



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

James H. Huang M.D., M.P.H.
Department of Family Medicine
Harbor-UCLA Medical Center



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Colorectal Cancer
 - Number two cause of cancer death
 - About 150,000 cases a year in U.S.
 - About 57,000 deaths a year in U.S.



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Colorectal Cancer screening
 - High risk population
 - Average risk population
 - Start at age 50
 - FOBT every year and
 - Flexible sigmoidoscopy q 5 years or
 - Barium enema q 5-10 years or
 - Colonoscopy q 10 years



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Flexible Sigmoidoscopy
 - Primary care physician
 - Informed-consent
 - Patient bowel preparation
 - No sedation
 - 65 cm flexible fiberoptic scope



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Survey of 891 primary health care providers in California 2003
 - FOBT recommended 90 %
 - Flex sig recommended 70%
 - Barriers
 - Interventions



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Harbor-UCLA Family Health Center
 - LA county facility
 - Patient population
 - Residency training facility
 - Census
 - No show rate



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Flexible sigmoidoscopy clinic
 - Two sessions a week
 - Seven patient slots per session
 - Referral system
 - Patient education
 - Providers
 - No show rate



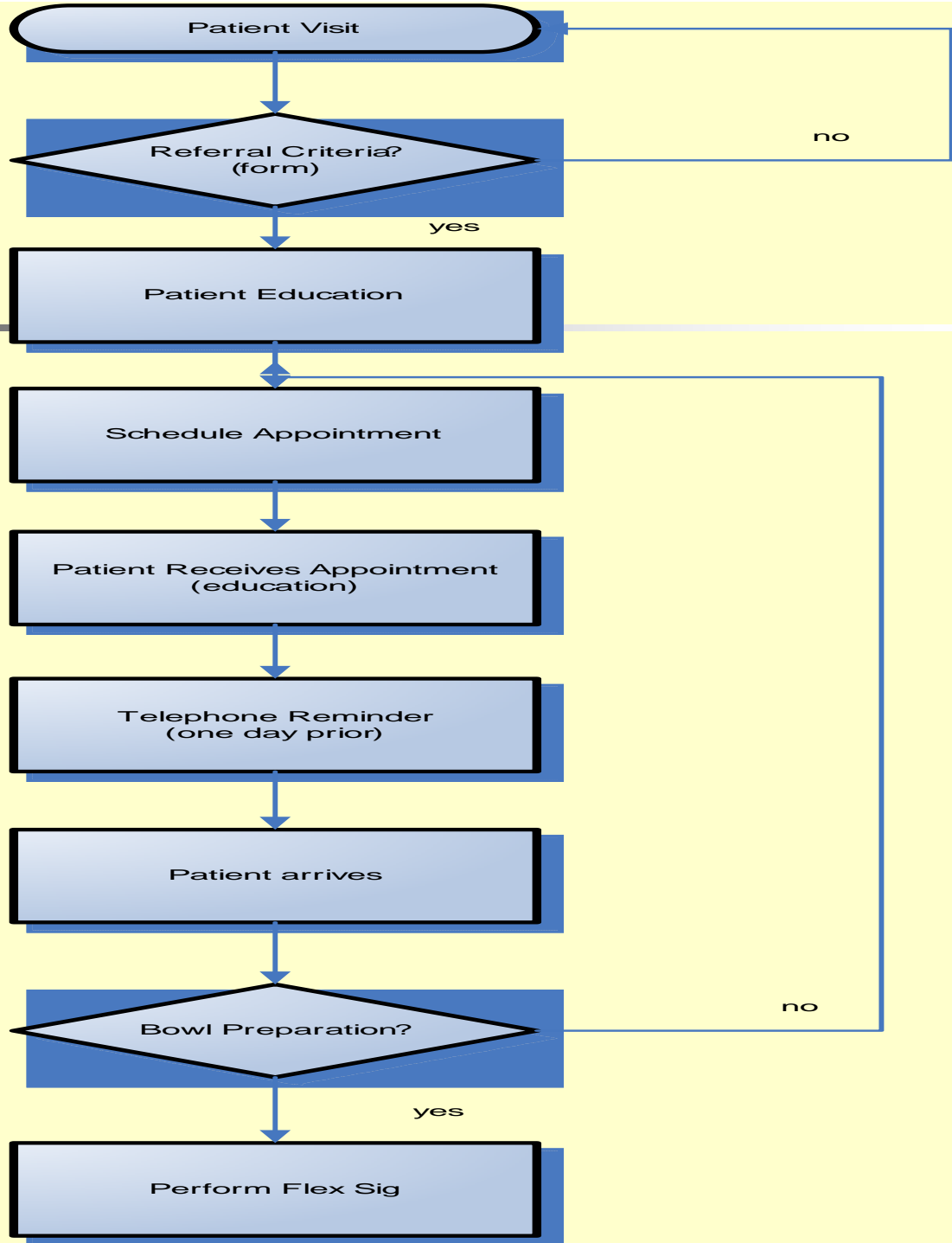
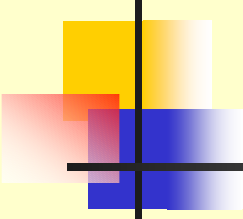
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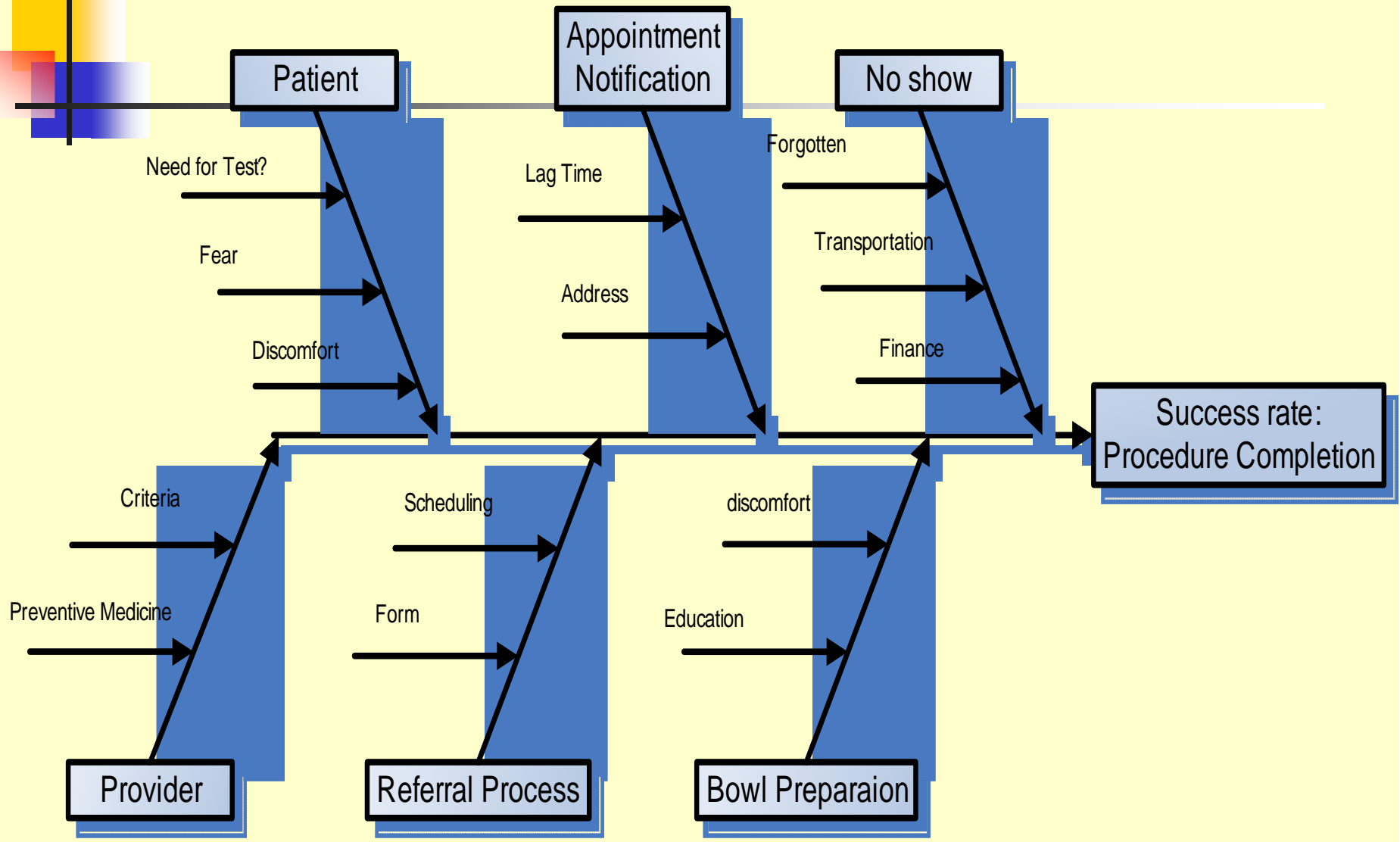
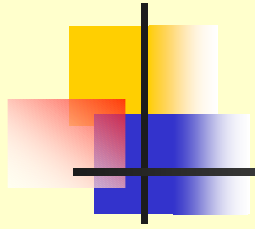
- Failed appointment rate
 - No show
 - Poor bowel preparation
- Chart review and documentation
- Reschedule
- Wasted resources



