

An Audit evaluating DNAs in Outpatient Hysteroscopy at Homerton University Hospital

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Introduction

- There were 732 outpatient hysteroscopy appointments between 9th March 2022 and the 16th September 2022 at Homerton University Hospital
- We expect a DNA (did not attend) rate of zero as a standard
- 636 patients attended their outpatient hysteroscopy appointment
- The DNA rate for outpatient hysteroscopy was 12%
- Patients should receive a letter sent to their address and a text message prior to their appointment
- The cost to the trust per DNA is £160 for new appointments and for follow ups
- A text is sent to the patient stating cost if they DNA

Method

- Retrospective data collection over a 6-month period
- Requested the hospital numbers of all hysteroscopy DNAs from 09/03/22 – 16/09/22
- 100 patients identified as DNAs
- Data collected using EPR (electronic patient record) and contacting patients directly by telephone

Data collected:

Appointment attended (Y/N)
Age
Language barrier (Y/N/DK)
Interpreter required (Y/N/DK)
How were they contacted (letter/phone/text/DK)
How much notice were they given before the appointment
Reason for DNA (see key 1-16*)
2nd appointment given (Y/N)
Attended 2nd appointment (Y/N)
Preferred method of contact
Additional information

Y= Yes N= No DK= don't know

*Reason for DNA Key

1 Transport issues
2 Parking issues
3 Childcare/school related
4 Did not receive appointment
5 Seen elsewhere
6 Religious holidays
7 Other holidays
8 Co-morbidities preventing them coming
9 Care home resident
10 Symptoms improved
11 Inadequate information about procedure
12 Conflict with work
13 Previous poor experience at Homerton
14 Forgot appointment
15 Did not want procedure
16 Other

Results

- 4/100 patients were duplicate hospital numbers
- 7/100 patients were incorrectly recorded as DNAs
- Data therefore collected from remaining **89 patients**
- We received an answer to the key reason for DNA in **54 out of the 89 patients**

