

# *THE CHALLENGE*

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## *Limited Access to Incoming Clients*

Several obstacles present challenges to our efforts to assist clients in attending the intake sessions.

### **Transience**

- ☎ 55% of our active clients have moved during the last year
- ☎ 27% have moved during the last 3 months.

### **Phone Access**

- ☎ 62% of active clients have access to a home phone
- ☎ Of those, 27% have changed their phone number during the last three months.
- ☎ One-third ( $\frac{1}{3}$ ) of those with phones share them with other people in congregate residential programs, where messages do not always reach them.

### **Confidentiality**

- ☎ The ability to leave messages is hindered, as referred clients have not yet signed authorizations allowing us to disclose to those with whom they live.

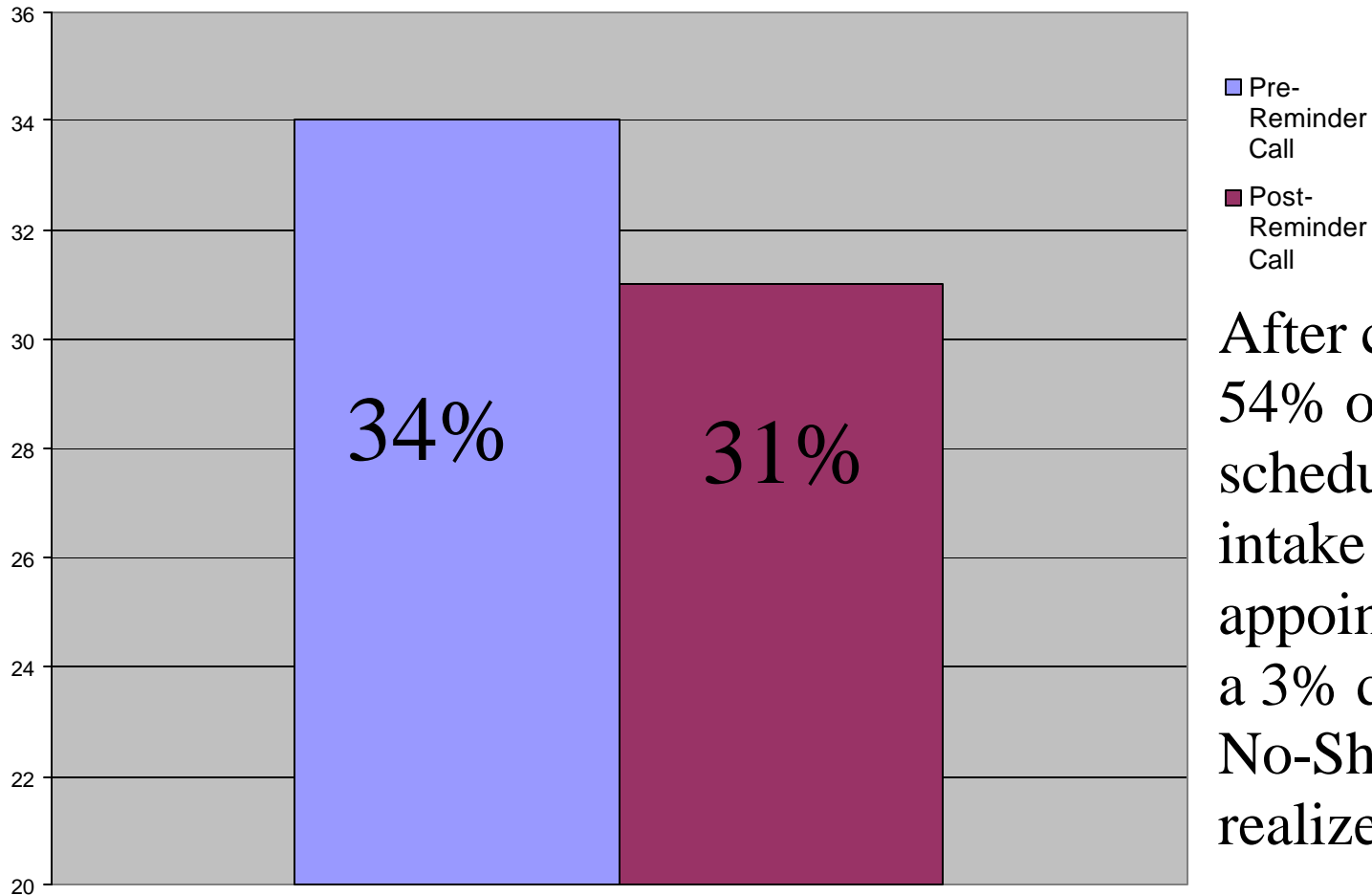
### **Third Party Referrals**

- ☎ A high percentage of the Intake appointments that are scheduled in the two clinics are scheduled by referral sources.
- ☎ These include hospitals, jails and prisons, and residential facilities.
- ☎ We rely upon these third parties to communicate the intake appointment time with the potential recipient.



# THE RESULTS

## No-Show Rate



After contacting 54% of those scheduled for intake appointments, a 3% decrease in No-Show rate was realized.

# WHAT WE LEARNED

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## ***INTERPRETING THE RESULTS***

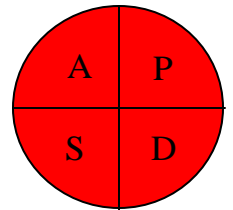
### ***Accessing Clients proved difficult***

- ☛ 46% were not reached with a reminder call or message.

### ***Minimal Benefit***

- ☛ The minimal decrease in no-show rate (3%) does not appear to be significant.

## ***INTERPRETING THE CHANGE EXERCISE:***



### ***Staff Engagement***

- ☛ One of the intake workers who is not a part of the change team was not adequately engaged in the process. This resulted in some inadequate data collection, and challenges to the study phase of the change exercise.

### ***The Planning Phase***

- ☛ Our change team did not invest in planning for our “Next Changes” until after initiating the Reminder Call Change.
- ☛ Had we done this planning earlier, we may have decided that another change would have been more effective.

# ***THE FUTURE***

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*We are currently reviewing this change, and gathering data from clients who attend an intake after previously no-showing.*

This review will result in further PDSA cycles related to intake no-show rates.

*These new change cycles may include the following*

- ☎ Mailed Reminders—our polling of clients at the beginning of this change taught us that our clients are not as transient as we thought they were. We may be more successful in reaching them by mail than we were in reaching them by phone.
- ☎ Walk-In Intakes—This would constitute a paradigm shift for staff members, who have been uncomfortable with the walk-in concept. We are currently the viability of walk-in intakes, and/or a combination of walk-in and schedules intakes.
- ☎ Double-booking—We are considering creative scheduling patterns, and may double book some intake appointments, provided we can find a way to accommodate all intakes when they all “show.”