Reducing Clinic No-Show Rate
North Central Public Health District
Wasco, Sherman and Gilliam Counties, OR

The Problem:
North Central Public Health District has had a high no-show rate for reproductive health clinic appointments, leading to wasted resources and reduced effectiveness of services.

The Goal: Reduce and maintain no-show rate to at or below the state average of 20%.

Phase I:
In April 2012, the QI team convened. We reviewed and then implemented some strategies that had worked for other clinics addressing the same problem. We then monitored the data for 6 months.

Phase II:
In 2014, the QI team met again. We asked, what possible confounding factors and changes have occurred?

Internal changes:
- January 2013: Transitioned to a new provider.
- October 2013: Affordable Health Care Act rollout.

External changes:
- Many formerly uninsured clients started gaining insurance through the Affordable Health Care Act (ACA).
- Managed Care/CCO’s encouraging more services through clients' designated primary care providers.

Other Factors:

Plan | Do | Check | Act
---|---|---|---
**Improve the Reproductive Health Clinic Show Rate**
1. Make reminder calls two days prior to appt (previously calls were made one day before, or sometimes not at all).
2. Use language emphasizing importance of keeping appt.
3. Clarify what appt will entail; dispel misconceptions.
4. Follow up call to no-show clients to better understand barriers.
5. Assess days and demographics of no-shows.
6. Hold a raffle for clients who are on time for appt.
7. Prepare and compare data reports over the six months.
9. Discontinue measures that are not effective.
10. Improve call for Tuesday appts on Monday.
11. Transition appts from Monday to Tuesday.
12. Develop and implement system for text message appt reminders.
13. Restart follow up calls to assess barriers/ask why appt was missed.
15. Develop system.
17. Improve call results: limited success.
18. Continue clarifying what appt will entail; dispel misconceptions.
19. Continue using language emphasizing importance of keeping appt.
20. Update call.

At end of 2012 we declared success: We lowered no-show rate to 20%.

Time to "celebrate!"

But wait ... What about the 2nd half of our goal: maintaining 20%?

As the graph shows, we only briefly reached our goal before the rate started rising again.

The upshot: QI truly needs to be an ongoing process!

The QI team decided we needed to re-convene, and address this problem again.

The QI Team (L to R):
Matthew Mercer – Front Office Specialist
Yary Roza – Family Planning Aide
Grace Anderson, RN – Clinic Nurse
Kathi Hall – Business Manager
Jane Palmer, RN – Nursing Supervisor
Faith Purvis, RN – Clinic Nurse
Tracy Willett, MD – Clinician

Our Providers:
Tracy Willett, MD from Sep 2011 - Jan 2013
Lisa Nevara, FNP from Jan 2013 - Current

Reducing Clinic No-Show Rate QI Phase II: June 2014 - Current

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<tr>
<th>Plan</th>
<th>Do</th>
<th>Check</th>
<th>Act</th>
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<tbody>
<tr>
<td>Improve the Reproductive Health Clinic Show Rate</td>
<td>Make reminder calls for both Monday and Tuesday appts on Friday; make additional reminder call for Tuesday appts on Monday.</td>
<td>Prepare and compile data reports quarterly.</td>
<td>Continue to develop text message reminder system.</td>
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<td>Develop and implement system for text message appt reminders.</td>
<td>Assess new reminder call method: It appears effective.</td>
<td>Continue all strategies at this point.</td>
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<td>Restart follow up calls to assess barriers/ask why appt was missed.</td>
<td>Fix call results: limited success.</td>
<td>Reassess quarterly and as needed.</td>
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<td>Update days and demographics of no-shows.</td>
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