

Improving no-show rate for Otolaryngology clinic in a public safety-net system

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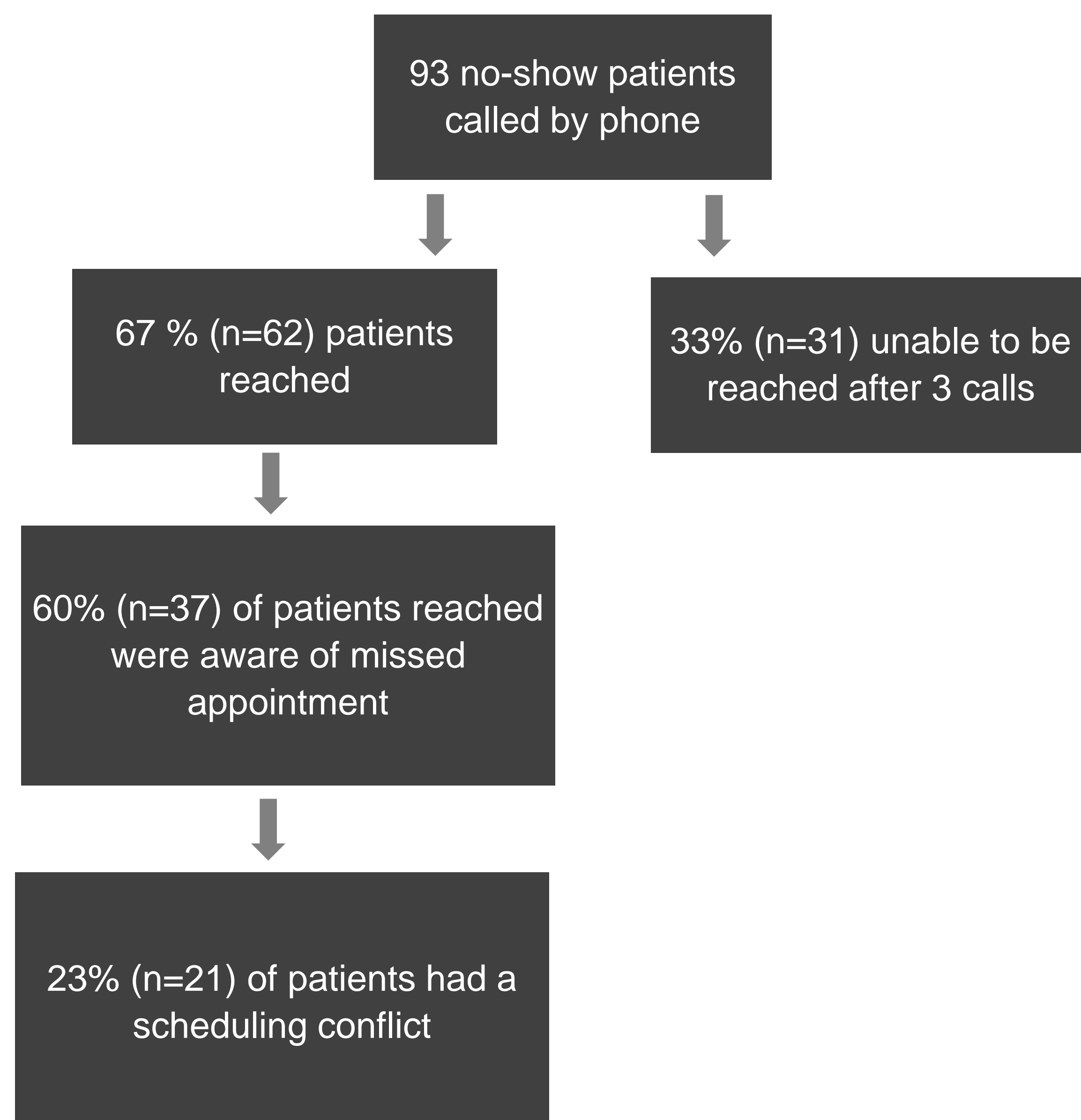
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Objectives/Hypothesis: The changing landscape of healthcare delivery demands greater accountability for access to care and patient experience. In the safety-net system, delivery of high-quality efficient care to a complex vulnerable patient population requires optimizing utilization of limited resources. The goal of this effort was to decrease no-show rate for a general Otolaryngology clinic in a public safety-net system.

