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Subject: PATIENT SCHEDULING & CANCELLATION POLICY	Reference # PT 0017
Department: REHABILITATION SERVICES	<i>"Promoting Quality Healthcare: Inspiring Healthy Living"</i>

Purpose: To reduce the number of scheduling errors, cancellations, and no-shows for outpatient therapy appointments, the purpose of this policy is to define criteria for discontinuation of outpatient therapy services based on patient attendance with respect to appointment cancellations and/or no-shows.

Policy: This policy will provide guidelines for scheduling and to determine when therapy services should be discontinued, or patients be discharged from the clinic services due to excessive and/or consecutive cancellations or no-shows for scheduled appointments. This policy applies to all outpatient therapy services, including physical, occupational, and speech therapy.

Definitions:

1. Cancellation: Patient or representative calls or otherwise contacts the therapy practice to cancel a scheduled appointment.
2. No-Show: Patient misses a scheduled appointment without advanced notice via call or other communication.

***Note*:** All patients are requested to provide *at least 12-24 hours' notice* of canceling appointments. This allows the newly empty schedule space to be filled with new or current patients awaiting treatment visits.

Procedure:


****Notice:** AAMC Rehab Services patients are schedule per the therapists' availability. Appointment days and times may be subject to change due to clinic needs or scheduling changes. AAMC Rehab Services will make every effort to accommodate patient requests for appointment days and times, but please note that these preferred days and times may not always be available. AAMC Rehab Services will provide communication of appointment times, which may include printed schedules or automated call/text appointment reminders.**

For current therapy patients who cancel, or no-show scheduled therapy appointments, discontinuation of care and discharge from the therapy practice may occur if:

- Patient consistently does not keep scheduled appointments or frequently calls to request changing of appointment times that results in missed treatment frequency per the plan of care.
- Patient cancels 2 or more consecutive visits for reasons other than emergency or illness.
- Patient no-shows without communication 1 or more visits during an episode of care.
- Patient cancels 3 or more total visits during an episode of care for reasons other than emergency or illness.

For new referral patients' initial evaluation appointment cancellations and no-shows:

- When the initial evaluation appointment is canceled for reasons other than emergency or illness, new patients will be placed back in the waiting list and scheduled per current scheduling availability. There is *no guarantee* the new appointment will be within the same week of the cancellation.
- When a patient no-shows an initial evaluation appointment, a *maximum* of 2 attempts will be made to contact the patient for re-scheduling. In the event no contact is made, the referral will be

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removed from the waiting list and the patient will require new physician orders 30 days after the initial order date has passed.


- Patients that call or are able to be contacted and wish to reschedule will be provided scheduling options per the current scheduling availability. There is *no guarantee* the rescheduled appointment will be within the same week of the no-show.

For all instances of discontinuation of therapy services due to attendance, please note:

- The attending physician will be notified of the discontinuation of care with adequate documentation and request for signature. Discharge summary, attendance record, reasons for discontinuation, and physician notification are documented and maintained in the patient's EMR.
- In the event the patient wishes to resume therapy after discontinuation/discharge, a new physician order is required. The new referral order will not be sought by the therapists, as this is the sole responsibility of the patient.
- Therapy services will *not* be discontinued or denied secondary to the patient's ability to pay (i.e. insurance denials). Patients will be referred to the Patient Financial Services department for payment options and financial counseling as needed.

Therapy Staff Procedures:

- Patients who authorize use of their personal contact information will be enrolled in automated appointment reminders that occur 24 hours prior to scheduled appointment times.
- All patients who call to cancel in the requested time frame will be offered the next available appointment per the treating therapist's current schedule availability.
- Patients who are able to be rescheduled within the same week, allowing the treatment frequency per the plan of care, may be documented as rescheduled rather than canceled, thereby not adding to the total of canceled or no-show visits within the episode of care.
- Patients who call to cancel and are not able to reschedule within the week will be documented as canceled and this will add to the total of canceled or no-show visits within the episode of care.
- As part of initial paperwork, all patients will be required to sign/date the associated form documenting receipt and understanding of this policy. This will serve as patient understanding and contract of optimal effort toward attendance of therapy appointments. This will be placed in the paper chart and scanned into the EMR for accurate record keeping.

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Abbeville Area Rehab Services

Scheduling and Cancellation Policy Acknowledgment of Receipt and Understanding

I, _____, have received a printed copy and understand the scheduling and cancellation policy of Abbeville Area Rehab Services. I understand that my consistent attendance of my scheduled therapy appointments will have a positive impact on my rehab progress, and that chronic missed appointments will inhibit my progress. I agree to give my best effort to attend all scheduled therapy appointments and provide adequate advanced notice of any appointments needing cancellation.

Signed: _____ Date: _____