



| Policy & Procedure Number | ACN |
|---------------------------|------------|
| | PO-01.002 |
| Origination Date: | 01/11/2016 |
| Revision Date: | 04/12/2018 |
| Review Date: | 09/24/2019 |
| Approved By: | ACN P&P |

TITLE: Appointment Availability

DIVISION: Ambulatory Care Network

SERVICE AREA/ UNIT: Patient Centered Medical Homes

1.0 PURPOSE:

To delineate standards and monitoring for the availability of appointments for our patients.

2.0 POLICY:

Each facility in the Ambulatory Care Network (ACN) will strive to provide patients with appointments including alternative encounter types in a timely manner. Monitoring of the third next available appointment (TNAA) for each Patient Centered Medical Home (PCMH) team will be done on at least a monthly basis. Additionally, each facility monitors the no-show rate for each PCMH. This information is used by the facilities to identify opportunities for improvement.

3.0 DEFINITIONS:

- 3.1 **New/complex appointment:** Visit slots that are reserved for new or complex patients.
- 3.2 **Return appointment:** Visit slots that are reserved for established patients.
- 3.3 **TNAA:** The third next available appointment is an industry standard for determining appointment availability. It is determined by measuring the number of calendar days between a request for appointment and the third open/available appointment on a PCMH schedule.
- 3.4 **No-Show Rate:** The frequency in which patients miss prescheduled appointments. No-Show Rate is calculated by dividing the number of appointments that patients missed by the total number of appointments that were scheduled to that PCMH.

4.0 PROCEDURE:

- 4.1 Each facility will measure the TNAA of their PCMH teams:
 - 4.1.1 Measurement can be made weekly, ideally tested on the same day each week.

4.2 Each Facility will measure the No-Show Rate for each of their PCMH teams.

4.2.1 Measurement should include all sessions worked by the PCMH.

5.0 QUALITY IMPROVEMENT:

5.1 A report of each week's TNAA or an average of the TNAA as well as the No-show rate for each PCMH shall be reviewed on a monthly basis by the facilities' quality improvement teams.

5.1.2 Data will be reviewed for areas in which improvement can be made.

a. Goal of TNAA less than 15 calendar days for each team for new appointments and less than 5 calendar days for return appointments.

b. Goal of No-Show Rate of less than 15%.

5.1.3 Each Facility will use quality improvement processes as defined by the ACN Performance Improvement Plan.

5.2 Goals are reviewed by the ACN Quality Board on a quarterly basis. Goals may be adjusted when:

5.2.1 Significant interruption in services occurs.

5.2.2 For new PCMH teams that are still building a patient panel.

5.2.3 An increase in patient complaints/grievances are received regarding appointment availability.

5.2.4 Other factor as determined by the committee.

6.0 SOURCES AND REFERENCE:

6.1 ACN Patient Centered Medical Home Manual (2019)

6.2 ACN Patient Centered Scheduling (2013)

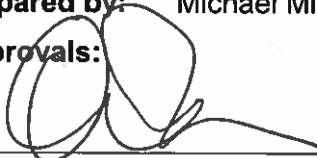
6.3 PO-01.004 Alternative Encounter Types

7.0 AUTHORITY:

7.1 National Committee for Quality Assurance, Patient-Centered Medical Home Standards & Guidelines

Prepared by: Michael Mills

Approvals:



Quentin O'Brien
Chief Executive Officer

10/16/19
Date

Margarita Pereyda MD

Margarita Pereyda, MD
Interim Chief Medical Officer

10/15/2019

Date

Debra Duran

Debra Duran, RN
Chief Nursing Officer

10/16/19

Date

P&P History

| Date | Department | Policy & Procedure # | Comments | Next Annual Review Due |
|------------|------------|----------------------|----------------------|------------------------|
| 01/11/2016 | ACN | N/A | Draft prepared | N/A |
| 01/28/2016 | ACN | PO-01.002 | Approved | 01/28/2017 |
| 02/10/2016 | ACN | PO-01.002 | Revised | 02/10/2017 |
| 04/12/2018 | ACN | PO-01.002 | Revised and approved | 04/12/2019 |
| 09/24/2019 | ACN | PO-01.002 | Reviewed | 09/24/2022 |