

Report on reasons for Maori non-attendance of outpatient clinic appointments

Why Maori do not attend outpatient appointments

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ABSTRACT

Although it is known that non-attendance rates for Maori are generally higher than for other ethnic groups, few studies have examined the reasons for this. The objectives of this project were to identify from Maori patients who did not attend their outpatient appointments (1) the reasons for their non-attendance (2) the prevalence of these reasons and (3) any factors that might have a bearing on their non-attendance. Maori patients who themselves had not attended an outpatient appointment were trained to conduct the interviews. The fact that the interviewers could not contact many of the selected patients illustrates one of the problems - patients and/or carers often shift location and clinics are not notified of the changes to the contact details. The three most frequently stated reasons for non-attendance at outpatient clinic appointments were that the patient lacked correct information (69%), the patient was not able to get to the clinic (46%) and the patient lacked motivation to attend the appointment (40%). Many of the recommendations from the study are already being implemented in the outpatient clinics at South Auckland Health (SAH).

Key words: non-attendance, outpatient clinic, Maori patients

INTRODUCTION

It is known that non-attendance rates for Maori are generally higher than for other ethnic groups. The total number of outpatient attendances for South Auckland Health during the financial year ending June 2001 was 128,573. During that same period, 18,316 patients did not attend their appointment. As a percentage of the total number of appointments made for SAH patients, non-attendances account for 14.2% - irrespective of Service. When we examine the ethnicity of the patient we find that although 25,059 appointments were made for Maori patients, the patient did not turn up on 5,730 occasions. This represents a non-attendance rate of 23% (ranging from 18% - 26% each month). For Pacific Island patients the non-attendance rate is 20%, for Asian patients it is 8% and for European patients it is 7%.

Skipped or missed appointments increase pressure on both time and on the limited financial and human (staff) resources. Health Waikato Limited (HWL) estimated that the costs of non-attendances for children (0-14yrs) at HWL for the period April 1-Sept 30 1998 averaged \$103.16 per DNA (did not attend).¹ South Auckland Health's Decision Support Services estimate that the cost of a clinical encounter during the fiscal year ending June 2001 is \$145.06. This amount includes consumable costs such as radiology and laboratory costs. If this estimate is applied to the 18,316 patients who did not attend during that year, the total cost of non-attendance is \$2.7m. However, it must be kept in mind that this is an overall estimate that does not take into account the differences between disciplines that require an adjustment for staffing mix and

variance in salary. Additionally, this estimate takes no account of costs to the hospital if the patients present at a later date. Neither does it make allowance for any costs to the patients themselves and/or to their whanau/families.

LITERATURE REVIEW

A literature review, Internet searches and requests to other health organisations within New Zealand, reveal that few studies have examined why Maori patients more than European patients do not attend clinic appointments. Tauranga Hospital carried out research some years ago prior to setting up Te Puna Hauora Kaupapa Maori Services. They found that both organisational issues (for example, culturally inappropriate outpatient services, poor education and information to patients about follow up and outpatient services) and issues specific to Maori (for example, attendance at Tangihanga, hui, etc) had a bearing on attendance rates of Maori patients (e-mail message, C Lovett). Although it is likely that some of the reasons for non-attendance will differ between Tauranga Hospital and other hospitals such as SAH, it was postulated that there would be a common thread underlying these.

Typically, overseas and New Zealand research carried out on non-attendance rates for (outpatient) appointments has identified the following broad reasons for non-attendance: social, logistical, appointment administration, and medical reasons.²⁻⁹ For example, Vanderpyl et al (2001) in their study exploring non-attendance at two South Auckland Health Community Mental Health Centres

found that the major reason for missing appointments were that the patient forgot (28%), the service made a mistake (28%), and the patient lacked transport (14%).¹⁰ Other reasons they uncovered were that the patient felt sick, had other commitments, or had made a mistake about the correct day or time of appointment.

