

Reducing the number of missed appointments by using clinical audit in osteopathic practice

Key messages:

- Clinical audit is a process that uses data from your own practice to generate new insights into patient care and practice management;
- It is important to choose something specific, measurable, achievable, relevant, and with a reasonable timescale;
- Clinical audit is a cyclical process and it is important not to forget the vital final stage of re-audit to identify if the changes identified and made during the audit cycle have had an effect.

Clinical audit can generate new insights about patient care and practice management. This snapshot summary explores how clinical audit could help to reduce the number of missed appointments

This article is a summary guide to the basics for carrying out a clinical audit and gives an example of an audit exploring how to reduce missed appointments, which can be undertaken easily in practice.

What is clinical audit?

Clinical audit is a way to find out if care is being provided in line with identified standards and lets care providers and patients know where their service is doing well, and where there could be improvements (NHS England, 2018). Clinical audit uses data from your own practice in order to generate new insights about patient care and practice management.

In simple terms this means:

- What could I be doing in my practice to improve *e.g.* patient care or the running of the practice?
- Am I doing it?
- If not, how can I improve what I'm doing at the moment?

Thinking about doing an audit

Undertaking a clinical audit is not difficult but there are some things to consider before starting and you could use the SMART approach:

Specific Think about one topic only and keep it simple if you are just starting to use clinical audit.

Measurable Do I know what I want to measure? Can this be done in a straightforward way?

Achievable Is my idea reasonable for me and/or my staff to do?

Relevant Will this make a difference to my patients, the practice and my staff?

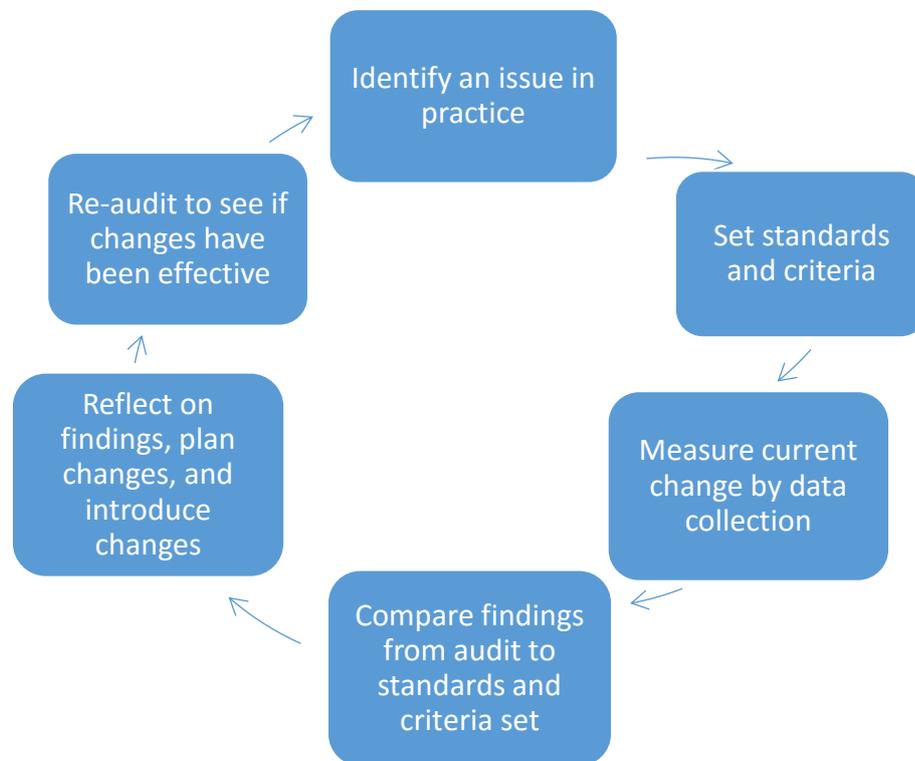
Timescale Can my audit be achieved within a reasonable time and without excessive time burden?

