**Wabash General Hospital**

ICAHN Rural Health Fellowship Program
*Improving Outpatient Arrival Rates*

*People you know, helping people you love*

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- How could my project…

  - Broadly impact population health

  - Involve cohesive teamwork and cooperation

  - Improve ancillary services utilization

  - Positively impact the facility's financial health

  - Increase physician productivity and efficiency

  - Be implemented with minimal staff burden

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# Current Standing

- During CY 2020
    - 81% of scheduled appointments resulted in a billable visit
    - <u>Net</u> revenue loss of $5.516 M in CY 2020
    - Arrival rates ranged from 73% to 89%
    - Average utilization rates in the 60%-75% range
    - Loose and inconsistent policies on no-shows, rescheduling appointments, provider cancelations, and appointment management.

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# Objectives

- Progress towards a 92% arrival rate for all outpatient clinics throughout the year 2021.
- Engage and encourage our front office team leaders to own their project area and empower their team.
- Establish a quarterly QI reporting system.
- Offer customer service and schedule management education for all staff.
- Utilize EMR for appointment management (text message reminders, wait lists, reporting, etc.)
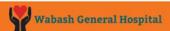
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## Stakeholders

- Patients
- Front Office Staff
- Team Leaders
- Physicians & Clinical Staff
- Ancillary Services Personnel
- Administrative (billing, coding) personnel

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## Activities

- Formal WGH Quality Improvement Study
  - Team Leader Directed
  - Monthly Reporting
  - Quarterly PDCA ("Plan Do Check Act") reporting
- Formal and Informal Front Desk Training
  - Office flow efficiency
  - Customer service
  - Individual office coaching/instructing
  - Phone etiquette and technique
- Recruit Health Occupations Student for Data Entry

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# Activities

- Comparable Inter-Office Analysis
  - Which office is outperforming/underperforming?
  - What techniques are high-performing offices using?
  - Can we implement those techniques across multiple offices?
- Explore hospital-wide cancelation and no-show policies. – 6 months

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## Activities

**Chestnut Street**
Reminder calls day before appointment
Marks cancel if a n/s appointment is called within the hour and confimred missed visit (remedied)
Rescheduling is attempted during the cancelation call
No waiting list management

**Orthopaedics**
N/S are not management on Dr. Fullop's schedule due to double bookings.
Unable to delete appointment if they cancel due to "feeling better"
Al patients receive reminder calls day before appointment.
A challenge is providers moving appointment to free up afternoon time on slow days

**College Dr.**
Reminder calls: 15 min appointments - day before; 30-60 min appts - called twice.
Knows their panel. Demintia patients are sometimes called an hour before the appointment to come on in.
Calls all no shows within 15 minutes of their missed appointment to r/s
If a reminder call results in a VM, they call back until appointment is confirmed.
N/S letter mailed after each no show
Ask repeat offenders to come in day of appointment request. No appointment made
Ensure old card is thrown away when office cancels appointment
Reviews signed missed appointment agreement with patient
Verbalizes the consequences of missing appointments - i.e. removal from practice. Stern but polite

**Oak St.**
Takes same day appointments
Dr. Jani willing to see patients after hours
Reminder calls day before

**Grayville**
Reminder calls day before
Repeates until confirmation
Calls no-show appointments by end of day
Will turn no shows into cancels if they get in touch with them (remedied)
Will start sending missed appointment letter

**Albion**
Calls no-shows and asks to reschedule if needed
For patients who are always late, they tell the patient a time 15 minutes ahead of actual scheduled appt.
Reminder calls day before
No wait list management
Has a working list of patient appointments at their desk they leave notes on

**General Surgery**
Day before reminder calls.
Patient cancelations - offers r/s or cx and call back
No shows - most they call within the day; Copies and pastes appt if they r/s

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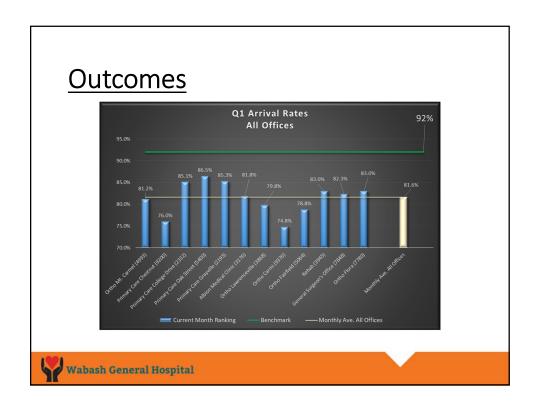
# Obstacles and Barriers