Counties Manukau Population

The recently published Counties Manukau Health Profile (2001) contains pertinent information on the health and healthcare of the people in Counties Manukau.¹¹ South Auckland Health comprises a population of 382,000 people in the year 2000. 34% of this population, and 45% of the children in Counties Manukau, live in areas classified as the most deprived in New Zealand. However, some of the wealthiest people in New Zealand also reside in this area. 17.4% of the Counties Manukau population are Maori (compared to 14.5% of the total New Zealand population), 16.1% are Pacific island people (7% of the New Zealand population). Asian people and Europeans make up respectively 7.9% and 52.9% of the Counties Manukau population.

Present Study

The objectives for this project were to identify from Maori patients who did not attend their outpatient appointment:

- (1) the reasons for their non-attendance
- (2) the prevalence of these reasons and

(3) any factors that might have a bearing on their non-attendance.

METHODOLOGY

Patients

During the period Dec 2000 - February 2001 5,179 outpatient appointments were made for Maori patients. Of this number, 3,934 Maori attended their appointment – but 1,245 did not. This represents a non-attendance rate of 24%. The 1,245 “DNA’s” (Did Not Attends) were traced to 982 unique Maori patients who had not attended their outpatient appointments, some only once, others several times. Of these 982 patients, 756 were follow-up patients who had been seen at the clinic during a previous occasion and 226 were new patients. A sample of 324 patients (33% of the population) was randomly selected to participate in the survey.

Interviewers

A group of five trained interviewers conducted the interviews during the next three months. Interviewers were Maori, some fluent in te Reo, some not, and had been selected from the SuperClinic database of Maori who did not attend an outpatient appointment sometime during the preceding year. Each interviewer signed a confidentiality agreement.

The reason why Maori patients who themselves had not attended an outpatient appointment were used to conduct the interviews was because we wanted to avoid using health professionals as interviewers to minimise interviewee bias, where the interviewee may have responded in a way that says, "I think they want this answer."

Questionnaire

The questionnaire was designed and agreed to by the Project Team. The five sections in the questionnaire were concerned with the following:

(1) Why did the patient not attend the outpatient clinic appointment?

The patient was asked to indicate the reason and the interviewer recorded the response in terms of some 30 pre-coded categories that together formed six main classes of reasons such as not having the correct information, unable to get to the clinic, or lacking financial resources. The pre-coded response categories were based on the questionnaire used by Vanderpyl et al in their work as well as the assumptions made by the Project Team. If the patient had reasons that could not be assigned to a specific category, these reasons were recorded verbatim.

(2) What did you receive in relation to your outpatient appointment?

This question was used to ascertain whether the problem of not attending outpatient appointments is related to information received by the patient before the appointment. It also allowed us to evaluate to some extent the effectiveness of the processes that South Auckland Health currently uses to remind patients of clinic appointments.

(3) What should happen to ensure that you attend next time?

The purpose of this question was to ascertain from patients any processes, strategies or ideas that they think would be useful for them to attend future appointments and which may help generally, i.e. may encourage other patients to attend appointments.

(4) Did you hear from staff at the clinic after the missed appointment?

This question was aimed at finding out whether clinic staff follow up with patients after missed appointments and what strategies are used to do this, e.g. when and how and by whom the patient was contacted.

In addition, a section was included which collected demographic data from the interviewees. Information from this section was used to ensure that we had a representative sample of patients and to investigate whether the reasons for non-attendance are related to such demographic variables such as age, sex, occupation, vehicle ownership, iwi, domicile and being on a benefit.

Place of interviews

The majority of interviews were conducted in the respondents' home, with a small number being conducted over the phone. In some instances, it took at least three attempts by the interviewers to make contact with and set an agreed time with the respondent before the interview actually took place.

RESULTS

Sample and response rate

Of the 324 patients in the sample, 38 had moved house and could not be located*. In addition, two of the interviewers failed to complete all of their allocated interviews within the set time period for the study. This meant that 135 of the selected patients were not contacted to participate in the study.

The sample thus reduced to 151 patients who were contacted and requested to participate in the study. Of this group, 134 agreed to participate, while 17 declined the invitation. The net response rate is thus 89%.

