# Keeping the Door Open
## Learning How to Invite Clients Back

**Aim**—Improving the "no-show" rate for clients in our intensive outpatient program.

**Measure of Success**—An increase in the number of patients who show up for their first appointment.

## Improving the No-Show Rate

**The Change**—A scripted telephone call to clients who don't show up to invite them for the next day, and to help them strategize around any treatment barriers.

### The Results—Outreach to No-Show Clients

|  | Pre-Change Feb. 2-22 2004 | Post-Change Feb. 23-March 12 | Sustained Post Monitoring Feb. 23-May 14 |
|---|---|---|---|
| Show | 57% n=36 | 66% n=25 | 70% n=146 |
| No-Show | 43% n=27 | 34% n=13 | 30% n=63 |

### Results by Specific Client Groups

|  | Pre-Change Feb. 2-22 2004 | Post-Change Feb. 23-Mar. 12 (show rates reported after phone intervention) | Extended Change Feb. 23-May 14 (show rates reported after phone intervention) |
|---|---|---|---|
| Scheduled IOP outpatient evaluations | Show = 49% n = 26 | Show = 69% n = 20 | Show = 76% n = 112 |
|  | No-Show = 51% n = 27 | No-Show = 31% n = 9 | No-Show = 24% n = 35 |
| Attend first scheduled IOP day after outpatient evaluation | Show = 88% n = 23 | Show = 95% n = 19 | Show = 93% n = 69 |
|  | No-Show = 12% n = 3 | No-Show = 5% n = 1 | No-Show = 7% n = 5 |
| Attend first scheduled IOP day after direct referral from inpatient service | Show = 50% n = 10 | Show = 56% n = 5 | Show = 55% n = 34 |
|  | No-Show = 50% n = 10 | No-Show = 44% n = 4 | No-Show = 45% n = 28 |

### Conclusions—

- A small investment of time in a telephone call results in a decrease in the no-show rate, especially of external clients.

- The no-show rate is the highest, even after the change, in the group of people referred from our own inpatient service.

### The Change Team



## The Next Challenge

To improve the no-show rate in the group least likely to show up for intensive outpatient services—our own inpatients.

### Cycle 1

Organizing the inpatient discharge so that clients could attend IOP on the same day as their discharge from the hospital.

**Results**—The change failed. Clients wanted to go home from the hospital and the change did not improve the rate of clients showing up in IOP.

### Cycle 2

A scripted visit or telephone call at the point of inpatient discharge inviting the client to IOP treatment and explaining what to expect.

**Preliminary Results**—Structured telephone call or visit appears to improve the client no-show rate.

### Outreach to Inpatient No-Show Clients

|  | Pre-change Feb. 2-22 2004 | Extended Change Feb. 23 - May 14 Cycle #1 (Show rates reported after phone intervention plus same day admission to program) | Change Cycle #2 Sept. 8 - 29 (Visits or calls to inpatients prior to IOP Admission) |
|---|---|---|---|
| Attended first scheduled IOP day after direct referral from inpatient service | Show 50% n=10 | Show 55% n=34 | Show 75% n=6 |
|  | No-Show 50% n=10 | No-Show 45% n=28 | No-Show 25% n=2 |

### Conclusions—

- Reaching out to clients helps improve no-show rates.

- Clarifying client expectations of the program improves no-show rates.

- Keeping the door open by inviting clients back multiple times improves no-show rates.

- As a technique of early engagement, welcoming clients takes the shame out of their "failure to show up," which encourages them to continue treatment.



**Keeping the Door Open**—We had to learn that not showing up was not a failure and how to "invite" clients back.



The Acadia Hospital is a private, non-profit psychiatric and chemical dependency hospital located in Bangor, Maine. A member of Eastern Maine Healthcare Systems, Acadia serves a patient catchment area of 450,000 individuals, and is the first psychiatric hospital in the nation to earn the Magnet Hospital Nursing Excellence Award.



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**Future Directions**—*Improving continuation rates in intensive outpatient by a redesign of our client orientation process.*

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