



# Strategies to Reduce No-Shows and Missed Opportunities

Adopted & Adaptations

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Special thanks to 601 Aikins primary care team  
and the many others who have helped us with  
this!

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# What do No Shows and Late Cancellations do.....

- ▶ No shows and late cancellations contribute to wasted appointment supply & “re-work”



# No Show Definition:

- ▶ Clients who did not attend scheduled appointments that day. This can also include short notice or late cancellations (patient gives less than 24 hour notice of cancellation) whereby the appointment slot is not able to be filled and thus provider time is under-utilized.
- ▶ A Patient who is unable to keep their scheduled appointment without notifying the clinic of their inability to keep that appointment. Primary Care Direct Op clinics request notice within at least 24 hours. **Note:** Contracting with the Patient to provide 24 hour notice is well supported in the literature.
- ▶ Contract with the patient to provide at least 24 hour notice. This means the clinic may have a possibility of being able to fill the cancelled slot.



# Late Cancellation Definition

- ▶ Patients who call and provide the clinic 24 hour cancellation notice are considered a late cancel. Not considered punitive to patient but has clinic implications.

## Clinic Implications:

- ▶ Late Cancellations also contribute to No Shows.
- ▶ Late cancellations reduce the likelihood of the clinic being able to fill the late cancel slot which could result in used supply. Primary Care Assistant's (PCA's) are expected to comb the schedule to see if someone who wanted or could be seen are contacted to fill the appointment slot. "Pull this week or next weeks work into today." (i.e., build a call list of those patients who could be called on short notice if someone were to late cancel)



# Cancellation Definition

- ▶ Patients who call and provide more than 24 hour cancellation notice to the clinic are considered a cancel. Has less clinic implications than a late cancel. For example, more time to fill the cancelled slot.

## Clinic Implications:

- ▶ Better likelihood of the clinic being able to fill the cancel slot however, may still result in used supply if not monitored closely. PCA's to comb the schedule to see if someone who wanted or could be seen (short list of patients who could fill the spot) are contacted to fill the appointment slot. "Pull this week or next weeks work into today."

# What Else Can We Do?

## 4 Principles:

1. Reduce the wait time/improve access
2. Engage the patient
3. Engage the provider
4. Measure and manage clinic operations



# #1 : Reduce the Wait Time

- ▶ (Patient memory and/or reason for visit disappears)
- ▶ Pull new work towards today
- ▶ Decrease time between request for and receipt of needed care or:
- ▶ Schedule appointments close to the desired date
- ▶ Use the recall system



# #1 Reduce the Wait Time: Recall

- ▶ Recall scheduling means make the appointment closer to the time care will be received
- ▶ Use the Recall Reminder system for patients who need an appointment more than 90 days in the future.
- ▶ Mechanics of recall are important need to explore



# #2 Engage the Patient: Reminders

- 1) Ensure reliable phone, email or cell phone contacts letters of reminder could include one bus ticket if they make the appointment provide the other
- 2) Phone Call reminders (most common)
- 3) Texting or email recall appointment reminders REQUIRES prior Patient VERBAL CONSENT).  
Email or Text Script: This is \_\_\_ office calling, this is to confirm your appointment is scheduled on May 15 at 1:30 with Dr X if you would please *give us at least 24 hours notice if you can't keep that appointment that would be very helpful to us.*
- 4) Call patients for appointments with the highest impact
  - Physical exams
  - First appointment of AM or PM
  - High clinical impact (i.e.'s, long visit, appointments with multiple clinic providers)
- 5) Explore other creative reminders...?



## #2 Engage the Patient: Negotiate the Return Visit

- ▶ Use scripting to either close the visit or for new appointments
  - Provider negotiates the return visit,  
“I would like to see you back in \_\_\_ weeks/months and at that time I will re-examine your ankle to see what progress you’ve made, ....”
  - Receptionist negotiates the visit for scheduling convenience and PCP to provide the reason for the appointment support importance of return visit



## #2 Engage the Patient: Script the Confirmation

- ▶ Use a script to establish a verbal contract by asking patient to call if they cannot keep appointment, and to confirm if they will
  - “Your appointment is on Monday, May 1 at 2:30 PM. *Will you give us at least 24 hours notice if you can’t keep that appointment?*”
- ▶ Closing the visit (provider)
  - “You can either make your return appointment as you check out or we can send you a reminder to call us closer to the time of your next appointment.”



