

4-24-2026

## Staff Education to Improve Knowledge of Evidence-Based Engagement Strategies to Reduce No-Show Rates

Jerrica Luster  
*Walden University*

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



Part of the [Nursing Commons](#)

---

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

Jerrica Luster

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. Mary Martin, Committee Chairperson, Nursing Faculty

Dr. Diane Whitehead, Committee Member, Nursing Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2026

Executive Summary: Staff Education Project  
Staff Education to Improve Knowledge of Evidence-Based Engagement Strategies to

Reduce No-Show Rates

by

Jerrica Luster

MS, Walden University, 2020

BS, Walden University, 2019

Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

May 2026

## Summary

This Doctor of Nursing Practice project was a staff education initiative designed to address high no-show rates in an outpatient mental health practice. The identified problem was the inconsistent use of evidence-based engagement strategies beyond standard reminder practices. Missed appointments disrupt continuity of care, delay treatment, and reduce access to mental health services, particularly for vulnerable populations. The practice-focused question examined whether staff education on evidence-based engagement strategies, compared to standard reminder practices, supports improved appointment adherence through increased staff knowledge. The purpose was to improve staff knowledge as a foundation for enhancing appointment adherence.

A paired *t* test was conducted to evaluate the effectiveness of the educational intervention. Results demonstrated a statistically significant improvement in staff knowledge following the intervention,  $t(9) = 13.29, p < .001$ , with average scores increasing from 55% pretest to 86% posttest. Major deliverables included a structured PowerPoint-based educational session, pre- and postassessment tools, and handouts. Recommendations include integrating education into onboarding, reinforcing engagement strategies through follow-up practices, and providing ongoing education to sustain knowledge gains. This project has important implications for nursing practice and social change. Improving staff knowledge supports patient-centered communication and may enhance appointment adherence and continuity of care. Strengthening engagement strategies also promotes more equitable access to mental health services for underserved populations.

## **Background**

High no-show rates in outpatient mental health settings represent a persistent barrier to effective care delivery and reflect a significant practice gap. Missed appointments disrupt continuity of care, delay treatment interventions, and reduce access to services for other patients (Crangle et al., 2021; Teo et al., 2023). In the identified practice setting, a contributing factor to this issue was the inconsistent use of evidence-based engagement strategies among staff beyond standard reminder practices. While reminder systems are commonly used, they do not fully address patient-level barriers, such as limited understanding of treatment importance, competing priorities, or lack of engagement with care plans (Crangle et al., 2021). Technology-based interventions, including telehealth and digital reminder systems, have also been associated with reduced missed appointments; however, these approaches are most effective when combined with patient engagement strategies and staff involvement (Bhatta et al., 2023; Sides & Kbaier, 2024). Addressing this gap is important in nursing practice because improving patient engagement is associated with better clinical outcomes, improved adherence to treatment, and more efficient use of healthcare resources (Teo et al., 2023).

I developed the project question to examine whether staff education on evidence-based engagement strategies, compared with standard reminder practices, would support improved appointment adherence in an outpatient mental health practice. The purpose of this project was to improve staff knowledge of evidence-based engagement strategies through a structured educational intervention. Improving staff knowledge was identified as a foundational step toward strengthening patient engagement practices and supporting reductions in no-show rates.

In addition to the identified practice gap, addressing no-show rates is critical to improving overall healthcare system efficiency and patient outcomes. Missed appointments not only affect individual patients but also contribute to underutilization of provider time and increased healthcare costs. In mental health settings, missed appointments may delay essential treatment, increase symptom severity, and contribute to higher rates of crisis intervention or hospitalization (Crabbe et al., 2021; Teo et al., 2023).

Improving engagement strategies at the staff level is a practical and sustainable approach to addressing these challenges. By equipping staff with the knowledge and tools needed to effectively communicate with patients and address barriers to care, healthcare organizations can improve adherence, optimize resource utilization, and enhance overall quality of care (Dang et al., 2021).

### **Staff Education Project Development**

I implemented a structured staff education intervention to address inconsistent use of evidence-based engagement strategies contributing to high no-show rates in an outpatient mental health practice. The intervention focused on improving staff knowledge and application of patient-centered communication, teach-back methods, and structured follow-up processes (see Ellis et al., 2022; Teo et al., 2023). I delivered the education through an in-person, PowerPoint-based session (see Appendix B) to outpatient mental health clinic staff, including providers, nursing staff, and scheduling personnel. A total of 10 staff members participated in the educational session and completed both pre- and postassessments.

The implementation of this educational intervention also emphasized staff engagement and participation to promote successful adoption of the strategies presented.

By delivering the education in a structured yet interactive format, staff were able to ask questions, discuss real-world scenarios, and consider how the strategies could be applied within their specific roles.

