

Appointment Planning and Did Not Attend Management with Tāngata Whaiora

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
6	Gerard Pauley	12/07/2018	DNA definitional change to reflect full definition, removal of two part DNA procedure on the basis of risk, rewording of appointment reminders and persistent non-engagement sections.
7	Nicola Livingston	1/08/2022	Full review of document Transferred to Te Whatu Ora template and language changed from Waikato DHB to Te Whatu Ora throughout document. Term persistent non-engagement changed to repeated non-engagement Inclusion of a statement about appointment planning in Section 2. Clinical management Inclusion of proposed 6 monthly audit Inclusion of Appendix A: A guide to recording DNA stats

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Appointment Planning and Did Not Attend Management with Tāngata Whaiora

1 Overview

1.1 Purpose

The purpose of this procedure is to ensure that all Te Whatu Ora Health Professionals working within Mental Health and Addictions Services (MH&AS) follow a clear procedure when booking appointments, and when reminding tāngata whaiora of their appointments, in response to a DNA (Did Not Attend) and when there has been repeated non-engagement with treatment.

1.2 Scope

Applies to all health professionals working in the Mental Health and Addictions services.

1.3 Patient / client group

Tāngata whaiora of the Mental Health and Addictions service.

1.4 Exceptions / contraindications

Nil exceptions.

1.5 Definitions and acronyms

Did Not Attend (DNA)	A DNA occurs when tāngata whaiora does not attend an arranged appointment and does not make contact at any point prior to the appointment to either cancel or reschedule. A DNA can occur at Te Whatu Ora facilities and other venues, for example, tāngata whaiora / whānau home, a General Practitioner surgery or a pharmacy.
Keyworker	A Keyworker is a registered health professional who coordinates care for the tāngata whaiora, including external agency input. They are responsible for coordinating the treatment care/recovery/relapse prevention planning process, including transfer of care planning, and all documentation. They are the primary point of contact within the service for the tāngata whaiora and their whānau.

2 Clinical management

Effective clinical practice involves engagement with tāngata whaiora and their whānau in a way that enables their inclusion in their recovery journey. Ongoing engagement and relationship building can be enhanced through meeting with tāngata whaiora and their whānau in person at appointments, and ensuring appointments are made in consultation with tāngata whaiora and their whānau with the aim of reducing potential barriers to attending.

Clinicians

- Engage with tāngata whaiora and whānau to support their attendance at planned appointments.
- Follow the appropriate procedure should tāngata whaiora not attend an appointment.

Support clinicians around the decision-making that occurs when tāngata whaiora have not attended a planned appointment.

Provide appropriate administrative support with the sending of correspondence relating to appointments and DNAs as well as the data entry of DNAs into iPM.

Communication skills

- Individual Patient Management (iPM) System
- Clinical Work Station (CWS)
- Microsoft Outlook

Appointment Planning

When arranging appointments with tāngata whaiora, clinicians should collaboratively make appointments with the tāngata whaiora and their whānau – taking into consideration the tāngata whaiora situation, and arrange appointments for days and times that best suit tāngata whaiora and their whanau.

Reminders

Reminding tāngata whaiora of their appointment date and time is a key way to reduce non-attendance at appointments. The tāngata whaiora keyworker is responsible for discussing with them a preferred means of being reminded and then sharing this information with other members of the treating team and documenting this in CWS. The following are current methods of providing appointment reminders:

- a) Email (sent from generic mental health & addictions email accessible via admin)
- b) Telephone call.
- c) Text messaging. An individual text message can be sent to tāngata whaiora through the Outlook email system. These texts are completed independently of iPM and are the clinician's responsibility to initiate, monitor, and record the use of in CWS.

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- d) Dialhog. These texts are compiled from information on iPM, send out via admin staff.
- e) Contact with a whānau member or support person who reminds tāngata whaiora of their appointment. With this arrangement, there needs to be clear documentation in CWS that tāngata whaiora has given consent for another person to be contacted about their appointments.
- f) Use of an electronic reminder on the tāngata whaiora mobile phone through an inbuilt diary function or similar.
- g) Use of appointment cards and/or letters.

For all types of appointment reminders, the keyworker should discuss with tāngata whaiora their preferred timeframe for receiving a reminder, for example, on the day of the appointment or the day or week before the appointment and then ensure this is factored into any reminder given and clearly documented in CWS.

DNA by Tāngata Whaiora

1. When a tāngata whaiora does not attend a scheduled appointment, an attempt is made to contact them on the day of the appointment by the health professional whom they were to see. If contact is made, the clinician must:
 - a) Arrange a further appointment (if indicated)
 - b) Discuss the reason/s the tāngata whaiora did not attend the appointment and how these can be mitigated for future appointments.
 - c) Gain an understanding of their wellbeing, mental state and risks.
 - d) Develop / confirm a collaborative plan to optimise the tāngata whaiora wellbeing and mitigate risks.
 - e) The clinician / health professional must document the DNA, reason/s for the DNA including barriers and any mitigations, the mental state and risks and collaborative plan in CWS, and the rearranged appointment.
2. If the attempts to contact the tāngata whaiora are unsuccessful then contact should be attempted via another means, which can include making contact with an identified support person, next of kin, or whānau. If this attempt is successful in making contact with the tāngata whaiora then complete the process as outlined in point 1.
3. If attempts to contact the tāngata whaiora on the day of the appointment are not successful, the non-attendance should be raised as an issue within the treating team as soon as practicable, and decisions made about what to do next. This decision should be driven by what is currently known about the tāngata whaiora in terms of risk, their current pattern of involvement with the service and their mental state. This decision and any actions should be documented in CWS.
4. Further attempts to make contact should be made on the following day/s and alternative means of contact should be utilised, including attempting a home visit.