## #2 Engage the Patient: Easy and Reliable Cancellations

- ▶ Hot-line that is always answered
- ▶ No holds
- ▶ Voice mail
- ▶ 24-hour line (voice-mail or live)
- ▶ Electronic (*if* checked frequently)
- ▶ Cancel upon phone reminder
- ▶ Establish a centralized cancellation system
- ▶ Discourage patients from contacting their providers directly to cancel their appointments.



## #2 Engage the Patient: Actively Manage the Patients Who No-Show Frequently

- ▶ Measure: Biggest predictor of future NS's are past NS's
- ▶ Focus patient engagement strategies on these patients
- ▶ Call after missed appointment
- ▶ Don't make future appointments/offer walk-in or same day
- ▶ Live reminder 24–48 hours in advance
- ▶ PCP to determine if a ensure a no show letter is sent to the patient and task PCA



## #2 Engage the Patient: Make the Visit Pleasant

- ▶ Service, Courtesy, Respect, Timeliness
- ▶ Coordinate visits together & synchronize visits with transportation
- ▶ Promote continuity with a Primary Care Provider or record and the clinical team

# # 3 Engage the Provider

- ▶ “Close” the visit
- ▶ Negotiate the return visit
- ▶ Use phone visits or nurse visits
- ▶ Synchronize med refills and visits
- ▶ Promote continuity
- ▶ Run appointments on time





# #4 Measure & Manage Clinic Operations

- ▶ Identify repeated patients who no-show (~20)
- ▶ Contact routinely & reinforcement clinic expectations i.e.require 24 hour cancellation notice
- ▶ Discuss & understand their 'Why' – transportation, remembering, etc.
- ▶ Consideration of no-show definition. i.e. cancel within 24 hour = no-show based upon AA

# #4 Measure & Manage Clinic Operations

- ▶ Morning team huddles who needs a reminder for tomorrow?
- ▶ New patient Meet & Greet – discuss expectations and include in Clinic brochure
- ▶ 3 no-shows within 1 year = letter sent to patient
- ▶ Email appointment confirmations
- ▶ Continually review and evaluate stats

# #4 Measure & Manage Clinic Operations

- ▶ Cancel appointments before the scheduled date and time
- ▶ Manage the schedule to ensure clinic run on time
- ▶ Train all schedulers on how to use scheduling system optimally use booking restrictions or flags to highlight specific no show strategies (i.e., book in pm only, contact mental health worker to support transportation)
- ▶ Use F4 Visit History when patient asks to book an appointment as ensures no future appointments booked that could cause a no show to occur

# How to enter Late Cancellations in the EMR

- ▶ Current Accuro workaround solution: Cancellation function removes the patient from the clinic appointment schedule. No late cancel functionality suggest to mark as a no show and indicate in the comment section Late cancellation until solution can be found).
- ▶ **WHY?** Unclear in the schedule if the appointment was ever filled by a patient and therefore could be interpreted as unused supply or open holes. No show functionality allows it to be moved to the right hand side.

Important to know as PCP can determine if PCA needs to be tasked to contact the patient to reschedule based on reason for appointment.

