



Singapore Healthcare Management 2015



Khoo Teck Puat Hospital

Alexandra Health

To Uncover Factors For Interventions to Reduce Missed Appointments at KTPH Diabetes Centre

**Dr Serena Low¹, Jonathan Khoo²,
A/Prof Sum Chee Fang³,
A/Prof S Tavintharan³,
A/Prof Lim Su Chi⁴, Lee Michelle⁵**

¹Clinical Services, ²Healthcare Analytics Unit, ³Diabetes Centre, ⁴Clinical Research Unit, ⁵Operations

Introduction

Fundamental to optimal diabetes management is good patient self-care practice that includes adherence to appointments and compliance to medication. Missed appointments disrupt continuity of diabetes care, thereby interfering with regular preventive screenings and timely intervention of changes in health status.

- Objectives:** (1) to understand magnitude of missed appointments at Diabetes Centre
(2) to profile patients who miss appointments
(3) to explore factors associated with missed appointments

Methodology

Data was analysed in two ways using logistic regression.



Results



accounted for **54%** of all missed appointments.



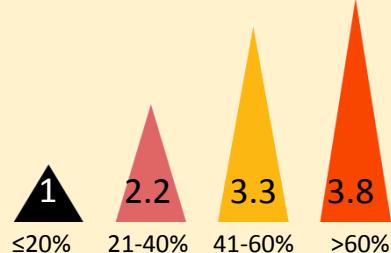
- Characteristics**
- 53±13 years old
 - 54% Male
 - 40% Chinese
 - 33% Indians
 - 18% Malays
 - 59% intra-hospital referrals
 - 4 annual scheduled appointments

RISK FACTORS

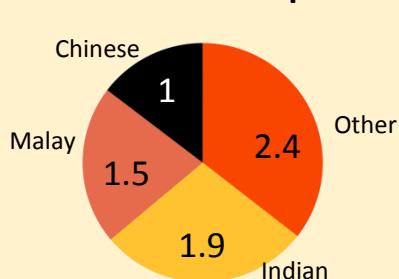
Area in black refers to reference group and the numbers indicated in the risk factors refers to odds ratio with p<0.05.

1 Missing most recent appointment

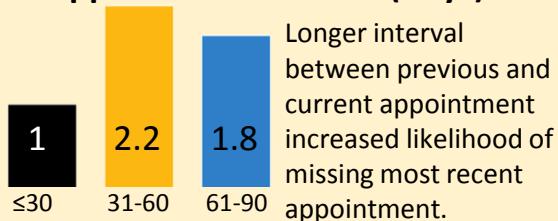
Previous No-Show



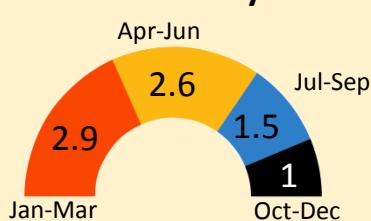
Ethnic Group



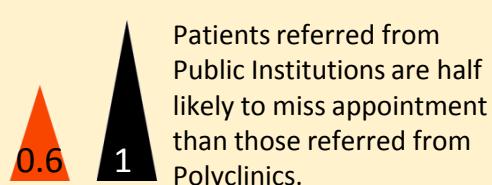
Appointment Interval (Days)



Months of the year



Referral Source

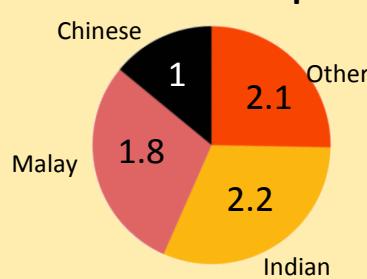


Age Group

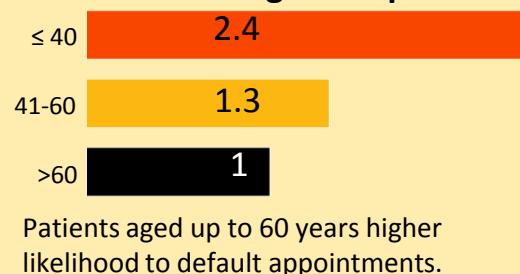


2 Poor Attendance (Missed >30% appointments)

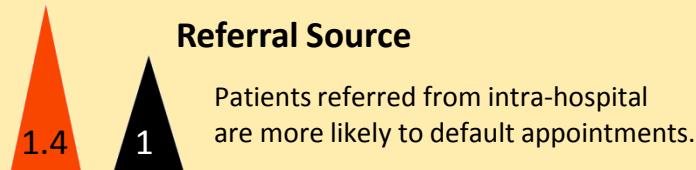
Ethnic Group



Age Group



Referral Source



Lower annual number of scheduled appointments was also found to be associated with missing most recent appointment and >30% of missed appointments.

Modifiable risk factors in our study pertain to appointment characteristics such as **waiting time between previous and latest appointment, number of appointments scheduled annually, referral source and time of the year.**

Conclusion

A small group of patients contributed to a large proportion of missed appointments. Our study has shed light on the profile of patients at risk for frequent default. Using routine administrative database, we also uncovered potential modifiable factors amenable to interventions so as to minimize default.