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How to Reduce No-Show Rate in Family Medicine Clinic: A Quality Improvement Project

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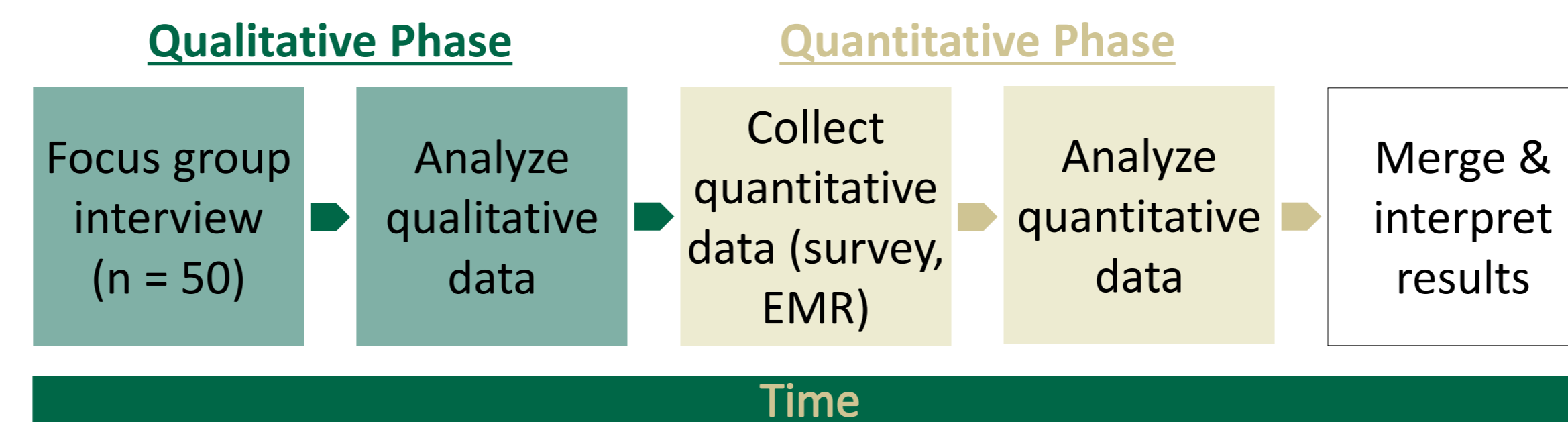


Purpose

No-show appointments are a long-standing burden to the healthcare system, an important domain of the SELECT curriculum. They significantly impact revenue, cost, use of resources, and health outcomes.¹⁻⁴ Past researches have identified numerous factors that influence this behavior.⁵⁻⁹ However, given the variability in patient demographics, context and specificities of health care delivery and systems, it is unlikely that variables which statistically influence no-show behavior can be universally applied.¹⁰ Lehigh Valley Health Network (LVHN) has 38 family medicine clinics with no-show rate varying between 4.05 - 16.81%. Although qualitative analysis had been conducted to identify the reasons patients missed their appointments at LVHN family medicine clinics, there has never been a quantitative analysis. The objective of this quality improvement project is to explore causes of no-shows using mixed methods research approach and identify areas of improvements that can reduce no-show rate at LVHN family medicine clinics and increase healthcare system's quality and efficiency.

