

12-17-2024

## Staff Education Project Strategies for Reducing No-Shows

Ekop Graham  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Nursing

This is to certify that the doctoral study by

Ekop Graham

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Cheryl Holly, Committee Chairperson, Nursing Faculty

Dr. Allison Terry, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2024

Executive Summary: Staff Education Project

Strategies for Reducing No-Shows

by

Ekop Graham

BSN, Capella University, 2017

MSN, Walden University, 2020

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2024

## Summary

The staff education project addressed a gap in managing patient no-shows at a psychiatric clinic, where approximately 25% of scheduled appointments were missed. This issue severely impacted patient care continuity, delayed necessary treatments, and increased healthcare costs. The clinic's practices of using reminder calls and emails had been insufficient in reducing no-shows. A literature review highlighted several effective interventions in improving patient adherence and reducing missed appointments, such as facilitated appointment scheduling, personalized communication, and patient-centered strategies. The project aimed to enhance the nursing staff's knowledge in addressing patient no-shows by educating them on causes, including logistical barriers and psychological factors like stigma, fear of treatment, and low motivation. Using resources from the Agency for Healthcare Research and Quality (AHRQ), a structured education program was developed for the 22 participating nurses. The program consisted of two full-day sessions focusing on health literacy, follow-up protocols, and evidence-based strategies to reduce no-shows. The project utilized a test pre-post-test design. The post-test showed significant improvements in knowledge, with the mean score rising from 66.5% to 92%, representing a 25.5% knowledge gain. A paired  $t$  test confirmed the statistical significance of this improvement ( $t = 19.56$ ,  $df = 29$ ,  $p < 0.001$ ), demonstrating the effectiveness of the educational intervention. The project established that structured educational interventions could significantly enhance staff's understanding and management of missed appointments, ultimately contributing to better patient outcomes, efficient clinic operations, and equity, diversity and inclusion.

## **Background**

Patient no-shows and missed appointments are significant factors in mental health, with a high prevalence among patients seeking psychiatric care. “No shows” are defined as scheduled appointments that patients fail to attend without prior cancellation or rescheduling. These missed appointments disrupt treatment plans, delay care, and can exacerbate mental health conditions (Hwang et al., 2020). Notably, approximately 36% of psychiatric patients miss appointments, with reasons ranging from logistical issues, like transportation problems, to psychological barriers such as fear of stigma, anxiety, or lack of motivation (Hwang et al., 2020). Moreover, patients with substance abuse disorders, anxiety, or PTSD are particularly prone to missing appointments, which negatively impacts continuity of care and treatment outcomes (Nuti et al., 2021). These missed appointments can lead to delayed treatments, worsening symptoms, and increased healthcare costs while straining clinic resources (Nuti et al., 2021). Thus, addressing the root causes of no-shows is critical in improving patient adherence to treatment, reducing healthcare inefficiencies, and enhancing overall patient outcomes.

The gap in practice was identified among nurses providing care to mental health patients at a psychiatric clinic. At this facility, missed patient appointments remained a prevalent concern, with approximately 25% of scheduled appointments not being attended by patients, which contributed to ongoing challenges in managing and improving patient care outcomes. These missed appointments disrupted the continuity of care, delayed necessary treatments, and worsened patients’ mental health conditions. Furthermore, missed appointments were found to increase healthcare costs for both the facility and the patients, while also impacting the clinic’s operational efficiency. The

prevalence of this problem was associated with the clinic's conventional care practices, where reminder calls and follow-up emails were employed as strategies to ensure that patient appointments were kept. However, these methods had not been consistently effective in reducing the rate of missed appointments. There was also a lack of standardized procedures for documenting and following up with patients who missed their appointments, which resulted in an unstructured approach to managing patient engagement. This lack of organization made it difficult for the clinic to effectively address no-shows, leading to persistent issues in maintaining appointment adherence (George & Rubin, 2020). Moreover, the clinic demonstrated a concerning lack of staff awareness regarding the obstacles faced by psychiatric patients that contributed to missed appointments. Staff members were unaware of barriers such as stigma, fear of treatment, transportation issues, and other factors that made it difficult for patients to attend their appointments (George & Rubin, 2020). This lack of understanding hindered the clinic's ability to implement meaningful solutions to improve patient adherence to appointments.

