



THE UNIVERSITY OF
CHICAGO
MEDICINE

Ambulatory Service Excellence Policies and Procedures

In order to support the University of Chicago Medicine's commitment to outstanding patient service and the Ambulatory Ideal Patient Experience, and in order to optimize patient satisfaction, continuity of care, physician productivity, and practice efficiency, the following standards are proposed for adoption:

Telephone Access and Protocols

As the first point of contact for most patients and referring physicians, it is imperative that telephone staff communicate in a warm and effective manner, and provide superior customer service as they arrange patient appointments. Accordingly, well trained, dedicated telephone staff will embrace standardized telephone access processes to ensure that callers are treated in a courteous, prompt, and knowledgeable manner. These telephone staff (Patient Appointment Coordinators and in select cases New Patient Coordinators) will be assigned to specialty scheduling hubs to promote thorough knowledge and understanding of the specialty area.

- Each ambulatory practice/cluster will be assigned a separate main telephone number.
- Each number will be configured on an automated call distributor (ACD) to enable efficient flow of calls and appropriate monitoring and tracking.
- At a minimum, phones will be answered continuously during normal business hours of 8:00am to 5:00pm, Monday through Friday or longer to align with extended practice hours.
- At the discretion of each practice, the ACD may also be configured to include a telephone menu; however, in such cases, the menu must include no more than five standard options in the proper sequence, and may not include any sub-menu options.
- Dedicated telephone staff will answer calls within two minutes; calls not answered within this timeframe will be routed to an overflow agent, typically a telephone answering service.
- Voicemail will not be permitted on main practice telephone lines. .
- Telephone staff will answer the phone with the following standard greeting: "Thank you for calling the University of Chicago insert practice name, my name is insert first name, how may I help you?"
- When assisting a patient in making an appointment, the telephone staff will provide the patient with options for physicians and appointment slots that suit the preferences of the patient, within the context of the clinical need.
- The telephone staff will also collect or review and update the patient's demographic information, collect or review and update the patient's insurance information, ask if the patient has any special needs and document per established protocol. As well, the telephone staff will collect and document the primary care physician and referring physician's name. The telephone staff will inform the patient regarding where/when to arrive for the appointment, unusual travel issues, parking options, practice wait times and cycle time, payment policies (including outstanding balances owed), relevant referral and authorization policies, and the late arrival policy.
- If a patient's referring physician does not appear in the referring physician dictionary, the telephone staff will follow protocol to collect the relevant baseline information (physician name, address, telephone number and fax number).
- Patients will be able to schedule multiple appointments at one time (or the telephone staff will offer a warm transfer to another staff member when multiple appointment scheduling cannot be completed).
- The telephone staff will close each call by thanking the caller, and verifying that the caller has all the information they need for the visit.

In addition to scheduling appointments, telephone staff are responsible for connecting calls to other staff members and taking messages when a patient wishes to speak to a provider or nurse who is not available. When taking messages, the telephone staff will verify relevant demographic information, then use Epic messaging protocols to collect the baseline information needed for specific message types (i.e. refill request, symptom call, test results, request to speak to a physician or nurse). The message will be routed

per protocol to the appropriate person in the practice. Urgent messages or calls will be escalated per practice protocol and may require paging a physician, nurse, or Practice Administrator. Each practice will maintain a schedule of on call physicians.

Physician Schedules and Templates

Ambulatory practice sessions and physician templates will be standardized in the following manner:

Practice Sessions

Standard provider sessions will be scheduled in four hour blocks with staggered start and stop times, as follows:

- Monday - Friday morning sessions: 7:30am-11:30am, 8:00am-noon, and 8:30am-12:30pm
- Monday - Friday afternoon sessions: Noon – 4:00pm, 12:30pm-4:30pm, and 1:00pm-5:00pm
- Saturday morning sessions (optional): 8:00am-noon, or 8:30am-12:30pm

Morning sessions can routinely extend by starting earlier and afternoon sessions can routinely extend by ending later at the discretion of the Practice.

