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Literature search results

Search completed for: Zoe Ford
Search request date: 03/07/2009
Search completion date: 03/07/2009
Search completed by: Lesley Firth

Search details
Service Improvement in out patients, reducing DNA (Did Not Attend), Productive Clinic, reducing clinic cancellation rates, reducing follow up rates.

Resources searched
TRIP, Dynamed, HMIC, MEDLINE, Health Business Fulltext Elite, Cochrane Database of Systematic Reviews, Advanced Google Scholar.

Summary
Quite a lot of literature for you on this topic. Too much to summarise especially since you set multiple outcomes for the service improvement to achieve. Nevertheless I hope you find the information we have found useful; otherwise please let us know, and we’ll refine our search.

Guidelines
TRIP:
How user friendly is your outpatient department?, Royal College of Physicians, 2004

Intermediate Care, British Thoracic Society, 2006
Telephone advice lines for people with long term conditions, *Royal College of Nursing*, 2006

**Advanced Google Search:**

Why do outpatients fail to keep their clinic appointments? Results from a survey and recommended remedial action, 1998

A step-by-step guide to improving outpatient services, 2000

A guide to service improvement, 2005

**Specialist Outpatient Services Access Policy**, 2006

**Large scale workforce change briefing**, 2007

Helping to reduce DNA rates, 2007

**Outpatients: Missed appointments and cancelled clinics**, 2007

**Outpatients: Did Not Attend (DNA) rates**, 2008

Improving outpatient services and Did Not Attend rates, 2008

**Evidence based reviews**

None

**Published research**

**DNAs soar under Choose and Book.**

Citation: GP: General Practitioner, 13 February 2009, vol./is. /17(-), 02688417

Publication Date: 13 February 2009

Source: HEALTH BUSINESS ELITE

Available in fulltext at EBSCO Host [🔗]

**Choose and Book raises DNA rates.**

Citation: Pulse, 11 February 2009, vol./is. 69/4(10-), 00486000

Publication Date: 11 February 2009

Source: HEALTH BUSINESS ELITE
10% of patients fail to book clinic under Choose and Book.

Author(s): Nowottny, Steve

Citation: Pulse, 14 June 2007, vol./is. 67/23(2), 00486000

Publication Date: 14 June 2007

Source: HEALTH BUSINESS ELITE

Change management in cancer care: a one-stop gynaecology clinic

Author(s): Knight, Jenny A

Citation: British Journal of Nursing, 2007, vol./is. 16/18(1122-1126), 0966-0461

Publication Date: 2007

Abstract: Creating a Patient-Led NHS (Department of Health, 2005b) advises us to develop services with the patient at the centre of all that we do. In today’s current agenda for reform and improvement, with the additional pressure on organizations to achieve Government performance targets where there is increasing demand and limited resources, it is sometimes difficult to provide the optimum patient experience. This article describes how a district general hospital used continuous quality improvement methodology to improve quality of care when developing a one-stop diagnostic clinic for patients urgently referred with suspected gynaecological cancer. As well as increasing clinic capacity and meeting access targets, redesigning the patient care pathway to improve services also provides the opportunity to build in patient choice and convenience. This article also discusses how clinical teams can involve patients when planning and evaluating services, and explores user involvement as a core component of continuous quality improvement methodology. Cites numerous references [Journal abstract]

Source: HMIC

Full Text:

Available in fulltext at EBSCO Host

Available in print at Pilgrim Hospital Staff Library

Missed appointments threaten PBC.

Author(s): Davies, Edward

Citation: GP: General Practitioner, 01 September 2006, vol./is. 1(7-), 02688417

Publication Date: 01 September 2006

Source: HEALTH BUSINESS ELITE
Appointment reminders sent by text to cut 'did not attend' rates.

Citation: Practice Nurse, 28 July 2006, vol./is. 32/2(7-), 09536612
Publication Date: 28 July 2006
Source: HEALTH BUSINESS ELITE
Available in fulltext at EBSCO Host

SMS text messaging improves outpatient attendance

Author(s): Downer, Sean R, Meara, John G, Da Costa, Annette C, Sethuraman, Kannan
Citation: Australian Health Review, 2006, vol./is. 30/3(389-396), 0156-5788
Publication Date: 2006
Source: HMIC

Impact of a fast-tract assessment clinic on waiting times and non-attendance rates for new referrals to a community mental health centre

Author(s): Ogunbamise, Akinwande, Reardon, Marion, Mohoboob, Mo, Lelliott, Paul
Citation: Psychiatric Bulletin, 2005, vol./is. 29/11(413-415), 0955-6036
Publication Date: 2005
Source: HMIC
Available in fulltext at Highwire Press

Improving the quality of palliative care for ambulatory patients with lung cancer.

