

## Successful Implementation of a Waiting List Reform

### *National Outpatient Waiting List Management*

#### *Protocol 2022*

#### *A Case Study in the Children's Health Ireland (CHI) Hospital Group*



## Introduction

In 2022, the NTPF developed and launched the updated Outpatient (OP) Waiting List Management Protocol to provide guidance to staff working in the area of outpatient waiting list management. Its aim was to ensure that there was 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 nationally.

## Problem/ Challenge

Prior to the launch of the OP Waiting List Management Protocol 2022, there was inconsistency in outpatient waiting list management across CHI sites. Staff were reliant on local knowledge and an outdated national protocol. Turnover of staff within the CHI Group created a further gap in waiting list management practices.

OP waiting list management training was limited and delivered informally to administration staff. There was an unwritten expectation that clinical staff would inform themselves of the waiting list principles.

CHI wanted to ensure that all clinical and non-clinical staff understood the importance of following OP waiting list management processes, and the consequences for patients if national waiting list management processes are not followed. The challenge for CHI was to implement this protocol and roll out a comprehensive training and development programme to all staff involved in OP waiting list management to guarantee that waiting lists are managed in a clear, consistent and standardised approach.

## Solution

CHI continues to work towards integrating its services and staff ahead of the new children's hospital opening. The launch of the updated protocol encouraged CHI to take a 'One CHI' approach to the implementation of the protocol.

CHI established a cross site OP Protocol Implementation Working group. This group would oversee the successful implementation of the protocol.

## Deliverables of CHI OP Protocol Implementation Working Group








CHI asked three important questions:

1. Who is our target audience?
2. What are our key messages?
3. How do we reach our staff?

CHI identified that, due to the multiple stakeholders involved in the roll-out, communication would be key to the successful implementation. It also identified the need to tailor the training to the different requirements of multiple stakeholders within the CHI Hospital Group.

CHI elected to use a hospital group approach rather than a site-specific approach, rolling out the training across all disciplines. It was essential for CHI to seek the support of the Group Clinical Director to act as a change agent and champion for the new updated OP Protocol. This was fundamental when sharing updated information with clinicians.

## Training & Education – “Identifying the need”

 Who	<ul style="list-style-type: none"> <li>• Administration, Clinical, Nursing, HSCP</li> </ul>
 Trainers	<ul style="list-style-type: none"> <li>• CHI Scheduled Care Manager &amp; Site lead</li> </ul>
 Where	<ul style="list-style-type: none"> <li>• Face to Face , Virtual via Teams, Training Video</li> </ul>
 When	<ul style="list-style-type: none"> <li>• 3 week period, Mix of AM/PM sessions</li> </ul>
 Format	<ul style="list-style-type: none"> <li>• Non Clinical: Protocol &amp; IPIMS. Clinical: Protocol</li> </ul>

It was agreed by the implementation working group that:

- Classroom training was crucial for administrative staff.
  - These sessions incorporated updated IPIMS (Patient Administration System) workflows.
  - This allowed the opportunity for administration staff to understand the impact of data quality
- Tailored Virtual training sessions were facilitated for clinicians:
  - Nursing and Health Social Care Professionals (HSCP) received full Protocol training excluding IPIMS (Patient Administration System) workflows
  - Consultants received condensed sessions informing them of the relevant clinical updates and changes within the OP protocol

This training was reinforced, and the information further disseminated, through the use of technology:

- Emails were sent to all staff members
- Short informative ‘postcards’ were made available to clinicians
- NTPF training videos were made accessible through the staff app (My CHI)
- QR codes on posters made joining virtual training session very user friendly

## Example of "Postcards"

# National OP waiting list management protocol 2022

## What it mean for our clinicians



### Pooled Waiting Lists

This will help to ensure equity of access for patients who are waiting for a first-time consultation. It also ensures referrals are evenly distributed among the consultant group thus levelling the workload

