
NATIONAL INPATIENT, DAY CASE, PLANNED
PROCEDURE (IDPP)
WAITING LIST MANAGEMENT
PROTOCOL



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List of abbreviations

Terminology	Definition
AQA	Audit and Quality Assurance
CNA	Can Not Attend
CCP	Clinical Care Programmes
DCDQ	Data Completeness Data Quality
DNA	Did Not Attend
DOH	Department of Health
GI	Gastrointestinal
GP	General Practitioner
GRS	Global Rating Scale
HCAN	Hospital Cancelled Appointment
HCR	Health Care Record
HIPE	Hospital Inpatient Enquiry
HSE	Health Service Executive
IDPP	Inpatient Day Case Planned Procedure
JAG	Joint Advisory Group
KPI	Key Performance Indicator
LSS	Lean Six Sigma
MDS	Minimum Data Set
NTPF	National Treatment Purchase Fund
OP	Out Patient
P1	Priority 1
P2	Priority 2
PAS	Patient Administration System
SC	Scheduled Care
SDU	Special Delivery Unit
SOP	Standard Operating Procedure
SOR	Source of Referral
TCI	To Come In
TOR	Terms of Reference
VOC	Voice of the Customer

1. Introduction

1.1. Summary

This protocol is intended to provide guidance to ensure that there is a consistent and standardised user friendly approach to the management and scheduling of patients on Inpatient, Day case and Planned Procedure (IDPP) waiting lists within each hospital and across hospital groups. The purpose of this protocol is to ensure the safe, timely and effective access and treatment of patients in a fair and equitable manner.

The NTPF has undertaken a collaborative approach to developing this protocol, which has involved a bottom up, top down approach to stakeholder engagement, with the patient as the central focus. This approach has included input from the Acute Hospitals Division, Special Delivery Unit (SDU), Department of Health (DOH), Clinical Care Programmes (CCP), each hospital group and individual hospitals.

It is intended that a new Minimum Data Set (MDS) will be developed during 2017 to facilitate operational changes and updated data fields to support this roll out and integration of the IDPP Waiting List Management Protocol.

This protocol was developed utilising a proven Lean Six Sigma (LSS) for Healthcare methodology to capture and analyse data from all relevant stakeholders and to ensure that the Voice of the Customer (VOC) is captured and integrated into the final document.

1.2. Lean Six Sigma for Healthcare

Fillingham (2007) sees the aim of Lean Six Sigma (LSS) projects as seeking to improve clinical processes, to identify and eliminate waste from patient pathways, to enable staff to examine their work practices and to increase quality, safety and efficiency. Healthcare organisations are successfully using Lean thinking to streamline processes, reduce cost, and improve quality and timely delivery of products and services (Miller, 2005; Kollberg et al., 2007; de Souza, 2009; Dickson et al., 2009). Utilising LSS for Healthcare and incorporating stakeholder engagement emphasises the role of frontline staff as crucial to change initiatives including new policy or protocol development and implementation, as ultimately they are the people who will sustain the improvement (Huijsman et al., 2014; Proctor et al., 2015).

1.3. Background

In 2016 the Department of Health commissioned the National Treatment Purchase Fund (NTPF) to lead the development of a technical guidance protocol to ensure the highest standards of IDPP waiting list data quality and to promote optimal practice for the management and scheduling of patients on inpatient, day case and planned procedure hospital waiting lists in Ireland.

This request was timely, given the reconfiguration of Irish hospitals into seven hospital groups and the challenges inherent in managing the movement of patients within the hospital group structure.

The completion of Quality Assurance Audits (2014–2016) undertaken by the NTPF, covering 42 hospitals nationally, identified many instances of good waiting list management practice throughout Ireland. However, it also identified the need for an improvement in practice, which is proposed through:

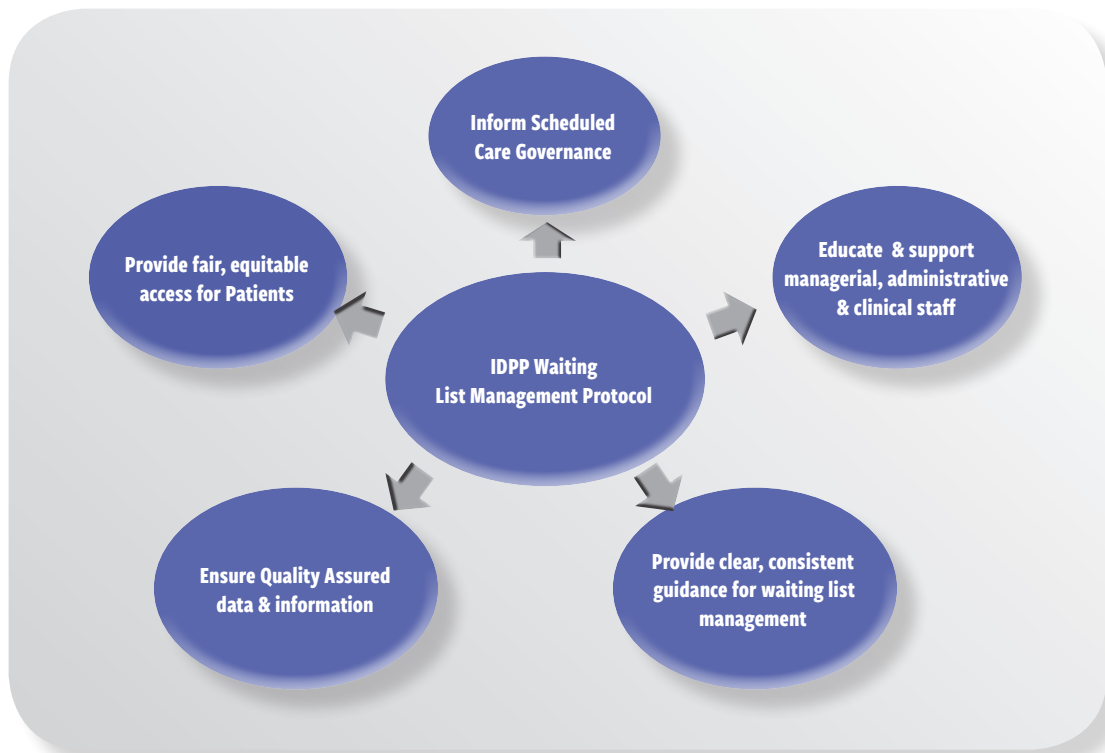
- an expanded IDPP Waiting List Management Protocol
- operational toolkits for front line users
- a training programme to support managers, administrators and clinicians in the management of patients on inpatient, day case and planned procedure waiting lists

1.4. Goals and Objectives

The primary goals and objectives of this protocol are to:

- provide fair and equitable access for patients
- inform scheduled care governance 'bottom up, top down'
- educate on waiting list management and scheduling to support managerial, administrative and clinical staff
- provide waiting list management education and support to managerial, administrative and clinical staff
- ensure quality assured data and information

Figure 1 Protocol goals and objectives



2. Fundamentals of Waiting List Management

Waiting list management is a challenging, complex and dynamic process. Fundamentals of managing this process are as follows:

- a clear scheduled care governance and reporting framework
- trained, dedicated waiting list management staff
- implementation of Standard Operating Procedures (SOPs)
- quality reviewed and assured waiting list data and information
- capacity and demand planning
- risk contingency planning
- audit and quality assurance

2.1. Scheduled Care Governance and Reporting Framework

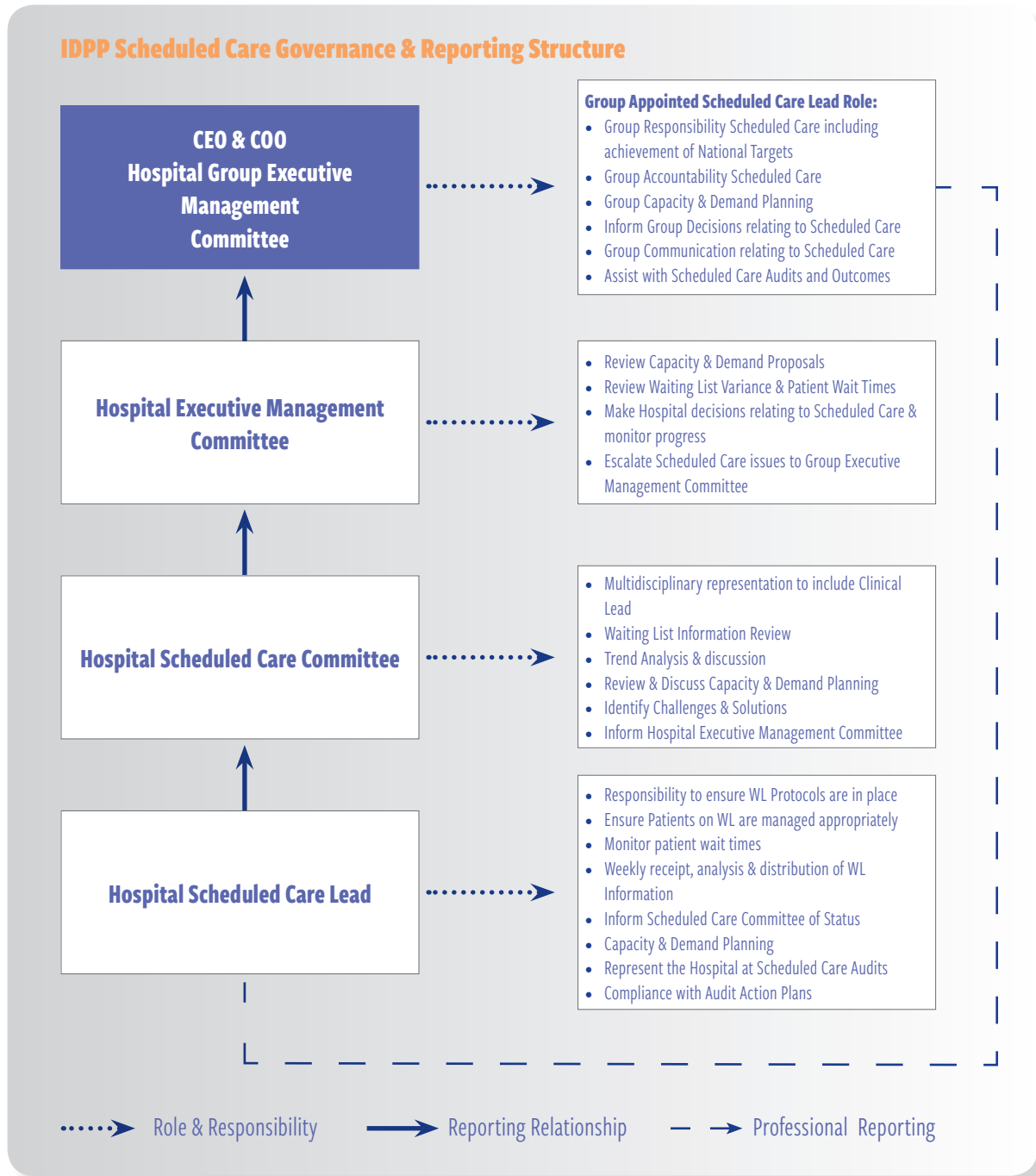
2.1.1. Hospital Group

- Hospital groups are responsible and accountable for the delivery of scheduled care performance and related patient wait time targets.
- A senior Scheduled Care (SC) group lead must be assigned who is responsible for informed decision making relating to scheduled care, stakeholder communication and engagement.
- The SC group lead should be supported by a hospital group scheduled care governance and reporting framework to clearly define ‘bottom up, top down’ waiting list management responsibility, accountability and reporting mechanisms.
- SC should be discussed as an agenda item at hospital group executive meetings.

