and/or mental health

6.3 | Referral Redirected

As a Clinical Prioritisation Outcome, referrals can be redirected. There are four potential types of redirection for an outpatient referral which should be communicated to the referrer and patient or their guardian.



- a) ***Referral is reviewed and deemed more appropriate to be seen by Health Social Care Professional (HSCP) or Clinical Nurse Specialist (CNS) in the same specialty within the hospital.(i.e. MSK)***

Referrals that are identified as more appropriate to be seen at an HSCP or CNS delivered clinic under the governance of the consultant (consultant led/AHP delivered) within the same speciality/service must be returned to the relevant administrator or office as soon as possible.

The clinical prioritisation outcome must be recorded on PAS as 'Internal Redirect' and the referral must be forwarded to the relevant HSCP or CNS for their consideration. The patients should remain on the appropriate speciality waiting list and the start time remains the day the referral letter was received and date stamped by the hospital. Patients should be selected and booked from the speciality waiting list to the appropriate HSCP/CNS delivered clinic.

Patients who attend the HSCP/CNS delivered clinic and, subsequently require a surgical/medical opinion **should be booked into the consultants OP clinic as a return.**



- b) ***Referral is reviewed and deemed more appropriate to be seen by another consultant or another speciality within the hospital.***

Referrals that are identified for redirection to another consultant or speciality within the hospital must be returned to the relevant administrator or office as soon as possible. The clinical prioritisation outcome must be recorded on PAS as 'Internal Redirect' and the referral must be forwarded to the relevant consultant or speciality for their consideration.

Where the hospital PAS **can record that the referral is redirected** to another consultant/speciality within the hospital it should be actioned and recorded on PAS.

Where the hospital PAS **cannot record that the referral is redirected** to another consultant/speciality within the hospital the patient should be removed from the original speciality OP Waiting list module on PAS, using the appropriate reason code. The patient should then be placed on the redirected speciality waiting list, with the patient's start time on the OP waiting list remaining the day the referral letter was received and date stamped by the hospital. The referrer, GP and patient or their guardian should be notified in writing of the decision to redirect.

Note: Where a consultant is triaging referrals on behalf of a group of colleagues the allocation to another consultant within the same speciality is not considered a redirect.



c) Referral is reviewed and deemed more appropriate to be seen by another consultant or specialty within another hospital in your Hospital Group.

Referrals that are identified for redirection to another consultant or speciality within another hospital within your group must be returned to the relevant administrator or office as soon as possible. The clinical prioritisation outcome must be recorded on PAS as 'External Redirect' and the referral must be forwarded to the relevant hospital.

Where the hospital PAS **can record that the referral is redirected** to another hospital within the hospital group it should be actioned and recorded on PAS.

Where the hospital PAS **cannot record that the referral is transferred** to another hospital within the hospital group the patient should be removed from the original OP waiting list module on PAS, using the appropriate reason code.

The patient should be placed on the redirected waiting list and should not be given a new start date by the receiving hospital. The patient's start time on the OP waiting list remains the day the referral letter was received and date stamped by the original hospital.

The referrer, GP and patient or their guardian should be notified in writing of the decision to redirect.



d) Referral is identified as suitable for direct access to Inpatient or Day Case care, thus no longer requiring an outpatient consultation.

Referrals that are identified as suitable for direct access to Inpatient, Day Case (IPDC) or Endoscopy services **must be removed** from the OP waiting list module on PAS and a comment in the notes entered to indicate 'Direct Access'. The referral must be sent to the relevant IPDC administrator and/or office.

The referral is then added to the relevant IPDC waiting list in line with the current National IDPP Waiting List Management Protocol, i.e. under the relevant category: Inpatient; Day Case; or Gastro-Intestinal (GI). 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 within 24 hours of receipt to ensure continued tracking and tracing of all referrals received.

6.4 | Referral Rejected

As a Clinical Prioritisation Outcome, referrals can also be rejected by the clinician for a number of reasons.

- Inappropriate referral
 - Service/speciality/procedure not delivered by the hospital
- Insufficient clinical information to enable appropriate clinical prioritisation

When a referral is rejected, it should be:

- removed from the OP waiting list module in PAS using the appropriate Clinical Prioritisation Outcome 'Rejected'
- returned to the referrer (SOR) within seven (7) working days
- communicated in writing to the SOR and/or GP and patient or their guardian

6.5 | Maintaining Visibility of a Referral through the Clinical Prioritisation Process

Each hospital and/or hospital group must maintain visibility of referrals throughout the clinical prioritisation (triage) process and follow up on any referral that is not processed and returned within the five (5) working day turnaround time.

The clinical prioritisation process should be monitored through three (3) key dates which must be recorded accurately on the referral letter and local PAS system.

- ***Date referral sent for clinical prioritisation (triage)***
The date the referral letter is sent by an administrator/outpatient office to a consultant, clinician or specialty department for review.
- ***Date clinical prioritisation outcome assigned***
The date the clinician reviews the referral and assigns a clinical prioritisation outcome.
- ***Date Returned from clinical prioritisation (triage)***
The date the clinician returns the referral to the relevant administrator or office.

How can I track a referral sent for clinical prioritisation?

A tracking process must be put in place to monitor:

1. completion of the clinical prioritisation process
2. assignment of a clinical prioritisation outcome
3. return of the referral to the relevant administrator or office within five (5) working days.

Reports generated from the PAS system and NTPF weekly waiting list reports are two monitoring tools that can be used to identify if a referral letter has been returned from clinical prioritisation. Referrals that are in breach of the five (5) working day turnaround should be followed up immediately.

6.6 | Communication

It is important to maintain good communication with patients or their guardians, SORs and GPs throughout the referral management process. Communication with the GP/ SOR must be maintained in the patient's healthcare record.

Tables 5a and 5b below detail:

- The information that should be communicated
- The stage in the process at which it should be communicated
- Who it should be communicated to

From time to time a patient or their guardian may request that the hospital only communicates with the referrer (SOR), not the GP. GPs will be notified of referrals that have been made by other SORs on their patient's behalf only where the patient has consented. This request must be documented on the hospital PAS and communication must be issued in line with the request.

