

**Non Attendance RateMissed Outpatient Appointments in Tier 2 Clinics across Regional
Counties in Ireland, 2024. Quality improvement clinical audit using secondary data.**

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On behalf of ISCPHM

Background:

- Non-attendance at healthcare appointments, or Did Not Attend (DNA), is a significant concern for healthcare systems.
- In Ireland, high DNA rate impose costs on the HSE, reduce resource efficiency, delay patient access to care, extend wait times, and contribute to frustration among healthcare professionals.
- Nationally, the DNA rate for hospital appointments averages 15% (1), but data specific to DNA rates in Tier 2 community clinics is limited.
- Tier 2 clinics provide specialized services at the community level for children less than 6 years of age in relation to their growth and development.
- The absence of reliable data on DNAs at these clinics, both locally and regionally may hinder effective service planning and quality improvement initiatives.
- This audit aims to assess DNA rates within these clinics and between counties, as well as to characterise the DNAs population and their reasons for non-attendance, with the goal of developing a quality improvement plan.

Objectives:

1. Determine the overall and regional DNA rate and trend in Tier 2 clinics in participating counties, and benchmark DNA rate against the current hospital range of 15%.
2. (Optional) Characterize the patient demographics with DNA to identify common characteristics.
3. (Optional) Identify the reasons for DNA from records to identify potential barriers to attendance.

Methodology:

Timeframe: January 1, 2024 - December 31, 2024

Audit population: All children under 6 years of age scheduled for Tier 2 appointments (including DNAs) in clinics across participating counties.

Data sources: Secondary data such as clinical records, Management and Professional Services (MAP) data, and other available sources.

Optional data collection:

Demographics information such as age, gender, ethnicity, distance from the health centre, area measures socioeconomic status, and reasons for DNA through records.

- The term DNA is used to describe cases where a child has not been brought to an appointment without notifying the provider. While terms such as "was not brought", "failure to attend" or "non-attendance" are sometimes used, this audit will consistently use DNA for consistency and it has already been used in previous studies.
- Can Not Attend (CNA): These are instances where parents/guardians notify the service to cancel or reschedule the appointment for any reason before the clinic begins.
- Number of appointments offered = Number of children attended + Number of DNAs + Number of CNAs.

Audit Standards:

- The DNA rate in Tier 2 clinics should be not more than 15%, based on hospital benchmarks.

Data Analysis:

- Descriptive analysis: Calculate the DNA rate and trend for each clinic and county, then aggregate data to offer regional and national overviews. Identify any deviations from the target rate.
- Describe the patients with DNA group by demographic factors such as age, gender, ethnicity, and socioeconomic status if available. (Optional)
- Analyse patient-reported reasons for DNAs to detect common barriers or trends. (Optional)
- Results will be compiled and shared with the ISCPHM for regional comparison and national report. Outcomes will be provided to all stakeholders for further insights.