Certain interventions are effective in improving patient adherence to appointments (Crale et al., 2021). These interventions include facilitated appointment scheduling, using text messaging and reminders, financial incentives, and patient navigation, all of which have demonstrated significant effectiveness across various healthcare settings. No single intervention is universally superior; a multi-faceted approach combining various strategies may be more effective in reducing missed appointments. In addition, the AHRQ advocated for structured follow-up methods, like direct communication and personalized engagement, to further enhance patient adherence and clinic outcomes. Given this, this project aimed to educate current mental health

nursing staff at the site on missed patient appointments, associated barriers, and strategies that are most effective in reducing patient no shows. The project utilized the AHRQ resource and training module on following up with patients (AHRQ, 2024). This toolkit provided structured guidance to educate the nursing staff, with the ultimate goal of enhancing their knowledge concerning this issue. Thus, the following practice-focused question guided the project: Among nurses working at a psychiatric clinic, can a staff education program about missed patient appointments improve their knowledge of strategies to reduce no-shows at the mental health facility?

A thorough literature review revealed relevant findings that support the study. Boyle and Schwinck (2022) found that a nurse-led telephone orientation protocol significantly reduced missed psychotherapy appointments by improving patient engagement through personalized communication. This aligns with Musa et al. (2021), who emphasized patient-centered care and flexible scheduling as effective strategies for reducing no-shows. Similarly, Moroz et al. (2020) and Muhorakeye and Biracyaza (2021) identified logistical barriers such as transportation and financial constraints as key factors contributing to missed mental health appointments. Both studies recommended telehealth and flexible care options to enhance access and reduce no-shows. In addition, Xaba et al. (2024) and Ramamurthy et al. (2021) highlighted psychological barriers like fear of treatment and poor medication adherence as common reasons for missed psychiatric appointments, stressing the need for continuous patient education. Williamson et al. (2021) also linked frequent no-shows to increased hospital utilization, underscoring the broader healthcare impact of missed appointments. All studies emphasized the need for educating staff on barriers associated with missed patient appointments and effective

evidence-based strategies of reducing no shows. Overall, the literature supported the project's focus on educating nursing staff to address barriers and understand relevant strategies for reducing missed appointments and enhancing patient outcomes.

### **Staff Education Project Development**

A comprehensive team-based approach was adopted to develop and implement the staff education project. The project team consisted of the Doctor of Nursing (DNP) project manager, a mental health specialist, the nurse manager, and the nursing staff. The DNP project manager coordinated overall project activities and ensured that the project was aligned with the scope and timeline. The mental health specialist provided expertise on their knowledge of patient no-shows and missed appointments at the psychiatric clinic, while the nurse manager provided oversight and guidance throughout the staff education project. The participants of this project were the nurses ( $N = 22$ ) working at the specified site. They took part in the education module designed to increase their knowledge of missed patient appointments and strategies to reduce no-shows. The program aimed to educate nurses using the AHRQ training toolkit on health literacy and follow-up with patients (AHRQ, 2022).

Before the implementation of the education session, baseline assessments were conducted to determine the nursing staff's current knowledge on missed patient appointments and the most effective strategies in reducing no-shows. This was done using a pretest created by the project team during the planning phase using information and guidelines from the AHRQ. Each test contained 12 close-ended questions related to missed patient appointments, associated barriers, and strategies to reduce no-shows (Appendix B). The nurse manager approved the test as applicable to evidence-based

healthcare practices. An expert panel reviewed each test item individually using the content validity ratio and content validity index, establishing the test's relevance to the aim of the staff education project. The content expert designated to the DNP project manager also validated the use of these questions for the staff education program. The DNP project manager administered the tests, and each nurse answered the questions individually and without consultation for 30 minutes. Afterward, the DNP project manager collected the test results and recorded individual test scores. These scores were essential in establishing the overall efficacy of the staff education project on the nursing staff.

The educational session was scheduled to last for 2 hours and 30 minutes. On Day 1, the first 30 minutes were used to conduct a pretest assessing baseline knowledge on patient appointments and strategies to reduce no-shows. No identifying information was used, and each nurse used a specific code. Following the pretest, a 1 hour and 30-minute educational session covered three main topics:

- Health literacy and its role in reducing no-shows (30 minutes)
- Introduction to Tool 6: Follow-Up with Patients (30 minutes)
- Strategies for reducing missed appointments using EBP guidelines (30 minutes)

Nurses were also provided with pens and notebooks for note-taking and a 10-minute Q&A session followed.

On Day 2, the session began with a 10-minute recap of the previous day's content. Participants then engaged in a 1 hour and 20-minute session featuring role-playing and interactive exercises on follow-up strategies, including demonstrations of effective

communication to reduce missed appointments. The session concluded with a 10-minute Q&A and a posttest to measure knowledge gained that lasted 30 minutes and was done individually. The DNP project manager collected the posttest results to analyze and establish findings.

