District Health Department #10

Serving ten counties in the health department jurisdiction:
Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford.

Plan

Identify an Opportunity and Plan for Improveme

Revised Aim Statement: To improve DHD #10's immunization clinic no sho rate to 12 percent or less in every county by September 13, 2010.

1. Getting Started

Immunization clinics were experiencing no shows thus provid an opportunity for improvement in customer service for both internal & external clients. The QI team developed a flow cha the clinic appointment scheduling process and clinic preparat Possible reasons for no shows were outlined in the fishbone diagram, and the five whys were used.

It was determined that baseline no show data from the previo year was needed. This data was collected from all ten counti and presented in a graph to illustrate the total number of appointments, the number of no shows and the percent of no shows by county. Graphs were also developed to illustrate th

Team Members:

Ted Dohnal, Food Program Coordinator; Lori Gelinas, Pu
Nurse;
Sarah Oleniczak, Health Promotion Director;
Sheryl Slocum, Family Planning Coordinator; Linda VanG
Officer

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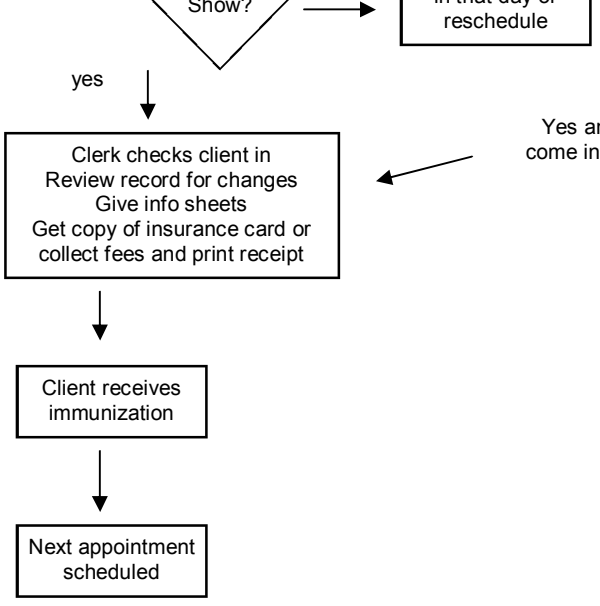
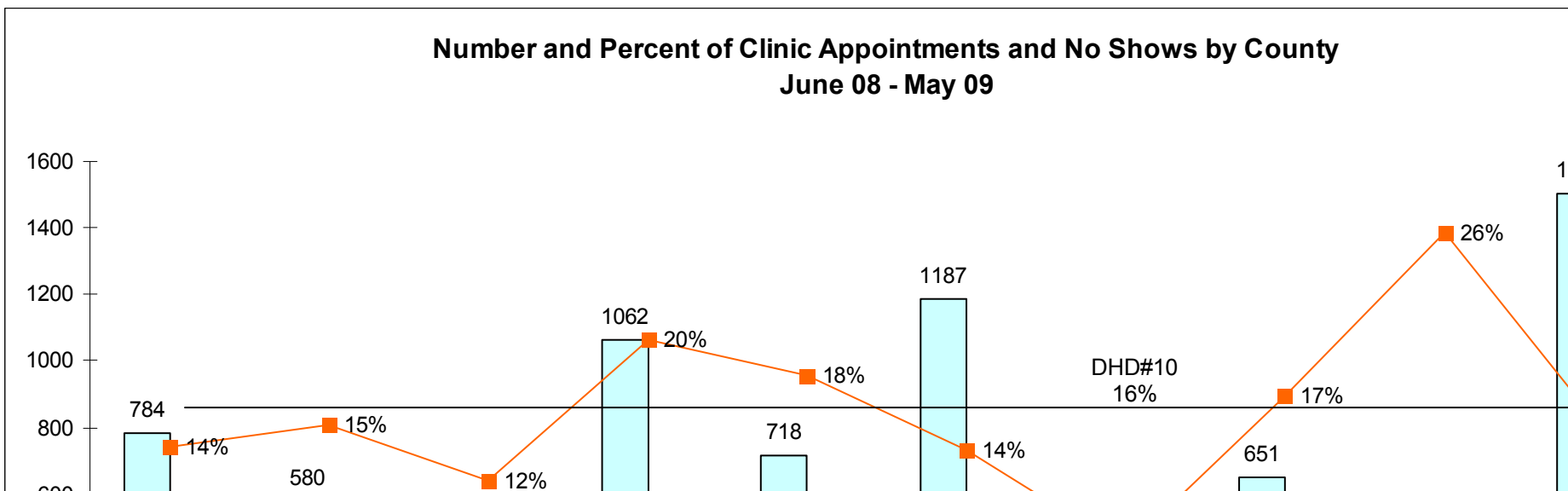
- Collected baseline of no show rates for all ten counties for one year
- Presented the flow chart to clerical staff then to nurses for input
- Conducted interviews of staff in the immunization clinic to gain information on factors that influence the no show rate.
- Nurses collected information from clients who did not keep their appointment
- Analyzed no show data and the scheduling and reporting process.

