

**MARTIN LUTHER KING, JR. OUTPATIENT CENTER
POLICY AND PROCEDURE**

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| DIVISION: CLINICAL | NUMBER: 2.322 |
| SUBJECT: EARLY ARRIVAL TO CLINIC APPOINTMENTS | |
| SECTION: Provision of Services | PAGE: 1 OF: 2 |
| REVIEWED BY: POLICY AND PROCEDURE COMMITTEE | EFFECTIVE DATE: 9/__/15 |
| TO BE PERFORMED BY: ALL APPLICABLE STAFF | REVIEWED DATE: REVISED DATE: 5/31/2017 |

PURPOSE

1. To define the criteria for being early to an appointment.
2. To define how clinic staff handle patients who have arrived early.

POLICY

Patients will be considered early to their appointment if they present to the registration clerk for check-in more than 30 minutes before their appointment time. Early patients will be seen before their appointment time at the discretion of clinic staff.

DEFINITIONS

Check-in time: The time the patient is told to arrive for his/her appointment. All patients are instructed to arrive 15 minutes early for return appointments and 30 minutes early for new appointments.

Appointment time: The time the provider visit is scheduled to begin based on the appointment template.

Early Arrival: Patients who present to the registration clerk for check-in more than 30 minutes before their appointment time are early.

PROCEDURE

If there is a long wait for registration, clerks will prioritize patient registration based on appointment time.

Registration staff politely informs patients with Early Arrival that they are early. If there is an appointment available that has not yet passed, Registration staff will use the slot for an early patient as needed. The patient will then be told to have a seat in the waiting area until the clinic staff can determine if he/she can be seen. Consultation with the clinical team is required if there are no slots available. Options may include:

- Check-in the patient early.
- Schedule as overbook in earlier slot.
- Inform patient they will need to wait until their appointment time and will be checked in 30 minutes beforehand.

If patient does not want to wait until their appointment time, they should be rescheduled by registration staff if possible. If the patient cannot be rescheduled, or no appointment is available, they should be given the number to call for an appointment.

NOTED AND APPROVED:

Cynthia M. Oliver, Chief Executive Officer

Date

Ellen Rothman, M.D., Chief Medical Director

Date

Lessie Barber, RN, Nursing Director

Date

Signature(s) on File.