

# Increasing Referral Appointment Compliance Rates for Psychiatric Patients

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## INTRODUCTION

When patients receive their first psychiatric referral from their primary provider, the likelihood of them scheduling this appointment is very low. Studies show that patients from deprived urban areas and patients aged 18–44 years were less likely to comply with scheduling their first psychiatric referral appointment (van Dijk et al., 2016). This leads to delayed diagnoses, delay in treatments, and poorer health outcomes. Colgate and Jones (2007) found that compliance with scheduling initial psychiatric referral appointments is a problem in the U.S. due to a lack of standardization. In many western countries and the U.S., primary care physicians take on a gatekeeper role, determining whether a patient needs to see a specialist. For this system to work, it is imperative that patients comply with these referrals (Lake & Turner, 2017). This DNP quality improvement scholarly project addressed the topic of patient referral compliance.

### PROBLEM

- Low compliance with scheduling referrals to psychiatric specialist care, as referred by a local clinic owner in a low-income neighborhood.
- Identified by the clinic owner who stated that when patients are asked whether they scheduled their psychiatric referral appointment, majority of them did not.
- In the previous year (January 1<sup>st</sup>, 2021, to December 31<sup>st</sup>, 2021) there were a total of 42 referrals given and only 13 (31%) patients scheduled their referral appointment.

### PICOT QUESTION

In patients needing a psychiatric referral, will a standardized staff-assisted referral appointment scheduling process, compared to patients given referral contacts to arrange their own appointments, improve the patient referral compliance of having an appointment scheduled with a psychiatric provider over a 6-week period?

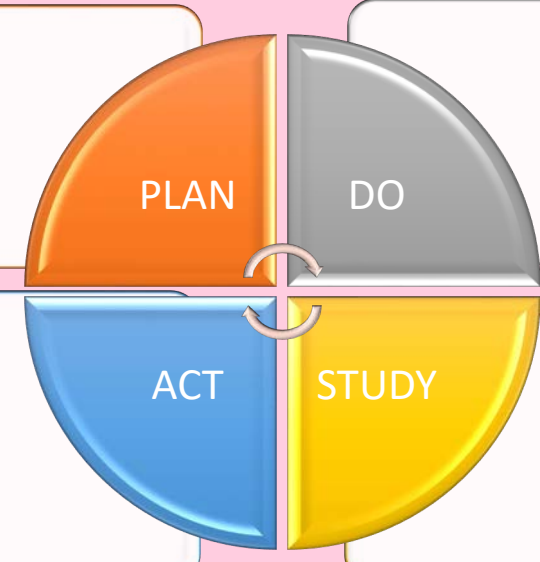
### AIM

To increase the patient psychiatric referral appointment compliance rate from 31% to 100%, over a six-week period of time, in the psychiatric patient population at New Heart Medical. Anish (1984) wrote that having a staff member coordinate referrals, has a major positive impact on patient compliance and outcomes.

### OBJECTIVES

The objective of this quality improvement project was to design a new patient referral appointment standardized process flow. Staff were oriented on the new standardized process and visual reminders were posted throughout the clinic. Once the six-week implementation period of the new process was complete, data was collected, analyzed and presented to the clinic owner/operator.

- Design new standardized process flow for referral appointments
- Create visual reminders



- Orient staff on new process flow
- Implement six-week trial period
- Post visual reminders

- Present data analysis results to clinic owner
- Discuss adopting new process

- Collect data after six-week implementation
- Analyze data via descriptive statistics

## METHODS

### PROJECT DESIGN

- Quality improvement project to revise a staff-assisted referral appointment scheduling process where the patient will have their referral appointment scheduled by staff before discharge from the clinic.

### SETTING

- Primary care clinic owned and operated by a family nurse practitioner, situated in a low-income neighborhood where patients range from newborn to geriatric. This clinic sees an average of 25 patients daily with majority of patients (60%) between the ages of 19 and 45 years old (see Primary Care Practice Profile).

### PARTICIPANTS

- A multidisciplinary team consisting of the clinic owner/provider, two medical assistants (who also function as schedulers), the patients, and the project lead (DNP Student).

### INTERVENTION

- Met with the QI project team to discuss and formulate the DNP quality improvement projects' prediction, aim, objectives, action plan and data collection plan
- Designed the new patient referral appointment standardized process flow map or algorithm
- Oriented/trained all staff and provider regarding the new patient referral appointment standardized process
- A poster was created and placed at the front desk for the medical assistant to see what the new process flow is and what their course of action should be if they were unsuccessful in scheduling the referral appointment
- The medical assistants were educated on this new process, which included documenting in the notes section of the patients' chart whether or not an appointment was successfully scheduled
- Implemented the new patient referral appointment standardized process over a six-week period from May 30<sup>th</sup>, 2022, to July 8<sup>th</sup>, 2022

### DATA COLLECTION

- Requested for clinic owner to pull report from EMR of all referrals made over the six weeks of implementation
- Filtered from spreadsheet report all psychiatric referrals
- Read MA notes on all psychiatric referrals to identify all patients that left with an appointment made with their psychiatric provider
- Documented on excel data collection sheet, number of psychiatric referral appointments made, and demographic data (age, sex, ethnicity, race, language, co-morbidities).