Description of Sample

Results show that the distribution of the patients' age and gender in the sample is similar to that of the entire South Auckland Health Maori DNA population ($X^2(3)=2.7$; $p<.60$ and ($X^2(3)=0.76$; $p<.38$ respectively).

Of the 85 patients aged 15 years and over who stated their occupation, 26 were beneficiaries or unemployed, 19 identified themselves as mothers or housewives, 10 were students, and 19 were in paid employment. The remaining 11 people did not state their employment details. The majority of patients came from the Manurewa, Mangere and Otara areas. Fewer lived in the Pakuranga/Papakura and non-SAH areas.

* This number may have been more - interviewers may not have recorded this every time they found that a patient had a change of address

82% of the participating patients confirmed they had a telephone, whereas 18% did not. This compares with 84% of Maori residents in the 1996 census in the Auckland Regional Council area who reported having a telephone.¹²

Overall, 85 people (63%) reported that they did not own a vehicle. Of these respondents, 38 said they had access to a vehicle while 32 said they did not. 56, or 42%, reported receiving a benefit. Finally, 129 of the 134 patients or 96% said that they had their own GP.

When we examine whether the patient missed a “first” visit or a “follow up” visit, we find that 30 patients are new patients and 104 are follow-up patients.

The majority of patients are non-attendees in Surgical Services (60%) followed by Medical Services (16%), Women’s Health (15%) and Kidz First/Allied Health (9%). The distribution of the non-attendees in these Services in our sample is similar to the distribution of SAH non-attendees.

Over 50% of the patients were referred by a GP; 20% of whom were referred by their own GP while 31% were referred by a GP other than the one listed in our hospital records.

(1) The reasons patients gave for not attending their clinic appointment

Table 1 shows the main reasons patients gave for not attending their outpatient appointment.

The most common reason given by Maori patients for not attending their clinic appointment is *not having the correct information*: more than two thirds of the responses (69%) could be classified as such. At a more specific level, it is clear that, within this group, the majority admitted to having forgotten about it altogether or getting the date/time mixed up (26% of the sample), not knowing the date or time of the appointment (17%), or the appointment letter arriving too late (13%). A smaller percentage of patients also reported not knowing where to go (7%) or how or where to reschedule (7%).

The next most common reason given for non-attendance is that the patient *was not able to get to the clinic*. 62 or 46% of our patients provided reasons for this. Just under half of the patients in this category said that they did not have a car or could not get public or SAH transport. Another third maintained that they did not have anyone to help them look after their dependents. Some also stated that they were not able to take time off from work.

53 or 40% of our sample admitted to *lacking the motivation* to attend the appointment, exactly half of them saying that the appointment time or date was inconvenient. Others merely told us that they did not think it was important or could not be bothered, did not have the time or thought it was too far to travel.

Another 49 patients, representing 37% of the sample, reported that they *lacked the financial resources* to attend the appointment. Almost half of the

patients in this group said they did not have the money for the bus. Others responded by saying that they did not think they could afford the charges or could not afford to take the time off work.

A third of the patients (31%) cited what they perceived as *genuine medical reasons* for not showing up: in this category, half of all patients had noted that their condition had improved and therefore assumed that the visit was no longer necessary. Conversely, a quarter of the patients in this category felt that their condition had deteriorated so much as to make travel impossible. Some also admitted to fearing that if they attended their appointment, a more serious illness might be found.

Finally, some 45 patients, or 34% of the sample, gave reasons that could not be classified in one of the above categories. Among these reasons were the following (in order of frequency of occurrence):

- a SAH error: i.e. where SAH staff should have cancelled the appointment but did not do so (17)
- the patient did not have a positive feeling of the hospital and/or the clinic or the staff (12)
- the patient went elsewhere i.e. private (9)
- the patient decided to leave it to “the will of God” (5)
- the patient feels the cultural support from clinic staff is insufficient (4)
- the patient’s family did not want them to attend the appointment (1)
- and “other” reasons (10)

When the reasons patients gave for not attending their outpatient appointments were cross-tabulated with the (semi-) demographic variables it was found that:

