
Quality Improvement Strategy California

EHDI State Coordinator Meeting

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Phone Calls/Letters to Reduce No-Shows at Outpatient Screen Appointments

- **Why was this strategy tested?**

No-show rate was 12.4%

- **What was the process for identifying the strategy?**

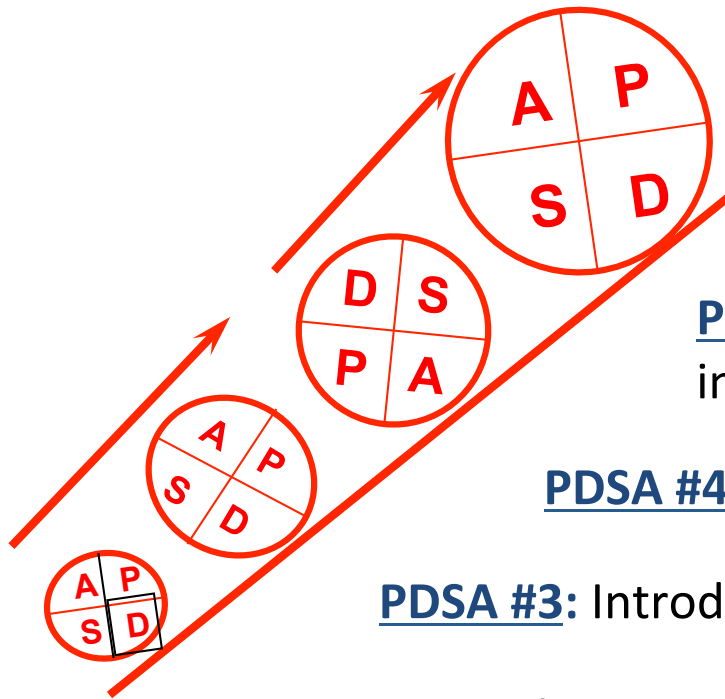
Collaborative brainstormed potential strategies, starting with reminder phone calls, staff staying late to make calls, switching to education calls, and finally letters.

- **What is the potential for the strategy to improve LTFU/D?**

The largest number of infants LTFU/D occur at outpatient (re)screen.



PDSA cycles



PDSA #6: Spread to all HCCs by incorporating into DMS

PDSA #5: Resume sending introductory letter

PDSA #4: Discontinue introductory letter

PDSA #3: Introductory Letter to parent from HCC

PDSA # 2: Education phone call by HCC staff

PDSA # 1: Reminder phone call by HCC staff



PDSA #1

- **Plan**: HCC staff will call families to remind them about the outpatient screen appointment
- **Do**: Required several phone calls, difficult to reach parents, sometimes caused confusion if appointment date was changed by provider
- **Study**: Baseline no-show rate=12.4%; with this intervention, rate fluctuated between 8-11%
- **Act**: **Adapt** - Modify to provide education instead of just reminder



PDSA #2

- **Plan**: HCC staff developed script to provide education about the importance of keeping appointment and completing follow-up
- **Do**: Required several phone calls, difficult to reach parent, had staff stay late to try to contact parents.
- **Study**: No-show rate fluctuated between 9-11%
- **Act**: **Adapt** – Instead, modified approach because phone calls proved too labor intensive to maintain on a regular basis



PDSA #3

- **Plan**: HCC staff developed letter that introduced the HCC and explained why it is important to complete the follow-up appointment.
- **Do**: Required manual merge process due to limitations in HCC database
- **Study**: No-show rate consistently came down to between 5-9%
- **Act**: **Adopted!** for 2 years.
Then had decrease in staff resources at HCC.



PDSA #4

- **Plan**: HCC staff discontinued sending introductory letter due to reduction in staff.
- **Do**: Continued to monitor No-Show rate
- **Study**: No-show rate ↑ ran between 8-10% consistently
- **Act**: Abandonon – Instead reinstituted letter when staffing improved



PDSA #5

- **Plan**: HCC staff resumed sending introductory letter.
- **Do**: Remained a time-consuming activity due to manual merge process and database limitations
- **Study**: No-show rate decreased to 7%
- **Act**: **Adopt** – Spread to all HCCs by incorporating into statewide data management service



PDSA #6

- **Plan**: All HCCs send introductory letter for families who need OP screen
- **Do**: Statewide DMS programmed with an action for HCCs to send letter. Letter easily merged and printed
- **Study**: No-show rate in initial HCC region = 4%; rate in other HCC regions = 6%
- **Act**: Adopt!



Moving Forward

- **Next PDSA Cycle?**

Compare the additional successful strategies in the initial HCC region with what is being done in the other HCC regions.

- **Overall what have you learned from testing this strategy?**

Letters are a successful way to encourage families to keep follow-up appointments

- **What advice would you give to other states who want to test this strategy?**

You need to be sure you have the staffing and technology to maintain the strategy long-term. It is critical to incorporate it into the day-to-day workload so it is not an extra thing staff have to do.