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Team members
 - Clerk: Marcy Lopez
 - Nursing manager: Jenny Inuguy R.N.
 - Appointment reminder: Maria Tamayo N.A.
 - Data collection: John Cheng M.D.
 - Coordinator: James Huang M.D.





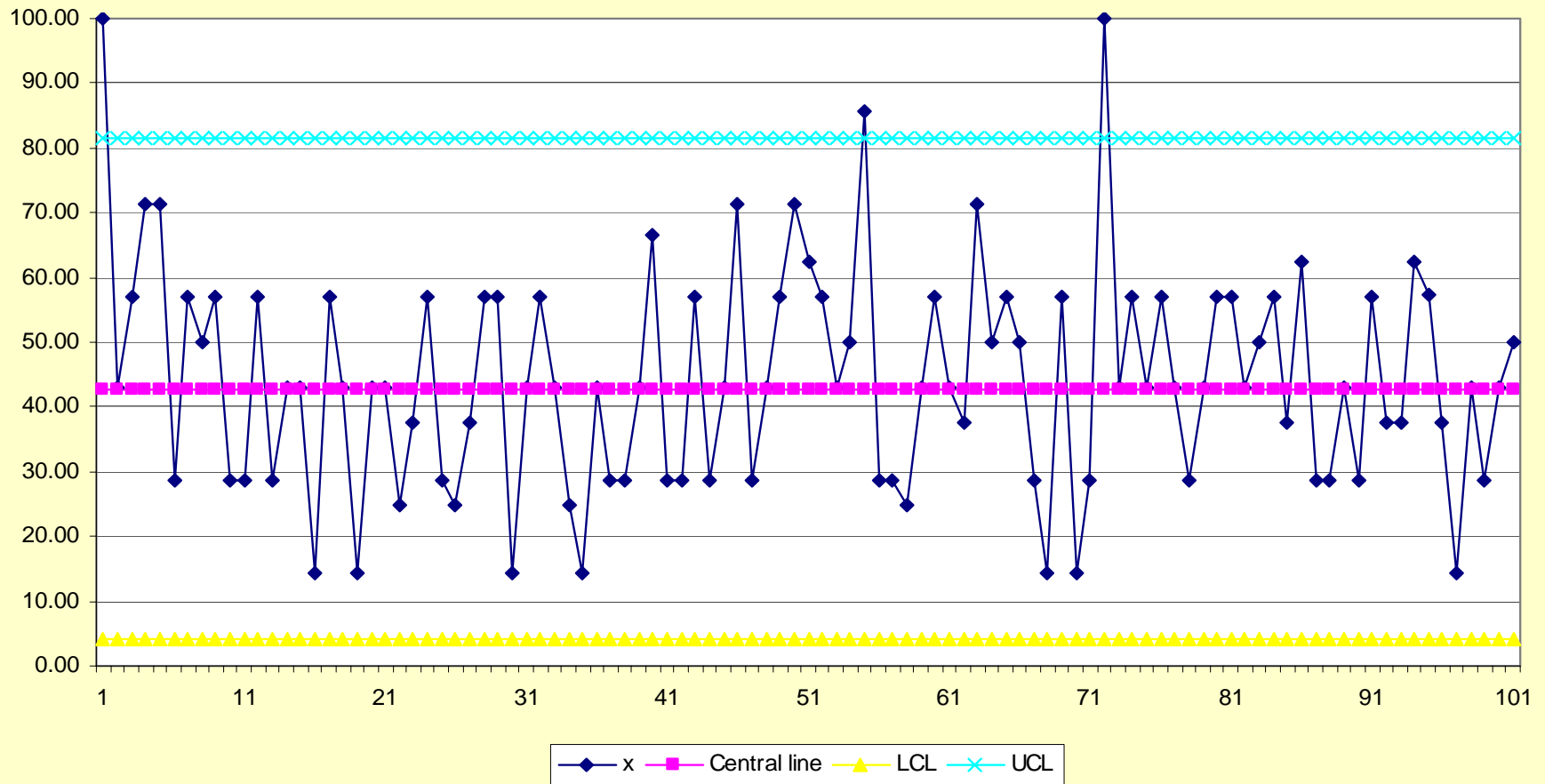


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- Aim statement
 - Our mission is to decrease the failed appointment rate of flexible sigmoidoscopy clinic by 20% in one month by implementing an active patient appointment reminder system