2.1.2. Individual Hospital

- Individual hospitals have an identified Scheduled Care Lead with responsibility for all aspects of waiting list management. This includes oversight of processes within the organisation, e.g. the receipt, analysis and internal distribution of weekly NTPF Waiting List reports.
- A scheduled care executive committee with multidisciplinary representation must be established and led by the hospital CEO/General Manager or member of the Senior Management team.
- Terms of Reference, agendas and minutes from all scheduled care forums must be documented and available for audit purposes.

Figure 2 IDPP Scheduled care governance and reporting structure 2.2.



**This process is appropriate for current management of outpatient services, however, this may be subject to change as the outpatient reform programme is implemented as set out in the Strategy for the Design of Integrated Outpatient Services 2016-2020 (OSPIP).*

2.2. Trained Dedicated Waiting List Management Team

- Each hospital and each group must have a nominated Scheduled Care Lead who must attend the NTPF IDPP Waiting List Management training programme.
- Each hospital must have adequate dedicated personnel assigned to manage IDPP Waiting Lists as part of their scheduled care remit.
- Adequate cover arrangements must be in place for Scheduled Care Leads during periods of leave.
- The nominated lead will be responsible for implementation of the National IDPP Waiting List Management Protocol and for training personnel in individual hospitals.
- The nominated Scheduled Care Lead is also responsible for audit sampling of waiting list information to ensure training is successful and provide retraining where necessary.
- Waiting List Management Personnel must also attend NTPF Waiting List Data Awareness days relating to their hospital and/or group.
- Staff should have access to online information in the HSE Change Hub, NTPF website and other relevant websites.
- Protocol, toolkits and other supporting documentation on the NTPF website will be updated regularly and made available to nominated personnel.
- NTPF Quarterly Ezine will be circulated to Scheduled Care Leads.

2.3. Standard Operating Procedures (SOPs)

- Each hospital group must have an IDPP Waiting List Management Standard Operating Procedure that meets and is consistent with the national protocol.
- Group level SOPs must be deployed in individual hospitals.
- Hospital Scheduled Care Leads are responsible for the implementation and monitoring of SOP's.

2.4. Quality Reviewed and Assured Waiting List Information

- It is the responsibility of the Scheduled Care Lead to ensure that waiting list information is current, up to date and valid.
- At the start of each year, hospitals must demonstrate commitment to a robust waiting list validation cycle.
- Waiting list information must form part of the hospital and hospital group dashboard of metrics in the form of scheduled care Key Performance Indicators (KPIs).
- Scheduled care KPI metrics should include at minimum, chronological scheduling, DNA rates, TCI dates beyond six weeks, Suspension Rates, DNAs and CNAs (this will be addressed in more detail within the IDPP Waiting List Management Toolkit).
- Where these KPI's are not achieved it is the responsibility of the SC Lead to implement remedial actions.
- Hospitals must achieve and maintain NTPF Data Completeness Data Quality compliance.

2.5 Capacity and Demand Planning

- Capacity and Demand Planning is under continuous review, a tool to support this is available in the IDPP Waiting List Management toolkit.
- At the end of every calendar year each group and each hospital should complete a capacity and demand template subdivided by clinical priority to identify variances in capacity.
- Local predefined templates must then be completed with key stakeholders to ensure optimal use of available capacity.
- Predefined templates should be reviewed on a quarterly basis.
- Revised template submissions must be agreed with the local waiting list lead and reported to the scheduled care executive committee for approval where necessary.
- The recommended capacity and demand tool must be updated on a quarterly basis and escalated to hospital group level.
- Predicted periods of ED escalation based on previous trends and patterns must be considered when reviewing capacity
- Effective capacity and demand planning will facilitate informed flexing of capacity.

2.6. Risk Contingency Planning

- Risk Contingency Planning must be used to support the minimisation of hospital waiting times.
- The capacity and demand planning tool must be utilised to identify potential risks in achieving nationally set wait time targets and also to ensure that capacity for routine patients is tailored towards those with the longest waiting time.
- Following the identification of capacity deficits hospitals are required to identify remedial, sustainable proposed action plans.

2.7. Audit and Quality Assurance

The Scheduled Care National Audit and Quality Assurance Programme was established in the NTPF in April 2014 in conjunction with the National Director of Acute Hospitals HSE.

It is the responsibility of the Hospital Scheduled Care Lead to ensure that progress is made to address remedial actions and provide feedback to the AQA Team. The aims and objectives of the programme are to ensure that hospitals are returning complete, accurate, validated patient information and to assess whether hospitals have implemented the national protocols for IDPP. Hospitals and hospital groups for AQA audit are selected on an annual basis through a risk rated framework.

- Hospital Scheduled Care Leads and Hospital Group Leads will be notified in advance of audit taking place.
- Audits will comprise of site visits that encompass interviews with selected personnel and sample validation of records on the hospital administration system.
- Each hospital and hospital group will receive a report of the audit including a remedial action plan.
- Where progress is not achieved within the agreed timeline this will be escalated to the Group Scheduled Care Lead.
- Compliance to remedial action plans will be reported to all stakeholders including National Director of Acute Hospitals (HSE), Group Chief Executive Officers, Group Scheduled Care Lead and the Chief Operating Officer of the SDU (HSE).
- The audits have been developed to international best practice guidelines and seek to provide assurance that each hospital is adhering to the IDPP National Protocol and returning complete, accurate and validated patient information.
- Group Scheduled Care Leads are obliged to attend a quarterly NTPF AQA meeting to discuss scheduled care audit Action Plan deficits.

3. Patient and Waiting List Definitions



A patient who is admitted to hospital and treated is classified as an inpatient or day case in line with Hospital Inpatient Enquiry (HIPE) definitions. All patients must be classified to ICD-10-AM coding. A separate free text description field should also be used.

3.1. Inpatient (IP)

A patient placed on a waiting list for an inpatient admission is a patient who is not a day case admission and who will require the use of a hospital bed overnight. Classification of inpatient must meet the HIPE and hospital classification standard.

3.2. Day case (DC)/Side room/Procedure room

A patient placed on a waiting list for a day case/side room/procedure room admission is a patient who will be admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight. Classification of day case must meet the HIPE and hospital classification standard.

3.3. Planned Procedure (PP)

A patient placed on a waiting list for a planned procedure is a patient who requires a recall for further stage, or a series of admissions, or a timed procedure in the future as part of their ongoing clinical care and/or treatment.

3.4. Waiting List categories

All patients added to a waiting list must be ready, willing, clinically suitable and available for admission. Waiting list categories include patients who are:

- Active - Waiting for a scheduled date for admission in the future (no TCI date assigned)
- TCI - Scheduled for a date To Come In
- Suspended - temporarily unavailable or clinically unsuitable for their procedure

4. Source of Referral

Patients requiring an inpatient, day case or planned procedure admission can be identified at various access points in the healthcare system, generally referred to as the Source Of Referral (SOR). The management of patients via these access points are addressed below.



5. Clinical Priority (currently under active review)

Categorisation of patients by clinical priority is required to ensure that all patients receive care in a timely and clinically appropriate manner. The clinical priority category should be appropriate to the patient, their clinical situation and, sometimes, other exceptional social circumstances.



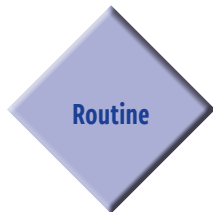
5.1. Decision to Admit

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 working day. Clinical Priority must be clearly indicated on this form.



5.2. Urgent

Patients requiring an urgent inpatient or day case admission for care and/or treatment must be prioritised for addition to the electronic waiting list within three working days of receipt of the booking form and their admission must be scheduled within the agreed urgent clinical timeframe.



5.3. Routine

Patients requiring a routine inpatient or day case admission for care and/or treatment must be added to the electronic waiting list within three working days of receipt of the booking form. This patient category must be scheduled in chronological order, i.e. 'Treated in Turn'.



5.4. Planned Procedure

A patient who is added to a planned procedure waiting list for a further stage in their course of treatment must be advised on the day of an indicative date or approximate timeframe in the future for their procedure. This is usually part of a planned sequence of clinical care determined by clinical criteria.

The National Clinical Advisor for Acute Hospitals is committed to working with the Clinical Care Programmes and the NTPF during 2017 to develop and implement a new improved clinical prioritisation.

6. Adding a Patient to the Waiting List

Within *three working days* of receipt of the completed waiting list booking form patients must be added to the electronic waiting list. Booking forms should be date-stamped on receipt in the booking office. Electronic booking processes are recommended. Patients identified for urgent admission must be prioritised. Booking forms should be retained in the Booking Office until such time as the patient is admitted or removed from the waiting list, when the Booking Form should be filed in the patient's Health Care Record (HCR).

All information on the waiting list booking form must be entered onto the hospital Patient Administration or Management System. 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 “start wait time”. **This date must not be changed or altered by the hospital at any point during the patient’s journey through the scheduled care system.**

Figure 3 below illustrates the minimum information required when booking a patient onto an IDPP Waiting List to ensure safe, effective waiting list management and reporting.