Author(s): von Plessen, Christian, Aslaksen, Aslak
Citation: BMJ, 2005, vol./is. 330/7503(1309-1313), 0959-8138
Publication Date: 2005

Abstract: PROBLEM: Most patients with advanced lung cancer currently receive much of their health care, including chemotherapy, as outpatients. Patients have to deal with the complex and time consuming logistics of ambulatory cancer care. At the same time, members of staff often waste considerable time and energy in organisational aspects of care that could be better used in direct interaction with patients. DESIGN: Quality improvement study using direct observation and run and flow charts, and focus group meetings with patients and families regarding perceptions of the clinic and with staff regarding satisfaction with working conditions. SETTING: Thoracic oncology outpatient clinic at a Norwegian university hospital where patients receive chemotherapy and complementary palliative care. KEY MEASURES FOR IMPROVEMENT: Waiting time and time wasted during consultations; calmer working situation at the clinic; satisfaction among patients. STRATEGIES FOR CHANGE: Rescheduled patients' appointments, automated
retrieval of blood test results, systematic reporting in patients' files, design of an information leaflet, and refurbishing of the waiting area at the clinic. EFFECTS OF CHANGE: Interventions resulted in increased satisfaction for patients and staff, reduced waiting time, and reduced variability of waiting time. LESSONS LEARNT: Direct observation, focus groups, questionnaires on patients' satisfaction, and measurement of process time were useful in systematically improving care in this outpatient clinic. The description of this experience can serve as an example for the improvement of a microsystem, particularly in other settings with similar problems. 4 figs. 11 refs. [Abstract]

Source: HMIC

Full Text:
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
Available in print at
Available in print at
Available in print at South County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library

55,000 follow-ups dumped on GPs.
Citation: Pulse, 10 September 2005, vol./is. 65/35(4-), 00486000
Publication Date: 10 September 2005
Source: HEALTH BUSINESS ELITE
Available in fulltext at EBSCO Host

How we tackled hepatitis C DNAs.
Author(s): McMurray, J.
Citation: Pulse, 02 July 2005, vol./is. 65/26(32-), 00486000
Publication Date: 02 July 2005
Source: HEALTH BUSINESS ELITE
Available in fulltext at EBSCO Host

More than skin deep.
Author(s): Burrows, Nigel, Norris, Paul
Citation: Health Service Journal, 2004, vol./is. 114/5928(24-25), 1358-0574
Publication Date: 2004
Abstract: Modernisation has brought down outpatient waits and did-not-attends at Addenbrooke's Hospital's dermatology department. A 360-degree review of services has led to continuous service improvement. GPs and hospital nurses have received specialist
Angry GPs demand to see 'did not attends' punished.

Author(s): Hairon, Nerys

Citation: Pulse, 02 February 2004, vol./is. 64/5(10-), 00486000

Publication Date: 02 February 2004

Source: HEALTH BUSINESS ELITE

Available in fulltext at EBSCO Host

Why do patients not keep their appointments? Prospective study in a gastroenterology outpatient clinic

Author(s): Murdock, A, Rodgers, C, Lindsay, H, Tham, T C K

Citation: Journal of the Royal Society of Medicine, 2002, vol./is. 95/6(284-286), 0141-0768

Publication Date: 2002

Source: HMIC

Available in fulltext at Highwire Press

Available in fulltext at National Library of Medicine

A waste of time: non-attendance at out-patient clinics in a Scottish NHS trust.

Author(s): Hull, A. M., et-al

Citation: Health Bulletin, 2002, vol./is. 60/1(62-69), 0374-8014

Publication Date: 2002
Quality improvement report: information given to patients before appointments and its effect on non-attendance rate

Author(s): Hardy, K J, O'Brien, S V, Furlong, N J

Citation: British Medical Journal, 2001, vol./is. 323/(1298-1300), 0959-8138

Publication Date: 2001

Abstract: The problem studied was wasted outpatient appointments as a result of clinic non-attendance exacerbating outpatient waiting times. The design was a single centre, prospective, non-randomised, controlled study. The background and setting were diabetes clinic in a district general hospital run by a consultant, one or two diabetes nurse specialists, a dietician, and a podiatrist. Clinic receives 10-15 new referrals a week in a health district with a population of 340,000. Key measure for improvement was non-attendance rate in 325 new patients who attended after the intervention compared with 1,336 historical controls from the same clinic in the three years before the scheme. Two weeks before their outpatient appointment new patients were sent an information pack telling them when and where to come, where to park, what to bring, who they will see, and what to expect. One week before the appointment they received a supplementary phone call. Effects of change were telling patients what to expect reduced non-attendance rate overall from 15% (201/1,336) to 4.6%(15/325, P<0.0001. Non-attendance rate was 7.3% (13/178) in those sent a pack but not phoned and 1.4% (2/147) in those sent a pack and phoned, P=0.01. Giving new patients detailed information reduces non-attendance to almost one percent. Cites seven references. [Journal abstract]

