

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
- SMS reminders both effective in reducing DNA and cost effective
- Phone calls most effective way of reducing DNA
- Increased rate of attendance will lead to increased uptake of treatment

Measures
Outcome : Percentage of 1st appointment DNA
Process: Weekly reminder phone calls achieved/not achieved
Balancing measures: Cancellation rates , staff satisfaction, number of SMS noreply

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

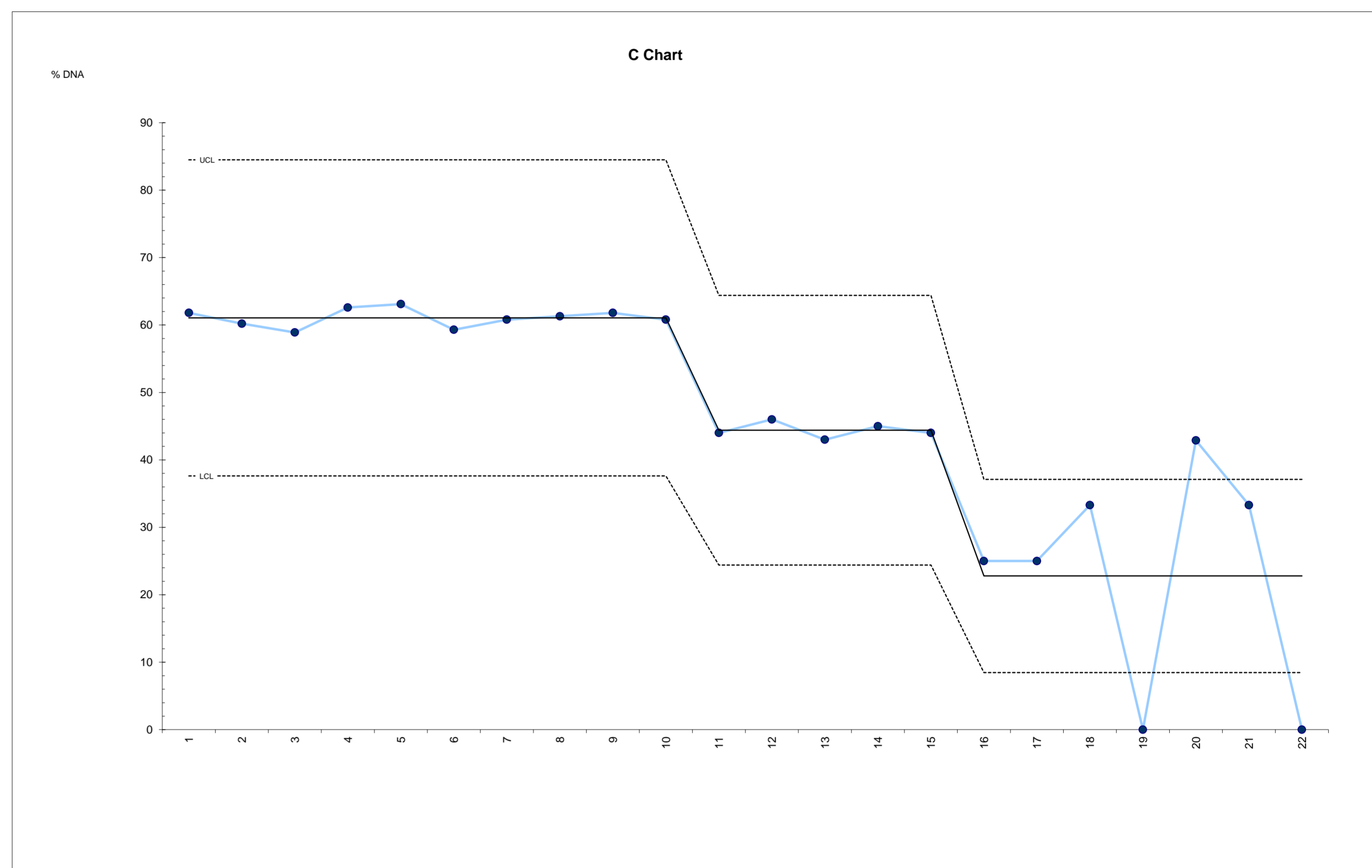


Figure 1: Driver Diagram representing improvement strategy

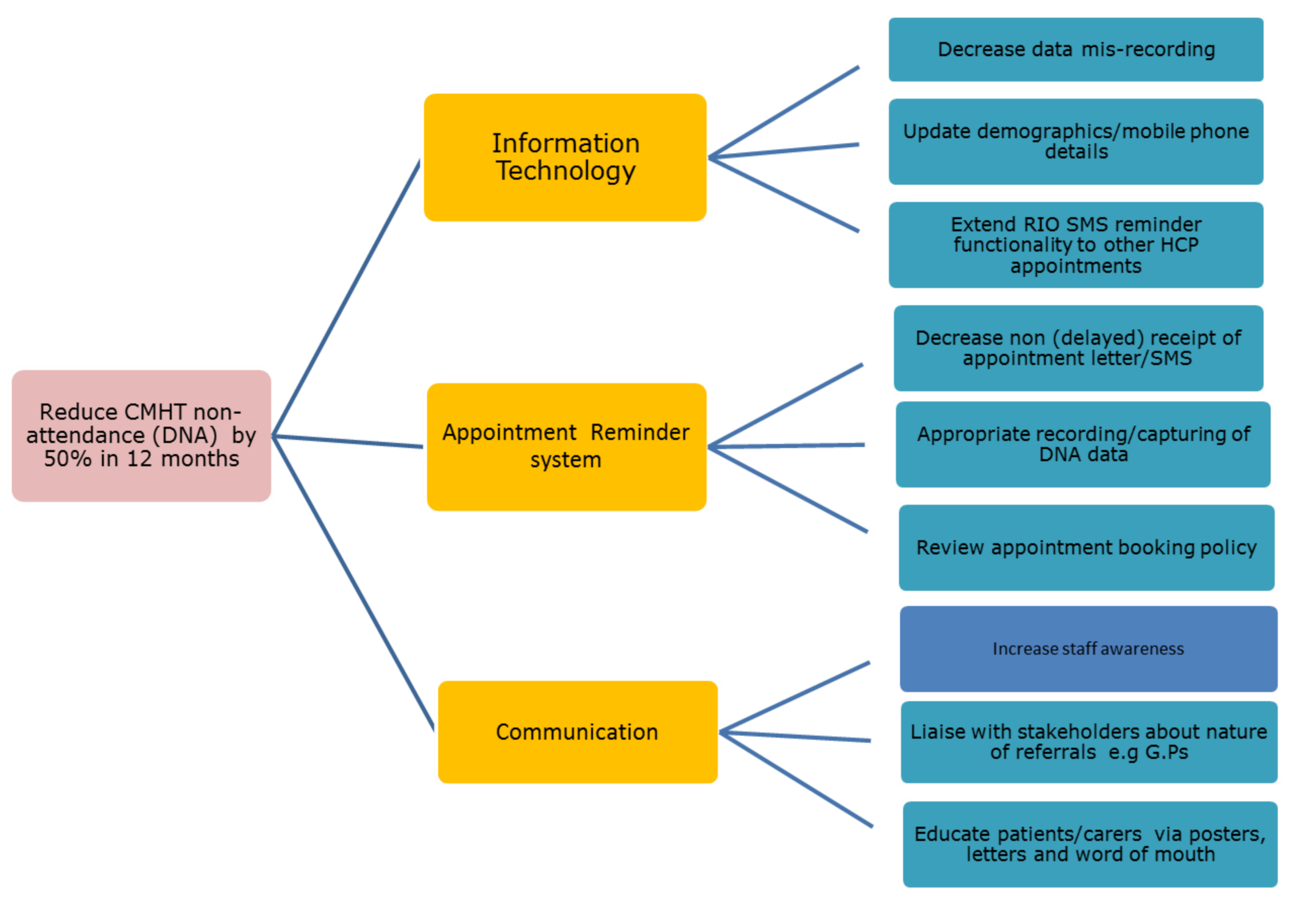
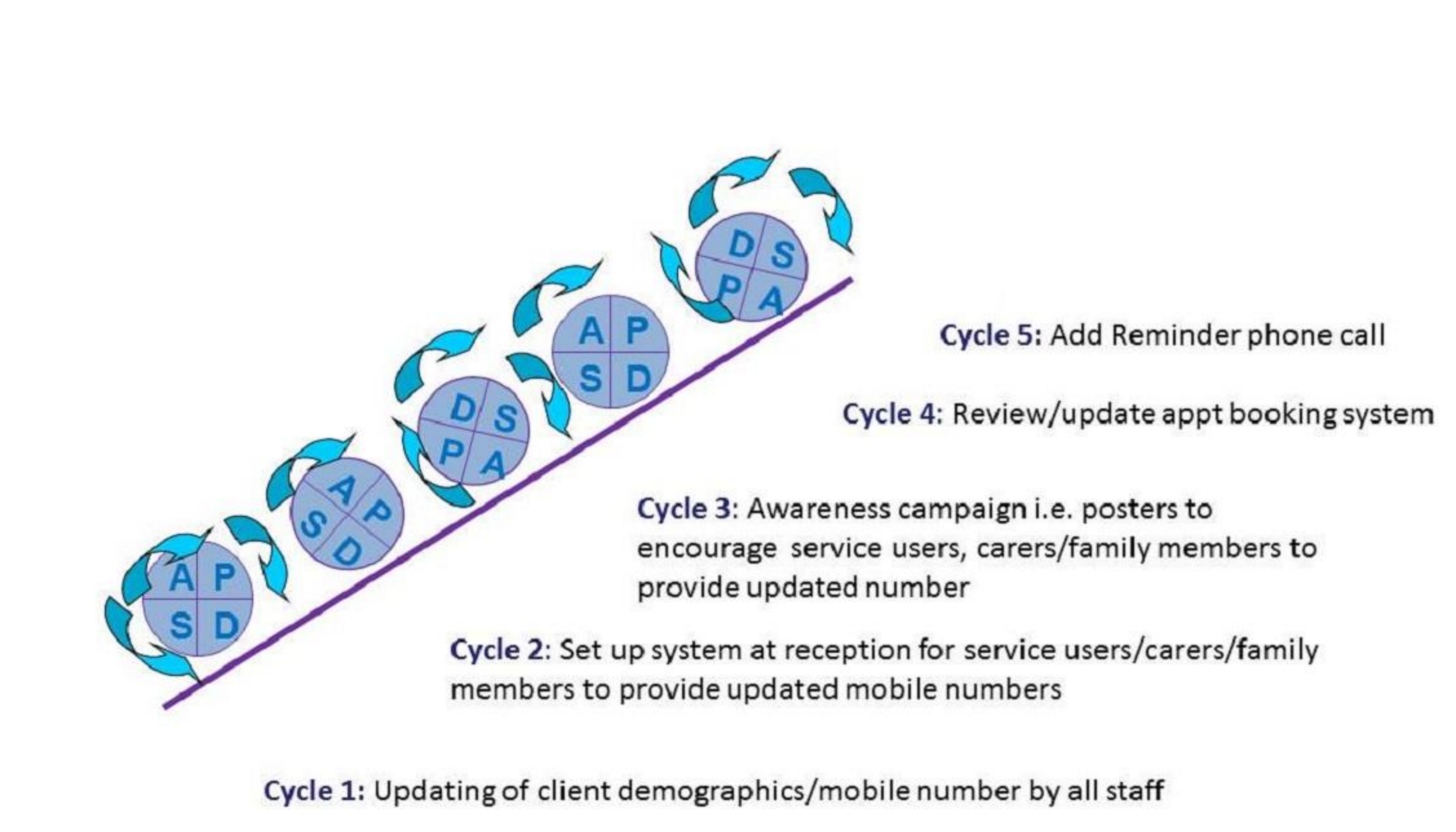