IS Map of Scheduling an Immuni





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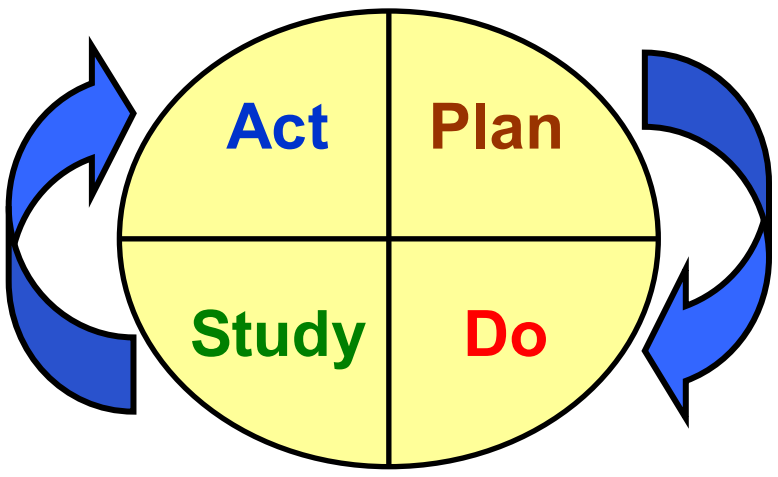

Reducing the no s in immunizatio

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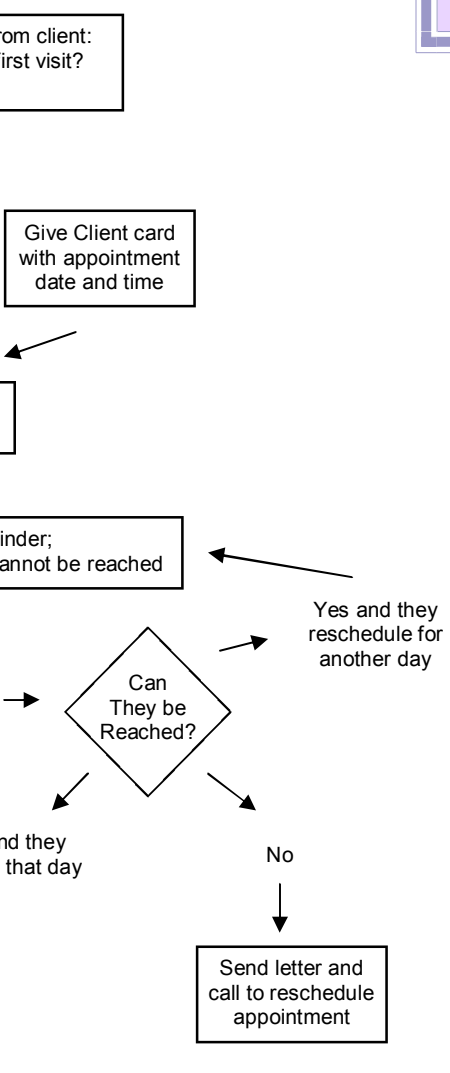
Study