Source: HMIC
A completed audit to reduce hospital outpatients none-attendance rates

Author(s): Gatrad, A R
Citation: Archives of Disease in Childhood, 2000, vol./is. 82/1(59-61), 0003-9888
Publication Date: 2000
Source: HMIC
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
Available in print at Pilgrim Hospital Staff Library

Telephone support in the early post-discharge period following elective cardiac surgery: does it reduce anxiety and depression levels?

Author(s): Roebuck, Alun
Citation: Intensive and Critical Care Nursing, 1999, vol./is. 15/3(142-146), 0964-3397
Publication Date: 1999
Source: HMIC
Available in print at Pilgrim Hospital Staff Library

Surgical outpatient clinics: are we allowing enough time?

Author(s): Waghorn, Alison, McKee, Martin
Citation: International Journal for Quality in Health Care, 1999, vol./is. 11/3(215-219), 1353-4505
Publication Date: 1999
Source: HMIC
Available in fulltext at Highwire Press

Reducing non-attendance at outpatient clinics

Author(s): Stone, Christopher A, Palmer, John H, Saxby, Peter J, Devaraj, Vikram S
Citation: Journal of the Royal Society of Medicine, 1999, vol./is. 92/3(114-118), 0141-0768
Publication Date: 1999
Source: HMIC
A case of an intervention in an outpatients department

Author(s): Lehaney, B, Clarke, S A, Paul, R J

Citation: Journal of the Operational Research Society, 1999, vol./is. 50/9(877-891), 0160-5682

Publication Date: 1999

Source: HMIC

Comparison of Asian and English non-attenders at a hospital outpatient department

Author(s): Gatrad, A R

Citation: Archives of Disease in Childhood, 1997, vol./is. 77/5(423-426), 0003-9888

Publication Date: 1997

Source: HMIC

Available in fulltext at Highwire Press

Available in fulltext at National Library of Medicine

Dial a clinic: a new approach to reducing the number of defaulters

Author(s): Read, Michael D, Byrne, Paul, Walsh, Alice

Citation: British Journal of Health Care Management, 1997, vol./is. 3/6(307-308, 310), 1358-0574

Publication Date: 1997

Source: HMIC

Failure of patients to attend a medical outpatient clinic

Author(s): Simmons, A V, Atkinson, K, Atkinson, P, Crosse, B

Citation: Journal of the Royal College of Physicians of London, 1997, vol./is. 31/1(70-73), 0035-8819

Publication Date: 1997

Source: HMIC

Coordinating Preoperative Outpatient Testing.

Author(s): Zarlengea, Gloria

Citation: Nursing Management, 01 January 1996, vol./is. 27/1(70-71), 07446314
Organisational change.

Citation: VFM Update, 1994, vol./is. /11(16 p.)

Publication Date: 1994

Abstract: This issue of the journal looks at ways individual hospitals have succeeded in achieving change in clinical practice which have brought about significant improvements. These are: St. Richard’s Hospital, Chichester; cost containment in cardiac surgery at Oxford’s Heart Centre; the GHIS project at Harefield Hospital (Getting Harefield Into Shape); single visit neurology outpatient clinic at the Leicester Royal Infirmary; 24 hour clinical pharmacy service at the John Radcliffe Hospital; reducing waiting time for orthopaedic outpatient appointments at Leicester General Hospital; reducing waiting at ophthalmology departments at the Royal Victoria Infirmary, Newcastle upon Tyne; and integrated care pathways to help in patient-focused care at Ashford Hospital, Middlesex. [JG-L]

Source: HMIC

Improving quality of service in Singleton outpatient department.

Author(s): Bicanic, Jasna

Citation: Journal of the Association for Quality in Healthcare, 1993, vol./is. 1/1(18-20), 1351-5969

Publication Date: 1993

Abstract: A comprehensive outpatient satisfaction survey conducted in September 1990 led to the recommendation for a comprehensive and long-term programme of change. A project board was formed and took the initiative to raise quality awareness by providing staff training and discussion. Through a series of meetings, potential problem areas were identified and multidisciplinary teams were formed to address the problems. Substantial improvements have been quantified in waiting times in clinics, informing patients of delays in clinics, availability of case notes, and clinic starting times. 1 table.

Source: HMIC