

Why 100 patients failed to keep an outpatient appointment – audit in a dermatology department

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Summary

Failure to keep outpatient appointments is common at all clinics and various explanations may be offered. One hundred attending patients who had failed to keep their previous dermatology clinic appointment were asked the reason for their non-attendance. Many and varied reasons were given but illness (28%), and problems related to appointments (33%) were prominent. They were also asked how they had obtained a further appointment.

Stricter follow-up of non-attenders by the hospital including informing the GP, and subsequent GP action if necessary, may improve attendance figures.

Introduction

Failure to keep an outpatient appointment is common¹⁻⁴. Over the period October 1990 to June 1991 the percentage of my patients failing to keep appointments ranged between 0 and 39% (mean 22%). One hundred patients attending a clinic who had missed their previous appointment were asked why they had failed to attend and how a further appointment had been obtained.

Methods

My dermatology outpatient clinics in this hospital are held on a Monday morning (9.30 am) and Thursday afternoon (1.45 pm). Over the period July 1990 to April 1991, during 49 clinics, I asked 100 patients (41 men, 59 women), including both new (37) and review (63) patients, who had failed to keep their previous appointment to explain why they had failed to attend for that appointment and how they had obtained a further appointment. Thus, these patients were not simply non-attenders but non-attenders who attended at a later date.

It was made clear to the patients that they were being questioned out of interest and not out of criticism. The age range of the patients was 15-85 years with a mean age of 43 years.

Most patients are referred to clinics by their family doctor. Routinely at the end of clinics I peruse the non-attenders' notes and indicate by a tick whether, depending on the diagnosis or referral letter contents, individual patients should or should not be sent a further appointment.

Results

Explanations given for non-attendance

Personal reasons ($n=56$) given for non-attendance were:

- (i) illness (28): 'unwell' (10), 'flu' (7), ill in pregnancy (2), inpatient at another hospital (2), 'cold' (2), throat infection (1), stomach upset (1), shingles (1), slipped disc (1), fracture (1);

- (ii) related to work (10), eg first day of a new job;
- (iii) skin was better (6);
- (iv) unable to remember why failed to attend (4);
- (v) 'couldn't make it' but offered no explanation (4);
- (vi) car broke down (2);
- (vii) didn't want to miss school (1);
- (viii) had not had pre-clinic blood test so did not attend (1).

Appointment problems ($n=33$) were:

- (i) forgot appointment (9). One patient had forgotten because appointment was made many months before the date and another hadn't noted date in her calendar;
- (ii) away on appointment date (9). Five were on holiday, one of whom had not realized he would be away on day of appointment and four patients were out of town;
- (iii) did not receive appointment (5);
- (iv) mistook date or time of appointment (5);
- (v) lost or mislaid appointment card (3);
- (vi) received appointment after appointment date (1);
- (vii) appointment too early in the day (1).

Eight patients gave family reasons for non-attendance. These included illness (4), bereavement (2) and crisis (2).

Three patients had an engagement elsewhere: one was taking an exam; one was attending a course and one was attending a case conference.

Twenty-five of the 100 patients (10 male, 15 female) said that they (or someone else in two cases) did contact the hospital to cancel their appointment. A further two patients said they telephoned to cancel but could not get through (one said she rang seven times and finally her GP referred her again) (see below). Another female patient rang to cancel and was promised another appointment but never received it so her GP made a further appointment (see below).

How further appointment was made

- (i) Patient rebooked (72);
- (ii) hospital rebooked (15);
- (iii) GP obtained further appointment (9) by sending further referral letter (7) or by phoning (2);
- (iv) relative rebooked (3);
- (v) didn't know (1).

During the study period six of the 100 patients (two male, four female) attended twice having missed their previous appointment each time. Five gave a different reason for their non-attendance on the second occasion (unwell, 1; 'flu', 1; forgot, 1; lost appointment card, 1; taking exam, 1) to that given on the first occasion, and

one male patient was unwell on both non-attendance dates. After the second non-attendance, three patients rebooked, the hospital rebooked two and one female patient didn't know how she had obtained a further appointment.

Discussion

Patients who fail to attend for an outpatient appointment increase waiting list time for others and waste hospital money and hospital staff time and expertise.

In the present study, which was conducted directly with patients rather than by means of a questionnaire, most of the explanations given for non-attendance were personal reasons and these were mainly illness. However, eight patients who failed to attend either could not remember why (4) or just 'couldn't make it' (4).

A further nine patients simply forgot their appointment, whilst another nine were away on the appointment date.

Some appointment problems could be solved. Thus sending an appointment nearer to the appointment date or a reminder if the appointment was made many months before the date would be helpful. There may be various reasons why five patients did not receive their appointment but the hospital can only ensure that they have a patient's correct address and that

an appointment is sent. The general practitioner should be informed of a patient's failure to attend so that he or she may take further action where indicated.

It is interesting that as many as 84 patients (84%) obtained a further appointment via themselves, a relative, or their GP. Does this mean that checking 'did not attend' patients after each clinic is superfluous? I think not, because 15 patients (15%) were given a further appointment by the hospital because of my indication to rebook the individual after a non-attendance. If no perusal of non-attendance notes is made there will be occasions when serious disorders will be missed.

References

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