- Neither age nor gender had any bearing on the reason given
- Neither being on a benefit nor having access to a car was correlated with the reasons given for non-attendance
- No particular specialty was correlated more than expected with a specific reason for the non-attendances
- Patients who admitted to lacking motivation to attend the appointment were more likely to live in the Otara/ Papatoetoe suburbs ($\chi^2(3)=8.2$; $p<.05$)
- Patients who informed us they lacked finances were also more likely to have been referred by internal SAH staff ($\chi^2(4)=10.51$; $p<.04$)

(2) Information received by the patient in relation to the appointment

Of the 134 patients interviewed, 103 or 77% reported receiving either a letter telling them about the appointment, or a follow-up phone-call from the clinic, or a visit from a Community Nurse, a Social Worker or Te Matapuna Rapuora staff (note that patients often received more than one letter, phone call or visit). However, 31 (23%) said they had not received anything about the appointment: no letters, phone-calls, or visits.

74 or 55% of the patients surveyed reported receiving the appointment letter before their appointment. However, of these 74 respondents, 18 or 25% stated that the letter informing them of their appointment had arrived too late.

47 patients, or 35%, received a follow-up phone call. 11 patients reported personal visits by Community Nurses, 3 had visits from Social Workers while 6 were visited by Te Matapuna Rapuora staff. Additional information on e.g. the availability of public and SAH transport, where to park a car, how to reschedule, etc. was received by 26 patients.

The effectiveness of sending patients an appointment letter is illustrated by the finding that close to a third of the patients who did *not* receive a letter said they did not know the date or time of the appointment, whereas only 7% of those who did receive a letter claimed not to know the date or time. Conversely, twice as many patients who received the letter (34%) said that they forgot about the appointment or got the time/date mixed up as those who did not receive this letter (17%).

The significant reduction in the number of patients who say they do not know where to go is particularly evident in Figure 1: the more often the patient is informed and reminded (in this case all letters, follow-up letters, calls and visits have been treated as one “unit” of information), the fewer times a lack of knowledge as to where to go or how to reschedule are used as reasons for not attending the appointment. After four or five contacts, patients use only

the explanation "I forgot about it altogether" as a reason for their non-attendance.

(3) Suggestions from patients that would make attendance next time more likely

As may be expected, a number of patients asked that an appointment letter be sent out well before the appointment and that they should also receive a reminder letter. Some suggested that a reminder telephone call would suffice.

A number of patients (15) asked that transport be provided, or at least information about the free shuttle ("Would like transport to be provided by SAH", "Need info on SAH shuttle bus - mother had no idea about it", "... Provide information on transport").

A sizeable number (13) indicated that appointments be set at more convenient times ("Work hours make it difficult to attend - patients need to be able to choose appropriate times", "Work limits available times - maybe alternative clinic hours, eg weekends", "Decent time in morning... Early morning and later afternoon appointments not convenient for parents who have children they need to get to school and meet after school..."). This is to take account of such things as: children arriving home from school, time-off from work, family appointments made together.

While the questionnaire did not specifically ask if there were any cultural safety issues at SuperClinic that caused Maori to not attend appointments, a small number (3) suggested that there was a need for either Maori Outpatient Clinics or for more Maori Doctors and Nurses in the clinics. A number of patients asked for help from all sources by way of visits prior to appointments. Help (visits) should be made by community nurses, social workers, Te Matapuna Rapuora staff ("Needs more help getting to & from home to SuperClinic. Needs help from a Community Nurse/Health Worker", "No information re SAH transport or support available, eg SW's, Community Nurses, ...").

Follow-up by staff at the clinic after the missed appointment

When asked "Did the patient hear from clinic staff after the missed appointment?", 58 or 51% answered in the affirmative. 43 or 38% said they had not heard from the clinic. 12 or 11% admitted that they could not remember or were not sure whether they had been contacted or not.

Half the time, the patient was contacted by phone after the appointment; the rest of the time the patient had been contacted by letter. Only in 6 cases did the patient report receiving a personal visit.

