

**City of Carson City
Agenda Report**

Date Submitted: February 25, 2014

Agenda Date Requested: March 6, 2014

Time Requested: 20 minutes

To: Carson City Board of Health

From: Health & Human Services Department (Nicki Aaker)

Subject Title: To provide report and discussion about a quality improvement project conducted within the Clinical Services Division. (*Veronica Galas, Adriana Rodriguez*)

Staff Summary: Carson City Health and Human Services' (CCHHS) has a quality improvement plan. The mission of the plan is to continuously improve the quality of our programs, processes, and services so that the department may provide high-performing services which best fulfill the needs of the clients and improve the quality of life within the community. The Clinical Services Division is conducting a quality improvement project to improve patient scheduling. In 2012, the no show rate was 34%. The goal was to improve the scheduling system to decrease the no-show rate.

Type of Action Requested: (check one)
 Resolution Ordinance
 Formal Action/Motion Other (Specify) Information Only

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: Presentation and discussion only

Explanation for Recommended Board Action: N/A

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: N/A

Supporting Material: PowerPoint – “CCHHS Clinical Services Quality Improvement Project: Improving Patient Scheduling”

Prepared By: Nicki Aaker, MSN, MPH, RN

Reviewed By: T. Aaker
(Department Head)

Date: 2-25-14

Maren Awno
(City Manager)

Date: 2-25-14

[Signature]
(District Attorney)

Date: 2/25/14

[Signature]
(Finance Director)

Date: 2/25/14

Board Action Taken:


Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)



CCHHS Clinical Services Quality Improvement Project

Improving Patient Scheduling

PLAN

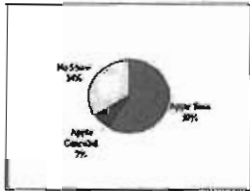
- ▶ **Issue Determination:**
 - Electronic Medical Record and supporting data confirming "no show" percentages
- ▶ **Resources Needed:**
 - Time
 - QI Committee Support
 - Reminder expenses
- ▶ **Goal:**
 - Improved scheduling system
- ▶ **Hypothesis of Change:**
 - Multiple ways to remind patients of upcoming appointments will reduce our no-show rate.

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Issue Determination

2012 Calendar Year No-Show Evaluation

- ▶ 3,424 Family Planning scheduled appointments
- 2,017 Appointments were seen
- 242 Appointments were canceled/rescheduled
- **1,165 no shows**



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Issue Determination

No-show rate by months and years

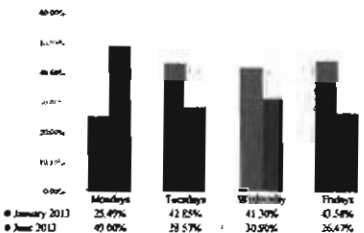


	January 1st to January 31st	June 1st to June 30th	January 1st to June 30th	January 1st to December 31st
2011	31.71%	41.19%	38.45%	39.34%
2012	46.57%	42.20%	42.16%	41.23%
2013	36.34%	33.47%	34.77%	

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Issue Determination

No-Show Rates by Days of the Week



	Mondays	Tueadays	Wednesday	Thursdays
January 2013	25.47%	42.82%	41.30%	42.54%
June 2013	49.00%	29.57%	30.90%	26.47%