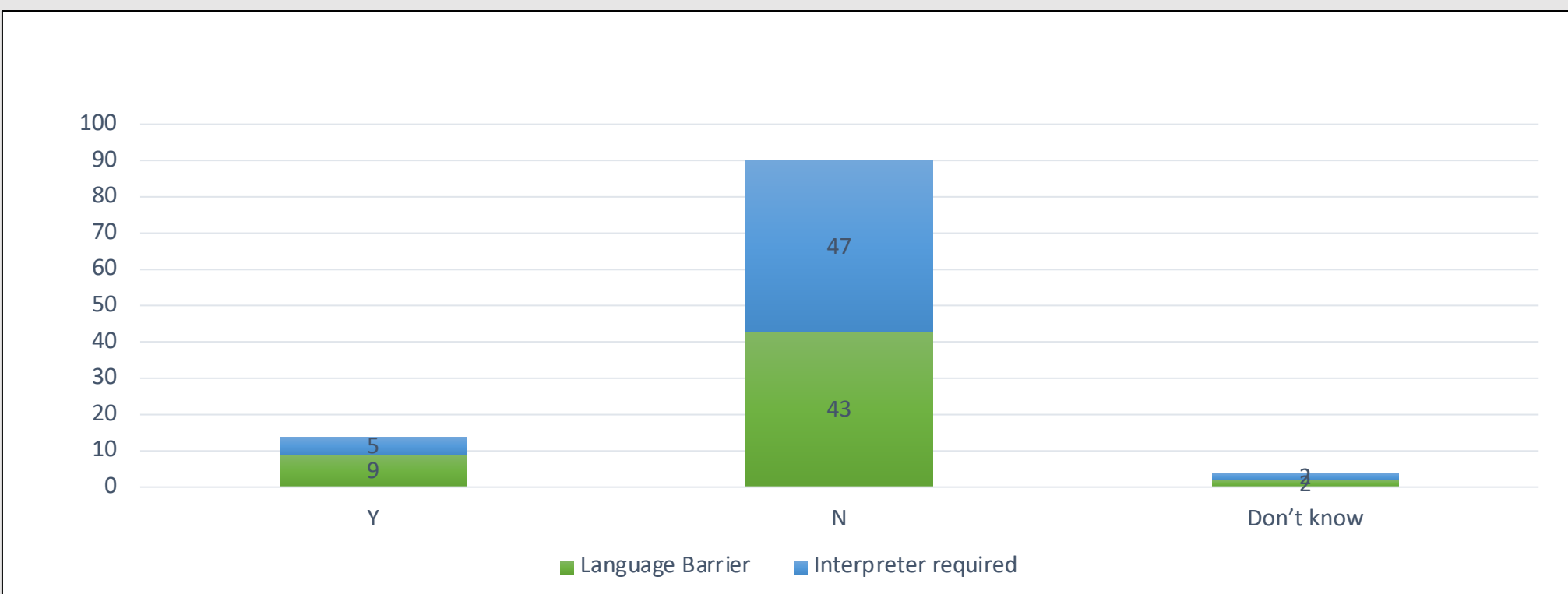


Figure 1 Chart showing number of patients with a language barrier and requiring an interpreter 9/54 (17%) of patients had a language barrier and 5/9 (56%) of these required an interpreter

