Name of Policy:	Scheduling of sleep studies	-	
Policy Number:	3364-171-04-05	THE UNIVERSITY OF TOLEDO MEDICAL CENTER	
Department:	Sleep Disorders		
Approving Officer:	Senior Hospital Administrator		
Responsible Agent:	Director, Sleep Disorders Center		
Scope:	The University of Toledo Medical Center Pulmonary Services Department	Effective Date: 03/17/2023 Initial Effective Date: 03/17/2023	
X New policy proposal Minor/technical revision of existing p Major revision of existing policy Reaffirmation of existing policy		e. ,	

(A) Policy Statement

The Sleep Lab will schedule studies in a timely manner and in accordance with the American Academy of Sleep Medicine (AASM) staffing ratio.

(B) Purpose of Policy

To establish a guideline for the appropriateness of scheduling, cancelling, and rescheduling of studies in the Sleep Lab.

(C) Procedure

- 1. Once a complete order is received, the patient will be called by the clerical staff to schedule the appointment. A complete order consists of the following: Study type to be performed, appropriate diagnosis, office/progress notes identifying the reasons why the study is being requested including a medical history, and signature of ordering provider and date.
 - a) Patients will be scheduled in Epic
 - i. All contact or attempted contact will be documented in the notes section.
 - ii. At the time of scheduling the scheduler will verbally educate the patient of the importance of keeping all appointments. Cancellations require notification to the Sleep Lab 24 hours prior to the appointment.
 - b) At the time of scheduling, an informational packet containing the sleep questionnaire, medication list, and reminder letter will be sent to the patient.
 - i. A reminder letter shall include information regarding the Sleep Lab's cancellation and No-Show policy.
- 2. First "No Show/ Late cancellation"
 - c) The patient will be called and reminded of the importance of keeping the next scheduled appointment.
 - d) If the patient cannot be reached by phone or does not return a call by the next business day, a letter will be sent to the patient with instructions to call and reschedule the appointment.
- 3. Second "No Show/ Late cancellation"
 - a) The patient will be called and/or sent a letter the next business day to reschedule within two weeks.
 - i. The verbal and/or written communication with the patient will clearly reiterate the no show/cancellation policy.
- 4. Third "No Show/ Late cancellation"
 - a) The patient and ordering provider will be sent a letter stating that the patient will no longer be able to schedule an appointment for testing in the Sleep Lab as the limit has been reached for No Show/cancellation per policy.

- 5. Patients Requiring a Caregiver
 - a) All patients requiring a caregiver must have confirmation at the time the appointment is booked that a caregiver is available and able to assist during the study.
 - b) At the time of scheduling, the patient or caregiver will be educated on the policy referring to the required use of a caregiver should the patient be unable to care for him/herself.
- 6. Documentation
 - a) All interaction with the patient, caregiver or representative will be documented in the electronic medical records notes.

Approved by:		Review/Revision Date: 03/23
Michael Taylor Director, Pulmonary Services	03/20/2023 Date	
Andre Aguillon, M.D. Medical Director	03/19/2023 Date	
/s/	03/20/2023	
Russell Smith Senior Hospital Administrator	Date	
Review/Revision Completed By: Director, Sleep Disorders Center Policies Superseded by This Policy:		Next Review Date: 03/26
Tonord Supersound by This Policy.		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.