Quality Initiative at a Breast Imaging Center: Interventions to Reduce No-Show Rates

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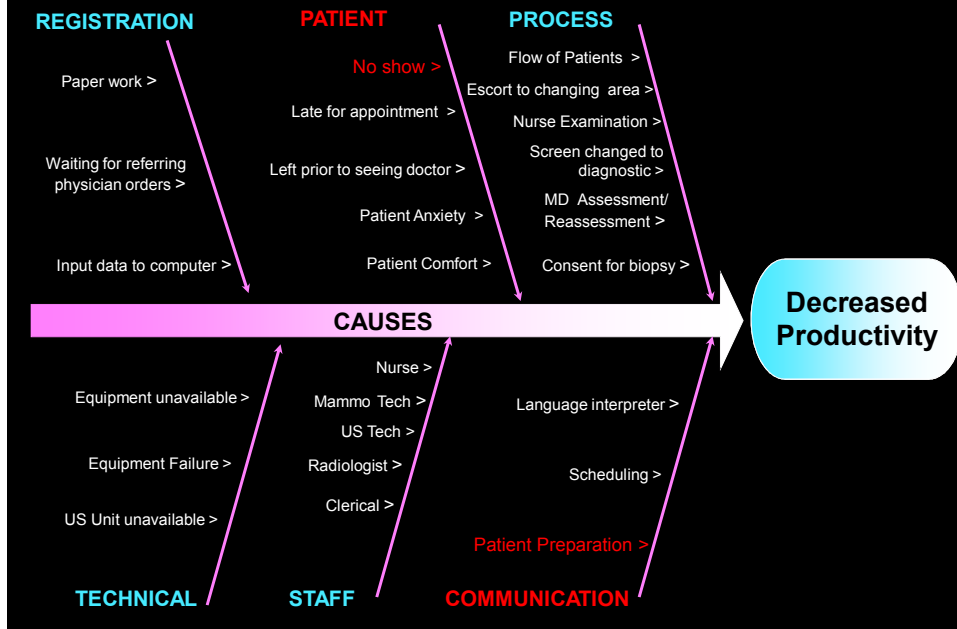
Disclosures

- Nothing to disclose.

Purpose

- To improve the workflow and productivity of our Breast Imaging Center, primarily by decreasing the no show rate.

Background

➢ An internal review demonstrated large proportion of exams were not being performed

➢ An interdisciplinary team of radiologists, technicians, nurses, administrators, and clerical staff was established

➢ Primary goal of streamlining workflow

➢ Root problems were discussed and analyzed

➢ No Show rate was set as the primary endpoint

➢ A variety of interventions were proposed and discussed

Breast Imaging Center Fishbone Diagram

REGISTRATION

Paper work >

Waiting for referring physician orders >

Input data to computer >

PATIENT

No show >

Late for appointment >

Left prior to seeing doctor >

Patient Anxiety >

Patient Comfort >

PROCESS

Flow of Patients >

Escort to changing area >

Nurse Examination >

Screen changed to diagnostic >

MD Assessment/ Reassessment >

Consent for biopsy >

CAUSES → **Decreased Productivity**

Equipment unavailable >

Equipment Failure >

US Unit unavailable >

Nurse >

Mammo Tech >

US Tech >

Radiologist >

Clerical >

Language interpreter >

Scheduling >

Patient Preparation >

TECHNICAL   **STAFF**   **COMMUNICATION**

Potential Interventions

◎ Reminder calls the day before an appointment.

◎ Send "Sorry we missed you!" appointment letters to patients.

◎ e-mail appointment reminders.

◎ Update contact information when patient comes for appointment.

◎ Print future appointments on a business card to give to the patient before they leave your office.

◎ Have patients verbally repeat the date and time of their next appointments, whether they are in the office or on the phone.

◎ Charge for No-Shows and same-day cancellations.

◎ Clearly explain, and have new patients sign, a written no-show policy.

◎ Schedule appointments within a reasonable time-frame.

Methods

- It was decided to institute pre-appointment phone calls
- Clerical training sessions were held
- Scripted phone dialogues with reminders of the items required at the time of appointment were utilized
- Translational services were made available
- A dedicated e-mailbox and phone line were created so that patients could cancel or reschedule appointments.
- Standardized forms were used to document the results of patient phone calls

Log Form

Mammography Clinic Logs

Patient Name: _____ MRN: _____

Appointment Date: _____ Appointment Time: _____

Type of study: C1 C2 C3 C4 APRV RINT
(please circle all that apply)