This approach supported not only knowledge acquisition but also increased staff confidence in applying engagement strategies during patient interactions. Ensuring that the education was relevant to daily workflows contributed to greater acceptance of the intervention and increased the likelihood of sustained practice change (see Dang et al., 2021).

### **Evidence, Strength, and Translation of Literature Review**

The literature supporting this project demonstrates strong and consistent evidence for the effectiveness of evidence-based engagement strategies in reducing no-show rates in outpatient mental health settings. High-level evidence, including systematic reviews and randomized controlled trials, supports the use of staff-driven interventions, such as patient-centered communication, structured follow up, and behavioral reminder strategies to improve appointment attendance (Crale et al., 2021; Ellis et al., 2022; Greenup & Best, 2025; Teo et al., 2023). Moderate-level evidence supports the integration of telehealth and provider-led engagement strategies to improve access and attendance when combined with staff involvement (Baglini et al., 2024; Muppavarapu et al., 2022). Lower-level evidence reinforces the feasibility and real-world applicability of staff education interventions in outpatient psychiatric settings (Ameel et al., 2019). The consistency of findings across all levels of evidence supports translation into practice through a structured staff education intervention to improve staff knowledge and promote consistent use of engagement strategies.

### **Educational Program Development**

I developed the educational program based on findings from the literature review and aligned with evidence-based practice principles (see Dang et al., 2021). The content was focused on key engagement strategies, including patient-centered communication, teach-back methods, setting clear expectations, and addressing barriers to attendance. The program was designed as a brief, structured, PowerPoint presentation to ensure feasibility within the clinical setting (see Appendix B). I also developed an educational handout (see Appendix C) to support practical application of engagement strategies during routine workflows, including scheduling, reminders, and follow-up interactions.

### **Evaluation Tools**

I used a quantitative pre-/posttest design (see Appendix A) to evaluate the effectiveness of the educational intervention (see Dang et al., 2021). A 10-item multiple-choice assessment was administered before and after the educational session to measure staff knowledge. Each correct response was assigned 1 point, with scores calculated out of 10 and converted to percentages. I conducted descriptive statistical analysis to compare pre- and posttest scores and determine knowledge improvement.

The use of a pre-/posttest design provided a straightforward and effective method for evaluating knowledge improvement while minimizing disruption to clinic workflow. This approach allowed for immediate assessment of learning outcomes and provided measurable data to support the effectiveness of the intervention.

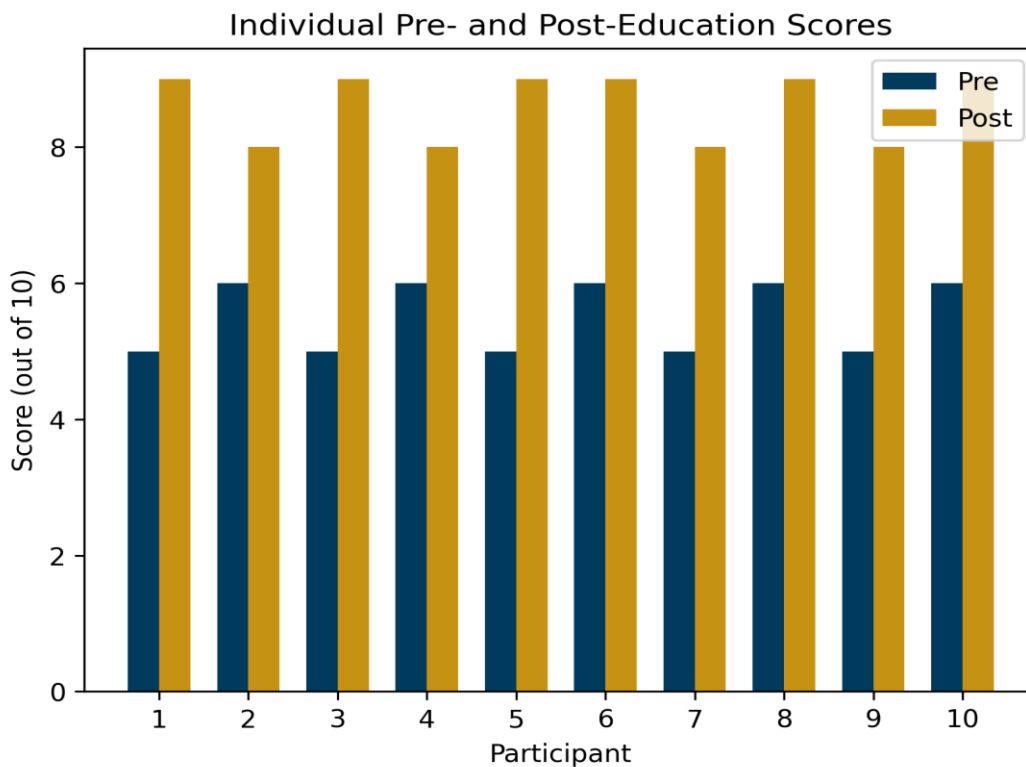
Additionally, the use of a standardized assessment tool ensured consistency across participants and allowed for objective comparison of results. This method aligns with

evidence-based practice principles by using data-driven evaluation to inform practice changes and guide future implementation efforts (see Dang et al., 2021).