Design: Prospective observational study

Methods: Prospective data on factors leading to high no-show rate was gathered through patient telephone interviews (see Figure 1). Scheduling practices were re-designed to optimize show rate. Interventions included (1) establishing a requirement of telephone contact for scheduling of all new patient appointments so that patient preference could be included in scheduling, (2) involvement of referring primary care provider in scheduling process, (3) phone call reminders for new patient appointments, (4) implementation of a text-reminder system for follow-up appointments and (5) limiting advanced scheduling of follow-up appointments to less than 4 months. Mean no-show rate was calculated before and after the one-year study intervention period.

Figure 1. Factors leading to high no show rate.



Results: Mean no-show rate decreased from 36.4% before the intervention period to 22.8% after the intervention period (p=0.015).

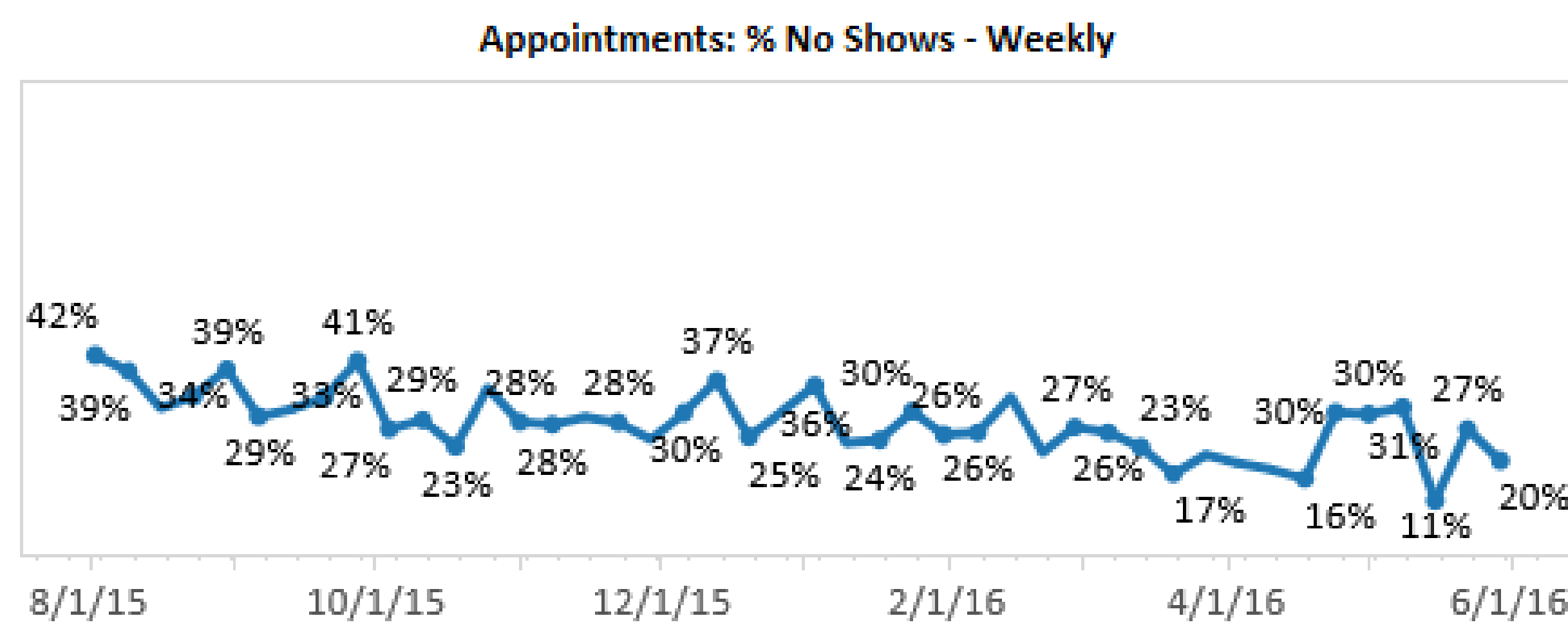


Figure 2. No-show rate for OHNS Clinic during the intervention period.

