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Characterization of absences to scheduled appointments in users from one family doctor file
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Background & Aim: Absences to scheduled appointments (ASA) are a problem that generate costs, waste of human resources and prejudice the health care, doctor-patient relationship and medical education. Perceiving that there was a considerable number of ASA and since there are few national studies about this matter, the aim of this study is to characterize ASA and its respective users and to study possible factors associated with ASA recurrences.
Methods: Descriptive and analytic cross-sectional study in users from one family doctor file with scheduled medical appointment between July and September 2014. Absenteeism rate (%ASA) was calculated. Variables: date of ASA, age, professional situation, schedule initiative, type of consultation, number of previous consultations and other ASA during last year.
Results: %ASA was 13.6% (n=70 ASA). Users with ASA had mean age of 51.6+/-21.5 and a mean of 4.1+/-3.1 previous consultations during last year. Most of them were working (41.4%) or retired (35.7%), without other ASA during last year (65.7%). Appointments of Adult health (57.1%), Diabetes (18.6%) and Child Health (10%) programs had more absences. Comparing users without previous ASA versus those repeating ASA, there was a non-significant superiority of mean age and active users in the second group (32.6 vs 58.3%). Significant differences were observed between those two groups of users (p=0.023) in categories of number of previous appointments (0 to 3 appointments - 47.8 versus 66.7%; 6 or more appointments - 13.0 vs 25.0%).
Conclusion: There was a considerable %ASA. An association between age and ASA was not observed in opposition to results from other few studies. It would be relevant to assess the causes for those ASA, particularly in medical initiative and surveillance program appointments, and for the association verified between ASA recurrences and number of previous appointments during a year, in order to improve accessibility and quality of service.