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## Staff Education on Standardized Appointment Reminder & Follow-Up Protocol

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# Walden University

College of Nursing

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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.

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Executive Summary: Staff Education Project

Staff Education on Standardized Appointment Reminder & Follow-Up Protocol

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## Summary

This quality improvement (QI) initiative focused on staff education regarding standardized reminder and follow-up protocols. The practice problem was inconsistent staff practices leading to a 6% monthly missed appointment rate and an annual revenue loss of \$12,000–\$24,000. Addressing this issue is crucial to nursing practice because it can potentially decrease the missed appointment rate and promote positive social change for the clinic's patients. The question was whether evidence-based intervention education improves staff knowledge of reminder and follow-up protocols.

Participants included seven clinic staff members who completed a paper-based pretest assessment, attended the power presentation educational module, and then took a posttest. The pretest and posttest included seven questions that assessed participants' confidence, competency, knowledge, and practice with standardized reminder and follow-up protocols. Descriptive and comparative analyses of pre- and posttest scores, changes in percentage scores, and qualitative feedback were used to evaluate knowledge gains and identify existing challenges and barriers to adoption. The findings showed improvements across all areas, with six staff increasing their scores by two points (40%) and one by one point (20%). Confidence levels also increased in all competency domains, indicating a substantial alignment with evidence-based communication workflows and a reduction in practice inconsistencies. The implications for nursing practice and social change are substantial, as the project strengthens nursing roles in care coordination and health literacy, promotes equitable communication, reduces barriers to care, and supports diversity, equity, and inclusion through standardized, culturally sensitive outreach for vulnerable populations.

## Background

The background of this project highlighted a gap in practice related to inconsistent staff performance in making appointment reminder and follow-up calls in the outpatient clinic. A review of the clinic's electronic health record (EHR) revealed an average monthly missed appointment rate of 6%, which contributed to workflow disruptions, reduced provider efficiency, and resulted in measurable financial loss. These local findings align with other findings of 5.5% to 50%, indicating that missed appointments remain a significant challenge (Ahmad et al., 2021). The findings also underscore the need for standardized, evidence-based communication workflows to improve patient adherence, reduce operational inefficiencies, and enhance continuity of care.

The practice-focused question for this project was as follows: "For outpatient clinic staff, will education focus on a standardized appointment reminder and follow-up protocol, increase staff knowledge in performing standardized appointment reminder and follow-up calls as measured by pre- and post-test scores?" The project aimed to improve staff knowledge, confidence, and consistency in performing reminder and follow-up calls by implementing an evidence-based educational intervention designed to strengthen workflow reliability and enhance patient engagement. A number of evidence supported the need for this practice change. Oyibo (2024), Graham (2024), and Vang et al. (2020) all demonstrated that staff education on reminder protocols and follow-up strategies significantly enhanced knowledge and reduced no-show rates. Also, "personalized telephone outreach (Højgaard et al., 2024) and "nurse-led call-back programs strengthened "patient-provider relationships, supported "informed decision-making, and improved appointment adherence while reducing emergency department revisits"

(Luciani-McGillivray et al., 2020). Additionally, Rivera-Figueroa (2023) highlighted that “structured nurse education on hypertension,” combined with “standardized follow-up protocols, led to improved staff knowledge and alignment with adherence goals.” Overall, these findings justify the need for a structured, replicable staff education intervention to address the identified practice gap.

### **Staff Education Project Development**

Participants in this QI initiative included seven staff members of the outpatient clinics whose work directly affected patient communication, appointment compliance, and workflow efficiency. For example, the clinic owner, a Family Nurse Practitioner (FNP) with a DNP degree, and medical director, as well as my preceptor, provided oversight to ensure that the project aligned with practicum objectives, clinic needs, and validated the educational content. The project also included the clinical manager who coordinated training schedules and supported integration of the new workflow; two front office staff who initiated reminder and follow-up calls, verified patient contact information, and documented outreach in the EMR; three nurses and one other nurse practitioner contributed clinical judgment during follow-up conversations, reinforced patient education, and escalated concerns as needed. Together, these participants represented the interdisciplinary team responsible for implementing and sustaining the improved communication workflow.

