District Health Department #10

Serving ten counties in the health department jurisdiction: Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford.

Plan

Identify an Opportunity and Plan for Improvement

Revised Aim Statement: To improve DHD #10’s immunization clinic no show rate to 12 percent or less in every county by September 13, 2010.

1. Getting Started

Immunization clinics were experiencing no shows thus providing an opportunity for improvement in customer service for both internal & external clients. The QI team developed a flow chart of the clinic appointment scheduling process and clinic preparation. Possible reasons for no shows were outlined in the fishbone diagram, and the five whys were used.

It was determined that baseline no show data from the previous year was needed. This data was collected from all ten counties and presented in a graph to illustrate the total number of appointments, the number of no shows and the percent of no shows by county. Graphs were also developed to illustrate the...
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Team Members:
Ted Dohnal, Food Program Coordinator; Lori Gelinas, Public Health Nurse;
Sarah Oleniczak, Health Promotion Director;
Sheryl Slocum, Family Planning Coordinator; Linda VanGills, Health Officer

- Collected baseline of no show rates for all ten counties for one year
- Presented the flow chart to clerical staff then to nurses for input
- Conducted interviews of staff in the immunization clinic to gain information on factors that influence the no show rate.
- Nurses collected information from clients who did not keep their appointment
- Analyzed no show data and the scheduling and reporting process.

Number and Percent of Clinic Appointments and No Shows by County
June 08 - May 09

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Appointments</th>
<th>No Shows</th>
<th>Percent of No Shows</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>784</td>
<td>1187</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>580</td>
<td>1062</td>
<td>18%</td>
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<tr>
<td></td>
<td>1082</td>
<td>718</td>
<td>14%</td>
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<tr>
<td>DHD#10</td>
<td>1187</td>
<td>26%</td>
<td></td>
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<tr>
<td></td>
<td>651</td>
<td>1197</td>
<td>17%</td>
</tr>
</tbody>
</table>

IS Map of Scheduling an Immunization Appointment

- Establish schedule of clinic dates and times
- Contact made for Immunization appointment
- Client called
  - Internal referral
  - Client left message and was called back
- Appointment scheduled by clerk or RN and info collected from client:
  - Name, address, phone, child name and DOB, insurance, first visit
  - Cost estimate reviewed
- Prep for Clinic
  - Pull record; print MCIR; print networks
- Call clients 24 hours before appointment as reminder;
  - Use other sources (WIC, FP) to get phone number if client cannot be reached
- Clerk checks client in
  - Review record for changes
  - Give info sheets
  - Get copy of insurance card or collect fees and print receipt
- Client receives immunization
- Next appointment scheduled
Quality Improvement Story Board

Reduction the no show rate in immunization clinics

7. Study the Results
Team members reviewed:
- No show data from all ten counties
- Scheduling process used in the immunization clinics
- Staff survey results
- Client survey results
- Results of the four interventions on the no show rate
- Scheduling sheets used in the immunization clinics
- Staff information on the impact of H1N1
- Relationship between reminder contacts made and the no show rate

8. Standardize the Improvement or Develop a New Theory
- Improvements were shown with some of the interventions but not others. Incentives seemed to improved the rate but changing the time reminder calls were made did not.
- H1N1 impacted the reliability of the data. Clinics were busier, additional staff were pulled in to assist and
Scheduling process used in the immunization clinics

Results of the four interventions on the no show rate in immunization clinics

Scheduling sheets used in the immunization clinics

Relationship between reminder contacts made and the no show rate

Quality Improvement

Story Board

Reducing the no show rate in immunization clinics

Use Data to Study Results of the Test

Standardize the Improvement or Develop interventions but not others. Incentives seemed to improve the rate but changing the time reminder calls H1N1 impacted the reliability of the data. Clinics were busier, additional staff were pulled in to assist and may...
2. Assemble the Team

The DHD10 management's QI committee was the initial building block for the team. Once the topic of no shows was determined, the team expanded to include line staff representation from clinic programs including clerical and nursing. This expanded team discussed the issue of no shows in various clinic programs and spent time assessing which to target. The decision to focus on immunization clinics provided a program that currently didn’t address the issue.

Early in the QI process, the team met regularly, either at face-to-face meetings or teleconferences. All data collected was reviewed. However, during the fall of 2009, H1N1 impacted the health department staff and team meetings were sometimes postponed or cancelled. There was no change in team members during this process.

No show rate by time of day and county

June 08-May 09

No show rate by time of year and county

Crawford
The DHD10 management’s QI committee was the initial building block for the team. Once the topic of no shows was determined, the team expanded to include line staff representation from clinic programs including clerical and nursing. This expanded team discussed the issue of no shows in various clinic programs and spent time assessing which to target. The decision to focus on the two counties with the highest no show rates was made.

Findings:
- The two counties with the highest no show rates listed the following reasons: forgot, no transportation, staffing changes, and doctor wants to give immunizations.
- The two counties with the lowest no show rates felt they had a closer relationship with clients, were familiar with clients from other programs, and used incentives.

