Improving No Show Rates Among Adult Patients in Primary Care

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Background

- No shows impact patients and health care systems: effects on patient outcomes and wasted resources¹
- 23% to 34% annual no show rates²
- Patients who no show are likely to exhibit poorer health outcomes²
- Annual cost of \$150 billion from missed healthcare appointments³
- Patient focused interventions to address missed appointments^{4,5}
- Reminder systems^{6,7} and patient navigators⁴
- Gap in the literature that address effective methods for no shows

Purpose & Aims





Purpose: To examine if a nursing education program improves the rate of nursing compliance with patient education on follow-up visits.

Aim 1: Assess nursing compliance with patient education on followup visits;

Aim 2: Determine the impact of a 12-week evidence-based nursing education program on improving nurses' attitudes, beliefs, and knowledge regarding patient teaching on the importance of adhering to follow-up appointments; and,

Aim 3: Compare the rate of nursing compliance on providing patient education on follow-up visits pre and post intervention

Methods

Design: Pre-intervention/post-intervention

Setting: Primary care practice in a suburban community in the East Coast

Sample: Nursing staff and primary care patients

Intervention: Education program focused on educating patients on

the importance of adhering to follow-up visits

Measures:

- -15-item Likert scale Attitudes, Beliefs, and Knowledge Questionnaire focused on no shows
- -Retrospective chart review for nursing compliance on patient education

Results

Baseline Characteristics of Patients:

Demographic	(N=50) Pre-	(N=50) Post-	(N=100)
characteristics	Intervention	Intervention	
Age, n (%)			
18-24 years old	3 (6%)	3 (6%)	6 (6%)
25-44 years old	15 (30%)	15 (30%)	30 (30%)
45-65 years old	32 (64%)	32 (64%)	64 (64%)
Gender, n (%)			
Male	17 (34%)	21(42%)	38 (38%)
Female	33 (66%)	29 (58%)	62 (62%)
Medical Diagnosis, n (%)			
0-1 Diagnosis	6 (12%)	11 (22%)	17 (17%)
2-3 Diagnoses	20 (40%)	24 (48%)	44 (44%)
>3 Diagnoses	24 (48%)	15 (30%)	39 (39%)
Distance from clinic to home, n (%)			
<10 miles	32 (64%)	39 (78%)	71 (71%)
10-19 miles	10 (20%)	7 (14%)	17 (17%)
20-30 miles	4 (8%)	3 (6%)	7 (7%)
>30 miles	4 (8%)	1 (2%)	5 (5%)

Baseline Characteristics of Nurses:

- 26 to 54 years old; 6-20 years nursing experience; Associate's to Master's Degree

Aims 1 and 3:

- Nursing adherence to patient education increased 22%

	Pre- Intervent ion (N=50)	Post- Interventi on (N=50)	Percentage Point Change (Post-Pre)	Percenta ge Change from Pre to Post	Chi- square (df=1)	p- value	50 ————————————————————————————————————	76%	98%
Education Provided	38 (76%)	49 (98%)	22 points	29%	10.7	.001	20		
							10		
Einding	c for A	im 2. +					0	Education Prov	ided

Findings for Aim 2: t-test

- Significant difference between the mean scores of the Attitudes, Beliefs, and Knowledge Questionnaire from pre-intervention and post-intervention

	n	Pre-	Post-	Pre- Post	95%	95% CI,	t	df	p-	5.2			
		Intervention Mean (SD)	Intervention Mean (SD)	Difference Mean (SD)	CI, LL	UL			value	5.1			5.11
3K ale	3	4.57 (.23)	5.11 (.36)	.53 (.13)	.20	.86	6.9	2	0.02	4.9			
ohen's-				4.0	.37	7.82				4.8			
										7.7			
ohen's-	d me	easures the pre-,	/post-change sc	ore in standard	lized unit	ts, where	1 Uni	it = 1	1 SD	4.6			
Cohen's-	<i>d</i> me	easures the pre-,	/post-change sc	ore in standard	lized unit	ts, where	1 Uni	it = 1	1 SD		4	.57	
Cohen's-	<i>d</i> me	easures the pre-,	/post-change sc	ore in standard	lized unit	ts, where	1 Uni	it = 1	1 SD	4.6	4	.57	

■ Pre-Intervention ■ Post-Intervention

Discussion

- Many factors contribute to no shows and understanding these reasons in specific setting is crucial^{4,5,8,9}
- Educating patients on adhering to follow-up appointments promote and maintain positive health outcomes and decrease no show rate¹⁰
- Involving the clinic staff and providers in patient education contributes to the improvement in patients' attendance¹⁰
- An education program highlighting Teach Back Method improved patient education in the practice

Limitations

- Small nursing sample
- The ABK questionnaire is not validated
- 12-week project time frame: actual impact on no show rate cannot be determined as most follow-up visits are scheduled 3 – 6 months

Conclusion

There is not a one-size fits all solution in addressing no shows. Interventions should be targeted to the patient's reasons for missing their appointments, and the characteristics of the healthcare practice. Patient education in improving patient adherence to follow-up visits can help improve no show rates.

Translation to practice:

- Dissemination of findings within the organization
- Incorporating patient education at every visit Identify reasons for no shows (managing appointments)

Future research:

- No shows in specialty practices

References