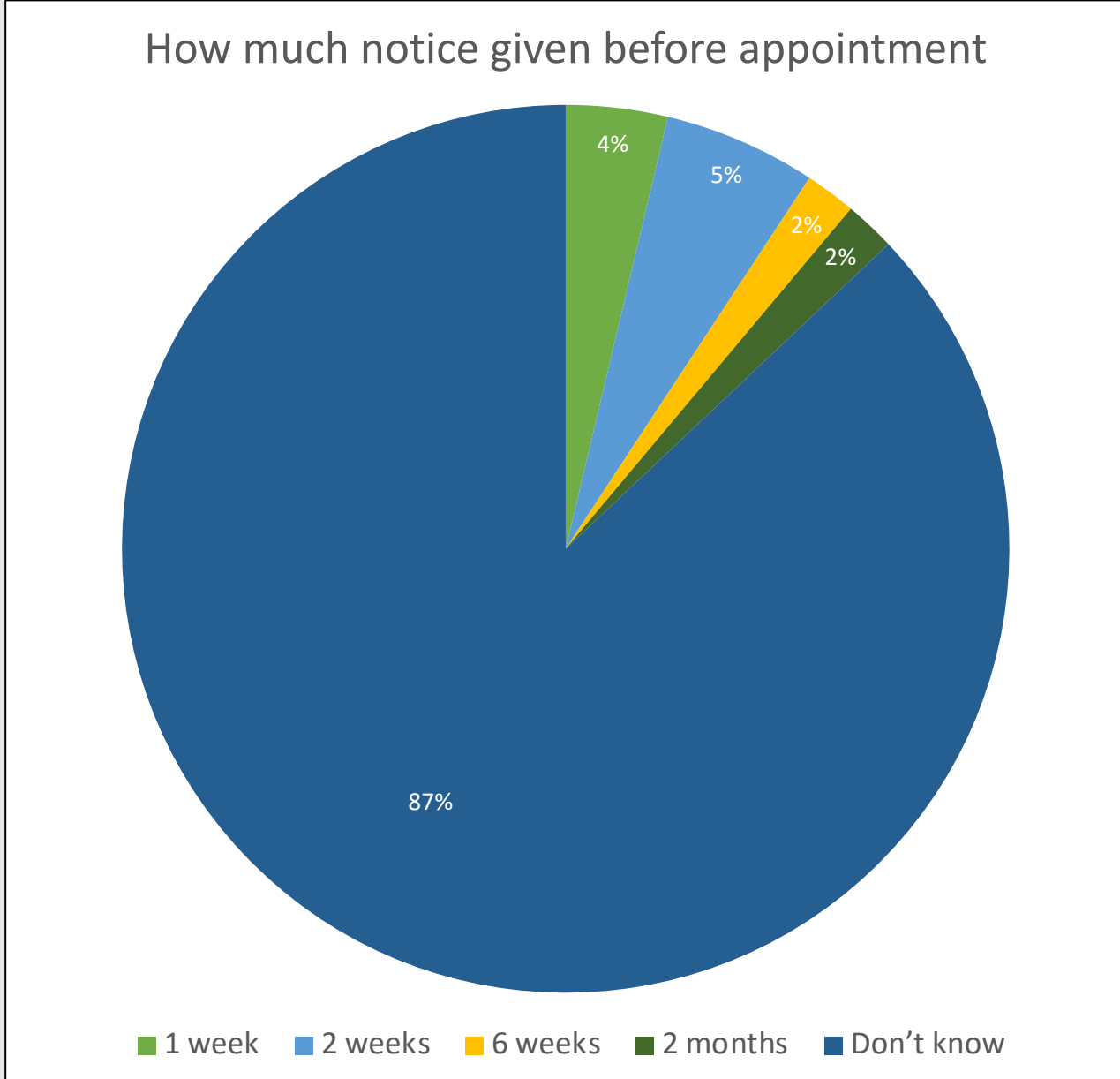


Figure 3 Chart showing how much notice patients reported they were given before their appointment