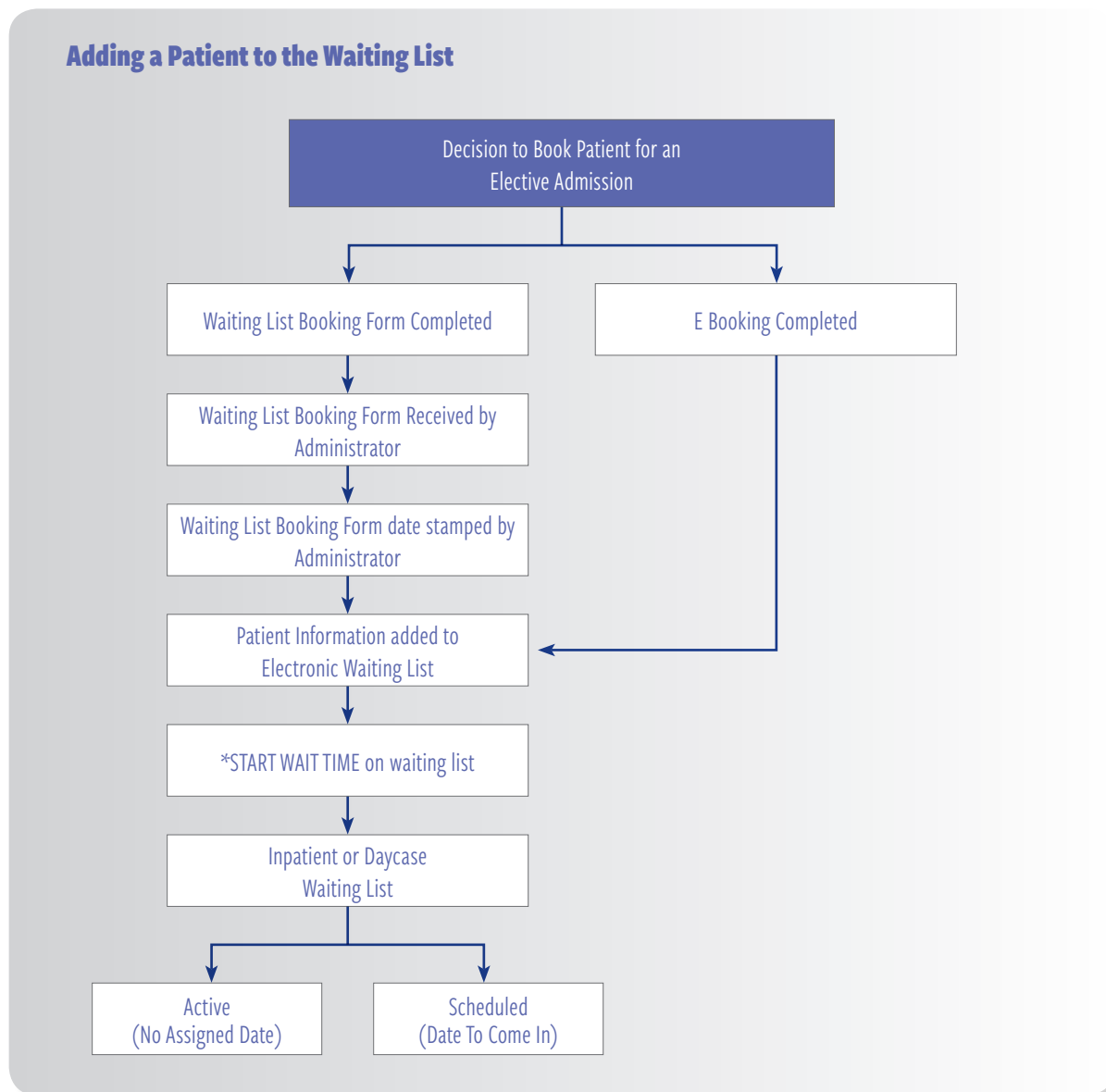
Figure 3 Waiting list booking form

Waiting List Booking Form	
Medical Record Number	✓
Complete patient personal details	✓
Contact Telephone number (s) and/or email address	✓
GP Details	✓
Source of Referral i.e. OP, ED, Direct Referral, Other	✓
Interpreter Required	✓
Procedure Description	✓
Procedure Code (ICD-10-AM)	✓
Admission Type i.e. Inpatient, Day Case or Planned Procedure	✓
Same Day Admission (Yes/No)	✓
Planned Procedure Indicative Treatment Date	✓
Clinical Priority	✓
Anaesthetic Requirements (General Anaesthetic, Local Anaesthetic, Sedation)	✓
Pre-Operative Assessment/Tests Required	✓
Infection Status	✓
Admitting Consultant Name and Code or Admitting Service	✓
Speciality	✓
Date or timeframe for admission indicated	✓
Relevant medications	✓
Allergies	✓
Public/Private status	✓
Form signed by Consultant and/or Senior Clinician (contact number included)	✓
Date placed on the waiting list	✓
Date of admission (when allocated)	✓
Other relevant information including patient's clinical suitability for insourcing/outsourcing (at the time of addition to the waiting list)	✓

6. Adding a Patient to the Waiting List

The figure below illustrates the process for adding a patient to an inpatient, day case or planned procedure waiting list.

Figure 4 Adding a patient to the waiting list



**General Referral Start Wait Time - The date that the “decision to admit” was made must be entered on the electronic waiting list as the date added to the waiting list.*

Direct Referral Start Wait Time - the date the direct referral was received in the hospital must be entered on the electronic waiting list as the date added to the waiting list.

7. Adding a Patient to the Planned Procedure List

Planned procedures refer to those patients who have had an initial episode of care and require recall for further treatment relating to that initial episode. Examples of planned procedures would include but are not limited to the following:

- second eye cataract surgery
- second hip, knee surgery
- skin grafts
- series of injections/transfusions
- surveillance Cystoscopy
- surveillance GI Endoscopy (reference section 16 and section 20)

Patients categorised under the following should be listed as planned procedures:

- further treatment relating to initial episode
- planned series/sequence of clinical care
- timed or staged treatment
- surveillance procedure

A booking form should be completed and the patient should be added to the planned procedure list.

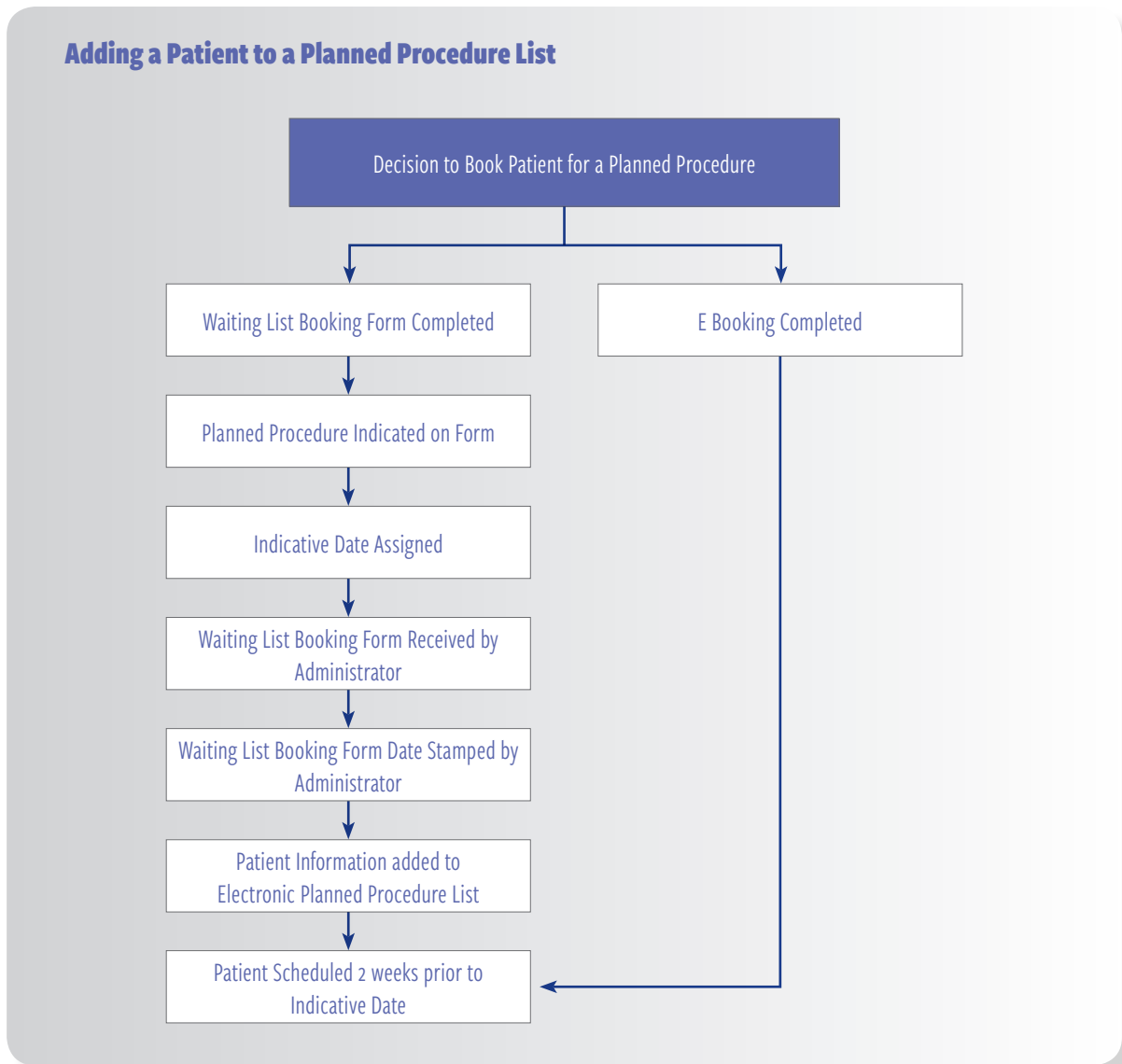
Patients who are added to a planned procedure waiting list must be advised on the day of an indicative date or approximate timeframe in the future for their procedure. No Patient should be added to a planned procedure list without an Indicative date or approximate timeframe.

7.1. Scheduling a Planned Procedure

Patients must be scheduled for their date within two weeks of their indicative date ensuring that it is a reasonable offer of care and/or treatment. Patients due for a planned procedure must be considered when capacity and demand planning.

All patients must be placed on the electronic waiting list before a TCI date is given.

Figure 5 Adding a patient to a planned procedure List



8. Scheduling an Elective Admission (TCI)

Once a patient has been added to a waiting list, they are actively waiting for a date 'To Come In' and receive their care and/or treatment. In order to ensure fair, equitable access to hospital capacity, patients should be scheduled 'To Come In' in the following order:

- urgent patients with a previous hospital cancellation history
- urgent patients
- routine patients with a previous hospital cancellation history
- routine patients in strict chronological order, i.e. 'Treated in Turn'
- planned procedure patients in accordance with the indicative date assigned

The patient's clinical requirements must be taken into consideration when scheduling.

8.1. Scheduling Timeframe

In order to facilitate planning, to ensure the maximum use of available capacity and to reduce DNAs and cancellations, the following criteria must be adopted when scheduling patients for a date 'To Come In':

- Patients must not be scheduled more than six weeks in advance.
- Patients should be given a minimum of two weeks' notice of a TCI date, as this is considered a reasonable offer.
- Patients must confirm their availability to attend a TCI date – the recommended method of scheduling patients is partial booking, offering patient choice.

