

Elimination of Non-Attendance at Face-to-Face Early Arthritis Clinics in the COVID Pandemic Era – What Can We Learn?

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INTRODUCTION

- The COVID era has been a challenging time to deliver Rheumatology care in Ireland
- There has been a shift towards 'virtual' clinics, in particular for review patients to minimise infection risk
- New early arthritis (EA) patients will still require face-to-face consultations for examination, investigations and procedures such as joint injections
- Clinic non-attendance is a significant issue resulting in inefficient use of scarce resources, increasing waiting lists and patient morbidity
- This may be due to poor communication between the hospital and patient or patient ambivalence about attending

AIMS

- To assess whether there was a difference in clinic non-attendance in our unit pre-COVID versus during the COVID era and possible reasons for same

METHODS

- Pre-March 2020 – EA patients were informed of their appointment via letter 6 weeks in advance, reminder text and phone call from switch board
- Dedicated rheumatology appointment secretary appointed in March who phones patients with clinic details, completes COVID questionnaire and sends letter to confirm including direct phone number if an issue arises
- New patient clinic attendance numbers between 20/04/2020 to 17/07/2020 (COVID era) were compared to figures from 01/01/2019 to 27/12/2019 (pre-COVID)

RESULTS

- During the COVID period, all 183 new EA patients who were offered in-person review attended as scheduled in contrast to 2019 data where 7% (85/1248) did not attend

CONCLUSIONS

- ☆ The COVID period has seen an elimination in new patient clinic non-attendance in our department
- ☆ The major factors influencing this appear to be:
 1. Improved communication between appointment scheduling and patients using a dedicated phone line so that rescheduling can be facilitated if required
 2. Patients appear to greatly value in-patient appointments during this challenging time and are more inclined to attend
- ☆ If our figures remain consistent for 1 year – approximately 85 additional new patients will be seen in our unit alone without additional increased manpower
- ☆ If replicated nationally, this could result in significantly increased numbers of new patients being seen