POLICY & PROCEDURE



TITLE: Fail to Keep Appointment / No Show Appointments (N/S)								
Scope/Purpose: To minimize disruptions in the scheduling process, disruptions in the delivery of care,								
and reduce cost to the agency in terms of lost revenue and wasted staff efforts								
Division/Department: All HealthPoint Clinics			Policy/Procedure #:					
Original Date: 04/2	2012		NewX_ Replacement for: FTKA No					
She			Show Ap	Show Appointments				
Date Reviewed:	Date Revised:	Implementation:		CPIC Approved:	Board			
					Approved:			
04/03/2014	04/28/2014	October 30, 2015		October 30, 2015				
Responsible Party: Administrator of Initiatives; COO								

DEFINITIONS:

No Show- Patient who schedules a provider (MD, DO, PA, NP, LPC, Psychiatrist, or Dentist) appointment and fails to keep that appointment without cancelling or rescheduling.

Cancellation – Patient who schedules an appointment and calls to cancel the appointment. Appointment is not re-scheduled.

Re-Schedule - Patient who schedules an appointment and requests to re-schedule the appointment.

Walk-in – Patient physically arrives at clinic without an appointment scheduled.

Late – Patient who arrives 15 minutes or more late for an appointment. Patients arriving 15 minutes or more late will be rescheduled, worked into the schedule for the day, or referred to acute care. Late appointments will be considered as a "no-show" for their scheduled appointment.

Same day work-in – Patient who is worked into the schedule based on availability and workload for that day.

PHILOSOPHY:

Central to clinical access and efficiency is the assumption that patients can have an appointment with their own provider when they need or want it. This open access leads to increased patient satisfaction and allows providers to practice according to best practice standards because the system has the appropriate capacity. In order to allow for open access to care, minimizing the impact of no shows, late appointments, and cancellations is essential. Remember "We are the patient experience".

- Start on time & stay on time.
- See your own! Don't make them wait!
- Do today's work today
- Reduce the backlog.

• Synchronize the work.

POLICY:

It is the policy of the agency to inform patients of the importance of keeping appointments and the expectation that they will call to cancel as soon as they know they will be unable to keep the appointment. In order to maintain proper provider and staff productivity levels and to provide quality primary care to the patients of the agency, the agency may investigate the causes of patient no shows. Under certain conditions, the patient may be prevented from scheduling future appointments. Every effort is made to see the patient today when possible. In the end, we want to do our best to see our patients when we can so that we achieve our patient experience goals and do today's work today as much as possible.

- A. Each patient receives and signs the *Patient and Center Rights and Responsibilities* form upon registering as a patient of the center according to the policy and procedure regarding Patient and Center Rights and Responsibilities. Patients should specify their preferred method for contact.
- B. If a new or established patient fails to keep their appointments (without cancelling or rescheduling) for <u>five times in a 12-month period</u>, he/she may be prevented from scheduling future appointments <u>for a period of six months from the time of their</u> <u>fifth no-show</u> and may be seen on a worked-in basis only, depending on availability.
 - 1. The patient is allowed one procedural visit after they have exceeded the five noshow limit for regular medical appointment. If he/she no-show to this appointment, it will not be rescheduled. Patients should be educated about this policy when making the procedure appointment.
 - 2. Behavioral Health
 - a. The limit for no-shows is three for follow-up (BEHF/ PSYF) and two for initial appointments (BEHN/ PSYN).
 - b. A patient is considered late after 10 minutes.
 - 3. Prenatal

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- a. Prenatal patients sign a patient contract which outlines the expectations of the patient and the provider and clinical staff, as well as states the prenatal no-show policy.
- b. The limit of no-shows for prenatal patients is three no-shows before 32 weeks before the provider will no longer see the patient for their prenatal care, unless special circumstances arise or high risk pregnancy.
 - 1. After 32 weeks, patient cannot be turned away.
- C. When scheduling an appointment, the patient or family member is reminded to call in advance if they will be unable to make the appointment. Staff will verify contact method, email address and phone number before making the appointment.
- D. Center staff, or an automated system, should call to remind the patient of his or her appointment at a pre-determined time prior to the appointment.
 - 1. Patients scheduled after the reminder calls go out, will NOT receive a reminder call.

- E. Documentation will be made in the patient's medical record indicating his/her failure to keep a scheduled appointment.
 - 1. When staff member scheduling the patient identifies that the patient has previously failed to keep an appointment, the patient will be informed of the policy and potential consequences of no-shows when scheduling future appointments.
- F. Chief Operating Officer (COO) and clinic managers should review no-show data on a monthly basis.
 - 1. This data includes the percentage of patients who fail to keep their appointments and the "true missed opportunity rate", or the rate at which no-shows, cancellations, and reschedules were not able to be filled with another appointment on providers' schedules.
 - 2. No-show data should include the percentage of patients who fail to keep their appointments, documented reasons why patients have not kept appointments and any improvement efforts made to reduce the no-show rate.
- G. The Clinic Manager, in conjunction with the COO and/or others designated by CPIC, should work with appropriate staff, including front-desk and clinical staff, to devise improvement strategies for the no-show rate when indicated.
- H. Data regarding no-shows should be reviewed and presented to the Compliance and Performance Improvement Committee (CPIC) in accordance with the Quality Management Plan.