Example, *“I am calling on behalf of Dr/NP she is concerned you didn’t show up for your appointment and is asking you to rebook would you please contact us so we can rebook your appointment at a time and a date convenient for you”.*

Also shows that at some point the appointment was previously booked and couldn’t be filled within 24 hours

# #4 Measure and Manage Clinic Operations (Cont'd)

- ▶ Display No Show Metrics in the waiting room
- ▶ Post the following No show in the waiting area on a Quarterly Basis:

On the 15th of the month post following the end of the quarter:

Q 1 Apr/May/ June

Q 2 Jul/Aug/Sep

Q 3 Oct/Nov/ Dec

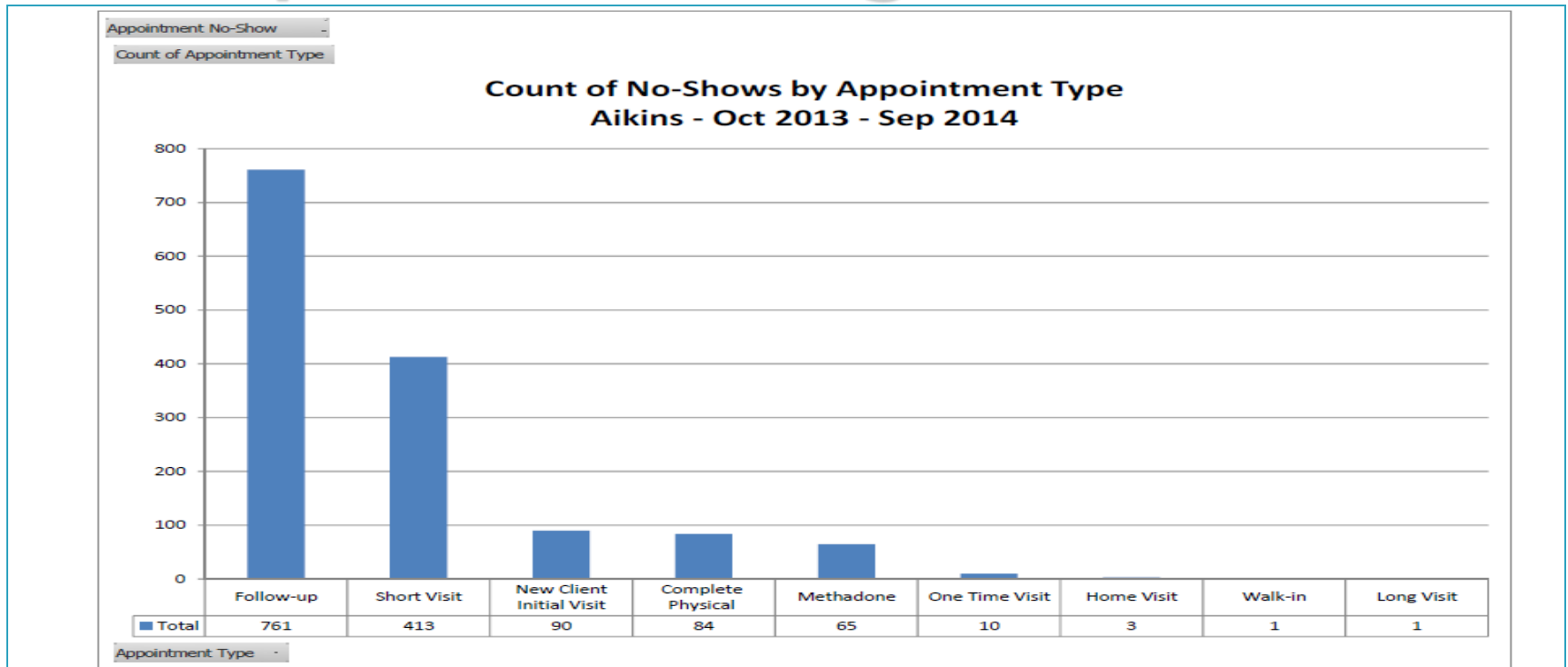
Q4 Jan/ Feb Mar

“We need your help.....from (April) to (June) one in six patients did not show up for their appointment. Please contact our office 24 hours in advance should you need to cancel your appointment”.

Or monthly:

“We need you help.....last month (April) one in seven patients did not show up for their appointment”. Please contact our office 24 hours in advance should you need to cancel your appointment.

# Example of Posting No Shows



“It is important for your health that you attend all scheduled appointments. This equates to XXX days lost to patients not attending their appointments.

Reminder: When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment.