Maintain good communication

Include patients or their guardians and SOR/GP

Document all requests

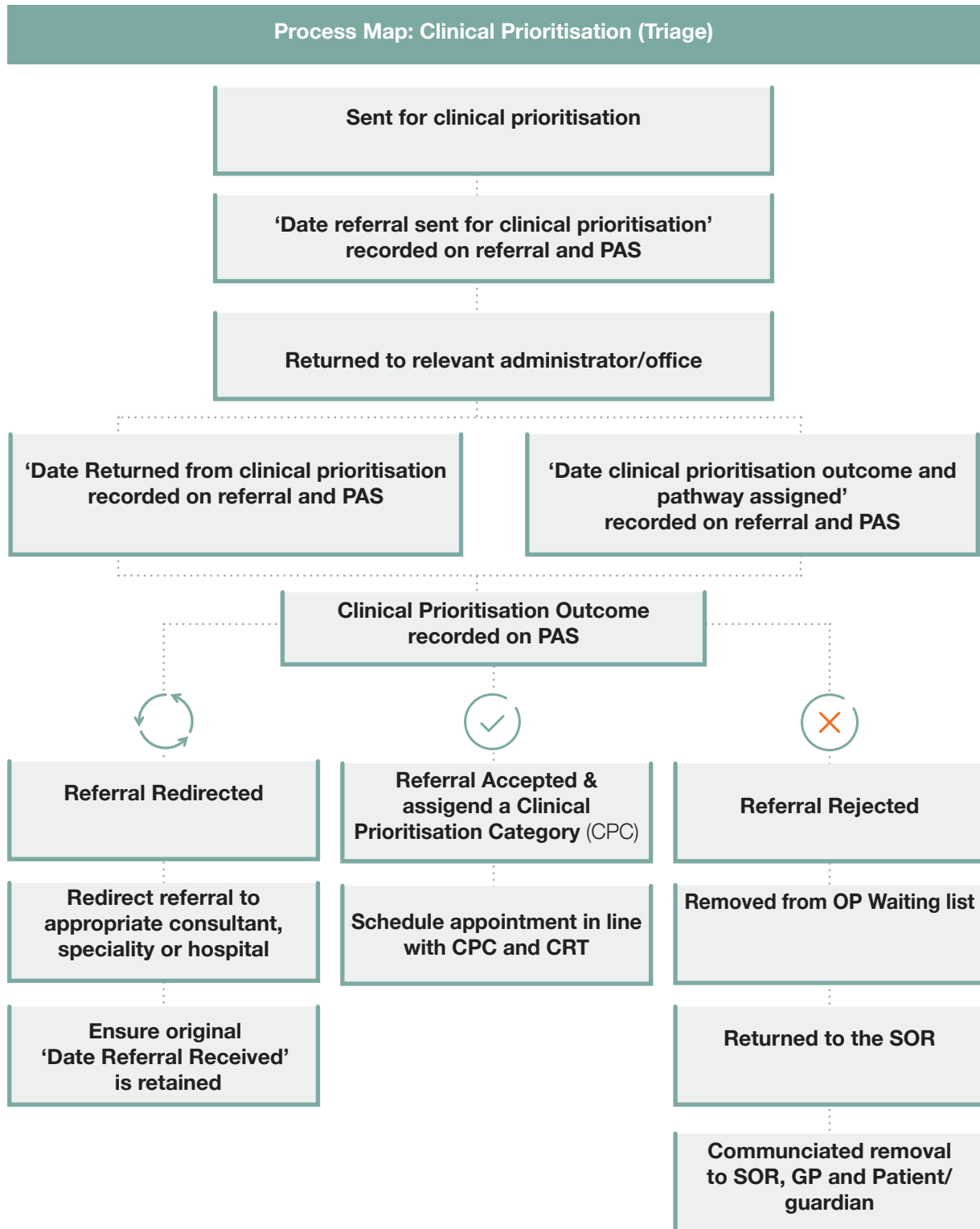


Table 5a: Communication in the Referral Management Process – eReferral

Information to be communicated	Patient or Guardian receives?	Referrer (SOR) receives?	GP receives?
Acknowledgement of receipt of referral	Y	Y	Y
Referral Accepted and placement of the patient on the OP waiting list, including Clinical Prioritisation Category assigned	Y	Y	Y
Notification that the referral is Redirected Externally/Removed	Y	Y	Y
Notification that referral is Rejected/ Removed	Y	Y	Y
Appointment Letter to include: <ul style="list-style-type: none"> How to confirm, re-schedule or cancel an appointment Consequences of patient cancellation Consequences of failure to attend the appointment Hospital contact details 	Y	Y	Y
Clinical letter detailing consultation outcome and treatment plan	Y	Y	Y
GPs will be notified of referrals that have been made by other SORs on their patient's behalf only where the patient has consented.	N	N	Y

Table 5b: Communication in the Referral Management Process - Paper Referral

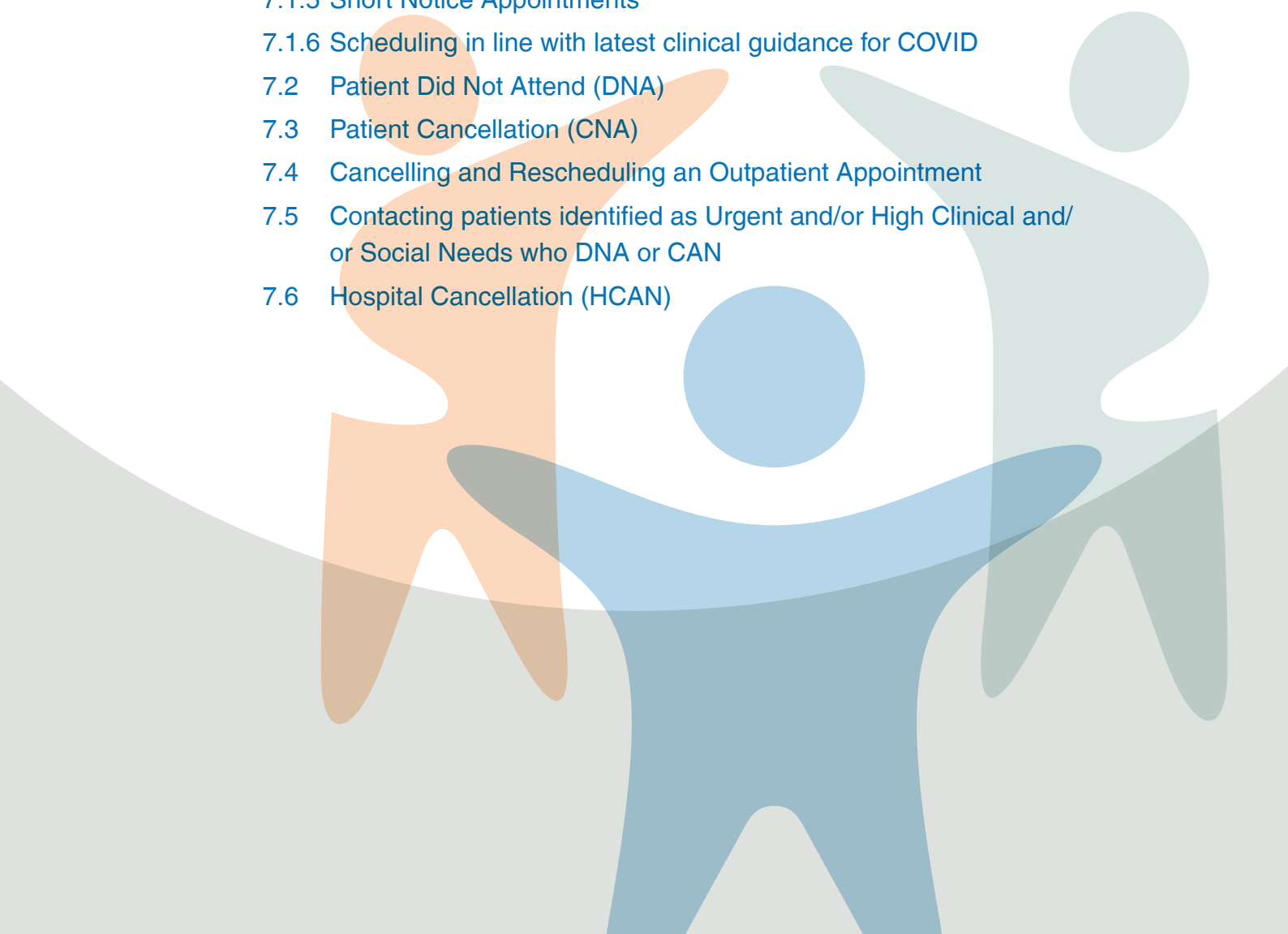
Information to be communicated	Patient or Guardian receives?	Referrer (SOR) receives?	GP receives?
Acknowledgement of receipt of referral	Y	N	N
Referral Accepted and placement of the patient on the OP waiting list, including Clinical Prioritisation Category assigned	Y	Y	Y
Notification that the referral is Redirected Externally/Removed	Y	Y	Y
Notification that referral is Rejected/ Removed	Y	Y	Y
Appointment Letter to include: <ul style="list-style-type: none"> How to confirm, re-schedule or cancel an appointment Consequences of patient cancellation Consequences of failure to attend the appointment Hospital contact details 	Y	N	N
Clinical letter detailing consultation outcome and treatment plan	Y	Y	Y
GPs will be notified of referrals that have been made by other SORs on their patient's behalf only where the patient has consented.	N	N	Y



7 | Scheduling and Management of Outpatient Waiting Lists

In this section the following areas will be covered:

- 7.1 Scheduling an Outpatient Appointment
 - 7.1.1 Scheduling in line with Clinical Prioritisation Category
 - 7.1.2 Urgent Appointments
 - 7.1.3 Semi-Urgent Appointments
 - 7.1.4 Non-Urgent Appointments
 - 7.1.5 Short Notice Appointments
 - 7.1.6 Scheduling in line with latest clinical guidance for COVID
- 7.2 Patient Did Not Attend (DNA)
- 7.3 Patient Cancellation (CNA)
- 7.4 Cancelling and Rescheduling an Outpatient Appointment
- 7.5 Contacting patients identified as Urgent and/or High Clinical and/or Social Needs who DNA or CAN
- 7.6 Hospital Cancellation (HCAN)



7 | Scheduling and Management of Outpatient Waiting Lists

7.1 | Scheduling an Outpatient Appointment

Once a patient referral has been reviewed and accepted by a clinician or specialty, and assigned a 'Clinical Prioritisation Category' (see Table 4), the patient should be scheduled to attend a face-to-face or virtual outpatient appointment in line with their CPC. ([Please click here](#) to view Virtual Clinic guidance).



The same scheduling and waiting list management rules apply to patients attending a face-to-face or virtual outpatient appointments.