### **Results**

Postimplementation results demonstrated a measurable improvement in staff knowledge of evidence-based engagement strategies following the educational intervention. A total of 10 staff members participated, and all completed both assessments. The average preeducation score was 55%, which increased to 86% following the intervention, reflecting a 31-percentage point improvement (see Tables 1 and 2 and Figure 1).

A paired *t*-test analysis confirmed that the increase in scores from pre- to posttest was statistically significant,  $t(9) = 13.29, p < .001$ , supporting the effectiveness of the educational intervention. The improvement in scores indicates that the structured staff education session was effective in increasing understanding of engagement strategies. All participants demonstrated knowledge gains, supporting consistent improvement across staff roles (see Crable et al., 2021; Ellis et al., 2022).

**Table 1***Pre- and Posteducation Knowledge Scores*

*Note.* Each assessment consisted of 10 multiple-choice questions. Scores represent the number of correct responses out of 10.

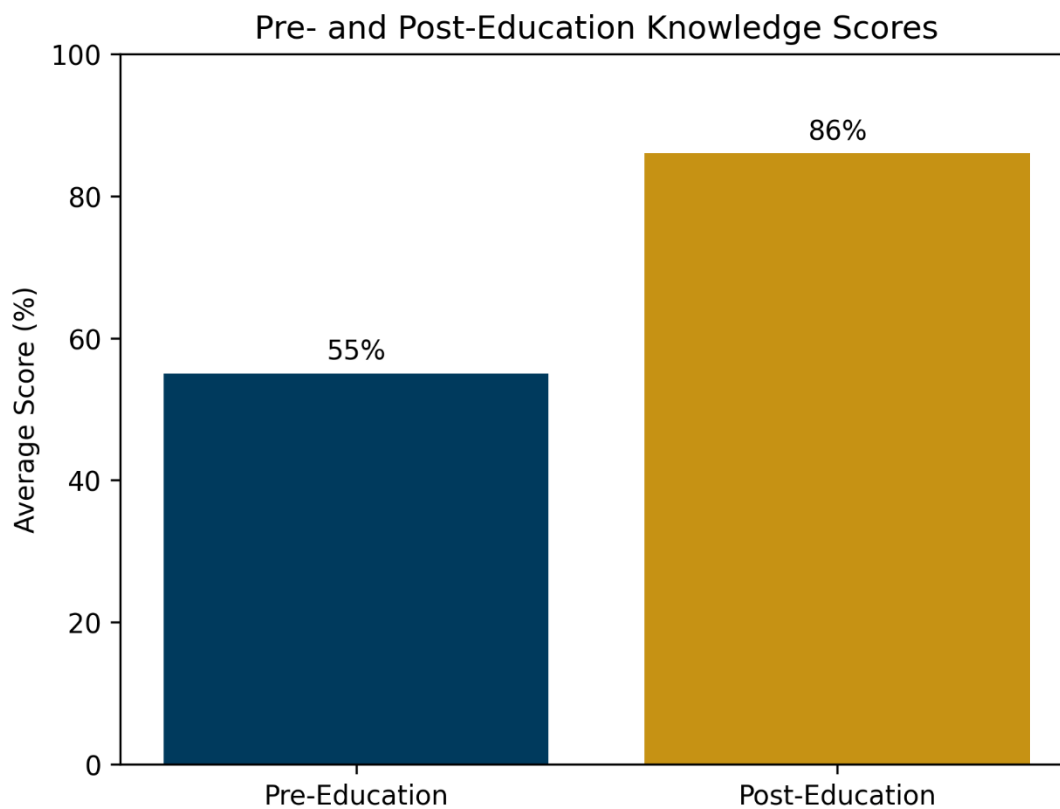
**Table 2***Summary of Pre- and Posteducation Knowledge Scores*

Measure	Preeducation	Posteducation	Change
Average score (%)	55%	86%	+31%
Mean score (out of 10)	5.5	8.6	+3.1
Number of participants	10	10	

*Note.* Scores are based on a 10-item multiple-choice assessment. Percentage scores reflect the proportion of correct responses.

