

**PROCESS BENCHMARKING EXERCISE  
INITIAL NO-SHOWS**

**CBH CEO/BOARD RETREAT  
NOVEMBER 4, 2010**

**EXECUTIVE SUMMARY**

**Introduction**

A process benchmarking exercise was conducted at the CBH CEO/Board Retreat on November 4, 2010. Approximately 50 individuals were in attendance and there were 15 "voting" participants. The topic was Initial No-Shows. The exercise was facilitated by Paul M. Lefkowitz, Ph.D.

**Process Benchmarking**

Process benchmarking is an investigative technique that employs benchmarking data to identify potential best practices. It is based on the premise that top performing organizations use different strategies and tactics than others and it is those unique approaches that account for their high level of performance. The methods that distinguish top performers from others are regarded as potential best practices.

In this process benchmarking exercise, anonymous audience polling technology was used to identify "Top Performer" and "Comparison Group" members among the workshop participants. Then, a series of questions was systematically posed about tactics that might be related to low initial no-show rates. The polling technology was then employed to calculate the frequency of use by each of the two groups and a difference score, known as Difference Index was derived. The highest Difference Index possible is 100 to denote a positive relationship (100% vs 0%) and a -100 for an inverse relationship. A score of 20 or higher is considered to be indicative of a potential "best practice".

**Findings**

For the purposes of this exercise, "Top Performers" were identified as those with an initial no-show rate of 15% or less. They constituted 27% of the voting participants.

Twenty-three tactics to avoid initial no-shows were explored using the process benchmarking approach. Difference index scores were found to range from 73 to -24. The accompanying table presents the findings. It may be seen that the difference index score of ten of the methods exceeded 20, which is suggestive of an approach that is related to low initial no-show rates. Top performers were up to over seven times more likely to make use of some of these methods than those in the comparison group. There was a very rich interchange of ideas amongst the participants about the findings and the implementation of promising practices.

The methods that appear to be related to low initial no-show rates were found to be:

- Routinely informing clients that the length of the initial appointment will be one hour (or less) when they schedule the initial outpatient appointment
- Routinely asking clients if there is anything that might interfere with them keeping the appointment
- Establishing an organizational target/goal for initial no-shows

- Routinely addressing transportation issues/barriers/concerns when setting up the initial appointment
- Communicating data/rates regarding initial no-shows to staff that schedule appointments
- Discussing your no-show policy when the initial appointment is scheduled
- Asking callers to write down the date and time of the appointment and asking them to read it back
- Describing the amenities of your agency when scheduling initial appointments
- Sending letters or cards to remind individuals of their initial appointment
- Having a written policy for the management of initial no-shows

## **Discussion**

A broad array of strategies and tactics were identified in this exercise that appear to facilitate low no-show rates for the initial appointment in Maryland. Some very compelling findings emerged. Informing callers that the intake would take one hour or less was endorsed four times more often by top performers. In the discussion, it was noted that the actual length of the intake may not be as important as the message that the client would not be subjected to undue burden. Exploring barriers of various kinds also appears to be very effective. Setting organizational targets was three times more likely to be endorsed by top performers.

Most importantly, many of these strategies are highly actionable, meaning that they can be adopted with little or no incremental expense or burden to the organization. There is a very good likelihood that implementation of some of these "evidence-based" tactics can bring about meaningful reductions in initial no-show rates. Such an improvement can have a significant impact on the financial performance and clinical effectiveness of the organization.

The discussion among the participants about these approaches was creative, practical and highly informative. Response to the exercise was very positive.

It should be noted that tactics that failed to produce high difference index scores may still be very effective. This is particularly true of methods endorsed by high percentages of both top performer and comparison groups (such as having an easy-to-find location). While these methods were not the ones that distinguished between top performers over the others, as "customary practices" they are likely to have value in raising the level of performance across all organizations.

## **Summary**

A number of strategies were identified that appear to be related to low no-show rates. Adopting some of these practices may very well bring about organizational improvement. However, caution must be used in interpreting and generalizing these findings. The results of this exercise should be regarded as hypotheses to be considered, tested, and experimented with in the ongoing pursuit of best practices and continuous organizational improvement.

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**FINDINGS  
N=15**

	<b>Top Performers</b>	<b>Comparison Group</b>	<b>Difference Index</b>
<b>15. Are clients routinely informed that the length of the initial appointment will be one hour (or less) when they schedule the initial outpatient appointment?</b>	<b>100%</b>	<b>27%</b>	<b>73</b>
<b>18. When scheduling initial outpatient appointments, are clients routinely asked if there is anything that might interfere with them keeping the appointment?</b>	<b>75%</b>	<b>9%</b>	<b>66</b>
<b>12. Have you established an organizational target/goal for initial no-shows?</b>	<b>100%</b>	<b>36%</b>	<b>64</b>
<b>16. Are transportation issues/barriers/concerns routinely addressed when setting up the initial appointment?</b>	<b>100%</b>	<b>50%</b>	<b>50</b>
<b>7. Do you communicate data/rates regarding initial no-shows to your staff that schedule appointments?</b>	<b>75%</b>	<b>27%</b>	<b>48</b>
<b>9. Do you discuss your no-show policy when the initial appointment is scheduled?</b>	<b>75%</b>	<b>36%</b>	<b>39</b>
<b>21. Do you ask callers to write down the date and time of the appointment and ask them to read it back?</b>	<b>33%</b>	<b>0%</b>	<b>33</b>
<b>22. Do you describe the amenities of your agency when scheduling initial appointments?</b>	<b>33%</b>	<b>0%</b>	<b>33</b>
<b>4. Do you send letters or cards to remind individuals of their initial appointment?</b>	<b>50%</b>	<b>18%</b>	<b>32</b>
<b>11. Does your organization have a written policy for the management of initial no-shows?</b>	<b>100%</b>	<b>73%</b>	<b>27</b>
<b>1. Do your scheduling staff discuss the importance of follow-through when the initial appointment is made?</b>	<b>67%</b>	<b>55%</b>	<b>12</b>
<b>2. Do your support staff routinely make reminder calls before the initial appointment?</b>	<b>75%</b>	<b>64%</b>	<b>11</b>
<b>13. Would most clients report that your initial appointment location was easy to find?</b>	<b>100%</b>	<b>91%</b>	<b>9</b>
<b>20. Are your initial calls handled by clinical staff who conduct an initial screening as opposed to support staff?</b>	<b>25%</b>	<b>18%</b>	<b>7</b>

19. Do you require clients to call to confirm their appointments prior to the appointment?	0%	0%	0
23. Do you use an intake check list?	0%	0%	0
6. Do your clinical staff routinely call clients prior to the initial appointment to introduce themselves and establish rapport?	25%	27%	-2
3. Do you formally train or script support staff in methods to reduce initial no-shows?	50%	55%	-5
8. Do you send directions or a map showing your location prior to the initial appointment?	25%	30%	-5
5. Do you sometimes refuse to schedule callers for an initial appointment based on established screening criteria designed to reduce no-shows?	25%	36%	-11
10. Do you orient clients to what they can expect and what is expected of them in the initial appointment?	67%	82%	-15
<b>14. When scheduling intakes, do you routinely make it clear that it may not be easy to get another appointment if they do not show for the initial appointment?</b>	<b>25%</b>	<b>45%</b>	<b>-20</b>
<b>17. Are financial/fee issues/concerns routinely addressed when setting up the initial appointment?</b>	<b>67%</b>	<b>91%</b>	<b>-24</b>

**Key**

Very possible "best practice"		Possible "best practice"		No apparent relationship		Possible inverse relationship	
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