Use Data to Study Results of the

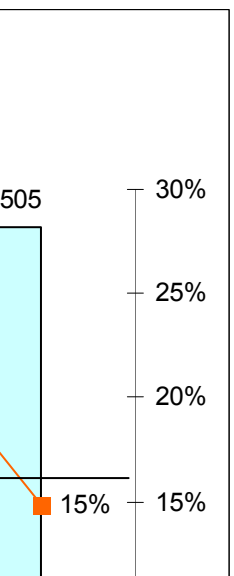


7. Study the Results

Team members reviewed:

- No show data from all ten counties
- Scheduling process used in the immunization
- Staff survey results
- Client survey results
- Results of the four interventions on the no sho
- Scheduling sheets used in the immunization c
- Staff information on the impact of H1N1
- Relationship between reminder contacts made no show rate

8. Standardize the Improvement or a New Theory



- Improvements were shown with some of the interventions but not others. Incentives seeme improved the rate but changing the time remin were made did not.
- H1N1 impacted the reliability of the data. Clini busier, additional staff were pulled in to assist a

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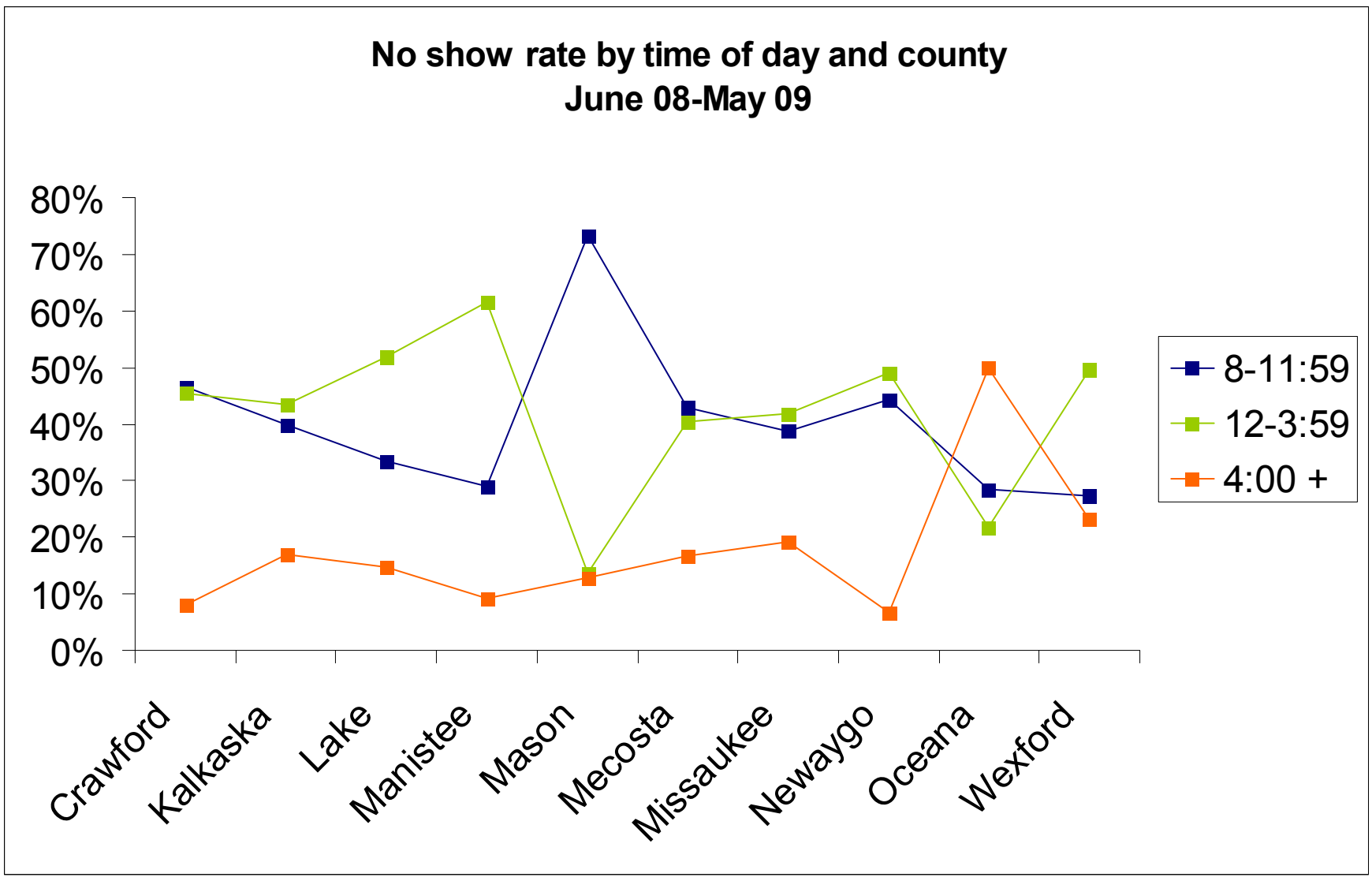
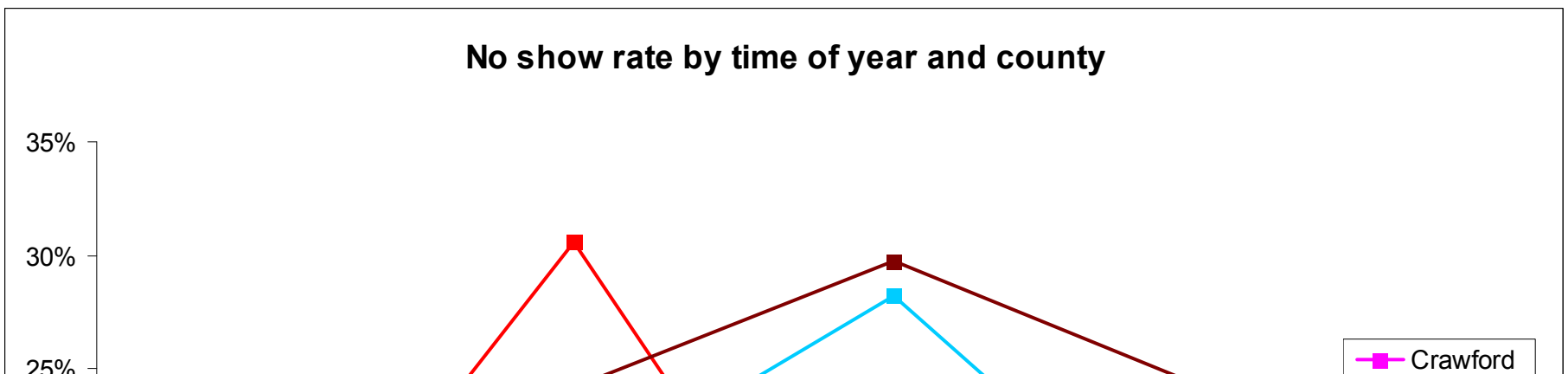
time during the day and season when no shows occurred.