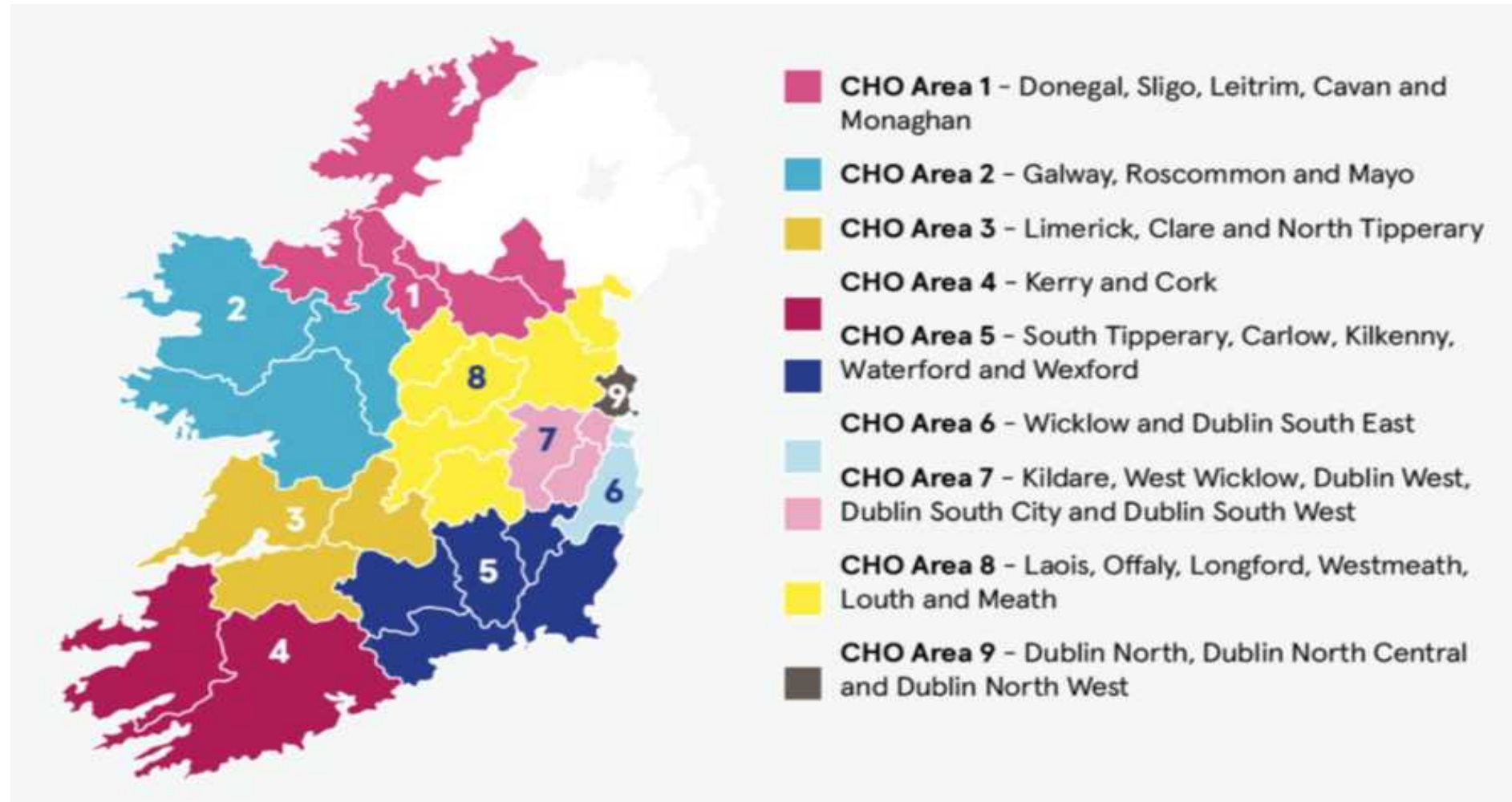
Quality Improvement Plan:

- A QIP will be developed based on the audit results, with targeted interventions to reduce DNAs in Tier 2 clinics and enhance service delivery in Tier 2 clinics.

Ethical Considerations:

- Privacy and data protection will be strictly maintained in compliance with data protection regulations. This is a secondary data analysis using anonymised data and is unlikely to require formal Ethical approval.
- Should objective 2 and 3 undertaken, it's recommended to consult the local Ethics Committee to confirm exemption from ethical approval.