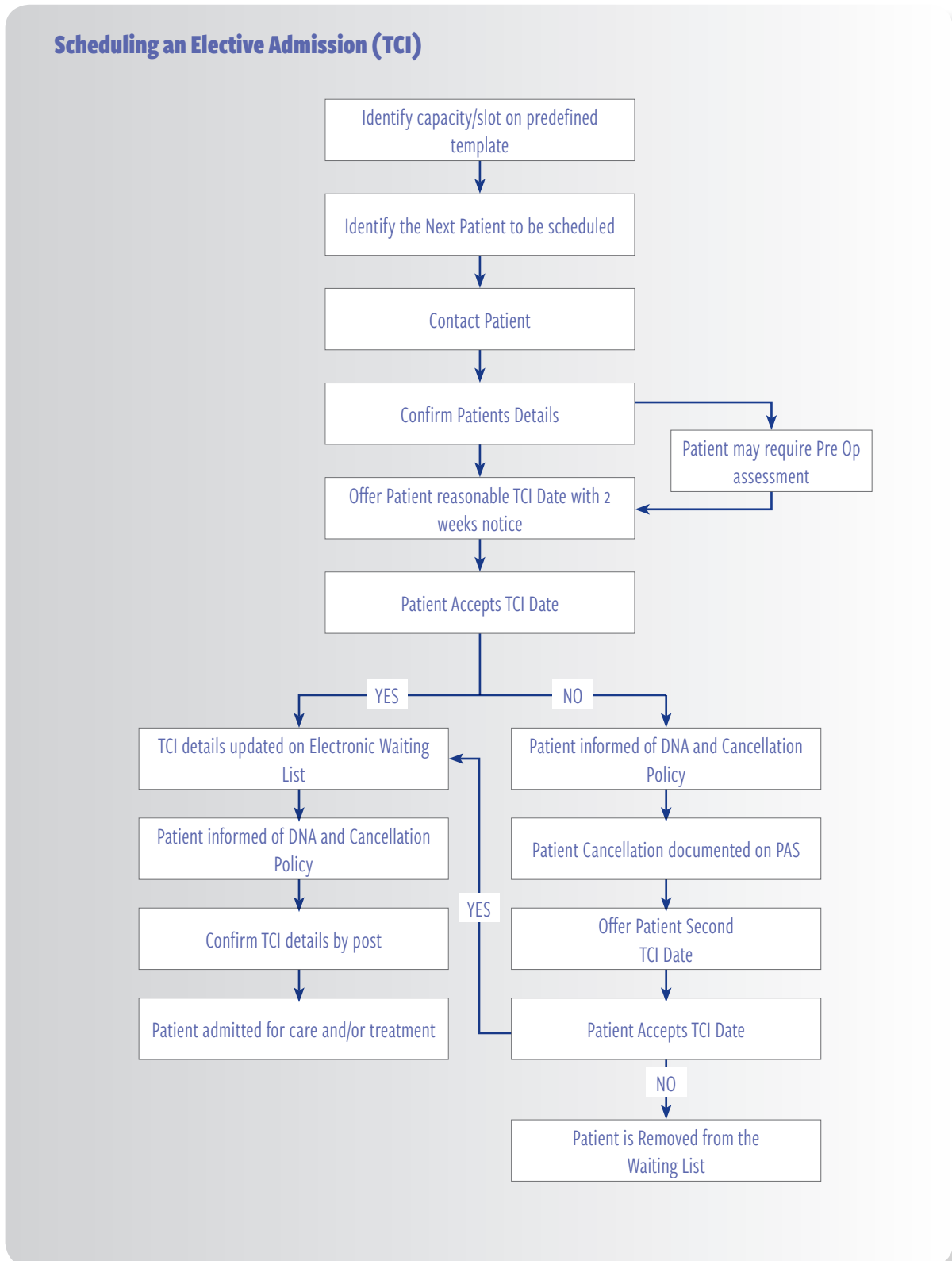
In the event of a TCI date becoming available at short notice the available slot should be offered to the next suitable patient in strict chronological order, i.e. 'Treated in Turn'. Patients who decline this offer will NOT have their waiting list clock reset unless they are in receipt of a reasonable offer (two weeks notice). In which case, patients must also be informed that their waiting list clock will now restart at national level. Urgent or vulnerable patients should be reviewed by the clinician to inform rescheduling.

If reasonable notice is given the patient waiting list clock will be reset. Patients must be advised that at the point of cancellation of their initial date, they will be removed from the waiting list should they cancel a second TCI date.

Patients who decline two reasonable offers of a TCI date (two weeks' notice) should be removed from the waiting list and the removal process must be followed. Exceptions should be approved on a case by case basis by the Scheduled Care Lead and/or Clinician. This decision must be documented in the patient's clinical notes.

Information relating to DNA and Cancellation policy must be included in correspondence/confirmation letter.

Figure 6 Scheduling an elective admission (TCI)



9. Cancellations

There are two types of cancellations, those initiated by the hospital and those initiated by the patient. In both scenarios it is imperative that the relevant information is captured and recorded by selection of the correct cancellation reason code on the hospital system thus providing an accurate audit trail which reflects the patient's waiting list journey.

9.1. Hospital Initiated Cancellation (Hospital Cancellation - HCAN)

A hospital initiated cancellation is defined as any rescheduling of a patient TCI date by the hospital due to circumstances beyond their control, for example, lack of resources, theatre or bed capacity.

Patients cancelled by the hospital must be given as much notice as possible and allocated a new TCI date. This date should be scheduled within six weeks of the cancellation and agreed with the patient to confirm their availability to attend.

Clinical guidance must be sought when managing and rescheduling patients cancelled by the hospital to ensure that urgent and vulnerable patients are scheduled appropriately. Patients cancelled by the hospital will not have their waiting list date reset.

9.2. Patient Initiated Cancellation (Can Not Attend - CNA)

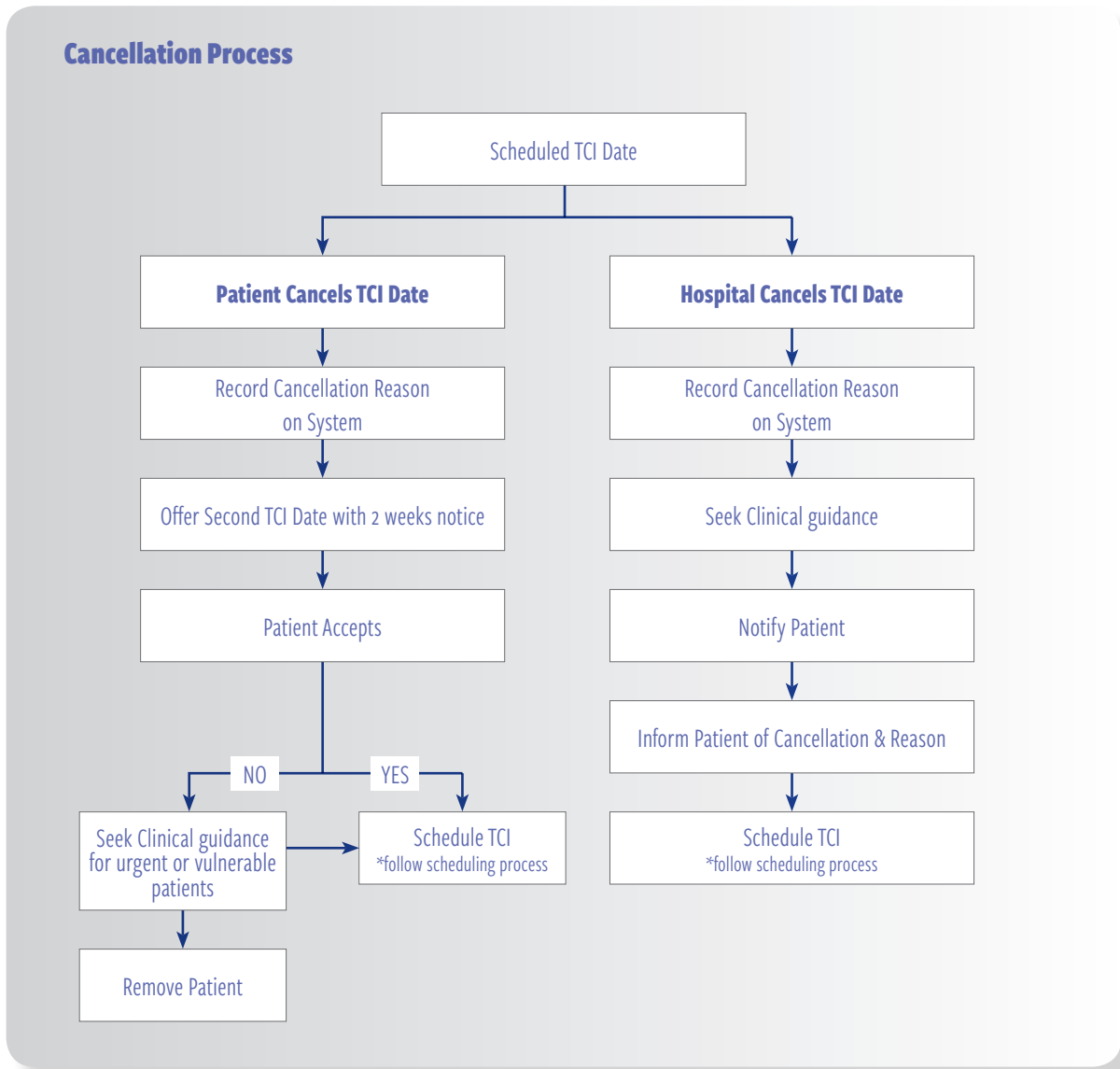
When a patient cancels a first TCI date they must be informed that if they cancel a second appointment or if they fail to attend the appointment, they will be removed from the waiting list. Clinical guidance must be sought when managing urgent and/or vulnerable patients who cancel an appointment.

Following clinical review, it is sometimes necessary to assign another appointment. However, it is mandatory that the SOR and GP are notified of the patient's cancellation history. All decisions must be documented and signed on the patient's records.

Patients must also be informed that as a result of their initial cancellation their waiting list clock will now restart at national level. 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.

Patients who cancel two scheduled TCI dates should be removed from the waiting list and the removal process must be followed. Patients who cancel a TCI date due to clinical reasons should be cancelled under the appropriate reason code, thus not restarting the patient's waiting list clock.

Figure 7 Cancellation process



10. Did Not Attend (DNA)

When scheduling the first TCI date, patients must be informed of the DNA protocol. Patients who do not attend one reasonable scheduled TCI date (two weeks' notice) will be removed from the waiting list using the appropriate DNA reason code.

10.1. Urgent and Vulnerable Patients

Patients triaged as urgent and/or identified as vulnerable patients by the clinician should not be removed from a waiting list after one DNA. Clinical input must be sought when managing urgent and or vulnerable patients who DNA an appointment and documented on the HCR. These patients should be suspended for a maximum period of four to six weeks choosing the appropriate suspension code and validated or rescheduled accordingly.

Every reasonable effort must be made to contact these patients and/or GP within this timeframe to establish the patient's status.

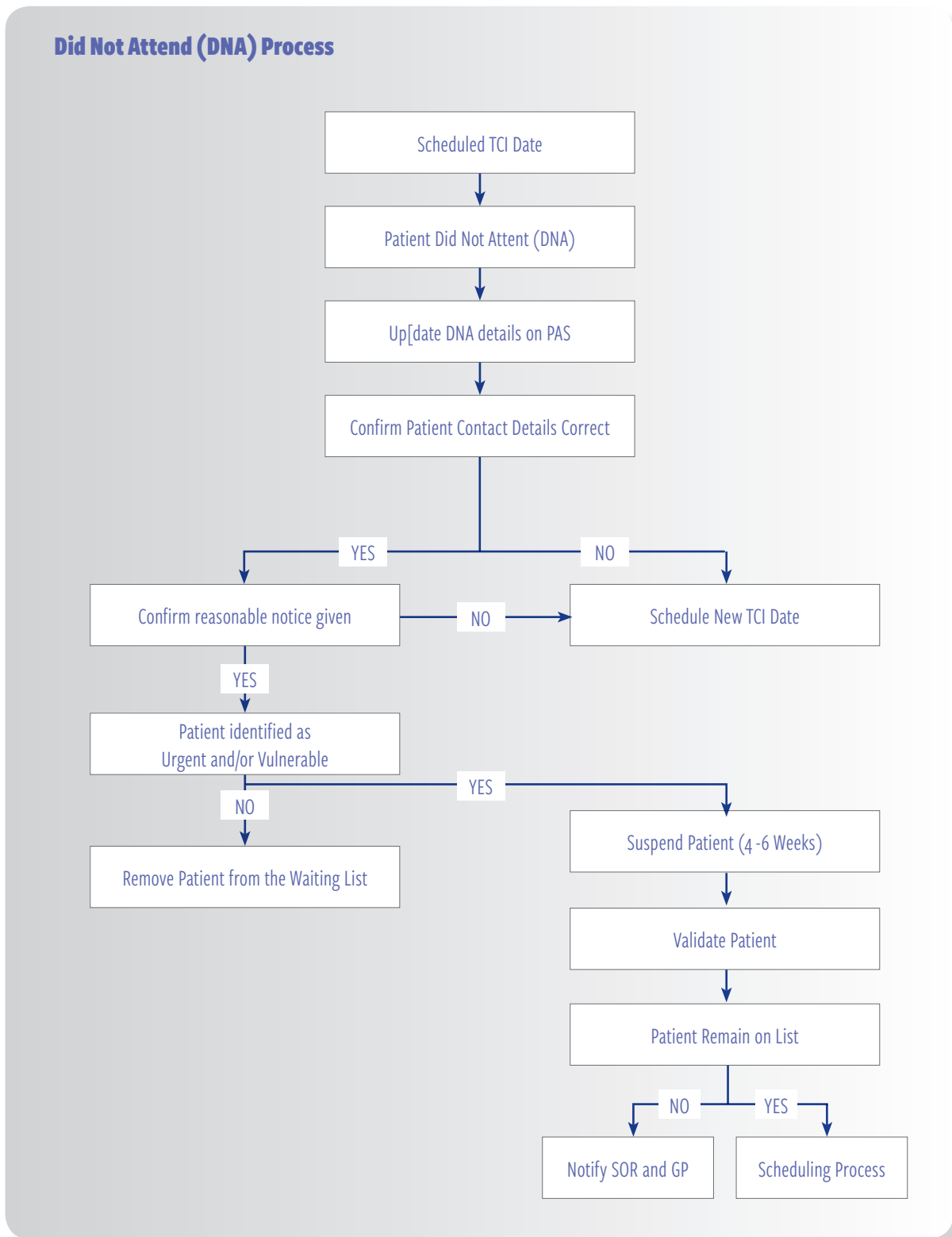
Patients must also be informed that as a result of their DNA their waiting list clock will now restart at national level. The date must not be changed or altered by the local hospital at any point during the patient's journey through the scheduled care system.