**Figure 1**

*Pre- and Posteducation Knowledge Scores*



*Note.* Preeducation average = 55%. Posteducation average = 86%.

### **Limitations**

The sample size was limited to 10 participants within a single outpatient mental health practice, which may limit generalizability. The evaluation was focused on short-term knowledge gains and did not include long-term follow up to assess retention or sustained practice change. Additionally, I did not directly measure no-show rates, limiting the ability to determine the direct impact on patient attendance outcomes.

### **Impact on Organization**

The project improved staff knowledge and promoted more consistent use of engagement strategies in patient interactions. Enhanced understanding of communication and follow-up practices supports improved patient engagement and may contribute to improved appointment adherence over time (Crabbe et al., 2021).

Beyond knowledge improvement, this project has the potential to positively influence organizational workflow and efficiency. By reducing missed appointments, the clinic can optimize provider schedules, improve continuity of care, and enhance overall patient satisfaction. Improved engagement practices may also reduce administrative burden associated with rescheduling and follow up for missed visits (Crabbe et al., 2021).

Additionally, this project supports a culture of evidence-based practice within the organization by encouraging staff to apply research-supported strategies in daily interactions. Promoting consistency in engagement practices across staff roles contributes to a more coordinated and patient-centered approach to care delivery.

### **Recommendations**

I have several recommendations based on the results of this project. Ongoing staff education should be incorporated into onboarding and continuing education programs to reinforce engagement strategies and maintain consistency across staff roles. Integration of engagement strategies into routine workflows, including structured follow-up practices, such as personalized outreach and consistent communication, is recommended to further support patient engagement. Future evaluation should include long-term monitoring of no-show rates and expansion to larger populations to assess broader

impact. Continued stakeholder engagement and leadership support are essential to sustain practice changes (Dang et al., 2021).

### **Conclusions**

This Doctor of Nursing Practice project demonstrated that staff education on evidence-based engagement strategies can improve staff knowledge and promote more consistent use of patient-centered communication, teach-back methods, and follow-up practices in outpatient mental health care. Strengthening these skills supports improved patient engagement and has the potential to enhance appointment adherence over time (Crangle et al., 2021; Teo et al., 2023). To sustain these improvements, ongoing staff education and integration of structured follow-up practices into routine workflows are recommended (Dang et al., 2021). This project has important implications for nursing practice and positive social change by supporting patient-centered care, improving continuity of treatment, and promoting more equitable access to mental health services for underserved populations (see Ameel et al., 2019; Ellis et al., 2022).

## References

- Ameel, M., Kontio, R., & Välimäki, M. (2019). Interventions delivered by nurses in adult outpatient psychiatric care: An integrative review. *Journal of Psychiatric and Mental Health Nursing, 26*(3–4), 89–101. <https://doi.org/10.1111/2047-3095.12309>
- Baglini, K., Bruns, D. P., & Hill, J. R. (2024). Telemedicine as a referral bridge: A nurse practitioner–led intervention to increase initial psychiatric appointment attendance. *Journal of the American Psychiatric Nurses Association, 30*(1), 45–53. <https://doi.org/10.1016/j.nurpra.2024.105068>
- Bhatta, D., Sizer, M. A., & Acharya, B. (2023). Association between telehealth and missed appointments among patients experiencing behavioral health challenges. *Journal of Behavioral Health Services & Research, 50*(2), 234–246. <https://doi.org/10.1001/jamanetworkopen.2023.24252>
- 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 General Internal Medicine, 36*(12), 3754–3765. <https://doi.org/10.1111/jep.13496>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Ellis, D. A., Sanders, J. G., Jenkins, R., & McAuslan, L. (2022). A weekday intervention to reduce missed appointments. *BMJ Open, 12*(4), e056890. <https://doi.org/10.1371/journal.pone.0274670>

- Greenup, E. P., & Best, D. (2025). No-show or non-attendance rates among telehealth and in-person models of care: A systematic review and meta-analysis. *Telemedicine and e-Health*, 31(2), 167–178. <https://doi.org/10.1186/s12913-025-12826-2>
- Muppavarapu, K., Saeed, S. A., Jones, K., Hurd, O., & Haley, V. (2022). Impact of telehealth use on clinic no-show rates at an academic practice. *Psychiatric Services*, 73(9), 1011–1017. <https://doi.org/10.1007/s11126-022-09983-6>
- Sides, T., & Kbaier, D. (2024). Investigating how the use of technology can reduce missed appointments: A quantitative case study at a general practitioner surgery. *International Journal of Medical Informatics*, 176, 105087. <https://doi.org/10.2196/43894>
- Teo, A. R., Niederhausen, M., Handley, R., Metcalf, E. E., Call, A. A., Jacob, R. L., Zikmund-Fisher, B. J., Dobscha, S. K., & Kaboli, P. J. (2023). Using nudges to reduce missed appointments in primary care and mental health: A pragmatic trial. *JAMA Network Open*, 6(3), e231102. <https://doi.org/10.1007/s11606-023-08131-5>

