

D.29 CLINIC CANCELLATION, NO SHOW AND RESCHEDULING POLICY

U.S. Department of Veterans Affairs
New York/New Jersey VA Health Care Network
Albany VA Medical Center

Memorandum SL-11-40
November 30, 2017

1. **PURPOSE:** To establish policy and procedures for timely cancellation and rescheduling of clinic appointments and to standardize, streamline and optimize outpatient clinic availability for Veterans by outlining procedures for Veterans who “no-show” for scheduled appointments.
2. **POLICY:** Clinic cancellations and rescheduling are disruptive to patients, their families, support personnel and often create additional work for providers. No-shows create additional work for clinic staff and waste limited resources. Appointments cancelled by a clinic will be rescheduled in a timely fashion, optimally within 30 days of the original Patient Indicated Date. Appointments will not be routinely rescheduled for Veterans that do not report for their appointments or who cancel without rescheduling. Clinicians will determine the need for rebooking of missed appointments.
 - a. Definitions.
 - (1) **No-Show:** Veteran who does not report for a scheduled outpatient appointment without calling to cancel or reschedule prior to the appointment.
 - (2) **Cancel by Clinic:** The appointment is cancelled by the clinic for any reason.
 - (3) **Cancel by Patient:** The appointment is cancelled by the patient for any reason.
 - (4) **Missed opportunity rate:** The sum of no-show, cancel by patient after the appointment time and cancel by clinic after the appointment time divided by the total number of clinic appointments.
 - (5) **Patient Indicated Date:** The Patient Indicated Date (PID) is the date an appointment is deemed clinically appropriate by a VA health care provider, and agreed upon between the provider and patient. The PID is contained in a provider entered Computerized Patient Record System (CPRS) order indicating a specific return date or interval such as 2, 3, or 6 months. The PID is also contained in a consult request.
 - (6) **Crosswalk:** This is the Patient Reminder Notification system that handles automatic patient notifications such as pre-appointment reminders, recall reminders, clinic cancellation notifications, and no-show notifications. Clinic cancellation notifications and No-Show notifications are automatically mailed out 48 hours after being entered into VistA.
3. **RESPONSIBILITY:**
 - a. **Service Line Managers/Department Managers** are responsible for insuring the policy is implemented in their clinic areas. They are also responsible for monitoring missed opportunity rates in clinics within their designated areas.
 - b. **Patient Service Assistants (PSAs) and Medical Support Assistants (MSAs)** are responsible following VHA Directive 1230 scheduling rules for follow-up appointments and VHA Directive 1232 for consult appointments. For clinics that have not been added to the Crosswalk for automated postcard mailings, the PSA/MSA staff will generate and mail clinic cancellation and no-show letters to the patients as appropriate. PSA/MSA staff shall document all attempts at contact in the medical record.

- c. **Clinicians** are responsible for a timely review of patients who fail to show up for their scheduled appointment for their clinic and providing the information to the PSA/MSA for action.

4. **PROCEDURES:**

- a. The Albany VA Medical Center has established the following process for the management of no-shows in response to all scheduled appointments according to the guidelines issued in VHA Directive 1230 (Outpatient Scheduling Processes and Procedures and VHA Directive 1232 (Consult Processes and Procedures):
 - (1) Schedulers must enter patient no shows into VistA Scheduling prior to the end of each workday. NOTE: For consult no shows, follow VHA Directive 1232, Consult Processes and Procedures.
 - (2) Attempt to reschedule no shows by contacting the patient by telephone. Initial call(s) may be made on the day of the no show or the following workday. Document the attempts in patient's record. Mental Health guidelines require three telephone calls. See the national memorandum [Guidance on Patients Failure to Attend Appointments \(No Shows\)](#).
 - (3) Make two contacts, usually one phone call and a contact letter. If there is no response after waiting a minimum of 14 calendar days from the date the letter is mailed, providers will decide if efforts should cease, or if more/different attempts are needed.
 - (4) Monitor returned letters due to bad address, or deceased status and update patient demographics using "bad address indicator" or as deceased.
 - (5) Document contact attempts and provider's disposition decision in the patient's record by following provider's orders.
 - (6) The "minimum scheduling effort" for non-responding patients which is defined as 2 attempts to contact a patient (1 phone call, a letter and a 14 calendar day wait for the patient to respond).
- b. When a Veteran no-shows for any appointment, or calls and precipitously cancels a scheduled appointment, the treating clinician for whom the patient cancelled or no-showed (or his/her designee) is responsible to call and make contact with the Veteran to assure safety. If there is warranted concern, it is recommended that the most recent Behavioral Health suicide assessment be reviewed with current lethality further addressed by a Mental Health clinician. All communications shall be documented. When not reached by phone, the treating clinician shall reach out to the Suicide Prevention Case Manager (or acting Suicide Prevention Coordinator) directly, who will determine next steps. In certain cases, a health and welfare check may be indicated.
- c. Behavioral Health No Shows
 - (1) Three (3) phone call follow-ups will be made until Veteran is reached and if not a letter is sent.
 - (2) Mental Health consultations are scheduled with the patient. If the patient declines, the consult will be cancelled. If the patient no shows, an attempt will be made to reach the patient and may be cancelled before the policy designated time frame as all mental health consultations are required to be completed within two (2) weeks unless the patient stipulates a specific time beyond the two (2) week deadline.