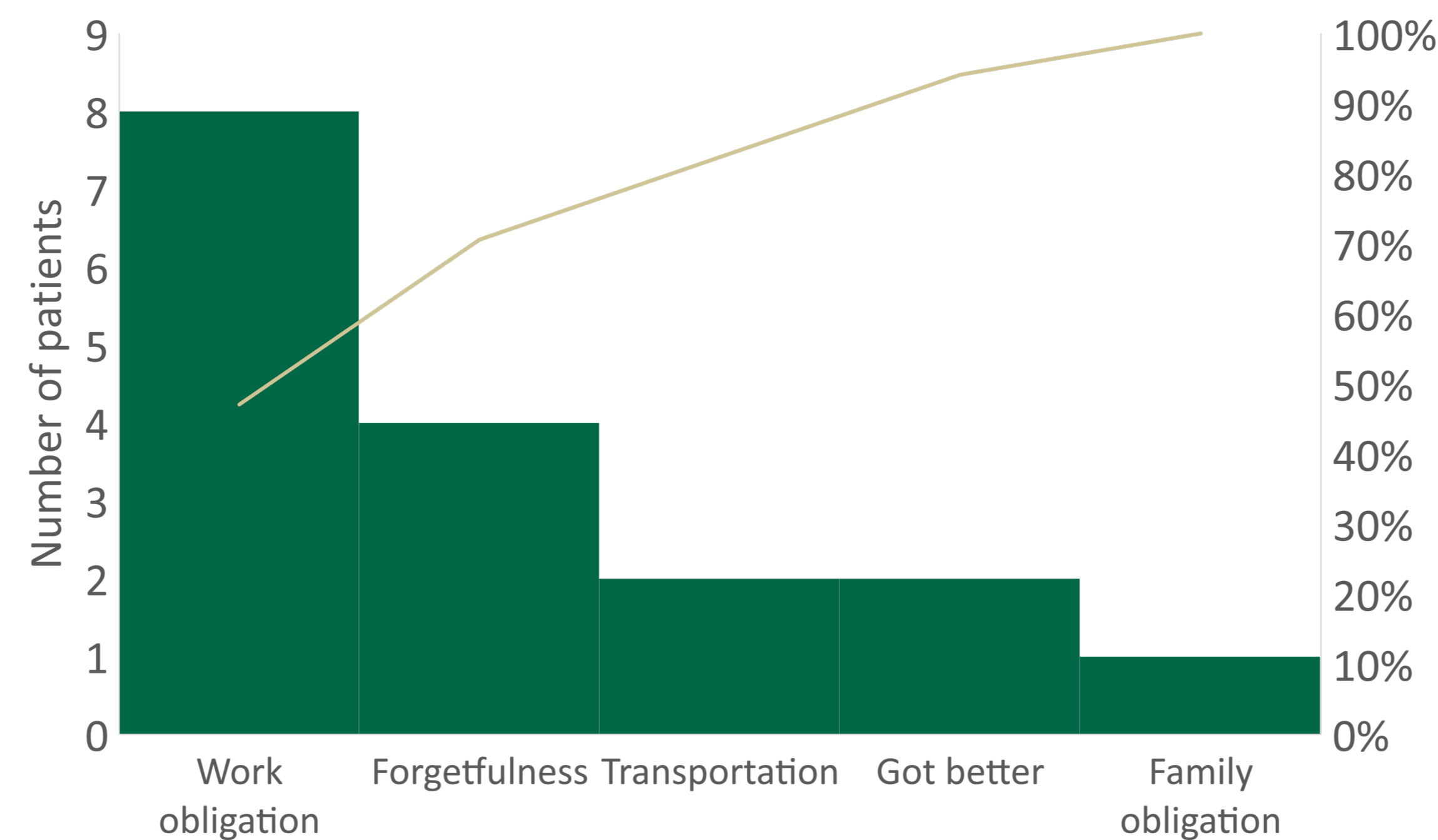
Methods

Figure 1: A visual model of the exploratory sequential mixed methods study used in this project



Results

Figure 2: Pareto chart of no-show reasons by reported cause (n = 17)



Discussion

17 patients were interviewed thus far. Their responses were classified into five categories. Most frequent cause of no-show was work related. However, aside from the 4 patients that forgot their appointments, 10 of the remaining 13 patients were aware of their schedule conflicts but did not reach out to reschedule either intentionally or unintentionally. Previous study had shown that patients did not feel obligated to keep scheduled appointments in part because they felt disrespected by the health care system.¹¹ The reason for such beliefs may be of interest for phase two of this study. Some variables that correlate with perceived disrespect include wait time, lead time, patient satisfaction scores of clinic staff and providers.^{3,11}

Conclusions

More comprehensive categorization and analysis of the no-show causes can be performed after all 50 patients are interviewed. After which phase two quantitative analysis can commence.