19 patients were contacted on the day of the appointment, 8 patients the day after the appointment and 23 patients were contacted two or more days after the appointment. Eight patients were contacted at a much later date.

In the vast majority of cases, the patient was contacted by the nurse or doctor at the clinic (43) although in some cases, the patient heard from their GP (6) or the Community Nurse (3).

DISCUSSION

The fact that many of the selected patients were not able to be contacted by the interviewers illustrates one of the problems for Maori patients attending clinic appointments - patients and/or carers shift location and the clinics are not being notified of the changes to the contact details. Thus, appointments are set and letters are sent out, but the patient or caregiver does not receive this notification. A recent study examining the non-attendance at SAH Community Mental Health Centres found that that 25.5% of people were "unable to be located as they had shifted, phone number/address was incorrect, or there was no response to phone or home visit".¹⁰ The finding that a considerable number of those surveyed said that they missed the appointment because they had not received the correct information about the appointment in time further supports this.

Having said this, it must be kept in mind that, as people are more likely to blame external sources for their shortcomings, the percentage of patients who tell us that the reason why they have not attended is because they did not have the correct information is likely to be overestimated. Conversely, the

percentage of patients who are able to admit that they have forgotten the date and time of the appointment altogether is likely to be underestimated.

Reasons for Non-Attendance at Outpatient Clinic Appointments

The three most frequently stated reasons for non-attendance at outpatient clinic appointments were that the patient lacked correct information (69%), the patient was not able to get to the clinic (46%) and the patient lacked motivation to attend the appointment (40%).

The finding that 26% of patients said they forgot their appointments is similar to other studies, which have found forgetting to be one of the most common reasons for not attending appointments. Vanderpyl et al (2001) reported that 28% of study participants said they forgot their appointment.¹⁰

Based on these findings, there were no significant cultural safety issues detected in this study that caused Maori to not attend clinic appointments. This is interesting in that it suggests that any of the reasons given by the patients in this study for not attending appointments could be equally as applicable for patients of other ethnic backgrounds. This implies that any solutions to decrease non-attendance rates should be focussed on individuals regardless of ethnicity.

Recommendations made during the study, some of which have already been implemented by Manukau SuperClinic, include:

- Put more effort into keeping the database of patients correct and up to date by putting into effect an updating process before sending out letters of appointment, e.g. before the letter of appointment is sent out, contact the patient by phone and check their details. If unable to do so, make personal contact
- Consider a whanau support worker to make follow-up calls/visits
- Increase efforts to ensure the letter goes out well in advance of the appointment and make a follow-up telephone call (first call) to ensure that letter has arrived and been received by correct person
- Confirm with the patient that (s)he understands what the letter says and that the date and time is convenient
- Include change of address cards with all letters and information sent out to patients or provide it to them when they do attend clinic appointments
- As 96% of the patients who DNA stated that they had their own GP, copy the letter of appointment to that GP, requesting the GP to also inform the patient of same
- As four out of five patients who DNA have access to a phone, remind the patient by phone the day before of their appointment (second call), specifying clearly time and place and confirming attendance
- Be proactive in allowing patients greater freedom to set appointments, both new and follow up
- Check that the patient has access to transport, private or public or SAH and that, where necessary, arrangements are in place to supervise dependents

It is important to note that a significant proportion of the Maori population, particularly in lower socio-economic areas, has a lower literacy level than the general population. Reports from the 1996 Census state that just over 2 percent of Maori in New Zealand indicated that they could not converse in English.¹² If this is the case, providing patients with written information may be an ineffective method of communication. This study did not, however, investigate the literacy levels of the respondents, so no conclusions can be made regarding the suitability of sending out written information to this group of patients.

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Table 1 Main reasons given for not attending appointments

Patient	Frequency*	Percentage of sample
... did not have correct information	93	69%
... lacked motivation	53	40%
... was not able to get to the clinic	62	46%
... lacked financial resources	49	37%
... had genuine medical reasons	42	31%
... had other reasons	45	34%

* Patients may give more than one reason for non-attendance

Figure 1 Number of pieces of information and reason given for non-attendances

