

Background

Good communication between patients and health care administrators is important to ensure the best outcomes for patients and the most efficient use of limited healthcare resources. A key phase in a patient's healthcare journey is the point from receiving an appointment date for a procedure to receiving a procedure on appointment day. Healthcare administrators typically offer an appointment date by a letter four to six weeks in advance for inpatient or day case procedures.

All hospitals request patients to phone to reschedule if they cannot attend. Some hospitals also ask patients to phone to confirm acceptance, in order to support good planning. While the latter is regarded as good practice by some, resources are required in instances where patients do not make contact for hospital staff to phone patients three to four days in advance of appointment date to see if they can attend. There is a desire to improve the efficiency of this approach by increasing the numbers of patients who make contact when they receive an appointment letter and so reducing the number of patients that need to be phoned by staff.

The Project

The National Treatment Purchase Fund (NTPF) is producing a communications pack for hospitals to include a template appointment offer letter for inpatient and day case appointments. This project follows on the success of a redesigned waiting list validation letter (see Murphy et al., 2020). The Research Services and Policy Unit in the Department of Health worked collaboratively with the NTPF and the Health Service Executive (HSE) and an advisory group to design a behaviourally informed and tested appointment correspondence for inpatient and day case patients.

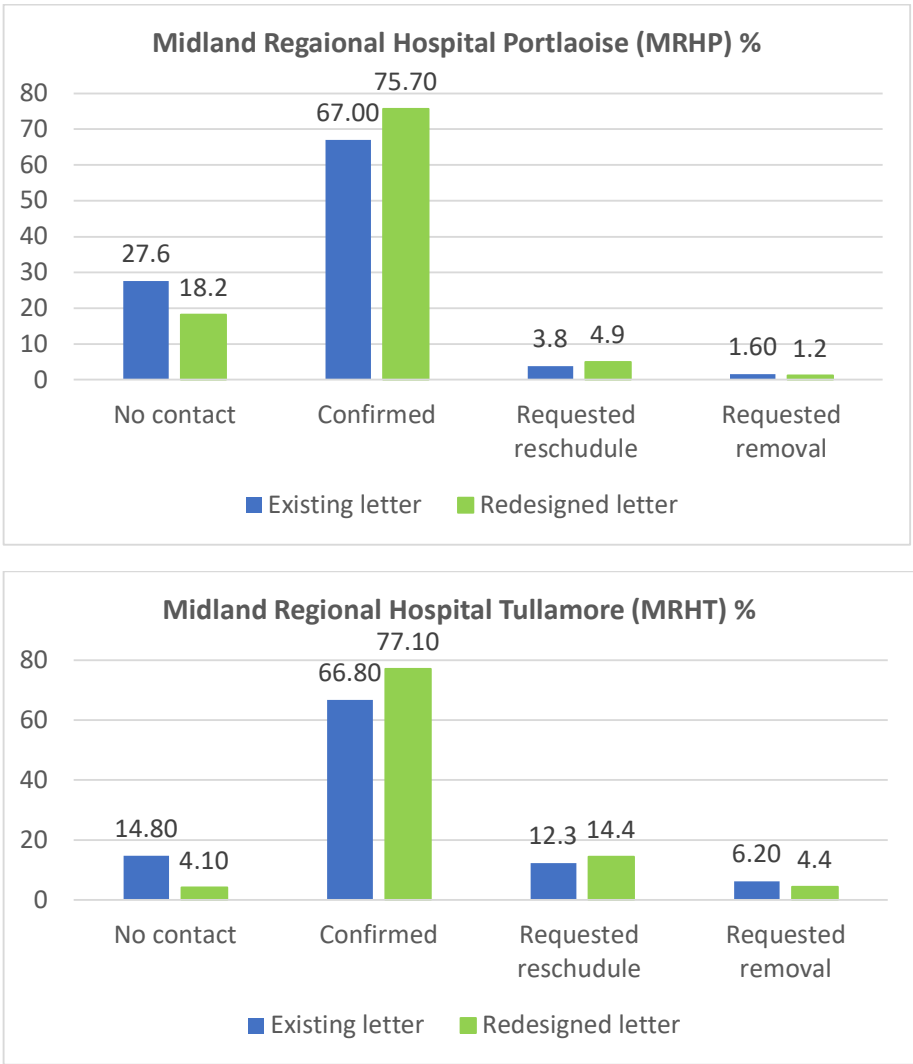
The redesigned correspondence was tested in the Midland Regional Hospital Portlaoise (MRHP) and Midland Regional Hospital Tullamore (MRHT), members of the Dublin Midlands Hospital Group. The objective of this project was to reduce in both test sites the number of patients who do not contact the hospital when they received the letter. Another objective in MRHP was to monitor the impact on attendance on appointment day. The impact of the redesigned correspondence (see over) was tested by using both existing and redesigned correspondence over the same period and comparing patient engagement with both types.

Results

Patient engagement was improved by the use of the redesigned appointment letter and patient preparation note. The redesigned correspondence increased the number of patients making contact, as requested, when they received their appointment offers (see Figure 1).

