

Improving Data Quality

Reducing DNA's

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Getting to DNA the Root.

Used the NHS IMAS IST Endoscopy Model

- Points per list
- Get the skill mix of the team correct (should match your procedure mix)
- Ensure you have entrenched admin Processes
- Stay active with your waiting list/Planned lists
- Understand the referral Source
- Waiting List Size (Gastro PTL)
- The Revelation of the ROTT (removal other than treatment)



Dashboard

Removal Reason ROTT			
Procedure Type	RemovalType	Total Count of Activity	Points
ntended Endoscopy	Deceased	1	0
ntended Endoscopy	Entered in Error/Admin Error	15	0
ntended Endoscopy	Hospital cancelled - alternative treatment given	5	0
ntended Endoscopy	Late notice patient cancellation	1	0
ntended Endoscopy	Multiple patient cancellations	4	0
ntended Endoscopy	Patient did not respond to letter	25	0
ntended Endoscopy	Patient not fit for procedure	4	0
ntended Endoscopy	Patient requested removal	36	0
ntended Endoscopy	Patient treated elsewhere	1	0
ntended Endoscopy	Treatment no longer required	2	0
ntended Endoscopy	Patient Unavailable	3	0
Sum:		97	0



Tackling DNA's

- **Understanding the Root Cause of DNA's**
 - Not enough patient choice – 'just sending an appointment'
 - Telephone Access – ensuring patients can contact us to cancel
 - Monitoring calls via the system Netcall
 - Staff logging in and recalling missed calls
- **Planning**
 - Staff Training – Access Policy - Offering choice – An Agreement
 - All patients receive phone call with 24/48 build intelligence (holiday dates/short notice etc.)
 - Lists 6 weeks in Advance
 - Maximising Capacity - checking where slots may have been overlooked
 - Double Checking Aspect is cost effective



Summary

- All patients are contacted within 24/48 hours – build intelligence and or offer agreed appointment
- Contact Letters sent in absent of telephone contact
- Curtesy call 2 days before to check patients are still able to attend
- Call Cancellations are Circulated to the booking team
- Potential Breaches List Daily
- Double Checking