## Appendix A: Pre-/Postknowledge Check Questionnaire

### Pre-Education Knowledge Assessment

#### Topic: Evidence-Based Engagement Strategies to Reduce No-Show Rates

1. **What is the primary purpose of evidence-based engagement strategies in outpatient mental health care?**
  - A. To improve patient engagement and appointment adherence
  - B. To increase appointment availability
  - C. To replace reminder systems
  - D. To reduce provider documentation
  
2. **Why is consistent staff communication important for improving appointment adherence?**
  - A. It improves clinic efficiency only
  - B. It reduces appointment length
  - C. It eliminates the need for reminders
  - D. It reinforces patient understanding, accountability, and follow-through
  
3. **Which factor most commonly contributes to high no-show rates in outpatient mental health settings?**
  - A. Appointment duration
  - B. Provider specialty
  - C. Insurance coverage
  - D. Limited patient engagement and inconsistent communication
  
4. **Which staff action best supports reducing missed appointments?**
  - A. Scheduling appointments further in advance
  - B. Using patient-centered engagement and communication strategies
  - C. Limiting appointment availability
  - D. Relying only on automated reminders
  
5. **What role does staff education play in reducing no-show rates?**
  - A. It replaces reminder systems
  - B. It reduces staffing needs
  - C. It increases appointment length
  - D. It improves consistency and quality of patient engagement

6. **Which engagement strategy has evidence supporting reduced missed appointments?**
  - A. Increasing waitlists
  - B. Limiting appointment availability
  - C. Shortening appointment times
  - D. Behavioral nudges and tailored reminder messaging
  
7. **What staff practice most effectively supports appointment adherence in outpatient mental health care?**
  - A. Providing consistent follow-up and support in addition to reminders
  - B. Increasing appointment length
  - C. Reducing documentation requirements
  - D. Limiting appointment availability
  
8. **Which staff members play a role in supporting appointment adherence?**
  - A. Providers only
  - B. Scheduling staff only
  - C. Leadership only
  - D. Providers, nursing staff, and administrative staff
  
9. **How does ongoing staff education support sustained reductions in no-show rates within an outpatient mental health practice?**
  - A. By eliminating the need for reminder systems
  - B. By shortening appointment lengths
  - C. By increasing clinic capacity
  - D. By reinforcing consistent engagement practices and communication strategies over time
  
10. **Why is continuity of care important in outpatient mental health care?**
  - A. It shortens appointment times
  - B. It reduces documentation requirements
  - C. It supports treatment engagement and better clinical outcomes
  - D. It improves billing efficiency

**Post-Education Knowledge Assessment****Topic: Evidence-Based Engagement Strategies to Reduce No-Show Rates**

1. **Which staff practice most directly supports patients keeping scheduled appointments?**
  - A. Scheduling appointments further in advance
  - B. Using patient-centered approaches that support attendance
  - C. Relying solely on automated reminders
  - D. Limiting appointment availability
  
2. **Why is maintaining follow-up care especially important in outpatient mental health treatment?**
  - A. It shortens appointment times
  - B. It improves billing efficiency
  - C. It reduces documentation requirements
  - D. It supports ongoing treatment participation and clinical outcomes
  
3. **How does continued staff training help sustain improvements in appointment attendance?**
  - A. By eliminating reminder systems
  - B. By shortening visit duration
  - C. By increasing clinic capacity
  - D. By reinforcing consistent staff practices over time
  
4. **Which staff-led approach most effectively promotes patients attending scheduled appointments in outpatient mental health care?**
  - A. Offering consistent follow-up and support alongside appointment reminders
  - B. Extending the length of appointments
  - C. Reducing required documentation tasks
  - D. Restricting appointment availability
  
5. **Which outcome best demonstrates the success of a staff education intervention?**
  - A. Increased patient satisfaction
  - B. Reduced no-show rates after the intervention
  - C. Shorter appointment lengths
  - D. Decreased staff workload

6. **Who shares responsibility for supporting consistent appointment attendance?**
  - A. Providers only
  - B. Scheduling staff only
  - C. Leadership only
  - D. Providers, nursing staff, and administrative staff
  
7. **Why are automated reminders alone often insufficient to reduce missed appointments?**
  - A. Patients do not receive messages
  - B. Reminder systems are costly
  - C. Technology cannot be used in mental health care
  - D. Personal staff involvement reinforces understanding and accountability
  