Results



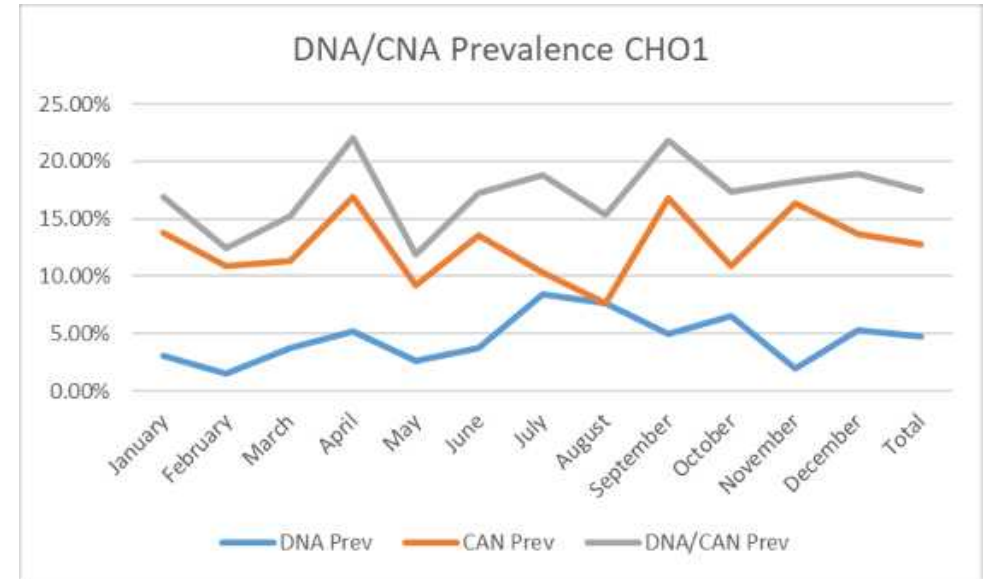


CHO Area 1 - Donegal, Sligo, Leitrim, Cavan and Monaghan

- Sligo /Leitrim/West Cavan (n=1018) and Donegal (n=519-No trend data)



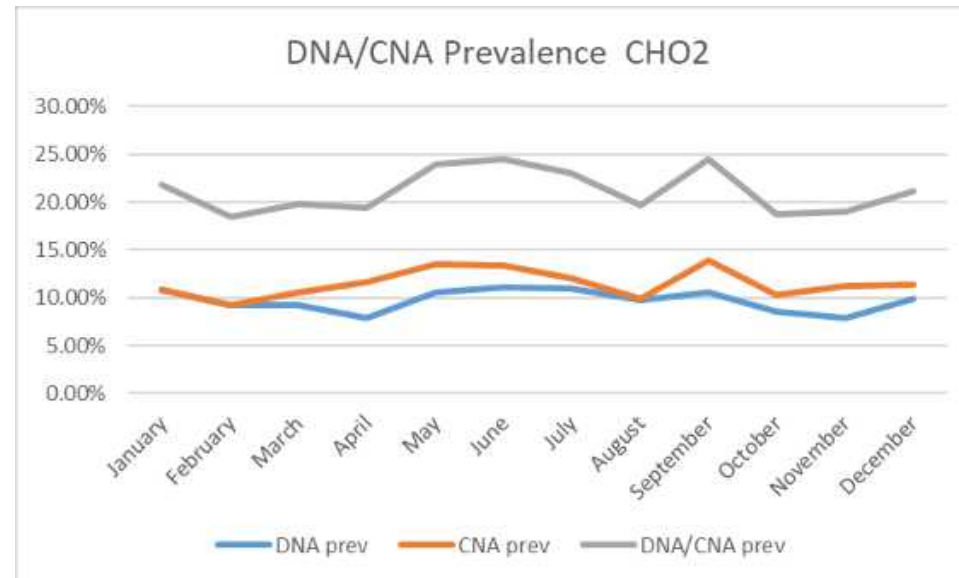
CHO1	
Total appointments	1537
DNA	93
CNA	170
DNA%	6.1%
CNA%	11.1%
Total DNA and CNA	17.1%



CHO Area 2 - Galway, Roscommon and Mayo



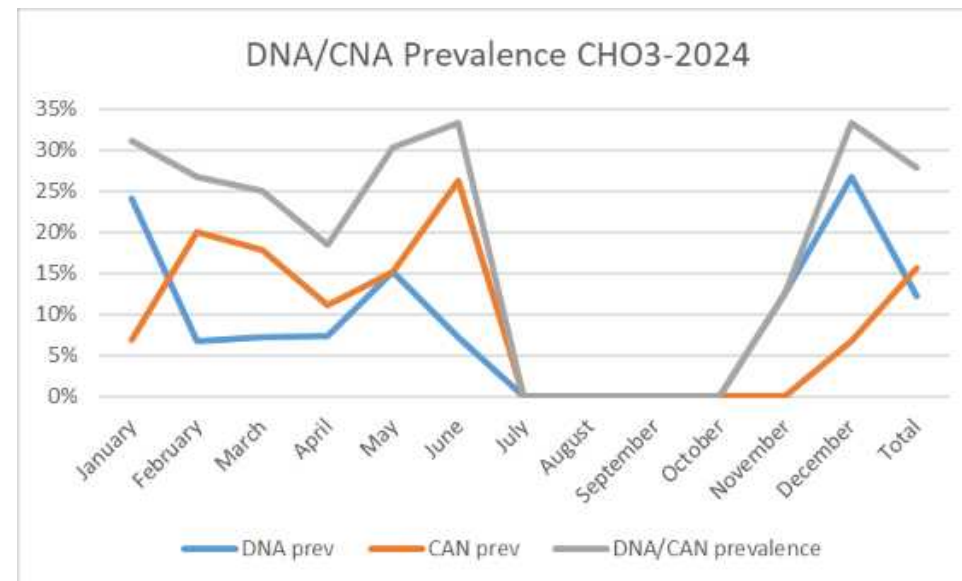
CHO2	
Roscommon, Mayo, Galway)	
Total appointments	6530
DNA	633
CNA	751
DNA%	9.69%
CNA%	11.50%
Total DNA and CNA	21.19%