### **Results**

At the baseline level, the mean pretest score for the close-ended questionnaire was 66.5% with a standard deviation of 1.05. In contrast, the posttest scores yielded a mean of 92.0% with a standard deviation of 1.95. This represents a knowledge gain of 25.5%. Moreover, a paired *t* test was used to analyze and evaluate the statistical significance of the mean difference between the two scores. The paired *t* test was chosen as it is the most effective method for comparing the means of two measurements taken at different times (Sipes, 2020). The paired *t*-test results indicated a statistically significant difference between the pretest and posttest scores ( $t = 19.56$ ,  $df = 29$ ,  $p < 0.001$ ). This low *p*-value ( $p < 0.001$ ) showed that the improvement in knowledge and understanding of missed patient appointment and strategies to reduce no-shows among the nursing staff was highly significant following the educational intervention.

The staff education project had several limitations. First, the project's scope was restricted to a single psychiatric clinic with a small sample size of 22 nurses, limiting the generalizability of the findings to other healthcare settings. Moreover, the reliance on pre- and posttest assessments may not have fully captured the long-term effectiveness of the education program in reducing missed appointments and no-shows. The absence of a follow-up evaluation further limited the ability to determine if the nurses retained and consistently applied the learned strategies in their daily practice. In addition, the project

did not assess whether improved nurse knowledge translated into actual reductions in missed appointments or enhanced patient outcomes, such as increased patient adherence or satisfaction. Future interventions would benefit from broader participation, follow-up assessments, and direct measures of patient outcomes to better evaluate the program's sustained impact and practical effectiveness.

Despite these limitations, the project demonstrated the efficacy of a structured educational program beyond the local site. It showed its effectiveness in significantly improving the knowledge and confidence of nursing staff regarding patient no-shows and strategies to reduce them. The use of validated pre- and posttests provided quantitative evidence of the program's effectiveness. The substantial improvement in test scores indicated that the educational intervention successfully enhanced the nursing staff's understanding of methods to minimize missed appointments. This project highlights the importance of ongoing education and training in reducing patient no-shows, which can ultimately lead to better patient adherence, improved appointment attendance rates, and more efficient healthcare delivery.

### **Conclusions**

In summary, the staff education project implemented at a local psychiatric clinic significantly improved the nursing staff's knowledge and confidence in addressing patient no-shows and applying strategies to reduce missed appointments. The project tackled the prevalent issue of missed patient appointments, which often leads to inefficiencies in healthcare delivery and adverse patient outcomes. By educating nurses on evidence-based strategies to reduce no-shows, the project demonstrated a statistically significant enhancement in both their knowledge and confidence, with posttest scores and

confidence levels showing notable improvements. The findings underscore the importance of incorporating education on managing patient appointments into routine training for healthcare professionals. The statistically significant improvement in test scores and confidence levels highlights the efficacy of structured educational programs in equipping nursing staff with the skills necessary to minimize patient no-shows and enhance clinic efficiency. This project aligns with the broader goals of improving mental health outcomes and fostering a supportive work environment for healthcare providers.

The project recommends ongoing monitoring and follow-up to ensure sustained application of strategies to reduce patient no-shows and to evaluate the long-term effects on appointment attendance and patient outcomes. Further research is needed to assess the broader applicability of these findings and their potential for improving patient adherence and reducing missed appointments in other healthcare settings. This staff education initiative aligns with the Walden university's mission of promoting evidence-based practices that enhance patient care and operational efficiency by serving as a model for integrating strategies to reduce no-shows into nursing practice.

## References

- Agency for Healthcare Research and Quality. (2024, February). *Follow up with patients: Tool 6*. <https://www.ahrq.gov/health-literacy/improve/precautions/tool6.html>
- Boyle, M. K., & Schwinck, J. (2022). Reducing missed psychotherapy appointments: An advanced practice nurse-initiated telephone orientation protocol. *Perspectives in Psychiatric Care*, 58(4), 2756–2763. <https://doi.org/10.1111/ppc.13116>
- Crable, E. L., Biancarelli, D. L., Aurora, M., Drainoni, M. L., & Walkey, A. J. (2021). Interventions to increase appointment attendance in safety net health centers: A systematic review and meta-analysis. *Journal of Evaluation in Clinical Practice*, 27(4), 965–975. <https://doi.org/10.1111/jep.13496>
- George, A., & Rubin, G. (2020). Non-attendance in general practice: A systematic review and its implications for access to primary health care. *Family Practice*, 20(2), 178–184. <https://doi.org/10.1093/fampra/20.2.178>
- Hwang, A. S., Atlas, S. J., Cronin, P., Ashburner, J. M., Shah, S. J., He, W., & Barnett, M. L. (2020). Appointment “no-shows” are an untapped opportunity for providers: Patients no-show for many reasons, and there are no easy solutions for eliminating missed appointments. *Journal of General Internal Medicine*, 30(12), 1788–1794. <https://doi.org/10.1007/s11606-015-3442-3>
- Moroz, N., Moroz, I., & Slovinc D’Angelo, M. (2020). Mental health services in Canada: Barriers and cost-effective solutions to increase access. *Healthcare Management Forum*, 33(6), 282–287. <https://doi.org/10.1177/0840470420933911>
- Muhorakeye, O., & Biracyaza, E. (2021). Exploring barriers to mental health services utilization at Kabutare district hospital of Rwanda: Perspectives from