8. **What is the main objective of staff-driven strategies designed to support appointment follow-through?**
  - A. Increasing clinic capacity
  - B. Replacing reminder systems
  - C. Supporting patient participation and consistent attendance
  - D. Reducing documentation
  
9. **Which approach has evidence supporting reductions in missed appointments?**
  - A. Increasing waitlists
  - B. Limiting scheduling flexibility
  - C. Shortening visit duration
  - D. Using behaviorally informed reminder strategies
  
10. **Which factor most commonly contributes to missed appointments in outpatient mental health settings?**
  - A. Insufficient patient involvement and inconsistent appointment-related information
  - B. Appointment duration
  - C. Insurance coverage
  - D. Provider specialty

**Pre-Test Answer Key**

**1. What is the primary purpose of evidence-based engagement strategies in outpatient mental health care?**

- A. To improve patient engagement and appointment adherence**
- B. To increase appointment availability
- C. To replace reminder systems
- D. To reduce provider documentation

**Correct answer: A**

**2. Why is consistent staff communication important for improving appointment adherence?**

- A. It improves clinic efficiency only
- B. It reduces appointment length
- C. It eliminates the need for reminders
- D. It reinforces patient understanding, accountability, and follow-through**

**Correct answer: D**

**3. Which factor most commonly contributes to high no-show rates in outpatient mental health settings?**

- A. Appointment duration
- B. Provider specialty
- C. Insurance coverage
- D. Limited patient engagement and inconsistent communication**

**Correct answer: D**

**4. Which staff action best supports reducing missed appointments?**

- A. Scheduling appointments further in advance
- B. Using patient-centered engagement and communication strategies**
- C. Limiting appointment availability
- D. Relying only on automated reminders

**Correct answer: B**

**5. What role does staff education play in reducing no-show rates?**

- A. It replaces reminder systems
- B. It reduces staffing needs
- C. It increases appointment length
- D. It improves consistency and quality of patient engagement**

**Correct answer: D**

**6. Which engagement strategy has evidence supporting reduced missed appointments?**

- A. Increasing waitlists
- B. Limiting appointment availability

C. Shortening appointment times

**D. Behavioral nudges and tailored reminder messaging**

**Correct answer: D**

**7. What staff practice most effectively supports appointment adherence in outpatient mental health care?**

**A. Providing consistent follow-up and support in addition to reminders**

B. Increasing appointment length

C. Reducing documentation requirements

D. Limiting appointment availability

**Correct answer: A**

**8. Which staff members play a role in supporting appointment adherence?**

A. Providers only

B. Scheduling staff only

C. Leadership only

**D. Providers, nursing staff, and administrative staff**

**Correct answer: D**

**9. How does ongoing staff education support sustained reductions in no-show rates within an outpatient mental health practice?**

A. By eliminating the need for reminder systems

B. By shortening appointment lengths

C. By increasing clinic capacity

**D. By reinforcing consistent engagement practices and communication strategies over time**

**Correct answer: D**

**10. Why is continuity of care important in outpatient mental health care?**

A. It shortens appointment times

B. It reduces documentation requirements

**C. It supports treatment engagement and better clinical outcomes**

D. It improves billing efficiency

**Correct answer: C**

**Post-Test Answer Key**

**1. Which staff practice most directly supports patients keeping scheduled appointments?**

- A. Scheduling appointments further in advance
- B. Using patient-centered approaches that support attendance**
- C. Relying solely on automated reminders
- D. Limiting appointment availability

**Correct answer: B**

**2. Why is maintaining follow-up care especially important in outpatient mental health treatment?**

- A. It shortens appointment times
- B. It improves billing efficiency
- C. It reduces documentation requirements
- D. It supports ongoing treatment participation and clinical outcomes**

**Correct answer: D**

**3. How does continued staff training help sustain improvements in appointment attendance?**

- A. By eliminating reminder systems
- B. By shortening visit duration
- C. By increasing clinic capacity
- D. By reinforcing consistent staff practices over time**

**Correct answer: D**

**4. Which staff-led approach most effectively promotes patients attending scheduled appointments in outpatient mental health care?**

- A. Offering consistent follow-up and support alongside appointment reminders**
- B. Extending the length of appointments
- C. Reducing required documentation tasks
- D. Restricting appointment availability

**Correct answer: A**

**5. Which outcome best demonstrates the success of a staff education intervention?**

- A. Increased patient satisfaction
- B. Reduced no-show rates following the intervention**
- C. Shorter appointment lengths
- D. Decreased staff workload

