

Aims

1. To identify strategies proven to reduce Did Not Attend (DNA) rates in out patient department (OPD) diagnostic services.
2. To investigate the key conditions required for the successful implementation of PFB and local barriers to implementation.

Context

The current DNA rate in Radiology in Beaumont Hospital is 6% with a range of 3 – 13% across diagnostic services.

There is a general consensus in the evidence base that the most common reasons for DNA's are patients forgetting, clerical errors and communication failures.

PFB is about creating a good appointment system. For patients it is about better information and being involved in choosing a convenient appointment that they are more likely to attend.

The introduction of PFB has significantly reduced DNA rates in OPD services across the National Health Service (NHS).

What are we trying to accomplish?

1. Propose a new booking model which:

- Has been proven to reduce DNA rates and waiting times.
- Offers patient choice
- Provides a mechanism for self validation of waiting lists.
- Ensures no clinical resources are allocated to a patients care until they have contacted the appointment centre to confirm attendance.
- Delivers a more transparent waiting list.
- Reduces the administration time required for cancelling and rescheduling appointments.
- Facilitates centralisation of referrals

2. Identify the key conditions required for the successful implementation of PFB.

Patient Focused Booking



Referral Received

- Referral acknowledgement letter sent to the patient:
 - Confirming that they are on the waiting list
 - Advising them of the expected wait time
 - Explaining the booking process
 - Advising them of their responsibility in arranging, confirming & attending



6 weeks prior to available appointment

- Letter sent inviting them to telephone to arrange an appointment.
- Patient phones: offered a choice of dates and times.
- No response: contact details checked and reminder letter sent.
- No response following reminder: removed from waiting list and GP and patient informed.



2 weeks prior to negotiated appointment

- Text reminder sent

What We Did

- Gathered data on the current DNA rates in OPD radiology services.
- Established the current booking models.
- Identified a new booking model that has proven success in other jurisdictions in significantly reducing DNA rates.
- Pitched the concept of PFB to the Radiology Directorate Management team and radiology admin team in Beaumont & Connolly Hospitals.
- Identified key conditions required for implementation of PFB and local barriers to implementation.
- Liaised with Information Technology (IT) department to establish the feasibility of developing an IT system to support PFB.
- Linked in with sites operating PFB to establish demand on administrative staff.

Team

Radiology Directorate Management team and radiology admin team. ICT Beaumont Hospital.

References

1. Effective Patient Booking for NHS Scotland: Best Practice in the Booking and Management of Patient appointments. NHS Scotland

What We Achieved

- Proposed PFB as an alternative booking model.
- Established local barriers to implementation, specifically an outpatient IT system capable of operating PFB. Also concerns re appropriate ongoing staffing of appointment centre.
- Recognised that implementation of PFB requires senior managerial leadership and support, dedicated project management for the implementation process, an effective telephone system providing an accessible service to patients, robust clinic cancellation and patient non attendance policies, clean validated waiting lists, clear informative patient information, a centralised booking process and is more likely to succeed if patient appointments are only made 6 weeks in advance.

Key Learning

- It is crucial to engage with frontline staff from the outset.
- Importance of good communication and collaboration with all stakeholders.

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