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Khoo Teck Puat Hospital

Alexandra Health

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

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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.

Retrospective cohort study of patients who first attended doctor's appointment at DM Centre.



Results



14% of the study population who missed > 2 appointments accounted for 54% of all missed appointments.



Characteristics

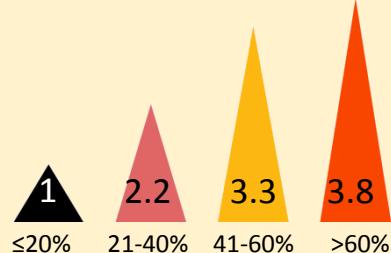
- 53±13 years old
- 54% Male
- 40% Chinese
- 33% Indians
- 18% Malays
- 59% intra-hospital referrals
- 4 annual scheduled appointments

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

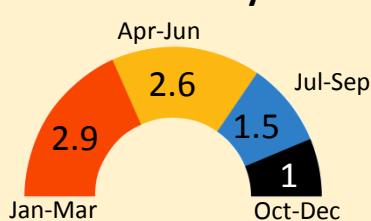


Appointment Interval (Days)

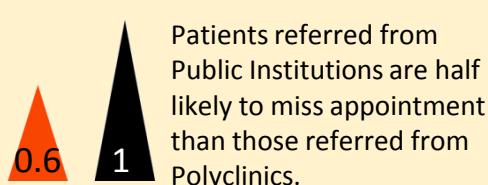


Longer interval between previous and current appointment increased likelihood of missing most recent appointment.

Months of the year



Referral Source



Patients referred from Public Institutions are half likely to miss appointment than those referred from Polyclinics.

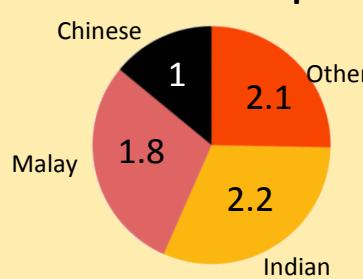
Age Group



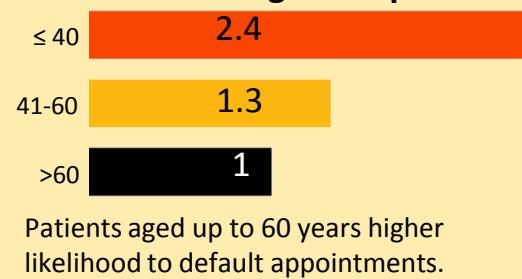
Patients aged up to 40 years are more likely to miss appointment.

2 Poor Attendance (Missed >30% appointments)

Ethnic Group

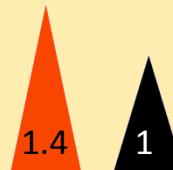


Age Group



Patients aged up to 60 years higher likelihood to default appointments.

Referral Source



Patients referred from intra-hospital are more likely to default appointments.

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.