



Reasons for Non- Attendance to Health Service Appointments and Strategies to Address: A Literature Review

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Non-attendance at out-patient clinics has three major implications: health cost increases, under-use of staff and equipment, and worse patient outcomes (Guedes, et al., 2014). Below are causes and strategies from the literature.

Reasons

Social Conditions

Poll, et al. suggest that forgetting is *prima facie*, and that a policy "based on the simple surface reasons is unlikely to be effective" (2017, p.137). Cost and transport difficulties affect attendance rates (Alhamad, 2013; Campbell, et al., 1991; Poll, et al., 2017; Van der Meer, et al., 2008). Poorer literacy increases non-attendance (Miller-Matero, et al., 2016).

Culturally and Linguistically Diverse (CALD)

Patients from CALD backgrounds are more likely to miss appointments, and language proficiency is implicated (Kaplan-Lewis et al., 2013; Lehmann, et al., 2007; Perron, et al., 2010; Torres, et al., 2015).

Age & Gender

Young people miss appointments most (Alhamad, 2013; Chariatte, et al., 2007; Feitsma, et al., 2012; Kaplan-Lewis, et al., 2013; Lehmann, et al., 2007; Torres, et al., 2015). Whilst non-attendance is equal between man and women, women cancel more (Chariatte, et al., 2007).

Follow-up Appointments

Follow-up appointments are more likely to be cancelled or not-attended, especially with long waits between the booking and the appointment (Guedes, et al., 2013; Lehmann, et al., 2007; Perron, et al., 2010; Torres, et al., 2015; Van der Meer, et al., 2008).

Regular Defaulters

Previous cancellations were a strong predictor of non-attendance (Bennett, et al., 2009; Chariatte, et al., 2008; Neal, 2005; Soendergaard, 2016; Torres, et al., 2015; Tung, et al., 2010).

Organisational Factors

"Patients themselves are not uniquely responsible for missed appointments [as there can be] administrative issues" (Murdock, et al., 2002, cited in Aggarwal, et al., 2015 p. 560). Being offered or allocated an appointment at an inconvenient time can also reduce attendance (Hills, 2009; Poll, et al., 2017).

Clinician Responses

Martin et al., identified that appointment defaulting is not addressed in organisations, and professionals use this time to catch up (2005).

Strategies

Understanding Missed

"Making room for meaningful conversations with patients about missed appointments has the strong potential for a desirable side effect" (Kwintner, 2011, p.260).

The Clinic Experience

Pieper et al. emphasise that the clinic experience must be "pleasant" at every stage (1998, p. 363). Minimal waiting in the clinic will reduce non-attendance.

Regular Defaulters

"Health care systems must monitor no-show patient statistics and put policies in place to minimise inefficiencies" (Satiani et al., 2017, p.52). Assertive follow-up is needed to target previous cancellers (Chariatte, et al., 2008; Perron, et al., 2010; Pieper, et al., 1998; Quinn, 2007; Shapiro, 2015; Steiner et al., 2016; Tung, et al., 2010).

Consequences / Discharge

At some point, patients need to be discharged, based on a defined number of non-attendances (Hills, 2009; Quinn, 2007). "Health care systems must monitor no-show patient statistics and put policies in place to minimise" (Satiani et al., 2017, p.52).

Reminders

Studies reveal reminders (by phone, mail, or text) are helpful (Chariatte, et al., 2008; Kwintner, 2011; Miller, et al., 2016; Quinn, 2007). Views vary from reminding one day prior (Woods, 2011), to contacting the patient directly seven to ten days prior the appointment (Sankar, 2016) to contacting via text three days prior (Buppert, 2009). Furthermore, attendance rates are higher where clinicians remind patients to attend appointments, than when automated reminders are used (Parikh et al., 2010).

Set Expectations & Persuasion

Reminders are most effective if they include "persuasive messages", such as: highlighting the costs of the service, prompts to cancel, and the impact on waiting times for patients and others (Hallsworth, et al., 2015; Nunes, et al., 2013, cited in Aggarwal, et al., 2015). Patients need to be clearly advised about how much notice is required to cancel an appointment, and what will happen if they don't attend, or are late (Hills, 2009, p.167).

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