CHO Area 3 - Limerick, Clare and North Tipperary



CHO3	
Shannon and Ballina	
Total appointments	212
DNA	26
CNA	33
DNA%	12.3%
CNA%	15.6%
Total DNA and CNA	27.8%



CHO Area 4 - Kerry and Cork

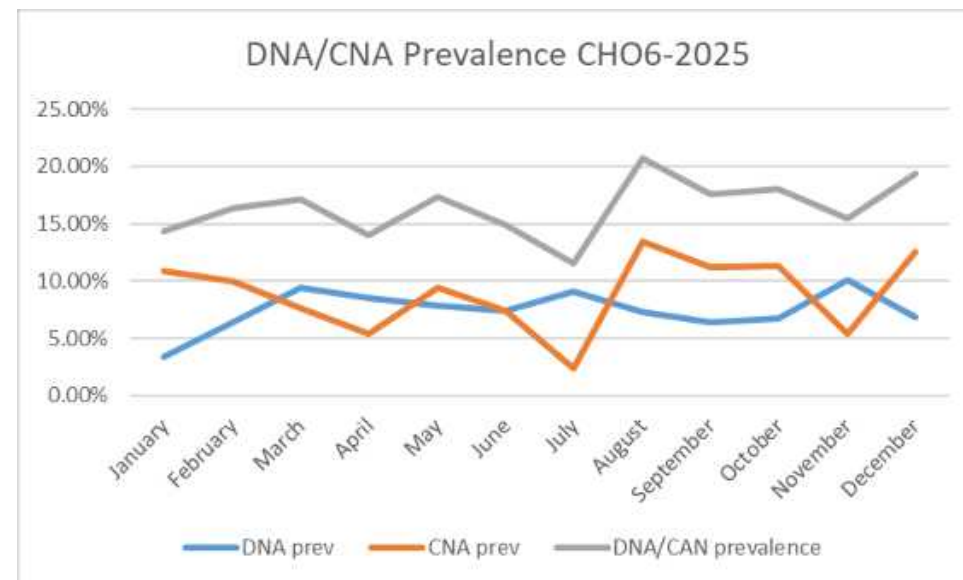


CHO4	
South Lee	
Total appointments	2912
DNA	321
CNA	474
DNA%	11.0%
CNA%	16.3%
Total DNA and CNA	27.3%

CHO Area 6 - Wicklow and Dublin South East



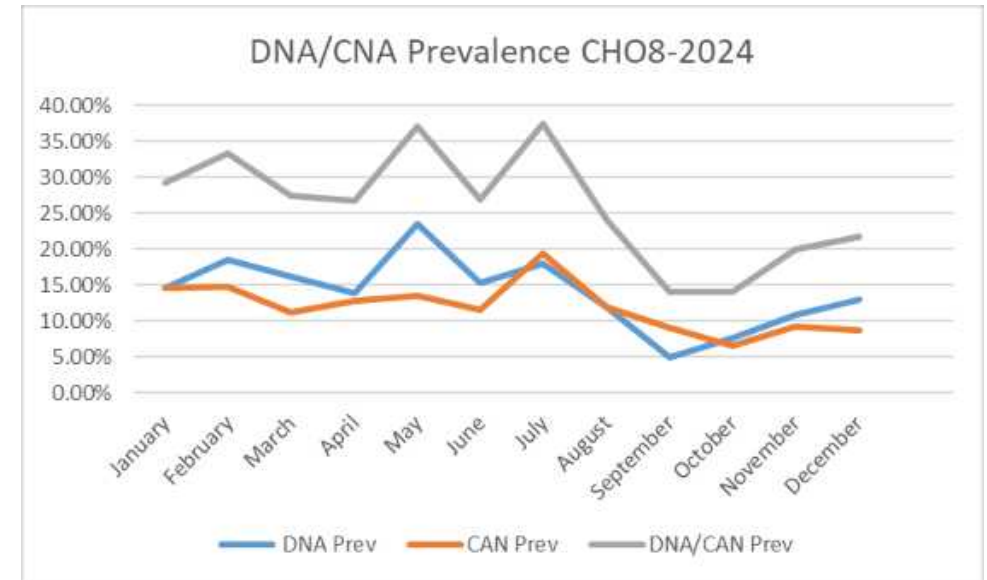
CHO6	
East Wicklow (East Wicklow, Wic	
Total appointments	1444
DNA	109
CNA	123
DNA%	7.5%
CNA%	8.5%
Total DNA and CNA	16.1%



