The DNP and Quality Improvement

Decreasing No-Show Appointments at a Regional Mental Health Organization

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Background Significance

No-Show or Missed Appointments:

• Cost the US healthcare system $150 billion per year
• Twice as high in psychiatric clinics
• Negatively affect patients' treatment and health outcomes
• Incomplete preventive care
• Threat to patients and the future doors at a Regional Mental Health Organization (RMHO).
• Organization’s current standard of care
• Evidence-based practice and quality improvement interventions

(Drewek, Mirea, & Adelson, 2017; Jain, 2020; Long et al., 2016)
Purpose and Literature Summary

Aim/Question?

• Whether personal telephone reminder (PTR) calls, in addition to automated text-messaging (ATM) reminders, have an impact on reducing the number of no-show appointments at a RMHO?

Summary of Literature

• Appointment reminders impact on missed appointments
• ATM and PTR most relevant and effective
• Lead times
• Common reasons for missed appointments
• Demographics

(McLean et al., 2016; Perron et al., 2013; Car et al., 2013; Shah et al., 2016; Miller & Ambrose, 2019; Salameh, Olsen, & Howard, 2012; Teo et al., 2017; Mayer & Fontelo, 2017; Drewek et al., 2017; Childers et al., 2016)
Theoretical Framework

Health Belief Model

Cues of Action

Perceived susceptibility
Perceived severity
Perceived barriers
Perceived benefits

Self-efficacy

Health behaviors

Antecedents

Increase in No-Show Appointments

Intervention

Personal Telephone Reminder Calls in addition to the RMHO standard of care

Outcomes

Decrease in the number of No-Show Appointments

(Jones & Llewellyn, 2014)
Methods

• IRB approval
• Setting at a Mental Health Organization
• (N=26) met inclusion criteria and provided informed consent
• Confidentiality
• Instrument measurement tools
• Demographic data
• Surveys
• Data Analysis
  • Baseline and post-intervention data
  • Excel and SPSS Version 27
  • Descriptive statistical method
Mean Age 36.4

Insurance

Distances

Insurance

No-Show Appointments

Distance

Diagnoses

Mean Age 36.4

Project Findings

N=26

Space Distance

Proximity

>5 miles

<5 miles

Insurance

61%

39%

Diagnoses

Major Depression

15%

Anxiety

31%

Bipolar

8%

Other

46%

Diagnoses

Adjustment Disorder

Alcohol Dependence

Opioid Disorder

Key Members

N=8

87.5%

Overall Satisfied

No-Show Appointments

96.20%

4%

3.80%

96%

3.80%

7%

53.80%

93%

3.80%

4%

96%

No-Show Appointments

Adherence to Appointments

Baseline

Post-Intervention
Limitations and Implications for Practice

Limitations

• COVID-19 Pandemic
• Organization’s population
• Data of reasons for missed appointments
• Flaws in the standard of care – ATM reminders

Implications for Practice

• Project’s importance to the RMHO
• Benefits for the RMHO
• What worked well and lessons learned
• A call for change for change in legislation
Recommendations and Conclusion

- Future Opportunities and Next Steps
  - Dissemination
  - Conduct a SWOT Analysis
  - Continue the 24-hour reminder PTR call
  - Assess barriers through follow-up
  - Keep shorter lead times
- The literature support of ATMs and PTR calls in reduction of no-show appointments
- Continual care and improved patient outcomes


References


