Project Name: Women's Primary Care No Show Rate Decrease

Prepared By: Alysha Gutkoski and Meagan Hunt

Date:

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

Background

It is evident that there is an opportunity to decrease the no show rate for Primary Care providers and increase access.
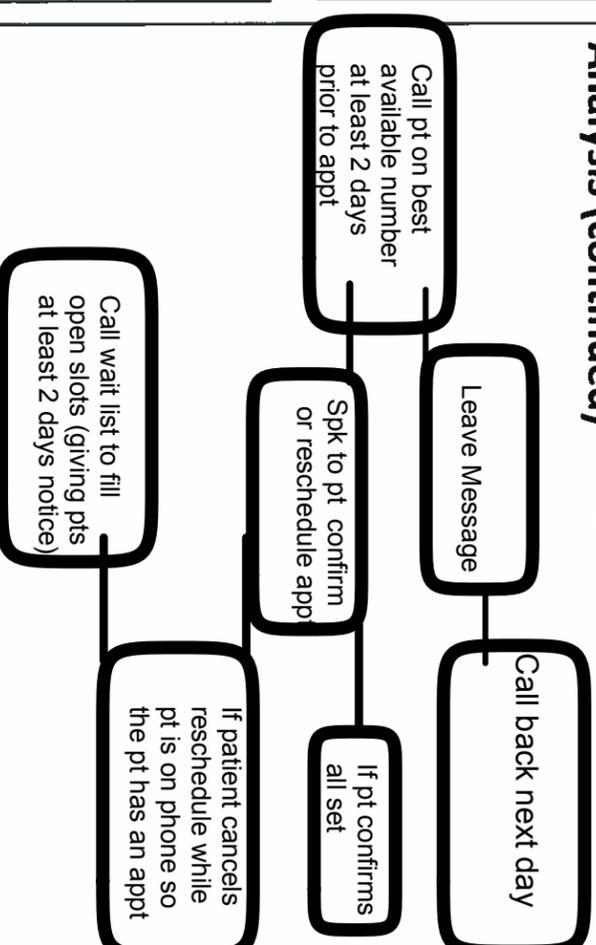
Current Condition

Computer generated confirmation calls

*Does not use best number to contact patient
*Many failed attempts at reaching patient
*Patients do not like to listen to computer generated phone calls
*No show rate was high
Limited access for new and existing patients.

Analysis

* Looking back at no show rate in 9/2015 it was 12% In Primary Care

*Wait list had 209 established patients waiting for an appointment

*Limited access for New Patients annuals, established patient follow up, established annuals.

* Production per provider is decreased due to No Show Rate

Analysis (continued)   Plan:

Call pt on best available number at least 2 days prior to appt

Leave Message → Call back next day

Spk to pt confirm or reschedule app

If pt confirms all set

Call wait list to fill open slots (giving pts at least 2 days notice)

If patient cancels reschedule while pt is on phone so the pt has an appt

* Give pt clinical visit summary that lists all upcoming appointments
*Televox Confirmation Call
*Patient Portal Reminder
*Personalized phone call to confirm

Action Plan

Objective	Measures of Success	Action Steps/Responsible Party
decrease no show rate	show decrease in rate	Pt Service Reps
Increase Access	Sooner appointments for Pts	
Decrease Wait list	Schedule pt off wait list	Practice Manager
		Dir. of Operations

* Pt Service Reps: Confirming all Appointments

*Practice Manager: Monitoring and Reviewing reports and staff

*Dir of Operations: Running all reports

Follow – Up

* Monthly reports of no show patients for the primary care department
*Monthly reports of Billable visits in primary care
*Monthly reports of number of patients that decreased on the wait list

Target Condition Goals

To decrease the no show rate under the National standard of 10% for high performing primary care practices. Utilizing all scheduling slots and there fore increase production and billings