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# THE JOURNAL OF THE IRISH HEAD AND NECK SOCIETY

**Title:** Where are our patients? Auditing DNA rates and patient demographics

**Body:** Introduction/Aims

Poor attendance/'did not attend' (DNA) is often noted in OMFS units causing wasted clinical time and increased wait for other patients. Assessing patient demographics helps understand which patients are likely to DNA.

Materials and Methods

A 2-cycle retrospective audit was carried out, one-month in consecutive years. Gathering: number of patients seen per clinic, number of DNAs, age, postcode, gender, referral reason and appointment outcome. This was collated and discussed to assess how to lower DNA rates.

Results/Statistics

In the first cycle, 60 clinics ran with a total of 62 DNAs. 28 clinics had more than one DNA with a maximum of 4 DNAs. Most common DNAs were: dentoalveolar referrals, females (56%), ages 11-20, BL1, BL3 and Manchester postcodes. In the second cycle, 42 clinics ran in the one-month period with 9-14 patients seen per clinic. DNAs totalled 82, with up to 6 DNAs per clinic. Only 8 clinics that had no DNAs. There was a higher number of male DNAs. Again, BL3 was the most common postcode, and the highest DNA rate was for dentoalveolar referrals.

Conclusions/Clinical Relevance

There is a high level of DNA rates, mainly new patients referred for dentoalveolar. Confounding factors in the second cycle could include winter period, a larger audit length may be beneficial. New patients could be contacted to confirm appointments. High rates of child DNAs raises safeguarding issues and a was not brought (WNB) policy should be implemented.

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