


Name of Policy: <u>Clinic Cancellations</u> Policy Number: 3364-100-55-08 Department: Hospital Administration Approving Officer: Chief Operating Officer, UTMC Chief Physician Executive, UT Physicians Responsible Agent: Chief Physician Executive, UT Physicians Chief Operating Officer, UTMC Scope: The University of Toledo Medical Center and UT Physicians	 Effective Date: 8/1/2020 Initial Effective Date: 5/6/2010
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The focus of UT Physicians and the University of Toledo Medical Center 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) 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 by the Department Chair. If a potentially cancelled clinic is covered by another physician in the division/department and fewer than 25% of the patients are rescheduled, it will not be considered a "cancelled" clinic.

(C) Procedure

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

Chairs 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 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 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.

The Department Chair will exercise appropriate judgment in determining which exceptions to this policy are considered appropriate. Additionally, it is the discretion of the Chief and/or Chair as to whether or not the clinic/clinics will be required to be rescheduled.

(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. 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) Plans to attend and or present at a major conference, where the invitations have been issued less than six weeks in advance.
- (c) Clinical investigator study-related meetings, where the invitations have been issued less than six weeks in advance.
- (d) Jury duty.

(6) Reporting

The Clinic Cancellation Quarterly Report is to be submitted electronically to the Chief Operating Officer, UTP and the Chief Administrative Officer, Outpatient Integrated Clinical Operations or 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>/s/ _____ Date _____ Chris Stesney-Ridenour Chief Operating Officer, UTM</p> <p>/s/ _____</p>	<p>Review/Revision Date: 8/1/2013 2/1/2014 6/1/2017 6/1/2020</p>
<p>Kris Brickman, M.D. Chief Physician Executive, UT Physicians</p> <p><i>Review/Revision Completed By:</i> COO, UTM Chief Physician Executive, UT Physicians</p>	<p>Next Review Date: 6/1/2023</p>
<p>Policies Superseded by This Policy: None</p>	

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

To: Chairman /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 weeks notice, regardless of whether the closing was or was not approved. Multiple pages of this form should be submitted, if necessary.