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5. If there continues to be no success in making contact with 10 working days, the situation should again be discussed within the treating team and decisions made about what to do next.
6. If the treating team's decision is that reasonable steps have been taken to make contact with the tāngata whaiora and there are no outstanding clinical concerns then a "14 day" letter should be sent / delivered to the tāngata whaiora informing them that they need to contact their keyworker or the service in the following fortnight or their care will be transferred back to their General Practitioner / medical centre where they have one. Clinicians should continue to attempt to contact the tāngata whaiora during this period. The attempts to make contact and the treating team's decision should be documented in CWS.
7. If there is no contact with the tāngata whaiora within the fortnight following the "14-day" letter being sent, then the transfer back to the care of their GP, where appropriate, should be arranged.

If during this process contact is made with the tāngata whaiora and they indicate that they no longer wish to be seen by the Mental Health and Addictions Service then the clinician should, where possible, ask about the reason/s for tāngata whaiora decision, and gain an understanding of the tāngata whaiora mental state and associated risks. If the clinician(s) deems that the reason/s for discharge are appropriate and that the tāngata whaiora wishes are not a reflection of a deterioration in mental state or an impaired decision-making process then they should inform the tāngata whaiora of the processes involved in transferring their care out of the Mental Health and Addictions Service. This conversation and its outcome should be shared with the treating team and documented in CWS.

Situations involving the Mental Health Act

- For tāngata whaiora who are under the Mental Health Act, the procedure should be followed as described for “Reminders” (points a to f) and “DNA by Tāngata Whaiora” (points 1, 2, 3 & 4). In these situations, discussions about the tāngata whaiora must include the Responsible Clinician and/or Duly Authorised Officer (DAO). Whānau / support people should be consulted where possible.
- If the tāngata whaiora is refusing care and there are concerns that they are mentally disordered and/or a danger to themselves or others, consideration should be given to using the Mental Health Act to facilitate treatment. Discussion(s) must include the Responsible Clinician and/or Duly Authorised Officer (DAO).

Tāngata Whaiora with Repeated Non-Engagement with Services

Repeated non-engagement occurs when a tāngata whaiora has a pattern of non-attendance at prearranged appointments, late cancellations without reason, or limited or no engagement with interventions or activities that are part of their recovery plan. Once this pattern has been identified, a

Recovery Review Meeting should be arranged with the tāngata whaiora, their whānau/support people, and other members of the MDT to understand reasons for repeated non-engagement and develop strategies to improve engagement including:

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- If a decision is made for the tāngata whaiora to have their care transferred out of the Mental Health and Addictions Service then the normal transfer of care process should be followed. This review and its outcomes should be documented in CWS.

Clinicians ensure Tāngata whaiora and whānau are informed of their rights under the Code of Health and Disability Services Consumer's Rights.

4.1 Indicators

- DNA rates as measured by iPM and included in information presented to monthly Service Clinical Governance Forum
- 6 monthly audit of sample recorded as DNA (taken from Community DNA list, Enterprise Reporting) – reviewing actions taken by clinical teams measured against expectations of the procedure. Feedback given to the teams to identify what is working well and areas for development. Audit results to be presented to service level Clinical Governance forum

5.1 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions Service Integrated Care Pathway Policy 1703
- Template for the 14 Day letter to the Service User.
- Template of a Transfer of Care letter for the GP.

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Appendix A – Guide to recording DNA stats

Did Not Attend Recording		Scheduled/Pre arranged Appointment	<p>Scheduled/Pre arranged Appointment – Pre arranged contact, can include telephone consultations.</p> <p>Did Not Attend (DNA) – A patient is categorised as a DNA if the patient does not attend a scheduled/pre arranged appointment and, by the time of the appointment, has not contacted the hospital to explain or acknowledge the missed appointment.</p>	
		Prior to Appointment Start Time	Appointment Time	Post Appointment End Time
Attends			Client Attends	Client contact recorded.
Attends Late			Client arrives late. Client Attends	Client contact recorded for the duration they were able to be seen.
Reschedule/Cancel	Client rings at any stage prior to the appointment start time to say they cannot attend. Reschedule / Cancel			Appointment rescheduled where possible, if not cancelled.
DNA			1. Client does not show. 2. Client is not home at the time of the scheduled home visit. 3. Client rings during the appointment time to say they cannot attend.	DNA Did not attend recorded.
DNA + Contact			Client did not attend. Following the scheduled appt time client or clinician makes phone contact – and clinically significant contact occurs.	DNA Record the contact Did not attend recorded. Additional client contact also recorded.