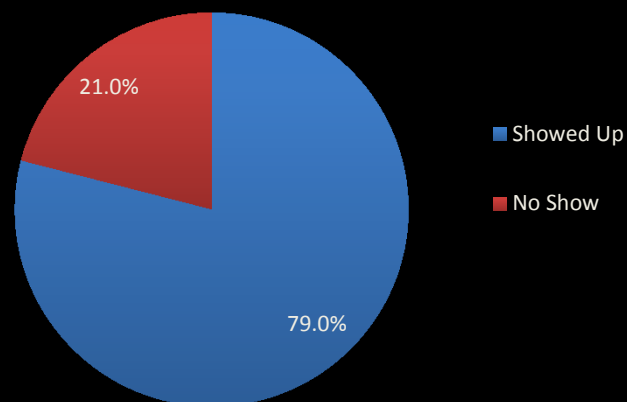| Reminder Phone Call:	Patient phone number was in the system:	Yes or No
	Patient's preferred language:	English Spanish Other _____
	Interpreter service was used:	Yes or No
	Patient was spoken to:	Yes or No
	Message was left:	Yes or No
	Message left with:	Person or Voicemail
	Patient called back to confirm:	Yes or No
	Patient cancelled appoinment:	**Yes or No**
	Patient confirmed time of appointment:	Yes or No
	Reminded to bring photo ID:	Yes or No
	Reminded to bring proof of adress:	Yes or No
	Reminded to bring prescription:	Yes or No

Day of Appointment:	Patient arrived:	Yes or No
	Exam was performed:	Yes or No
	Patient is an add on:	Yes or No
	Reason why exam was not performed:	No Show
		Too Early
		No or Wrong Insurance
		Missing ID
		Missing Prescription
		Cancelled by Patient
	Other:	_____

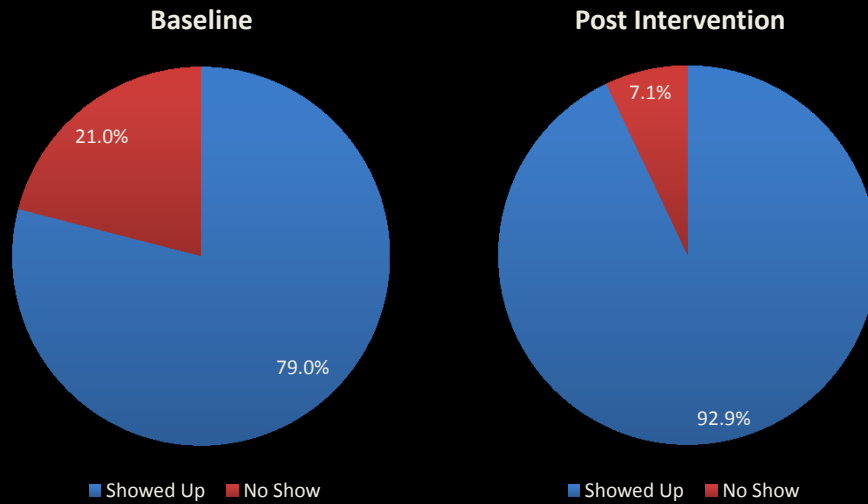Patient Rescheduled: Yes or No Date: _____

Methods

- ➢ Pre-intervention data was collected over a 6-month period from August 2014 through February 2015.
- ➢ We prospectively recorded post-intervention data during March and April of 2015
- ➢ We created 2x2 contingency tables to analyze the statistical significance of our data.
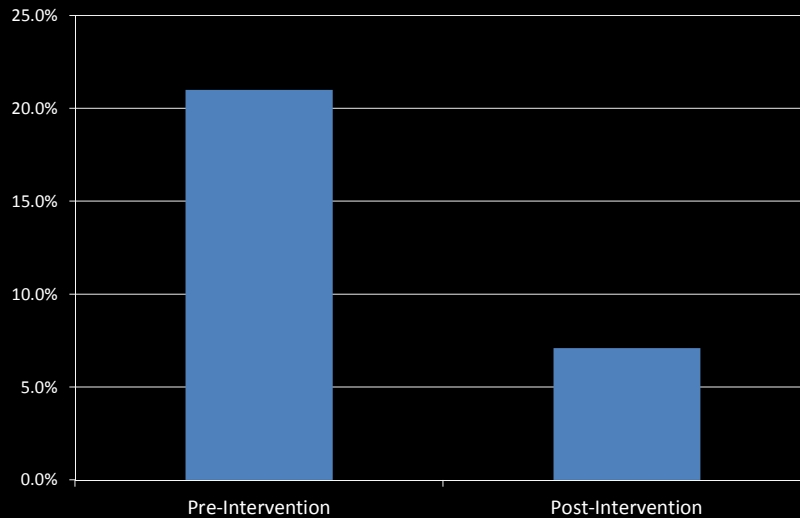- ➢ Two-tailed P values were calculated using Fisher's exact test.

Baseline Data

21.0%

79.0%

■ Showed Up

■ No Show

Comparative Data

Results Patient Appointments

Patients	Baseline	Post-Intervention	Total
Showed Up	2868	907	3775
No Shows	762	69	831
Total	3630	976	4606
%No Show	21.0%	7.1%	-13.9%

P value is less than 0.0001

Comparative Data

No Show Rates

Conclusion

- Through systematic pre-appointment phone calls and documentation, we were able to achieve very significant improvement in the no-show rate. We anticipate applying similar methodologies and techniques in an effort to improve no-show rates in other key sections within our radiology department, our institution, and beyond.

Thank you!!!