Findings:
- Of the 68 clients who were no-shows, 40 could not be called. Most common reasons were client forgot and something came up.

Findings:
- There were differences in immunization scheduling by county.
- The immunization schedule itself is not uniform across the district.
- There is a need to define walk-in versus on-call.
- Data collection process must be planned.

4. Identify Potential Solutions
- Standardize the method of collecting no show data
- Test interventions to determine the impact on the no show rate
- Utilize the best method of reaching clients; make reminder
9. Establish Future Plans

Information gained was utilized to standardize the immunization clinic process across all ten counties. Improved methods of data collection will be used to monitor the no show rates.

- **New AIM statement.**
- **Clerical staff will be trained to use an electronic immunization scheduling system.**
- **All counties will make reminder calls one business day in advance of the appointment.**
- **Clients will be asked for the best way to contact them. The feasibility of using additional methods, such as email and texting, will be explored.**
- **No show data will continue to be collected in each county and will be reviewed by the team. The current data will be a baseline for improvement.**
- **If the no show rate does not meet the AIM statement, consideration will be given to using interventions.**
information gained was utilized to standardize the immunization clinic process across all ten counties. Improved methods of data collection will be used to monitor the no show rates. Clerical staff will be trained to use an electronic immunization system. All counties will make reminder calls one business day in advance. Clients will be asked for the best way to contact them. The feasibility of using additional methods, such as email and text messages, will be considered for clinics with lower no show rates. No show data will continue to be collected in each county and will be reviewed by the team. The current data will be a baseline for future plans. If the no show rate does not meet the AIM statement, consideration will be given to using interventions. If the no show rate does not meet the AIM statement, consideration will be given to using interventions.

Future Plans

Immunization scheduling will be standardized by moving to an electronic system, which will improve communication and reduce errors.
3. Examine the Current Approach

Fishbone Diagram

Clients don’t always keep their imm’s appointment

#1 Why?  Imm’s are not their first priority

#2 Why?  Their priority changed from their initial appointment

#3 Why?  Too much time from when they scheduled appointment to appointment date

#4 Why?  No adequate reminder system

#5 Why?  Cause we don’t know what we don’t know

Multi-State Learning Collaborative 3 - Funded by the Robert Wood Johnson Foundation.
5. Develop an Improvement Theory
If we send reminder postcards, call clients 48-72 hours before their appointment, ask about the best way to contact them, or provide incentives, then the immunization clinic no show rate would improve.

Do
Test the Theory for Improvement

6. Test the Theory
In five counties, one of four interventions was tested for three months to improve the no show rate:
• send reminder postcards
• call clients 48-72 hours before the appointment
• ask about the best way to contact clients
• provide incentives for keeping appointments

H1N1
Then the impact of H1N1 hit the Health Department and our project now had a confounding variable. Clinic staff were extremely busy and H1N1 often took priority over maintaining the interventions and data collection. Several of our team meetings and teleconferences had to be cancelled. In general, the data collected was not reliable. Interventions were...
DHD#10 has revised its Quality Improvement activities to include the development of a QI Plan and a QI Policy.

The initial IS map of scheduling an immunization was revised and used to standardize the procedure in all counties and train new staff.

IS Map of Scheduling an Immunization

Schedule Appointment

- Contact made for Imm apt: Client called, Internal referral
  - Client left message and was called back

Appointment scheduled by clerk or RN and info collected:
  - Name, address, phone, client name and DOB, insurance;
  - Best method to contact is noted; Cost estimate reviewed

- Client In Person? yes
  - Give Client card with appointment date and time

- Client In Person? no
  - Prep for Clinic
    - Print MCIR; print networks; print patient registration form
  - Call clients one business day before appointment as reminder, using best method identified by client

Call to get them in that day (Prior to Insight, put "NS" on schedule)

Clinic Day

- Did Client Show? yes
  - Client receives immunization; Nurse enters information into Insight
    - Client stops at front desk only if he/she needs to schedule another appointment

- Did Client Show? no
  - Call to get them in that day (Prior to Insight, put "NS" on schedule)

- Can They be Reached? yes and they come in that day
  - Client Pays?
    - yes
      - Client takes encounter form to clerk and pays fees. Receipt is given to client
      - Next appointment scheduled
    - no
      - Send letter to reschedule

- Can They be Reached? no
  - Send letter to reschedule

- Can They be Reached? yes and they want to reschedule for another day
  - Send letter to reschedule

Prepare for Clinic

- Client in Person?
  - yes
    - Prep for Clinic
      - Print MCIR; print networks; patient registration form
  - no
    - Prep for Clinic
      - Print MCIR; print networks; patient registration form

Next appointment scheduled
consideration will be given to using interventions.
DHD#10 has revised its Quality Improvement activities to include the development of a QI Plan and a QI Policy. The initial IS map of scheduling an immunization will be revised and used to standardize the procedure in all counties.