
Reminder Calls Help Waiting-Lists' Management and Fairness

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Citation

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Abstract

The phenomenon of patients who do not turn up at appointments (DNA= did not attend patients) is one of the many problems related to waiting lists, entailing wastage of resources.

Over a consecutive time period of 6 months in 1999, for each booking exceeding a waiting time of 60 days, the health facility's booking clerks of the General Outpatient Unit of the Geriatric Hospital of Padua, Italy, made a reminder call one week prior to the appointment and collected data about patients' characteristics, waiting time, requested service. All DNA patients were followed up and reason for non-attendance was indicated.

Over the test period, 630 (86%) outpatients with a waiting time of over 60 days were traceable.

Rate of failure to keep the appointment was 5% among contactable patients versus a rate of 29% among non-traceable ones.

Outpatients receiving a reminder call showed a rather low rate of failure to keep the appointment, probably attributable to the very procedure.

INTRODUCTION

The phenomenon of patients who do not turn up at appointments (DNA= did not attend patients) is one of the many problems ubiquitously related to waiting lists, entailing wastage of resources. Rates of failure to keep outpatient appointments have been reported to vary between 3% and 38%^{1,2,3,4}.

At the General Outpatient Unit of the Geriatric Hospital of Padua, Italy, which provides a variety of medical services for mainly (but not exclusively) elderly persons, it was decided to experiment a reminder call procedure for the services presenting the longest queuing times, with a view to improving waiting-list management.

METHODS

Over a consecutive time period of 6 months in 1999, for each booking exceeding a waiting time of 60 days, the health facility's booking clerks made a reminder call one week prior to the appointment. A proforma to collect patients' age, gender, waiting time and requested service was filled out for each case.

All DNA patients were followed up by telephone calls and a second proforma was filled out, in which reason for non-attendance was indicated in addition to the above information.

RESULTS

REMINDER CALLS

Over the test period, outpatient appointments with a waiting time of over 60 days were made for 734 persons. Six hundred and thirty persons (86%) were traceable, whereas 104 persons were not contacted either because they never answered the telephone, or because the contact number provided was incorrect or unavailable, or because they had deceased. Six patients had been admitted to hospital and 5 were unable to respond because they were in a state of confusion. The former were given the opportunity to make another appointment, even in conditions of overbooking. For the latter, the call research procedure was repeated on various occasions, even after the appointment date. No statistically significant differences were displayed in gender, age and waiting times between the groups of patients reached by telephone and the ones who were not contacted.

FAILURE TO ATTEND THE APPOINTMENT

Rate of failure to keep the appointment was 5% among contactable patients versus a rate of 29% among non-traceable ones (Table 1).

Figure 1

Table 1: Main patient characteristics and results of reminder calls

	Traced subjects Waiting > 60 days			Untraced subjects waiting > 60 days			Total		
	Rendered	DNA	Total	Rendered	DNA	Total	Rendered	DNA	Total
Patients*	600	30	630	74	30	104	674	60	734
Mean age (yrs)†	58±18	63±16	59±18	57±20	56±19	57±19	58±19	59±18	58±18
% Female‡	63	73	64	59	77	64	63	75	64

*p<0.0001
†p=ns

Services were to be rendered in the following disciplines: Dietetics (23%), Ophthalmology (3%), Neurology (50%) and Psychogeriatrics (23%). No statistically significant differences were exhibited in gender, age and waiting times between the subgroups of patients who turned up for their appointment and those who did not.

On follow-up by telephone call, traced users elicited the following reasons for not attending their appointment: oversight (5%), the service had already been provided (19%), illness or hospitalisation (42%), death (5%), “the service was no longer required” (14%), presence of a substitute doctor (5%), financial problems (5%), mistaken date (5%).

DISCUSSION

Outpatients receiving a reminder call showed a rather low rate of failure to keep the appointment. A variety of explanations may be postulated for this, but there is no comparative literature on the subject. For example, the patients in question may not be at high risk, or the population attending Italian hospitals may feel a particular commitment to public services, or there may be a different level of clinical appropriateness or accessibility to these facilities.

Nevertheless, two aspects in particular lend support to the hypothesis that the low non-attendance rate might be attributable to the very reminder call procedure: the uniformity of the subpopulations of service receivers and non-receivers and the fact that the number of DNA patients reporting to have forgotten the date of the appointment was

eight-fold higher in the untraced subgroup.

Overall assessment does, however, take account of untraceable patients. In this case, the total non-attendance rate among patients with >60 days' wait was 8%, which is still very low.

Waiting lists arouse much interest among the general public and consequently among the press and political parties. While the health authorities at various levels indirectly and sporadically endeavour to tackle this enormous problem, a demagogic or simplistic stance is often adopted. Hence the need to stress how a minor procedure like telephone contact with patients has permitted the fine tuning of some aspects of waiting list management, with positive financial repercussions. Undoubtedly, this scheme may also improve the quality of the professional and management approach, with positive economic spin-offs, in addition to promoting service accessibility, hindered in many cases by social hardship.

Findings suggest that correct use of the telephone, as in the case of the reminder call scheme, may provide one (of the limited) examples of a health facility's establishment of closer relations with users. In theory, the patient partnership would have an extremely interesting and important impact on civic maturity, but in practice it is generally subject to all manner of interdictions and difficulties in implementation.

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References

1. Grover S, Gagnon G, Flegel KM, Hoey JR. Improving appointment-keeping by patients new to a hospital medical clinic with telephone or mailed reminders. *CMAJ* 1983;129:1101-1103.
2. Simmons AV, Atkinson K, Atkinson P, Crosse B. Failure of patients to attend a medical outpatient clinic. *J R Coll Physicians Lond* 1997;31:70-73.
3. Hermoni D, Mankuta D, Reis S. Failure to keep appointments at a community health centre. Analysis of cause. *Scand J Prim Health Care* 1990; 8: 151-5.
4. Al-Khadra A, Magbool G, Wosornu L, al-Awdah S, Qutub H, al-Khatib R. Why do cardiology out-patient appointments fail in Saudi Arabia? *Qual Assur Health Care* 1992;4:305-10.
5. Mariotto A. Patient partnership is not a magic formula. *BMJ* 1999; 319: 783.

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