The project was developed using an evidence-based, collaborative approach. Initial procedures included a needs assessment, which involved reviewing the clinic’s Electronic Health Record (EHR) data to identify trends of missed appointments and conducting informal discussions with staff to understand workflow inconsistencies and

communication challenges. Based on these findings, a standardized appointment reminder and follow-up protocol was created, outlining timing expectations, call scripts, documentation, and escalation procedures. Also, a structured staff education PowerPoint was then developed, and a training session was delivered in person, led by the project leader with support from the preceptor and clinical manager. Staff completed a pre-test before receiving education and a post-test immediately afterward to measure knowledge acquisition. The session highlighted the benefits of reminder and follow-up calls, the timeline for completing these calls, the responsibilities of each staff member, and the importance of consistent and effective communication practices to support adherence and continuity of care.

The project's evidence was collected using a mixed-methods methodology. Confidence ratings assessed staff comfort in four key domains, including initiating reminder and follow-up calls, documenting outreach in the electronic medical record (EMR), escalating clinical concerns, and reinforcing health education during follow-up interactions. Pre-test and post-test assessments measured changes in staff knowledge of standardized appointment reminder and follow-up procedures. Additionally, staff members' pre-training challenges and post-training methods were recorded through open-ended responses. A thorough understanding of staff learning, confidence-building, and preparedness to implement the standardized communication workflow was made possible by the combination of quantitative and qualitative data.

## **Results**

The project results showed improvement in staff knowledge and confidence following the standardized appointment reminder and follow-up education intervention.

Table 1 below indicates that all seven participants gained knowledge after the project implementation. For example, six of the seven staff members' scores improved by two points (40% increase), while one participant's score increased by one point (20% increase). These findings indicate that the education module effectively enhanced staff understanding of the standardized workflow and the rationale behind consistent reminder and follow-up practices.

**Table 1**

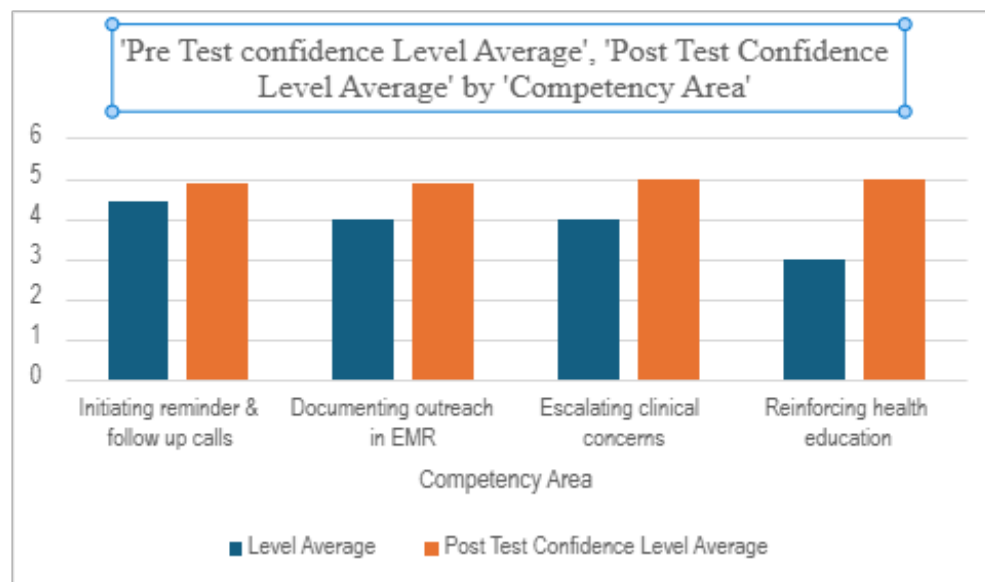
*Knowledge Change following standardized appointment reminder and follow-up education (Pre-test vs. Post-test)*

Participant (n=7)	Pretest Score	Posttest Score	Change in Point	Percentage Increase in Improvement
Participant 1	2	4	+2	40%
Participant 2	2	4	+2	40%
Participant 3	3	5	+2	40%
Participant 4	4	5	+1	20%
Participant 5	3	5	+2	40%
Participant 6	3	5	+2	40%
Participant 7	3	5	+2	40%

In addition to knowledge gains, staff confidence level in performing key tasks also increased. Table 2 and Figure 1 below indicate the average pre-test and post-test confidence levels across four competency areas, including confidence in initiating reminder and follow-up calls, which improved from 4.43 to 4.86, documenting outreach in the EMR also increased from 4.00 to 4.86, and escalating clinical concerns rose from 4.00 to a perfect 5.00. The greatest improvement can be seen in reinforcing health education during follow-up calls, which increased from 3.00 to 5.00, indicating a significant growth in staff comfort with patient-centered communication.