Appointment Types

Standard appointment types will be established to create master provider templates, to include:

- New Patient
- Return Patient
- Consult
- Nurse Visit
- Procedure Visit
- Post Op Visit

In addition, a limited number of additional appointment types will be created, as approved by the Vice President, Ambulatory Care Services. Enhanced template specificity will be achieved through the use of varied appointment lengths and more detailed information (such as appointment reason) which can be configured in the scheduling application.

Resident and Fellow Templates

Standards to be determined

Appointment Access and Availability

Minimum standards for appointment availability will be established based on the type of appointment and specialty.

Primary Care Services

- Patients seeking urgent primary care appointments will be offered an appointment to be seen within 24 hours.
- Patients seeking follow-up and routine primary care appointments will be offered an appointment to be seen within 2 weeks.
- Patients seeking consults for primary care services will be offered an appointment to be seen in a timeframe consistent with the referring physician instruction.

Specialty Care Services

- Patients requiring urgent specialty care appointments will be offered an appointment to be seen within 72 hours.
- Patients seeking new patient appointments will be offered an appointment to be seen within 7 days when clinically appropriate.
- Patients seeking follow-up and routine specialty care appointments will be offered an appointment to **be seen** within 14 days.
- Patients seeking consults for specialty care services will be seen in a timeframe consistent with the referring physician instruction.

Session Cancellations/Physician Bumping

A standard session cancellation and provider bumping policy will be implemented as follows:

Session Cancellations

When cancelling an ambulatory session, the physician will complete an online Session Cancellation Request Form, indicating the reason for cancellation from the following categories: Routine, Urgent, or Emergent.

- Routine Cancellation – can be made two months or greater from the date of the scheduled session. Reasons for cancellation may include scheduled vacations, CME activities, and other pre-planned events where advance notice is known. Patients will be re-scheduled within three weeks of the original appointment either by scheduling into existing appointment slots or by adding a make-up session.
- Urgent Cancellation – can be made 30-60 days from the date of the scheduled session, but requires approval by the Chair or Section Chief. Patients will be offered an appointment within two weeks of the original appointment, either by scheduling into existing appointment slots or by adding a make-up session.
- Emergent Cancellation - can be made within 30 days from the date of the scheduled session, but requires approval by the Chair or Section Chief, and require the physician to either find appropriate coverage and/or reschedule the patient preferably within two weeks of the original appointment or sooner, either by scheduling into existing appointment slots or by adding a make-up session. Unforeseeable emergencies due to clinical or personal issues will be addressed on a case by case basis with the Section Chief.

The online Session Cancellation Form will be automatically routed to appropriate individuals for necessary approvals and processing.

Appointment Confirmations

Courtesy appointment confirmations will be conducted for all appointments in order to improve patient satisfaction, ensure continuity of care, maximize physician productivity, and improve the efficiency of the practice.

- During the scheduling process, the Patient Appointment Coordinator (PAC) or New Patient Coordinator (NPC) will record the patient's preferred method for appointment confirmation in the scheduling system and will validate the patient's demographic information to ensure delivery of the confirmation.

- All ambulatory appointments will be confirmed within 72 hours of the appointment either via telephone, text message, or email. In all cases, patients will be provided with options and instructions for canceling or rescheduling appointments.
- The PAC or NPC will work the wait list per established protocols to schedule patients into appointment slots that have opened up due to patient cancellations.
- All methods of confirmation will adhere to relevant HIPAA regulations.
- Appointments confirmed via telephone will be based on a standardized script.
- Appointments confirmed via text message or email will be based on a standardized message.
- Practices may propose that select appointment types with a high frequency of visits (e.g. radiation therapy, laboratory) be excluded from appointment confirmations. Such proposals must be approved by the Ambulatory Practice Medical Director and Vice President of Ambulatory Services.

External Medical Records and Clinical Results

External medical records and clinical results will be obtained, pursuant to specialty-specific requirements in order to inform medical decision-making. Select external records will be added to the patient's UC medical record.

