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Profile of Defaulters in Neonatal Outpatient Clinics

S G Krishnan, A J Anand, P C Khoo¹
¹Department of Neonatology
K K Women's and Children's Hospital

Introduction

The aim of this study is to understand the clinical and demographic profile of defaulters in the neonatal outpatient supervised clinics that are run by junior medical officers. We expect to institute reformative measures to reduce defaulter rate based on the audit findings.

Methodology

- Prospective audit
- Study of 100 defaulters in June 2017
- Data collected on:
 - Demographics
 - Diagnosis
 - Date of discharge
 - Co-existing multiple appointments
 - Reasons for defaults
- Data collected from electronic medical records
- Contactable patients were interviewed by phone to identify possible reasons for defaults.

Results

- Of the 212 patients scheduled, there were 100 defaulters (Default rate: 47%)
- Malay patients had the highest default rate.
- Majority (65%) of the defaulters were from subsidized ward.
- Discharge on a weekday or a weekend did not impact the default rates.
- Congenital orthopedic problems that are self-correcting accounted for majority of defaulters.

		Defaultees	Attendees	P value
Mean Age (months)		5.3 ± 4.9	6.2 ± 5.9	0.283
Gender	Male	51.4%	46.7%	0.567
Race	Chinese	20.8%	50.7%	0.000
	Malay	76.4%	40.0%	
	Indian	2.8%	9.3%	
Discharged from fully subsidized ward		65.3%	38.2%	0.011
Discharge on a weekend or public holiday		26.4%	36.0%	0.219



Other possible causes for defaulting	
Multiple appointments scheduled on different dates	57%
History of social concerns	11%

Conclusion

- This audit highlights several areas for improvement in process and communication.
 - Patient education can be improved in subsidized wards :
 - Giving supplemental patient information leaflets in the patients' mother tongue
 - Improved communication by screening professionals and nursing staff
 - Recalling defaulters with minor problems can be avoided so to be able to have time slots for those with critical labs and vaccinations
 - Pooling appointments on the same day may improve patient compliance
- We aim to implement the above changes and review the outcomes again in future audit.

Distribution of diagnoses for follow up among defaulters and attendees (%)

