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Spring 2024

## Improvement in Patient Compliance for Gynecological Care

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### Recommended Citation

Williams, Tracee, "Improvement in Patient Compliance for Gynecological Care" (2024). *Doctor of Nursing Practice Projects*. 353.

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## **Introduction of the Problem**

In primary care, adherence to plans of care can be complex for patients to follow. Statistics have also shown that in racial and ethnic minorities, there is an increase in the likelihood of missed appointments otherwise known as "no-shows" (Shimotsu et al., 2016). Patients in these populations typically have unmet social needs including transportation access, financial constraints, lowered level of health literacy, and insurance and language barriers that can be associated with an increase in "no-show" appointments (Fiori et al., 2020). When patients fail to go to scheduled appointments or cancel appointments, it affects the patient and is costly and disruptive to the healthcare system (Fiori et al., 2020). In settings such as gynecology, "no shows" can result in missing preventative care and screenings such as mammograms, cervical cancer screenings, and pelvic exams, which may lead to increased incidence of morbidity and mortality. Patients with unmet social needs result in around 40% of adverse health outcomes, including mortality risk, and can even lead to causes of death (Fiori et al., 2020). In a Midwest women's healthcare clinic with a diverse population, "no show" appointments were becoming a significant problem.

## **Literature Review**

Missed appointments and "no-shows" are prevalent, especially in minorities and people of low socioeconomic status. The average rate of missed appointments is 23% and 62% of missed appointments are minority patients (Shimotsu et al., 2016). There was a 1.8 times higher occurrence of African Americans missing appointments and a 2 times higher occurrence for American Indian/Alaskan Natives and Hispanics compared to White non-Hispanic patients. Missed appointments may also be associated with increased emergency room use (Shimotsu et al., 2016).

Multiple barriers correlate with no-show appointments including unmet social needs of patients. These unmet social needs include housing quality and instability, food insecurity, healthcare travel and cost, utility cost, social status, child/adult care needs, as well as legal matters, and interpersonal violence (Fiori et al., 2020). Other barriers were patients being in younger age groups, lower income, living further away from the doctor's office, and some not being aware that they needed to cancel their appointments (Glauser, 2020a). A survey on social needs found that participants of Hispanic descent, non-Hispanic African Americans, those with Medicaid insurance, those who lived in public housing or a higher poverty block group, and those who have increased comorbidities had higher rates of no-shows. Patients even expressed the feeling of being disrespected by offices regarding long wait times to be seen. Furthermore, the farther in advance an appointment must be scheduled resulted in more no-shows and a lack of calling to cancel (Glauser, 2020a).

The use of technology as a means of reminder has been shown to improve patient attendance at appointments. Utilizing methods such as text reminders, phone calls, and emails has all shown a decrease in no-show rates, thus resulting in better patient health outcomes (Aljuaid et al., 2022). Common causes for missed appointments for patients, especially in demographics, with a large African American population, included forgetfulness, appointment time confusion, and lack of a reminder call (Cibulka et al., 2012).

Patient-initiated follow-up (PIFU) is a method that has been used in a variety of primary care areas. It is a method that allows patients to have autonomy with their care, allowing them to schedule their appointments based on their needs and schedule (Kershaw et al., 2022). This method has shown higher rates of patient satisfaction as well as a reduction in no-show rates.

## **Project Methods**

This project took place at an urban women's health clinic in the Midwest, where a major issue was no-show rates. The current standard approach included a no-show fee, that had recently been increased before the implementation of the project. Previous efforts before increased no-show fees had been unsuccessful.

This project was submitted to the IRB at Southern Illinois University Edwardsville as a quality improvement project. After approval was obtained, a pre-implementation patient satisfaction survey was completed. Patients were chosen to be included in the pre-implementation survey based on a report of missed appointment charges from January to June 2023. Pre-implementation survey phone calls were conducted in early July. Staff and providers were presented with the results of the patient satisfaction survey as well as their results to compare and uncover any bias to reasons for patient no-shows during an educational session. Staff and providers were also educated on PIFU and discussed how this method could be beneficial in decreasing no-show rates. The providers then discussed health conditions that would be appropriate to offer the option of PIFU.

Providers used their discretion to offer PIFU to the patients who met the criteria set for the selected health conditions. This criteria included no increased health risk to the patients by having the ability to initiate their appointment scheduling. After the patient's regularly scheduled appointment, during the checkout process, they were offered to have staff in the office schedule a follow-up appointment for them or to have patient-initiated follow-up (PIFU). The PIFU model is a step-wise pathway:

1. Patient selection by staff based on predefined criteria

2. Educating patients on what symptoms or concerns to contact the office about and the maximum length of time between appointments.
3. Utilizing safety net appointments: appointments that are based on the clinical guidelines (i.e. annual review of conditions). If the patient did not make contact in the timeframe of clinical guidelines, the safety net appointment was implemented.

