| University of Texas Medical Branch | Effective Date: | May 94 |
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| Pulmonary Function Clinic | Revised Date: | Jul 23 |
| Policy 03-01 Patient Appointments | Review Date: | Jul 23 |

Scheduling, Checking In and Checking Out Patient Appointments

proper billing charges.

Audience All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, and Center for Pulmonary Rehabilitation. Purpose To describe the procedure for scheduling patients in Epic and the proper steps to

Scheduling

The following steps are taken by authorized personnel to schedule patients through Epic Cadence:

process patient appointments in order to obtain charge document labels and

- Referrals and/or orders are received through Referral Workque list. Referrals are checked daily for status to new requests have a target of six days to be screened, scheduled, completed, or cancelled.
- Incoming referrals are scheduled as follows: STAT=within 5 business days, ASAP=within 10 business days, Routine= next available.
- Staff and/or Patient Services Specialist (PSS) will make patient appointments and attach required referral, if necessary.
- Appointments are scheduled in Epic and based on availability and staffing.
- An appointment letter can be mailed to outpatients. Inpatients are placed on the present schedule based on staffing.
- Three attempts will be made to contact the patient, and then referral will be closed, and ordering physician(s) will be notified.
- Staff will notify APO (precertification) office immediately via email if outpatients' appointment is with-in 7 days.
- The APO office is responsible for notifying the patients of any financial obligations prior to patients' appointment.
- Staff and/ or PSS ensures that every patient receives a reminder call for appointment that includes: date and time of appointment, directions to location, withholding breathing medications 4 hours before testing, no smoking 2 hours prior to testing, not to use heavy perfumes or lotions prior to testing, notification for late arrival and possible rescheduling, and a phone number if patients need to ask questions. PSS may have therapist answer any questions pertaining to the actual test. Specific instructions will be given for specialty tests including: Methacholine, EIB, CPET, Shunt Study and Spirometry with out bronchodilator.

TDC Scheduling

Patients for TDC PFT clinic will be scheduled in the same format. Inpatient TDC appointments will be scheduled based on availability and staffing. The following are additional criteria for TDC appointments:

• Five appointments will be scheduled every Monday for TDC clinic.

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- HG Scheduling is the email group to forward appointments so transportation can be scheduled for patients.
- All appointments are for 90 minutes, and only two 6-minute walks per clinic day.
- Staff will flex schedule to accommodate when all patients arrive and notify supervisor or manager for relief.
- Patients not seen by 3:30pm may be held over to be seen the next day or rescheduled. Holdovers require rotating PFT fellow to place orders to hold patient. Holdovers will only be accommodated when staffing is adequate.
- Specialty procedures will need to be coordinated with TDC/ HG Schedulers and clinic or administrative staff regarding special instructions.
- Patient may be brought to UHC Main PFT Lab for testing with accompanying TDC officer.
- Any TDC patient requiring and 6-minute walk test, must be done TDC.
 NO 6-minute walk test in UHC.

Checking In The following steps are taken by personnel upon arrival of a patient:

- If payment is required, the payment is made at the reception desk and a Patient Estimate Letter is signed and the patient is given a copy.
- The patient is checked in through Epic, which generates charge labels for billing purposes.
- Charge labels are placed on all patient documents.

Check Out

The following steps are taken by personnel after testing procedures are complete:

- PFT Charge sheet is properly filled out including departure time, all applicable charges and any notes pertaining to visit.
- Patient is Checked Out through Epic.
- Paperwork is completed and saved for billing checks before results are exported and part of patients' Epic chart.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

| Date | Approved by: | Signature |
|-------------|--|-----------|
| 11/07 | V. Cardenas, MD Medical Director Pulmonary Laboratory | |
| 6/09 | V. Cardenas, MD No changes to the policy | |
| 7/10 | V. Cardenas, MD | |
| 2/12 | A. Duarte, MD Medical Director Pulmonary Function Laborator No changes to policy | y |

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| 5/14 | A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes to policy |
|-------|---|
| 8/16 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to policy |
| 11/17 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to policy |
| 10/19 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to policy |
| 7/21 | A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes to policy |
| 7/23 | A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes to policy |