7.1.1 | Scheduling in line with the Clinical Prioritisation Category

Outpatient appointments should be scheduled having regard to the assigned CPC and Clinically Recommended Timeframe (CRT) (see Table 4) or within a shorter time line where such has been agreed nationally as part of a care pathway, e.g. 2 weeks for various cancer pathways.

Where locally agreed timeframes are not in place, patients allocated the same CPC should be scheduled in chronological order from oldest referral received date to newest.

7.1.2 | Urgent Appointments

If a referral is assigned a Clinical Prioritisation Category (CPC) of 'urgent', the patient should be booked with regard to timeframes agreed locally with clinicians, set out in relevant scheduled care pathways or within the CRT of ≤28 days from their referral received date. If capacity is not available within 28 days the clinician must be notified immediately and a date must be arranged.

Due to the short-notice nature of scheduling urgent appointments patients should, where possible, be contacted by phone to determine an appropriate appointment date. When scheduling urgent appointments it may not be possible to give two (2) weeks' notice, short notice rules apply, see Section 7.1.6.

In general, across all CPCs, patients should be contacted at the earliest point possible and a protocol for contacting urgent patients should be agreed locally.

All OP appointments must be scheduled through the OP waiting list module on PAS and, where possible, an appointment letter must be sent to the patient or their guardian. It may happen that a patient receives a call for an urgent appointment and attends for that appointment before they would have received their appointment letter.



7.1.3 | Semi-Urgent Appointments

If a referral is assigned a CPC of 'semi-urgent', the patient should be scheduled with regard to timeframes agreed locally with clinicians, set out in relevant scheduled care pathways or within the CRT of 13 weeks from their referral received date.

Where locally agreed timeframes are not in place, patients allocated the same CPC should where possible, be scheduled in chronological order from oldest referral received date to newest. If capacity is not available within 13 weeks, the clinician must be notified and a date must be arranged.

To ensure patients receive a reasonable offer of an OP appointment they should be given a minimum of two (2) weeks' notice of their appointment and their appointment date should not be scheduled more than six (6) weeks into the future.

All OP appointments must be scheduled through the OP waiting list module on PAS and an appointment letter must be sent to the patient.

7.1.4 | Non-Urgent Appointments

If a referral is assigned a CPC of 'non-urgent' the patient should be scheduled with regard to timeframes agreed locally with clinicians, set out in relevant scheduled care pathways or within the CRT of 26 weeks from their referral received date.

Where locally agreed timeframes are not in place, patients allocated the same CPC should where possible be scheduled in chronological order from oldest referral received date to newest. If capacity is not available within 26 weeks, the clinician must be notified and a date must be arranged.

To ensure patients or their guardians receive a reasonable offer of an OP appointment they should be given a minimum of two (2) weeks' notice of their appointment and their appointment date should not be scheduled more than six (6) weeks into the future.

All OP appointments must be scheduled through the OP waiting list module on PAS and an appointment letter must be sent to the patient.

7.1.5 | Short Notice Appointments

Outpatient short notice appointments are appointments that are offered to patients with less than two (2) weeks' notice. Short notice appointments should be offered to patients on the waiting list based on their CPC and the related clinically recommended timeframe (see Table 4).

- Patients or guardians who decline a short notice appointment will not have their wait time clock reset at national level if reasonable notice was not given, i.e. a minimum of two (2) weeks' notice.
- Patients or guardians who accept the offer of a short notice appointment and subsequently cancel the scheduled appointment will not have their wait time clock reset at national level as reasonable notice was not given, i.e. two (2) weeks' notice.

7.1.6 | Scheduling in line with latest clinical guidance for COVID

Scheduling guidance relating to COVID must be adhered to. Please see the latest guidance on scheduling OP appointments during COVID in Section 11.

7.2 | Patient Did Not Attend (DNA)

Where a patient has been issued with an appointment and fails to attend, it is classified as a 'Did Not Attend' (DNA).

To facilitate the active management of DNA's, patients **identified on their record as urgent and/or high clinical and/or social needs** who DNA an appointment, 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 OP waiting list, or if a further appointment should be issued.

Patients **not identified on their record as urgent and/or high clinical and/or social needs** must be removed from the OP Waiting List module on PAS, and a removal letter issued to the patient or their guardian, the clinician, SOR and/or GP in line with the safe Removal and Reinstatement Process in Section 10.

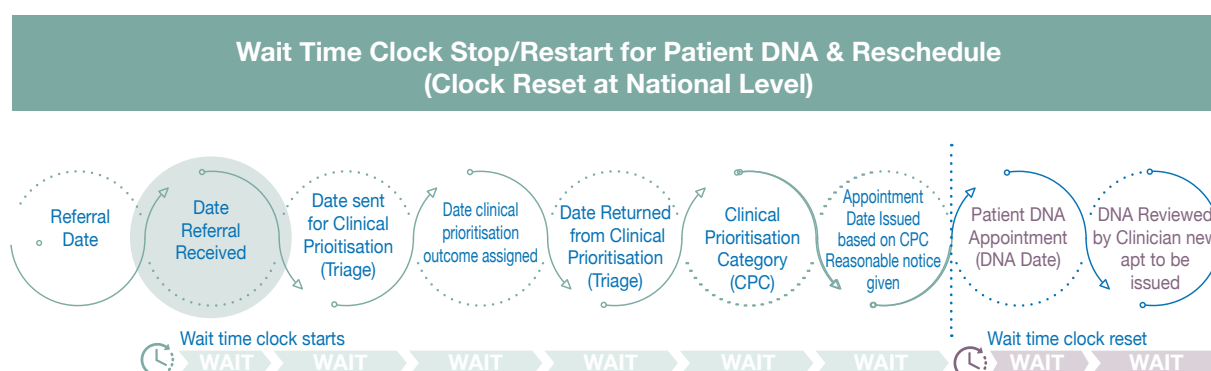
Under the removal and reinstatement process the patient or their guardian, the clinician, SOR and/or GP must be advised of the removal. If an SOR, GP, patient or their guardian request reinstatement to the OP waiting list this must be managed in line with Section 10.4.

Administrator DNA Management

- At the end of the outpatient clinic, identify patients who did not attend (DNA) and are identified on their record as urgent and/or high clinical/social needs
- Provide clinician with relevant available notes including referral and/or patient HCR
- Collect DNA outcomes assigned by the clinician
- Record DNA outcome on PAS **"Patient DNA"**.
- Issue appropriate communication to the clinician, SOR, GP, patient or their guardian

Note: Where the clinician indicates that the patient should be issued a further appointment their wait time clock is reset at national level from the patient DNA date. The patient DNA date should remain populated for the entire patient episode and only replaced if the patient fails to attend (DNAs) a further appointment.

The patient's referral received date should never be changed at hospital level.



Process Map: Patient DNA – Patient Not Identified as Urgent and/or High Clinical and/or Social needs



Schedule OP Appointment Date



Patient Did Not Attend (DNA)



Patient NOT identified as urgent and/or high clinical/social needs



Remove patient from the waiting list module of PAS (Same day)