10.2. Removing a Patient following DNA

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 weeks)

Figure 8 Did not attend process



11. Suspensions

Patients with an offer of a TCI date who, for clinical, personal or social reasons, are not ready to proceed with their care and/or treatment may be temporarily suspended on the waiting list on one occasion only.

Suspension periods must have a start and end date entered onto the hospital system and should last no less than two weeks and no longer than three months. It is recommended that suspension end dates are aligned to the first week of the month as this offers the best opportunity for the patient to receive treatment.

Details of the suspension category criteria are:

11.1. Clinical Suspension

Clinical suspension is informed by clinical decision. This is usually due to the patient deemed not fit to proceed with care and/or treatment at this time. Periods of clinical suspension should last no less than two weeks and no longer than three months. Each clinical team should review suspensions prior to re-instatement to ensure that the patient is fit to return to the active waiting list.

If the patient is not suitable, he or she should be removed from the list and returned to the care of the SOR and/or GP.

11.2. Non-Clinical Suspension

If a patient declines an offer of a reasonable TCI date or cancels a confirmed TCI date due to personal or social reasons (e.g. exams/school or primary carer obligations), they should be temporarily suspended from the waiting list for no less than two weeks and no longer than three months.

The period of suspension time will be deducted from the patient's overall waiting list time. The patient's original date added to the waiting list should not be changed or revised at any point in the patient's waiting list journey.

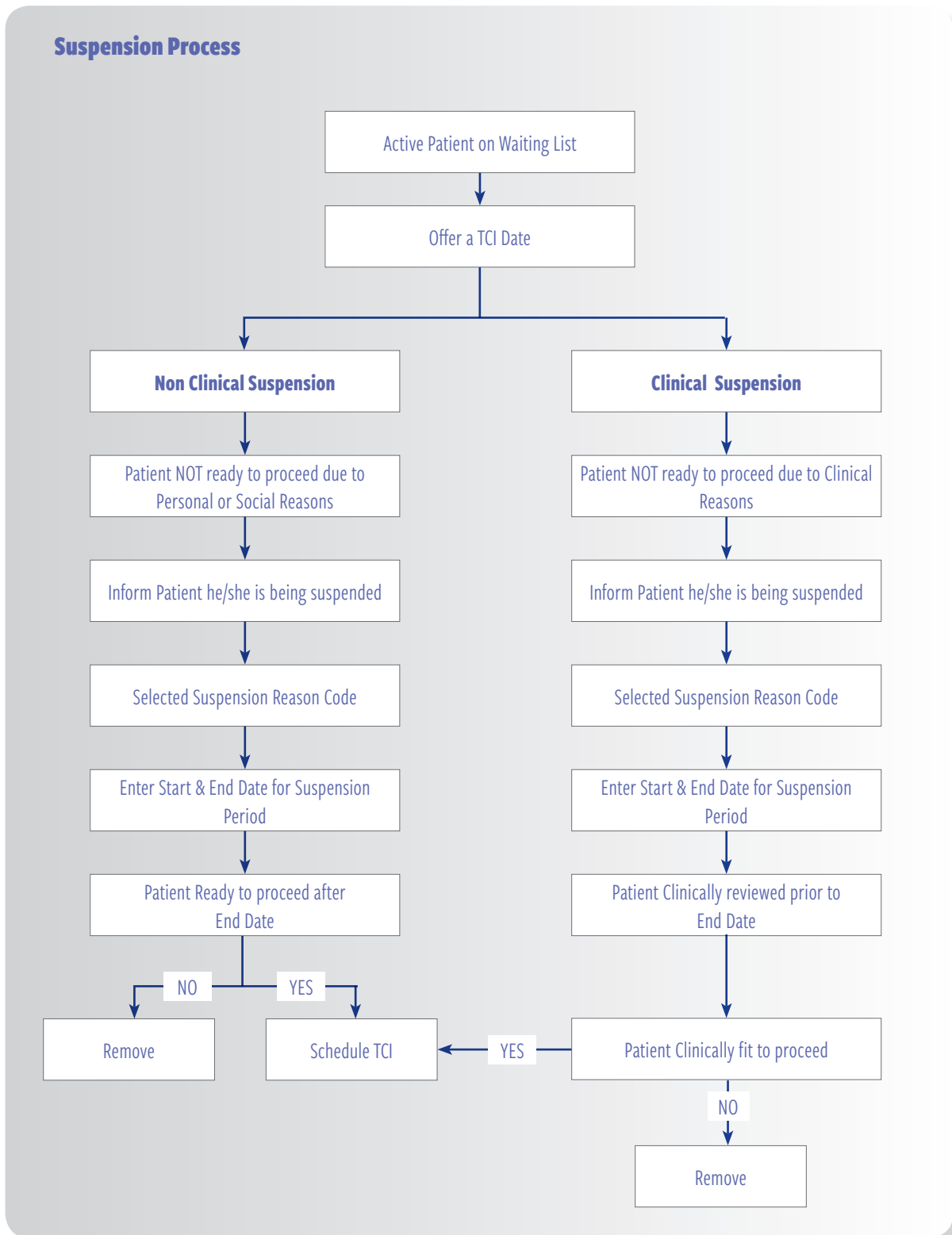
11.3. Insourcing and Outsourcing Initiatives

In order to support and facilitate the management of patients being treated within the hospital group structure through insourcing initiatives or within a private organisation through an outsourcing initiative, it is recommended to use the suspension process. Pathways to support same are outlined in figure 9.

Suspension periods to facilitate Insourcing and Outsourcing Initiatives will not incur a 'stop start' in the patients waiting time period.

Exceptional cases for resuspension can be agreed by the Waiting List Lead in consultation with the Clinical Lead.

Figure 9 Suspension process



12. Validation

Validation is a continuous process. However, to ensure that waiting list information is accurate and up to date it is compulsory that a formal bi-annual hospital validation is carried out on all inpatient and day case waiting lists over six months. The success of any validation exercise requires validation cycles, methods and timeframes to be agreed at the start of each year. Patients to be validated must be identified by the appropriate wait time band. A clear audit trail must be maintained during every validation cycle and information/outcomes should be communicated to stakeholders and available to the NTPF audit process.

12.1. Validation purpose

The purpose of Validation is to:

- Maintain hospital-patient communication during the patient's waiting list journey.
- Update the patient record
- Reduce DNA and patient cancellation rates.
- Provide clean, accurate, up to date waiting list data which reflects the true demand for hospital services.

There are two types of validation process, administrative and clinical.

12.2. Administrative Validation Process

This is the process whereby hospital administration contacts patients on inpatient and day case waiting lists at pre-planned intervals during the year to ensure that patients are ready, willing, suitable and available to attend a hospital appointment or wish to be removed.

When a patient is removed from a waiting list due to non-response to a written validation cycle, notification must be sent to the GP, SOR and the patient. A copy should also be placed in the patient's Health Care Record (HCR). If requested by the GP, patients can be reinstated back on to the Waiting List.

Where there is a requirement to conduct a clinical validation process (reference section 19.1).

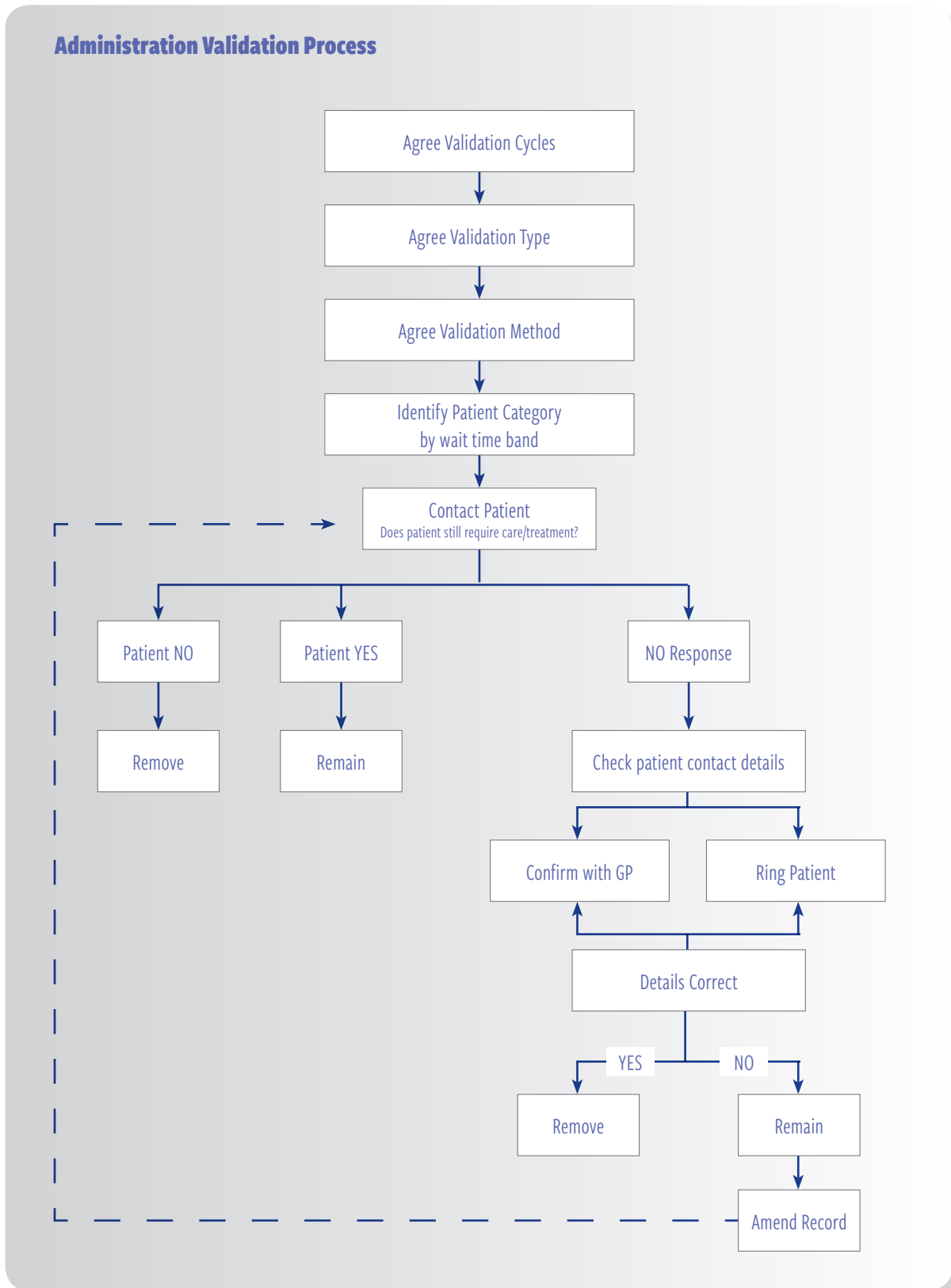
Methods of Administrative Validation:

- telephone validation
- text validation
- postal validation

Postal validation cycles must be completed within a six week timeframe.

