



**Public Health**  
Prevent. Promote. Protect.  
Buffalo Trace District  
Health Department

LOCAL HEALTH DEPARTMENT NAME: Buffalo Trace District  
 ADDRESS: 130 East 2<sup>nd</sup> Street  
 PHONE NUMBER: 606-564-9447  
 SIZE: 2-County District  
 POPULATION SERVED: 19,772  
 PROJECT TITLE: "Same Day" Scheduling

## PLAN

Identify an opportunity and Plan for Improvement

### 1. Getting Started

We were experiencing 40%-50% DNKA (Did Not Keep Appointment) rates in our clinic on a regular basis, resulting in down time for staff and loss of billable services. With today's budget climate, this was an unsustainable model.

#### Previously attempted solutions:

- Autodialer to remind patients of appointments the day prior
  - "Live" reminder phone calls day prior to appointment
- Neither of these methods was effective at reducing the "no show" rate.

### 2. Assemble the Team

A QI team was assembled by the director to research the problem and see if "same day" scheduling (SDS) was feasible. The team was headed by Paul Fields, Accreditation Coordinator and included Vicki Morgan (Nurse Administrator), Crystal Deatley (Support Services Supervisor/WIC Coordinator), Denese Fulton (Public Health Nurse) and Lisa David (Support Services Associate). The team met on a weekly basis beginning in June of 2012.

**AIM Statement:** *Implement a new scheduling process which will reduce the DNKA rate to 10% or less while maintaining a high level of customer service and satisfaction.*

### 3. Examine the Current Approach

The current scheduling approach had remained unchanged for many years. Clients made appointments in advance, which were scheduled in

the Bridge computer system. A significant number of DNKA had been anecdotally observed for some time, but recent budget cuts and reductions in reimbursements from Medicaid highlighted the severity of the problem.

### 4. Identify Potential Solutions

The director of BTDHD had been made aware of another health department (Lexington-Fayette County) implementing a "same day" scheduling approach to great success and postulated we could implement a similar solution here. We consulted with LFCHD in person, by phone and via email extensively in the planning stages of this project.

#### Challenges identified:

- WIC – Lexington-Fayette County had a separate WIC clinic that did not participate in the SDS process. We do not have a separate clinic, so we had to address the challenge of how to meet the WIC program requirements for patients to have a return appointment, and to follow up with those who did not keep their appointment by phone call and/or letter.
- Educating the public – clerical and clinical staff were challenged to "sell" this new process to clients during their visits prior to its implementation.
- "Selling" the new system to our own staff – understandably, we had some resistance and skepticism from our own staff.

### 5. Develop an Improvement Theory

We postulated that SDS would drastically reduce our DNKA rate, plus allow us to serve more clients. We also postulated that WIC clients would benefit by not having to wait

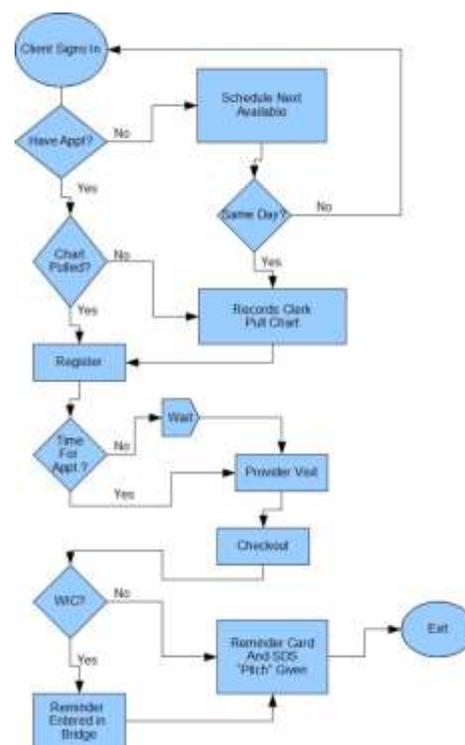
2-3 weeks for a rescheduled appointment due to their DNKA.

## DO

Test the Theory for Improvement

### 6. Test the Theory

The team developed a new scheduling process.



Patients were instructed to call the health department first thing in the morning the day they wanted their appointment. WIC clients were handled a little differently at checkout as illustrated above. They were given a "dummy" return appointment in Bridge so we could track if they returned on time or not for WIC follow-up guidelines. *Family planning, cardio-vascular clinic and ovarian cancer screening appointments are exempt from SDS.*

## **CHECK**

Use Data to Study Results  
of the Test

### **7. Check the Results**

For Mason County, we compared the DNKA rate for a month prior to the implementation of the new scheduling process with the month we began SDS. For the control month, we had a DNKA rate of 44.18%. For the test month, our DNKA was less than 1%.

In Robertson County, our DNKA rate was 33% for the control month, and 11% for the test month. *We suspect the data are skewed for the test month because the DNKA clients were all from the same family who did not show two days in a row. Robertson also has a much smaller sample size.*

Utilization rates were close to 100% in Mason and Robertson for the test month.

## **ACT**

Standardize the Improvement and  
Establish Future Plans

### **8. Standardize the Improvement or Develop New Theory**

Based on the results of the improvement project, we decided to adopt SDS as our standard going forward. The DNKA rates dropped dramatically, and the utilization rate remained close to 100%. In addition, when a provider was unexpectedly absent on a clinic day, it did not cause any issues. We simply blocked out that provider's slots for the day and did not schedule as many appointments.

### **9. Establish Future Plans**

We will continue to use SDS and make minor modifications as necessary to improve the process. The state WIC program has indicated they have significant issues with our SDS scheduling for WIC clients. We will continue to vigorously defend our methodology and our belief that SDS is actually enabling us to better meet the goals of the WIC program.