PROCEDURE:

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- A. Each patient shall receive and sign the *Patient and Center Rights and Responsibilities* form upon registering as a patient of the center according to the policy and procedure regarding Patient and Center Rights and Responsibilities.
- B. Front desk will scan the signed *Patient and Center Rights and Responsibilities* into patient documents section of eCW. The Front desk staff will put "Rights and Responsibilities signed on [date]" in the General Notes section of the patient information screen.
- C. When scheduling an appointment, the patient or family member is reminded to call in advance if they will be unable to make the appointment. Staff will verify contact method, email address, and phone number before making the appointment. Staff will review the number of no-shows prior to making the appointment to determine if patient is to be same-day, worked-in or an appointment can be scheduled depending on availability.
- D. Cancellations and reschedules will be documented in the general notes of the appointment screen

- 1. If the patient calls to cancel or reschedule the appointment, the visit status will be changed to cancelled (CANC) or reschedule (R/S).
- 2. The patient's status regarding the number of no-shows will be verified before an appointment is made. The patient will be reminded of the no show policy and advised on their number of no-shows in the previous six months.
- E. Patients arriving more than **15 minutes late** to an appointment will be considered a "no show" for their scheduled appointment
 - 1. Patients have three options when they arrive late:
 - a. They can reschedule for another day
 - i. The visit status is changed to NS and a new appointment is made on another day
 - b. The patient can wait and be worked into today's schedule. If patients chose to wait, priority is given to patients arriving on time. This may mean they may have to wait for some time.
 - i. The visit status is changed to NS and a new appointment is made on the schedule
 - c. The patient can be referred to acute care
 - i. The visit status is changed to NS
- F. Staff will follow-up with patients on "no-show" appointments.
 - 1. Within two business days after the No-Show appointment, a designated staff member from each clinic will review the No-Shows on the day's schedule
 - a. If a call has already been placed or an appointment has already been made, no further action is needed.
 - b. If the patient has not rescheduled and/or has not been contacted, the staff member will call the patient and document the No-Show information in a Telephone Encounter using the virtual visit
 - 2. A telephone encounter will be generated in eCW regarding the following:
 - No-show on (insert date)
 - Contacted patient on (insert date and time)
 - Reason for no-show
 - Actions taken

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Example (Patient has less than 5 no-shows):

"<u>No-Show</u>: No-Show Information Patient no-showed on 07/22/2014 Patient's reason for no-show: no longer needed appointment Contacted Patient Spoke with patient on 7/24/14. No-Show Count Patient has less than five no-shows. Patient Rescheduled For 07/25/2014"
Example (Patient has 5 or more no-shows): "<u>No-Show</u>:

No-Show Information Patient no-showed on 07/22/2014
Patient's reason for no-show: *forgot about appointment* Contacted Patient Spoke with patient on 07/24/14.
No-Show Count Patient has five or more no-shows, Patient advised that he/she will be seen on a work-in basis only.

- 3. The designated staff member will send a letter/portal message to the patient notifying them of his/her no-show status.
 - Patients with 1 to 4 no shows will receive a written warning through their patient portal account. If the patient is not web enabled then a written letter of warning will be mailed to the patient.
 - $\circ~$ Under letters in the HUB, search for "no show" to find the letters
 - Under the Send eMsg tabe in the HUB (or "Reply to Patient" in a web encounter), a portal message can be loaded
 - Patients with 5 no-shows will receive a certified letter that they will only be seen as a same-day work in for a six month period from the time of the third no-show.
 - Under letters in the HUB, search for "no show certified mail" to find the letter for patients with 5 no shows
- I. The clinic manager will work with appropriate staff, including front-desk and clinical staff, to devise improvement strategies for the no-show rate.

RELATED POLICY:

Late Arrival for Appointments

REFERENCES:

TACHC OC3 Manual

REQUIRED BY:

PCMH Standards

ATTACHMENTS/ENCLOSURES:

POLICY/PROCEDURE TRACKING FORM

TITLE: Fail to Keep Appointment / No Show Appointments								
Scope/Purpose: T	o minimize disruption	ns in the sche	duling pro	cess, disruptions in th	e delivery of care,			
and reduce cost to the	he agency in terms of	lost revenue	and wasted	d staff efforts				
Division/Departme	ent: All HealthPoint C	Clinics	Policy/Procedure #:					
Original Date: April 28, 2014			NewX Replacement for: FTKA / No					
	-		Show Appointments					
Date Reviewed:	Date Revised:	Implementation:		CPIC Approved:	Board Approved:			
04/03/2014	04/28/2014	October 30, 2015		October 30, 2015				
	Description of							
Date of Revision								
11/2/2015Follow up procedure for limit on no shows; follow up calls/letter process								