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is the safety-net hospital for San Francisco, serving some 100,000 patients each year. It's mission is to provide quality health care with compassion and respect to the underserved community of San Francisco. The Otolaryngology- Head and Neck Surgery department at ZSFG provides approximately 5000 ambulatory visits and accomplishes over 400 surgeries each year. Like many safety-net institutions, operations are hampered by inefficiency and poor use of resources. At ZSFG, a high no-show rate precludes rational scheduling templates. Productivity is maximized by batching appointments at the beginning of the clinic so that there is always availability of patients to be seen. This often results in patients waiting a long time to be seen on a first-come, first-served basis. The larger goal of this effort is to improve patient experience through increased efficiency and improved scheduling practices, which in turn depend on an improved show-rate.

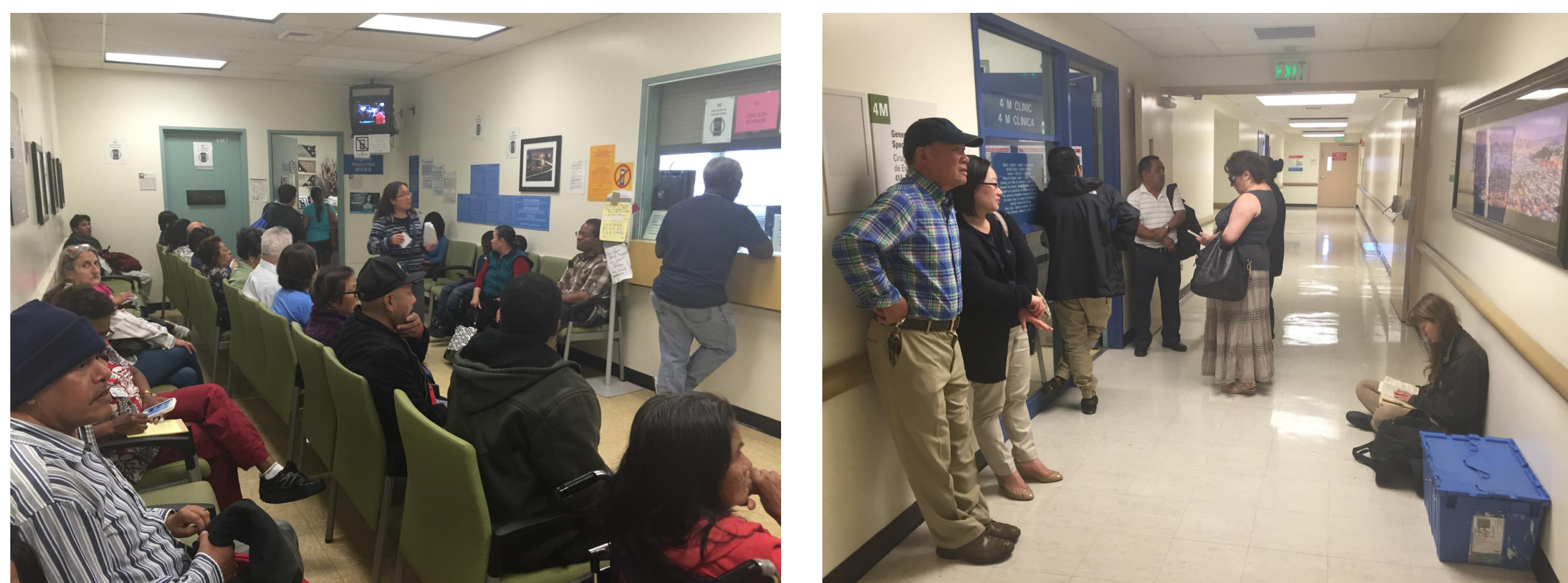
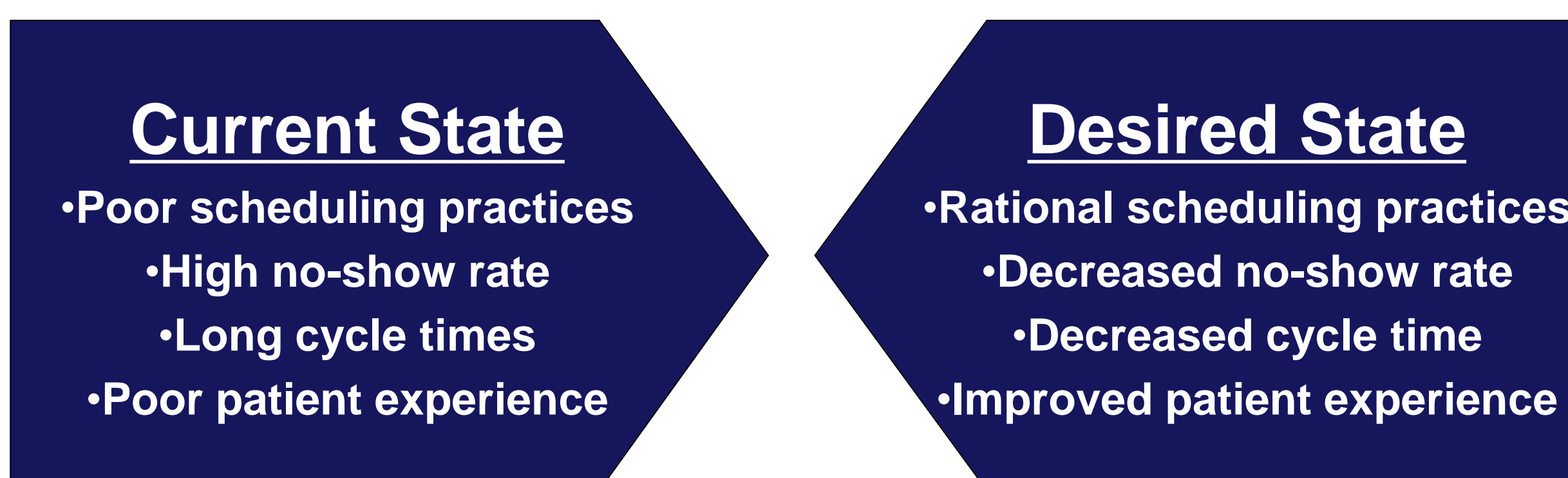


