Non Attendance Rate, Trends, and Reasons for Missed Outpatient Appointments in Tier 2 Clinics across Regional Counties in Ireland, 2024. Quality improvement clinical audit using secondary data.

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 Health Service Executive (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.

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 Irish Society of Community and Public Health Medicine (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.

Project Management:
Project lead: ISCPHM Council and designated Community Medical Doctor in each participating county.
Timeline: Data collection throughout 2024; preliminary reporting in May 2025. Final results to be presented at the ISCPHM Conference in early October 2025.

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. However, should objective 2 and 3 undertaken, it's recommended to consult the local Ethics Committee to confirm exemption from ethical approval.

Conclusion:
This audit will provide crucial data on DNA rates in Tier 2 clinics, offering insights based on demographic features and identifying reasons for DNA. This will support developing a plan to improve patient's engagement and clinic efficiency on both county and national levels.

Additional information and guidance regarding data collection:

- Objectives 2 and 3 of the audit are optional for investigators.
- For Objective1, investigators sharing their audit with ISCPHM must provide the following required table:

CHO area: ……	County: ……			
1. Please describe the process of arranging a clinic during the study period. Is there administrative support? Who is responsible for scheduling appointments and contacting clients? Will communication be via appointment letters, telephone calls, or SMS reminders? Please specify any available methods for notifying clients about their appointments? ……				
2. DNA discharge policy: For example, a child will be discharged after 3 DNAs and Tusla will be notified……				
Time period in 2024	Number of appointments offered	Number of children attended	Number of DNA	Number of CNA
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

- 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.

- For Objectives 2 and 3 the investigators sharing their audit with ISCPHM must provide the following required table:

Child number	Family identifier	Number of DNAs	Age	Gender	Distance from Health Centre	Ethnicity	County -area	Reasons not attending
Child no 1	1							
Child no 2	2							
Child no 3	2							

- Some children may have multiple DNAs, all reasons for non-attendance should be listed in a single cell within the table. Each child with multiple DNAs should be represented in one row, without duplicating rows.
- For cases of DNAs involving multiple children from the same family, a separate column included in the data table to record a unique family identifier. This will account for the dependency. In the table above, family identifier of 2 means that child number 2 and 3 are from the same family.

Terminology:

In this audit, 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 (2, 3).

References:

1. Cullen, Paul (2016) One in six patients fails to show for hospital clinics. The Irish Times. https://www.irishtimes.com/news/health/one-in-six-patients-fails-to-show-for-hospital-clinics-
2. Landon G. G55 (P) The DNA dilemma: a qip to decrease inefficiency caused by dnas in community paediatrics outpatient clinics. https://adc.bmj.com/content/104/Suppl_2/A23.2.abstract
3. Lakshminarayana I. G198 (P) Measures to improve non attendance rates of community Paediatric Outpatient clinics. https://adc.bmj.com/content/101/Suppl_1/A106.1.abstract