

**FALLS COMMUNITY HEALTH GOVERNING BOARD
THURSDAY, OCTOBER 15, 2020
AT 12:00 PM-1:00 PM
VIRTUAL/CLINIC CONFERENCE ROOM**

Agenda

- Call the Meeting to Order
- Consent Agenda*
 1. Minutes from Falls Community Health Governing Board from September 17, 2020.
 2. QA/QI Minutes from October 2, 2020

New Business

- Financials*
- Quality
 - Ryan White Update
- Access
- Executive Director's Report
- Public Input –
 - If you are here for public input, please check in with the Sioux Falls Health Department for directions to the meeting or call in with information below.

*action required

Items added after the agenda deadline: the Falls Community Health Governing Board may include such other business as may come before this body.

RSVP to Lisa at 367-8181 or lstensland@siouxfalls.org your attendance to the Falls Community Health board meeting.

Virtual meeting information: Meeting number (access code): 146 645 2783 Meeting password mFMSpsiw337

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Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Scheduling of Appointments- Medical

1.0 Purpose

- A. The purpose of a scheduling policy is to provide:
 - 1. Adequate access for patient appointments and an open door to medical care
 - 2. Guidelines for scheduling staff
 - 3. Assurance to organizational efficiency and productivity goals
 - 4. Staff and provider well-being

- B. Scheduling rules may be lifted in order to meet patient needs and/or productivity goals.

2.0 Revision History

	Date	Modification
2.1	01/94	Origination
2.2	04/96	Revised
2.3	10/11/96	Revised
2.4	02/09/99	Reviewed
2.5	08/09/99	Reviewed
2.6	02/26/01	Revised
2.7	04/10/06	Revised
2.8	02/01/10	Revised
2.9	03/19/10	Revised
2.10	11/17/11	Revised
2.11	12/15/11	Revised
2.12	07/19/12	Revised
2.13	10/18/12	Revised
2.14	3/27/14	Revised
2.15	11/19/15	Revised
2.16	08/18/16	Revised
2.17	01/16/17	Revised
2.17	02/16/17	Revised
2.18	01/17/19	Revised

3.0 Persons affected: all staff, providers, and patients of FCH.



4.0 Policy

4.1 Organizational goals:

APP Pay Step	APP patients seen per shift
1	6
2-5	6.5
6-9	7
Physician years of service	Physician patients seen per shift
0-1	8
1-2	9
2+	10
Resident year	Resident patients seen per shift
2nd	7
3rd	8

Same day access goal: minimum 35%

Scheduling standard goals for next available appointment:

- Office visit 15 min for new and established pts- 10 days
- Office visit 30 min for new and established pts- 30 days
- Physical appt for new and established pts- 30 days
- Same day for new and established pts- 0 days (see same day visit guidance below)

No show rate goal: 15% or less



- 4.2 Clinic Start Time
 - A. 7:30 am daily
 - B. At the start of each day, any unfilled acute blocks will be removed. *Note: Unfilled 30 minute blocks will be removed but add back one 15 minute block. Instead of one 30 minute appointment they will have one 15 minute appt.
- 4.3 Appointment Types
 - A. Appointments will be 15, 30, 45, or 60 minutes in length
 - B. A master appointment type and length document will be maintained for staff reference (see appendix A). This list may be updated without board approval unless patient access is reduced.
- 4.4 Double-Booking
 - A. Double-booking will be done at the request of the provider, or to supplement productivity due to an increased no show rate.
- 4.5 Blocking Appointments
 - A. Blocking of appointments in the schedule is done with management approval only.
 - B. The non-patient appointment type "Block" will be used and the reason must be noted in the comments section.
- 4.6 Physical Visits—Routine or Specialty
 - A. All providers and residents may have up to three physical visits per one-half day.
- 4.7 Late Patients
 - A. In the event a patient arrives more than 10 minutes late, the front desk staff will notify the resource nurse. The patient will be seen or rescheduled based on circumstances and availability of provider time. All reasonable efforts will be made to see the patient.
 - B.
- 4.8 No-Show Patients – section on hold until eCW procedures are developed.
- 4.9 New Patients
 - A. A new patient is defined as someone who has never been seen by a provider or has not been seen in the last three years at the clinic.
 - B. Family members of existing patients and assigned managed Medicaid/Medicaid Health Home are given priority for scheduling purposes.
 - C. A provider should not have more than two "new" patients per half day unless there are unused appointments in the same day schedule.



