

Project Title

Reducing First Visit No-Show Rates Of Psychiatry SOC

Project Lead and Members

Project lead: Dr Tan Yuyuan

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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration, Medical

Applicable Specialty or Discipline

Psychiatry

Aims

The Psychiatry Department from Ng Teng Fong General Hospital intends to decrease the median no-show rates of Psychiatry first visit (FV) clinic slots from 32.2% to 20%, by Dec 2020, for our Psychiatry Specialist Outpatient Clinic staff and patients because we want to optimise the utilisation of our outpatient clinic resources and reduce loss of revenue from FV no-shows.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

It is important to have dedicated personnel and a standardised script with clear instructions on how to communicate with patients and their next-of-kin when confirming their appointments. Further benefits observed with our QIP also included reducing the lead time and improving utilisation rate of our Psychiatry SOC using the rescheduled FV slots that would have been no-show otherwise.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Lean Methodology

Care Continuum, Specialist Outpatient Clinics

Keywords

No Show Rate, Plan Do Study Act, Pareto Chart, Fishbone Diagram

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REDUCING FIRST VISIT NO-SHOW RATES OF PSYCHIATRY SOC

MEMBERS: DR TAN YUYUAN, DR KIRANJEET KAUR HARJIT SINGH, MS ADELIN LIM, MS TIFFANY YEO, MS EDNA LIN, MS DORRY LIM SHI QI, MS SHARMILA D/O GOVINDASAMY, MS HONG SIEW LING

- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

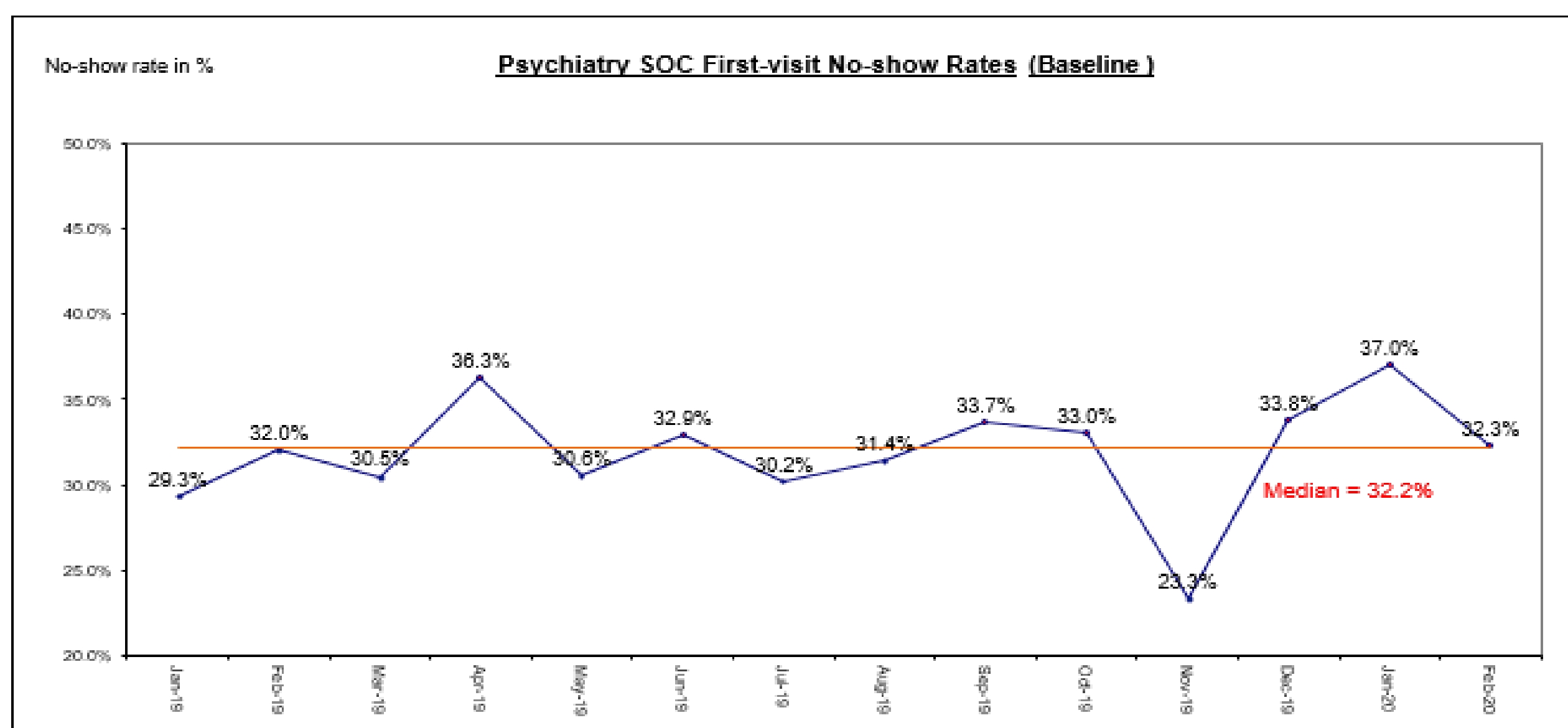
Between January 2019 – February 2020, the median no-show rate for first visit appointments at Ng Teng Fong General Hospital Psychiatry outpatient clinic stands at 32.2%. This high no-show rate affects the utilisation of our clinic slots which potentially impacts on the clinic lead time and lost revenue.

