

Reducing Missed Appointment Rate in children 0-17years old with basic operative visits at Chesapeake Health Center : A Quality Improvement study

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INTRODUCTION

- Missed appointments significantly and negatively impact effective, timely, and efficient access to care; utilization of services; and revenues at federally qualified health centers (FQHCs), which are reimbursed on a flat rate per encounter basis.
- The literature reports a range of 23 percent [1] to 35 percent [2] for missed appointment rates in clinic facilities. High lead time for scheduling appointments has been identified in the literature as a significant contributor to missed appointment rates, especially in federally qualified health centers.[2][3][4]
- An analysis of the missed appointment patterns would greatly benefit the FQHC dental departments and its patients by improving access to care, utilization of services, and FQHC revenue stream.

PURPOSE

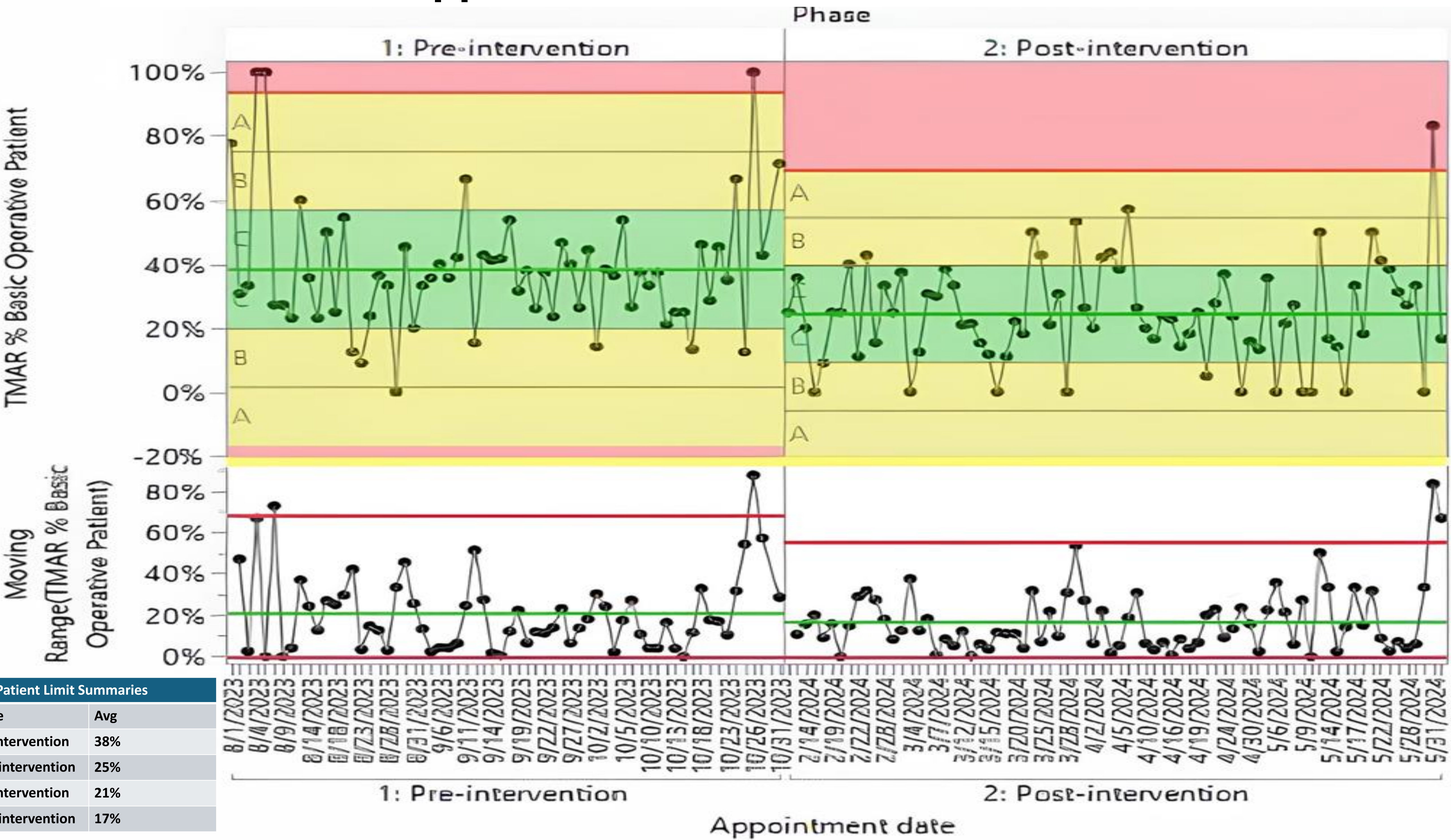
- The purpose of this project is to conduct a quality improvement study to identify if 30-day scheduling, compared to previously applied 6 months scheduling system, would improve the missed appointment rate (MAR) for basic operative patients aged 0-17 years old at one of the approved training locations within the NYU Brooklyn Family Health Centers- Offsite Dental Programs located in Princess Anne, Maryland.

METHOD

- This project is designed as a quality improvement analysis based on the Institute of Healthcare Improvement (IHI) “Model for Improvement” which utilizes the methodology of testing changes on a small-scale using Plan-Do-Study-Act (PDSA) cycles. The PDSA methodology includes a pre-intervention root cause analysis, data collection, and identification and selection of an intervention; followed by implementation of the intervention; post-intervention data collection; comparative evaluation of pre- and post-intervention data analysis of control charts; and exploring further interventions to continue the cycle of improvement.
- The subjects included in the study were children 0-17 years of age with basic operative treatment. Pre-intervention and post-intervention data collection were completed each day during the date collection period by one dental resident at Chesapeake Health Care Dental in Princess Anne in Maryland using a 30-day scheduling system as an intervention.

FIGURES

Missed Appointment Rate Pre- and Post-Intervention



RESULTS

- The primary outcome of the study indicates that the missed appointment rate (MAR) has improved by applying the 30-days scheduling system.
- Pre-intervention Total missed appointment rate (TMAR) for basic operative patients was 38% compared to 25% for post-intervention.

CONCLUSIONS

- Applying a 30-days scheduling system has improved the Total missed appointment rate for children age 0-17 with basic operative treatment from 38% to 25%. Therefore, it positively impact the patient's retention rate which is financially beneficial to the healthcare center.

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