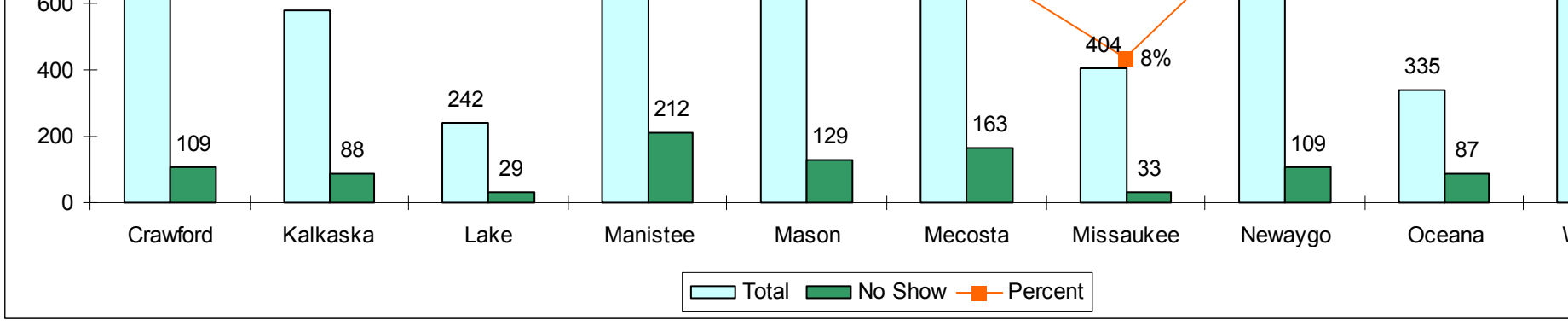
2. Assemble the Team

The DHD10 management's QI committee was the initial build
block for the team. Once the topic of no shows was determin
the team expanded to include line staff representation from cl
programs including clerical and nursing. This expanded team
discussed the issue of no shows in various clinic programs ar
spent time assessing which to target. The decision to focus o
immunization clinics provided a program that currently didn't
address the issue.

Early in the QI process, the team met regularly, either at face
face meetings or teleconferences. All data collected was
reviewed. However, during the fall of 2009, H1N1 impacted t
health department staff and team meetings were sometimes
postponed or cancelled. There was no change in team meml
during this process.







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Findings:

- The two counties with the highest no show rates listed following reasons: forgot, no transportation, staffing changes, and doctor wants to give immunizations.
- The two counties with the lowest no show rates felt the a closer relationship with clients, were familiar with clie from other programs, and used incentives.

Findings:

- Of the 68 clients who were no-shows, 40 could not be

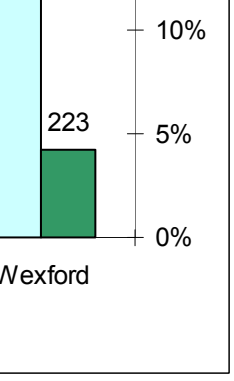
Most common reasons were client forgot and something came up.

Findings:

- There were differences in immunization scheduling by county
- The immunization schedule itself is not uniform across district
- There is a need to define walk-in versus on-call
- Data collection process must be planned

4. Identify Potential Solutions

- Standardize the method of collecting no show data
- Test interventions to determine the impact on the no sh rate
- Utilize the best method of reaching clients; make remin



not have been familiar with the processes, and responsibilities may have changed.

- Scheduling, check-in, and follow-up process di from county to county which may have influenc no show rate and the way the information was
- QI process was very helpful in identifying and understanding the clinic procedures. And ultim will provide the basis to standardize a policy fo to reduce the no show rate.
- Immunization scheduling will be standardized b moving to an electronic system, which will impr collection of no show data.

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Standardize the Improvement and Establish F

9. Establish Future Plans

Information gained was utilized to standardize the in clinic process across all ten counties. Improved me collection will be used to monitor the no show rates

- New AIM statement.
- Clerical staff will be trained to use an electronic in scheduling system.
- All counties will make reminder calls one busines advance of the appointment.
- Clients will be asked for the best way to contact t feasibility of using additional methods, such as e texting, will be explored.
- No show data will continue to be collected in eac will be reviewed by the team. The current data w baseline for improvement.
- If the no show rate does not meet the AIM statem consideration will be given to using interventions

