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Staff Education to Improve Timely Intake Response and Follow-Up Communication

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Walden University

College of Nursing

This is to certify that the doctoral study by

Evelyn Noel

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. Lilo Fink, Committee Chairperson, Nursing Faculty

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Walden University
2026

Executive Summary: Staff Education Project

Staff Education to Improve Timely Intake Response and Follow-Up Communication

by

Evelyn Noel

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Summary

A lack of staff knowledge regarding timely intake response and follow-up communication processes resulted in inconsistent management of client follow-up at the private mental health clinic in Florida. This gap in practice guided the practice-focused question: Does educating mental health clinical staff on timely intake response and follow-up communication improve staff knowledge in managing client follow-up processes in a private mental health clinic, as evidenced by pre- and post-surveys? This educational initiative employed the analysis, design, development, implementation, and evaluation (ADDIE) model, the Johns Hopkins evidence-based practice (JHEBP) model, the Walden University DNP Project Checklist, and the DNP Project Process Guide. A comprehensive literature search was conducted using CINAHL, PubMed, ProQuest, and the Walden University Library, yielding 32 relevant articles, of which 18 were selected to support the intervention. Two content experts with experience in mental health operations and clinical workflow education reviewed and validated the educational materials. The project included two structured staff education sessions held at the mental health clinic for 10 staff members, incorporating an online presurvey, an evidence-based educational intervention, and a postsurvey to evaluate knowledge improvement. Knowledge levels increased from a mean score of 54% on the presurvey to 92% on the postsurvey, representing an average learning gain of 38%, with statistical significance supported by a paired *t* test ($t(9) = 8.72, p < .001$). This educational project may promote positive social change by improving staff knowledge essential for timely client engagement, enhancing continuity of care, reducing delays in mental health service access, and supporting improved organizational efficiency in patient follow-up care.

Background

Timely intake response and effective follow-up communication are essential components of quality care delivery in mental health settings, where delays in client engagement can negatively impact access to services, continuity of care, and treatment outcomes. National data indicated that delays in responding to client intake requests and inconsistent follow-up procedures remain significant barriers to timely mental health care, contributing to missed appointments, fragmented communication, and decreased client retention (Smith & Patel, 2021). Inefficient follow-up processes have also been linked to increased care disengagement, particularly in outpatient behavioral health environments where coordinated communication is critical to client stability and therapeutic progress (*Lopez et al., 2025*).

At the practice site, variability in staff knowledge of standardized intake response expectations and follow-up workflows contributed to inconsistent practices, delayed return communication, and missed opportunities for timely client scheduling. Internal discussions with leadership and clinical staff indicated that the absence of a unified education process contributed to differences in how intake requests were triaged, how follow-up communication was executed, and how documentation was completed. These inconsistencies align with broader literature showing that inadequate staff training on communication workflows contributes to delays in service access and continuity of care (*Vermeir et al., 2015*).

Given the critical role of timely communication in mental health care, the identified gap in knowledge among intake and clinical staff at the practice site warranted an evidence-based educational approach. The literature strongly supported the use of

structured staff education to address workflow-related knowledge deficits and improve operational processes in ambulatory mental health and related healthcare settings (*e.g.*, Garzonis *et al.*, 2015).

These findings provided the foundation for developing the practice-focused question: Does a structured, evidence-based staff education intervention improve staff knowledge and strengthen standardized procedures for timely intake response and follow-up communication at the practice site?

Staff Education Project Development

This project employed established instructional and evidence-based frameworks to ensure a systematic and rigorous approach to staff education. The project was structured using the ADDIE model, which supports the development of educational interventions aligned with practice needs (Hadi & Indra, 2021). The JHEBP model further guided the translation of high-quality evidence into practical and sustainable educational strategies to support consistent intake and follow-up communication practices (see Dang *et al.*, 2021).