**Table 2***Summary Table of Averages: Confidence Level in Performing Task*

Competency Area	Pre Test confidence Level Average	Post Test Confidence Level Average
Initiating reminder & follow up calls	4.43	4.86
Documenting outreach in EMR	4.00	4.86
Escalating clinical concerns	4.00	5.00
Reinforcing health education	3.00	5.00

**Figure 1***Pretest and Posttest Confidence Level in Performing Task*

*Note.* Rate of confidence level using a scale of 1 to 5, where 1 = Not confident, 2 = Slightly confident, 3 = Moderately confident, 4 = Confident, and 5 = Very confident

Together, these results demonstrate that the training not only improved knowledge but also strengthened staff readiness to apply the standardized workflow in daily practice. After the training, staff identified several strategies they planned to implement to improve patient follow-up and workflow consistency. These included using scripted calls, applying consistent calling processes, making reminder and follow-up calls

24–48 hours before and after appointments, and using scripted templates to standardize processes and documentation. Overall, staff shifted from inconsistent outreach practices to adopting structured, repeatable strategies designed to enhance communication, improve patient engagement, and support a more reliable workflow.

### **Conclusions**

This project has a significant impact on the organization because improved staff knowledge and confidence directly support more consistent outreach practices, which can reduce missed appointments, stabilize clinic workflow, and enhance patient engagement. Also, the clinic's 6% monthly missed appointment rate contributed to workflow disruptions and an estimated annual revenue loss of \$12,000 to \$24,000. As a result, the observed improvements have the potential to enhance operational efficiency and strengthen financial sustainability. Increased consistency in documentation and escalation processes also strengthens care coordination and supports safer, more reliable patient follow-up.

Several limitations influenced the results. The small sample size ( $N = 7$ ) limits generalizability and may not fully represent the range of staff learning needs or communication styles. The short post-implementation evaluation period also limited the ability to assess long-term retention or sustained behavior change. Additionally, staff self-reported confidence ratings may be subject to response bias, and the absence of direct observation limited the ability to validate whether improved confidence translated into consistent practice. Staff reported challenges during the pre-test, most of which centered on difficulty reaching patients, including frequent missed calls and patients not answering the phone. A few participants also identified issues with missed call reminders,

while one participant reported no challenges. These findings highlight persistent communication barriers that affect appointment adherence and workflow consistency. Future studies should examine the specific factors contributing to unsuccessful outreach attempts, such as patient communication preferences, technology limitations, or social determinants that may affect patients' ability to respond; assess patient perspectives on communication preferences; and evaluate whether additional interventions, such as multilingual scripts, automated reminder systems, or expanded call windows could further reduce missed appointments and enhance follow-up effectiveness. Despite these limitations, the findings provide valuable insight into the effectiveness of structured staff education in improving workflow adherence.

This project also holds importance beyond the local site. Missed appointments are a widespread challenge in U.S. primary care, with national rates ranging from 15% to 30% annually and contributing to an estimated \$150 billion in healthcare system losses (Abou Al Ardat et.al.,2024). The standardized training model implemented in this project provides a replicable, low-cost strategy that can be adopted by other outpatient clinics seeking to enhance communication workflows, reduce no-show rates, and strengthen patient engagement. Standardized, consistent communication reduces variability that may unintentionally disadvantage certain patient groups, while structured follow-up processes help ensure that all patients, regardless of language, socioeconomic status, or health literacy level, receive timely reminders and education. These efforts align with broader goals of diversity, equity, and inclusion by fostering communication practices that are reliable, culturally responsive, and patient-centered. By demonstrating that brief, targeted education can significantly enhance staff knowledge and confidence, this project

contributes to ongoing efforts to improve care continuity, promote health literacy, and support equitable access to outpatient services across diverse communities.

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