99% Attendance:
Reducing Maori & Pacific Did Not Attends at Hutt Valley DHB Clinics

Saira Dayal, Kuini Puketapu & Tofa Suafole Gush

PROBLEM

When appointments are unattended there are delays in diagnosis and treatment for the patient who does not attend. Non-attendance also results in inefficiencies in the delivery of healthcare through sub-optimal use of clinical and administrative time and longer waiting times for all other patients.

CONTEXT

Ministry of Health data confirms that Did Not Attends (DNA) are a problem for all District Health Boards (1). The Hutt Valley, Wairarapa and Capital and Coast DHBs committed to reducing DNA rates to 6% for all ethnicity groups as part of ‘Equity Indicators’ reported to the Community Public Health & Disability Services Advisory Committee (CPCMH) (2).

At HVHDB the overall DNA rate was 21.2% in 2013/14 with considerable ethnic inequalities – DNA rates for Maori were 15% and Pacific 13% in 2014/15. Other DNA rate reduced from 6% to 5% over the same time period. These changes are demonstrated in the control charts Figures 2,3 and 4. Maori and Pacific interventions commenced in 2013 and the control limits are fixed to the pre-intervention data.

RESULTS

Maori and Pacific rates reduced from 16% in 2012/13 to 13% in 2014/15. Other DNA rates reduced from 6% to 5% over the same period.

METHODS

Four main drivers were considered: Patient Factors, Universal process, Pacific process and Measurement of Improvement.

Patient Factors

- Targeting appointment
- Appointment time was inconvenient
- Previous problem on day of appointment
- Unwell or in hospital
- Bereavement
- Access
- Lack of effective transportation
- Insurance
- Financial unable to take leave from employment
- Patient deceased

Universal process

- Inadequate communication between healthcare providers and patients
- Didn’t know why it was important to attend
- Didn’t know how to reschedule
- Was privately and didn’t cancel
- Problem resolved so didn’t think they needed to go

Patient Factors

- Administrative problems
- Rescheduled, cancelled or attended, but not recorded correctly
- Didn’t receive appointment letter in time
- Didn’t receive appointment letter at all
- Patient didn’t have a positive experience with or feeling about the hospital/clinic

Universal process

- GP offered re-schedule appointment followed standard process
- Offered re-schedule appointment followed standard process
- Some TEs offered via online portal (e-Book), allowing patient choice of flexibility

Patient Factors

- Use of appointment for Pacific patients at Blue clinics (Paediatrics, Audiology, ENT) week in advance
- Review of patients attendance history and contact information from DHB and PHO sources

Universal process

- Appointment details posted to patient
- Use of appointment for Pacific patients at Blue clinics (Paediatrics, Audiology, ENT) week in advance

Universal process

- Review of patients attendance history and contact information from DHB and PHO sources

Patient Factors

- Engagement via variety of methods
- Engagement via variety of methods, using Pacific languages where appropriate

METHODS

Two-part staff worked for a period of 9 months with clinic staff and a steering group of Directorate leads, a PHO manager and the Maori Health Director and Chief Operating Officer were co-sponsors. An initial consultation process occurred with clinic staff and several hundred patients.

In this context the “99% Attendance” project was commenced at HVHDB in September of 2013. The aspirational goal for the project was “to achieve 99% attendance for the people who need to be seen” aiming to focus on attendance by the appropriate people and to systems approach.

MEASUREMENT OF IMPROVEMENT

Ethnic specific DNA rates were measured monthly. Run charts and later statistical process control charts were used for analysis. Other evaluation included patient feedback on the process of engagement and a simple cost-benefit estimate of the first three months of Pacific reminder phone calls.

REFERENCES

10. Wairarapa DHB. 2013. The Hutt Valley, Wairarapa and Capital and Coast DHBs committed to reducing DNA rates to 6% for all ethnicity groups as part of ‘Equity Indicators’ reported to the Community Public Health & Disability Services Advisory Committee (CPCMH) (2).
12. A literature review of interventions that improve ethnicity attendance. The approaches used have been achieved with minimal resources and are widely applicable in other DHB settings.

LESSONS LEARNT

A literature review of interventions that improve attendance was performed in 2013 for Maori Health Strategy Managers (1). Interventions included referral guidelines and pathways, patient choice in appointment dates and times (11), providing patient information about clinics (12), transport provision (13), and hospital DNA policies or guidelines (14) (15). However, few have been evaluated in the New Zealand setting. This poster presents an intervention which includes many of these actions, is effective for Maori and Pacific in a DHB setting.

Targeted approaches developed by the Maori and Pacific Health Teams to improve attendance at HVHDB have had a small but sustained impact on ethnic inequalities in attendance. The approaches used were achieved with minimal resources and are widely applicable in other DHB settings.

Table 1 Reasons for DNA

<table>
<thead>
<tr>
<th>Patient Factors</th>
<th>Clinic Factors</th>
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</thead>
<tbody>
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Figure 1 Different processes for Maori and Pacific

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Figure 2 Reduction in Did-not-Attend rates for Maori, 2012/13 to 2014/15