Decreasing the DNA rate in gynaecology at the PRUH

Viswa Anand and team

King's College Hospital NHS Foundation Trust

1. Aim and Measures

• 'DNA' (did not attend) rates were at 7.0% in gynaecology at the PRUH. DNAs represents a significant issue for the NHS nationwide squandering already limited resources which could be used for benefit elsewhere in the service provided.
• SMART aim- To decrease the DNA rate in gynaecology at PRUH by 1-2% over the course of 2 PDSA cycles, ensuring to measure the DNA rate % each month.

2. Why This Matters

Why is this important for patients, staff, or the system?

- Patients missing appointments results in: delays in their own diagnosis and treatment, longer appointment waiting times for other patients and wasted clinic time and NHS resources.
- Baseline data we collected showed an initial DNA rate of 7.0% in gynaecology clinics at the PRUH.

3. Ideas and Tests of Change

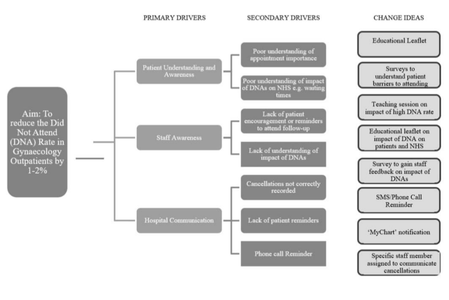
How did you approach the problem?

• We decided to use a multifaceted strategy to reduce DNA rates by enhancing patient engagement and by improving clinician involvement.
• We monitored the initial DNA rate percentage prior to any interventions as well as after each PDSA cycle (2 PDSA cycles overall).
• PDSA 1- Patient information leaflet used at the interface between primary and secondary care and phone call reminders 48hrs prior to every appointment.
• PDSA 2- Awareness presentation and staff survey delivered in monthly audit meeting.
• We also carried out patient shadowing prior to our project to help experience the patient's journey while accessing the service.

4. Tools Used

What quality improvement methods helped guide your work?

We carried out a fishbone analysis and also used a driver diagram both attached below. These were helpful in identifying the most appropriate interventions to implement over the course of 2 PDSA cycles.



Authors: Viswa Anand, Aurelia Stoddart, Shamil Mohamed-Firoze, Amanda Tshabangu

5. Results

What did you learn, achieve, or change? Or

- We managed to achieve a DNA rate reduction of 2.7% over the course of the 2 PDSA cycles.
- This was from 7.0% to 5.9% after PDSA 1 and 5.9% to 4.3% after PDSA 2 as seen in the runchart below.
- As a result, we were able to achieve our aim of a 1-2% reduction and in fact managed to perform better than expected possibly due to other confounding variables.
- The project has clearly highlighted the potential to reduce DNA rates through interventions focused on enhancing patient engagement.

6. Value and Impact

What difference did it make?

• The reduction in DNA rates will be both financially beneficial in terms of reducing wasted resources and clinic time as well as non-financially beneficial in terms of reducing appointment wait times thereby improving patient satisfaction and the standard of care provided.
• This project has highlighted the importance of reducing DNA rates and has demonstrated how our interventions could be applied to other departments with similarly high DNA rates.
• To make our DNA rate reduction more sustainable, future projects should address issues such as digital poverty. By tackling these problems, more technological interventions can be attempted through EPIC and ideas such as AI attendance likelihood calculators.