



Service Priorities and Programmes Electronic Presentations

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Submitting author: Mr Chi Kin IP

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Reduction of Default Rate in Substance Abuse Clinic through Proactive Defaulter Tracing

*Ip CK, Sheung WH, Ng WZ, Pang YT, Chan F, Chan KP
Department of Psychiatry, North District Hospital*

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Introduction

Default rate in outpatient clinic is one of the main concerns in utilization of health care resources as defaulting appointment might be adversely affected the progress of recovery of clients and leading to possibilities in deterioration in health. Default rate for substance abusers in psychiatric outpatient clinic is identified as higher than that in other psychiatric teams, especially for those who are active substance abusers or newly referred case to service (Kruse, Rohland & Wu, 2002). In the Substance Abuse Clinic (SAC) in North District Hospital, with a 10% increase in number of follow up in each year, a 13.3% and 13.8% of overall default rate was noted in 2015 and 2016 respectively. To minimize the default rate in SAC, frequent defaulters were identified as defaulting twice in SAC appointment consecutively while newly referred case were identified as new to SAC service and proactive defaulter tracing is applied in 2016 in the means of telephone reminder on the date before follow up and referral to Community Substance Abuse Team for outreach nursing service to dual diagnosis clients for better engagement and treatment monitoring and delivery. A review of this exercise was done.

Objectives

- Explore over the effectiveness of proactive defaulter tracing
- Identify common reasons of default for substance abuse clients
- Explore on modifications in the future

Methodology

A retrospective review is done over the effectiveness of proactive defaulter tracing by comparing the default rate in 2015 and 2016 among recruited clients. Also, telephone surveys related to reasons of default has been done when performing defaulter tracing.

Result

96 clients (55 frequent defaulters and 41 new referrals) have been recruited in the exercise from Jan to Dec 2016. The default rate for frequent defaulters dropped from 48.3% to 39.5% while the default rate for new referred case dropped from 43.5% to 21.5% in SAC from 2015 to 2016. Surveys have been done to those 96 clients (a total of 151 default appointments) to identify common reasons of default and the top three were forgetting the appointment (30%); no need to have follow up (17.9%) and having physical discomfort (15.2%). Interventions have then been modified to enhance clients' awareness of appointment and insight of dual diagnosis.