

Analysis of DNA Rates and Failsafe Mechanisms in a Colposcopy Unit

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OBJECTIVES

- National UK guidelines emphasise the necessity of conducting audits to analyse the records of individuals who Did Not Attend (DNA) scheduled appointments.
- The standards benchmarked for this audit require a DNA rate of less than 10% for new referrals and individuals returning for treatment, and less than 15% for follow-up appointments.
- The primary objective was to determine the DNA rates among both new and follow-up patients in our colposcopy unit and ascertain whether these rates align with the national audit standards.
- Additionally, the audit aimed to evaluate the implementation of failsafe mechanisms and DNA policies within our unit.

DESIGN

- This retrospective audit employed a thorough analysis of records of non-attenders with the aim to identify patterns contributing to the non-attendance rates.

METHOD

- This audit spanned two hospital sites within an NHS Trust
- Includes:
 - all appointments at the colposcopy clinic,
 - Including both new and follow-up patients.
- Time period: 1st January 2021 to 31st December 2021,
- Total Cases Reviewed: 2,313. (New appointments : 1,830 Follow up appointments: 483)
- Electronic data collection methods were utilised, leveraging various hospital systems for efficient data.

RESULTS

- The analysis revealed a DNA rate of 4.26% among new patients and 8.9% among follow-up patients.
- Among new patients, 18 women did not attend their scheduled appointments at all, all of whom underwent follow-up cytology with their GP.
- Among the follow-up patients, 12 women failed to attend their appointments, with two postpartum individuals rescheduled three months post-partum.
- The remainder underwent follow-up cytology with their GP.
- The primary indication for colposcopy in new patients with non-attendance was low-grade dyskaryosis with high-risk HPV infection.
- A significant number of clinic slots were wasted due to DNAs.
- While our unit effectively met target timelines for reviewing high-grade lesions, findings highlighted non-compliance with target times for low-grade lesions.

CONCLUSION

- Our unit has demonstrated compliance with national standards for DNA rates among both new and follow-up cases.
- However, this audit has highlighted areas for improvement, particularly in adhering to our failsafe mechanism and DNA policy.
- It was identified that the number of appointments allocated to patients exceeded the optimal threshold, potentially contributing to appointment burden within our unit.
- Discrepancies in DNA rates between the two hospital sites, despite a common team, indicate a need for assigning appointments based on proximity to the patient’s residence.
- Further recommendations to mitigate DNA rates include enhancing support services through patient education to address cancer-related fears.

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