- d. Clinic Cancellation procedures.
- (1) Clinic cancellations of less than 45 days should be avoided whenever possible.
 - (2) Requests to cancel a clinic must be submitted in writing within time frames specified within each Service, accompanied by: an appropriate justification, provisions made to ensure effective implementation of a patient notification, and a rescheduling plan. When a clinic is cancelled, 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.
 - (3) Canceling clinics for an entire day is to be avoided as this approach does not permit the entry of comments. The method which must be used is to cancel in specified time frames which will permit the entry of comments.
 - (4) 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.
 - (5) Procedures must be in place for the management of non-elective clinic cancellations (cancelled 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.
 - (6) The scheduling staff for the responsible clinic will contact each patient affected by the cancellation according to VHA Directive 1230 and VHA Directive 1232.
 - (7) For clinics that have been loaded onto the Clinic Crosswalk, a clinic cancellation notice will be mailed 48 hours after the clinic cancellation has been entered into VistA. For clinics that have not been loaded, if staff are unable to contact the patient by phone, written communication must be sent requesting the patient call to reschedule the appointment according to VHA Directive 1230 and VHA Directive 1232.
 - (8) PSA/MSA staff will adhere to “minimum scheduling effort” guidelines as issued in the above directives.
 - (9) All contact attempts shall be documented in the medical record.
 - (10) Elective clinic cancellations are those cancelled for the convenience of the provider or the local VA facility; for example:
 - (a) The clinic appointment is cancelled because of the planned annual leave, sick leave, or authorized absence of the health care provider.
 - (b) The clinic appointment is cancelled 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 cancelled 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.

- e. Patient Cancellation Procedures
 - (1) When a patient calls or sends advance notice to a VA employee that s/he cannot appear for a scheduled appointment, it is the responsibility of the employee to notify the appropriate administrative support staff to ensure that the appointment is correctly coded as cancelled by patient.
 - (2) If the patient requests a new appointment, efforts should be made to reschedule them in a timely fashion.
 - (3) If the patient states that they do not wish to reschedule the appointment, the consult/appointment request should be discontinued.
 - f. If the patient does not make a request to reschedule the appointment at the time s/he cancels, efforts should be made to contact the patient via phone or letter to reschedule the appointment. PSA/MSA staff shall follow “minimum scheduling effort” guidelines as described in VHA Directive 1230 and VHA Directive 1232.
 - g. The Section Lead and/or Administrative Officer will review the following on a monthly basis:
 - (1) The process to identify problems identified by missed opportunity rates in excess of 12%.
 - (2) Identified problems areas will utilize principles of Systems Redesign for lowering missed opportunity rates. Specific action items will be identified and implemented to reduce the rate.
5. **REFERENCES:** VHA Directive 1230: Outpatient Scheduling Processes and Procedures (July 2016), and VHA Directive 1232: Consult Processes and Procedures (August 2016)
6. **RESCISSIONS:** Memorandum SL-11-40, Clinic Cancellation, No Show and Rescheduling Policy, dated 3/19/2014.
7. **FOLLOW-UP RESPONSIBILITY:** Chief of Staff and Associate Director.
8. **AUTOMATIC RESCISSION DATE:** November 30, 2020

//SIGNED HARD COPY ON FILE//

DARLENE DELANCEY, MS
Interim Director