

NETWORK 2 CLINIC CANCELLATION AND RESCHEDULING POLICY

1. **PURPOSE:** To establish policy and procedures for timely cancellation and rescheduling of clinic sessions. To provide accommodation and minimize adverse impact on scheduled patients when a clinic is canceled. To maintain maximum patient and/or customer satisfaction when a clinic appointment is rescheduled.
2. **POLICY:** Clinic cancellations and rescheduling are disruptive to patients, their families, support personnel, and often create additional work for the provider. However, if after all alternatives have been explored, and a clinic must be canceled, the provider will review the patients scheduled, ensure that all medical problems are addressed in a timely fashion, and patients will be contacted to coordinate the rescheduling of their appointments. **All patients' appointments will be rescheduled in a timely fashion to ensure that the appointment occurs within 30 days of the original "desired date". Appointments may be pulled forward (scheduled to occur before the original appointment date being canceled) as clinically indicated.**
3. **RESPONSIBILITY:** Respective Medical Center Care Line Managers will ensure that healthcare providers with outpatient clinics comply with the guidelines established in this Network policy.
4. **PROCEDURES:**
 - A. **Clinic Cancellation Procedures:**
 1. When the patient calls or sends advance notice to a Department of Veterans Affairs (VA) employee that the patient cannot appear for a scheduled appointment, it is the responsibility of that VA employee to immediately notify the appropriate administrative support staff to ensure the appointment is correctly coded as canceled by patient.
 2. Prior to electively canceling any clinic all alternatives must be considered, an effort made to secure alternate provider coverage, and documented actions taken to manage the affected patients. These alternatives may include securing coverage from another provider within or from another discipline, use of consultants or attendings, or providers from an affiliate.
 3. Clinic cancellations, particularly with short notice, are to be avoided whenever possible. Such action may prolong wait times for patient care services, are disruptive to patients and their families, and create additional work for the provider and support staff. Frequent clinic cancellations and appointment rescheduling contribute to patients being lost to follow-up, decreased patient satisfaction, and increased numbers of no-shows.

4. Requests to cancel a clinic must be submitted in writing within time frames specified in local Medical Center policy accompanied by: an appropriate justification, provisions made to ensure effective implementation of a patient notification, and a rescheduling plan. When a clinic is canceled, the local electronic scheduling package and electronic mail established at each division are to be used to accrue required information. Automatic "re-booking" will not be used.

5. Canceling clinics for an entire day is to be avoided as this approach does not permit the entry of comments. The preferred method is to cancel in specified time frames which will permit the entry of comments.

6. If, after all alternatives have been considered, a clinic must be canceled, the responsible provider, surrogate, or designated team representative is to review the records of the scheduled patients, ensure that urgent medical problems are addressed in a timely fashion, ensure that provisions are made for necessary medication renewals, and ensure that patients are rescheduled to be seen on a clinically-appropriate basis, and document in the patients' medical records accordingly.

7. Procedures must be in place at all VISN 2 facilities for the management of non-elective clinic cancellations (canceled because of unforeseeable circumstances such as provider illness or unplanned emergency leave, weather emergencies, etc.) including procedures for patient notification, surrogate coverage when possible and appropriate, and/or timely rescheduling.

8. The scheduling staff for the responsible clinic will contact each patient affected by the cancellation by telephone and coordinate the scheduling of the new appointment for the patient's convenience. When an appointment is cancelled and rescheduled by the clinic, the scheduler must enter the original desired date as the desired date for the new appointment.

9. If staff are unable to contact the patient by phone, written communication must be sent requesting the patient call to reschedule the appointment. If the patient does not respond within a stated number of days, the staff will make a new appointment and communicate the details of that appointment by mail, email, or through secure messaging on MHV for patients actively using MHV. When all efforts to contact the patient to create an appointment are ineffective, actions taken to make contact must be documented in an Administrative Note, or in the comment section of the consult request.

10. Elective clinic cancellations are those canceled for the convenience of the provider or the local VA facility; for example:

a. The clinic appointment is canceled because of the planned annual leave, sick leave, or authorized absence of the health care provider.

b. The clinic appointment is canceled because of the departure or reassignment of the health care provider, this includes the reassignment of the patient to a new health care provider.

c. The clinic appointment is canceled because of the revision of clinic profiles resulting in rescheduling of patients to be seen in another clinic under a new clinic profile.

d. The clinic appointment is canceled because it was erroneously entered into the wrong clinic.

B. Tracking of Clinic Cancellations

1. Patients in clinics canceled by provider/VA after the appointment date/time, are counted in the data reported on the VSSC website. This clinic cancellation data is tracked and available by stop code monthly through the Missed Opportunities reports the VSSC website, using the "Wait Time Cancellation (Missed opportunities)" report, or the "Missed Opportunities (Cancellations and No Shows)" report.

LINK: <http://vssc.med.va.gov/products.asp>

a. Wait Time Cancellation (Missed opportunities) report: displays information for canceled appointments, to include those canceled by clinic, canceled by patient, action required, no action taken, or no show.

b. Missed Opportunities (Cancellations and No Shows) report: clinic cancellation statistics including Clinic and Patient Cancellation rates after the appt date and time, and no show rates

2. VA Medical Center facilities will measure and track data on all unused outpatient appointments, to include at least no shows, patient cancellations, and unscheduled appointment slots on count clinics.

3. This data will be disseminated throughout VISN 2, and action plans for outliers beyond the VHA established performance target levels are expected from local Care Line Managers. Medical Center Directors will report on actions to address outliers at VISN 2 executive meetings.

5. REFERENCE: VHA Directive 2009-70 VHA Outpatient Scheduling Processes and Procedures.

6. RESCISSIONS: Network Memorandum 10N2-19-07, dated July 20, 2010.

7. FOLLOW-UP RESPONSIBILITY: VISN 2 Systems Redesign Coordinator

Department of Veterans Affairs
VA Healthcare Network
Upstate New York

Network Memorandum 10N2-019-10
July 20, 2010

8. AUTOMATIC RESCISSION DATE: June 20, 2013.

//SIGNED// 6-22-10

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Network Director

DISTRIBUTION: Network 2 Staff
Network 2 Medical Centers
Network Care Line Managers