Figure 3. Patients inside (left) and outside (right) the waiting room, waiting to be seen in OHNS clinic at ZSFG.



Discussion: Healthcare reform has brought many challenges and opportunities. In the safety-net setting, healthcare reform is fraught with additional challenges, including supply-demand mismatches, poor infrastructure, and limited resources.^{1,2,3} In this context, patients newly insured with implementation of the Affordable Care Act must be retained through improvements in access and patient experience. Operational efficiency and quality must be maximized in an effort to provide services that are attractive to the healthcare consumer

We set out with the objective to improve patient experience by minimizing the length of time patients wait to be seen during their appointment. It quickly became clear that poor scheduling practices were at the root of this issue, and were closely linked with a high no-show rate (see dark grey box to left for additional information). While we did not examine patient factors linked to high no-show rate, we identified systems-level issues contributing to this problem. The failure to include patient preference when scheduling an appointment (standard practice was to mail appointment notifications without pre-confirmation of availability) was identified as a major contributing factor to high no-show rate. As such, our practice was modified to require contact of patients by telephone and confirmation of availability prior to scheduling. If a patient is unable to be reached, the patient's primary care provider is directed to assist with scheduling. Additional small tests of change were implemented, including initiation of phone call and text reminders, and elimination of advanced scheduling beyond 4 months.

A major limitation of this study is the absence of data linking improvement to specific interventions, as various methods to reduce the no-show rate were employed simultaneously. Similarly, the absence of patient-level data limits development of further targeted initiatives. The variability in no-show rate seen on a week-to-week basis further underscores the challenge in addressing this complex issue.

Conclusions: Implementation of operational changes can improve no-show rate in a safety-net Otolaryngology clinic. Keys to success include optimizing patient contact and minimizing advanced scheduling.

References:

1. Katz M, Brigham T. Transforming a traditional safety net into a coordinated care system: lessons from Healthy San Francisco. *Health Aff* 2011;30(2):237-45.
2. Katz M. Future of the safety net under health reform. *JAMA* 2010;34(6):679-70.
3. Felt-Lisk S, McHugh M, Howell E. Monitoring local safety-net providers: do they have adequate capacity? *Health Aff* 2002;21(5):277-83.