Specialty-specific Protocols

- During the appointment scheduling process, new patients will be instructed when/if external medical records must be provided to the physician in advance of the appointment.
- Based on established clinical protocols, the patient may be required to send the records prior to the appointment. Patients will be offered assistance with obtaining records by appropriate staff.
- When acceptable, patients may also bring the medical records on the day of the appointment, in accordance with clinical protocols.
- Mechanisms to track receipt of external medical records will be implemented in each practice and escalation protocols will be determined to outline when a patient appointment may need to be rescheduled to ensure that all required external medical records are available for the appointment.

Scanning External Medical Record Documentation

Required scanned documents may include but are not limited to:

- Ancillary test results (lab, radiology, EKG, pathology, films on CD, etc.)
- Inpatient records
- Progress notes, consultation reports, and operative reports from other providers

Staff will comply with the Epic scanning policy to ensure documents are scanned into the correct location and appropriate folders within the electronic record. Only records required for the visit will be scanned. Remaining documents will be returned to the patient.

Records for Urgent Appointments

In the event of an urgent add-on appointment, staff will make an effort to obtain appropriate medical records as defined by the specialty but the patient will also be instructed to bring required medical records to their appointments.

Pre Appointment Administrative Clearance

Upon scheduling of appointments, a set of pre-appointment tasks will be completed to ensure that each patient is administratively cleared for their upcoming appointment, in accordance with established

protocols. Administrative clearance will incorporate tasks related to insurance eligibility, referrals and authorizations, significant outstanding balances, and lack of third party insurance coverage. Well trained, dedicated staff will follow established protocols to ensure clearance, attempt to clear exception situations, and communicate unresolved exceptions to the practice staff in advance of the appointment. These staff (Patient Registration Representatives, Patient Access Representatives, and Patient Financial Counselors) will be assigned to work electronic exception lists based on their area of expertise.

Pre-Appointment Tasks

Up to 7 days prior to the patient appointment, the following tasks will be completed:

- Insurance eligibility will be verified in accordance with established protocols and timing parameters
- Required referrals and authorizations will be obtained and attached to the appointment
- Return patients with outstanding balances at \$5000 or above for the facility fee and at \$1000 and above for the physician fee will be contacted to discuss payment requirements and related financial options
- New patients with no confirmed insurance will be contacted to discuss payment requirements and related financial and/or assistance options

All patients will be informed regarding payment policies at the time of scheduling.

Unresolved Tasks

In cases where there are pending tasks that are unresolved the following will occur:

- Upon arrival in the practice, patients with unresolved pre-appointment tasks will be referred to the Patient Service Representative in the practice to discuss and resolve the outstanding matter(s).
- If the discussion to resolve the pre-appointment task is not completed and the patient is ready to be roomed, the patient will be roomed so the appointment is not delayed. The patient will be instructed to return to the Patient Service Representative after the visit.
- If tasks remain unresolved, the Patient Service Representative will follow established policies and procedures regarding communication and follow-up.

Ambulatory Practice Reception and Check-In Standards

Ambulatory Practice Receptionist will use a standard process to greet and receive patients arriving for an ambulatory practice appointment.

Greeting

- Upon arrival to the practice, all patients and visitors will be acknowledged in a warm, welcoming manner which is respectful of their privacy.
- The standard approach is characterized by greeting the patient or visitor in a friendly tone. (e.g. “Hello, my name is introduce self, how may I help you?”).
- The Ambulatory Practice Receptionist should smile, interact in a non-distracted manner, and maintain eye contact with the individual upon arrival and throughout the encounter.
- Adult patients and visitors will be addressed using the appropriate title (Dr., Mr., Mrs., and Ms.) and the last name.
- Pediatric patients will be addressed using their first name.
- If the Ambulatory Practice Receptionist is busy when a patient or visitor arrives, the Receptionist will respond with “Hello, I will be right with you.” Acknowledgement of the individual(s) arriving will include making eye contact, smiling, and using the standard greeting characteristics outlined above.

