

MANAGEMENT OF PATIENTS WHO FAIL TO ATTEND FOR SCHEDULED OUTPATIENT APPOINTMENT

(DNA, CNA, Cancellation/Reschedule by Patient)

January 2014

Guidance

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1. Service-providers will operate a policy of removing patients from the relevant waiting list (new or review) after one episode of failure to attend or reschedule an appointment.
2. Where a new or review patient is issued with an appointment and fails to attend (DNA) he/she will be removed from the waiting list with immediate effect (see below for exceptions). The clinician, source of referral (SOR), and patient will be notified in writing of removal from waiting list within 48 hours.
3. Where a patient has been clinically prioritised as urgent by a clinician that clinician will review the referral letter to determine if it is appropriate to remove the patient from the waiting list.
4. Where a patient who fails to attend has been referred with a suspect cancer/red-flag condition, the service-provider should immediately contact the patient by phone/letter to agree another appointment, highlighting the importance of attending. Where the service-provider is unsuccessful in contacting suspected cancer/red-flag patients within 48 hours, the source of referral should be contacted immediately to discuss how to progress with the case.
5. Under certain circumstances (vulnerable patient, child less than 16 years of age, obstetric patient, or patient with imminent clinical need) a clinician may decide not to remove a patient from a waiting list/discharge after failure to attend. Additional steps in the pathway should be agreed to ensure accountability for patient safety, and this may include contacting the patient/parent/guardian or the SOR/other relevant professional/s directly to discuss rather than issuing further appointments.
6. When a routine patient asks to reschedule a fixed appointment (CNA), they should be offered a second opportunity to attend, which ideally should be within six (6) weeks of the request to re-schedule. Urgent patients should be reappointed urgently. Patients who request to reschedule an appointment a number of times should be brought to the attention of the clinician who will decide whether to offer another appointment or discharge to SOR.
7. The patient's SOR should be notified of repeated attempts to reschedule by (i) a suspect cancer/red-flag patient (ii) a vulnerable patient, (iii) a child/parent/guardian (iv) an obstetric patient or (v) a patient who displays imminent clinical need. Patients who are removed from the waiting list after a number requests to reschedule will be returned/discharged back to the SOR with a letter of explanation to the clinician, SOR and patient.
8. If a patient requests to be removed from the waiting list, or cancels an appointment and requests no further appointment, the reason for cancellation/removal should (if known) be recorded within 48 hours. It is good practice to request clinicians to review the referral/healthcare record to confirm that the patient's healthcare

needs are being met and that no identifiable risks are present. A letter of confirmation of removal should be sent to the clinician, SOR and patient.

9. Service-providers will clearly state on all correspondence relating to the receipt of the referral and issuing of appointment dates that patients must notify a nominated office if that scheduled appointment does not suit. This correspondence must also highlight the consequences of failure to attend a scheduled appointment (removal from the waiting list).
10. Service-providers will put in place/strengthen existing systems to ensure minimisation of patients failing to attend scheduled appointments by utilising appropriate reminder strategies (e.g., text messaging, phone calls). In this regard, it is good practice to have on display in outpatient areas, DNA rates, and consequences for other patients of failure to attend.
11. Service-providers will operate 'stand-by' lists of patients willing to attend at short notice to ensure all capacity is utilised after short-notice cancellations/re-scheduling.
12. All changes made to the patient's status as a result of failure to attend or request/s to reschedule will be updated on the PAS and patient's healthcare record within 24 hours.