CAPSTONE PROJECT

Improving the No-Show Rate of New Patients – APN-Initiated Telephone Engagement Protocol Quality Improvement

NO-SHOW

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ABSTRACT

PURPOSE: The aim is to improve the uptake of psychiatric services for new patients being referred from primary care, counselling, and hospital discharge follow-up care.

DESIGN AND METHODS: A convenience sample of 18 new patients participated in a provider-initiated telephone protocol to increase knowledge related to psychiatric treatment and remind patients of appointments the day before the initial visit.

FINDINGS: 15 patients attended the initial visit, resulting in a 26% reduction rate of no-show rates from 27% the previous year to 20% in a three month period.

PRACTICE IMPLICATIONS: Introduction and reminder calls by psychiatric providers improve no-show rates.

INTRODUCTION

Referrals Increase: As meaningful use advances to tier II, referrals from PCPs increase to meet criteria for EHR sharing of private health information.

Follow Through: Patients are responsible to follow through with the referral process.

No-Show: Defined as patient not attending or cancelling a scheduled appointment.

Project Purpose: Decrease the no-show rate of new patients referred to psychiatric specialty

METHODS

Setting

Outpatient mental health private practice in rural area of the southeast

Subjects

39 patients referred, 27 patients met criteria and were scheduled.

Project timeframe: March 1 to May 29, 2015

18 patients consented to participate in the TEP quality improvement project

Adults age 19-83; 14 female and 4 male participants

22% Medicaid; 50% Medicare; 28% Private Insurance

Referral sources: PCPs (83%), counselors (5%), discharge follow-up from inpatient (11%), and patient self-referral (0%)

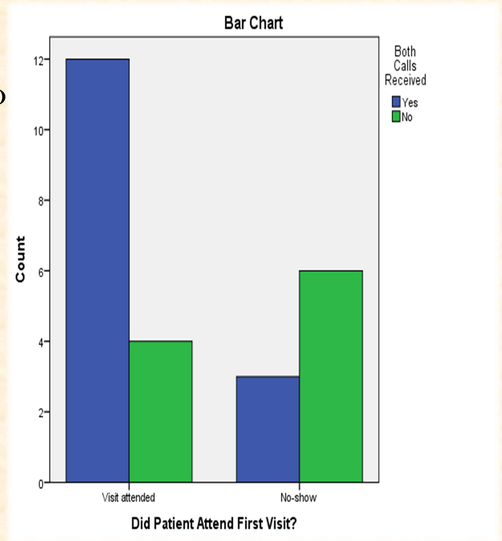
INTERVENTION

- Intake forms mailed to patients after scheduled.
- ***First contact*** completed by the APN within 2 weeks of scheduling.
  - Discuss project
  - Obtain consent
  - Referral reason
  - Psycho-education
    1. What a PMHNP provides, and what they don't
    2. What to expect at the first visit
- ***Second Contact*** the day before scheduled appointment APN personally calls patient.
  - Remind of appointment time
  - Remind to bring medications and forms
  - Assess for barriers such as transportation

- ***Initial Visit***
  - ❑Show
  - ❑No-Show

RESULTS

- A one sample chi-square test revealed a correlation between receiving both calls and attendance with a weak correlation that was not significant ($r(16) = .388$, $p > .05$).
- 7% improvement in no-show rate compared to the same time period the previous year, a 26% overall significant reduction.
- Of all 39 new patients referred for treatment, 19 patients resulted in a no-show, for a 48% rate of no-shows for the entire new patient total during the quality improvement project implementation period.



FUTURE PLANS

- ❖This TEP project was effective in improving the no-show rate of new patients contacted by an APN twice prior to the initial appointment.
- ❖Demographic variables did not have a significant effect on the outcomes, i.e. age, insurance, or referral reason had little effect on behavior.
- ❖Both calls had a significant bearing on attendance with new patients.
- ❖The free dialogue style of the first contact allowed for patients to ask questions directly to an APN for improved psycho-education.

APN-initiated TEP improves outcomes

Improve the quality of care provided to patients referred to all specialties from primary care.

Future Research

APN-initiated information contact

Staff-provided Text Message Alerts/Email/Reminder Call

LIMITATIONS

- Sample Size
- Incorrect Contact from Referral
- Weather
- Equipment Failures
- Role Induction ONLY provided to later participants

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