A Guide to Audit of the Management of Outpatient Services

Supporting Implementation of the Protocol for the Management of Outpatient Services

January 2014

The Audit Process

1. Appropriate management of outpatient services will be measured utilising a schedule of standardised audits of the items set out in Table 1.

2. The aim of audit is to establish the proportion of patients, as evidenced by the patient record/referral, or proportion of clinicians/specialties, managed in line with recommended practices.

3. Eligibility of items for audit will be notified to the system as the item status becomes 'current'. Additional audit items may be added, if during the course of on-going audits, processes that require adjustment in order to achieve recommended management process are identified.

4. Two types of items will initially be audited: (i) patient-level (ii) process-level. In order to prevent duplication, performance indicators, and other metrics assessed utilising the performance management data reporting system will not be audited using this process (e.g., DNA rates, new to review ratios).

5. All patient records are eligible for audit including new, review, planned consultations, discharged patients, and other inactive patient records.

6. A maximum of three items will be audited during any given audit.

7. Service-providers will be notified two weeks in advance of audit commencement and requested to provide a file of PAS record numbers set out (i) per patient status (on waiting list for new appointment, attended at least one appointment in episode of care, discharged, inactive) (ii) per specialty (iii) per clinician/health professional, from which the random sample/s will be generated. Referrals received for which there is not yet a PAS number may be audited outside of the randomisation process.

8. An audit confirmation document will clearly set out the items being audited and will be provided to the service-provider two days in advance of the audit.

9. Process-level items may not require interrogation of patient level records, and representative samples will be taken in so far as is possible.

10. Certain items may require convenience sampling (full) of a cohort of patients, e.g., all patients who attended a specified clinic on a particular day or all referrals not yet on the PAS system.

11. In order to ensure a representative sample, specialties/disciplines where record numbers total less than 500 will require a minimum of 50 records to be audited. Where record numbers exceed 500, a 10% sample will be drawn. Audits within specialties/disciplines of process issues should include all clinicians in that specialty in the audit.

12. Audit reports per item will be agreed with the Outpatient Performance Improvement Programme, but will include the following:

Overall Audit Report

- Date of audit
- Notice given
- Notice given to whom
- Duration and period of audit
- Total number of records on file
- Persons carrying out audit
- Number of records per specialty eligible for audit
- Specialties/disciplines omitted with reasons why
- Item/s audited
- Number and % of records/clinicians per specialty randomly selected for audit
- % of all patient records/clinicians audited
- If all specialties/disciplines were audited, % of all selected records/clinicians in compliance with item
- If individual specialties/disciplines were audited, % per specialty of selected records/clinicians in compliance with item

Specialty/Discipline Audit Report

- Person/s auditing
- The item audited
- Specialty/discipline audited
- Process utilised
- Total number of PAS records/clinicians eligible for audit
- Total number of referrals not yet on system eligible for audit
- Number and % of records/clinicians selected for audit
- Number and % in compliance with item
- Reasons for non-compliance set out with number and %

Audit Outcome Process

13. The draft audit results will be copied by the auditor to the office of the National Lead for Outpatient Performance Improvement and the service-provider, affording the opportunity to view the results and request clarification or amendment, where required.

14. The final audit report will be forwarded by the auditor to the National Director, the National Lead for Outpatient Performance Improvement, and the service-provider's accountable officer. This report will set out a date by which compliance with specified processes will be required.

15. The service-provider will be asked to respond within seven days to the auditor with confirmation that required process changes have been made. Where required changes cannot be made within the specified timeframe, the service-provider will provide a detailed plan setting out milestones and time to completion per item. The auditor will forward this communication to the National Lead for Outpatient Performance.

16. The service-provider will be subject to further audit to confirm compliance with process improvement, at a date specified by the auditor, where required.

Table 1: Audit Items			
#	Type	Item	Status
1	Patient-level	Proportion of patients accessing outpatient services without completed referral (as per HIQA)	Current
2	Process-Level	Proportion of clinicians in specialty where their new referrals are managed in a central service	Current
3	Patient-level	Proportion of clinicians in specialty receiving any referral directly	Current
4	Patient-level	Proportion of referrals added to PAS within 24 hours of receipt	Current
5	Patient-level	Proportion of referrals on system with SOR priority status recorded within 24 hours of receipt	Current
6	Patient-level	Proportion of referrals clinically prioritised within five working days of receipt	Current
7	Patient-level	Proportion of SORs issued with communication acknowledging receipt	Current
8	Patient-level	Proportion of SORs issued with communication acknowledging receipt within seven working days	Current
9	Patient-level	Proportion of referrals assigned clinical prioritisation categories other than urgent or routine	Current
10	Patient-level	Proportion of patients waiting more than three months validated within the previous three months	Current
11	Process-level	Documented maintenance per clinician in specialty of a 'breach management' process	Current
12	Process-level	Proportion of slots on clinic templates 'reserved' for private patients, per clinician in specialty	Q1 2014
13	Patient-level	Proportion of patients with one episode of failure to attend assigned a second appointment	Q1 2014
14	Process-level	Proportion of planned absences with documented application for leave at least six weeks in advance	Q2 2014
15	Process-level	Number of patients cancelled/rescheduled by hospital in previous year, per clinician in specialty, without six weeks written notification to clinical director and management	Q2 2014
16	Process-level	Proportion of clinicians in specialty pooling referrals	Q2 2014
17	Process-level	Provision of system to track completion of clinical prioritisation, per clinician in specialty	Q2 2014
18	Process-level	Provision of succession management arrangements for consultants due to leave and retirement	Q2 2014
19	Process-level	Maintenance of standby lists for short-notice cancellations per clinician in specialty	Q2 2014
20	Process-level	Provision of expected duration of wait to be seen sent to SORs per clinician in specialty	Q3 2014
21	Patient-Level	Proportion of attendances to randomly selected clinic where clinic reconciliation form was appropriately completed	Q3 2014
22	Process-level	Proportion of attendances to randomly selected clinic, where patient record updated on the PAS using clinic reconciliation form within 24 hours of the consultation	Q3 2014
23	Patient-level	Proportion of referrals discharged provided with standardised discharge information	Q3 2014
24	Process-level	Provision of dedicated cancer, red-flag, complex clinical need referral processing function per clinician in specialty	Q4 2014
25	Process-level	Proportion of clinicians/specialties operating partial booking	Q4 2014
26	Process-level	Proportion of appointment slots consecutively timed per clinician in specialty	Q1 2015
27	Process-level	Proportion of urgent breaches recorded in an OP breach management plan per clinician in specialty	Q1 2015
28	Process-level	Proportion of review 'indicative date of appointment' breaches recorded in an OP breach management plan per clinician in specialty	Q2 2015
29	Process-level	Patient experience time, implementation, maintenance, process	Q4 2015