Hospital discharge no show rates have been a field of study for several outpatient facilities throughout the years. ECU Psychiatry Outpatient historically has had a moderate to high no show rate for hospital discharge patients. The aim of this study is to decrease the ECU clinic no show rate for hospital discharge follow up patients by 15% by the end of April 2021. A 6-item questionnaire was completed by patients who were discharged from Vidant Medical Center Behavioral Health Unit (BHU), and were scheduled to follow up with ECU Psychiatry Outpatient clinic for follow up. Between the months of January and April 2021, there was a total of 28 participants, 9 had not attended their hospital discharge appointment (31.0%). This is an improvement from previous hospital discharge no show rates between July and December 2020 (38.4%). In conclusion, the data suggested an improvement in the no show rates however further investigation is needed to determine other potential barriers outside of the BHU.

In the field of psychiatry, scheduling hospital discharge follow up appointments is a key component in the maintenance treatment of patients with such debilitating illness. ECU Psychiatry Outpatient clinic has had a moderate to high no show rate for hospital discharge follow ups over the past several years. This can be attributed to several barriers to care including:

- Transportation
- Availability
- Rimming conflicts
- Patient’s overall willingness to attend the appointment

There have been several executions to decrease the no show rate in clinic however a much more detailed assessment in the factors preventing patients from attending the appointments needs to be addressed. This study investigates these barriers and introduces solutions in improving the clinic no show rates as well as overall patient care. The aim of this study is to decrease the ECU Psychiatry clinic no show rate for hospital discharge follow up patients by 15% by the end of April 2021.

A six-question form was developed to be administered to the patients prior to discharge (see form in top right). It was then was provided to the discharge coordinator to assist in scheduling. The questionnaire was administered by first and second year residents, with help from medical students and PA students working on the inpatient psychiatry teams. The completed forms were then retrieved from the discharge coordinator; MRN at the top of each form were used to track which patients attended their hospital follow-up appointments.

- Form was administered from January 25th – April 9th
- Select criteria:
  - Patients on inpatient BHU that already follow with ECU Psychiatry
  - Patients on inpatient BHU that want to establish as a result of their hospital admission
  - 29 patients, completed the survey via paper format

When comparing no show rates prior to implementing a discharge survey and no show rates following the implementation, it appears there is a modest decrease in no shows in the patient who took the survey: Approximately 31% vs. 38.4% decrease in no show rate, which is 19.27% reduction in no show rates for hospital discharges.

However, this project is limited by the small sample size. Difficulties in administration of the survey was the primary hinderance of data collection. The surveys were made available to all members of the treatment team however patients were frequently discharged without being given a survey. This highlights the main problem of this project, a lack of education amongst all members of the treatment team. Several team members admitted that they were unaware they were supposed to be administering the surveys to patients. To correct this, steps to educate team members would be essential moving forward. Ways to improve education could be presenting the project and making frequent reminders at treatment team meetings. Educational flyers could also be hung up in areas where they would be seen by residents who are the primary administrators of the survey.

Another limitation was that the survey was often completed after a follow up appointment was already scheduled. To negate this in the future, administrators would need to give out the survey 1-2 days prior to discharge. This would allow the completed surveys to be given to the social workers making the follow up appointments prior to the appointments being made.

The importance follow up after a hospitalization cannot be understated. No shows are not only difficult for the outpatient provider/clinic, but they are also potentially damaging to the patient. No shows may lead to further decompensation of psychiatric symptoms, poor medication compliance/continuation, and increase risk for readmission. These reasons highlight the importance of decreasing no show rates after a hospitalization the primary goal of this project.