Analysis

The analysis phase focused on identifying a key practice gap and developing a focused practice question guided by the ADDIE model and the JHEBP framework. With assistance from a Walden University librarian, I conducted a comprehensive literature search using MEDLINE/PubMed, CINAHL Complete/EBSCO, ProQuest, and the Cochrane Library. Search terms included *staff education*, *intake response*, *follow-up communication*, *workflow*, and *patient adherence*. The search yielded 38 relevant articles, of which 12 were appraised using the JHEBP research and nonresearched appraisal tools

and summarized in the evidence synthesis. The reviewed studies, representing evidence Levels I–V, supported the use of structured educational interventions to improve intake and clinical staff knowledge and skills related to timely intake response and follow-up communication, with implications for improved patient outcomes.

Organizational analysis was conducted using the JHEBP Organizational Readiness Tool, SWOT analysis, and stakeholder analysis to assess readiness for change. Findings demonstrated strong leadership support for standardizing communication processes and staff recognition of the need for clearer intake and follow-up guidelines to improve efficiency. The clinic’s small, cohesive team structure and centralized communication processes further supported the feasibility of implementing a targeted staff education intervention.

Design and Development

The project’s design and development phases were guided by synthesized findings from the JHEBP model’s Individual Evidence Summary, SWOT analysis, Organizational Readiness Tool, and stakeholder analysis using the JHEBP Translation and Action Planning Tool to translate evidence into a structured educational intervention addressing knowledge gaps related to timely intake response and follow-up communication. Evidence synthesis informed selection of content areas with the strongest empirical support for standardizing intake and follow-up workflows in outpatient mental health settings, and the JHEBP framework was used to appraise evidence quality to enhance scientific rigor (see Dang et al., 2021). Findings from the baseline assessment guided development of the educational module (see Appendix A) and the pre- and postsurvey instrument (see Appendix B). Educational materials and

assessment tools underwent structured review by three content experts (see Appendix C), including one DNP-prepared nurse with 4 years of experience in outpatient behavioral health and workflow education and two advanced practice registered nurses with 8 years of experience in outpatient behavioral health practice and staff education, one serving as the project preceptor. The content experts confirmed the accuracy, relevance, clarity, and feasibility of the materials, and their feedback informed final refinements. The faculty advisor DNP committee approved the educational materials and survey instruments in accordance with the DNP Project Process Guide, and a final action review meeting was held.

Implementation

An ethics pledge was completed prior to implementing this project. Ten participants included three RNs, three intake coordinators, one licensed clinical therapist, and three administrative support staff involved in intake and follow-up communication. The 10 staff members participated voluntarily and were informed that participation was confidential, no identifying information would be collected, and withdrawal was permitted at any time without employment consequences. To accommodate staff schedules, the intervention was delivered on-site in four sessions over 1 week, with each participant attending a single 30–40-minute session.

At the start of each session, the project purpose, potential benefits, and minimal risks were reviewed, and informed consent was obtained, with survey completion serving as implied consent. Participants completed a 10-item presurvey assessing baseline knowledge of intake response timelines, follow-up procedures, documentation standards, workflow coordination, and escalation of delayed intake requests. The intervention

included a PowerPoint presentation. After each session, participants completed the postsurvey containing the same items to measure knowledge change.

Evaluation

The evaluation phase included analysis of the changes in staff knowledge related to timely intake response and follow-up communication. Descriptive statistics, including a data chart to show mean scores and percentages, were used to show the knowledge levels before and after the educational intervention. I then conducted a paired t test to determine whether the changes in scores were statistically significant. All survey responses were collected using SurveyMonkey to ensure confidential and standardized data collection.

Results

Content Expert

Content experts evaluated the educational module and survey instruments and determined that the materials were relevant, evidence based, and appropriately aligned with the identified practice gap related to timely intake response and follow-up communication. Content experts agreed that the content was clearly organized and feasible for implementation in an outpatient mental health setting. Minor feedback indicated the need for clearer wording of certain survey items and reinforcement of key concepts related to documentation and workflow coordination. All recommended revisions were incorporated prior to implementation.