Patient Identification

- Patients will be greeted and designated as arrived in the Epic system in the order in which they present to the practice.
- The patient's name and date of birth will be used to verify the patient's identity, and to ensure discretion and patient privacy.

Patient Arrival Status

- Upon the patient's arrival in the practice, the Ambulatory Practice Receptionist will document the arrival in Epic on the multiple provider schedules using the appropriate dot indicator.
- The Ambulatory Practice Receptionist will then inform the patient regarding the anticipated wait time.
- Patients should be seen in the exam room and visit care started in close approximation to their appointment time. If there are delays, the Ambulatory Practice Receptionist will provide patients with updates regarding his/her wait time at regular intervals of 15 minutes as necessary.

Check-In Process

- All necessary paperwork will be available in the practice prior to patient arrival, and will be organized in a patient specific folder.
- The Ambulatory Practice Receptionist will request that the patient review, complete (if necessary), and return the forms contained in the folder at the end of the visit. These items will include: the Patient Demographic Form, New Patient Questionnaire (if applicable), and HIPAA Booklet and Acknowledgement (if applicable)
- Patients with multiple appointments will be checked-in for the first appointment of the day. Subsequent visits will be arrived separately.
- Special assistance (i.e. interpreter services) will be identified and provided for patients as necessary. This information will be documented in Epic for future appointments.

Same Day Appointment Requests

- Patients arriving to the practice and requesting a same day appointment will be treated with the same level of courtesy as regularly scheduled patients.
- The Ambulatory Practice Receptionist will work with the Practice Administrator or a nurse to determine if the patient requesting a same day appointment will be offered the next available appointment with an available provider or at the end of the session, whichever is more convenient for the patient. Wait times will be communicated to the patient to ensure their understanding.
- Every effort will be made to schedule patients requesting a same day appointment with the appropriate physician. The Ambulatory Practice Receptionist will explain that due to the same day nature of the request, it is possible the patient may be seen by another provider in the Department.

Communication of Wait Time and Appointment Delays

Ambulatory Practice Receptionists will utilize a standard process and mechanism to communicate wait time and appointment delays to patients and visitors.

Communication of Wait Times and Delays

- In instances where the wait time is in excess of the delay stated at the time of the patient's arrival, the Ambulatory Practice Receptionist will provide patients with regular updates regarding his/her wait time at regular intervals of 15 minutes as necessary.
- The Ambulatory Practice Receptionist will attentively acknowledge the patient and visitors, offer a personal apology for the delay, and provide the patient with an updated anticipated wait time.

Patients Arriving Early for Appointments

- Patients arriving more than 15 minutes in advance of their scheduled appointment will be notified of their early arrival at the time of reception.
- The Ambulatory Practice Receptionist will explain to the patient that the physician will see them as scheduled unless a slot opens up sooner.

Patients Arriving Late for Appointments

- Patients arriving more than 30 minutes late for their scheduled appointment will be notified of their late arrival at time of reception and a polite inquiry will be made to identify the reason for the delayed arrival.
- Every effort will be made for the late patient to be seen at the next available appointment slot or at the end of the scheduled session, whichever is sooner. The Ambulatory Practice Receptionist will consult with the physician, his/her nurse, or the Practice Administrator to determine if this is possible.
- If the physician is unable to see the patient, the Ambulatory Practice Receptionist will work with the Practice Administrator to review the master schedule and determine whether it is possible to see another provider in the group. Further, if no appointment can be arranged for the same day, the patient will be seen by a nurse to determine whether there is a clinical need that needs to be addressed that day. Once the nurse has completed the assessment, the determination will be made if the patient can be rescheduled to a different day.