Validation methods vary across the hospital system. This is largely due to the evolution of technology and the availability of resources. Recommendations relating to best practice validation methods are currently under active review by the NTPF.

Figure 10 Administration validation process



13. Insourcing Arrangements within the Hospital Group

Since the establishment of the hospital group structure, patients on waiting lists in one hospital may be offered the opportunity to have care and/or treatment in an alternative hospital within their hospital group. This is becoming a feature in the optimisation of capacity utilisation, where personnel and/or resources are available and is referred to as Insourcing.

Examples of Insourcing arrangements occur when a patient is offered treatment on the following referral pathway:

- a consultant working across two or more sites within a hospital group structure
- a consultant to consultant within a hospital
- a consultant to consultant within a hospital group

13.1. Identifying Patients to Participate in Insourcing Initiatives

Hospital group stakeholders across both sites participating in an Insourcing Initiative must identify and agree the profile of patients suitable to participate, e.g. clinical, anaesthetic and bed requirements.

Pathways to support those patients requiring further treatment and/or follow up after the initial episode of care and/or treatment is received must also be agreed at this stage.

Patients must then be contacted and offered the opportunity to receive care and/or treatment in an alternative hospital within the hospital group structure.

13.2. Patient Agreement to Participate in Insourcing Initiative

Patients who have accepted the offer of treatment in another location and agree to participate in an Insourcing initiative should have a copy of their contact details and a copy of their relevant healthcare records transferred to the treating hospital in a safe, confidential manner. Written confirmation of receipt of these records must be requested, recorded and retained once received.

13.3. Use of Suspension Process for Insourcing Initiatives

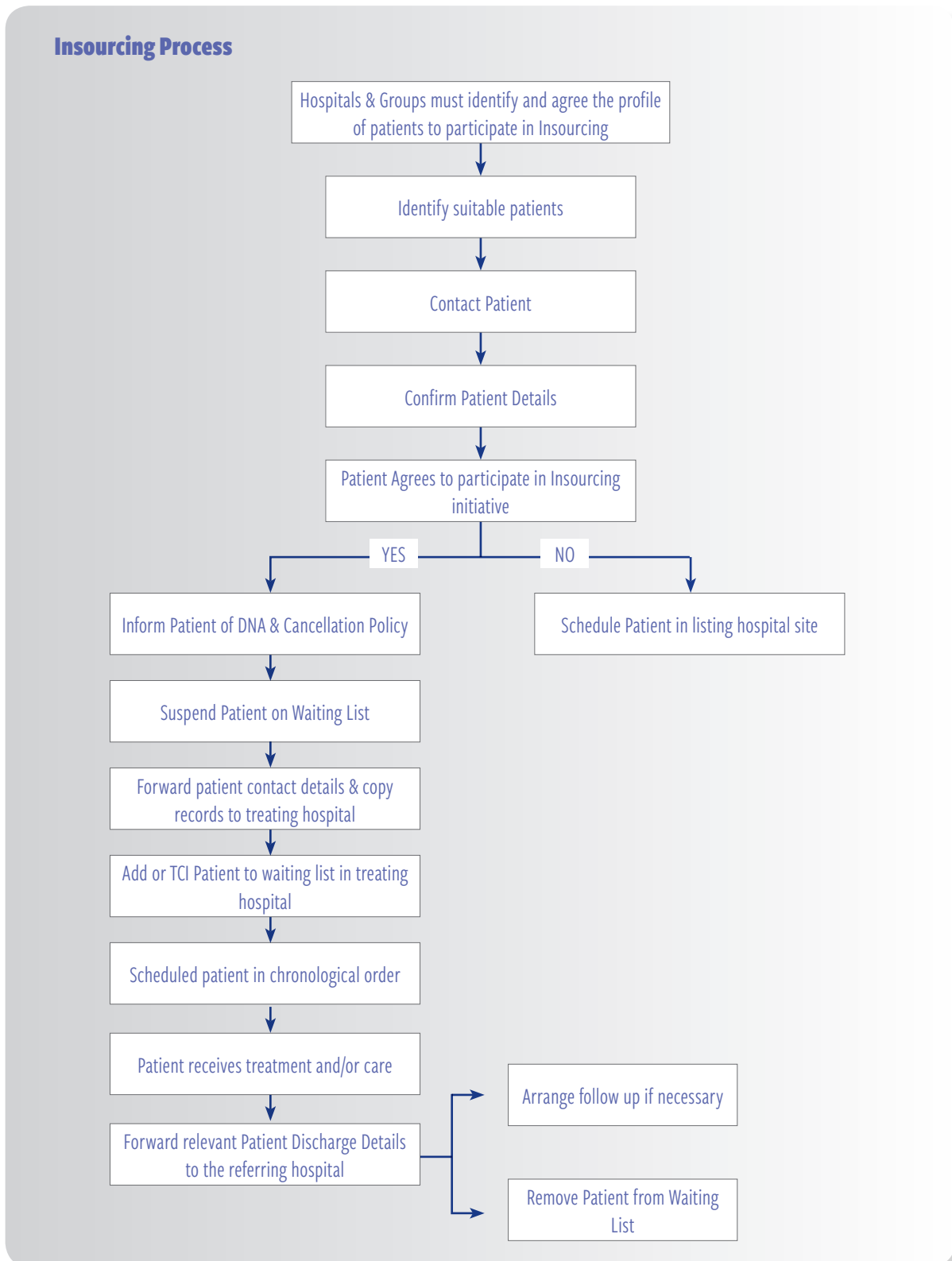
Once suitable patients have been identified and have accepted the offer of treatment in an alternative hospital within the hospital group structure, the referring hospital must suspend the patient for a period of three months using the appropriate suspension code. Patients must not be removed until the relevant discharge documentation is received, updated on the PAS and filed on the patient's healthcare record.

Suspension periods to facilitate Insourcing Initiatives will not incur a stop start in the patient's waiting time period.

When the hospital group structure becomes more established and potential technological solutions are in place, this process will be reviewed. In the interim the following Insourcing process must be followed.

Patients transferred for treatment as part of an Insourcing initiative should retain their original date placed on the waiting list.

Figure 11 Insourcing process



*Patients transferred for treatment as part of an insourcing initiative should retain their original date placed on the waiting list.

14. Outsourcing Initiative

Outsourcing initiatives occur when there is an identified need for an intervention to provide capacity for treatment for patients waiting the longest on Inpatient and Day case waiting lists. This capacity is provided in private hospitals.

14.1. Patient Agreement to Participate in Outsourcing Initiative

Patients who have accepted an offer of treatment in a private hospital and agree to participate in an outsourcing initiative should have the following documentation securely transferred to the treating hospital:

- a copy of their contact details
- a copy of their relevant healthcare records
- completed Treatment Referral Form approved and signed on behalf of the referring hospital

Confirmation of receipt of these records must be recorded.

14.2. Use of Suspension Process for Outsourcing Initiatives

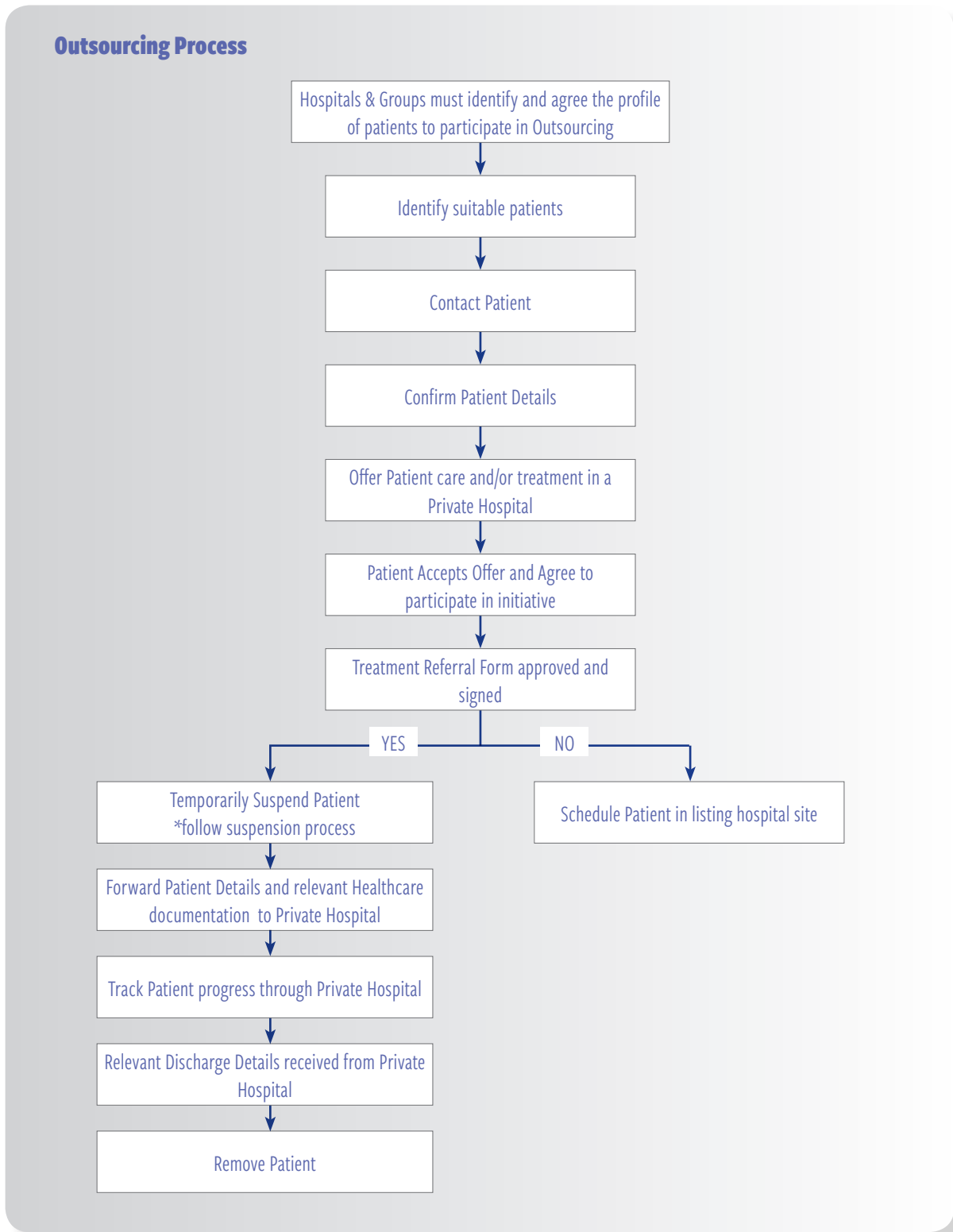
Once suitable patients have been identified and have accepted the offer of treatment in a private hospital, the referring hospital must suspend the patient for a period of three months using the appropriate suspension code. Patients must not be removed until the relevant discharge documentation is received, updated on the PAS and filed on the patient's healthcare record.

