|  |
| --- |
| **Likelihood of discharge is associated with respiratory outpatient appointment time** |
| John BLAKEY1,2, Alice CRAWFORD1,2, Jess NASH1,2, Fraser BRIMS1,2,3 |
| *1Department of Respiratory Medicine, Sir Charles Gairdner Hospital, WA, Australia*  *2Curtin Medical School, Curtin University, WA, Australia*  *3 Institute of Respiratory Medicine, Curtin University, Nedlands, WA* |
| **Introduction/Aim:**  Making repeated judgments within experimental conditions has been shown to deplete an individuals’ mental resources and influence their subsequent decisions. There is evidence that extraneous factors affect judicial rulings; harsher sentences are applied following unexpected sporting team losses [1], and decision-makers gravitate to continuing the status quo as they tire: the so-called “hungry judge effect” [2]. We set out to explore whether respiratory physicians demonstrate similar behaviour and be less likely to discharge individuals from out-patient follow-up as the clinic sessions wore on.  **Methods:**  Retrospective analysis of Hospital systems data from a tertiary hospital, reviewing respiratory subspeciality clinic outcomes between 1st August 2018 to 31st July 2022. Clinics for Cystic Fibrosis and Asbestos Review Program were excluded as discharge rates are negligible. Clinic appointments were classified as “early” (first hour of clinic), “mid”, or “later” (last hour of clinic). The primary outcome was whether the patient was discharged, with secondary outcomes of clinic non-attendance (DNA). A comparison was made between the rate of discharge between clinic time categories.  **Results:**  36,592 clinic appointment outcomes were reviewed. Discharge rate was noted to vary depending on clinic time, with early clinic appointment discharge rate of 13.6% (95% CI +/-0.57%), compared to late clinic discharge rate of 14.6% (95% CI +/- 0.85%), equating to hundreds of additional individuals discharged. There was an association between DNA rate and time of clinic appointment, with higher DNA rates in later clinic time slots (5.1% vs 6.8%, chi-squared test p=0.010).  **Conclusion:**  This large, retrospective, single-centre study did not find evidence that Respiratory clinicians are more likely to retain patients in follow-up if seen later in clinic. Patients were more likely to not-attend for appointments later in the clinic.  **References:**  1. Eren, O.M., N, *Emotional Judges and Unlucky Juveniles.* National Bureau of Economic Research Working Paper Series, 2016. **No. 22611**.  2. Danziger, S., J. Levav, and L. Avnaim-Pesso, *Extraneous factors in judicial decisions.* Proc Natl Acad Sci U S A, 2011. **108**(17): p. 6889-92.      **Grant Support:**   1. Danziger S, Levav J, Avnaim-Pesso L. Extraneous factors in judicial decisions. Proc Natl Acad Sci U S A. 2011 Apr 26;108(17):6889-92 |