

ACT Academy

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Service Improvement
and Redesign tools

Reducing did not attends (DNAs)

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What is it?

This tool helps to examine the causes for patient non-attendance and gives guidance on what you can do to reduce the level of did not attends (DNAs) within your healthcare service.

DNAs have an enormous impact on the healthcare system in terms of increasing both costs and waiting times. You may already have some strategies in place to minimise the effect of DNAs (such as overbooking slots), but if you have a higher than acceptable rate of DNAs, you will benefit from looking at ways of reducing them.

When to use it

You can use this tool if you have a higher than average rate of DNAs and when you want to:

- reduce costs
- improve clinic or service efficiency
- enable more effective booking of slots
- reduce mismatch between demand and capacity
- increase productivity.

How to use it

1. Determine what your rate of DNAs is. You can assess this by looking at the level of DNAs over the past two years as a percentage of total appointments. Plot the data on a chart so that you can see if there are any trends over time. Consider what level is acceptable and what level you aim to reduce it to.

To place your figures in context, look at the levels in similar services from both within your own organisation and also nationally.

2. Now determine the causes of DNAs. The two most commonly cited reasons are patients forgetting and clerical errors or communication failures, which mean that the patient was unaware of the appointment. Other factors that have been shown to affect the DNA rate include:

Socio-demographic factors

- Age and gender.
- Distance patients need to travel.
- Deprivation of population.

Patient factors

- No longer need to attend.
- Too unwell to attend.
- Employment – getting time off work.

- Previous experience of the healthcare setting.
- Seriousness of illness.
- Nature of illness.
- Childcare issues.
- Cost of travel prohibitive, difficult to organise or public transport difficult to access.

Hospital factors

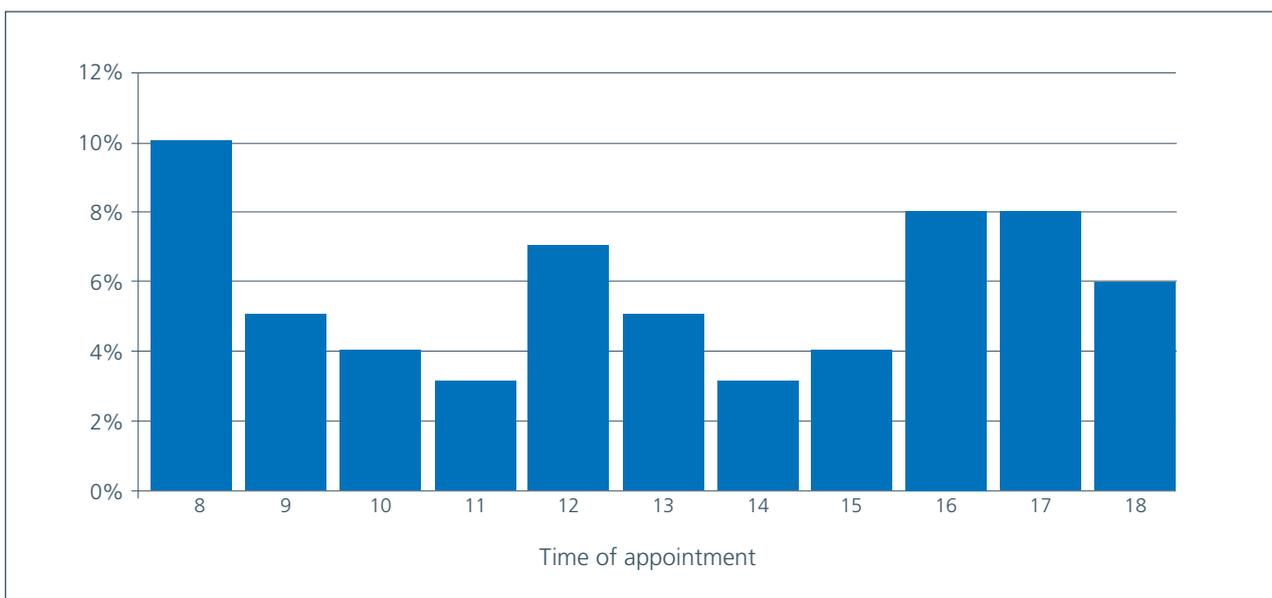
- Difficulty in cancelling appointments.
- Incorrect recording.
- Poor appointment notification design.
- Lack of notification or short notification.
- Organisation of clinics.
- The appointment booking process.
- Time or day of appointment may be inconvenient.
- Transport/parking.