Physician Start Time and Excessive Wait Time

Physicians will arrive on time for their session start time and will maintain timely appointments throughout the session. Practice Administrators will be notified of unavoidable physician delays either prior to or during the session, and will implement appropriate protocols including:

- Communicate with the patient regarding the delay and set expectations
- Arrange for the patient to see an alternative provider if feasible
- Offer the patient the option to reschedule the appointment

No Show Appointments

- Upon scheduling an appointment, patients will be notified to call at least twenty-four hours in advance if they need to cancel an appointment.
- For any patient who does not arrive for a scheduled appointment, the patient will be recorded as a no show in the scheduling system by the end of the day of the scheduled appointment. Patients who cancel on the same day of the appointment will be recorded as a late cancellation.
- No show patients will be called to determine the reason for no show and to reschedule the appointment.
- No show letters may be sent to patients after the first and second no show (at the discretion of the physician) to inform patients of the no show policy. Standard letter templates for a new patient vs. a return patient will be utilized.
- If a patient no shows for an individual provider three or more times in a rolling one year period, they may be terminated from their care at the discretion of the physician. Legal Services will be consulted to assist with drafting the termination letter.
- Established patients who have a pattern of no shows may be counseled by the physician or nurse.

Rooming Standards

In order to complete the rooming process:

- Patients waiting for an appointment will be identified in an appropriate and discreet manner when it is time to be escorted to the exam or procedure room. This interaction will be professional, courteous and protective of patient confidentiality. The staff member responsible for rooming the patient will work closely with the Ambulatory Practice Receptionist to identify the patient and will approach the patient in the waiting room and quietly state their name.
- The staff member responsible for rooming the patient will acknowledge the patient in a warm and welcoming manner (“Hello my name is (introduce self); I will be escorting you to the exam room today.) The staff member will then explain what next steps to expect, provide an estimated wait time until the physician or nurse is expected to arrive, complete the required pre-clinical services, and document all necessary information in Epic.
- No more than one patient will be escorted to the exam or procedure room at one time.
- Once rooming/triage is complete, the staff member responsible for this transition will indicate the patient is ready for the provider by utilizing the appropriate dot indicator in Epic.
- The staff member responsible for rooming will check on the patient waiting in the exam room every ten minutes to provide a status update. The patient will be asked if they would like the exam door to remain open or closed.
- The staff member responsible for rooming will notify the physician or provider if the patient’s clinical condition requires immediate attention.

Communication with Referring Physicians and Referral Protocols

In order to ensure comprehensive communication and continuity of care, and to facilitate strong and collegial relationships with the referring physician community, UC physicians will promptly communicate with referring physicians via telephone, letter, or electronic communication based on protocols and referring physician preferences.

The following standards will be maintained when a patient is referred to a UC physician:

Same Day Communication

- Whenever possible, communication with referring physicians about new patient consults is preferable via telephone but a letter or email can be used as well. Communication will occur on the same day as the visit via telephone if there is a clinical care finding that requires attention or discussion and within three days via letter. The correspondence shall include a summary of the care provided, any relevant findings, and a copy of the initial evaluation progress note.
- In the event that the patient requires admission to the hospital during an outpatient evaluation, the consultant physician will notify the referring physician if possible on the same day via telephone. Upon discharge, a letter will be sent to the referring physician including the dates of the hospital stay, the diagnosis, and a copy of the hospital progress notes.

Follow up Communication

- If no further treatment is necessary for a patient after the initial evaluation, the consultant physician will notify the referring physician within three business days via written communication. The consulting physician will recommend that the patient resume general care with their primary care provider.

- The referring physician will be notified of any major changes in the treatment plan or the patient's condition for patients who have ongoing outpatient visits. Notification will occur via written communication or by telephone call, based on the acuity of the patient condition.
- The referring physician will be notified within three business days via written communication if the need for a surgery or a procedure arises. This communication should include information on the pertinent procedure/surgery, the progress note, and the recovery status of the patient.

Documentation of Visit Notes

Timely documentation and completion of visit notes ensures that information is available for continuity of care for internal and external referring physicians, patients who require admission and patients who may be scheduled for procedures and surgery.

Attending and Resident Visit Notes

Attending physicians will complete their visit notes within 48 hours of the patient encounter and Residents will complete their visit notes within 24 hours of the patient encounter to ensure that the attending physician has sufficient time to review and document the visit or procedure.