Where the hospital has not received a discharge summary from the private hospital within three months, the patient must be followed up by the referring hospital and a treatment plan put in place. A second suspension period should only be utilised when a treatment plan has been agreed.

Patients suspended due to participation in an Outsourcing Initiative will not incur a stop start in their waiting time period.

To ensure safe, effective access to approved capacity in the private sector the following Outsourcing Process is recommended.

Figure 12 Outsourcing process



15. Removing a Patient from a Waiting List

Patients can be removed from the waiting list for a number of reasons without ever having their care and/or treatment. Patients who are removed from a waiting list must be removed in a safe manner with a clear, consistent, well documented audit trail to support the removal process.

15.1. Reasons for Removal

- Patient declined two reasonable offers of an appointment.
- Patient cancelled two consecutive reasonable TCI dates (two weeks' notice).
- Patient did not attend an appointment (DNA).
- Patient suspension period lapsed and patient still not suitable.
- Patient failed to respond during the validation process.
- Patient requests removal (admission no longer required) during the validation process.
- Clinician requests removal following clinical validation.
- Clinician requests removal as care and/or treatment no longer required.
- Patient treated in another hospital via an Insourcing or Outsourcing Initiative.

When a decision is made to remove a patient from a waiting list, the relevant documentation and communication must be sent to the patient, their GP and Source of Referral. This must be recorded and documented on the patient's health care records and PAS.

15.2. Reinstatement of a Removal

The decision to reinstate a patient on to the waiting list following a removal should be at the discretion of the hospital and should be decided by the Scheduled Care Lead in consultation with the relevant clinician.

Patients removed following a DNA should be reinstated from the date of their DNA unless otherwise stated.

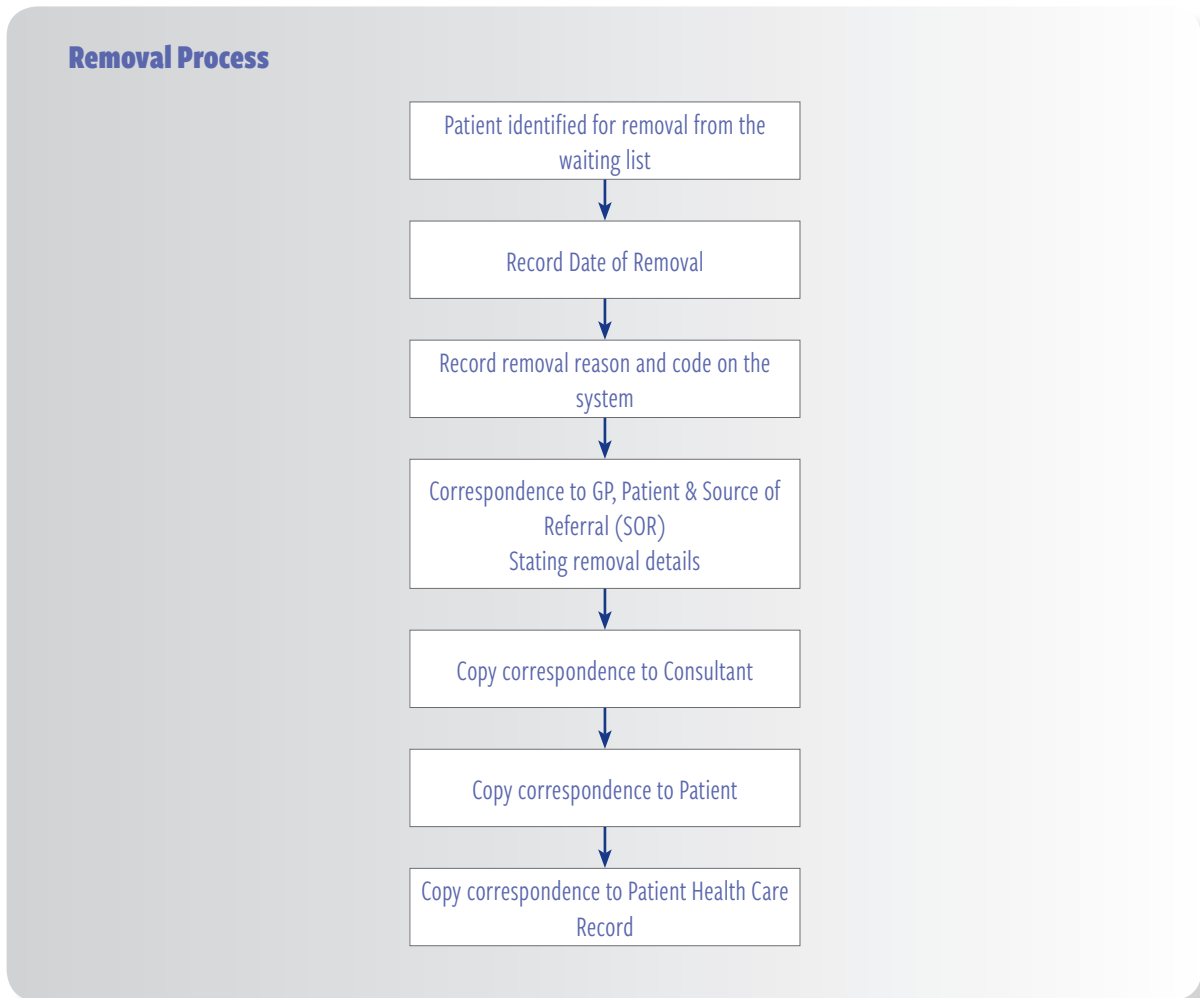
15.3. Removal Process Communication

To ensure that patients are removed safely from waiting lists and to provide evidence of a complete audit trail on the patient's record, a formal written notification must be issued to the following:

- GP
- consultant
- other source of referral
- patient
- patient's healthcare records

Correspondence must include details of the date and reason for removal from the waiting list.

Figure 13 Removal process



16. GI Endoscopy

While the fundamentals of waiting list management, standard operational procedures, waiting list terminology and definitions apply to the management of all patients on Inpatient, Day Case and Planned Procedure waiting lists, there are also a number of unique elements that apply to the management of patients on GI Endoscopy Waiting lists only.

The national standardisation of GI Endoscopy management processes will significantly reduce operational variation.

16.1. Quality Patient Experience

To date not all hospitals in Ireland have achieved Joint Advisory Group (JAG) accreditation standards. However, the Global Rating Scale (GRS) for endoscopy assessment provides every hospital with a set of standards to work towards. The aim of the GRS is to support the achievement of safe, appropriate and effective quality endoscopy services. The GRS was developed to support a quality patient experience. This includes the operational management of patients on waiting lists. Evidence is required of an operational policy for the endoscopy service with adherence to the following key areas:

- governance and reporting - operational meetings
- equality of access and equity of provision
- timeliness
- booking and scheduling
- validation
- surveillance

It is intended that this section of the National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol will address these requirements.

16.2. Governance and Reporting – Operational Meetings

The management of patients on GI Endoscopy Waiting lists must be governed by a local hospital Endoscopy Working Group or User Group. This group must have clearly outlined, agreed terms of reference (TOR) to define the purpose and structure of the group, as well as standing agenda items, minutes and monitoring KPIs.

Membership of this group should consist of multi-disciplinary representation including a named person responsible for GI Endoscopy waiting lists and/or a delegated hospital Scheduled Care Lead.

The key objectives of the Endoscopy Working Group or User Group are to:

- Provide effective leadership of clinical and operational governance.
- Ensure processes for quality of clinical care are in place.
- Provide an effective support for the daily operation of the Endoscopy Unit.
- Provide adequate service planning and service delivery.
- Review, analyse and discuss endoscopy waiting list information.
- Review, monitor and update predefined templates for the GI Unit to ensure efficient use of Endoscopy capacity.
- Review service demands, undertake capacity and demand planning.
- Identify capacity risks, potential mitigations and solutions.
- Meet the requirements of the National GI Clinical Programme.

16.3. Equality of access and equity of provision

The GI Endoscopy protocol section is intended to provide guidance to ensure that there is a consistent and standardised approach to the management and scheduling of patients on GI Endoscopy waiting lists within each hospital and across hospital groups. This ensures the safe, timely, management of access and treatment of patients in a fair and equitable manner.

16.3.1. Sources of Referral

Patients requiring a GI Endoscopy admission can be identified at various access points in the healthcare system generally referred to as the source of referral (SOR - reference section 4). These sources include the Out Patients Department, Emergency Department, Private Entities and GPs.

16.3.2. GI Endoscopy Direct Referral

It is common for Endoscopy referrals to be received as direct referrals, thus not requiring an Outpatient consultation. Direct referrals must be accepted, clinically validated and approved by the treating clinician or appropriate delegate prior to scheduling.