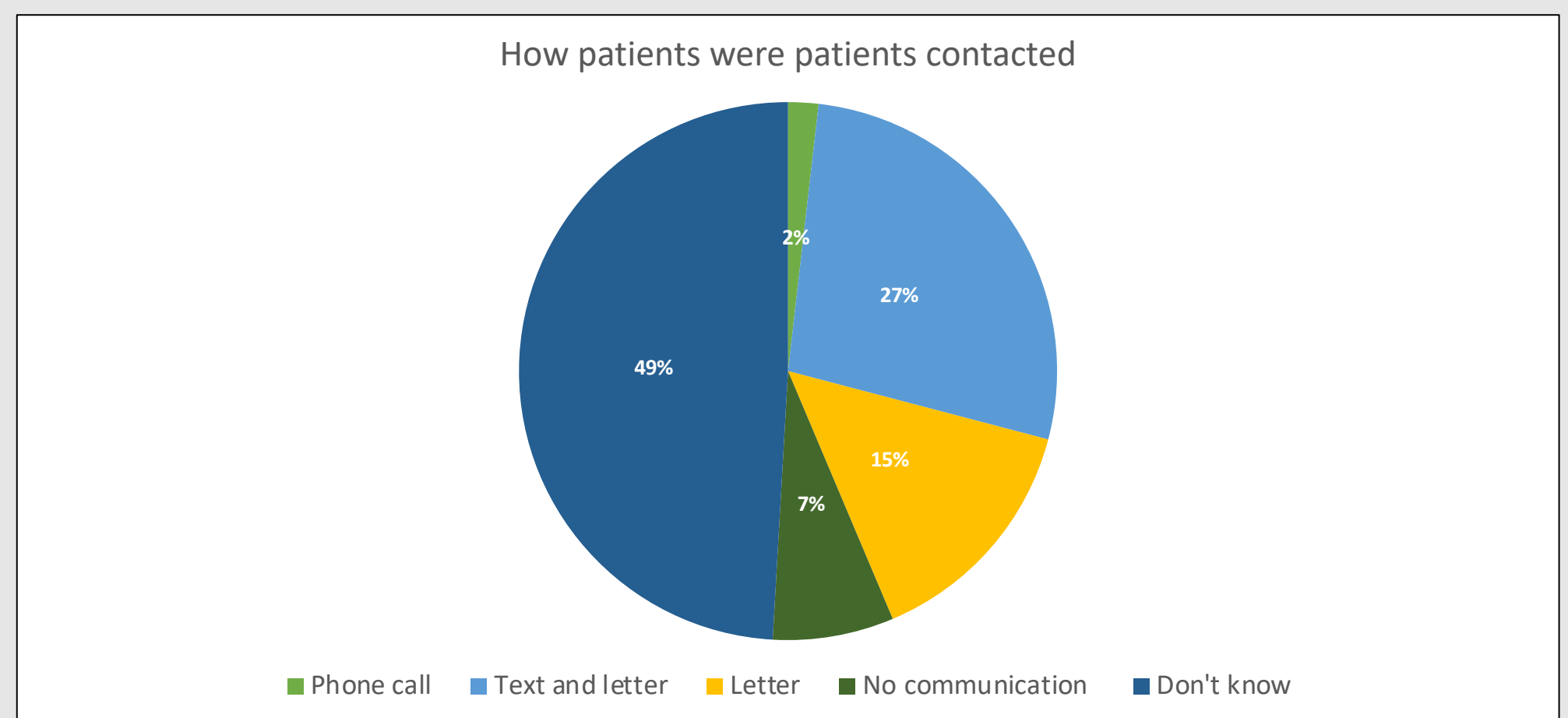


Figure 2 Chart showing how patients were contacted prior to their appointments

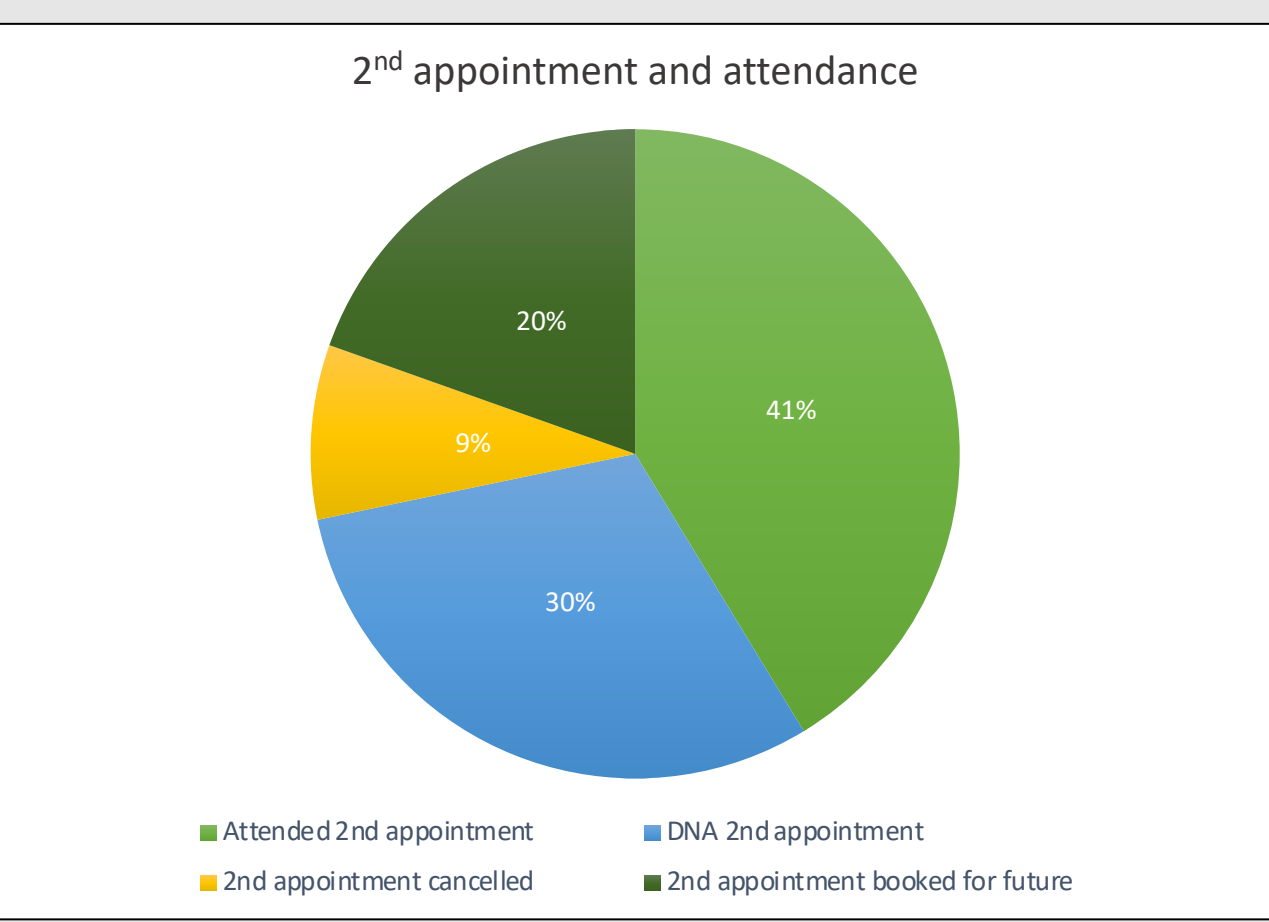


Figure 4 Chart showing attendance outcome of patients who were given a second appointment (46/87 patients were given a 2nd appointment)

