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## P186 -Analysis of missed outpatient clinic appointments at a District General Hospital based Renal Service

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### Introduction

Progressive chronic kidney disease is a potentially life changing illness with significant cost implications. Many patients are relatively asymptomatic till the later stages and outpatient referral and attendance are primarily dependent on the results of blood tests. Poor patient engagement with renal services is associated with adverse outcomes and increased use of resources.

### Methods

All missed renal outpatient appointments from November 2017 to January 2019 inclusive were audited. Analysis of age, sex, new/follow-up appointments, renal function, timeliness of pre-clinic renal function check, location of clinic (4 DGH clinics, 2 satellite dialysis unit clinics), distance from clinic, and cause of renal dysfunction if known was undertaken. Comparison was made between the 3 month period (November to January inclusive) before and after the introduction of a memo informing the patient of the cost of missed attendance (introduced in February 2018) and sent out with the appointment letters.

### Results

1267 renal appointments were missed by 842 patients, median age 61 years (range 17 - 94) over 15 months. 69.6% patients missed a single appointment, 19.1% missed two appointments, and 11.3% missed 3 or more appointments - up to 10). 57% missed appointments were by male patients, 63% missed appointments were DNA and 37% cancellations at short notice. 10.8% missed appointments were new patient appointments and 89.2% were follow ups. 223 missed appointments were for transplant patients, 164 for hemodialysis patients, and 12 for peritoneal dialysis patients. The commonest underlying renal diseases were diabetes (20.6%) and renovascular disease (17.8%).

Excluding dialysis patients, 1086 renal function tests were taken prior to the missed appointment (median 29 days, range 0 - 669), median eGFR 36 ml/min. 319 (29.4%) tests indicated stage 4 CKD, and 116 (10.7%) stage 5 CKD, with 47 (4.3%) tests demonstrating an eGFR of under 10 ml/min, and 194 (17.9%) tests an eGFR of 10 - 19.9 ml/min.

Overall 8.47% (1267/14954) of available renal appointments were missed. This varied from 11.5% at the DGH site in a large conurbation with excellent public transport, to 5.3% in a rural located DGH site with poor public transport. The overall outpatient DNA rate was 6.1% across all specialties for these two DGH sites. Conversely the median travelling distance for the DGH site with the highest missed renal appointment rate was 4 miles (range 1 - 38 miles), compared to 15 miles (range 1 - 44 miles) for the DGH site with the lowest missed appointment rate.

Informing patients of the cost of missed appointments had no impact on attendance failure with 7.65% appointments missed between November 2017 to January 2018, and 7.62% from November 2018 to January 2019 inclusive.

Overall the cost of missed appointments was £194,335 for the 15 month study period (£154,445 for the first 12 months).

### Discussion

Missed renal outpatient attendance has both clinical and financial implications. In our audit, informing patients of the cost of missed appointments had no impact on attendance, which did not appear to be affected by the availability of public transport and travelling distance to clinic either.