**Practice Policy**

<table>
<thead>
<tr>
<th>Policy: Access Improvement for Appointments</th>
<th>Developed by:</th>
<th>Approved by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated:</td>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

**PURPOSE:**
The Practice will continuously work to improve patient access. In the spirit of performance improvement, the Practice deploys proven techniques to enhance performance related to appointment access.

**SCOPE:**
Applies to all patients who call the office during normal business hours and after-hours for care, such as an appointment to be seen in the practice or for medical advice.

**RESPONSIBILITY:**
Practice Administrator, Master Scheduler, Front Office Staff & Quality Manager

**PROCEDURE:**
The Practice Administrator is responsible for gathering and evaluating patient access and will compare data to available benchmarks based on physician specialty, provider mix, and practice type. In the absence of industry benchmarks and/or to supplement them, the practice will establish its own goals. These data will include:

- Average time to next available appointment for new and established patients for major appointment types (e.g., urgent care, routine exams, follow-up, etc.)
- No-show rate
- Cancellation conversions
- Same-day appointments
- New patient appointments as a percentage of total appointments
- Provider-initiated cancellations

This review will take into account specific practice factors, including the structure and complexity of the appointment template(s), site and provider productivity measures, patient population demographics, and levels of seasonal illness in the community.

**ACTION PLAN:**
In developing solutions to improve patient access, the practice seeks opportunities to reduce wasted time, effort, and expense by creating written protocols that define each step of the current patient scheduling and related processes; process steps to improve, combine, or eliminate non-value added time or resources; measurable outcomes to monitor for evidence of
improvement; process for setting targets for improvement; and the criteria that is used to evaluate and adjust access improvement targets.

**MONITORING:**
At least twice yearly, the Quality Manager will take a sampling of messages documented in the EHR over a week period to assess the practice's performance in meeting these standards. Each quarter, the Practice shall report historical and current access data for comparative purposes, with a comparison to industry benchmarks and internal goals. A gap analysis will be performed each year, as the topic of access improvement is addressed.

At least every 6 months, the Quality Manager will select a random sample day and look retrospectively at every appointment in the calendar to assess the following:

- Were appointments scheduled appropriately according to triage guidelines?
- Were appointments scheduled same day if appropriate per triage and/or parent request? (indicated as Yes/No/Not Indicated/Not Requested)
- Are there unfilled well and sick appointment slots at the end of the day to document appointment availability? If not, are there specific days/times where hours might be extended to accommodate patient/family needs?
- Were patients seen in the ER or urgent care? What were the reasons for the visits and what times did the visits occur?
- Are there any open items on the patient care plan or missing immunizations that could have been taken care of during the appointment but were not (if clinically appropriate)? If so, was the reason documented?

**Appointment Access Policy:**

A. All patients who call for an appointment or for medical advice will be triaged appropriately based on medical need and the patient's (or family's) request to see or speak with the physician, nurse practitioner, or nurse.

B. When the office is open, there is an automated answering message for all calls.
   - The message will instruct the caller to hang up and dial 911 if there is a life-threatening emergency.
   - The message will have the office's hours of operations for the current day. There will be an extension for the patient to dial and speak directly with a person, if the patient feels that it is urgent.
   - There will be an extension to press to schedule an appointment, and the front office staff or phone nurse will answer to schedule an appointment.
   - If the patient is instructed to leave a message to schedule an appointment, the call will be returned as soon as possible. All calls will be responded to by the end of the same business day and an appointment will be made or medical advice given.
   - If the office is unable to reach the patient after 3 tries by the end of the day, the patient will be called the next day.
• All attempts to return calls to the patient will be documented in the electronic phone notes section of the patient's EHR.

C. Telephone triage and scheduling for an appointment
• The front office staff or master scheduler is available during normal practice hours.
• All "sick call" appointments are scheduled in 7.5-15 minute increments.
• All "well visit" appointments are scheduled in 20-60 minute increments.
• The schedule will have open appointment slots for urgent situations and for patients who request to be seen in the same day.
• Some open slot appointments may be pre-scheduled for the next day at the discretion of the nurse practitioner or physician. All patients who have a clinical need to be seen that day will be seen, and the on-call physician or nurse practitioner will triage patients after hours.
• The front office staff or master scheduler will schedule the patient for an appointment for the required amount of time. For routine and non-urgent care, the front office staff will schedule an appointment within __________, at the patient's convenience or as determined by the physician.
  o If the front office staff is unsure about the urgency of the visit or time duration, they will consult with the nurse. If the nurse is unsure of the urgency, the nurse may choose to speak directly with the patient and/or consult with the physician or nurse practitioner. If the physician, nurse practitioner, or nurse speak with the patient, they will document the call and medical advice given in the patient's EHR. For urgent situations, the front office staff, master scheduler, or nurse will schedule the patient for an appointment on the same day.
  o For illness or follow-up to an illness, the front office staff will schedule the patient to be seen the day that they call, or when the physician or nurse practitioner has requested follow-up.
  o For routine well-child care appointments, the front office staff will schedule an appointment based on the physician or nurse practitioner's determination and the patient's convenience
• The patient/family will be given the appointment date/time and any instructions for the visit. The front office staff will document the reason for the appointment in the patient record or EHR. The office practice will provide a reminder telephone call one to two business days before the appointment.

D. When the office is closed, there is an answering service where parents can leave a message which the on-call physician will return, or alternatively the patient may page the on-call physician and the call will be returned immediately.

• Office adherence to this policy will be checked quarterly by the Practice Administrator, with results reported at staff meetings. In addition, the Master Scheduler will analyze the schedule at least weekly to determine availability of major appointment types and whether there is a need to add appointment slots.
This policy shall be reviewed at least every 2 years.

Approved Date: ____/____/____

APPROVALS:

Physician Partner: ___________________________ Date: ____/____/____

Administrative Partner: ___________________________ Date: ____/____/____

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. This content is for informational purposes only. It is not intended to constitute financial or legal advice. A financial advisor or attorney should be consulted if financial or legal advice is desired.