**Correct answer: B**

**6. Who shares responsibility for supporting consistent appointment attendance?**

- A. Providers only
- B. Scheduling staff only

C. Leadership only

**D. Providers, nursing staff, and administrative staff**

**Correct answer: D**

**7. Why are automated reminders alone often insufficient to reduce missed appointments?**

A. Patients do not receive messages

B. Reminder systems are costly

C. Technology cannot be used in mental health care

**D. Personal staff involvement reinforces understanding and accountability**

**Correct answer: D**

**8. What is the main objective of staff-driven strategies designed to support appointment follow-through?**

A. Increasing clinic capacity

B. Replacing reminder systems

**C. Supporting patient participation and consistent attendance**

D. Reducing documentation

**Correct answer: C**

**9. Which approach has evidence supporting reductions in missed appointments?**

A. Increasing waitlists

B. Limiting scheduling flexibility

C. Shortening visit duration

**D. Using behaviorally informed reminder strategies**

**Correct answer: D**

**10. Which factor most commonly contributes to missed appointments in outpatient mental health settings?**

**A. Insufficient patient involvement and inconsistent appointment-related information**

B. Appointment duration

C. Insurance coverage

D. Provider specialty

**Correct answer: A**

## Appendix B: Staff Education Presentation Slides



**Improving Appointment Adherence in Outpatient Mental Health Care: Staff Education Training**

Jerrica Luster, MSN, RN, DNP Student  
Walden University – DNP Project



**Purpose of Training**

- Improve understanding of appointment adherence strategies
- Identify factors contributing to missed appointments
- Strengthen patient engagement through communication
- Support reduction of no -show rates in the clinic

## Why Appointment Adherence Matters

- Missed appointments delay treatment and recovery
- Disrupt continuity of care
- Increase risk of symptom worsening or relapse
- Impact clinic efficiency and patient outcomes
- Improving adherence is linked to better mental health outcomes and continuity of care (Crabbe et al., 2021; Dang et al., 2021)

## Evidence From Literature Review

- Engagement strategies improve appointment attendance
- Communication and follow-up are key to patient follow-through
- Behavioral reminders (simple, clear messaging) are effective
- Technology (texts, telehealth) helps—but is not enough alone
- Staff involvement makes the biggest impact

### Key Point

- Combining communication, follow-up, and reminders improves attendance
- Staff interactions play a critical role in patient engagement (Crabbe et al., 2021; Teo et al., 2023)

## Common Reasons for NoShows

- Limited patient engagement
  - Inconsistent communication
  - Forgetfulness
  - Transportation or scheduling challenges
  - Stigma or anxiety related to care
- **KEY POINT:**
- -Limited engagement and communication are major contributors

4

## Staff Role in Reducing NoShows

- Providers, nurses, and administrative staff ALL play a role
- Consistent messaging improves patient understanding
- Every interaction is an opportunity to support attendance

### Key point

- Appointment adherence is a **team responsibility**

5

## Importance of Communication



Reinforces expectations and follow-through



Builds trust with patients



Improves accountability

**Evidence Support:**  
 Consistent, patient-centered communication improves engagement and adherence (Ameel et al., 2019)

**Examples:**

**Instead of saying:**  
 "You missed your last appointment"

**Say:**  
 "We missed you last time, how can we help you make it to your next visit?"

---

**Instead of saying:**  
 "Your appointment is scheduled"

**Say:**  
 "Your appointment is scheduled for Thursday, does that still work for you?"

## Patient-Centered Engagement

- Focus on patient needs and barriers
- Use supportive, nonjudgmental language
- Encourage participation in care

**Examples:**

- "What's most important to you about your treatment right now?"
- "What has made it hard to keep appointments in the past?"
- "Would mornings or afternoons work better for you?"

**Collaborative Approach:**

- Involve patients in scheduling decisions
- Offer options when possible

**Key Point:** Patient-centered strategies improve attendance

## Behavioral Strategies That Work

- Behavioral nudges (reminders with meaning)
- Personalized messaging/reminders
- Reinforcing importance of care

### Examples:

- “Your visit helps keep your treatment on track”
- “We’re looking forward to seeing you, it’s an important step in your care”
- “Patients who attend regularly often feel better faster”

### Evidence Support:

Behaviorally informed reminders improve attendance rates (Teo et al., 2023; Baglini et al., 2024)

## Reminder Systems- Not Enough Alone

- Texts and calls are helpful
- Must be combined with engagement

### Must include:

- Staff follow-up
- Patient education
- Engagement strategies

### Examples:

#### Less effective:

“Reminder: Appointment at 10 AM”

#### More effective:

“Reminder: Your appointment tomorrow at 10 AM helps us support your treatment, see you then!”

#### Staff Follow-Up:

“We’re calling to confirm your appointment; do you have everything you need to attend?”