Pre- and Postsurvey Results

Presurvey results showed variable baseline knowledge, with the highest performance in workflow coordination among staff (70% correct) and the lowest in

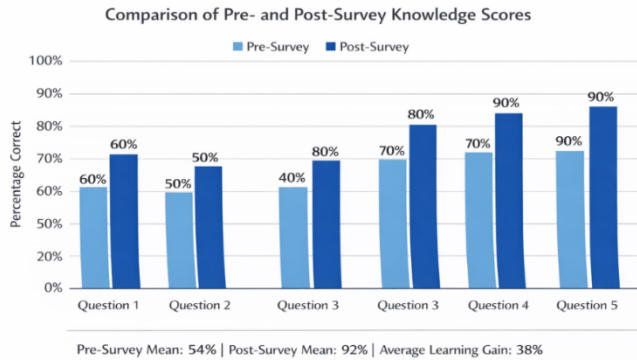
documentation practices (40% correct), as well as several follow-up and monitoring items (50% correct). Postsurvey results demonstrated improvement across all areas, with the highest score observed for appropriate intake response time frames (100% correct) and consistently high performance across most follow-up communication, workflow coordination, and escalation-related items (90% correct). Documentation practices, one of the lowest scorings presurvey areas, improved to 80% correct. Overall, staff knowledge improved following the educational intervention, with mean presurvey scores increasing from 5.4 correct responses (54%) to 9.2 correct responses (90%) on the postsurvey, representing a mean increase of 3.8 correct responses and a 36 percentage-point improvement (see Table 1 and Figure 1).

Table 1*Number and Percentage of Correct Responses Before and After the Intervention*

Item number	Question description	Presurvey number correct	Presurvey percentage correct	Postsurvey number correct	Postsurvey percentage correct
1	Appropriate intake response timeframe	6	60%	10	100%
2	Standardized follow-up communication procedure	5	50%	9	90%
3	Correct documentation practices	4	40%	8	80%
4	Workflow coordination among staff	7	70%	9	90%
5	Escalation process for delayed intake	5	50%	9	90%
6	Roles and responsibilities in intake follow-up	6	60%	9	90%
7	Appropriate use of communication tools	5	50%	9	90%
8	Documentation timelines for follow-up	6	60%	9	90%
9	Identifying barriers to timely follow-up	5	50%	9	90%
10	Monitoring and tracking client follow-up	5	50%	9	90%
Mean		5.4	54%	9.2	92%

Figure 1

Comparison of Pre- and Postsurvey Knowledge Scores



Paired *t* Test Results

A paired *t* test was conducted to compare presurvey and postsurvey knowledge scores. Results demonstrated a statistically significant increase in staff knowledge following the educational intervention, $t(9) = 8.72, p < .0001$. This finding indicates that participation in the structured staff education session was associated with a statistically significant improvement in knowledge related to timely intake response and follow-up communication processes. The results support the effectiveness of the educational intervention in addressing the identified practice gap (see Table 2).

Table 2

*Paired Sample Student's *t* Test Comparing Pre- and Postsurvey Knowledge Scores*

Measure 1	Measure 2	<i>T</i>	<i>df</i>	<i>p</i>	Cohen's <i>d</i>
Presurvey knowledge	Postsurvey knowledge	8.72	9	< .0001	2.76

Strengths and Limitations

This project's strengths include implementation of an evidence-informed, feasible intervention within existing clinic workflows and outcome evaluation using pre- and post-surveys. Substantial knowledge gains observed after the intervention underscore the value of structured staff education for addressing workflow-related knowledge gaps. Limitations include a small convenience sample in a single setting, lack of a control group, and measurement of outcomes immediately after the session, which limits generalizability and long-term knowledge retention assessment. Future efforts may include periodic refresher training, integration into new staff onboarding, and use of case-based simulations or role-play to support sustained application of standardized workflows.