Getting started

If you're trying to think of an audit topic for your practice, consider the example described below.

The audit process

The audit cycle shows each step which needs to be undertaken.



The audit cycle has been applied to a simple worked example looking at patients not attending their appointments.

Background to the audit

In most osteopathic practices missed appointments don't occur very often but always seems to occur when there is a waiting list of patients. The cost of missed appointments to the National Health Service (NHS) has been well documented, and different initiatives have been tried to try to improve this^{1,2}. Recent reviews by the Cochrane Collaboration have examined different approaches to reminders to patients. Atherton et al, 2012 examined the use of email as a form of appointment reminder. The number of studies eligible for examination for review was extremely limited and they were unable to draw any conclusions concerning the value of this initiative³. In a separate review, Car et al, 2012 examined the use of text alerts to patients to avoid missed appointments⁴. They found that although the amount and quality of the research in this area was limited, text message reminders were more effective than no reminders, and were as effective as telephone call reminders. This audit will examine some of these challenges.

Aim of the audit:

- To identify the number of patients not attending for appointments.
- Try to identify reasons for non-attendance.
- Address any issues that can be changed to reduce the number of missed appointments.

Identifying standards and criteria from the literature

Criterion for the audit:

Patients who have been allocated an appointment should attend at the designated time.

Standard for the audit:

100% of patients should attend their allocated appointment.

Data collection and sampling

A data collection template was designed and piloted using information from the practice diary. The final data collection sheet collected the following information where appointments were missed:

- The date of the missed appointment.
- The day of the missed appointment.
- The time of the missed appointment.
- The time interval since the appointment was made (in days).

Data were collected retrospectively from the clinic diary over a period of three months (March to May).

Findings

Data were added to an Excel spreadsheet, and some simple graphs were produced. Missed appointments during each working day were evaluated and the findings are shown in Figure 1.

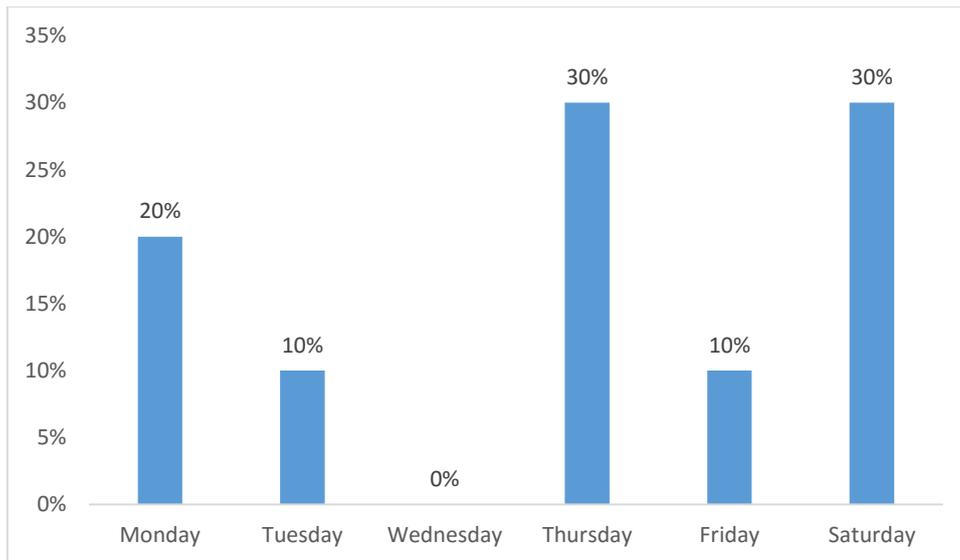


Figure 1. Missed appointments during the working week

Missed appointments during each hour of the working day were evaluated and are shown in Figure 2.

