

Applies To:

Responsible Department: OB/GYN

Revised:

Title: Clinic Cancelation Policy				Policy		
Patient Age Group:	() N/A	() All Ages	() Newborns	() Pediatric	() Adult	

Introduction

Clinic schedules are published 6 months in advance. Providers should submit their leave requests according to the set schedule and reminders sent by the scheduling group. Because schedules are set far in advance, providers may need to update their schedule by requesting a change. Providers should make every attempt to minimize the number of change requests and make those requests as far ahead as possible. Requests should follow the procedure outlined below. Requests that would result in cancelations less than 30 days prior to the scheduled clinic require approval from the Chair (Dr. Espey).

Clinic Cancelation Procedure

In order to reduce the amount of patients that need to be rescheduled due to scheduling conflicts, the below procedure must be followed.

- To start the process, the provider making the request will submit leave requests via email to the scheduling team, chief and clinic director for approval.
- The scheduling team reviews the request:
 - o They will check Qgenda for conflicts and alternative coverage.
 - o They will contact the clinic master scheduler to obtain the following information:
 - The number of patients on the schedule
 - How long these patients have been scheduled
 - If these patients have been rescheduled before.
- The clinic master scheduler will send the requested information to the chief, clinic director and scheduling team.
- The scheduling team will obtain approval from the department chief and clinic director. There are two types of approval:
 - o Approval to cancel clinic and reschedule patients
 - Approval to have clinic covered by another provider
- After approval is issued, the scheduling team will update Qgenda and inform the clinic master scheduler.
- The scheduling team will notify the provider of the approval.

Approvals will not be considered final until the scheduling team notifies all parties involved. The process must start with the scheduling team and end with the scheduling team.

APPROVAL					
Prepared by: _					
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Title: Owner: Effective Date: Doc. #					

Approval: Chair, Department of Obstetrics & Gynecology

5/21/17 Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)