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A mechanism for reducing patient non-attendance rates for day surgery

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Abstract

This audit-based study was designed to assess the effect of a new administrative policy on the 'Did Not Attend' (DNA) rate for patients attending the Day Surgery Unit (DSU). Two study periods of 5 consecutive months, with over 4000 procedures booked, were audited. DNA rates fell from 5.8 to 2.4% ($\chi^2 = 16.29$, 1 df, $P < 0.001$) after the change in policy, clearly demonstrating how a simple administrative alteration can produce highly significant effects with consequent implications for work and cost efficiency. © 1997 Elsevier Science B.V.

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1. Introduction

There is increasing pressure within medicine to see and treat larger numbers of patients, without a corresponding growth in access to facilities such as time in the operating theatre. It is therefore imperative that such time is used as productively as possible. Failure of patients to attend for surgery, especially when there is insufficient time to call in a replacement, can greatly impair efficiency. This problem is seen in the Day Surgery Unit (DSU), where patients present on the morning of surgery. The aim of this audit is to compare 'Did Not Attend' (DNA) rates in the DSU before and after the introduction of a new pre-admission administrative policy.

2. Methods

Patient DNA rates were measured over the months from March to July in 1994 (Period A), and the same 5 months in 1996 (Period B), after introduction of the new policy.

The new policy was based around a nurse-led pre-admission clinic, occurring approximately 2 weeks prior to the proposed date of surgery. This involved the filling out of a standard proforma and the performance of pre-operative investigations where indicated. After 1994, patients were given very clear verbal and written information that failure to attend for this would result in their operation being cancelled. A replacement case could then be added to the list, with a 2 week period in which to arrange this. Attempts were then made to contact the cancelled patient and a new date offered if this was deemed appropriate.

The pre-admission clinic is only used for patients having surgery under a general anaesthetic (GA). Those undergoing local anaesthetic (LA) procedures were not invited to the pre-admission clinic, and acted as a control group. The DNA rates were compared for GA and LA patients for the two study periods. Results were subjected to statistical analysis using the χ^2-test.

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Table 1

	DNA rate (LA cases)	DNA rate (GA cases)
Period A	13.0%	5.8 %
Period B	12.1%	2.4%

LA cases: no significant difference. GA cases: $\chi^2 = 16.29$(1 df) $P <$ 0.001.

3. Results

A total of 1933 operations were performed in Period A, 1058 under GA and 875 under LA. In Period B there were 2616 operations, 1266 GA and 1350 LA. Case mixes were comparable. DNA rates are shown in Table 1.

These results show a highly significant improvement in DNA rates in the GA study group after implementation of the new procedures, with no significant change in the LA control group.

4. Discussion

The long interval between the two study periods in our audit was caused by the variability in waiting list lengths, so that the new policy took more than a year to be universally implemented. The periods incorporated the same months of the year to avoid any seasonal bias.

Failure of patients to attend for surgery is a well recognized cause of inefficient use of operating theatre time, with rates of up to 30% described [1]. Previous studies have created a profile of a typical 'non-attender' [2], with young age being among the strongest correlates (i.e. a likely candidate for the DSU). In the 'In-Patient' setting, the use of doctor-led pre-admission clinics has been shown to significantly reduce the problem [1,3,4], showing levels of success similar to our own with greater than 50% reduction in DNAs.

The changes in policy we introduced, within a pre-existing nurse-led service, have produced marked results without any significant additional expenditure. We are now looking at ways to make similar improvements in our local anaesthetic service, with a postal confirmation of willingness to attend prior to placement on the list.

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