

Evaluation of orthopaedic trauma surgery loss to follow-up and impact of a routine callback program

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Purpose

Post-operative clinic follow-up is essential to the delivery of care, as it allows the surgeon to identify potential complications in a timely manner and adjust the care plan in order to optimize outcomes. A high rate of patients lost to follow-up (LTF) has been identified as a common problem in orthopaedic trauma surgery, and adversely affects the ability to produce accurate clinical outcomes research.^{i,ii,iii,iv,v,vi,vii,viii,ix,x,xi} The actual rate of loss to follow-up has been reported as a wide range from 20% to 70%.^{xii,xiii} The purpose of this project was threefold: 1) to evaluate the rate of LTF at an academic Level I Trauma Center; 2) to identify the patient-reported reasons for loss to follow-up ; 3) to evaluate the efficacy of a routine patient callback program for patients who failed to complete their clinic follow-up.

Methods

The Orthopaedic Trauma surgical record was queried retrospectively to identify all patients who underwent surgery by the orthopaedic trauma division at the University of Virginia Medical Center from 04/01/2014 through 09/30/2014. Those who were scheduled to be seen for routine post-operative follow-up but did not attend the appointment were further identified. The characteristics of these patients were evaluated, and they were contacted to identify the primary reason for not completing the recommended follow-up from the choices of: doing well and did not feel the need to be seen and doing well, unaware or forgot appointment, unsatisfactory care, or travel distance and transportation were prohibitive. All patients were then offered additional orthopaedic follow-up at the time of contact.

Results

Out of the 480 patients who underwent a surgical procedure from one of the three orthopaedic traumatologists in the defined time period, forty-one (8.5%) failed to complete the recommended post-operative follow-up course. Out of this group, 21 (51.2%) were male patients and 20 (48.8%) were female. The most common reason for being lost to follow-up was due to feeling well and not having the need to be seen (46.3%). Five patients (12%) reported travel distance or transportation as being the primary factor in being LTF, and four patients (9.7%) were unaware of the appointment or forgot to schedule the visit. Twenty-one of the patients (51.2%) who were lost to follow-up had either no insurance or had Medicaid. Thirteen patients of this group (32%) were not reachable by several modes of contact. Only six of the 41 patients (14.6%) requested follow-up care at the time of contact with the patient callback program.

Conclusion

The loss to follow-up rate in our study (8.5%) was considerably lower than previously reported, but patient characteristics are consistent with prior works on this subject. The low LTF rate may reflect a difference in geographic location or patient population, and may be different if conducted at an institution with a catchment area with different characteristics. The patient callback program had a low yield of patients requesting additional follow-up after being contacted. While it was not particularly effective at our institution, this program may be useful for ensuring continuity of care and appropriate treatment plans to prevent complications. It requires minimal resources and should be evaluated at an institution with a higher loss to follow-up rate.

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