Remove from OP Waiting List

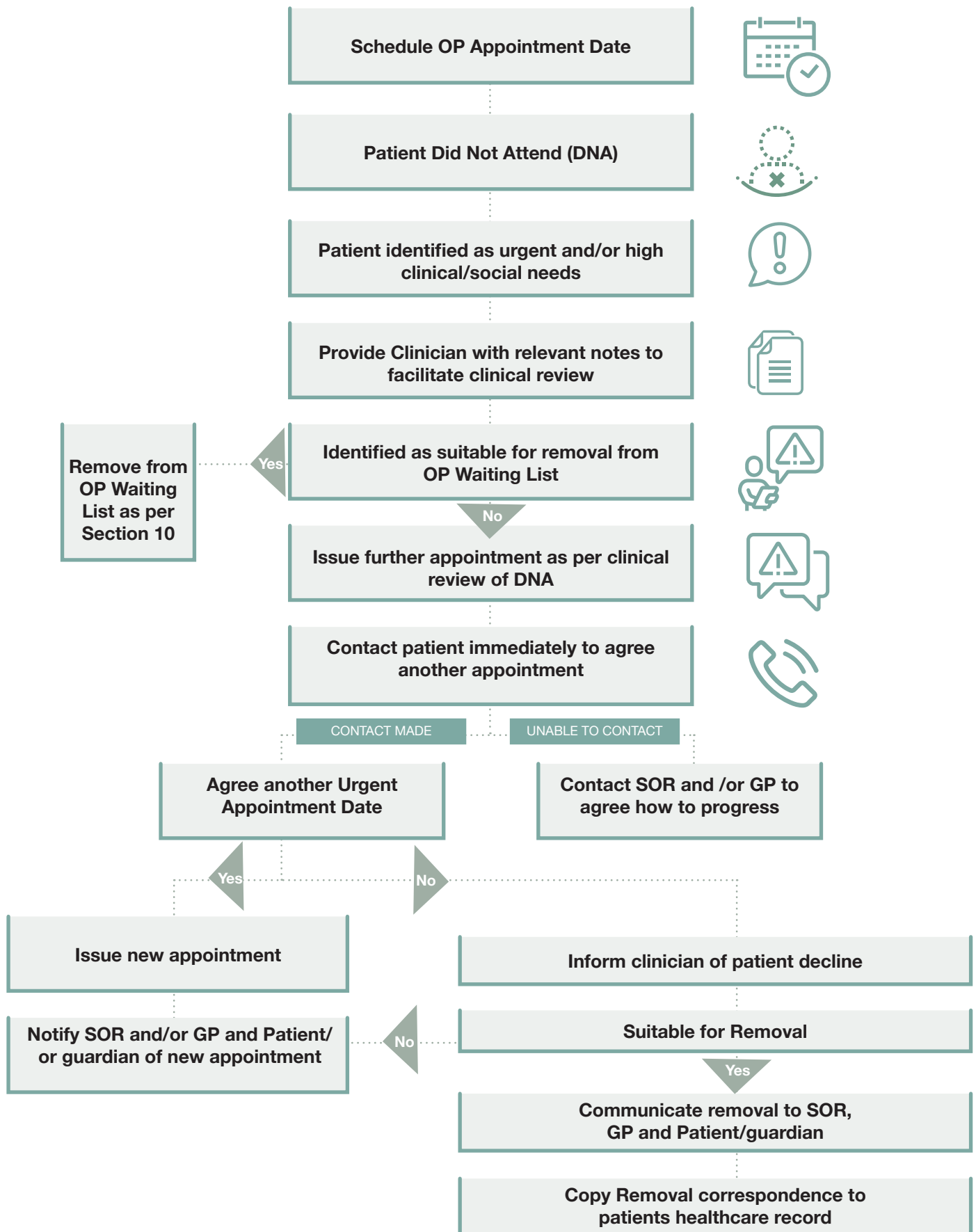


Communicate removal to SOR, GP and Patient/guardian



Copy Removal correspondence to patients healthcare record

Process Map: Patient Identified as Urgent and/or High Clinical and/or Social needs



7.3 | Patient Cancellation (CNA)

If a patient or their guardian cancels a first outpatient appointment as they 'cannot attend' (CNA), and does not request a further appointment it is classified as a CNA.

To support the active management of patient cancellations, patients **identified on their record as urgent, and/or high clinical, and/or social needs** who cancel an appointment and do not request a further appointment, the patient's record should be sent to the clinician for review.

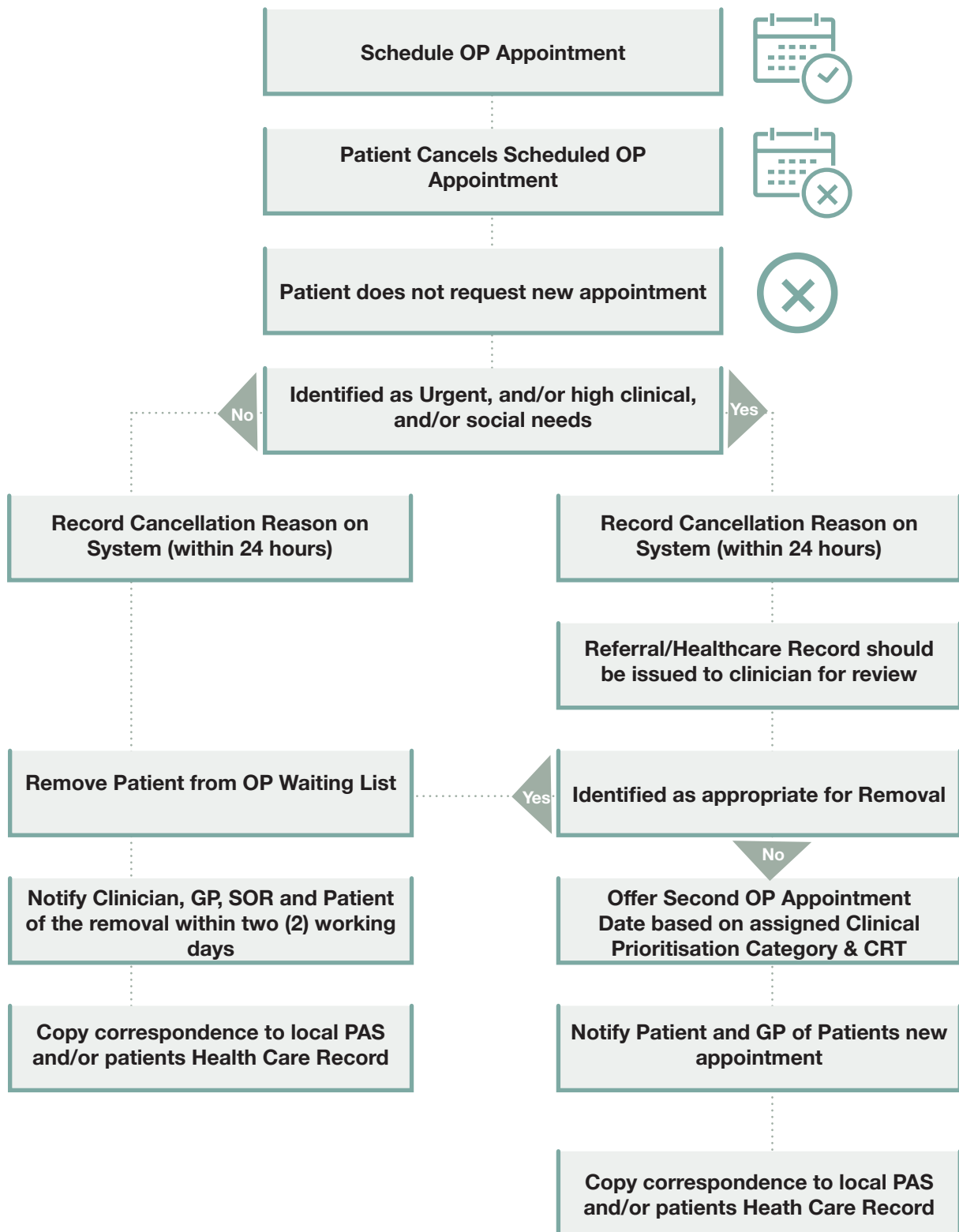
Patients **not identified on their record as urgent, and/or high clinical, and/or social needs** should be removed from the OP waiting list module of the hospital PAS, and a removal letter issued to the GP, SOR, patient or their guardian, in line with the removal process in Section 10.

If an SOR, GP, patient or their guardian request reinstatement to the OP waiting list this must be managed in line with Section 10.4.

The cancellation must be recorded on the OP waiting list module of the hospital PAS as **"Patient CNA"**.



Process Map: Patient OP Cancellation Process



7.4 | Cancelling and Rescheduling an Outpatient Appointment

If a patient or their guardian cancels and requests to reschedule an OP appointment, they should be recorded on PAS as a CNA and offered a second appointment with regard to their Clinical Prioritisation Category (CPC).

Patients clinically prioritised as 'urgent' should be given a new appointment date immediately.