- Team Leader Buy-In / Mentality of "good enough"
- Collecting accurate data
    - Are cancelations really cancelations?  A need to define terms and appropriately label patients.
- How can we easily build and run reports to minimize staff burden.
- How do we create a healthy comradery vs. jealousy between offices.
- What strategies work in primary care vs. specialty care?
- We would have liked to pick a clinical or population health metric to track, however the extent of the many external variables would have required an analysis beyond the scope of this project to determine a correlation, thus we chose to look at the more objective measurement of financial impact.
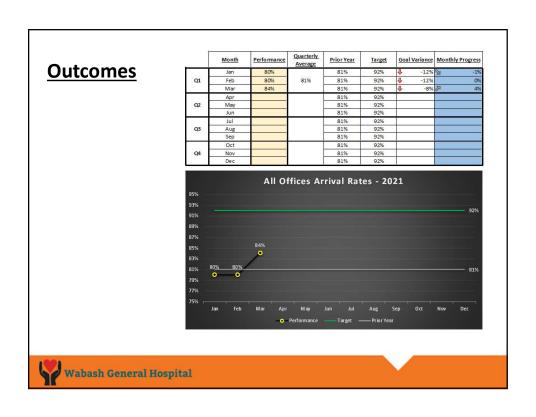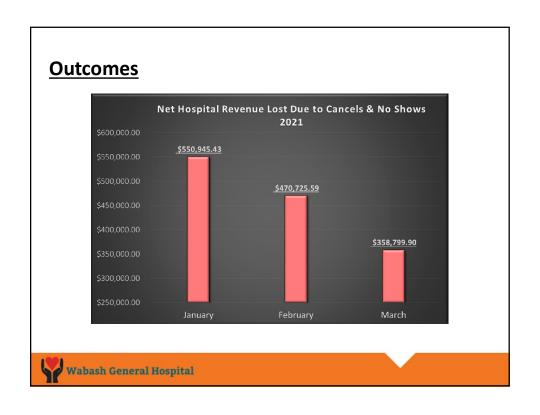
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# Outcomes

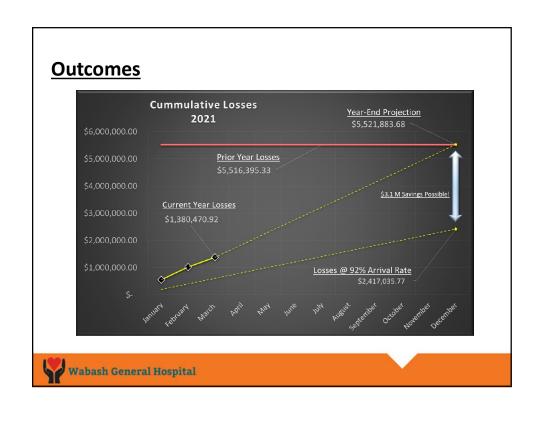- Successfully implemented QI study with 100% participation among team leads in all offices with Q1 results reported.
- Completed 3-part front desk training series on customer service, HIPAA, and office efficiency strategies
- Collected and disseminated strategies from top performing clinic to all clinics.
- Q1 Arrival Rate: 81.6%
- January: 80%; February: 80%; March: 84%

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# Outcomes

## Outcomes

| | Month | Performance | Quarterly Average | Prior Year | Target | Goal Variance | | Monthly Progress | |
|---|---|---|---|---|---|---|---|---|---|
| Q1 | Jan | 80% | | 81% | 92% | ⬇ | -12% | ↘ | -1% |
| | Feb | 80% | 81% | 81% | 92% | ⬇ | -12% | | 0% |
| | Mar | 84% | | 81% | 92% | ⬇ | -8% | ↗ | 4% |
| Q2 | Apr | | | 81% | 92% | | | | |
| | May | | | 81% | 92% | | | | |
| | Jun | | | 81% | 92% | | | | |
| Q3 | Jul | | | 81% | 92% | | | | |
| | Aug | | | 81% | 92% | | | | |
| | Sep | | | 81% | 92% | | | | |
| Q4 | Oct | | | 81% | 92% | | | | |
| | Nov | | | 81% | 92% | | | | |
| | Dec | | | 81% | 92% | | | | |

## Outcomes

**Net Hospital Revenue Lost Due to Cancels & No Shows 2021**

| | January | February | March |
|---|---|---|---|
| | $550,945.43 | $470,725.59 | $358,799.90 |

Y-axis: $250,000.00 to $600,000.00

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## Outcomes

**Cummulative Losses 2021**

Year-End Projection $5,521,883.68

Prior Year Losses $5,516,395.33

Current Year Losses $1,380,470.92

$3.1 M Savings Possible!

Losses @ 92% Arrival Rate $2,417,035.77

Y-axis: $- to $6,000,000.00

X-axis: January, February, March, April, May, June, July, August, September, October, November, December

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## Conclusions / Next Steps

- Understanding how to communicate and educate staff is key.
- Be willing to implement strategies specific to each practice.
- What gets measured, gets managed.
- We will continue this QI study throughout the year and look forward to realizing a progression towards our 92% goal.
- Ongoing education and materials to assist the staff towards success.

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