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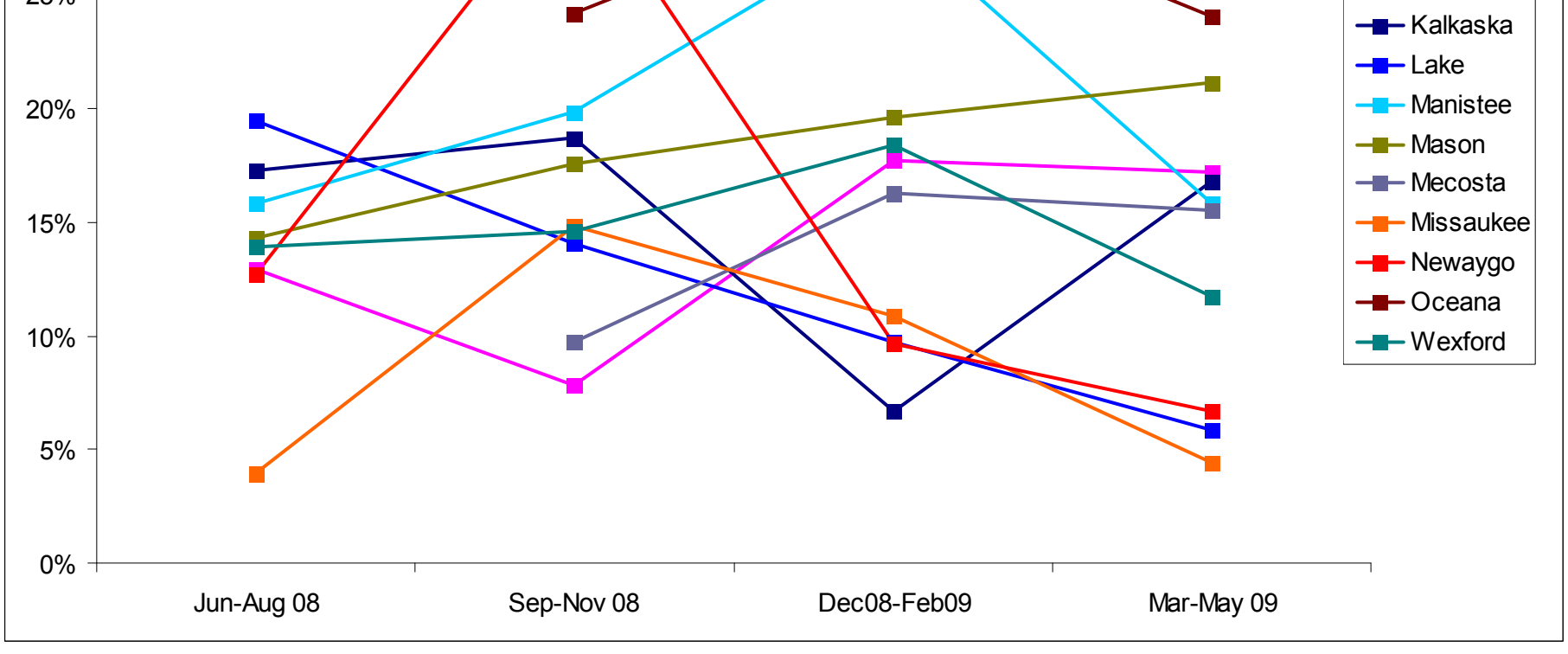
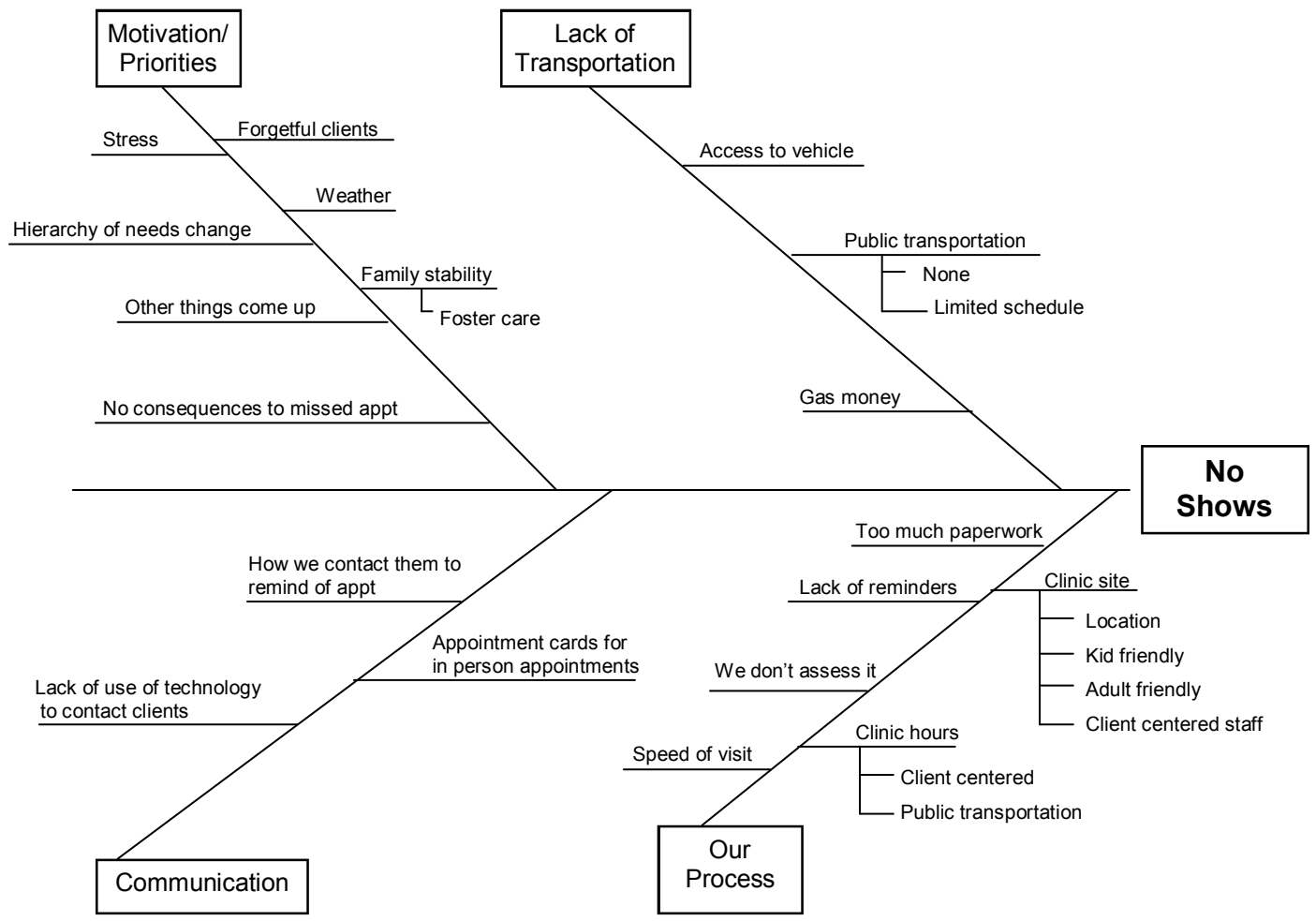


