

Kentucky Children's Hospital

Lexington, KY

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Background

We track sedation no-show and cancellation rates. When looking back over our early 2017 data, 20% of our hours and 19% of our cases were no-shows or were cancelled within 24 hours prior to their appointment.

Goal

Decrease the percent of cases and sedation hours that were no-shows and cancellations.

Metric

No-show & cancellation hours rate = $[(\text{no-show hours scheduled} + 24 \text{ hour cancellation hours scheduled}) / \text{Total hours for which cases were scheduled}] * 100$

No-show & cancellation cases rate = $[(\# \text{ no-show cases scheduled} + 24 \text{ hour cancellation cases}) / \text{Total \# of cases for which sedation was scheduled}] * 100$

Project Description

Interventions: First we reached out to our Neurologic Institute because they refer the largest proportion of patients for sedation. The sedation service was under the impression that neurology patients were notified of their appointment by clinic staff after the appointment was made by the sedation scheduler, but this wasn't the case. So, a script was formalized with what the clerical staff should say to the patient's families when being notified of their appointment. The script included the date and type of appointment, when the child should arrive, what further contact to expect, and the sedation contact number in case they have questions for the sedation team.

Secondly, we added an additional contact to the family from the sedation team a week prior to the sedated procedure. Prior to this project, the sedation team only called families one weekday before the procedure and often found that families didn't realize they had an appointment. Calling one week ahead would give the family time to arrange to come if they didn't already know about the appointment or give our service time to fill the vacancy if the family cancelled the appointment.

Results

In the two months after initiating this project, our average hour's no-show/cancellation rate was 19% and our case no-show/cancellation rate was 19%; minimal to no change from the baseline. However, there have been 9 patients that were unaware of their appointment, and 2 patients that were aware of their appointments but requested rescheduling. In all, this opened 11.5 hours of sedation time. The second month after initiating this project we had the highest utilization of our available sedation time we have had in over 2 years.

Challenges

Coordinating with an outside service and increasing the workload of the sedation staff were challenging. Getting buy-in on the importance of the work and the staff's significance in its success from those from which assistance was needed was essential to get their cooperation.

Lessons Learned

Etiologies of patient no-shows and cancellations are complex and this project has likely touched on only one aspect of the issue. We also need to expand the script to other services and clinics that communicate with our patients. Small cycles of change need to continue to make more significant improvements in the percent of patients that do not show or cancel within 24 hours of their appointment.