

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 3/8/2018	NUMBER E-42.2
	Replaces: 9/24/2015	
	Formulated: 4/92 Reviewed: 10/18	Page 1 of 4
MISSED CLINIC APPOINTMENTS		

PURPOSE: To ensure that missed appointments to clinics are properly reported, appropriately rescheduled, and that a system to track and audit unmet appointments is maintained.

POLICY:

- I. When an offender does not appear for a clinic appointment,
 - A. The department of the respective discipline for which the appointment was scheduled, should ascertain from the count room if the offender is still on the unit. If the offender is not on the unit, a note should be created-stating NOU for “not on unit”. The reminder should not be closed.
 - B. If indicated for reasons such as the presence of physical disabilities and segregation, the department of the respective discipline for which the appointment was scheduled should ascertain from security;
 1. If there are extenuating circumstances impairing access to clinic, or
 2. If the offender has elected not to keep his/her appointment.
 - C. A provider of the respective discipline for which the offender was scheduled will exercise clinical judgment in determining if the appointment will automatically be rescheduled or if the offender will need to reinitiate an appointment.
 - D. A provider of the respective discipline for which the offender was scheduled can, if clinically indicated, request any of the following:
 1. A medical department representative physically go to the offender’s quarters to speak with the offender immediately.
 2. Security to escort the patient to the clinic/department so the offender can make an informed decision to refuse treatment. If clinically indicated, it is appropriate for the provider to utilize security chain-of-command until able to meet the offender’s clinical needs, but the Use of Force Protocol should not be invoked to enforce medical therapy except in the most extenuating (life-threatening) circumstances and only with required documentation as defined in CMHC Policies I-67.1, Compelled Psychoactive Medication for Mental Illness, and I-71.1, Offender’s Right to Refuse Treatment, Department’s Right to Compel Treatment.
 3. The offender be included in that month’s No Show Audit/Survey.

- II. For offenders who do not appear for a chronic care clinic appointment, appropriate action should be taken by the provider to ensure the offender understands the consequences of not maintaining a patient-provider relationship. Appropriate action could include counseling on chronic care medications not being renewed, important laboratory studies not being conducted, lack

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of follow-up with needed specialty care, and the likelihood of disease progression. Ultimately, if the offender refuses the chronic care clinic despite appropriate action by the provider, a properly executed Refusal of Treatment form (HSM-82) should be completed as defined in CMHC Policy I-71.1, Offender's Right to Refuse Treatment, Department's Right to Compel Treatment.

- III. All missed appointments will be recorded by the facility health administrator (TTUHSC)/practice manager (UTMB) and reported monthly to both the facility health authority (TTUHSC)/management team (UTMB), the Unit Warden or designee and the facility QIQM Committee/Facility Leadership Council (FLC).
- IV. For specialty clinic appointments, it is the responsibility of the referring facility health administrator/practice manager to monitor referrals to ensure a disposition is recorded in a timely manner. Each facility will have written procedures to be followed when referrals are not acted upon within seven working days.
- V. The facility health administrator/practice manager or designee on each facility at which a specialty appointment clinic has been made and missed will monitor appointments to assure the reason is recorded in the electronic medical record as a missed clinic note.
- VI. Missed Appointment Audit/Survey: Reasons offenders do not keep appointments with facility medical, dental, mental health, or specialty clinics will be evaluated by the facility health administrator/practice manager or his/her designee. This is to ensure that missed appointments to clinics are properly reported and appropriately rescheduled. This system will also be used to track trends and identify reasons for unmet appointments that can be addressed collectively by medical and security personnel.
 - A. Each No Show Audit/Survey will include at least 20 offenders who did not show for scheduled appointments (or all clinic no shows if the total missed appointments for the month is less than 20). Additional offenders may be included in the audit/survey as requested by the provider.
 - B. The sample has been programmed to preferentially include the following:
 - 1. Offenders who are disabled that missed scheduled appointments that month,
 - 2. Offenders assigned to Ad Seg, PHD, solitary, or any other form of segregated housing that have missed a scheduled appointment that month.

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- C. Audit/survey samples can be obtained from CMCweb, reports homepage. Select Missed Clinic Reports and scroll to the bottom section SYSTEM LEADERSHIP COUNCIL NO SHOW AND REFUSAL REPORTS. Select SLC No Show Indicator Report and then select the facility. Report Type should be Random Sample. Select the first and last day of month to be audited/surveyed and then submit.
 - D. The sampled offenders will be interviewed by the facility health administrator/practice manager or his/her designee. The interviews should be recorded on the Missed Appointment Audit/Survey Interview form (Attachment A).
 - E. The results of each No Show Audit/Survey are to be;
 - 1. Submitted to the unit administrator
 - 2. Addressed in the facility QIQM Committee/Facility Leadership Council (FLC) and documented in the meeting's minutes.
 - F. The Missed Appointment Audit/Survey will be performed at a frequency dependent on the unit's past performance.
 - 1. Units performing at or below the maximum threshold based on unit size will conduct the survey annually every April.
 - 2. Units with missed appointment rates greater than the maximum threshold for their respective size will perform the survey quarterly on the following months: Oct, Jan, Apr, and Jul until attaining two consecutive quarter at or below the maximum threshold based on unit size.
 - 3. Maximum thresholds for missed clinic rates based on unit size are as follows
 - i. Large and medium-sized units (capacity greater than 1600), **10%** or less.
 - ii. Small-sized units (capacity less than 1600), **3%** or less.
 - G. The Missed Appointment Audit/Survey Interview form (Attachment A) will be submitted to TDCJ Health Services with the FLC minutes for that same month. The minutes and interview form are due on the 20th of the following month.
 - H. FLC minutes should reflect FLC discussion of the survey results in the next regularly scheduled FLC meeting after the survey was conducted.
- VII. In the event a provider of a respective discipline will be absent for more than two consecutive working days, the provider will arrange in advance for another provider to assume rescheduling duty.
- VIII. In the event a provider of a respective discipline did not anticipate being absent and did not arrange in advance for another provider to assume his/her rescheduling duty, the unit health authority/medical director will arrange for another provider to assume the absent provider's rescheduling duty.
- IX. In the event there are more offenders scheduled for clinic than can be accommodated by that day's hours of operation, the offenders who were not seen must not be documented

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as a no show. The offenders not seen must be rescheduled to ensure that access to care timeframes are not exceeded.

Reference: ACA Standard 4-4344
 ACA Standard 4-4346
 ACA Standard 4-4347
 ACA Standard 4-4348
 ACA Standard 4-4349