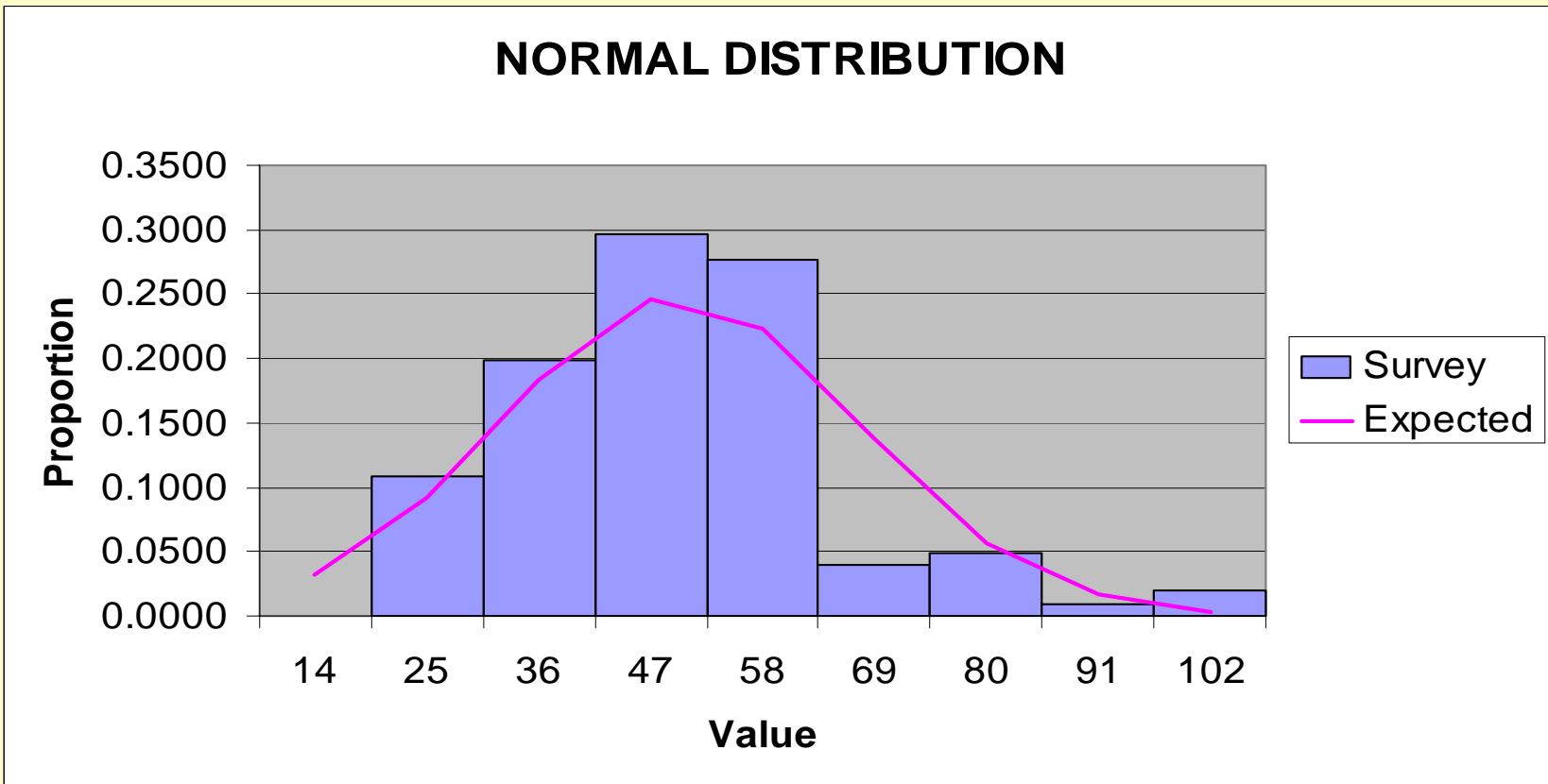
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■ Pre-intervention data



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

■ Pre-intervention data





Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Pre-intervention data on failure rate
 - Range: 14.3% to 100 %
 - Mean: 42.74%
 - UCL: 81.48%
 - LCL: 4.01%