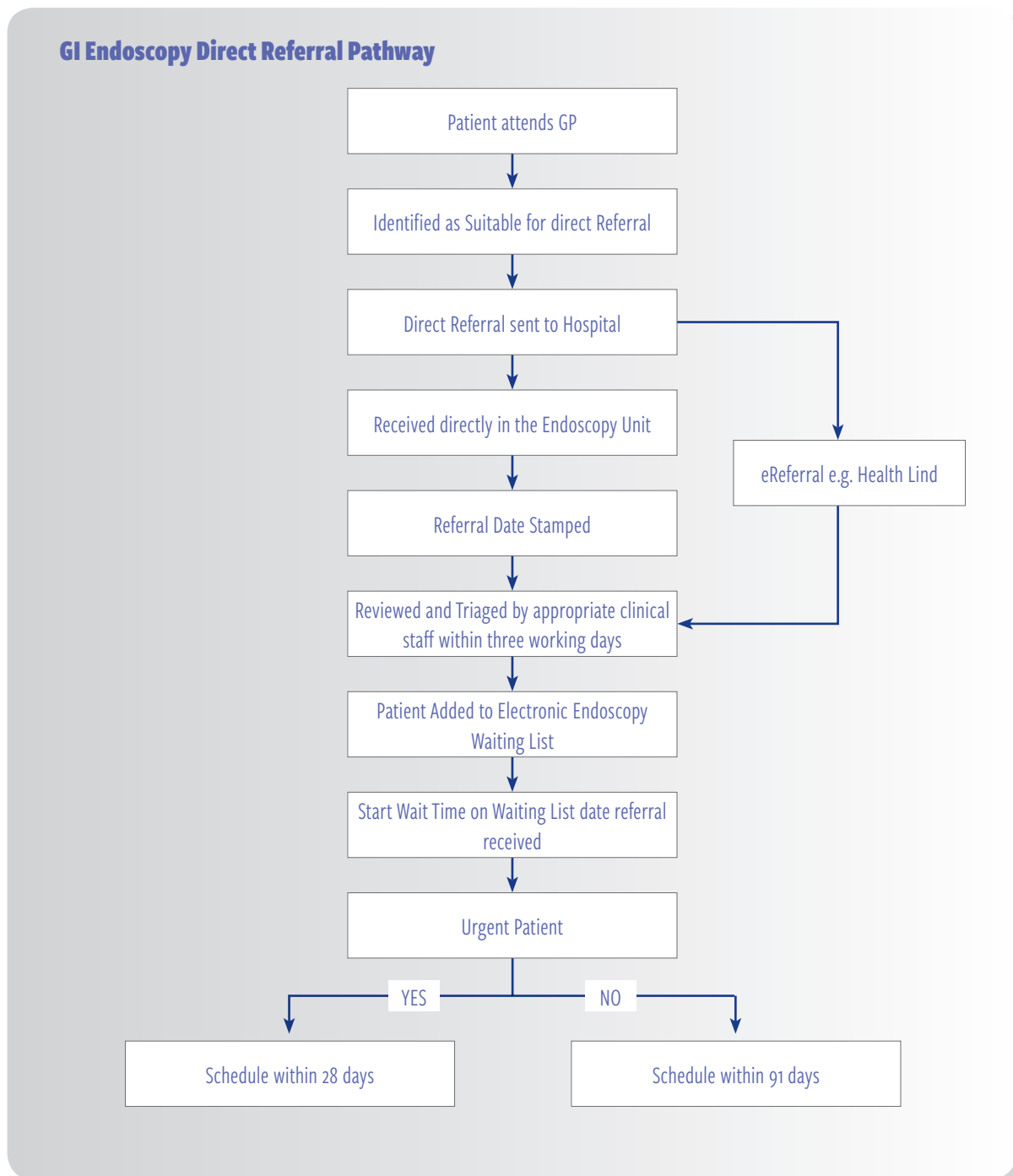
Appropriate clinical staff include:

- Consultants
- Senior Registrars
- Endoscopy Nurses
- Endoscopy Triage Nurses

Direct referrals must be reviewed and triaged within three working days of receipt.

The following GI Endoscopy Direct Referral Pathway must be followed.

Figure 14 GI Endoscopy direct referral pathway



*Start Wait Time - The date that the referral is received by the hospital, date stamped and entered on the electronic waiting list.

16.3.3. Adding a Patient to a GI Endoscopy Waiting List

Completed waiting list booking forms and direct referral forms must be added to the electronic waiting list in the Endoscopy Unit within three working days of receipt. Electronic booking processes are recommended. Patients identified for urgent admission must be prioritised.

Once received, Direct Referral Forms must be reviewed and triaged by the treating clinician or appropriate delegate within three working days of receipt of referral.

All information on the waiting list booking form must be entered onto the hospital Patient Administration or Management System. 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 “start wait time”. If the patient is a direct referral “start wait time” is the date that the referral is received by the hospital, date stamped and entered on the electronic waiting list.

This “start wait time” date must not be changed or altered by the Hospital at any point during the patient’s journey through the scheduled care system.

Once a patient has been added to a waiting list, they are actively waiting for a date ‘to come in’ (TCI) and receive their care and/or treatment. Patients identified for urgent admission must be prioritised.

17. Timelines

Once a GI Endoscopy Referral has been received it must go to the relevant Consultant for review and clinical triage/prioritisation.

17.1. Clinical Prioritisation

Categorisation of patients by clinical priority is required to ensure that all patients receive care in a timely and clinically appropriate manner. The clinical priority category should be appropriate to the patient and their clinical situation.

17.1.1. GI Endoscopy Clinical Prioritisation

Patients who require a GI Endoscopy procedure are clinically prioritised as Priority 1 or Priority 2.



Priority 1 (P1) relates to those patients who have been clinically triaged, identified as Urgent and require a colonoscopy within four weeks (28 days).



Priority 2 (P2) relates to those patients who have been clinically triaged, identified as Routine and require a colonoscopy within 13 weeks (91 days).

18. Booking and Scheduling Rules

In order to ensure optimal capacity utilisation, all available capacity must be identified in advance and predefined templates agreed with individual consultants. This will ensure that patients will be scheduled appropriately according to the available agreed capacity within the Endoscopy Unit.

When booking and scheduling patients from GI Endoscopy Waiting Lists, the patient's clinical priority must be taken into account ensuring priority is given to urgent patients. All patients must be booked in strict chronological order fully utilising the organisations capacity through agreed predefined templates. These templates should include the pooling of lists of patients, particularly where wait time targets are to be met.

18.1. GI Endoscopy Appointment

When scheduling patients for a GI Endoscopy TCI date, the patient must be informed by letter, phone or email of their appointment details. This must be updated on the hospital PAS to ensure an adequate audit trail is provided.

The patient waiting list journey must be recorded on PAS to facilitate monitoring, management and reporting of DNA (reference section 10) and Cancellation (reference section 9) data. Protocols in respect of patient DNA's and Cancellations also apply to patients on GI Endoscopy waiting lists.

Patients' appointment details must be updated on Endoraad or other recommended Endoscopy IT System.

18.2. Short Notice Appointments

In the event of a TCI date becoming available at short notice, the available slot should be offered to the next suitable patient in strict chronological order, i.e. 'Treated in Turn'. Patients who decline this offer should NOT have their waiting list clocks reset unless it was a reasonable offer (two weeks' notice). Patients must also be informed that their wait time clock will now restart at national level.

19. Validation

Although validation is a continuous process, to ensure that Endoscopy waiting list information is accurate and up to date, it is compulsory that a formal bi-annual hospital administration validation is carried out of active patients and patients on Planned Procedure lists (reference section 12.2).

19.1. Clinical Validation

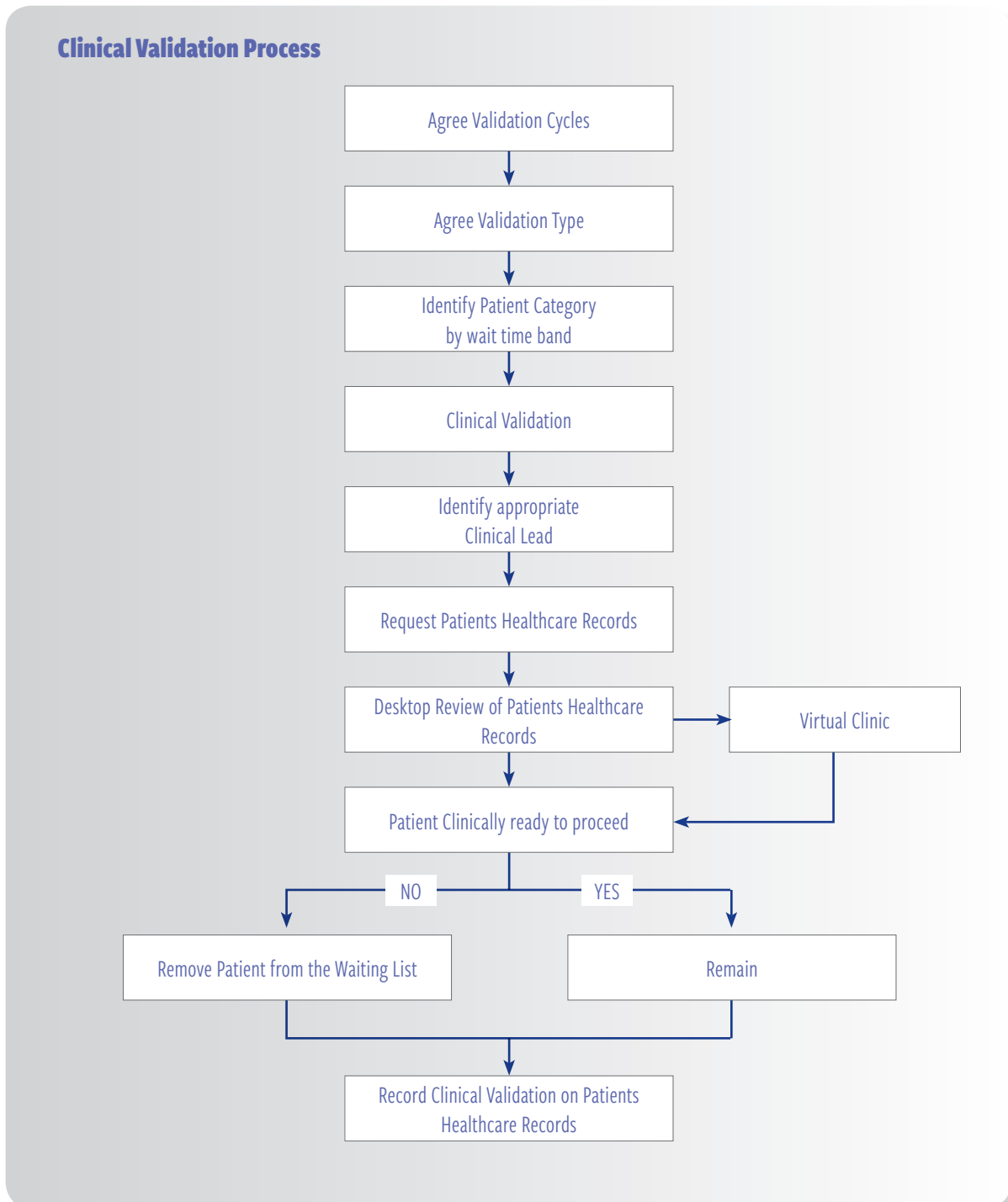
Clinical Validation is the process whereby the Clinician or delegate clinical team member conducts a review of the patients healthcare records and/or medical notes for patients on inpatient, day case and planned procedure waiting lists in excess of six months. Where there is a requirement for clinical validation, patients are contacted by phone by the clinician or delegate as part of a virtual clinic. These reviews are carried out at pre-planned intervals during the year. Clinical Validation should not be confused with Pre-Operative Assessment

Appropriate clinical staff to carry out clinical validation include:

- Consultants
- Senior Registrars
- Endoscopy Nurses
- Endoscopy Triage Nurses

Figure 15 illustrates the clinical validation process.

Figure 15 Clinical validation process



20. Endoscopy Surveillance

When a patient receives their first procedure and the clinical decision is made that the patient requires a further surveillance procedure, a booking form should be completed and the patient must be added to the Planned Procedure list as per section 3.3.

Examples of GI Endoscopy Surveillance procedures are:

- surveillance Colonoscopy
- surveillance OGD
- surveillance OGD and Colonoscopy

Patients who are added to a planned procedure waiting list for a surveillance procedure must be advised on the day by a clinician of an indicative date or approximate timeframe in the future for their procedure. This indicative date or approximate timeframe must be updated on the electronic waiting list.

Recall for a GI Endoscopy surveillance procedure can be up to 13 weeks beyond the planned indicative date.

20.1. Scheduling a Endoscopy Surveillance Procedure

Patients must be scheduled for their date within two weeks of their indicative date, ensuring that it is a reasonable offer of care and/or treatment. Patients awaiting a date for a planned procedure must be considered when capacity and demand planning.

No Patient should be added to a planned procedure list without an indicative date or approximate timeframe.

Acknowledgements

The NTPF wishes to acknowledge and thank all of those who contributed to the development of the National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol.

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Thanks to all of the hospital representatives who participated in the NTPF IDPP Workshop in August 2016.

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