patients. *Frontiers in Psychology*, 12, 638377.

<https://doi.org/10.3389/fpsyg.2021.638377>

Musa, S., Al Baker, W., Al Muraikhi, H., Nazareno, D., Al Naama, A., & Dergaa, I. (2021). Wellness program within primary health care: how to avoid” no show” to planned appointments? -A patient-centred care perspective. *Physical Activity & Health* (2515-2270), 5(1).

Nuti, L. A., Lawley, M., Turkcan, A., Tian, Z., Zhang, L., Chang, K., ... & Sands, K. E. (2021). No-shows to primary care appointments: Why patients do not come. *Journal of Primary Care & Community Health*, 3(2), 93–97.

<https://doi.org/10.1177/21501319211010101>

Ramamurthy, P., Alexander, A., Solomon, S., Thilakan, P., & Rudravaram, V. V. (2021). Prescription pattern, follow-up pattern, and medication adherence in psychiatric outpatients. *Annals of Indian Psychiatry*, 5(1), 67–73.

<https://journals.lww.com/aips/toc/2021/05010>

Williamson, A. E., McQueenie, R., Ellis, D. A., McConnachie, A., & Wilson, P. (2021). ‘Missingness’ in health care: Associations between hospital utilization and missed appointments in general practice. A retrospective cohort study. *PLoS One*, 16(6), e0253163. <https://doi.org/10.1371/journal.pone.0253163>

Xaba, F., Lowane, M. P., Chelule, P. K., & Shilubane, H. N. (2024). Failure to keep psychiatric appointments at primary healthcare facilities: Mental health care users missed ongoing clinical visits in Ekurhuleni district in Gauteng province, South Africa. *International Journal of Innovative Research and Scientific Studies*, 7(2), 645–652. <https://doi.org/10.53894/ijirss.v7i2.2853>

## Appendix A: Teaching Plan

**Presentation Title:** *Strategies to Reduce No-Shows in Mental Health Using Health Literacy Universal Precautions Toolkit (Tool 6)*

**Total Time:** 2 Hours and 30 Minutes **Audience:** RN nursing staff

Objective	Content	Teaching Method	Time	Evaluation
Conduct a pre-assessment using anonymous questionnaire to assess current knowledge on patient appointments and strategies to reduce	12 closed questions	Each student will do the test individually.	30 min	Each question will be marked and compared with provided marking scheme
Define health literacy and its role in reducing no-shows	<ol style="list-style-type: none"> <li>1. Overview of health literacy.</li> <li>2. Definition of no-shows and correlation with health literacy.</li> <li>3. Importance of ensuring patients understand their care instructions</li> <li>4. Consequences of no-shows in mental health care.</li> </ol>	PowerPoint Lecture & Handouts	30 min	Pretest Posttest questions
Explain Tool 6: Follow-Up with Patients.	<ol style="list-style-type: none"> <li>1. Review of Health Literacy Universal Precautions Toolkit</li> <li>2. Introduction to Tool 6: Follow-up with Patients</li> <li>3. Best practices for follow-up communication with mental health patients.</li> <li>4. Discuss text messaging as the most effective strategy of reducing missed patient appointments at the mental health clinic.</li> </ol>	PowerPoint Lecture & Case Discussion	60 min	Pretest Posttest questions
<i>Day 2 Content</i> Role-playing exercises: Effective follow-up strategies	<ol style="list-style-type: none"> <li>1. Practice strategies for improving patient understanding of importance of patient appointments.</li> <li>2. Demonstrate follow-up communication to reduce no-shows (e.g., clarifying instructions, addressing barriers)</li> <li>3. Practice effective text messaging between the nurse and patient to ensure positive outcome and more patient shows at appointments.</li> </ol>	PowerPoint Lecture Videos and Images	60 Mins	Pretest Posttest questions
Conduct a post-assessment using anonymous questionnaire to assess current knowledge on patient appointments and strategies to reduce	12 closed questions	Each student will do the test individually.	30 Mins	Each question will be marked and compared with provided marking scheme