**CHO Area 8 - Laois, Offaly, Longford, Westmeath,
Louth and Meath**

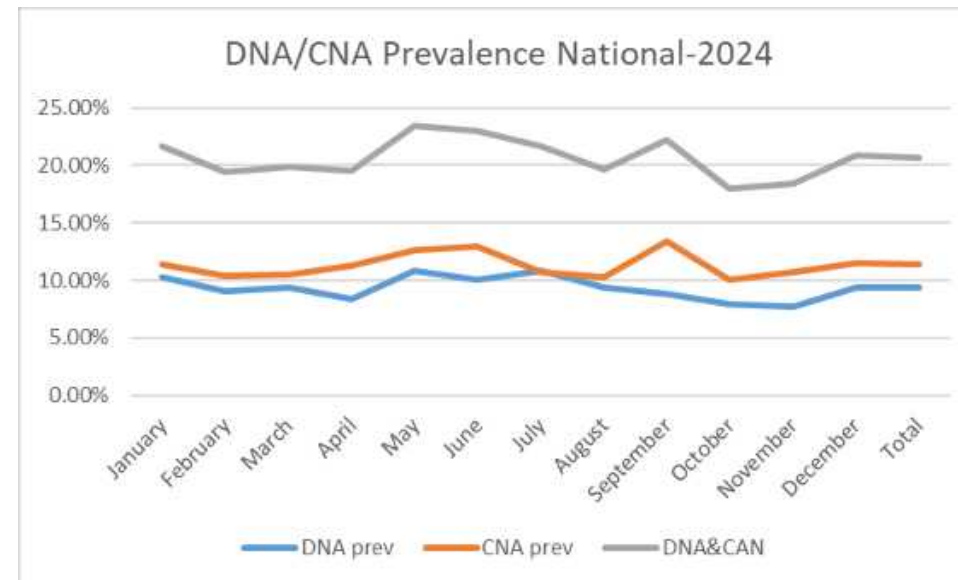


CHO8	
Cavan and Monaghan	
Total appointments	947
DNA	132
CNA	114
DNA%	13.9%
CNA%	12.0%
Total DNA and CNA	26.0%



National DNA/CAN Prevalence 2024

National	
Total appointments	10151
DNA	948
CNA	1151
DNA%	9.3%
CNA%	11.3%
Total DNA and CNA	20.7%



- DNA range between 6.1% in Sligo/Donegal to 13.9% in Cavan/Monaghan (National 9.3%).
- CNA range between 8.5% in East Wicklow to 16.3% in South Lee (National 11.3%).
- Total DNA/CNA range between 16.1% in Wicklow and 27.8% in Shannon and Ballina (National 20.7%).
- Variation of trends were observed across CHO areas with a slight national increase noted between **May and July**.
- This audit highlights the importance of maintaining **high-quality, reliable health data** to support valid conclusions and inform service planning.

Conclusion:

- This audit provides crucial data on DNA rates in Tier 2 clinics, offering insights to support developing a plan to improve patient's engagement and clinic efficiency on both county and national levels.

Future prospective

- **DNA/CNA represents a significant challenge in Tier 2 clinics.**

Regular measurement is essential to identify underlying causes, and a structured plan should be developed to address them.

Further data collection is required to obtain accurate information across different areas.

In addition, areas with consistently low DNA/CNA rates should share their strategies and success stories to inform best practices nationally.



With gratitude
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References:

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