

## Improving Missed Appointment Rates by Using a Shared Decision-Making Model (SDM) in an Outpatient Community Mental Health Clinic

### PURPOSE

To improve missed appointment rates using a shared decision-making model (SDM) in an outpatient mental health clinic.

### BACKGROUND

Non-adherence to treatment is always a concern in chronic illnesses, and it is not different in mental health care, especially in children and adolescents with mental health issues. The concept of the SDM practice using decisional aids (DA) can engage patients in health care decision-making and increase treatment adherence, though limitedly practiced in psychiatry. The recommended SHARE Approach by Agency for Healthcare Research and Quality (AHRQ) is a five-step process to guide the health care professional in the SDM process.

### METHODOLOGY

This study is a quality improvement (QI) project using pre-post design and PDSA cycle. The project was conducted in an outpatient psychiatry clinic, and 55 parents of children and adolescents participated. The post-test was completed by n=45. DAs were emailed to parents prior to the appointment. The pre and post-rating of missed appointment rates and parents' perception of treatment decision-

making using SDM-Q-9 were scored. The completion of SHARE approach was checked after each appointment. Descriptive statistics were used to analyze the data.

### RESULTS

After implementing the SDM approach, the missed appointment rate reduced from 18% to 9%. Patients' perception score of treatment decision-making on SDM-Q-9 increased from 33 to 53. The SDM process showed a completion rate of 90%.

### IMPLICATIONS

The application of SDM practice using DA can reduce missed appointment rates in outpatient psychiatry. The findings warrant further investigation in a larger randomized controlled study.



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