



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**



PAEDIATRICS

NATIONAL CLINICAL GUIDELINE

Title:

Management of Paediatric Type 1 Diabetes Patient who did not attend (DNA), were not brought or repeatedly cancels their appointments

Clinical Strategy and Programme Office
Health Service Executive

Version 1.0

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1.0 Aim of Guideline

The aim of this guideline is to provide clear and standardised guidelines for all staff caring for (and advising care givers of) children and young people who did not attend, were not brought or repeatedly cancel their appointments.

2.0 Purpose and Scope

- 2.1** The purpose of this guideline is to provide a framework and improve the management of Paediatric Type 1 patients who did not attend, were not brought or repeatedly cancel their appointments through the implementation of a consistent plan of care.
- 2.2** These guidelines are intended for healthcare professionals, particularly those in training, who are working in HSE-funded paediatric and neonatal services.
- 2.3** They are designed to guide clinical judgment but not replace it. In individual cases a healthcare professional may, after careful consideration, decide not to follow a guideline if it is deemed to be in the best interests of the child or neonate.
- 2.4** This policy applies to clinical staff in the diabetes team and sets out the process to be followed following a DNA episode. DNA episode is used as shorthand to cover both actual Did not attend and also frequent cancellation events.
- 2.5** This guideline does not determine the care plan for a person who DNAs with high HbA1c. **This is covered in the High HbA1c guideline.**
- 2.6** This guideline does not provide a Safeguarding Pathway outside of the Tusla Standard Policies. (see also section 4.0 below)

3.0 Background and Introduction

- 3.1** Children and Young People with a diagnosis of Diabetes require intervention, treatment and follow up care from a specialist Paediatric team with expertise in their condition. Each child or young person is entitled to receive health care, treatment and intervention according to their need. A child or young person does have the right to refuse a health intervention but they have to show that they have had sufficient opportunity to understand the potential consequences/implications of refusal.
- 3.2** The majority of DNAs result from administrative problems (failing to book and/or send) an outpatient appointment. These constitute single episode DNAs and very few families DNA the next appointment.
- 3.3** Repeated DNAs or cancellations may reflect a broader problem and raise concerns for child welfare.

4.0 Legislation/other related policies

- Childrens First Policy
 - <https://www.dcy.gov.ie/documents/Publications/ChildrenFirst.pdf>
- HSEland Childrens First Training
 - <https://childrenfirst.hseland.ie/>
- Model of Care for All Children and Young People with Type 1 Diabetes

- http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/paeds_moc.pdf

5.0 Glossary of Terms and Definitions

T1D	Type 1 Diabetes
DNA	Did not attend
HbA1c	Hemaoglobin A1c
DNS	Diabetes Nurse Specialist

6.0 Roles and Responsibilities

- 6.1** This guideline should be reviewed by each acute hospital senior management team to appropriately plan implementation. This facilitates best practice and standardises the care provided to children in Ireland. This will ensure that the care of children/neonates who attend their facility is optimised irrespective of location.