The goal of implementing the PIFU model in practice was to decrease no-show rates by allowing increased patient autonomy and creation of appointments based on patient needs.

### **Evaluation**

Of the 60 patients called for the pre-implementation survey, 42% (n=25) agreed to participate. The pre-implementation survey rated social, financial, and environmental determinants on a five-point Likert scale. The patient survey included 8 questions while the staff and stakeholder survey included 10 questions. For the patient pre-implementation survey, 88% (n= 22) of participants felt they got in quickly without long wait times in the office and 92% (n= 23) of participants felt satisfied with the care they received in the office, agreed they could call and cancel or reschedule their appointments, and agreed that the location of the gynecology clinic is convenient. Regarding items in questions that participants disagreed with, 60% (n=15) disagreed that the cost of medical care was a factor, 64% (n=16) disagreed that they paid more for medical care than what they could afford, 72% (n=18) disagree of that it was difficult to be seen soon after scheduling appointments, and 79% (n=19) disagreed that child and/or adult care was a factor on why the patient was missing appointments.

The staff pre-implementation survey included responses from five staff members, two of whom were stakeholders. All 100% (n=5) of the staff agreed with the following:

- Patients are satisfied with their care in the office.

- Patients play an active role in their care.
- The clinic is conveniently located.

The results showed that 100% (n=5) of staff disagreed with the following:

- The office has long wait times.
- It is difficult to schedule patients right away.
- Patients have to pay more than they can afford for medical costs. It was noted by staff that the majority of patients have no out-of-pocket cost for their co-pays and usually only result in having cost if patients “no show” with a fee that is applied.

Most staff 60% (n= 3) disagreed with the following:

- Patients call to cancel and/or reschedule their appointments.
- Lack of child and/or adult care is the reason for missed appointments. The rationale was given that patients are never been turned away due to having to bring their children to appointments.
- They were familiar with the PIFU model before the presentation.

During the implementation period, patients were given the option for PIFU or conventional scheduling. Of the 36 patients who met the criteria (based on the appointment type), 11 patients had follow-up appointments scheduled during the implementation timeframe. Of the 11 patients who were scheduled for follow-up appointments, 9 of the 11 (82%) kept their appointments (either kept their initial appointment or called to reschedule). Only two patients (18%) did not keep their appointments, both of which were rescheduled for after the implementation timeline. Patients ranged in age from 18 years to 42 years of age.

The patients completed a post-implementation survey. The patients were asked one question, regarding the autonomy of their care at the gynecology clinic. All 11 patients reported

that they felt very autonomous by being given the choice of self-scheduling follow-up or having the office schedule for them. All 11 of the patients who were a part of the project requested staff to schedule their appointments when given the option. Staff also were asked post-implementation questions to determine the success of the intervention as well as pro and cons that occurred during implementation. Per one of the stakeholders at the gynecological clinic, the combination of using text and phone call reminders, an increased “no show” fee, in addition to the PIFU model used for increased patient autonomy when deemed safe and appropriate, will continue to improve attendance rates. As stated above, patients commented to staff how they liked and appreciated the ability to have more autonomy of care when related to making their own follow-up appointments.

### **Impact on Practice**

PIFU allows patients to have more autonomy, which results in more compliance in the patients who meet the criteria to fit this model of practice. However, implementing this program requires a lot of time from the staff and may not be practical for all healthcare practices, especially in smaller practices with limited technological resources. A larger sample size and longer implementation time will be needed in the future to demonstrate whether the intervention produces statistically significant results. Another limitation found was the lack of concordance with pre- and post-implementation surveys. Since there was not a survey in place that could ask the same questions pre- and post-implementation, there was a lack of data to evaluate the statistical significance of the intervention as well, another recommended change for future implementation.

The office found it difficult to initiate the PIFU model due to the necessity of time-sensitive follow-ups. There was a concern about the possibility of patients being lost to follow-

up or being left untreated for health conditions. Recommendations presented during the post-implementation phase from the stakeholders and staff were that due to a lack of electronic medical records, their office would need a more efficient way of keeping track of the patients who chose the PIFU model for their method of follow-up so that they are not overlooked, such as a way to flag them in their system.

### **Conclusion**

Innovative solutions such as PIFU are needed to combat increasing rates of “no show” appointments, which often result in decreased care and revenue for both patients and offices. In this project setting, it was seen that patients felt an increase in autonomy when given the option of PIFU when related to STI follow-up retesting appointments, and the office saw compliance with the patients in the implementation timeframe keeping their appointments as scheduled with no “no shows.”