# Measure & Manage Clinic Operations

- For new intakes request Public Health Nurses and Mental Health workers request the patient contact the clinic, referring source receives notification of appointment booked.
- PCA to ask patient if they need a reminder phone call what method would work best for them? (i.e., phone call, email, text message referring agency). Advise this is for confirming appointments only). Document verbal consent in notes of EMR.
- Work with Mental Health staff, Proctors, FFHV;s community outreach worker etc. to target specific patients patient diagnosis, age may play a key factor or other supports to attend initial appointments (assess whether with the initial versus ongoing visits needed)



# Measure and Manage Clinic Operations

## Chronic Habitual No Shows:

- PCP's to develop with their patient individualized strategies for booking appointments (i.e., same day access only, contact CMH or proctor services for all appointments, EIA will provide for a phone) based on patient diagnosis (i.e., may include severe social anxiety and agoraphobia)
  - Attend by taxi to see if improvement, requires all visits be done at home versus during winter months only resume clinic appointments in the summer)
- Managing the Habitual No-Show Patient

<http://www.aafp.org/fpm/2005/0200/p65.html>

# Example of No Show letter

You have missed the following appointments: (insert dates)

It is important for your health that you attend all scheduled appointments. When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment.

This is a written reminder to please call and cancel your appointment ahead of time if you are unable to attend. We would ask that whenever reasonably possible you provide at least 24 hours notice.

We now have a new way of booking appointments at the clinic. Please do not book an appointment ahead of time unless your provider specifically asks you to do so. If you need an appointment, call us when you need to be seen and we will try and get you into the clinic within a few days.

If you continue to miss appointments at the clinic, we will need to meet with you and the Primary Care Clinic Team Manager prior to booking any further appointments.

The clinic phone number is \_\_\_\_\_ to book an appointment.

Sincerely,  
(Name of Practitioner)  
(Location)  
Cc: Team Manager

# NO SHOW POSTER EXAMPLE FOR CLINIC:

It is important for your health that you attend all scheduled appointments.

When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment.

# Script Tips Recapped by Primary Care Provider

- ▶ Scripting to either close the visit or for new appointments
  - PCP negotiates the return visit,  
“I would like to see you back in \_\_\_ weeks/months and at that time I will re-examine your ankle to see what progress you’ve made, ....”
- ▶ Closing the visit (provider)
  - “You can either make your return appointment as you check out or we can send you a reminder to call us closer to the time of your next appointment.”
  - Receptionist negotiates the visit for scheduling by patient convenience

# Script Tips for Booking Appointments

- ▶ Use a script to establish a verbal contract by asking patient to call if they cannot keep appointment, and to confirm if they will
  - “Your appointment is on Monday, May 1 at 2:30 PM. *Will you give us at least 24 hours notice if you can’t keep that appointment?*”
  - Receptionist negotiates the visit for scheduling convenience
- ▶ Texting or email recall appointment reminders **REQUIRES** prior Patient **VERBAL CONSENT**).  
Email or Text Script: *This is \_\_\_ clinic, confirming your appointment is scheduled on May 15 at 1:30 with Dr X if you would please give us at least 24 hours notice if you can’t keep that appointment that would be very helpful to us.*

# Script for Re-booking a Late Cancel or No show Appointment

*"I am calling on behalf of Dr/NP she is concerned you didn't show up for your appointment and is asking you to rebook would you please contact us so we can rebook your appointment at a time and a date convenient for you?"*

# What Are You Currently Doing to Reduce Missed Opportunities?

## ACTIVITY:

1. Take the next 5–7 minutes to share successful ideas for reducing missed opportunities.
2. Next create a PDSA cycle and trial it!



# Plan Do Study Act

*Plan - Describe what the new process will look like?*

*Do - What are all the activities that have to take place to test this change.*

Actions	Person Responsible	Due Date

*Study*

What are the post measure(s)	When will the process be re-measured	Data Outcomes

*Act*

# Comments or Questions ?

For any questions or if you need further assistance ... please contact Jo-Anne Kilgour or Kevin Mozdzen