To reschedule an appointment:

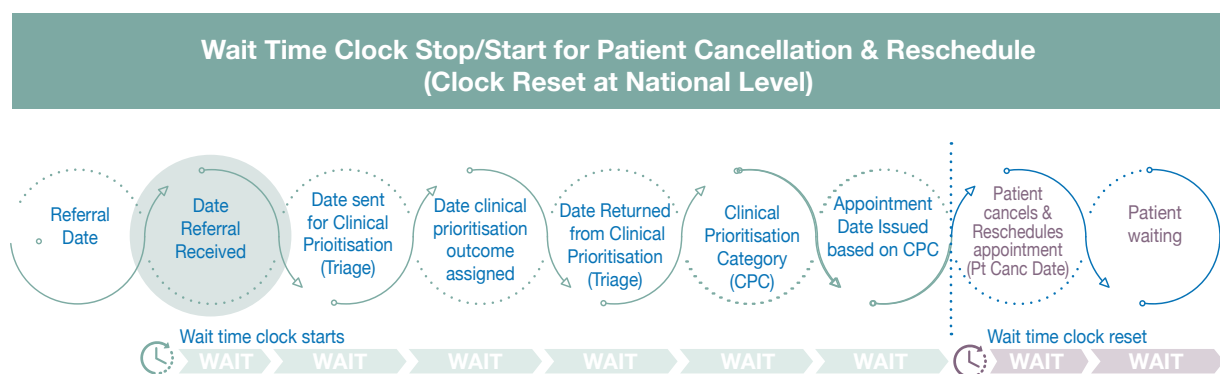
- cancel the original appointment from the OP waiting list module on PAS, using the relevant reason code
- reschedule a new appointment with regard to their Clinical Prioritisation Category and CRT
- ensure rescheduled appointment is connected to the cancelled original OP appointment on PAS
- issue the new appointment letter to the patient with regard to the short notice section 7.1.6.

A patient or their guardian who cancels and requests to reschedule an appointment on two (2) or more occasions should be brought to the attention of the clinician who will determine if they should be offered an additional appointment or be discharged back to the referrer.

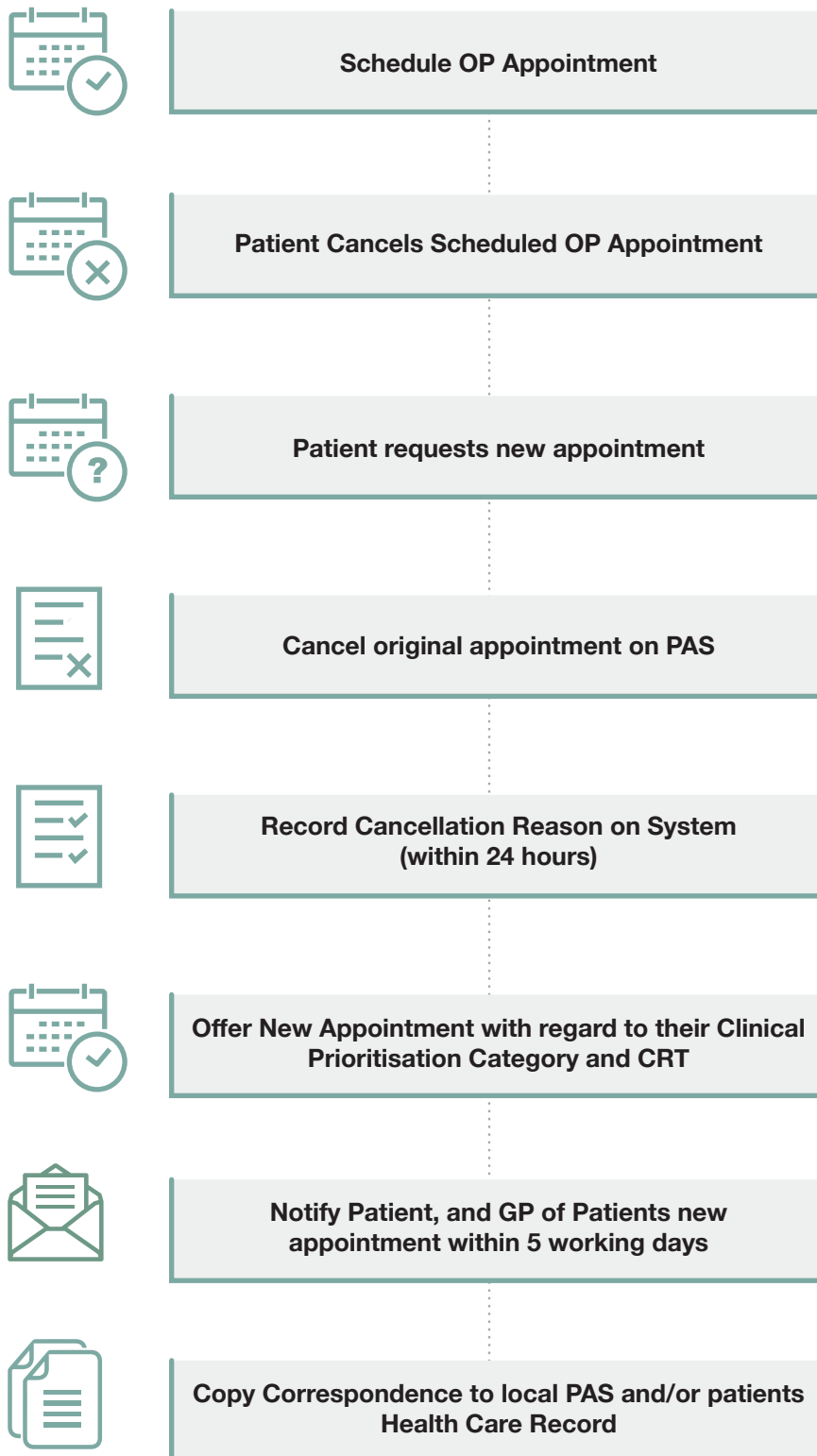
If a patient is to be discharged back to the referrer they should be removed from the OP waiting list module on PAS and a removal letter must be issued in line with the removal process in Section 10.

Note, where a patient has cancelled and requested to reschedule an appointment date, their wait time clock is reset at national level from the patient cancellation date. The patient cancellation date should remain populated for the entire patient episode and only replaced if the patient cancels a further appointment.

The patient's referral received date should never be changed at hospital level.



Process Map: Patient Cancellation and Reschedule



7.5 | Contacting patients identified as Urgent and/or High Clinical and/or Social Needs who DNA or CNA

Every effort must be made to contact patients identified as urgent and/or high clinical and/or social need who fail to attend an appointment. If a patient fails to attend or cancels a scheduled appointment, the administrator must immediately attempt to contact them by phone or letter to establish their status and arrange another appointment.

If contact cannot be made with a patient identified as urgent and/or high clinical and/or social need or their guardian within two (2) working days, the referrer must be notified immediately of the patient's DNA or CNA status and that they are uncontactable.

7.6 | Hospital Cancellation (HCAN)

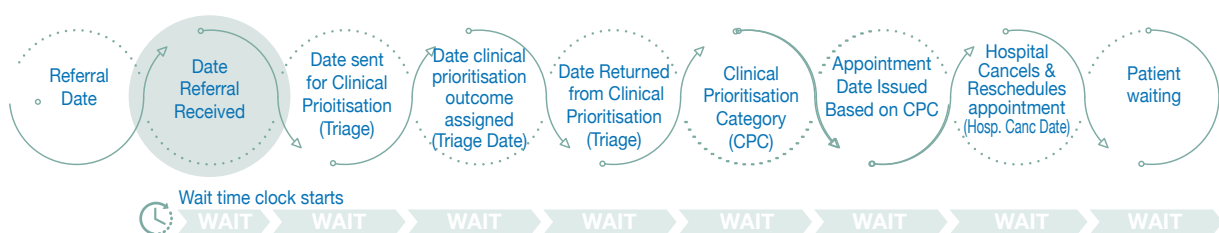
At times a hospital may need to cancel, reschedule or reduce a clinic at short notice. This may happen due to unforeseen circumstances such as a national emergency, extreme weather, industrial action, resource constraints or leave arrangements.

In this event, every effort must be made to update the affected patients or their guardians by phone and reschedule the appointment.

