

## Practice Policy & Guidelines

Policy: Monitoring of Appointment Needs and Preferences	Developed by:	Approved by:
Updated:	Signature:	Signature:

### **PURPOSE:**

To ensure that the practice is responsive to patient/family preferences for appointment availability to maximize patient access to care.

### **GOALS AND OBJECTIVES:**

To obtain patient/family feedback about whether the practice's appointment types meet their needs, and whether alternative appointment types should be considered and implemented by the practice.

### **RESPONSIBILITY:**

Quality Improvement (QI) Manager

### **DETAILS:**

Patient/Family feedback about access needs and preferences will be obtained in several ways:

- Practice Suggestion Box: A suggestion box will be available for patients/families to provide feedback about their visit experience and whether they have any ideas the practice should consider.
- Patient/Family Advisory Council: The practice convenes a patient/family advisory council, which meets on a quarterly basis, and discusses topics such as patient experience, satisfaction, and other preferences.
- Practice Survey: A survey will be disseminated to patients/families on a quarterly basis to determine preferences related to access to care and preferred methods of communication with the practice.

### **MONITORING:**

The QI Manager will review data from the suggestion box on a monthly basis, will participate in the patient/family advisory council meetings on a quarterly basis, and will review practice survey data on a quarterly basis. Additionally, the following data will be reviewed every 6 months:

- Report of appointment cancellations and reason for cancellation.
- Report outlining patient visits to ER and urgent care centers during and after practice's business hours, as well as reason for the visit.

The QI Manager will present the data to the Practice Administrator twice yearly to discuss patient/family satisfaction with practice's access options, and whether extended hours or alternative visit types should be considered or implemented.

**This policy shall be reviewed at least every 2 years.**

Approved Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPROVALS:**

Physician Partner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrative Partner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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