



# Appointment Non-Attendance (Did Not Attend) Procedure

Procedure Number

CHC-PC-0025

Version Nos:

3

## 1. Purpose

This Procedure outlines the procedural requirements to be observed by all West Coast District Health Board (WCDHB) staff (excluding Mental Health Service) to ensure all patient appointments with health professionals are utilised as effectively as possible.

## 2. Application

This Procedure is to be followed by all WCDHB staff members (excluding Mental Health Service staff).

## 3. Definitions

For the purposes of this Procedure:

**Booking System** - The system adopted by the organisation to meet Ministry of Health requirements for scheduling patients in accordance with their priority score of triage category.

**Triage Category** - The level of urgency assigned by a senior medical officer to an outpatient referral.

**Did Not Attend (DNA)** - The term given to an appointment slot where a patient does not attend the appointment and has not notified the hospital that they will be absent.

**Reschedule** - The term given to an appointment, which is changed to meet a patient request or hospital requirement.

## 4. Responsibilities

For the purposes of this Procedure:

The **General Manager – Secondary Services** is required to:

- oversee all aspects of this Procedure

**All Staff Members** are required to:

- ensure they abide by the requirements of this Procedure

**Patients/Clients** are required to:

- keep an appointment made with a health professional, or to notify the hospital if there is a need to change an appointment time, rests with the patient, or in the case of a child, with the parent or guardian of the child.

## 5. Resources Required

This Procedure requires:

- WCDHB Did Not Attend Letters
  - DNA1
  - DNA2
  - DNA3



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## **1.00 Introduction**

- 1.01 The intent of this Procedure is to a standard discharge procedure for patients who do not attend (DNA) outpatient appointments, therefore improving the utilisation of outpatient clinics and staffing resources.
- 1.02 The WCDHB will endeavour to be fair and reasonable at all times making/arranging appointments for patients/clients for visits with health professionals.

## **2.00 First Time Did Not Attend for First Assessment or Radiology Examinations**

### **Triage Category Urgent**

- 2.01 When a patient does not show for the first time, and their appointment/examination has been triaged as URGENT:
- If possible, they will be contacted by phone and reappointed as soon as is practicable. An appointment card will be posted when an appointment time is confirmed
  - The letter (DNA3) should be posted to the patient that day and faxed to the general practitioner who made the initial referral and caregiver where appropriate.
  - A log of these patients will be kept by the appropriate outpatient administrator
  - The consultant will be notified if the patient has not responded within two weeks.
  - Where the patient has identified as being Maori then the letter (DNA3) will be copied to the Kai Arahi (Senior Manager – Maori Health) for follow-up.

### **Triage Category Other Than Urgent**

- 2.02 When a patient does not attend for the first time and their appointment/examination has a triage category other than urgent:
- The letter (DNA2) will be posted to the patient and a copy sent to the general practitioner that made the initial referral and caregiver where appropriate.
- 2.03 No further action is required until either the patient or general practitioner contacts the clinics or department to book another appointment time. If a response is not received from either the patient or the general practitioner within one month, the referral will be discharged after a discussion with the consultant caring for the patient.
- 2.04 For any of the following exclusions, clinical staff must take appropriate action using clinical judgement as applied to the specific situation. It is not the responsibility of the clerical staff to follow-up on exceptional patients. It is the responsibility of the clinician concerned to notify appropriate administration staff of any patient excluded:
- Immediate life threatening conditions
  - Children or patients who, for a specific reason, cannot be held personally responsible for keeping their appointments
  - Patients with notifiable diseases
  - Patients subject to compulsory treatment orders
  - Patients subject to protection of personal and property rights orders
  - Any other patient the clinician deems necessary.
- 2.05 When the clinic or department is contacted by the patient or General Practitioner for another appointment, this should be rescheduled according to the original triage code and confirmation of the appointment time and date should be posted that day.



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### **3.00 Second Time Did Not Attend for First Assessment or Radiology Examinations**

- 3.01 If a patient does not attend for a second time:
- Letter (DNA1) is to be completed and posted to the patient and a copy sent to the General Practitioner who made the initial referral and caregiver where appropriate.
  - NO appointment will be rescheduled until another referral is received from the General Practitioner. This referral should be treated as a new referral and triaged by the consultant in the usual way.
  - Exclusions are as recorded in Section 2.04 of this Procedure
- 3.02 Prior to the letter being sent a discussion with the consultant caring for the patient will take place to authorise the discharge of the patient back to general practitioner care. Where the consultant doesn't discharge the patient because of an exclusion (see Section 2.04 of this Procedure) and the patient still does not attend appointments then the consultant should discuss future care of the patient with the General Practitioner.

### **4.00 Did Not Attend - Follow Up Appointment**

- 4.01 If a patient does not attend a follow up appointment they will be discharged back to their General Practitioner:
- Letter (DNA1) is to be completed and posted to the patient and a copy sent to the General Practitioner who made the initial referral and caregiver where appropriate.
  - Exclusions are as recorded in Section 2.04 of this Procedure
- 4.02 Prior to the letter being sent a discussion with the consultant caring for the patient will take place to authorise the discharge of the patient back to general practitioner care. Where the consultant doesn't discharge the patient because of an exclusion (see Section 2.04 of this Procedure) and the patient still does not attend appointments then the consultant should discuss future care of the patient with the General Practitioner.