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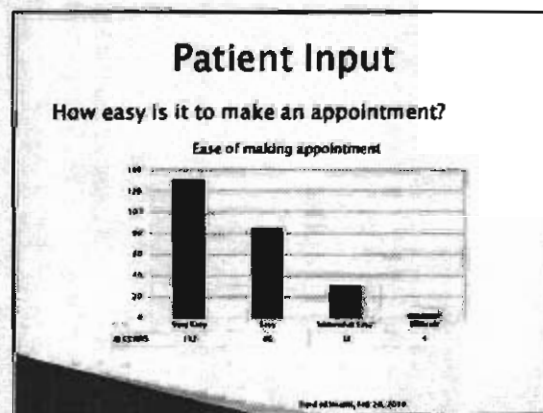
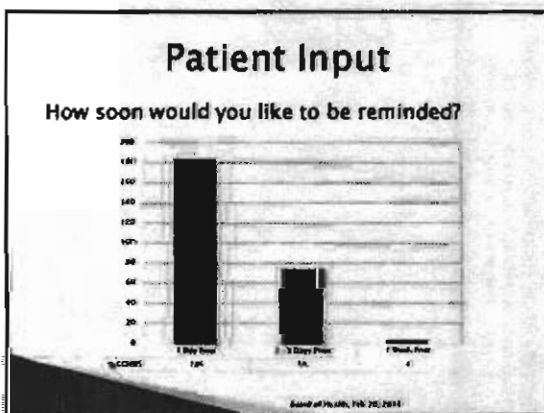
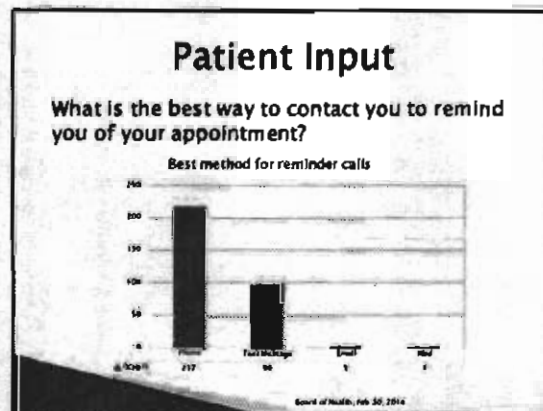
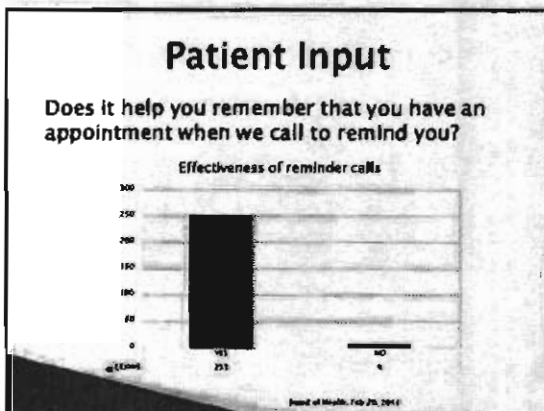
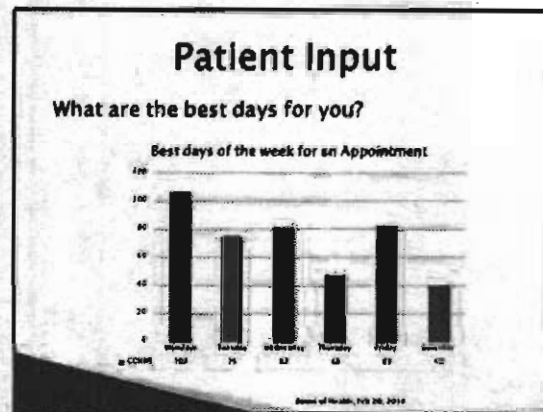
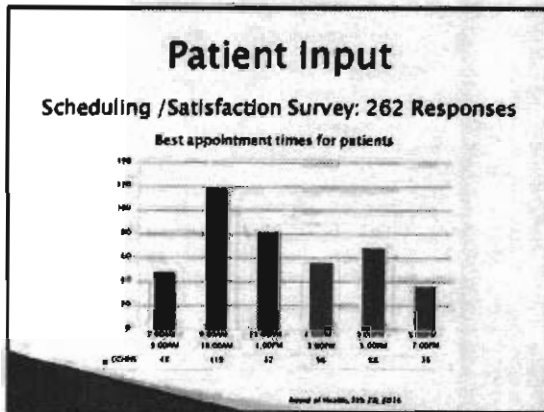
DO

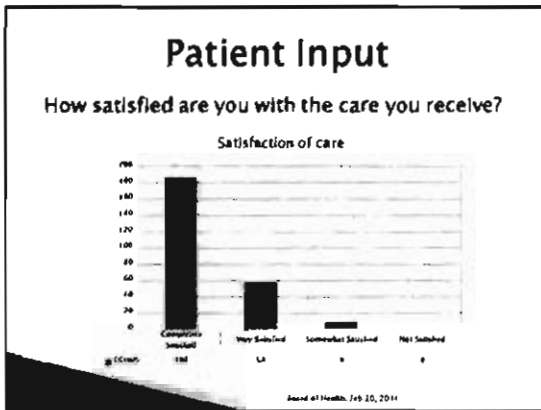
Review of Strategic Scheduling

- Creative scheduling
- Building patient rapport
- Appointment confirmation
- Call the waiting list
- Patient portal
- Patient WiFi in waiting room
- Saying "no"
- Scheduling expert

"Each success only buys an admission ticket to a more difficult problem...Scheduling is a nightmare!"

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Action Steps

- Portal Implementation
- Continue to offer walk-ins to fill no shows
- Scheduling changes – staggering lunches
- Explore text messaging
- Your ideas?

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CHECK & ACT

- We will have data to show that our no show-rate decreased by 10% within 6 months of Implementation.
 - Next evaluation is August 2014
- After data evaluation, when are we going to decide whether or not to ADOPT, ADAPT, or ABANDON the changes we made to the process?
 - 6 months after full Implementation of changes

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