## Appendix B: Pretest and Posttest

**Instructions: Please answer all questions by selecting the BEST option.**

**Identification Code:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1. Which of the following is a primary reason for missed appointments in psychiatric clinics?**

- a) Lack of transportation
- b) Lack of patient engagement
- c) Overbooking of appointments
- d) Poor reminder system

**2. What is the most effective method to remind patients of their upcoming appointments?**

- a) Sending an email reminder
- b) Calling the patient, the day before
- c) Mailing a reminder letter
- d) Sending a text message reminder

**3. Which strategy is considered most effective in improving appointment adherence in mental health facilities?**

- a) Double-booking appointment slots
- b) Flexible scheduling for patients
- c) Only sending reminders by email
- d) No follow-up on missed appointments

**4. How often should follow-up procedures be conducted for patients who miss their appointments?**

- a) Only once
- b) Twice within a week
- c) Daily until contact is made
- d) No follow-up is necessary

**5. Which of the following best describes an evidence-based strategy to reduce no-shows?**

- a) Implementing a strict cancellation policy
- b) Offering incentives for attending appointments
- c) Integrating appointment reminders with patient education
- d) Reducing the number of available appointment slots

**6. What is the main goal of patient engagement strategies in reducing missed appointments?**

- a) To reduce the workload of the staff
- b) To ensure patients feel accountable for attending
- c) To simplify scheduling procedures
- d) To reduce the clinic's operational costs

**7. Which of the following is NOT a recommended action if a patient misses an appointment?**

- a) Document the missed appointment in the patient's record
- b) Reschedule the appointment as soon as possible
- c) Wait for the patient to contact the clinic
- d) Contact the patient to discuss reasons for the missed appointment

**8. Which type of patient is most likely to miss appointments at a psychiatric clinic?**

- a) Patients with acute conditions
- b) Patients with chronic conditions
- c) Patients with multiple comorbidities
- d) Patients with severe mental health disorders

**9. What is a key component of effective patient appointment scheduling?**

- a) Offering only morning slots to patients
- b) Scheduling multiple patients in the same time slot
- c) Providing flexible scheduling options
- d) Scheduling appointments without patient input

**10. Why is it important to document patient appointment adherence?**

- a) To reduce the number of staff required
- b) To identify patterns in missed appointments
- c) To increase the clinic's revenue

d) To simplify patient records management

**11. What role does patient education play in reducing missed appointments?**

a) It helps patients understand the importance of attending appointments

b) It allows staff to manage their time more effectively

c) It decreases the need for reminder systems

d) It increases the clinic's operational efficiency

**12. What is a potential outcome of not addressing missed appointments in a psychiatric clinic?**

a) Increased patient satisfaction

b) Improved patient outcomes

c) financial losses for the clinic

d) Reduced need for clinic staff

**Marking Scheme**

1. b) Lack of patient engagement

2. d) Sending a text message reminder

3. b) Flexible scheduling for patients

4. b) Twice within a week

5. c) Integrating appointment reminders with patient education

6. b) To ensure patients feel accountable for attending

7. c) Wait for the patient to contact the clinic

8. d) Patients with severe mental health disorders

9. c) Providing flexible scheduling options

10. b) To identify patterns in missed appointments

11. a) It helps patients understand the importance of attending appointments

12. c) financial losses for the clinic

**Appendix C: Summative Program Evaluation Tool**

## Staff Educational Program

1. Was the learning objective and outcome adequately presented?

Yes\_\_\_\_\_ No\_\_\_\_\_

2. Was the learning outcome met?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Was the delivery method effective? Are there aspects that could have been done differently?

---

4. Which element of the presentation did you like the most?

---

5. Were you satisfied with the quality of the content?

Yes\_\_\_\_\_ No\_\_\_\_\_

6. Please indicate your satisfaction with the presenter/speaker.

Very satisfied\_\_\_\_\_ Satisfied\_\_\_\_\_ Neither Satisfied nor Dissatisfied\_\_\_\_\_

7. Did the content presented meet your expectation?

Yes\_\_\_\_\_ No\_\_\_\_\_

8. Did the staff education program meet your expectation?

Yes\_\_\_\_\_ No\_\_\_\_\_

9. Do you feel the staff education program met its goals?

Yes\_\_\_\_\_ No\_\_\_\_\_

10. Do you believe this staff education program had a direct impact on the facility?