

MEDSTAR HEALTH POLICY AND PROCEDURE

Title:	No Show/Missed Appointments	Section:	Patient Access
Purpose:	To establish a standard approach to management of patients that do not arrive for their scheduled appointments.	Number:	
Forms:	No Show Report Missed Appointment Notification Letter	Effective Date of this Version:	8/1/2024

POLICY:

It is the policy of MedStar Health to utilize resources (i.e appointment reminders) to reduce the potential for patients not arriving for scheduled appointments (no-show). In the event of a no-show appointment, the patient appointment will be appropriately statused in the Scheduler/Provider Schedule system and appropriate notification is to be made to the patient and documented in the Electronic Medical Record.

SCOPE:

This policy applies to all ambulatory MedStar Health ambulatory practice locations.

DEFINITIONS:

Associate refers to any and all staff operating the front desk of an ambulatory MedStar Health site.

No-Show/Missed Appointment refers to any patient that fails to arrive for a scheduled appointment without providing advanced notice prior to the appointment time.

Cancelled Appointment refers to any patient that provides advance notice of intent to forgo a scheduled appointment.

Tavoca appointment reminder system used in most practice locations.

Tonic appointment reminder system used in some practice locations/specialties

No Show Rate is calculated by dividing the total number of no-show appointments into the total number of appointments scheduled (less cancellations).

RESPONSIBILITIES:

The Department Leaders are responsible for orienting associates to the registration and check-in process, auditing compliance and implementing training or corrective action when necessary.

EXCEPTIONS:

None

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WHAT CONSTITUTES NON-COMPLIANCE:

Non-compliance with the policy occurs when any item outlined in the policy is not followed.

CONSEQUENCES OF NON-COMPLIANCE:

Non-compliance will be monitored by Department Leaders. Non-compliance will require the individual to undergo additional training and may be subject to disciplinary action, up to, and including termination.

EXPLANATION AND DETAILS/EXAMPLES:

N/A

REQUIREMENTS AND GUIDELINES FOR IMPLEMENTING THE POLICY:

None

RELATED POLICIES:

Registration at Arrival Check-in Process

PROCEDURE:

1. Appointment Reminders

- I. Patients will receive an automated text, call, or e-mail from the appointment reminder system at least two days prior to their scheduled appointment.
 - a. For practice locations utilizing **Tavoca**:
 - i. Cancellations via Tavoca will automatically remove the patient from the schedule making that appointment available to another patient for scheduling. For these departments, it will be the responsibility of the clerical associates to review the Tavoca Dashboard to contact patients who cancelled their appointment to offer them an opportunity to reschedule at a later date. Patients should be contacted within 48-business hours after their notice to cancel.
 - b. For practice locations using **Tonic** or other systems:
 - i. For other departments, cancellations via Tonic or other systems will NOT automatically remove the patient from the schedule. In these departments, it will be the responsibility of the clerical associates to review the System Dashboard twice daily to:
 1. First, remove the patients from the schedule and ensure the slot becomes available for another patient to book.
 2. Second, contact patients who cancelled their appointment to offer them an opportunity to reschedule at a later date. Patients should be contacted within 48-business hours after their notice to cancel.

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- II. Practice locations should review the appointment reminder system responses at least twice per day to determine if patients have confirmed, cancelled, or not responded to the reminder message.

2. Missed Appointments (No Show)

- I. If a patient does not arrive within 20-minutes after their scheduled appointment time the clerical staff should inform the clinical staff that the patient is a “No Show”. And the clerical staff should update the status of the appointment to “No Show” in the scheduling system.
- II. If the patient presents at a later time, **the practice should refer to the late patient arrival policy.**
- III. At the end of the day, a “No Show” report should be given to the Department Leader for review. The report is to be distributed to associates the following morning to contact the patient to reschedule the missed appointment.
- IV. In addition to contacting the patient to reschedule the appointment, a missed appointment notification letter is to be completed and mailed to the patient. The letter is to be scanned into the Electronic Medical Record.
- V. Practice leadership should work in coordination with providers to identify patients who may have a history of frequent no shows and develop a plan to actively engage the patient in understanding the impact to their care, and the access opportunities it compromises for other patients.
 - a. If efforts to engage the patient at the practice level are unsuccessful and the patient continues to miss appointments (more than 3 no-show appointments in a 12-month period), the practice may consider discharging the patient. Please work with your pillar, physician, and facility leader(s) to escalate the concerns and develop additional mitigation plans. However, practices should not discharge patients or limit appointment availability for patients who habitually 'no-show' without approval and consent from pillar leadership in conjunction with risk and legal.
- VI. No show rates should be reviewed in practice operations meetings and service line FIC meetings.
- VII. Practice locations with no show rates greater than 10% should work with pillar leaders and VPMAs on an action plan that includes tactics to reduce the no show rate.
 - a. Example action plans may include double booking appointment slots to match the practice no-show rate.

LEGAL REPORTING REQUIREMENTS:

N/A

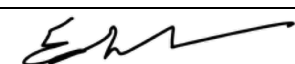
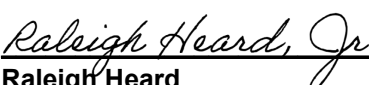
REFERENCES TO LAWS OR REGULATIONS OF OUTSIDE BODIES:

N/A

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RIGHT TO CHANGE OR TERMINATE POLICY:

Changes in policy must be reviewed and approved by the leadership of the disciplines affected, as well as any applicable committees responsible for oversight of the site practice prior to final sign off by the President, MedStar Medical Group.

Reference:	
Approved By:	<div> _____ Edward Woo, MD President MedStar Medical Group</div> <div> _____ Raleigh Heard Chief Operating Officer, MedStar Medical Group</div>
Additional Signature Information:	