## **7. Precautions And Considerations**

- ➔ The WCDHB will endeavour to be fair and reasonable at all times making/arranging appointments for patients/clients for visits with health professionals.
- ➔ When the clinic or department is contacted by the patient or General Practitioner for another appointment, this should be rescheduled according to the original triage code and confirmation of the appointment time and date should be posted that day.
- ➔ Prior to the letter being sent a discussion with the consultant caring for the patient will take place to authorise the discharge of the patient back to General Practitioner care.

## **8. References**

Code Of Health and Disability Services Consumer Rights (1996)

## **9. Related Documents**

WCDHB MHS Failure of Client To Keep Appointment Procedure



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<b>Revision History</b>	<b>Version:</b>	3
	<b>Developed By:</b>	Nurse Manager – Preoperative Services
	<b>Authorised By:</b>	Chief Executive Officer
	<b>Date Authorised:</b>	November 2006
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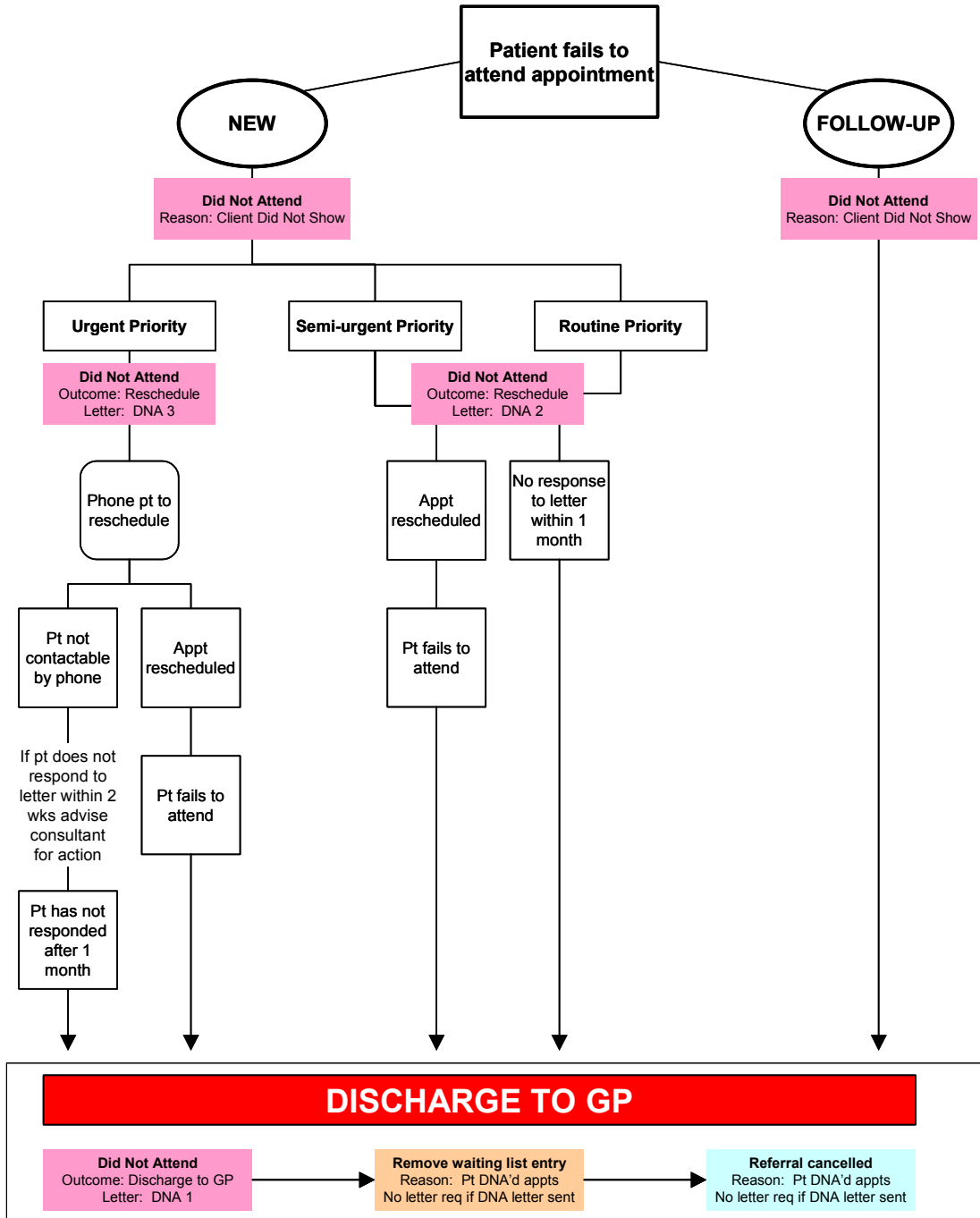
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## WCDHB DID NOT ATTEND PROCEDURE

Please refer to the WCDHB Appointment Non-Attendance (Did Not Attend) Procedure



Patients who did not receive an appointment card in time for their appointment or who were unable to attend due to a family illness or emergency may be reinstated to the waiting list.

**Any patient who does not attend an appointment more than once will be discharged to GP care and must not be reinstated. These patients must seek a new referral from their GP.**