

30-Day Patient Attendance Experiment

Find one attendance pattern. Test one intervention. Learn without changing the entire practice at once.



ONE PATTERN → ONE CHANGE → ONE DECISION

Aggregate counts only. Do not enter patient names, phone numbers, appointment reasons, diagnoses, insurance identifiers, or other protected information anywhere in this worksheet.

Use this when

A recurring no-show pattern appears in a comparable appointment group and your team can test one feasible change.

Do not use this to

Predict individual patients, deny access, justify punishment, or claim statistical certainty from a small sample.

Five rules for a clean experiment

- ☐ Define one comparable appointment group before reviewing outcomes.
- ☐ Separate what you observed from what you merely suspect.
- ☐ Change one meaningful part of the process and name one owner.
- ☐ Track cancellations, rescheduling, and reclaimed slots—not only no-shows.
- ☐ At day 30, keep, adjust, stop, or investigate. Do not declare victory from noise.

STEP 1 · DEFINE THE PATTERN

What happened before you explain why

Choose a narrow group whose appointments are genuinely comparable. A useful pattern names the visit, setting, timing, and observed outcome without assigning motive.

PRACTICE, SITE, OR SERVICE LINE

EXPERIMENT LEAD

APPOINTMENT TYPE

MODALITY AND LOCATION

LEAD-TIME BAND

DAY / TIME BAND, IF RELEVANT

OBSERVED PATTERN STATEMENT

Example: "Established follow-ups booked 31–60 days ahead had more no-shows than the same visit type booked within 14 days."

Baseline window

START DATE

END DATE

ELIGIBLE BOOKED	ATTENDED	NO-SHOW	TIMELY CANCEL	RESCHEDULED	SLOTS RECLAIMED

Use one documented denominator. Attendance rate = attended ÷ eligible booked. No-show rate = no-show ÷ eligible booked. Decide before the test how clinician cancellations, duplicate bookings, same-day cancellations, and staff-moved appointments are treated.

What evidence supports the suspected barrier?

- ☐ Scheduling or lead-time report
- ☐ Cancellation timing or reasons
- ☐ Returned / failed messages
- ☐ Phone or portal failure pattern
- ☐ Readiness-call pattern
- ☐ No useful evidence yet

EVIDENCE SUMMARY — PROCESS-LEVEL AND DE-IDENTIFIED

STEP 2 · DESIGN ONE INTERVENTION

Change the barrier, not five things around it

If evidence is weak, the first intervention should collect better evidence. Do not invent a cause because a tactic is available.

WORKING HYPOTHESIS

Because we observed _____, changing _____ for _____ may improve _____ without worsening _____.

One intervention	Why this matches the evidence
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ELIGIBLE APPOINTMENT GROUP	NAMED OWNER
EXPERIMENT START DATE	DECISION DATE

Implementation brief

TRIGGER	When does the new action begin?
ACTION	What exactly changes for staff or patients?
CHANNEL / LOCATION	Where does it happen?
ESCALATION	What happens when the intervention does not resolve the barrier?
KEEP STABLE	What should remain unchanged so the result is interpretable?

Guardrails and possible side effects

- ☐ Patient can still cancel or reschedule
- ☐ Language and accessibility reviewed
- ☐ No individual risk scoring or denial
- ☐ Staff workload is measurable
- ☐ Wait-time impact will be watched
- ☐ Legal / payer review obtained if needed

STEP 3 · TRACK FOUR WEEKS

Watch the whole movement of capacity

A cancellation can rise while no-shows fall because patients finally have a usable exit. That may return a slot early enough to refill. Count the outcome, not only the label.

WEEK	ELIGIBLE BOOKED	ATTENDED	NO-SHOW	TIMELY CANCEL	RESCHEDULED	SLOTS RECLAIMED
1						
2						
3						
4						
TOTAL						

Baseline no-show rate

No-show ÷ eligible booked

Experiment no-show rate

No-show ÷ eligible booked

Baseline timely-cancel rate

Timely cancellations ÷ eligible booked

Experiment timely-cancel rate

Timely cancellations ÷ eligible booked

Weekly notes

Record process events that could distort the result: closure, weather, staffing change, payer disruption, holiday, template change, or message outage. Do not record patient stories or identifying details.

WEEK	WHAT CHANGED, FAILED, OR SURPRISED US?	ACTION BEFORE NEXT WEEK
1		
2		
3		
4		

Small sample? Do not manufacture certainty. Extend the test or narrow the conclusion. A change in a handful of appointments is a signal to investigate, not a universal rule.

STEP 4 · DECIDE HONESTLY

Keep, adjust, stop, or investigate

The decision should follow the evidence and side effects—not the amount of effort already spent.

☐ KEEP The intervention helped, the burden is acceptable, and the result is plausible.	☐ ADJUST The mechanism looks useful, but execution, scope, or timing needs correction.
☐ STOP The intervention did not help, created harm, or consumed more than it returned.	☐ INVESTIGATE The evidence is too weak or the result is too confounded to act confidently.

DECISION AND SCOPE

WHAT CHANGED IN ATTENDANCE, CANCELLATION, RESCHEDULING, AND RECLAIMED CAPACITY?

WHAT HAPPENED TO PATIENT EFFORT, STAFF WORKLOAD, OR WAIT TIME?

WHAT LIMITS THIS CONCLUSION?

Remember: this worksheet supports operational learning. It does not prove causation, provide legal or clinical advice, establish compliance, or justify restricting an individual patient's access to care.

The final question

Did we make the appointment easier to keep—or merely make the metric easier to defend?