Impact of a revised appointment scheduling script on IUD service delivery in three Title X family planning clinics

Stephanie Mistretta MA1, Summer Martins MPH1, Brittany Betham MD1, Jane L. Holl MD MPS2, Melissa Gilliam MD MPH1
1University of Chicago, Department of Obstetrics and Gynecology, Section of Family Planning & Contraceptive Research
2Northwestern University, Feinberg School of Medicine, Center for Healthcare Studies

Results

Across both data collection periods, we collected data from a total of 99 scheduled appointments. Data were collected in aggregate and stratified by age group: (1) age 25 or younger (n=51) and (2) over age 25 (n=48).

Primary findings include:

1. The revised script decreased no-show rates overall with 40.4% of patients failing to attend the scheduled appointment before the script vs. 23.8% after the script (p<.08)
2. Significant differences were seen in the no-show rates of women age 25 or younger (46.9% vs. 15.8%, p<.04)
3. Among women who attended their appointment, there were no differences among women eligible to receive their IUD (97.1% vs. 90.3%, NS) or completed IUD insertions (79.4% vs. 78.1%, NS)

Methods

- We employed the Failure Modes Effects and Criticality Analysis (FMECA) risk assessment technique to identify system failures in IUD service delivery.
- This evaluation revealed several “high risk” failure areas in service delivery during the preclinical and clinical phases of a planned IUD insertion:
  1. Patients arrived at the clinic having had unprotected sex in the weeks prior to the scheduled appointment.
  2. Patients were unaware of clinical policies including basic administrative information and IUD-specific requirements.
  3. Patients frequently cancelled or “no-showed” for appointments.
- To address these issues, we created a revised IUD scheduling script using a standardized, color-coded, streamlined flowchart design.
- Evaluation of the script utilized a pre- to post-study design:
  1. Data were collected on attendance, IUD eligibility and IUD insertion completion for three-week periods at all three Title X clinic sites in November 2012 and January 2013.
  2. In between the data collection periods, we trained the call center staff on the new script and provided both electronic and hard copy reference materials.

Discussion

Standardizing the IUD scheduling call script was a simple, yet effective intervention aimed at addressing both clinical and administrative outcomes in the Title X setting. This type of intervention may be beneficial as it is easily replicable, scalable across diverse settings, and requires minimal staff and administrative time to design, train and implement. Implementation of a standardized call script may increase the efficient use of clinical resources, thereby furthering IUD service delivery outcomes.

Further evaluation, including a complete post-intervention FMEA analysis, may yield additional information about new or ongoing failures in IUD service delivery. Continual dynamic evaluation is necessary to ensure such an intervention remains accurate, useful and engaging.

References

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