

# World Congress on Cardiac Nursing and Cardiology

&  
6<sup>th</sup> International Conference on  
**Global Healthcare**

November 04-05, 2019 | Tokyo, Japan

## Accepted Abstracts



**WORLD CONGRESS ON CARDIAC NURSING AND CARDIOLOGY**  
&  
**6<sup>th</sup> INTERNATIONAL CONFERENCE ON GLOBAL HEALTHCARE**  
November 04-05, 2019 | Tokyo, Japan

**Reducing DNA and late cancellation rates in a paediatric diabetic clinic**

**Samina Shaikh, Nour Al Jamil, Mehroze Asif, Areeb Zar**  
King's College London, UK

**Background:** A Quality Improvement Project (QIP) was carried out in the Paediatric Diabetic Clinic of Darent Valley Hospital (DVH), Dartford- a District General Hospital under the Dartford and Gravesham NHS Trust. The Darent Valley Hospital (DVH) reported high 'Did Not Attend' (DNA) and 'Late Cancellation' (LC) rates in their Paediatric Diabetic Clinic. Non-attendance can be responsible for increased clinic waiting times, lapses in patient care and inefficient use of staff and hospital resources. At a cost of £209 to the clinic, each missed appointment also represents an avoidable financial cost. Data was collected for a 6-month time prior to implementing change: January- June 2018, showing that a proportion of 22.8% of patients had missed appointments due to DNAs/LCs.

**Interventions:** Two formalised intervention protocols produced. First intervention was a DNA/LC policy letter was emailed to all the carers of patients under the Trust's paediatric diabetes service. The notice detailed the Trust's cancellation policy and included instructions on rescheduling appointments. Data was recorded over 8 weeks. For the second intervention carers were given a telephone reminder 24 hours before the appointment, with appointment rescheduling if requested. Data was recorded over 2 weeks.

**Results:** An 8-week baseline showed a mean DNA/LC rate of 21.3%. PDSA1 and PDSA2 resulted in a mean DNA/LC rate of 14.9% and 15.0% respectively. Implementation of 1st intervention led to a significant reduction of 30.2% from the pre-intervention stage. Implementation of 2nd intervention resulted in a decrease of 29.6%. The mean DNA/LC rate after implementation of both interventions was 15% at the end of the data collection period. Overall, the data showed that the combination of both interventions proved to be successful in reducing DNA/LC rates.

e: samina.shaikh@kcl.ac.uk