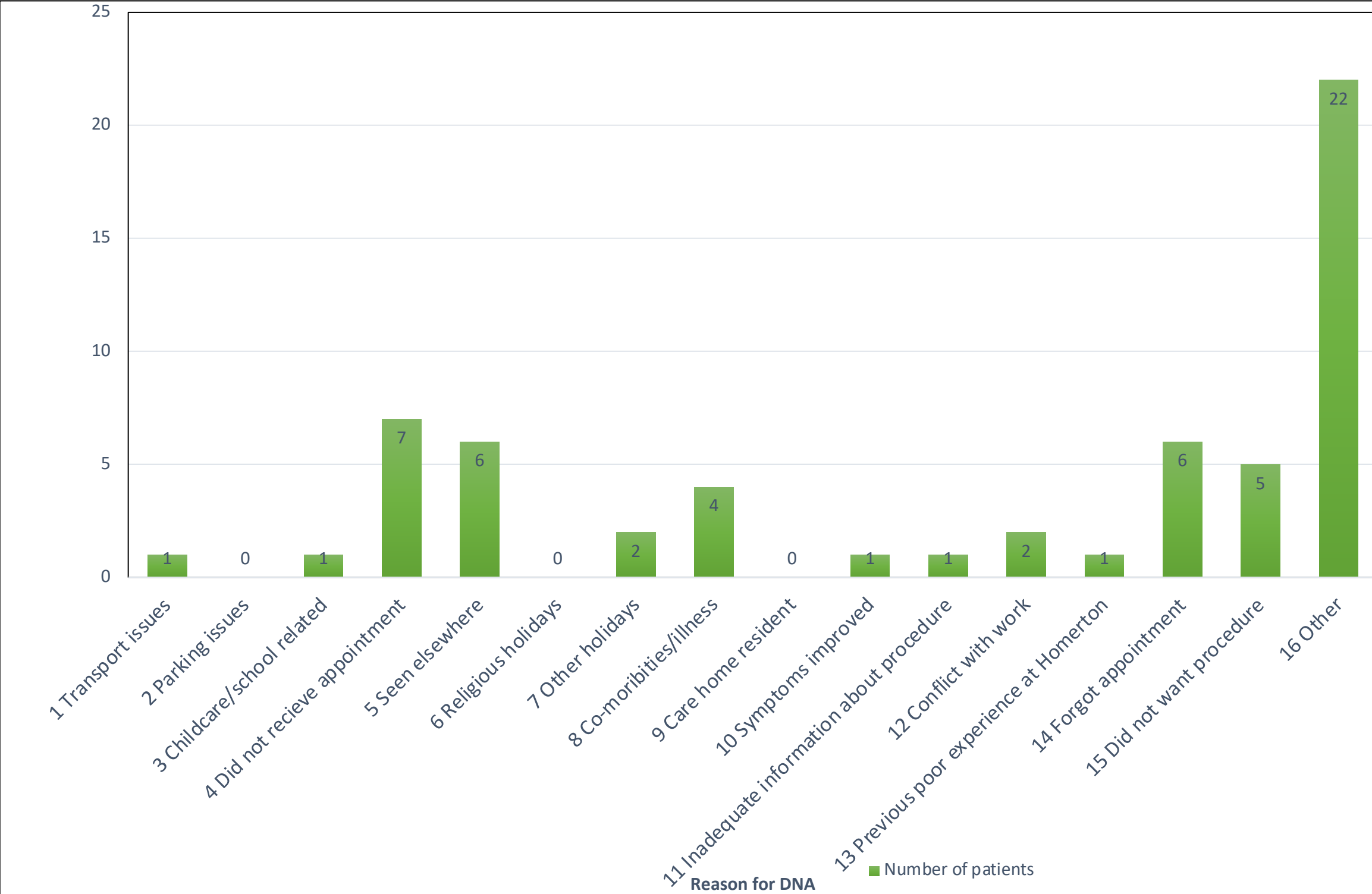


Figure 5 Chart showing patient reported reason for DNA

Examples of '16 other' Reasons for DNA

-Got appointment time wrong
-Hospital inpatient
-Booked for wrong procedure, meant to have colposcopy
-Patient late, clinic unable to see
-Duplicate appointment
-Cancelled by hospital but recorded as DNA
-Poor views at first appointment, cancelled second appointment
-Pregnancy

-Too short notice (24 hours)
-Vaginal bleeding at time of appointment
-Family bereavement
-Fertility assessment
-Language barriers
-Patient unable to read
-Patients phoned to cancel but still recorded as DNA
-Difficulty contacting hospital to cancel appointment

Comparison with prospective data

Hysteroscopy nurse phoned patients before their appointment to check they are attending to see if this would reduce the DNA rate. Data from 131 prospective patient appointments over a 1 month period using EPR and phoning patients.

Data collected:

- Contacted patient (Y/N)
- Patient aware of appointment (Y/N)
- Leaflet received? (Y/N)
- Happy to continue (Y/N)
- Appointment kept? (Y/N)
- Appointment cancelled? (Y/N)
- Reason for cancellation
- Attended appointment (Y/N)
- Correct follow up (Y/N)

128 patients were contacted by telephone (3 were not contactable)

Results

108/128 (84%) patients attended their appointments
20/128 (16%) did not attend their appointments:
-4/20 were cancelled by the department
-9/20 were cancelled by patients
-7/20 were not cancelled and were therefore DNAs

The DNA rate for this prospective data was 5% (7/128)

Discussion

- 17% of DNAs had a language barrier – may be contributing factor
- Inconsistency with how patients are contacted prior to appointment
- Patients generally frustrated with communication from hospital and difficulty getting through to phone line to cancel or rearrange appointments
- Although documented as a DNA, 53% of patients were given a second appointment. <50% attended their second appointment
- One consultant consistently phones patients who do not attend on the day and then decides if they need a second appointment – not consistent practice amongst specialists
- Most patients would prefer communication by a letter and a text
- DNAs cause a significant loss to the trust:
 - The total loss for the 89 patients we identified as a DNA first appointment = **£14 240**
 - The total loss of the 14 patients who DNA their 2nd appointment = **£2240**
 - Therefore total loss to the trust over the 6 months of data collected in this audit = **£16,480**

Conclusion

- DNAs costs the trust a significant financial loss and other patients could use their slot
- We need more consistency from admin staff in terms of how they manage DNAs, cancellations and booking second appointments
- Identifying and documenting the best contact details which patients can use to communicate if unable to attend
- Phoning patients prior to their appointment reduces the DNA rate by 7% (5% compared to 12%).
- Ring fence time in staff members job plans to call patients to make this routine practice. This could be done by admin team
- If patients do not attend appointment despite confirming attendance over the phone, consider making no further appointment

Acknowledgments

A special thank you to the patients who took the time to participate with the data collection and to Ms Joy for her ongoing support and supervision.