

Patients who fail to attend an appointment – GPs



It's a busy morning in your clinic and Mrs R, who had a 10.30 appointment, does not attend. What are the possible implications if neither you nor your staff take any action regarding Mrs R's missed appointment?

- If the appointment was for a diving medical at Mrs R's request – an appointment that could have been taken by someone else: no adverse outcome for Mrs R and no medico-legal risk for the practitioner.
- If Mrs R was an elderly lady who was always on time for her regular appointments to monitor her blood pressure and lipid levels: it is possible that her immediate welfare is at risk, and the opportunity to check on her is missed.
- If the appointment was to discuss blood test results, and the results showed that Mrs R had the Epstein-Barr virus: delay in diagnosis, minimal effect on prognosis, possible increased risk of transmission of the virus to others.
- If the appointment was to discuss blood test results, and the results showed that Mrs R was pregnant, the effect of delayed diagnosis depends on a number of variables – does she want to be pregnant, is pregnancy a risk with a medical condition she has, does age of gestation influence termination or screening tests, etc?
- If the appointment was to discuss blood test results, and the results showed that Mrs R had leukaemia: delay in diagnosis, delay in treatment, possible severe effect on prognosis, serious medico-legal risk for the practitioner.
- If the appointment was a referral to discuss specialist treatment for a condition at a general practitioner's request: delay in treatment, possible severe effect on prognosis.

The point is that you don't know what you don't know – and you may need to find out why the appointment was missed.

Duty of care

Medical practitioners have a duty to exercise reasonable care and skill in the treatment of patients. This duty extends to the examination, diagnosis and treatment of the patient, the provision of information, and follow-up.

Case law

Case law regarding patient follow-up has centred on follow-up of tests, and suggests that once the practitioner has undertaken tests or recommended a procedure or test, then – for the

duration of that practitioner's relationship with the patient – the practitioner has a duty to:

- take reasonable steps to remind the patient to have the recommended tests or procedures
- follow up the results of tests he or she has recommended and the patient has undergone
- to advise the patient of the results of those tests.

Many practitioners feel that the onus of responsibility on practitioners is too great and that the courts have inappropriately shifted patients' responsibilities to the practitioner. This may be a genuine feeling but it has limited sympathy in law. It is important to note, however, that the principles underpinning the case law in this area have been captured in College standards and AMA position statements.

RACGP Standards

The RACGP Standards for General Practices, Criterion 1.5.4: System for follow-up of tests and results includes the following:

- The GP's and practice's responsibilities reflect the recognition that the GP-patient relationship is a special one based on trust. It is also characterised by the GP having special knowledge and skills that the patient generally does not have.
- The practice needs a system aimed to ensure that clinically significant tests and results are followed up. The system needs to be designed to anticipate that individual cases will require different levels of follow-up depending on the clinical significance of the case.

The nature and extent of responsibility for following up tests and results will depend on what is reasonable in all of the circumstances. Overall, the following factors are important in determining whether something is clinically significant and therefore requires follow-up:

- the probability that the patient will be harmed if adequate follow-up does not occur
- the likely seriousness of the harm
- the burden of taking steps to avoid the risk of harm.

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AMA position on patient attendance at consultations

The AMA position statement on patient follow-up and tracking, in section 2.3, includes the following recommendations for care:

- Practitioners may request patients to return for a consultation which may involve further examination, diagnosis or treatment. Practitioners should clearly inform the patient why the follow-up consultation is recommended and the potential consequences of not proceeding.
- Follow-up arrangements, such as the means of contact between the practitioner and patient, should be clarified during the consultation at which follow-up is recommended. (In appropriate cases follow-up consultations need not be in person). Recommendations and agreed arrangements for follow-up should be documented accurately in the medical record.
- As part of the healthcare partnership, patients who reject their practitioner's advice to return or to contact the practitioner following a referral need to be aware of their responsibility for that decision. However, if a practitioner is advised of a clinically significant abnormal result or diagnosis, the practitioner has an ethical obligation to make reasonable attempts to ensure the patient becomes informed.

Systems within your practice

Strategies to managing this risk include developing a list of patients who fail to attend their appointment or who cancel and fail to reschedule. This list would be reviewed by the practitioner as soon as practicable (preferably during or at the end of that session) and a decision made as to the follow-up required.

On reviewing the list the practitioner decides on the clinical significance of the circumstances of the particular case. Where action is necessary, the clinical significance of the case may suggest that a phone call is adequate, or two or three phone calls at different times of the day and a letter to the last known address, or a letter by person-to-person registered mail. Where it may be a matter of life and death and your attempts to contact the patient have failed it may be reasonable to ask the police to help find the person.

Where you make a referral to a specialist that may have serious clinical significance, a follow up directly with the specialist's rooms as to whether the patient attended an appointment may be appropriate and a way to ascertain if your advice has been followed. Alternatively, you or your practice staff might make the appointment at the time you make the referral.

Clinically significant referrals should be systematically tracked. When a letter or phone call is received from the specialist the referral is taken off the list. The list can then be periodically reviewed for any outstanding referrals.

Informed consent

It is the practitioner's obligation to fully explain why follow-up is required. Many patients do not understand the significance of the need to see another practitioner or have more tests and may dismiss the request. Practitioners must make it clear in plain English why something must occur.

Consider approaching this part of the consultation in the same way as a consent process. By informing the patient of the need for the tests, your concerns, the reasons for and the risks associated with not attending the referral or a follow up appointment, you pass the responsibility and the choice to the patient. While this may not transfer all of the responsibility in so far as a court is concerned, this process and documenting the advice given (e.g. explained need for tests to rule out 'X'. Come back for results in 2 weeks) will assist in defending an allegation of the failure to follow up.

Documentation

All attempts at follow-up need to be documented in the patient's medical record. Documentation of phone calls should include the date and time of the call, the name of the person who made the call, any message given and any action taken.

Copies of letters sent should be included in the record, and notations made where letters are sent by registered mail. Missed appointments should also be clearly documented in the records. The appointment system should allow a permanent record of all cancellations and failures to attend.

Proactive systems can help prevent missed appointments:

- All patients have their contact details and changes to their preferred method of communication checked at every appointment
- When patients make an appointment, they are advised to phone if they won't be able to attend
- Practice signage and/or newsletters remind patients to phone if they can't attend an appointment
- Some practices send SMS reminders the day before an appointment, with patient consent
- The practice may want to consider a system of cautions for patients who repeatedly miss appointments.

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Further reading

Australian Medical Association. Position Statement on Patient Follow-Up and Tracking – 2000. Revised 2002.

Available at: www.ama.com.au/node/515

Bird, S, A GP's duty to follow up test results. Australian Family Physician, 2003. 32(1/2): p. 45-46.

Boohaker, EA, et al, Patient notification and follow-up of abnormal test results: A physician survey. Archives of Internal Medicine, 1996. 156(3):p. 327-331.

Downer, SR, Meara, JG & Da Costa, AC (2005) Use of SMS text messaging to improve outpatient attendance. Medical Journal of Australia 183(7): 366-368.

McGhee, K (2005) The missing patient. Australian Doctor 6 April.

Milstein & Associates (2005) Changes to college standard: advice re medical legal repercussions.

Available at www.racgp.org.au/standards, under Criterion 1.5.4 –

Related Files: legal opinion received regarding this criterion.

RACGP (2005) Standards for General Practices (3rd ed)

Available at www.racgp.org.au/standards

Satchwell, L & Haysom, G (2000) Case study: adequate follow up – court places the onus on the practitioner. UNITED Journal Issue 2: 4-7.

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