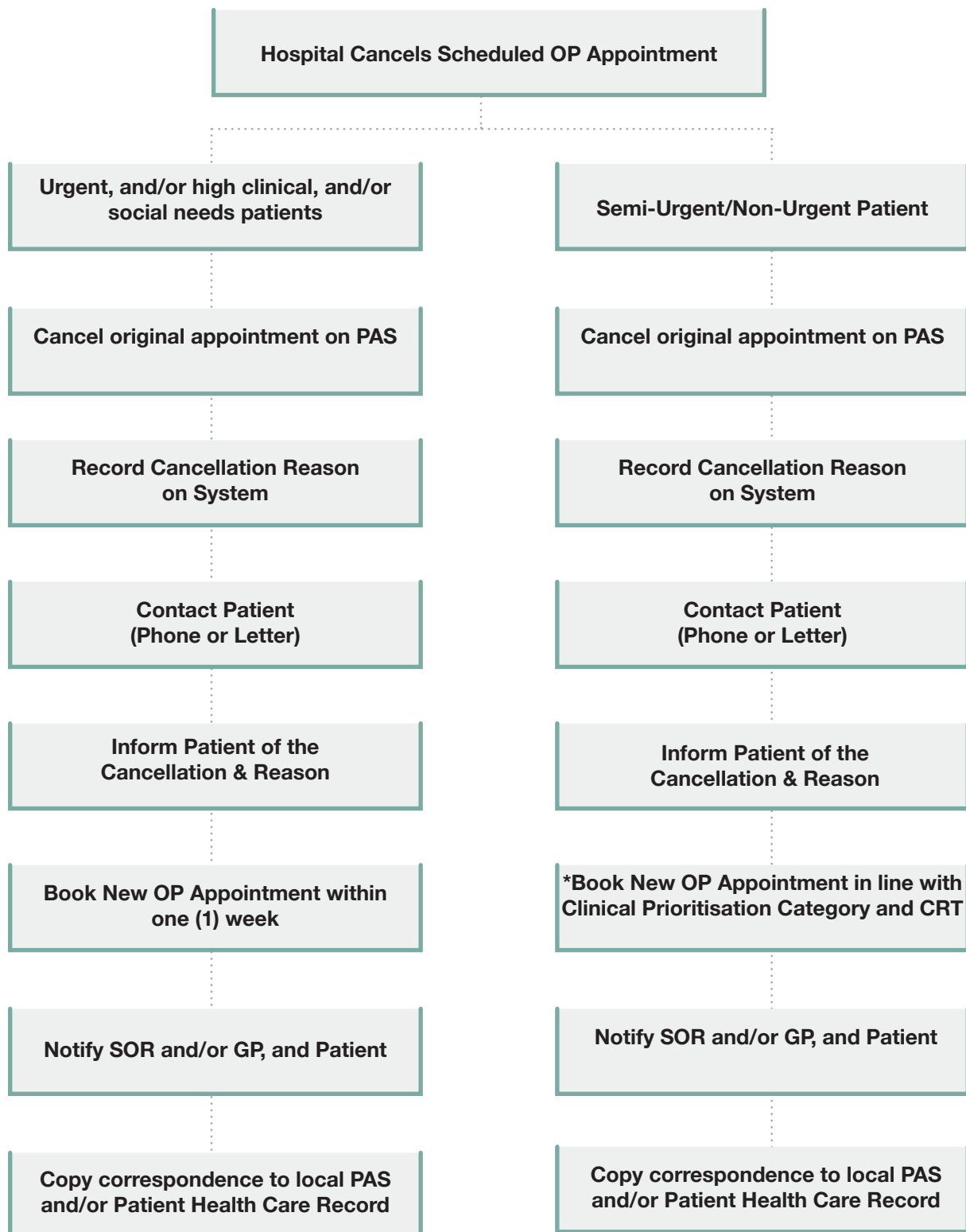
In accordance with 'The Management of Outpatient Services 2.1, OSPIP 2014' following a Hospital Cancellation

- Urgent patients must be rescheduled and seen within one (1) week
- Semi-urgent and non-urgent patients, issued with the next available appointment slot based on their clinical prioritisation category and CRT
- In accordance with best practice, semi-urgent and non-urgent patients, where possible, should be rescheduled and seen within three (3) weeks
- If there is no available capacity within these timeframes, the clinician must be informed, and allocate the next available appointment unless otherwise instructed
- Written notice of the cancellation and the new appointment date should be sent to the patient within 24 hours
- The cancellation should be recorded on the OP waiting list module of the hospital PAS as **"Hospital CAN"**
- Hospital cancellations do not incur a wait time clock reset
- The referral received date must not be changed or altered and must remain the same on the hospital PAS

Wait Time Clock Start for Hospital Cancellation & Reschedule (NO Clock Reset at National Level)



Process Map: OP Hospital Cancellation Process



*NB. Patients should be issued with the next available appointment slot based on their clinical prioritisation category. Where possible, in accordance with best practice hospital cancellations should be rebooked within three (3) weeks of original appointment date for Semi-Urgent / Non-Urgent

8 | Validation Process

In this section the following areas will be covered:

- 8.1 Validation Process
- 8.2 Administrative Patient Validation
- 8.3 Data Validation
- 8.4 Clinical Validation
- 8.5 Removal following Validation



8 | Validation Process

8.1 | Validation Process

Validation is a process whereby patients on waiting lists are contacted to confirm if they are ready, willing and available to proceed with hospital care. This process also assists hospitals in improving the accuracy of waiting list information.

There are three types of validation:



Administrative
Patient Validation



Data
Validation



Clinical
Validation

8.2 | Administrative Patient Validation



Administrative validation is a task carried out on a regular basis to ensure that waiting list data is kept accurate and up-to-date.

The administrative patient validation process is facilitated by the NTPF for public hospitals nationally. This ensures that patients are validated in a standardised, equitable, efficient and fair manner.

Patients are issued a validation letter asking if they still require access to hospital care. Patients can respond to a validation letter online via the Patient Online Automated Response (POLAR) system at www.waitinglist.ie or by post using the free post return envelope provided. If a response is not received the patient is subsequently issued with a reminder letter. Where a patient fails to respond to the reminder letter they may be removed from the waiting list see Section 8.5 and Section 10.

Hospitals, together with the NTPF, identify and agree cohorts of patients for validation on a monthly (maintenance) or biannual basis. Validation cycles are managed using an online automated reporting system which enables hospitals to update patient validation responses in real time.

At the end of a validation cycle a hospital is issued with an Action Plan which must be completed within the set deadline.

8.3. | Data Validation



Data validation is an administrative task carried out by the hospital on a regular basis to ensure that waiting list data is kept accurate and up-to-date. As part of this process, a hospital administrator generates and reviews NTPF and PAS waiting list reports weekly to identify data discrepancies or anomalies. Any identified discrepancies must be followed up and corrected immediately.

Data validation exercises should focus on the following areas:

- Duplicates
- Patients with DNA history
- Patients with CNA history
- Lapsed appointment dates
- Lapsed suspension dates
- Data entry errors (especially relating to dates)
- Referrals not returned from clinical prioritisation process (Triage)

8.4 | Clinical Validation



The clinical validation process is carried out by a clinician or a delegated clinical team member. This process requires the review of a patient's referral letter, healthcare record and/or medical notes to establish if:

- the patient should remain on the waiting list
- there is a change to their clinical prioritisation category
- any tests required in advance of an OP appointment
- the patient is suitable for:
 - Direct Access
 - Insourcing or Outsourcing Initiatives
 - New Clinical Diagnostic Initiatives

8.5 | Removal following Validation

Following a validation exercise patients may be removed from an OP waiting list. Patients must be removed from the OP Waiting List module on the hospital PAS in line with the removal process in Section 10.

Patients identified as urgent and/or high clinical and/or social needs must be clinically reviewed and should only be removed under clinical guidance.

If an SOR, GP, patient or their guardian request reinstatement to the OP waiting list this must be managed in line with Section 10.4.

Notes



9 | Insourcing and Outsourcing Initiatives

In this section the following areas will be covered:

- 9.1 Outpatient Insourcing and Outsourcing Initiatives
- 9.2 Insourcing Process
 - 9.2.1 Additional clinics/capacity in the referring hospital
 - 9.2.2 Additional clinics/capacity in another public hospital
- 9.3 Outsourcing Process
- 9.4 Patients returned from Insourcing or Outsourcing initiatives
- 9.5 Managing Suspensions for Insourcing and Outsourcing Initiatives
- 9.6 Extending the Suspension Period



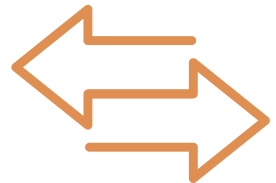
9 | Insourcing and Outsourcing Initiatives

9.1 | Outpatient Insourcing and Outsourcing Initiatives

Insourcing is the provision of additional capacity in a public hospital; while outsourcing is the provision of procured capacity with a private service-provider.

Outpatient **insourcing** and **outsourcing** initiatives aim to improve public hospital outpatient wait times, especially for the most critical patients and those waiting the longest.

The hospital that seeks the additional capacity is known as the **referring** hospital and the service that provides the additional or procured capacity is known as the **treating** service-provider. It is possible for the same public hospital to be the referring hospital **as well as** the treating service-provider in some insourcing initiatives.



9.2 | Insourcing Process

Patients suitable to participate in an outpatient insourcing initiative are identified based on agreed parameters, i.e. specialty waiting list and/or wait time-band.