Better performance in the MRHP saw a reduction of 9.4 percentage points or 34% in people not making contact, equivalent to one third of non-responders changing their behaviour. In MRHT this better performance saw a reduction of 10.6 percentage points or 72% in people not making contact, equivalent to two thirds of non-responders changing their behaviour.

Figure 1. Response of patients when they received the letter

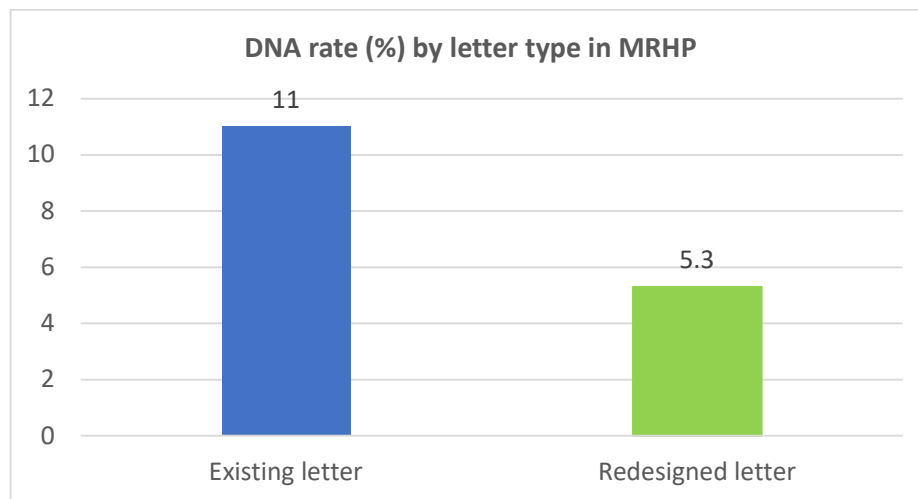


The increased contact was due to an increase in the number of patients phoning to confirm they intended to attend their appointment. In both sites the confirmation rate was only 67% for the existing correspondence but it was 76-77% for the redesigned material. Across the

two test sites use of the redesign correspondence increased the confirmation rate by an average of 9.2 percentage points or a relative increase of 14.6%.

Enough data was available in Midland Regional Hospital Portlaoise (MRHP) to test the impact of the redesigned correspondence on attendance. Using the redesigned correspondence halved the did not attends (DNA) rate in the MRHP, 11% versus 5.3%.

Figure. 2 Reduction in the did not attends (DNA) rate on appointment day



Conclusion

This study shows that when you ask patients to phone to confirm acceptance of an appointment date (using the redesigned material), it is likely to improve patient engagement both when they received the appointment offer and on appointment day. We suspect this is because the redesigned correspondence makes clearer what the patient is asked to do (simplification, call for action and salience), makes it easier to make contact (simplification and voicemail option), and makes it easier to remember to attend (simplification and commitment device).

Where the practice is to ask patients to phone only if they cannot accept an appointment date, it may also be the case that using an appointment letter and patient preparation note based on the one used in this project may also help to improve patient engagement.

Overall, it is likely that use of the redesigned correspondence for inpatient and day care procedures (offer letter and preparation note) will improve patient engagement and will enable better use of resources.

Illustration of Redesigned Letter – not to scale, appeared on HSE headed paper

Strictly Private and Confidential

Mr Robert Murphy
50 – 58, Block 1,
Miesian Plaza,
Baggot Street Lower,
Dublin 2,
D02 XW14

Medical Record No.: 12345
DOB: <Patient DOB>

19 March 2019

Please phone to confirm your appointment for admission

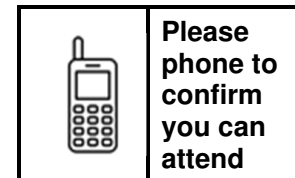
Dear Robert

I have booked you an **appointment for admission** to Surgery at Midland Regional Hospital Portlaoise under the care of Ms Deirdre Robertson.

Date: **5 April 2019**

Time: 10.00 a.m.

Procedure: (was written by hand, as is hospital practice)



We need you to please call 01 635 3122 to confirm or cancel your appointment. If you cannot call during office hours, you can leave a voicemail at this number 24-hours a day.

If you do not confirm by **26 March 2019**, your procedure may be cancelled. If you cannot attend, please phone to let me know so another patient can use this valuable appointment.

If you do not attend once or if you cancel twice, you may be removed from the waiting list. This follows national protocol. We will seek clinical guidance where appropriate.

It is important that you read the enclosed **Preparation Note** for fasting and other instructions. If you have any questions, I will be happy to answer them when you call me.

Kind regards,

Carol Taaffe, Scheduled Care Department, Clinic Secretary



Reminder: After you phone, fill in this slip and place it somewhere you can see it.

I will attend my < specialty > appointment at _____ on _____ at _____.
Place Date Time

Evaluation team

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This project was undertaken before the emergence of COVID-19. During the first few months of COVID-19 much of the scheduling of procedures was paused for inpatient and day case (IDPP) care, and this was followed by the scheduling of procedures using communication methods adapted to the situation. The collaborators from this project will work together to see how the learning from this project can best be applied to future IDPP patient appointment offers in the context of COVID-19.



An Roinn Sláinte
Department of Health



Irish Government Economic & Evaluation Service