


Name of Policy: Clinic Cancellations Policy Number: 3364-100-55-08 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Chief Administrative Officer, Chief Medical Officer Scope: University of Toledo Medical Center and UT Physicians		 Effective date: Original effective date: 5/6/2010	
Key words: Clinic, Cancellations, Ambulatory Care, Behavior, Clinic Schedules			
<input type="checkbox"/>	New policy proposal	<input checked="" 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 focus of [Utoledo Health](#) is to efficiently and effectively deliver outstanding health care to patients in a timely, reliable and professional manner. Consistent utilization of space, staff, and other resources according to previously agreed upon clinic schedules helps the entire organization function ~~more~~ optimally. The purpose of this policy is to codify the concept of responsible behavior regarding clinic schedules and increase accountability with respect to consistent patterns of ambulatory care.

(B) Purpose of policy

(1) Policy Goals & Objectives:

- (a) Increase patient satisfaction
- (b) Reduce or eliminate staff time required to reschedule patients
- (c) Improve utilization of support staff
- (d) More effectively utilize clinic space
- (e) Improve referring physician satisfaction
- (f) Meet financial projections in divisions and departments consistently
- (g) Maintain accountability of physician's clinical service agreement
- (h) Reduce inconsistency in clinic scheduling thus improving effectiveness of the referral process

It is the Corporation's expectation that the clinician's assigned clinic time (both on-site and off-site) will occur regularly as scheduled. Holidays and scheduled vacation time preclude scheduled clinics. Scheduled clinics will not be cancelled or changed with less than six weeks' notice without approval from the Department Chair and the Division Chief. If a potentially cancelled clinic is covered by another physician in the division/department and patients are not rescheduled, it will not be considered a "cancelled" clinic.

(C) Procedure

(1) Response to Repeatedly Cancelling Clinics Within the Six Week Interval

Chairs and Chiefs will be notified of faculty who appear to violate mutually agreed upon guidelines by clinic managers.

(2) Planned Absences

On a semi-annual basis, no later than February 1st and August 1st every year, each Department and/or Division will submit a list of potential upcoming professional meeting dates to the Executive Director, UTP and the Chief Administrative Officer, -OP Clinic Operations. This should be accompanied by the submission of the Clinic Cancellation Form at the beginning of the six-month period for all – faculty who plan on attending these meetings. Updates or changes should be forwarded as quickly as the information becomes available.

Additionally, no later than July 1st of each fiscal year, each faculty who is assigned clinic sessions should alert the Department Chair about planned absences (personal and professional) through the submission of the Clinic Cancellation Form, to the extent this information is known, and certainly as soon as possible in advance of the six week minimum, in order to minimize clinic closings. These scheduled clinic closings are expected to include any plans for religious holidays, professional boards, class attendance and in-patient rounding schedules.

(3) Timeframes for Submitting Request

To request approval for a clinic cancellation, the Clinic Cancellation Form should be submitted to the Chief/Chair a minimum of six weeks prior to the requested cancellation date. Division Chiefs will submit their personal Clinic Cancellation Form to the Chair of the Department for approval.

For those faculty who will need to modify or close clinics due to other clinical activity (i.e., inpatient attending, covering other clinic areas, etc.), the Clinic Cancellation Form should be submitted at the beginning of the fiscal year, or as soon as the schedules become available.

(4) Submitting the Request

All requests for absences should be submitted as soon as the dates for cancellation are known. To request review and approval for a clinic cancellation, the faculty or fellow must submit the Clinic Cancellation Form to the Department Chair ~~or their designee~~ and the Division Chief. There should be notification of a denied request within 3 business days. If the request is denied, the form will be returned to the physician. If approved, copies of the form should be forwarded to the following individuals:

- (a) Clinic Call Center, Call Room or Centralized Scheduled, as applicable.
- (b) Physician who submitted request.
- (c) Clinic/Site Manager.
- (d) Physician Clinic Lead.
- (e) Division/Departmental Administrator (or the appropriate representative).

It is acceptable to submit the clinic closing information electronically to the Division Chief, Department Chair, or their designee as long as all the information for closing a clinic is provided at that time. The Chief/Chair or designee should then forward e-mail approval to the appropriate parties above.

(5) Exceptions to the Six Week Rule

It is recognized that there are appropriate exceptions to this general rule and these may include, but are not limited to, the following:

- (a) Faculty illness or family illness/emergency.
- (b) Jury duty.

These exceptions should be submitted to the Department Chair, Division Chief, Clinic Manager and Department Administrative Assistant for approval with a coverage plan identified to retain patient access to care as soon as possible. If the provider does not have a coverage plan, then the group should determine a coverage plan that minimizes the impact to patient care and rescheduling of patients to promote access.

(6) Reporting

The Clinic Cancellation Quarterly Report is to be submitted electronically to the Chief Operating Officer, UTP and the Chief Executive Officer, Outpatient Integrated Clinical Operations and the Chief Medical Officer by each Department AA or Department Administrator. This report will summarize only the closings that were

cancelled with less than six weeks' notice (see attached report). This report must be submitted within one month after the close of the quarter and signed by the Departmental Chair.

<p>Approved by:</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• N/A
<hr/> <p>Daniel Barbee Chief Executive Officer</p>	<p>Initial effective date: 5/6/2010</p>
<hr/> <p>Date</p>	<p>Review/Revision Date:</p> <p>8/1/2013 2/1/2014 6/1/2017 6/1/2020 6/1/2023</p>
<hr/> <p>Puneet Sindhvani, MD Chief of Staff</p>	
<hr/> <p>Date</p>	
<p><i>Review/Revision Completed by: Chief Administrative Officer</i></p>	<p>Next review date:</p>

Clinic Cancellation Quarterly Report
(for clinics cancelled with < 6 weeks' notice)

To: Chairperson /Clinic Manager
From:
Date:
Quarter:

Name	Date Submitted	Date/s of Closing	Reason	Approved Yes/No	Comments

Proposal to cover clinic by another faculty member? ☐ YES ☐ NO

If yes, name and signature of proposed faculty replacement:

Name _____ **Signature and date** _____

Attestation Statement:

I have reviewed the above information and to the best of my knowledge it is complete and accurate.
 Note: This report should be sent electronically within one month after the close of the quarter. This report should identify all clinic sessions which were cancelled with less than 6 week's notice, regardless of whether the closing was or was not approved. Multiple pages of this form should be submitted, if necessary.