Insourcing initiatives can be facilitated through:

- Additional clinics/capacity in the referring hospital
- Additional clinics/capacity in another public hospital



9.2.1 | Additional clinics/capacity in the referring hospital

In this initiative the referring hospital acts as both the referring and treating hospital. For insourcing initiatives, all outpatient clinics arranged and capacity provided in the referring public hospital must be additional to the hospital's core activity. This can be facilitated through setting up additional clinics or through additional capacity within an existing clinic.

The patient is not suspended from the OP waiting list. The OP waiting list module on PAS is used to manage and book the patient's outpatient appointment as part of the insourcing initiative. Normal scheduling rules apply (see Section 7).

9.2.2 | Additional clinics/capacity in another public hospital

In this initiative, the treating service-provider is another public hospital in the same or different hospital group. The patient is suspended from the referring hospital OP waiting list and added to the treating service-provider waiting list for this type of insourcing initiative.

Referring Hospital tasks include:

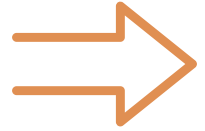
- suspending the patient from the OP waiting list for a period of three (3) months
- setting the suspension start date as the date the patient accepts the offer of access to hospital care
- extending the suspension end-date if necessary, depending on the consultation outcome
- removing the patient from the OP waiting list once formal communication is received that the patient has completed their episode of care

Treating Service-provider (other public hospital only) tasks include:

- adding the patient to the OP waiting list on receipt of the original referral letter; the patient should be added to the OP waiting list in the public treating hospital using the original referral received date
- scheduling and issuing the patient with an appointment date once they are added to the OP waiting list
- issuing formal communication to the referring hospital once the patient has completed their episode of care

9.3 | Outsourcing Process

Patients suitable to participate in an outpatient outsourcing initiative are identified based on agreed parameters i.e. clinical suitability, specialty waiting list and/or wait time-band.



Outpatient outsourcing initiatives take place in an agreed private hospital or service-provider.

Referring Hospital tasks include:

- suspending the patient from the OP waiting list for a period of three (3) months
- setting the suspension start date as the date the patient accepts the offer of access to hospital care
- extending the suspension end date if necessary, depending on the consultation outcome
- removing the patient from the OP waiting list once formal communication/discharge summary report is received that the patient has completed their episode of care

Private hospitals that act as the treating hospital are responsible for the scheduling and management of the patient through their episode of care and for communicating to the public hospital when the patient has completed their episode of care.

When the patient's treatment is completed at the treating hospital, the treating hospital must issue a formal discharge summary report which then enables the referring hospital to remove the patient from their OP waiting list.

9.4 | Patients returned from Insourcing or Outsourcing initiatives

Patients can be returned to the referring hospital for a number of reasons:

- Multiple cancellations – the patient may be returned to the referring hospital after multiple cancellations
- Did Not Attend – the patient may be returned to the referring hospital after two (2) DNAs
- Patient requests return to the referring hospital
- Clinically Unsuitable – the patient is clinically assessed as too complex or otherwise clinically unsuitable to be accepted by the treating service-provider
- Patient requires long term follow-up.

Management of Patients returned from an Outpatient Insourcing or Outsourcing Initiative

The referring hospital must make contact with the patient or their guardian to confirm if they wish to remain or be removed from the public hospital waiting list.

Patient's response should be updated on the hospital PAS and outcomed accordingly; patients who:

- wish to remain on the public hospital waiting list should be managed in line with Section 7
- wish to be removed from the public hospital waiting list should be managed in line with Section 10

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.

9.5 | Managing Suspensions for Insourcing and Outsourcing Initiatives

Patients participating in insourcing initiatives within the public hospital that they are currently listed for an appointment, must **not be suspended** as normal scheduling rules apply.

To ensure standardised administrative waiting list management, patients on the OP waiting list who accept an offer of care in another public or private hospital through an NTPF or HSE initiative, must be suspended from the OP waiting list.

The referring hospital must suspend the patient in line with timeframes agreed within the Memorandum of Understanding (MOU), using the appropriate suspension reason.

Suspension Reasons for Insourcing and Outsourcing Initiatives are:

- NTPF Outsourcing Initiative
- NTPF Insourcing Initiative
- HSE Outsourcing Initiative
- HSE Insourcing Initiative

The suspension period must start from the date the patient accepts the offer to access hospital care in another hospital

Suspension Start Date = Date Offer Accepted

Outpatient suspensions will not impact on a patient's wait-time as patients suspended as part of an insourcing or outsourcing initiative will not incur a waiting list 'stop-start'.

9.6 | Extending the Suspension Period

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.

This is done by extending the suspension end date on the local PAS system. The referring hospital must not change the suspension start date, this remains the date the patient accepted the offer of care in another hospital.

10 | Removing a Patient from an OP Waiting List

In this section the following areas will be covered:

- 10.1 Removal of Patients
- 10.2 Removal of an Urgent and/or High Clinical and/or Social Needs Patient
- 10.3 Reasons for Removal
- 10.4 Reinstatement of a Removal
- 10.5 Communication in the Removal Process



10 | Removing a Patient from an OP Waiting List

10.1 | Removal of Patients

Patients on OP waiting lists can be removed for a number of reasons as listed below in section 10.3. Patients who require removal from an OP waiting list must be removed in a safe manner with a clear, consistent, well-documented audit trail to support the removal process.

When removing a patient from an OP waiting list the hospital PAS system must be updated with immediate effect to reflect this removal.

When removing a patient from the OP waiting list who is **not identified by a clinician as urgent and/or high clinical and/or social needs** on their referral letter or medical record, they should be removed and returned to the GP and/or SOR.

The removal letter must inform the GP and/or SOR that if they deem the patient requires reinstatement to the OP waiting list, reinstatement rules will apply and the patient will be added back onto the waiting list from their original referral received date.

Removal correspondence must be sent to the patient or their guardian, GP and/or SOR within two (2) working days of removal.

10.2 | Removal of an Urgent and/or High Clinical and/or Social Needs Patient

In some cases patients can be identified by a clinician as urgent and/or high clinical and/or social needs from information contained in their referral letter or medical record. Consideration should be given to the management of patients identified as high clinical and/or social needs throughout the outpatient pathway.

Patients identified as urgent and/or high clinical and/or social needs must be clinically reviewed and should only be removed under clinical guidance.

10.3 | Reasons for Removal

Removal of a patient from an OP waiting list should only occur for the reasons set out below.

The patient:

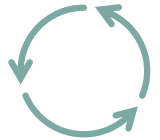
- Did not attend for appointment (DNA)
- cancelled appointment and did not reschedule (CNA)
- GP/SOR requests patient's removal
- repeatedly re-schedules appointment
- has been admitted as inpatient, day case or attended ED (Inc. AMU/AMAU/CDU) for the specified condition
- has been seen as part of an NTPF funded initiative
- has been seen as part of a HSE funded initiative
- has been seen as part of another funded initiative

Repeatedly
reschedules



Does not attend

- has been returned to SOR with advice/care plan
- had their referral rejected
- is deceased
- has been removed through a validation exercise
- has been entered in error (data error)
- referral has been redirected to another hospital
- referral has been redirected to another specialty in the hospital
- referral has been redirected to a stand-alone advance nurse practitioner service
- referral has been redirected to a stand-alone health and social care service

Data Error**Redirected**

10.4 | Reinstatement of a Removal

If a request for reinstatement to the OP waiting list is made by the patient or their guardian, SOR or GP, within four (4) weeks of the notification of 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 OP waiting list, the patient must be added using the **original referral received date**.

If the request is made after four (4) weeks from the date of notification of removal from the waiting list, the source of referral must submit a new referral.

10.5 | Communication in the Removal Process

To ensure that patients are removed safely from the OP waiting list, and to provide evidence of a complete audit trail on the patient's record, formal correspondence, electronic or hard copy, must be issued to the following:

- GP (other than when patient requests communication with SOR only)
- Other source of referral
- Patient or their Guardian
- Patient's healthcare records

Removal correspondence must be sent to the patient or their guardian, GP and/or SOR within two (2) working days of removal.

Removal correspondence must include details of:

- Date and reason for removal from the waiting list
- Details of the reinstatement process and relevant hospital contact details

From time to time a patient or their guardian may request that the hospital only communicates with the referrer (SOR) **and not the GP**. Requests such as these must be documented on the hospital PAS and adhered to.