Conclusions

This educational project demonstrated that a targeted, evidence-informed staff education intervention was effective in improving knowledge related to timely intake response, follow-up communication, and documentation practices in an outpatient mental health setting. Findings support the use of structured staff education as a feasible strategy to strengthen standardized intake and follow-up processes and enhance staff preparedness to support continuity of care. These results highlight the value of educational interventions in promoting consistent and efficient communication practices in outpatient mental health services.

This project may support positive social change by reinforcing timely and standardized intake and follow-up communication, which may promote equitable access to mental health services and strengthen client engagement during critical periods of care

initiation. Implementation of evidence-based educational interventions may contribute to improved system efficiency and support quality mental health outcomes for the populations served. By reducing delays in intake response and improving consistency in follow-up communication, this approach may help minimize barriers to care for individuals who may otherwise experience gaps in access to mental health services.

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Appendix A: Staff Education Module Content

Improving Client Follow-Up Compliance Through Staff Education and Technology-Based Appointment Reminders

Introduction

- Timely follow-up is vital to ensure safe, continuous, and effective mental health care.
- At Medina Healthcare FL, delays in intake responses and appointment scheduling have led to missed follow-ups and lower engagement.
- This session aims to enhance staff knowledge, standardize communication, and introduce technology-based reminders for consistent follow-up compliance.



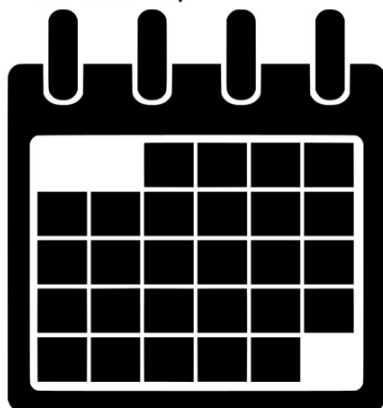
Educational Objectives

By the end of this session, staff will be able to:

- Describe the importance of timely client follow-up in improving patient outcomes.
- Identify barriers that lead to missed or delayed follow-up.
- Demonstrate effective communication strategies during follow-up interactions.
- Apply standardized scheduling and reminder procedures.
- Utilize electronic systems to send and track appointment reminders.

The screenshot displays the 'Productivity Alchemy' interface for scheduling an appointment. It features a calendar for January 2021 on the left, with the 18th of the month highlighted. On the right, there is a 'Timezone' dropdown menu set to 'New_York (-5:00)' and a list of available appointment times: 9:30 am, 9:45 am, 10:00 am (selected), 10:15 am, 11:30 am, and 11:45 am.

Importance of Timely Follow-Up



- Reinforces continuity of care and helps prevent relapse or crisis escalation.
- Allows staff to identify early warning signs such as medication nonadherence or mood changes.
- Builds trust and therapeutic alliance between clients and providers.
- Encourages clients to stay engaged and adhere to treatment plans.
- Reduces no-show rates, improves clinic efficiency, and enhances patient satisfaction.
- Promotes accountability and proactive care, ensuring small issues are addressed early.

Barriers to Timely Follow-Up

Barriers:

- High workload and competing priorities.
- Inconsistent or unclear scheduling workflows.
- Limited training on reminder systems.
- Incomplete or delayed documentation.

Solutions:

- Set dedicated time each day for follow-up calls or messages.
- Use a standardized follow-up checklist for consistent outreach.
- Provide hands-on training for reminder systems and EHR integration.
- Document follow-up attempts immediately for accuracy and accountability.
- Encourage teamwork and open communication to share follow-up responsibilities.

Best Practices for Effective Follow-Up

- Prioritize follow-up as a daily clinical responsibility, not an optional task.
- Contact clients within 24–48 hours after a missed appointment or discharge.
- Document all follow-up efforts immediately in the EHR.
- Collaborate with colleagues to coordinate care and avoid duplication.
- Use technology tools consistently and accurately.
- Foster a culture of accountability, reliability, and compassionate care.