3. Examine the Current Approach

- **Fishbone Diagram**



Clients don't always keep their imms appointment

#1	Why?	Imms are not their first priority
#2	Why?	Their priority changed from their initial appointment
#3	Why?	Too much time from when they scheduled appointment to appointment date
#4	Why?	No adequate reminder system
#5	Why?	Cause we don't know what we don't know

5. Develop an Improvement Theory

If we send reminder postcards, call clients 48-72 hours b
their appointment, ask about the best way to contact the
or provide incentives, then the immunization clinic no sh

Do

Test the Theory for Improvement

6. Test the Theory

In five counties, one of four interventions was tested for
months to improve the no show rate:

- send reminder postcards
- call clients 48-72 hours before the appointment
- ask about the best way to contact clients
- provide incentives for keeping appointments

H1N1

Then the impact of H1N1 hit the Health Department and
project now had a confounding variable. Clinic staff wer
extremely busy and H1N1 often took priority over mainta
the interventions and data collection. Several of our tea
meetings and teleconferences had to be cancelled. In g
the data collected was not reliable. Interventions were

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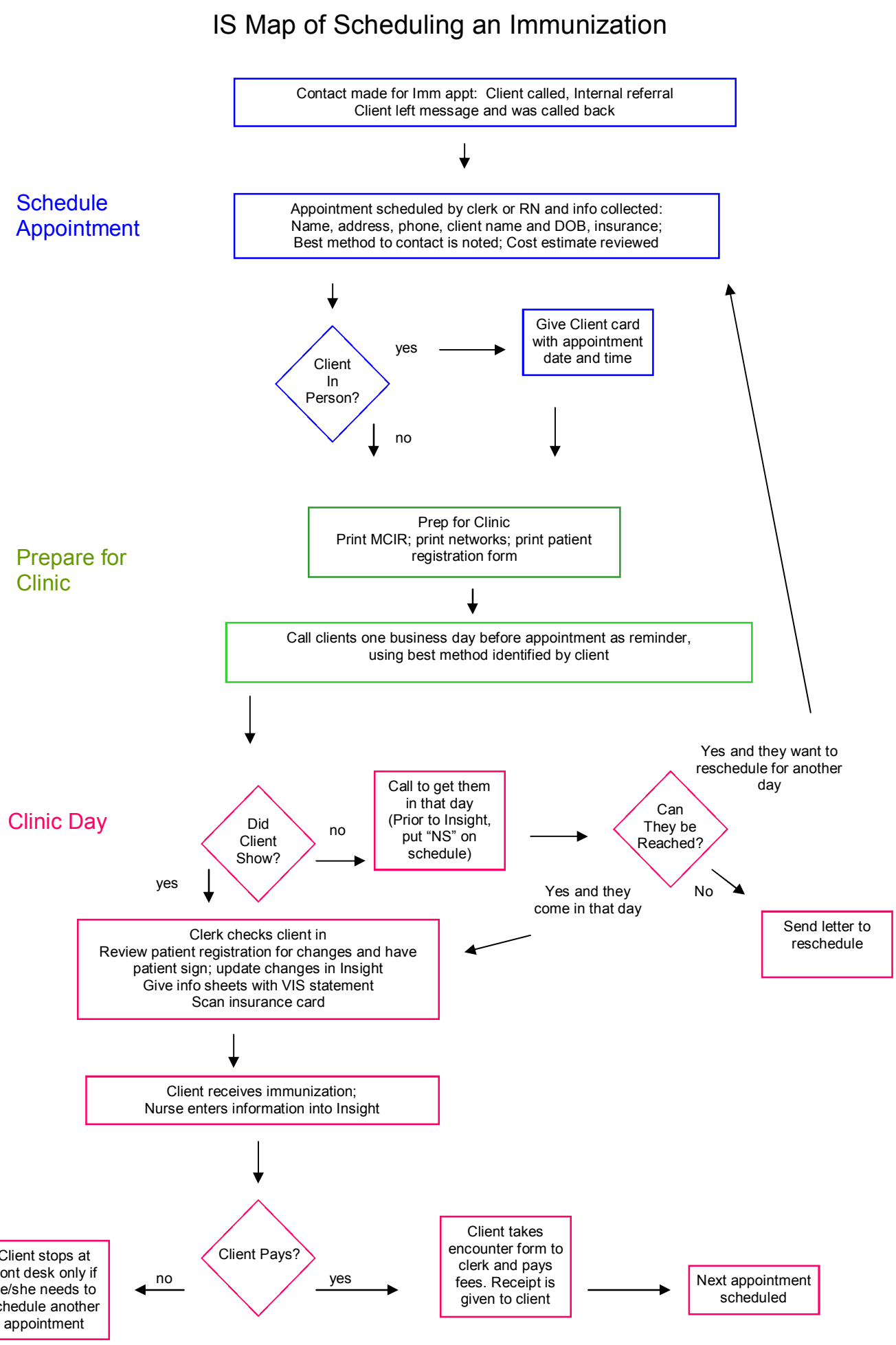
- DHD#10 has revised its Quality Improvement act
include the development of a QI Plan and a QI P
- The initial IS map of scheduling an immunization
revised and used to standardize the procedure ir
and train new staff.



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