### ANALYSIS

- Descriptive statistics on data collected to find the percentage of appointments made prior to clinic discharge
- Descriptive statistics on the psychiatric patient demographics
- Created tables and charts with graphics to display the results
- Discussed the results of the data analysis with clinic owner for implications for practice

Age	N (%)
20-30 years	12 (37.5)
31-40 years	8 (25)
41-50 years	11 (34.375)
51-60 years	1 (3.125)
Gender	
Male	10 (31.25)
Female	22 (68.75)
Race	
Black	24 (75)
White	4 (12.5)
Hispanic	4 (12.5)
Language	
English Speaking	29 (90.625)
Non-English Speaking	3 (9.375)
Comorbidities	
Diabetes (Type 1 or 2)	4 (12.5)
Hypertension	3 (9.375)
COPD	0 (0)
CAD	0 (0)
Known Psychiatric Diagnosis	5 (15.625)
None	20 (62.5)

Table 1. Sample Demographic Data (N=32)



Figure 1. N=42. In 2021, 42 patients received psychiatric referrals, 13 (31%) reported making their referral appointment.

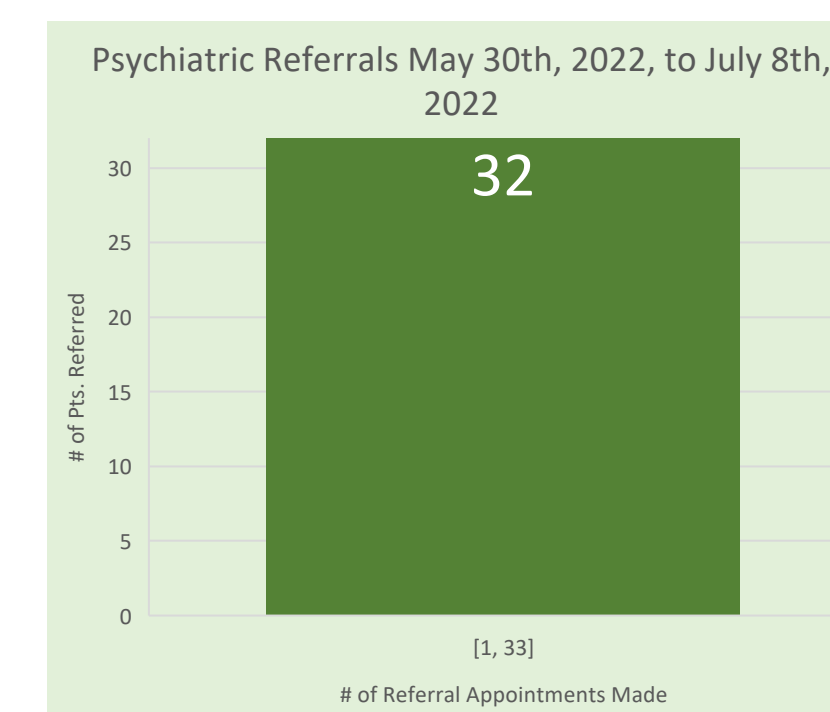


Figure 2. N=32. During six-week QI project implementation, 32 patients received psychiatric referrals, 32 (100%) referral appointments scheduled by staff before clinic discharge

## RESULTS

- The aim of this quality improvement project was met. Analysis of data collected revealed that of the 32 patients that were referred for a psychiatric evaluation, over a six-week period (May 30<sup>th</sup>, 2022, to July 8<sup>th</sup>, 2022), all 32 patients (100%) were able to have their psychiatric referral appointment scheduled by clinic staff, prior to discharge from the clinic. This result confirms Chen's work in 1991 which stated that it is more effective to give patients a scheduled appointment, at the time of service, by making the initial contact with the receiving agency and making the appointment for the patient.
- The project addressed a need to investigate further the demographic of psychiatric patients that need referral (Glyndal et al, 2002).
- The project results strengthen evidence that patients with more serious health conditions were less likely to take the initiative to complete the referral due to the fact that they were more likely to have fewer resources (Krullee & Hayes, 1988).
- In this project setting, patient demographics, including comorbidities, did not impact the success of revising the process of referring patients for psychiatric care, likely because the appointment was scheduled by the clinic staff on the patient's behalf without need of patient resources.
- Strengths of this project included 1). the clinic owner and staff were very cooperative in the implementation of this QI project, 2). the new process did not prove to be a hindrance to the clinic's current practice flow.
- The weakness of this project is that it was not possible, due to time constraints, to determine whether all the patients that had their referral appointment successfully scheduled, attended the appointment.

## IMPLICATIONS FOR PRACTICE

- The new process flow chart will continue to be the new standard of practice for all patients that are referred for psychiatric evaluation.
- Continuous data should be collected to determine the percentage of patients that attended their schedule appointment, to determine the effectiveness of staff scheduling on appointment attendance compliance.
- The provider will have a clearer understanding of the psychological status of her psychiatric patients, allowing her to streamline their plan of care more precisely.
- Based on the results of this project, the clinic will now replicate the process for all referrals.
- The patients will have improved outcomes, as they will be receiving the interdisciplinary, collaborative care that they need to address their needs holistically.

## CONCLUSIONS

- As per the current evidence collected and analyzed, implementing a new step in the process flow whereby clinic staff schedules the patients' psychiatric referral appointment prior to discharge from the clinic, as opposed to handing the patient a referral form to schedule the appointment themselves, ensures that this first appointment is scheduled, which according to literature, increases the chances of the patients attending this initial appointment (Anish et al., 1984).
- Patient outcomes will be greatly improved with the incorporation of collaborative care with appropriate specialists.



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