Aim

The Psychiatry Department from Ng Teng Fong General Hospital intends to decrease the median no-show rates of Psychiatry first visit (FV) clinic slots from 32.2% to 20%, by Dec 2020, for our Psychiatry Specialist Outpatient Clinic staff and patients because we want to optimise the utilisation of our outpatient clinic resources and reduce loss of revenue from FV no-shows.

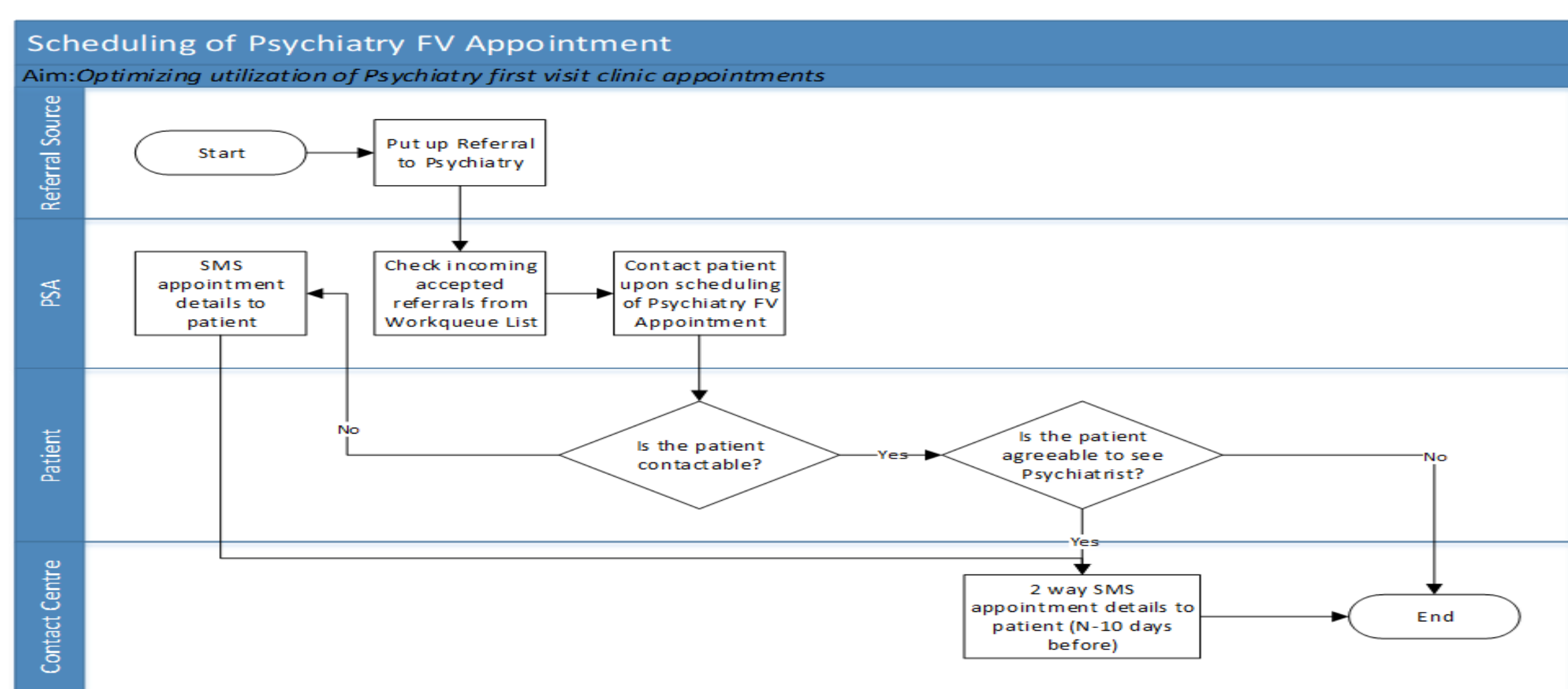
Establish Measures

What was your performance before interventions?



Analyse Problem

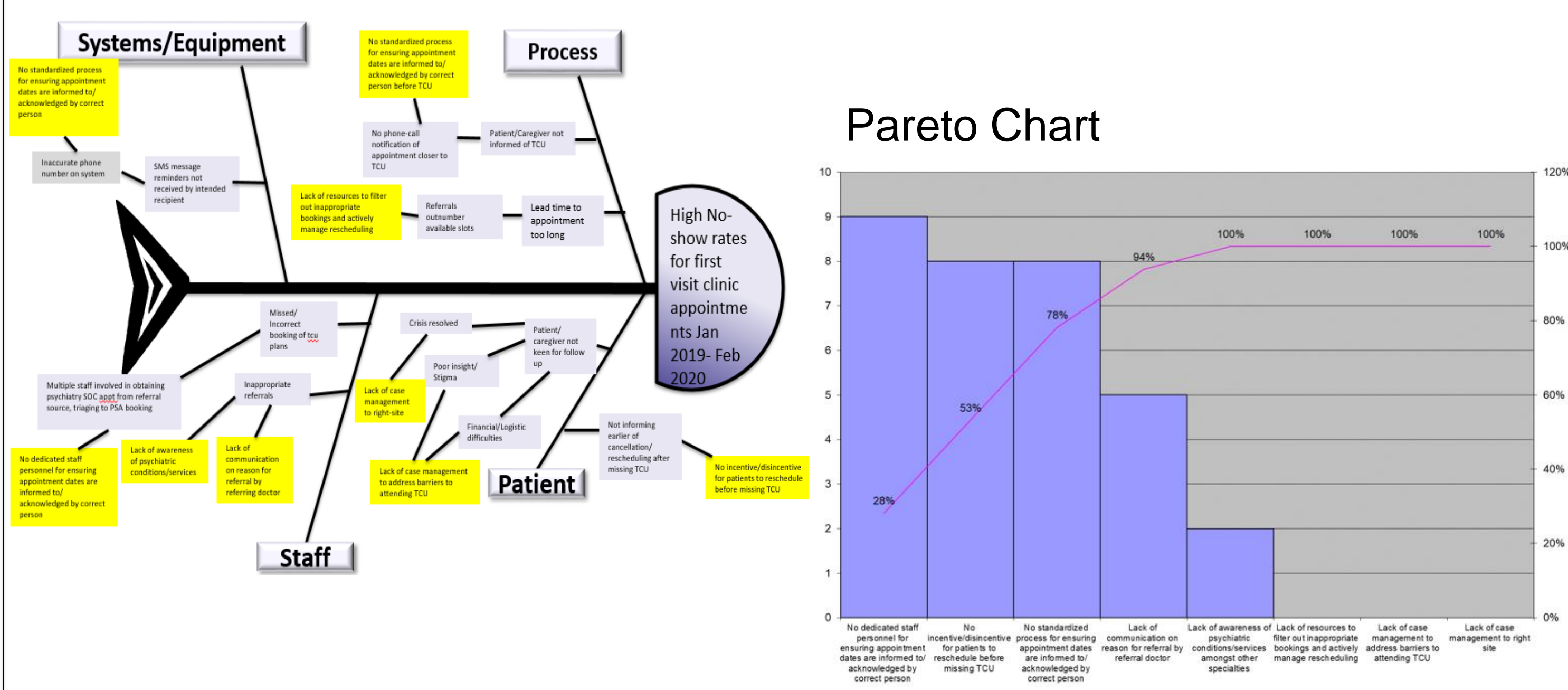
What is your process before interventions?