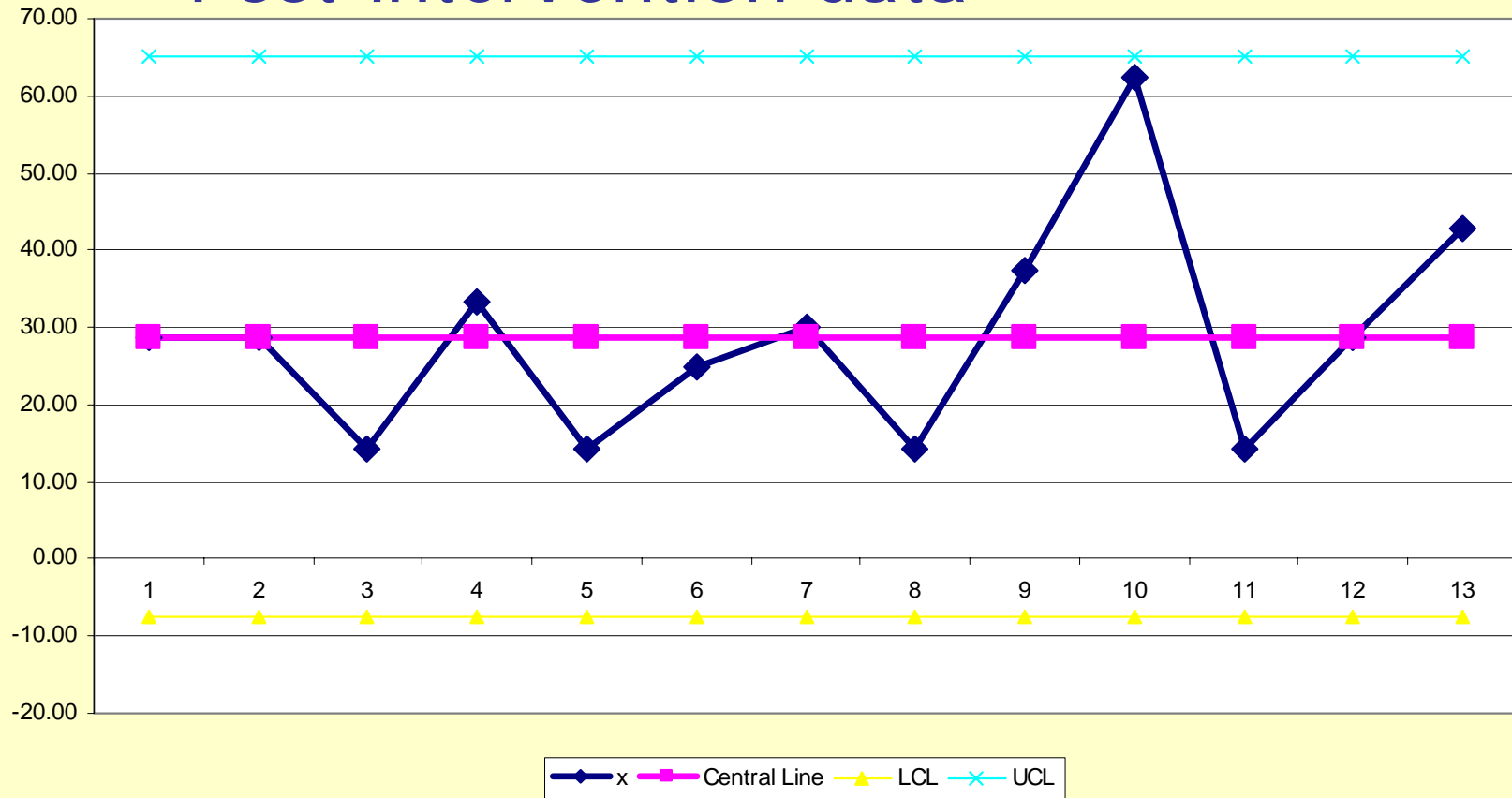


Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Intervention
 - A timely and active patient appointment reminder system
 - Patient education by N.A.
 - Fill available appointment slots

