INCREASE IN THE PATIENT SHOW RATE AT THE
HIV POSITIVE HEALTH CARE CLINIC
CITY OF PORTLAND, PUBLIC HEALTH DIVISION (MAINE)
FTES: 101/POPULATION SERVED: 63,000

1. Getting Started
Team brainstorming identified potential areas for QI initiatives in the public health division. A prioritization matrix was constructed and identified an initiative to increase client attendance rate at the HIV Positive Health Care Clinic.

2. Assemble the Team
- Program Manager for the PHAB Beta Test
- Program Manager of the India Street Public Health Center
- Community Health Promotion Specialist for the Public Health Division
- A summer Intern
- Front Desk Clerk at India Street Clinic

3. Examine the Current Approach
- Front Desk Practices were observed and charted by members of the QI team.
- Data from March, April and June 2010 were analyzed regarding reminder call and show rate.
- Analysis found that 78% of patients showed for their appointment.
- A Chi Square Test for Independence was conducted to determine if there was a link between being contacted for a reminder and showing up for their appointment. There was a significant positive relationship between being contacted and showing up for your appointment, p=0.014.
- The team also completed a fishbone diagram to determine the root cause of the problem. This indicated that a potential reason patients were not showing up to their appointments was because they were not called and reminded of them, due to incorrect contact information. This was confirmed by the Pareto Chart.

4. Identify Potential Solutions
- Update client information more frequently than every six months.
- Attach the contact update forms to the fee ticket and put it in the office for physicians to pick up.
- Put black boxes in the front office and place the fee ticket, with the update form attached, in them.
- The third option was the one chosen for this particular QI initiative.

5. Develop an Improvement Theory
If we maintained updated phone numbers, then the show rate will improve.

6. Test the Theory
- Folders were mounted at India Street Clinic with each of the providers’ names on them.
- A new Check-in Process was implemented.
- Staff at the clinic were trained in the new procedure.
- The procedure was implemented.

7. Study the Results
- Data collection continued on contact made with the patient prior to the appointment and their show rate for appointments.
- Eight weeks post implementation, the no show rate dropped from 22% to 12%.
- Twelve weeks post implementation, the no show rate had increased from 12% to 18%. This is thought to be due to the holidays.

AIM Statement:
By December 1, the no-show rate among HIV Positive Health Care patients will be reduced by 50%, from 22% to 11%.

8. Standardize the Improvement
- Continue use of file folder to ensure accurate filing of update forms.
- The new process will be part of training for new employees.

9. Establish Future Plans
- Continue gathering data daily.
- Analyze data quarterly to determine if theory continues to produce the desired outcome of a low no-show rate.