### Key Point

Reminders alone are insufficient

## Follow-Up and Support

- Check in with patients before appointments
- Reinforce importance of attendance
- Address barriers early

### Example:

- “Do you have a ride to your appointment?”
- “Would a reminder the day before help you plan ahead?”
- “What time works best with your schedule?”
- “It’s normal to feel nervous, this is a safe space to talk”

### Key Point:

- Barriers + lack of engagement contribute to missed appointments
- Follow-up + support = improved attendance

10

## Staff Education Matters

- Improves consistency across staff
- Strengthens communication strategies
- Supports long-term improvements

### Key Point

Ongoing education reinforces best practices

### Evidence Support:

Staff education improves quality and consistency of care (Dang et al., 2021)

11

## Continuity of Care

- Regular visits support treatment progress
- Prevent relapse and symptom worsening
- Improve long-term outcomes

### Key Point

Continuity improves clinical outcomes

12

## Putting It Into Practice

- Use engagement strategies at every interaction
- Reinforce appointments consistently – Set Clear expectations
- Combine reminders with communication
- Work as a team

### Front Desk / Scheduling Staff:

- “We’ll see you on Tuesday at 10 AM, does that time still work for you?”
- “What might make it hard for you to get here?”
- Confirm contact information and preferred reminder method

### Nursing Staff:

- “Your follow-up visit is important to see how your medication is working”
- “What questions do you have about your next appointment?”
- Use teach-back: “Can you tell me when your next visit is?”

### Providers:

- “Staying consistent with appointments helps us keep your symptoms stable”
- “Let’s talk about anything that might prevent you from coming back”
- Reinforce importance of ongoing care and follow-up

13

## Key Takeaways

- Engagement drives attendance
- Communication matters
- Staff play a critical role
- Small actions = big impact

14

## Pre and Post Test Questionnaire

### Knowledge Check: Pre- and Post-Test

- You will complete a short 10-question test before and after the training
- The test measures knowledge of engagement strategies
- This is not graded and is for learning purposes only
- Please answer based on your current understanding

### Why This Matters

- Helps evaluate effectiveness of staff education
- Supports improvements in patient engagement strategies
- Contributes to improving appointment adherence

16

## Post-Test Instructions

- Please complete the post-test
- This helps measure knowledge gained from training
- Your participation is appreciated

### Instructions

- Read each question carefully
- Select the best answer
- Complete independently

### Key Point

- This is not a test of performance; this is to support learning and improvement"

17

**Thank You**

## References

- Ameen, M., Kontio, R., & Välimäki, M. (2019). Interventions delivered by nurses in adult outpatient psychiatric care: An integrative review. *Journal of Psychiatric and Mental Health Nursing, 26*(3–4), 89–101.
- Baglini, K., Bruns, D. P., & Hill, J. R. (2024). Telemedicine as a referral bridge: A nurse practitioner-led intervention to increase initial psychiatric appointment attendance. *Journal of the American Psychiatric Nurses Association, 30*(1), 45–53.
- 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 General Internal Medicine, 36*(12), 3754–3765.
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Teo, A. R., Niederhausen, M., Handley, R., Metcalf, E. E., Call, A. A., Jacob, R. L., Zikmund-Fisher, B. J., Dobscha, S. K., & Kaboli, P. J. (2023). Using nudges to reduce missed appointments in primary care and mental health: A pragmatic trial. *JAMA Network Open, 6*(3), e231102.

## Appendix C: Staff Education Material

### Improving Appointment Adherence in Outpatient Mental Health Care

#### ■ Why Appointment Adherence Matters

- Missed appointments delay treatment and recovery
- Disrupt continuity of care
- Increase risk of relapse or worsening symptoms
- Impact clinic workflow and patient outcomes

#### ■ Common Reasons for No-Shows

- Limited patient engagement
- Inconsistent communication
- Forgetfulness
- Transportation or scheduling issues
- Anxiety or stigma

#### ■ Evidence-Based Strategies

- Patient-centered communication
- Consistent staff follow-up
- Behavioral reminder messaging
- Patient education
- Team-based approach

**Note:** Reminders alone are not enough.

#### ■ What to Say

- "We missed you last time—how can we help you make your next visit?"
- "Does this appointment time still work for you?"
- "What might get in the way of you coming?"

#### ■ Address Barriers Early

Barrier	What to Say
Transportation	Do you have a ride to your appointment?
Scheduling	Would another time work better?
Forgetfulness	Would you prefer a text or phone reminder?
Anxiety/Stigma	You're not alone—we're here to support you

#### ■ Key Takeaways

- Engagement drives attendance
- Communication improves follow-through
- Small changes make a big difference
- Consistency across staff is essential

#### ■ Evidence-Based Support

Dang et al. (2021); Crable et al. (2021); Teo et al. (2023)