Figure 2: Tests of change using the PDSA ramp



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

Guy, R., Hocking, J., Wand, H., Stott, S., Ali, H. and Kaldor, J. (2011) 'How effective are short messages service reminders at increasing clinic attendance? A meta-analysis and systematic review', *Health Services Research*, 47(2), pp.614-632.

McIvor, R., Ek, E. and Carson, J. (2004) 'Non-attendance rates among patients attending different grades of psychiatrist and a clinical psychologist within a community mental health clinic', *The Psychiatrist*, 28, pp. 5-7.

NHS Institute for Innovation and Improvement (2008) *DNAs- Reducing Did not attends*. [Online]. Available at: http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/dnas_-_reducing_did_not_attends.html (Accessed 9 January 2013).

Sibbald, B. and Roland, M. (1998) 'Understanding controlled trials: Why are randomised controlled trials important?', *British Medical Journal*, 316, pp.201.

Sims, H., Sanghara, H., Hayes, D., Wandiembe, S., Finch, M., Jakobsen, H., Tsakanikos, E. M., Okocha, C. and Kravariti, E. (2012) 'Text Message Reminders of Appointments: A Pilot Intervention at Four Community Mental Health Clinics in London', *Psychiatric Services*, 63(2).

Stone, C., Palmer, J. and Saxby, P. (1999) 'Reducing non-attendance at outpatient clinics', *Journal of the Royal Society of Medicine*, 92, pp.114-118.

Stubbs, N. D., Geraci, S. A., Stephenson, P. L., Jones, D. B. and Sanders, S. (2012) 'Methods to Reduce Outpatient Non-attendance', *The American Journal of the Medical Sciences*, 344(3), pp. 211-219.