7.0 Clinical guideline

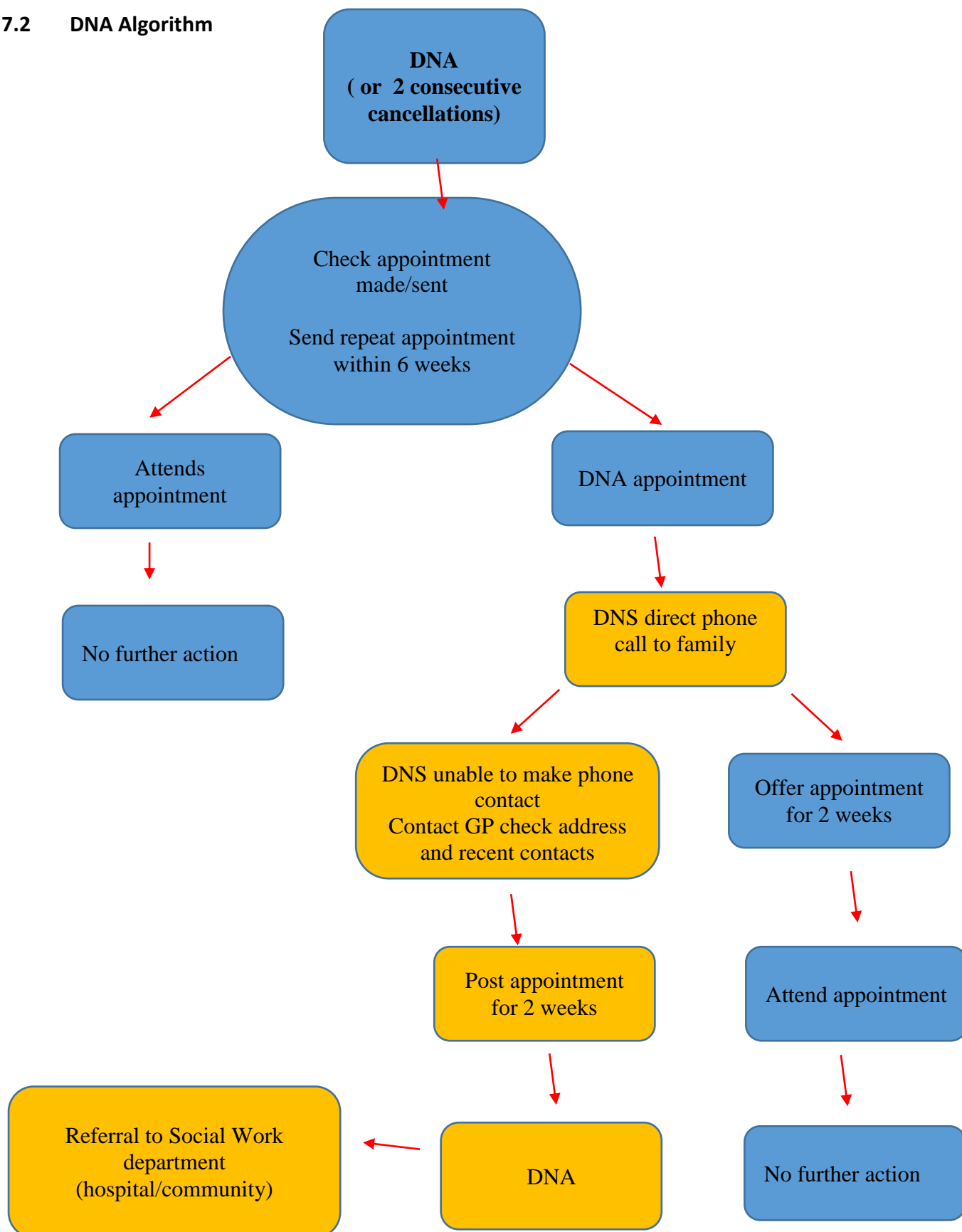
7.1 Clinical Considerations

- 7.1.1** In the consideration of the policy there is a balance between a heavy handed interventional approach which is likely to lead to disengagement and an approach that does not operate in the best interest of the child

7.1.2 In general:

- The best interest of the child or young person is paramount
- Working together with other professionals and agencies is an essential requirement of the team to ensure the health and wellbeing of those that they care for is maintained

7.2 DNA Algorithm



8.0 Implementation, revision and audit

- 8.1** Distribution to the CEO of each Hospital Group for dissemination through line management in all acute hospitals within their group.
- 8.2** Implementation through Senior Management Teams of each acute hospital.
- 8.3** Distribution to other interested parties and professional bodies
- 8.4** The NCPPN Diabetes Working group has agreed that this guideline will be reviewed on a 3 yearly basis.
- 8.5** Regular audit of implementation and impact of this guideline through outcome and process measures is recommended to support continuous quality improvement. It is the responsibility of each unit providing care for children with diabetes and intercurrent illness to audit the unit practise regularly in order to ensure that care in being provided in line with guidelines and that any deviations are clinically justified. The audit process should be coordinated in each paediatric unit under local paediatric clinical governance and should be taken from a multidisciplinary perspective where appropriate. Where the audit identifies areas for practise improvement, it is the responsibility of each individual unit to implement changes and re-audit to support continuous quality improvement.

9.0 References

International Society for Paediatric and Adolescent Diabetes (2014) ISPAD Clinical Practice Consensus Guidelines 2014. <http://www.ispad.org/?page=ISPADClinicalPract>

Hindmarsh, P. Peters, W. (2016) Did Not Attend and Repeat Cancellations Policy, University College Hospitals London.

10.0 Qualifying Statement

- 10.1** These guidelines have been prepared to promote and facilitate standardisation and consistency of practice.
- 10.2** Clinical material offered in this guideline does not replace or remove clinical judgement or the professional care and duty necessary for each child.
- 10.3** Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources and expertise.
- 10.4** This Guideline does not address all elements of standard practice and assumes that individual clinicians are responsible for:
 - Discussing care with the child, parents/guardians and in an environment that is appropriate and which enables respectful confidential discussion.
 - Advising children, parents/guardians of their choices and ensure informed consent is obtained.
 - Meeting all legislative requirements and maintaining standards of professional conduct.

11.0 Appendices

11.1 Appendix 1

Acknowledgements

This guideline has been developed by the National Clinical Programme for Paediatrics and Neonatology Diabetes Working Group. The members of this group include medical, nursing and dietetic representatives from paediatric diabetes services. The Diabetes Working Group also wish to thank those who provided input and feedback on draft versions of this guideline throughout development, and those who provided valuable input during the consultation process.

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11.2 Appendix 2

Sign Off

Sign off by Paediatric Diabetes Working Group	December 2018
Sign off by Paediatric Clinical Advisory Group	December 2018
Sign off by HSE CSPD Senior Management Team	February 2019