Reducing CMHT non attendance (DNA)

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Aim
The aim of this Quality Improvement project is to Reduce 1st appointment non-attendance (DNA) in CMHT outpatient clinic by 50% in 2 months.

Project Background
• High rate of DNA in the CMHT and considerable cost linked to chasing after patients who DNA
• Cost of non-attendance (DNA) to the NHS in UK is estimated to be £600m a year (25% DNA rate)
• Mentally ill twice as likely to report forgetting their appointment
• Phone calls most effective way of reducing DNA
• SMS reminders both effective in reducing DNA and cost effective
• Increased number of patients with updated Rio contact number from 60% to 95%
• Significant reduction in time spent chasing up patients who DNA

Figure 1: Driver Diagram representing improvement strategy

<table>
<thead>
<tr>
<th>Information Technology</th>
<th>Appointment Reminder system</th>
<th>Communication</th>
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<tbody>
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<td>Reduce CMHT non-attendance (DNA) by 50% in 12 months</td>
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- Decrease data mis-recording
- Update demographic/mode phone details
- Extend Rio SMS reminder functionality to other HCP appointments
- Ensure non attended receipt of appointment letter SMS
- Appropriate recording/capturing of Clinic data

Figure 2: Tests of change using the PDSA ramp

Cycle 1: Updating of client demographics/mobile number by all staff
Cycle 2: Set up system at reception for service users/carers/family members to provide updated mobile numbers
Cycle 3: Awareness campaign i.e. posters to encourage service users, carers/family members to provide updated number
Cycle 4: Review/update appointment booking system
Cycle 5: Add Reminder phone call

Measure
Outcome: Percentage of 1st appointment DNA
Process: Weekly reminder phone calls achieved/not achieved
Balancing measures: Cancellation rates, staff satisfaction, number of SMS no reply

Outpatient DNA Rate for Recovery Team 2 (1st Appointments)

Result
- DNA reduced from an average of 61% to 22% (65 % reduction)
- Increased number of patients with updated Rio contact number from 60% to 95%
- Significant reduction in time spent chasing up patients who DNA
- Significant number of cancellations; cancelled appointment slots offered to other patients

Summary of Learning
1st appointments routinely offered few months in advance meaning patient circumstances sometimes changed by the time/date of appointment
- High proportion of patient contact details not updated/correct
- Initial referral does not always have contact number for patients
- No clear protocol for appointment bookings
- Some 1st appointment DNAs happen due to non-receipt of appointment letters

Key in achieving above reduction in DNA was making sure every patient has the right mobile/contact details on Rio to enable Rio SMS reminder, appointment letters not sent out many months in advance and reminder phone calls offered a week prior to appointment

What’s next
- Maintain the gains by providing regular feedback to staff about achievement and need to maintain current system
- Implement Cycle 5 for ‘follow up’ appointments
- Spread across CMHT
- To identify other change ideas that may lead to further reductions in DNA
- ‘Smell out’ opportunities for QI in other areas of clinical practice

Bibliography