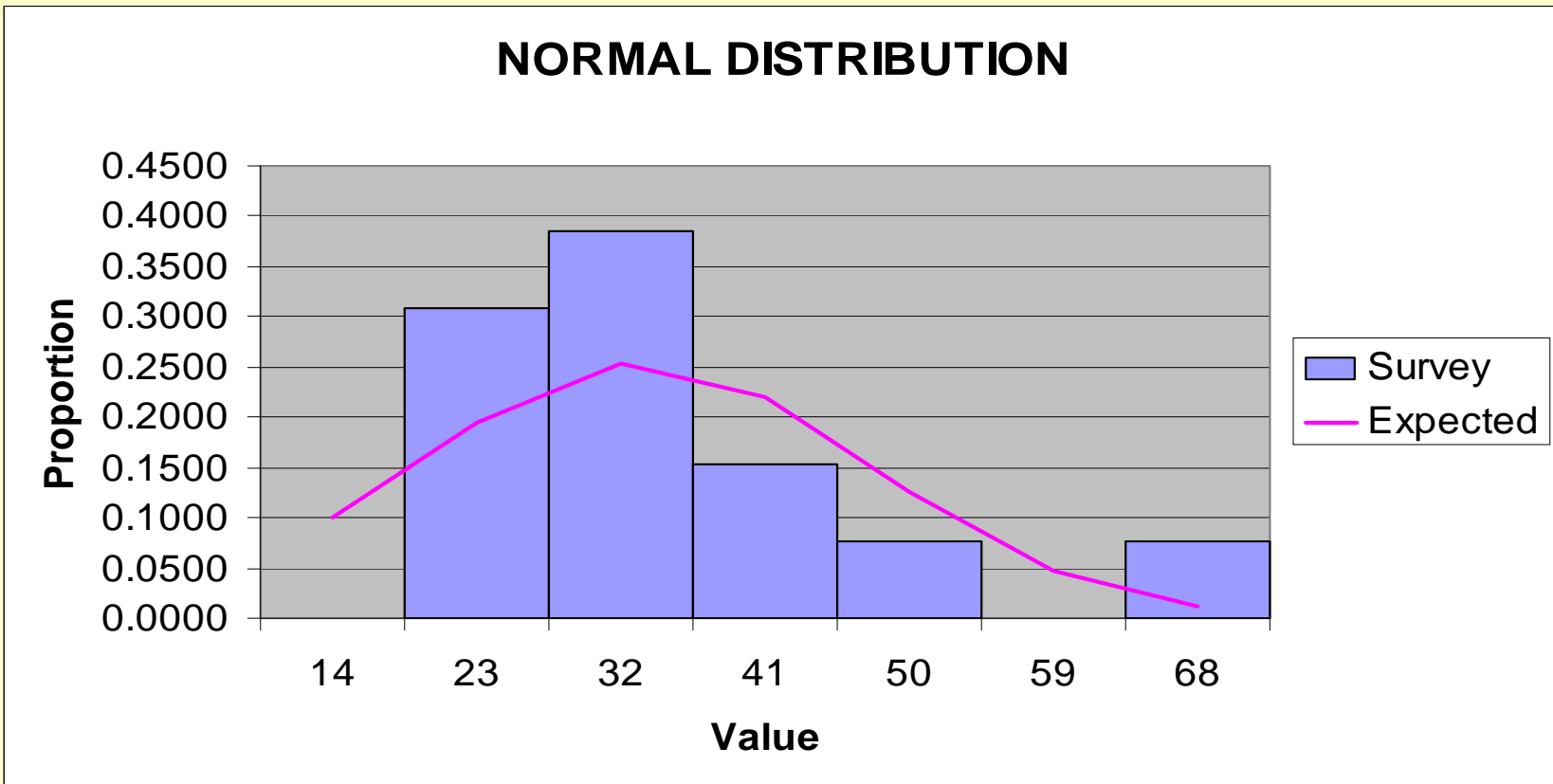
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■ Post-intervention data



