

ABSTRACT NO. R1

ARE SURGICAL NO SHOWS THE SAME AS NO SHOWS IN OTHER CLINICS?

McLean TR, Haller CC, McLean AB, Arevalo J, Hoins S

VA Eastern Kansas Health Care System–Dwight D. Eisenhower VA Medical Center, Leavenworth Kansas; and Third Millennium Consultants LLC, Shawnee, KS

Background: Can the rate of no shows in a surgery clinic be reduced by techniques used in primary care clinics (PCC)?

Methods: Retrospective review of the performance of a surgery clinic with a case manager and patient reminder system in place.

Results: During a three month period the surgery clinic scheduled 416 patients for surgery clinic; and had 45 no show patients. Compared to all patients (AP) scheduled, no show (NS) patients were not significantly different with respect to age (64.7 ± 13.0 AP v. 59.5 ± 13.4 NS); or postoperative visit status (26.8% AP v. 35.0% NS). However, patients > 80 years were statistically more likely not to show-up for a postoperative visit (10.7% AP v. 71.4% NS; $P = 0.001$). The reason for a no show was not documented in 46%, but was secondary to an incurrent illness in 27%, and psychosocial in 27%. At short term follow-up (3-6 months), 60% of no show patients had not received surgical care because either the patient's PCC no longer felt that a surgeon opinion was necessary (22%); or else the record suggested the patient's no longer felt a need to see a surgeon (38%).

Conclusions: (1) Surgical no shows are typically elderly patients who miss postoperative appointments because their pain and/or other postoperative concerns resolved; or they no longer saw benefit for having follow-up on asymptomatic vascular disease. (2) Techniques used to reduce the rate of no shows in PCCs have less impact on surgical no shows.