4.10 Behavioral Health Patients

A Patients must be established with a medical provider to receive counseling or psychiatric services

B. Patients may be scheduled with counseling, if requested, when scheduling for primary care. New patients may not be scheduled directly with the psychiatric provider.

C. If a patient doesn't show for their establish care appointment with the primary care provider, subsequent counseling appointments may be cancelled if staff is unable to contact the patient.

D. When scheduling a patient with a psychiatric provider for psychiatric medication management, patients are considered "new" if not seen by the psychiatric provider previously. This is also limited to two per half day.

4.10 Procedures

A. The physician will designate the amount of time needed for procedures.

B. There may be procedures for which residents require staffing by faculty; this will be coordinated with the FCH scheduling staff and CFM (i.e., colposcopies, endometrial biopsy, and others depending on resident experience).

4.11



B.

4.12 Same-Day Visits

- A. Each week there will be eight shifts designated for a “same-day provider” who will have their schedule opened for all same-day appointments. This will occur on Monday, Tuesday, and Friday all day and Wednesday and Thursday afternoons. The providers assigned to these shifts will rotate between CMO, faculty, APP’s, and volunteer third-year residents. The “same-day provider” will have the following number of appointment slots per one-half day: Faculty will be scheduled up to 12 appointments, third-year residents 11 appointments, and APP’s 10 appointments. The priority levels for same-day provider are:
1. Acute visits
 2. Homeless /Medicaid Health Home/Medicaid Managed Care
 3. Routine visits
- B. Each provider will have appointment slots blocked at the end of each shift for acute or recheck visits. These may be used to get patients in advance or same day. Appointment type OV15 = Office Visit should be used in these time slots. The priority levels for end of shift slots are:
1. Recheck visits
 2. Acute visits
 3. Routine visits
- C. When possible, patients will be scheduled with their primary care provider or a provider from their care team. If the primary care provider or care team provider is not available the patient will be scheduled in the next available same-day slot.



- D Patients can walk in between 7:30 – 9:00 am. Schedulers will schedule them according to priority level in section 4.12 A. If no appointments are available, walk-ins will be triaged by nursing staff according to need for medical care. (see triage – phone and walk-in policy).
- E. Cancellations in the appointment schedule will be filled with same-day patients. In order to maximize clinic time and increase access for patients, scheduling policy rules are relaxed for cancellations or “white spots”.

4.13 Scheduling

- A. Appointments will be made by any member of the clinical or non-clinical support staff. All appointment notes will contain the following information:
 - a. Reason for visit or problem
 - b. Duration of problem (if applicable)
 - c. Interpreter requested, as applicable
 - d. Other accommodations needed for the appointment including but not limited to: large print items, a qualified reader, ADA medical equipment such as exam table or lift chair.

5.0 Definitions:

- A. FCH = Falls Community Health
- B. PST = Patient Support Technician
- C. AD = Assistant Director
- D. CMO = Chief Medical Officer
- E. APP = Advanced Practice Provider
- F. Behavioral Health= Mental health and/or addiction
- G. Psychiatric provider= provider who specializes in mental health/addiction and is able to prescribe medications
- H. Counselor= mental health counselor or addiction counselor

6.0 Responsibilities:

- A. Falls Community Health Governing Board: The board will review and approve policies that define the scope and delivery of health services, including the scheduling policy.
- B. Assistant Director of Operations and Chief Medical Officer: The AD and CMO will periodically analyze organizational goals and make joint recommendations to the Health Director and Governing Board for improving the scheduling policy.
- C. Clinical Quality Coordinator and Quality Council will monitor metrics related to patient access including but not limited to: scheduling policy fidelity, same day access, 3rd next available, no show rates and panel sizes. This will be done at a minimum on a quarterly basis.

7.0 Procedure: N/A



Board Chair

Date