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

■ Post-intervention data



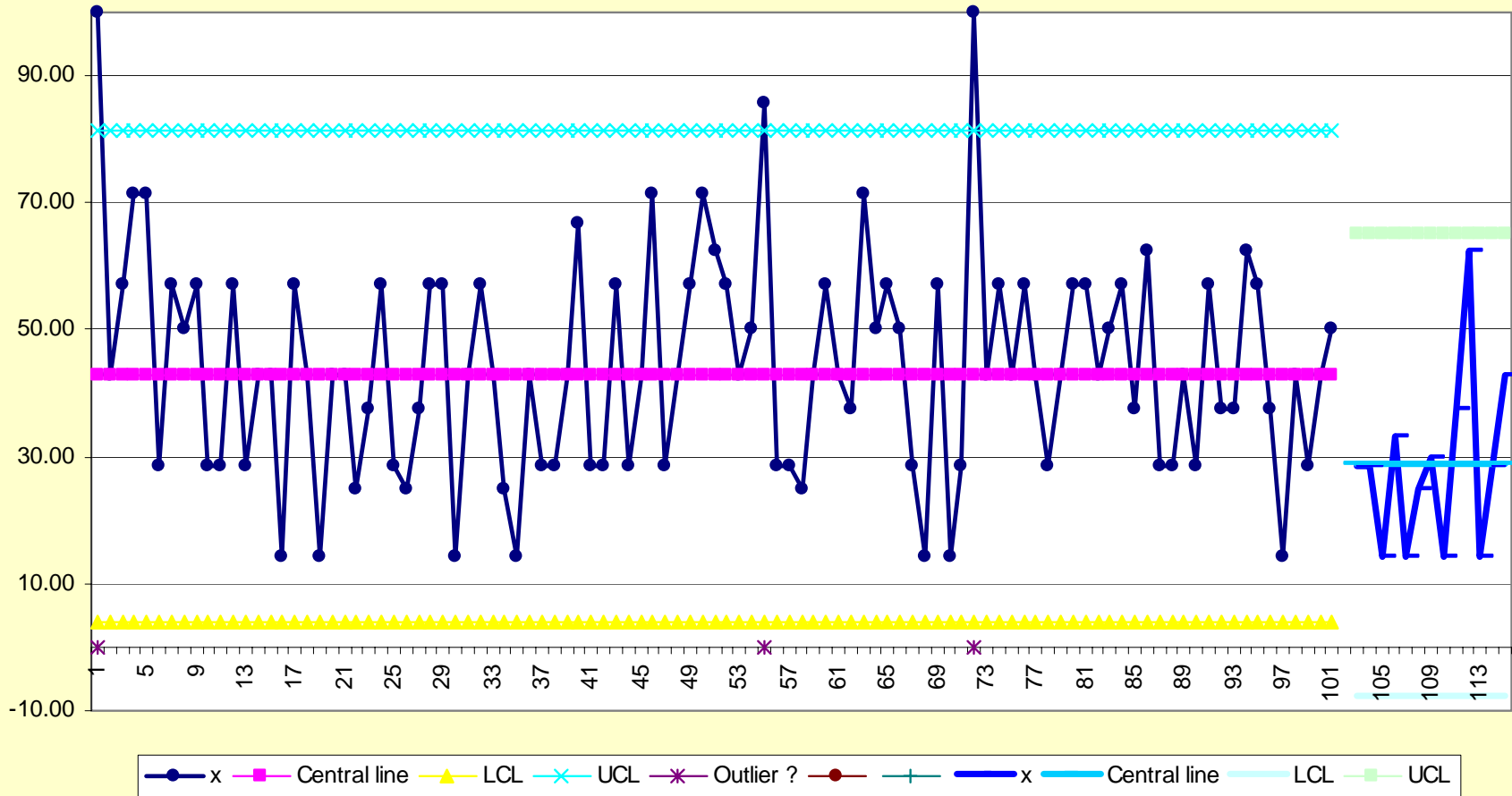


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- Post-intervention data on failure rate
 - Range: 14.3% to 62.5%
 - Mean: 28.78%
 - UCL: 65.10%
 - LCL: -7.53%

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■ Result





Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

■ Result

- Mean of failed appointment rate decreases from 42.74 to 28.78
- Mean failed appointment rate difference: 13.96
- Decrease failed appointment rate by 32.66%



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Conclusion

- By implementing a timely and active patient reminder system combined with patient education, we are able to reduce the failed appointment rate by 32.66%



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Factors affecting the reminder system
 - Patient not home
 - Unable to leave message
 - Leave message with family members
 - Wrong phone number
 - Phone disconnected



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Opportunities for improvement
 - Patient demographic data
 - After-hour calling system
 - Patient education
 - Decreased backlog
 - Patient leaves with appointment
 - Provider reminder



Decreasing the Failed Appointment Rate for Flexible Sigmoidoscopy

- Thank you for your attention