


<b>Name of Policy:</b> <u>Scheduling of sleep studies</u> <b>Policy Number:</b> 3364-171-04-05 <b>Department:</b> Sleep Disorders <b>Approving Officer:</b> Senior Hospital Administrator <b>Responsible Agent:</b> Director, Sleep Disorders Center  <b>Scope:</b> The University of Toledo Medical Center Pulmonary Services Department	  <b>Effective Date: 03/17/2023</b> Initial Effective Date: 03/17/2023
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

**(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.