Process Map: Removing a Patient from an OP Waiting List (inc. reinstatement)



**Patient identified for removal from the waiting list
(as per approved Reasons for Removal)**



Record Date of Removal



Record removal reason on the system



**Notify Clinician, GP, SOR and Patient of the
removal within two (2) working days**



**Copy Removal correspondence to local PAS and/
or patients Health Care Record**

Reinstatement of a Removal

**Request for reinstatement received from GP, SOR
or Patient/guardian within 4 weeks of removal**

**Issued to Clinician for review and approval or
reinstatement**

**Reinstate to appropriate waiting list using the
original 'Referral Received Date'**

11 | COVID-19 Related Guidance



11 | COVID-19 Related Guidance

For HSE Acute Hospital Division Covid-19 Guidance documents please visit:
COVID-19 Guidance Documents - HSE.ie

For all Covid-19 HSE Clinical Guidance and Evidence please visit repository:
<https://hselibrary.ie/covid-resources>

Table 7 below lists direct links to Clinical Guidance and Evidence with reference to outpatient settings.

Table 7: : Links to COVID-19 Clinical Guidance	
Guidance Title	Link
Guidance for Heart Failure Management during Covid-19 pandemic (CD 19-057 001/28.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4865643
Interim Guidance-Selective Ultrasound Screening for Developmental Dysplasia of the Hips (DDH) in New-borns during COVID-19 Pandemic (CD 19-074 001/29.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4866623
National Clinical Programme for Cystic Fibrosis - Guidance for People with Cystic Fibrosis and their Families Regarding COVID-19 (CD19-049-001 / 03.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4928235
Clinical Guidelines for Trauma and Orthopaedic Surgery (CD 19-018/10.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4866145
Guidance for Nutrition relating to COVID-19 infection (CD 19-078 001/20.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4867214
Interim Clinical Guidance on Flexible nasendoscopy (FNE) and nasal endoscopy during COVID-19 pandemic (NCD19-010/07.07.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4875756
NCCP advice on radiation therapy capacity escalation plan in response to the current COVID 19 pandemic (CD 19-096-005/07.02.22)	https://hse-ie.libguides.com/c.php?g=679077&p=4866251
HSE Interim Clinical Guidance on Management of Diabetes during the COVID-19 Pandemic (CD 19-118 001/22.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4865320
Guidance for Inflammatory Bowel Disease (IBD) services relating to COVID 19 pandemic (CD19-048-004 / 27.07.20)	https://hse-ie.libguides.com/Covid19V2
NCCP guidance for Medical Professionals on the management of patients with head and neck cancer undergoing radiotherapy in response to the current COVID-19 pandemic (CD 19-182/16.06.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4868836
Guidelines for the use of Telecommunications within the Speech and Language Therapy clinical setting in the context of COVID-19 Pandemic (CD19-047 / 10.04.20)	https://hse-ie.libguides.com/c.php?g=679077&p=4872551
Telehealth ToolKit (CD19-206 / 03.02.21)	https://hse-ie.libguides.com/ld.php?content_id=33403731
Guidance for the clinical management of COVID-19 in COPD and Asthma (CD 19-021 003 / 05.01.21)	https://hse-ie.libguides.com/c.php?g=679077&p=4866795
Guidance for safe bronchoscopy unit operations in pandemic conditions (NCD19-009-001/20.01.21)	https://hse-ie.libguides.com/c.php?g=679077&p=4874377
Guidance for safe endoscopy unit operations in pandemic conditions (NCD 19-002-001/12.01.21)	https://hse-ie.libguides.com/c.php?g=679077&p=4866758

12 | Acknowledgements



12 | Acknowledgements

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- Scheduled & Unscheduled Care Performance Unit, Department of Health

Members of the National IDPP Waiting List Management Steering Group

- Process Innovation Director, NTPF (Chair)
- Group Performance Manager, DMHG
- Scheduled Care Lead, IEHG
- Scheduled Care & Operations Project Manager, Saolta
- Scheduled Care Lead, SSWHG
- Scheduled Care Lead, RCSI
- Directorate Manager, ULHG
- Scheduled Care Lead, CHI
- Operational Services Manager, CHI at Crumlin
- Scheduled Care, Acute Operations, HSE
- Scheduled & Unscheduled Care Performance, Department of Health
- Senior Process Innovation Coordinator, NTPF
- ICT Director, NTPF
- Head of Validation, NTPF

Health Service Executive

- National Lead for Integrated Care, Clinical Design and Innovation, OoCCO, HSE
- Scheduled Care, Acute Operations, HSE
- Scheduled Care Transformation Programme, Acute Strategy & Planning, HSE

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- Audit and Quality Assurance Team
- Commissioning Team
- ICT Team
- Process Innovation Team

Outpatient Workshop Attendees

Thanks to all of the HSE, DoH, Hospital Group and individual hospital representatives who participated in the NTPF Outpatient Workshop in January 2020.

Peer Review Groups

Thanks to all of the hospital representatives who participated in the OP Waiting List Management Protocol Peer Review Groups.

13 | Glossary of Terms



13 | Glossary of Terms

	Explanation
Clinical Prioritisation Category	The level of urgency that a clinician assigns to a referral. These categories are urgent, semi-urgent or non-urgent
Clinical Prioritisation Outcome	The outcome assigned to a referral by the clinician which can be Accept, Redirect or Reject
Clinical Prioritisation Process	Process where a relevant specialty department or service reviews a patient's referral and determines the Clinical Prioritisation Outcome, and the level of urgency that a clinician assigns to a referral
Clinically Recommended Time Frame (CRT)	Is a maximum waiting time to consultation to minimise risk and/or achieve best clinical outcomes
Clock Start	The beginning of the patient's wait to be seen.
Clock Stop	A termination or pause in the patient's wait to be seen in outpatient services.
Clock Restart	When the patient's wait-time re-commences after a clock stop.
Duplicate Referral	Following on from the receipt of a referral letter, a referrer may resend the same referral letter; this is known as a Duplicate Referral.
High Clinical and/or Social Needs	In some cases patients can be identified by a clinician as high clinical and/or social needs patients. In this case, it should be noted by the clinician on the patient's referral letter or medical record. Patients identified as high clinical and/or social needs on their record may require extra consideration to ensure they receive appropriate levels of care throughout their outpatient pathway.
Hospital Cancellation (HCAN)	Any rescheduling of a patient appointment by the hospital due to circumstances beyond their control, for example, national emergency, extreme weather, industrial action, resource constraints or leave arrangements is classified as a 'Hospital Cancellation' (HCAN)
Insourcing Initiative	Insourcing is the provision of additional capacity in a public hospital.
Minimum Information Required	To enable safe processing and clinical assessment of an Outpatient Referral it must contain, at a minimum, the data set out by HIQA (2011) in 'The HIQA Minimum Data Set for Outpatient Referrals and standard Healthlink'.

New Outpatient Referral	A new patient referral is a referral for a patient who has not accessed care for the same condition, with the same consultant or speciality, within the same hospital or within a different public hospital where there is an agreed shared service across both sites in the last 12 months.
Outsourcing Initiative	Outsourcing is the provision of procured capacity with a private service-provider.
Outpatient Referral	A patient's journey to access outpatient care begins when an outpatient referral is received by the hospital from a recognised Source of Referral (SOR)
Outpatient Suspensions	Patients on the OP waiting list who accept an offer of care in another public or private hospital through an NTPF or HSE initiative, must be suspended from the OP waiting list.
Patient Cancellation (CNA)	A patient or their guardian who cancels a first outpatient appointment as they 'cannot attend' (CNA), and does not request a further appointment it is classified as a CNA.
Patient Did Not Attend (DNA)	Where a patient has been issued with an appointment and fails to attend, it is classified as a 'Did Not Attend' (DNA).
Referral Letter	A patient's journey to access outpatient care begins when a paper or electronic referral letter/form is received by the hospital from a recognised Source of Referral (SOR)
Return Outpatient Referral	A return patient referral is a referral for a patient who has accessed care for the same condition, with the same consultant or speciality, within the same hospital or within a different public hospital where there is an agreed shared service across both sites or admitted to an inpatient ward in the last 12 months.
Short Notice Appointments	Outpatient short notice appointments are appointments that are offered to patients with less than two (2) weeks' notice.
Second Referral	A referrer may send an updated referral letter to the same consultant or specialty containing updated patient and/or clinical information; this is known as a Second Referral.
Source of Referral	Patients who require access to outpatient care are identified and referred from services within the healthcare community, known as Source of Referral (SOR).
Validation Process	Validation is a process whereby patients on waiting lists are contacted to confirm if they are ready, willing and available to proceed with hospital care.

Notes



14 | Quick Reference Guide



14 | Quick Reference Guide

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Notes



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