Technology-Based Appointment Reminders

- Automated texts, emails, and phone reminders reduce human error and ensure consistency.
- Free staff time by minimizing manual tracking and administrative tasks.
- Help clients remember appointments and maintain engagement in care.
- Integrated with the EHR for automatic documentation and tracking.
- Staff can view delivery confirmations and client responses directly in the system.
- Proven to reduce no-show rates and improve workflow efficiency.



Summary

- Structured communication and consistent use of reminders improve follow-up compliance.
- Continuous education and leadership support sustain positive change.
- Working together as a team creates a clinic culture that values timely, patient-centered care.



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Appendix B: Pre- and Post-education Survey

Timely Client Follow-Up and Appointment Reminders

General Knowledge of Follow-Up Processes

1. The main goal of a standardized follow-up process is to?
 - A. Ensure consistent and accurate client communication
 - B. Reduce provider workload only
 - C. Limit documentation responsibilities
 - D. Shorten all scheduled appointments
 2. Why is timely follow-up communication important for healthcare providers?
 - A. It improves patient engagement and care continuity
 - B. It only benefits administrative operations
 - C. It does not impact patient satisfaction
 - D. It focuses mainly on billing procedures
-

Patient Communication

3. When responding to client follow-up requests, staff should?
 - A. Explain the following steps and expected response timeframe
 - B. Wait until the provider is available to respond
 - C. Avoid discussing scheduling details
 - D. Direct the client to external services immediately
4. The best method to confirm an appointment is?

- A. Written or electronic confirmation (e.g., text, email, or portal)
 - B. Leaving a single voicemail message
 - C. Waiting for the client to return the call
 - D. Skipping confirmation to save time
-

Scheduling Accuracy

- 5. Standardized scheduling practices improve?
 - A. Continuity of care
 - B. Documentation accuracy
 - C. Appointment attendance
 - D. All of the above
 - 6. When two clients request the same appointment time?
 - A. The first client is booked, and the second is offered alternative times
 - B. Both clients should be scheduled simultaneously
 - C. One appointment should be cancelled without notice
 - D. The provider should decide later without notifying clients
-

Policies and Procedures

- 7. The purpose of clinic follow-up policies is to:
 - A. Standardize communication and reduce risk
 - B. Limit staff autonomy
 - C. Increase administrative workload

D. Replace provider responsibilities

8. Every follow-up message or call should include?

A. Greeting, purpose, and confirmation of next steps

B. Billing statement only

C. Insurance information only

D. Provider introduction only

Barriers and Risks

9. Lack of standardized follow-up practices often results in?

A. Missed appointments and poor Continuity

B. Better flexibility for staff

C. Reduced patient complaints

D. No significant effect

10. A common barrier to effective follow-up is?

A. Lack of staff training and workflow clarity

B. Too much communication between staff

C. Overuse of technology

D. Patient availability

Answer Key: 1a, 2a, 3a, 4a, 5d, 6a, 7a, 8a, 9a, 10a

Appendix C: Content Expert Evaluation Form

Content Expert Evaluation Form

Expert: _____ Title: _____ Date: _____

EVALUATION (Rate 1-4: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

Educational Objectives Met

Stress response knowledge ____ | Trigger identification ____ | Stress techniques ____ | Self-care strategies

Content Quality

Relevance to practice ____ | Evidence-based validity ____ | Audience appropriate ____ | Comprehensive
coverage ____

Materials Quality

PowerPoint presentations ____ | Knowledge assessment ____ | Overall curriculum ____

RECOMMENDATION

Recommend without changes Minor changes Major changes Do not recommend

Overall Rating: ____ / 4

Strengths: _____

Improvements: _____

Signature: _____ Date: _____