What are the probable root causes?

Use fishbone diagram + 5-Why to identify potential root causes. Use Pareto Chart to prioritise root causes and identify key ones

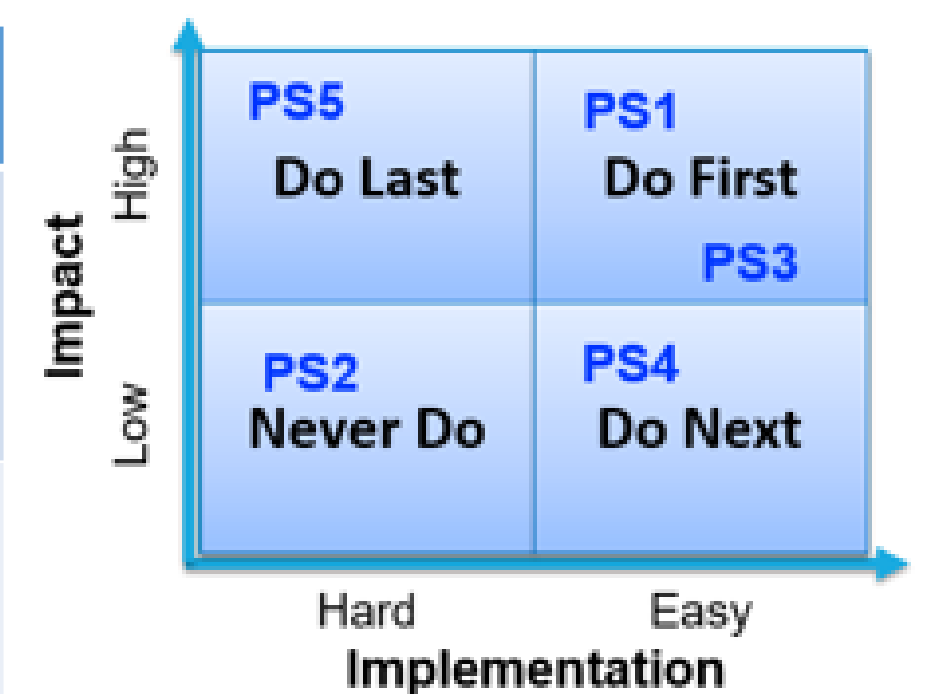
Fishbone Diagram



Select Changes

What are all the probable solutions? Which ones are selected for testing?

Root Causes (Top 3)	Potential Solution
No dedicated staff personnel for ensuring appointment dates are informed to/acknowledged by correct person	PS1 Dedicated clinic ops staff to oversee Psychiatry FV appointment listing
No incentive/disincentive for patients to reschedule before missing TCU	PS2 Charge a deposit at time of booking which may be forfeited if patients default without notifying 2 days prior to appointment
No standardized process for ensuring appointment dates are informed to/acknowledged by correct person	PS3 Phone notification and confirmation of attendance for FV cases 1 week prior to appointment PS4 > 1 attempt to contact FV patients prior to TCU PS5 Send SMS reminder closer to appointment providing appointment line contact for cancelling/rescheduling