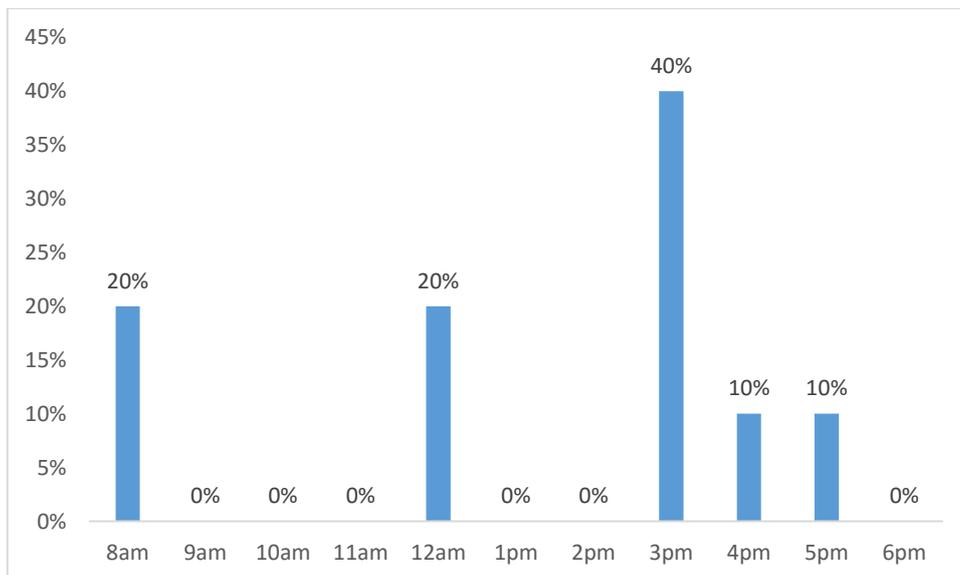


Figure 2. Missed appointments during the working day

Analysing seasonal variation

Further analysis was undertaken to look at seasonal variation in missed appointments, and most (72%) occurred in May especially around the second Bank Holiday of that month. Patients who had missed more than one appointment were flagged up during the data collection using an anonymised identifier, and the duration of time from booking to the missed appointment

was analysed. Patients who returned for regular treatments demonstrated more missed appointments.

Changes to be considered after the audit findings:

- Patients' permission was sought for recording a mobile telephone number.
- Permission was sought for use of this number by the clinician and reception staff to telephone or use a text reminder concerning the next appointment.
- Patients' preference for telephone call or text message was recorded on their notes.
- The receptionist was asked to telephone or text patients the day before their appointment.
- The reminder was recorded in the diary.
- A poster showing the days and times when most appointments were missed was displayed in the patient waiting area and in the treatment room.

A reminder notice was also displayed in the patient waiting area and in the treatment room, about the requirement to cancel appointments with 24 hours' notice (if possible).

What did re-audit show?

A re-audit took place from July to September. Significant improvements were made in the number of missed appointments. Non-attendance at all appointment times improved, although late on Friday remained the time and day for more consistently missed appointments. The practice will audit again from March to May next year to ensure patient attendance remains high.

Clinical audit and continuing professional development (CPD) time

Although clinical audit is a valuable process in itself, it will also fulfil some CPD requirements

References:

1. NHS England. NHS England using technology to beat cost of missed appointments. england.nhs.uk/2014/03/missed-appts/
2. Zhao P, Yoo I, Lavoie J, Lavoie BJ, Simoes E. Web-Based Medical Appointment Systems: A Systematic Review. *J Med Internet Res.* 2017 Apr 26;19(4):e134.
3. Atherton H, Sawmynaden P, Meyer B, Car J. Email for the coordination of healthcare appointments and attendance reminders. *Cochrane Database Syst Rev.* 2012 Aug 15;(8):CD007981.
4. Car J, Gurol-Urganci I, de Jongh T, Vodopivec-Jamsek V, Atun R. Mobile phone messaging reminders for attendance at healthcare appointments. *Cochrane Database Syst Rev.* 2012 Jul 11;(7):CD007458.