**Implementation Plan:** Engage and support specialities with the implementation of pooled waiting lists as clinically suitable whilst also accounting for sub-specialties as required



### Short Notice Appointments

Patients who decline a short notice appointment/or accept and subsequently cancel or DNA the scheduled appointment (i.e. **less than two weeks' notice**) will not have their clock re-set at a national level



### Did Not Attend

It is imperative that the clinician records a '**clinical outcome**' for each of these patients. Where the clinician indicates that the patient should be issued a further appointment the patient's wait time clock is reset at a national level from the patient DNA date. Where the clinician indicates that the patient should be discharged, the patient will be removed from the waiting list and correspondence will be issued to the patient or guardian, GP, and source of referral.



### Reinstatement of a Removal

If a request for reinstatement to the OP waiting list is made by the patient/GP/SOR 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 site SC Lead. the patient will 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.



### Patient initiated Cancellation & Reschedule

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.



### Clinical Prioritisation Category (CPC)

Is the level of urgency that a clinician assigns to a referral. The new agreed categories are **urgent**, **semi-urgent**, or **non-urgent**. It is recommended that all patients currently triaged as 'soon' will now be mapped to 'semi urgent'.

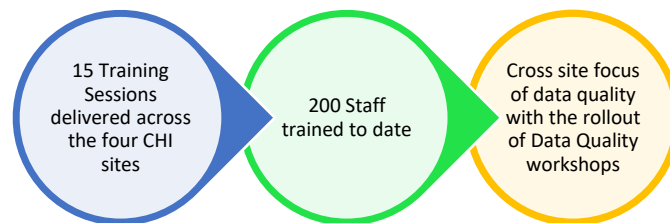
**Implementation Plan:** On the 1<sup>st</sup> of October 2022 you will see the updated clinical prioritisation categories options on all referral letters awaiting triage.

Question and answer sessions were provided at the end of each training programme to ensure all staff had the opportunities to raise questions or concerns relating to the updated OP Waiting List Management Protocol 2022. Members of the NTPF's Waiting List Reform team made themselves available to sit in on CHI's internal training and development programme to answer any questions that arose and offer further support if required.

## Results/Outcome

Progress since the implementation of waiting list reform in the CHI Group:

### Training Progress to date



CHI continues to put an emphasis on data quality and has seen a decrease in:

- Old referrals being incorrectly attached to a new waiting list episodes
- New appointments scheduled outside of a waiting list episode

CHI procured and implemented a standardised hospital group triage stamp which incorporates:

- Updated Clinical Prioritisation Categories
- Local Category (to support CHI increasing the use of pooled waiting lists)
- Appointment medium (to support CHI with their focus on increasing their virtual appointments)

Accept	<input type="checkbox"/> Non-Urgent	<input type="checkbox"/> CHI
Reject	<input type="checkbox"/> Semi Urgent	<input type="checkbox"/> F2F
Redirect	<input type="checkbox"/> Urgent	<input type="checkbox"/> VIRT
Referral Received Date		
26 JUL 2022		
Redirect to:..... Reject Reason:.....		
Local category:.....		
Signature:..... Triage Date:.....		

## Testimonials

"I attended an Introduction to the new Protocol for CHI in Connolly. I found this to be very informative/instructive training session which was presented to a very high standard.

Since attending the training session and been given the National Outpatient Waiting List Management Protocol book I find myself diverting back to what was presented.

Very informative session and the text book is self-explanatory."

**Lisa Lawless**

**CRO Department**

**Children's Health Ireland (CHI) at Connolly**

"I found the training by our Ops team very informative and interactive. The team was well informed of our needs as they differ to our medical and nursing colleagues. It is important that the HSCP roles are understood and this was clear from our ops team. The session was interactive and answers were appropriate to and directed to HSCP needs which was great. I felt supported as a manager and know I could go back to them with any queries. Again, this is helped by previous working and rapport building with the team".

**Cliona Blake**

**Physiotherapy Manager**

**Children's Health Ireland (CHI) at Temple Street**