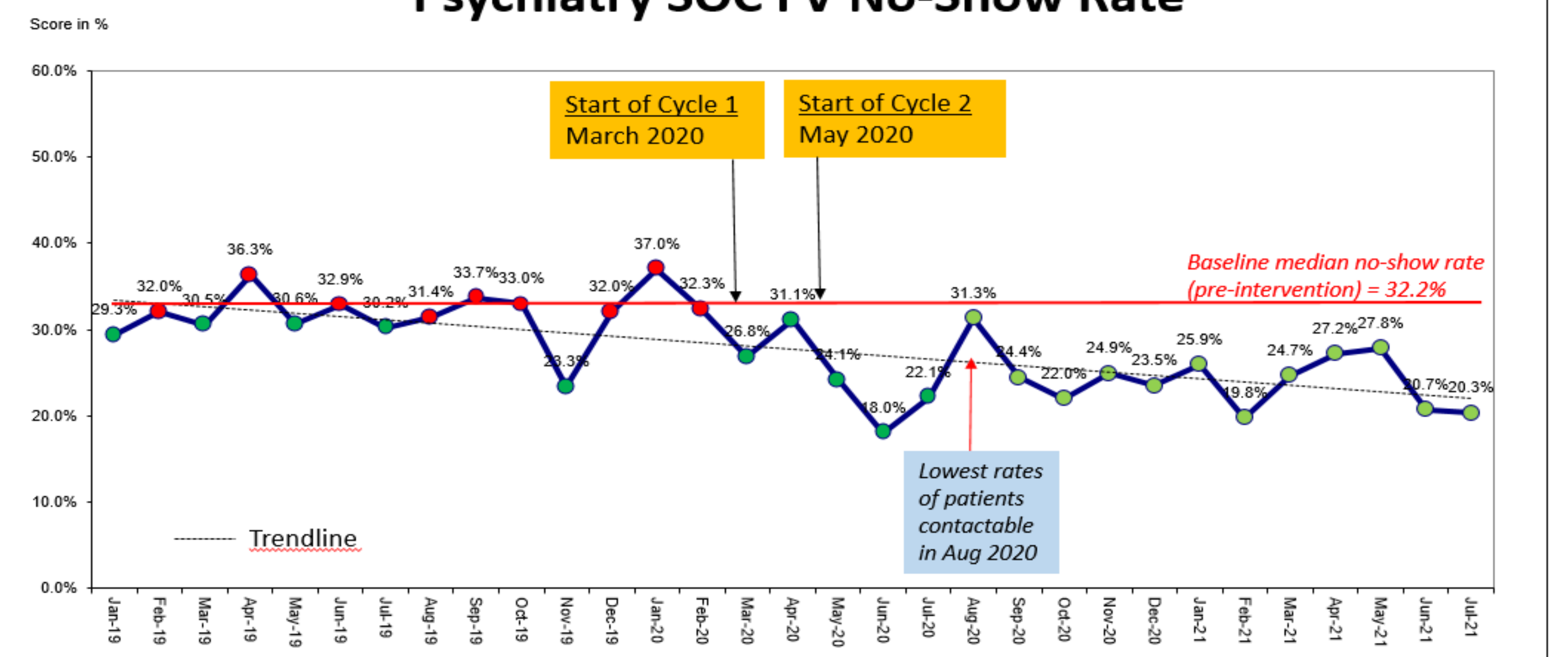


Test & Implement Changes

How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1	Test out feasibility of doing a daily pre-calling of FV cases in terms of: i. Manpower time ii. Likelihood of contacting patient iii. Potential impact on no-show rate	<input checked="" type="checkbox"/> Yes i. Additional time taken for intervention is about 1 hour a day ii. Slightly more than half of patients are contactable	i. Daily roster for specialty ops staff for longer term sustainability ii. > 1 attempt at different time of the day to increase likelihood of contact	There is potential impact on reducing no-show rate with intervention. <input checked="" type="checkbox"/> Adopt
2	Test out the sustainability of intervention and outcome. Addition of 1 more clinic ops staff to 1 existing manpower to help with intervention.	<input checked="" type="checkbox"/> Yes Feedback and observations: i. Contact rate fairly similar regardless of timing of call, slightly less after re-opening from circuit breaker (Aug 2020) ii. No complaints from patients/ NOK during intervention	Overall reduction in median no-show rate (see chart below) Learning points: i. Standardise 3 attempts at calling for all patients ii. Follow up SMS reminder on appointment on day of calling if uncontactable	Intervention is feasible in terms of manpower required. There is significant improvement in no-show rates with intervention. <input checked="" type="checkbox"/> Adopt

Psychiatry SOC FV No-Show Rate



Median no-show rate (post intervention till Dec 2020) = 24.3%

Spread Changes, Learning Points

What are the strategies to spread change after implementation?

- Sharing of interventions and outcomes from our project with other specialty SOC clinics with high no-show rates.
- Standardisation of pre-calling and confirmation of attendance prior to appointment date.

What are the key learnings from this project?

It is important to have dedicated personnel and a standardised script with clear instructions on how to communicate with patients and their next-of-kin when confirming their appointments. Further benefits observed with our QIP also included reducing the lead time and improving utilisation rate of our Psychiatry SOC using the rescheduled FV slots that would have been no-show otherwise.