

DNAs – is there a patient safety risk?

Suzanne Creed highlights the potential patient safety issues that can arise with missed appointments, and provides some practical strategies to mitigate your risk and enhance patient safety

EVERY APPOINTMENT at a hospital or GP practice is valuable, especially when healthcare services are struggling to cope with rising patient demand, staff shortages and increasing workload.

Non-attendance at medical appointments (commonly referred to as ‘did not attends/DNAs’) can seriously impact healthcare planning which ultimately reduces the quality of care provided to all patients. In addition, failure to attend appointments has an enormous impact on our healthcare system in terms of cost and waiting times, as well as significantly adding to delays along the patient pathway. A report published by the Department of Health in 2019 highlighted that one in six patients in Ireland did not attend hospital out-patient appointments.¹ This equates to a DNA rate of 15% with an estimated cost of over €20 million to an already over-stretched Health Service Executive budget.

Following most hospital non-attendances, a ‘DNA letter’ is sent to the patient’s GP. In many cases, when a patient fails to attend, they are referred back to the care of their GP to reassess if the appointment is warranted and request the GP to re-refer if necessary. These letters can create additional administrative and clinical burdens for busy GPs and their practice team.

Reasons for non-attendance

Patients may fail to attend their hospital appointments for a myriad of reasons. Common reasons cited for patients not attending hospital appointments include where the patient:

- Forgot about the appointment
- Was too unwell to attend or was an inpatient at the time
- No longer needed the appointment as the condition they were originally referred for resolved
- Perceived the appointment was of no benefit or was unnecessary
- Received the appointment but was unaware of its significance due to particular vulnerabilities, e.g visual impairment, literacy issues, intellectual difficulties, or



where English is not their first language

- May have received treatment for the condition via a different pathway e.g. during a recent hospital admission or having been seen in a private capacity while on a public waiting list;
 - Had transport problems including cost and
 - Had difficulty getting time off work.
- Other system-related reasons include:
- Failure to inform the patient of their appointment or to register a cancellation; and
 - Incorrect address and contact details for the patient.

It is important to consider the reason for non-attendance. In many instances, the appointment time may have been scheduled and communicated to the patient weeks, months, or even over a year in advance of their scheduled appointment

What is a GP's responsibility for managing DNA letters?

While we appreciate GP practices are busy and daily tasks are ever increasing, it is important to be aware of the ethical obligations as set out by the Medical Council.

The Medical Council Guide to Professional Conduct and Ethics, 9th edition, 2024² states:

“33. Continuity of Care: Continuity of care is the provision of healthcare in a coordinated manner with the involvement of different practitioners in different healthcare settings. The movement of patients within and between primary, secondary and tertiary care has the potential to be high risk for their safety if continuity of care is disrupted.

“33.1 It is in the best interests of the patient that the overall management of their care is under the supervision and guidance of a general practitioner. The general practitioner should be informed, in a timely and prompt manner, of any treatment, referrals and plans for care provision.”

There are circumstances where DNAs can have the effect of either delaying or losing the opportunity for timely investigation or treatment and robust systems are in the best

interests of patients and GPs as a way of helping prevent this.

Managing DNA letters

Some patients may fail to attend appointments for relatively minor clinical issues. However, some non-attendances may result in potentially serious conditions not being investigated or managed (eg. referrals for coughing blood, haematuria, breast lump, etc). The management of DNA letters should align with the rationale for the original referral.

The following are suggested strategies for managing DNA letters.

On receipt of a DNA letter, it should be date stamped (if in paper format), and assigned to the GP who made the original hospital referral to determine which course of action is necessary.

The GP should then determine if the patient is still in need of the service or if treatment has been provided via an alternative pathway.

The following key information should be established, where possible:

- Are the patient's contact details correct?
- Has there been any change in the patient's clinical condition since the original referral?
- Has the level of urgency of referral changed?
- Had the original referral highlighted the appropriate level of urgency?
- What was the patient's reason for non-attendance?

A decision should then be made as to what further action may be required. This may include arranging a further consultation with the patient, re-referring the patient, or informing secondary care of the patient's current contact details.

The DNA letter should then be signed and scanned into the patient's medical file. Administration staff who perform tasks arising from DNA letters should clearly document their actions in the clinical file and mark them as 'action complete' once completed.

All attempts at contacting the patient should be documented in the medical record including where no contact was made with the patient, and no response is received. Any information given by the patient should be recorded in the notes, including confirmation of their current contact details and whether there has been any change in their clinical condition/severity of their symptoms etc.

The GP's decision on whether further action is warranted and the reasons for the decision should be documented. Where a re-referral is required the appropriate level of urgency should be clearly indicated.

Caution with children and vulnerable adults

Careful consideration should be given to assessing DNA letters concerning children or vulnerable adults. GPs should bear in mind that failure to attend such appointments may be an indicator that the welfare of such patients could be at risk.

Reducing the risk of DNAs

At the time of referral, check that all contact details for the patient are correct including the address and telephone number. Some patients may prefer to use their parents'/ family members' more permanent addresses, eg. students in rented accommodation. When referring particularly vul-

nerable patients, you may wish to provide additional contact details for a family member/carer. When doing so, it is important to ensure you have the patient's consent to include these additional contact details.

Alerting patients to the importance of keeping their contact details up to date is also beneficial. This could be achieved via a poster in your waiting room, TV screen, and/or as a footnote on prescriptions.

What happens with DNAs at your practice?


In a busy GP practice, a DNA can often offer the opportunity to have a well-earned coffee break or a welcomed opportunity to catch up during an overrun clinic. However, patients who miss appointments in general practice should also be given careful consideration as the 'no show' may indicate a patient safety concern. You may wish to consider the reasons behind the non-attendance:

- Was the appointment for a potentially important issue such as follow-up of concerning test results or further assessment of a condition? Was the appointment part of a screening programme?
- Is there a possibility that the patient's clinical condition could have suddenly deteriorated resulting in a hospital admission or attendance at out-of-hours?
- Could the patient have a particular vulnerability such as cognitive impairment, language difficulties, lack of motivation or have the capacity to rearrange or cancel their appointment?

Given the current pressures on GP appointments could this appointment have been made weeks in advance and the patient simply forgot? Sending an appointment reminder via text message (ensuring you have prior consent to do so) a day or two in advance of the scheduled appointment time might reduce this risk.

While it may not be necessary (or indeed feasible) to chase every patient who misses an appointment, careful consideration should be given to the potential reasons and the clinical significance of non-attendance. Where specific clinical concerns arise, the patient should be followed up appropriately in a timely manner.

Conclusion

Having well defined systems and processes in place to manage DNAs and mitigate any factors behind non-attendance will assist in ensuring continuity of care, and enhance patient safety. Keeping detailed medical records of all communications with patients, in addition to outlining the steps taken to manage a missed appointment are key to reducing your risk and may provide important evidence should a future claim or complaint arise. It is important to remember that failure to manage or follow up on a missed appointment may culminate in a delay in diagnosis or receipt of timely treatment for your patient. 

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References

1. Department of Health. Patients' Reasons for Non-Attendance at Outpatient Appointments: A Literature Synthesis, A Department of Health Research Paper, (2019): <https://www.gov.ie/pdf/?file=https://assets.gov.ie/216226/7162b3a8-48c2-4d4b-b5f5-9f07770b4e6c.pdf#page=null>
2. Irish Medical Council, Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition 2024: [guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf](https://www.imc.ie/publications/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf) (medicalcouncil.ie)