

Are They Here Yet? The issue of Patient Non-Attendance at a Mild Traumatic Brain Injury Rehabilitation Clinic



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Submission: April 05, 2021; **Published:** May 19, 2021

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Keywords: Outpatients; Overseas; Non-attendance; Self-management.

Opinion

Non-attendance is a significant clinical and cost issue for outpatients around Australia.

- i. Rates of non-attendance at one outpatient clinic for people with brain injury is discussed.
- ii. Australian rates of non-attendance at outpatient clinics are compared to overseas studies.
- iii. Two solutions are presented to improve non-attendance at outpatient clinics.

Most outpatient clinics experience the issue of patient non-attendance [1,2]. Costs of non-attendance are high and any attempt to improve attendance is beneficial to the patient and financial costs for the healthcare system [2]. Non-attendance is estimated to be 5-39% worldwide [3] with recent Australian studies reporting on non-attendance rates in outpatient clinics to range between 20% [2] and 30%. Overseas studies show similar, elevated non-attendance rates [4]. A British report showed that non-attendance varies between specialties and regions, being more common in deprived populations [1]. Predictors were identified for non-attendance in the UK, including gender, age and length of waiting time, with males, youth and long waiting times being associated with higher rates of non-attendance.

In 2018 the Early Management of Mild Traumatic Brain Injury Rehabilitation Service (EMMBIRS) was established in Adelaide, South Australia. Due to staff experience non-attendance was anticipated in this patient population of mild to moderate brain injury clients who struggle with memory and planning tasks. Attendance data from 1 July to 31 December 2019 was examined and found that there were 214 (12.6%) occasions of non-attendance over this 6-months timeframe which appeared low 3,4. Forty-six (57.5%) of the 80 patients seen over this 6 month timeframe missed at least one scheduled appointment (n=28 male, 60%). Fourteen (30.4%) of the 46 non-attenders only missed one appointment (n=5 male, 35%), with 32 (n=23 males, 71% of non-attenders) missing two or more (range 2-26) appointments over the 6 months period. Non-attenders were more likely to be younger males.

A meta-analysis by Robotham et al. [4] of 21 studies examined the effects of text-based electronic notifications on prescheduled appointment attendance concluded text notifications did improve attendance. Robotham et al. [4] suggested that sending multiple text and reminder notifications within 48 hours of scheduled appointment improved attendance, while texting earlier was reported as not effective. Initial attempts at EMMBIRS to implement

a texting strategy one week before the scheduled appointments did not improve attendance rates. Texting EMMBIRS clients was narrowed to within 24 hours of their appointment, and this was found to be a more successful strategy and may be the reason for

the low non-attendance rate of 12.6% at the EMMBIRS Clinic. Of the 214 occasions of non-attendance, 101 patients (47%) gave no reason for not attending their EMMBIRS clinic appointment (Table 1).

Table 1: Reasons given for non-attendance to EMMBIRS intervention therapy sessions July to Dec 2019.

Reason for non-attendance (n=214)	Number of times reason for non-attendance given
Did not attend in any modes of treatment, no reason given	101
Cancelled, no reason given, rescheduled	25
Unavailable	14
Unwell/ill	13
Conflicting appointment	12
Did not answer Tele Health for session	11
Did not remember	6
No towers available for Tele Health (connection issue)	5
Ill relative	5
Family death	4
Fatigue	3
Did not arrive at 'in person' session	3
In patient at time of session	3
Work	2
Mental health issues	2
Needing a rehabilitation break	1
Dog ill	1
Family crisis	1
DNA due to hot weather	1
Court hearing at same time as scheduled session	1
Total	214

It is still not fully understood why so many of our clients did not attend and gave no reason for their non-attendance. To address this situation, along with our continued texting strategy, EMMBIRS research staff are developing a platform with an associated application for participants to download and use on their mobile phones to improve attendance. This App is being designed to assist with patients remotely scheduling their own appointments supported by a friendly “reminder” avatar. The App is being modeled to support the client’s rehabilitation journey and self-management to encourage independent scheduling and better attendance rates. Further research will be conducted to examine the effectiveness of this strategy in reducing non-attendance.

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DOI: [10.19080/PBSIJ.2021.17.555952](https://doi.org/10.19080/PBSIJ.2021.17.555952)

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