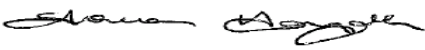
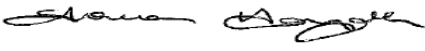




| STANDARD OPERATING PROCEDURE | | |
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| For the Management of DNA (Did not Attend) Patients at OPD Level | | |
| Version Number | V3 | |
| Date of Issue | <i>To be inserted by Standards / Licensing Dept</i> | |
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1.0 Introduction

The purpose of this Standard Operational Procedure (SOP) is to ensure that booked outpatient appointments are effectively managed and that patients receive the appropriate care they require.

These guidelines, which reflect good practice and are based on national standards, are applied throughout the hospital in order to ensure a consistent approach to the management of patients who fail to attend (Did Not Attend - DNA) or cancel their appointment. This SOP is based on the Outpatient Performance Improvement Programme 2012 – 2015 document and The Management of Outpatients Services – January 2013, Edition 1.0 and Management of DNA document – September 2013.

2.0 Definition of Standard Operating Procedure

The term '**Standard Operating Procedure**' is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out.

3.0 Applicable to

This is a hospital wide Standard Operational Procedure (SOP) and is applicable to all staff involved with scheduling an outpatient appointment.

4.0 Objectives of Standard Operating Procedure


The purpose of the DNA procedure is to ensure that patients are supported and protected in receiving treatment and care at OLCHC, and the hospital will ensure that the DNA of a scheduled appointment is followed up with the patient/parent/legal guardian, so that further appointments are scheduled, or that a patients referral source is informed that the patient has not attended the appointment they had requested.

The DNA procedure in the hospital plays an integral part of the appointment scheduling and planning of service.

The main objective of this procedure is to ensure maximum utilisation of the hospitals outpatient appointments, and to minimise the number of patients who DNA scheduled appointments.

The parent/legal guardian of each patient that has agreed to allow their mobile number to be used for a text reminder is sent a reminder text message 5 days prior to the appointment in an effort to reduce the DNA rate.

The national targets for DNA rates, new and return 2014, are set by the HSE at 12%.

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5.0 Definitions / Terms

The term DNA refers to the patient who did not attend a scheduled appointment or who failed to contact the hospital to inform the hospital that they could not attend for their scheduled appointment.

6.0 Procedures

- 1 When a patient DNA's an appointment, the nurse on duty in the OPD clinic will stamp the patient's Healthcare Record (HCR) with DNA Stamp, on the clinical notes, recording the date and time and bring it to the attention of the clinician.
- 2 The clinician will review the patient's HCR to establish the clinical need for a future appointment. The clinician will clearly write in the HCR what follow up is needed.
- 3 The clinician/nurse on duty will return the HCR to the Appointments Desk for follow up on the clinician's instructions which will either be
 - Rebook a second appointment, which will be booked via the OPWL. Letter is then sent to the parent/guardian.
 - or**
 - the HCR will be forwarded to the Clinician's Secretary who will as dictated/requested by the Clinician issue a discharge letter to either or both
 - a) the parents/guardian
 - b) the source of referral


A copy is filed in the Correspondence section of the patients HCR.

4. Where a Parent/Guardian is offered one more opportunity to attend with their child - the patient's wait time will be reset to commence at the date of the failure to attend and the patient will be managed as per normal for his/her waiting list category (urgent/routine/review).

Under certain circumstances (for example, patient vulnerability, a child less than 16 years, or imminent clinical need) a clinician may decide not to discharge a patient after DNA.

OPD staff will phone the parent to see if appointment is still needed before offering a 2nd appointment to prevent further DNA.

5. If the clinician does not offer a further appointment the referral is resolved from the OPWL, by the appointments staff with reason - DNA no further appointment.
6. If the patient DNA's for a second scheduled appointment they are deemed as Discharged back to Source of Referral unless the Clinician states differently

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and a letter indicating non-attendance and subsequent discharge to the care of the source of referral is issued by the Clinician's Secretary.

This will need to be managed by separate communication by the consultant and back to Source of Referral. Challenges with management of these patients will be escalated to Operational Services.

A letter will be written back to the source of referral removing the patient from the waiting list.

7. When Appointments staff have completed the DNA procedure, the HCR is tracked to DNA pre-filing and subsequently collected by the Healthcare Records Library staff and returned to its base location.
8. Appointments staff ensure all clinics are reconciled at the end of each day which will mark the appointment as a DNA if they have not attended.
9. Appointments staff receive a report daily from IT with DNA's from the previous day. They use this list to ensure the patient has been resolved on the waiting list, and each OPD is reconciled each day.

Each consultant receives a monthly report which includes data activity and DNA rates, which are discussed at the OPD Steering Committee.


OLCHC do have an automated texting system in place.

7.0 Implementation Plan

This procedure was introduced in March 2007, and reviewed based on the HSE National framework 2009 on the Operation & Management of the Outpatients Department. This SOP has been revised based on the Management of DNA document – September 2013 and now based on 2014 OPD Standards.

8.0 Evaluation and Audit

OPD staff weekly monitor DNA patients and outcome. Monthly reports are sent to the OPD Manager to ensure all DNA patients are removed from waiting list. An overall DNA report is reviewed at the OPD Steering Committee monthly meeting and data is reported at the Board of Directors meetings.

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9.0 References

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The Management of Patients who fail to Attend (DNA) September 2013

Protocol for the Management of Outpatient Services – January 2013 Version 1.0

10.0 Bibliography

N/A

11.0 Appendices

N/A