Other factors

- Issue of communication between patient and GP

Your organisation may already routinely capture data on these causal factors, eg time of day. Reviewing this may reveal patterns at certain times of the day. The following chart indicates that patients at this hospital tend to DNA in the early morning, at lunch and after 4pm.

Figure 1: Patient DNAs by time of appointment



Armed with this information, you can look deeper and find out if these people are of a certain age – for example parents who may be responsible for taking children to school. Your aim is to understand the patient profile so that you can make attending the appointment as easy as possible.

Other causal factors, such as difficulty in understanding appointment letters or transport and parking problems may be harder to diagnose. You could look for other sources of data (eg patient surveys, complaints, etc.) or consider carrying out your own research – a telephone or postal questionnaire, which may uncover factors that you hadn't previously thought of.

Simply asking patients who do attend appointments about their experience of the process can be very valuable. Make sure to involve staff and get their ideas for improvement. Administrative staff will have a good idea of what could be improved and ideas for how to do it, but they often do not feel empowered to actually make the changes.

3. Once you have identified some potential causes of DNAs, try some of the following strategies (remember that you are tackling the causes and not just the symptoms):

- **Make sure the appointment is necessary** – reducing the number of inappropriate follow-ups not only frees up time, it also reduces the number of patients who don't attend because they feel the appointment is unnecessary.
- **Reduce patient anxiety** – reassure the patient by ensuring they know what is going to happen and when. Clear information is key, eg through preoperative assessment.
- **Communication** – appointment letters should be easy to read and understand (see **patient information**). Think about working with patients to redesign these letters so that they contain information that patients need. Can you use simple technology such as texting to remind patients of their appointment details?
- **Aim for consistency of style** – by consulting receptionists, booking clerks, nurses and doctors.

Consider how easy it is for patients to contact the hospital or department to cancel an appointment. It is valuable to try out this process for yourself to see how it actually works in practice. You might consider dedicated telephone lines, 24 hour answering machines, telephone queuing systems and freephone numbers. Bear in mind that your staff may need training so that they are able to record cancellations appropriately and reschedule appointments.

Send reminders to patients prior to their appointment, especially in specialties with high rates of non-attendance or for patients who receive appointments a long time in advance. These could be in letter form or via email or text message (more useful for some groups of patients than others).

Generally, the higher the rate of DNA, the greater the impact of reminders, so always check communication procedures and ensure that appointments are made at a convenient time for both the patient and the service.

- Your receptionists play a key role in communicating with patients and their interaction can have a big impact on patient experience. Consider whether they would benefit from additional training or guidance.
- There are many small things that can ultimately affect the DNA rate, for example it can be useful to ask the patient to repeat the information back to ensure they have understood correctly.
- Contact GPs as a matter of course if a new patient does not attend. Follow up to find out the reason for non-attendance. Only request re-referrals if necessary.

Remember, all improvement is change, but not all change is improvement – so make sure you test your changes on a small scale before you roll them out ([PDSA](#)).

What next?

To see the impact of any changes, make sure you know the baseline DNA rate for your service and then continue to monitor the rate as improvements are made. One of the best ways to monitor change is through the use of [statistical process control \(SPC\)](#) charts.

It is also important to understand who has the responsibility for any next actions when a patient does not attend their appointment (see [responsibility charting](#) example below).

Figure 2: Team responsibility for particular actions relating to DNAs

Individual	Karen	Vicky	Steph	Julia
Role/decision	Information	Reception	Nurse	Doctor
Do we find out why patient didn't turn up?				
Do we make another appointment?		Informed	Consulted	Responsible
Do we monitor?	Responsible			
Do we make any changes to our systems?	Informed	Consulted	Responsible	

At all stages of your changes keep the following informed:

- patients
- user groups
- other operational managers
- clinicians
- administration staff
- person responsible for managing DNAs.

Other useful tools and techniques that may help you:

- [patient information](#)
- [statistical process control \(SPC\)](#)
- [demand and capacity management](#)
- [plan, do, study, act \(PDSA\)](#)
- [reducing cancelled operations.](#)