

Agency	Rates	Policies/Procedures Implemented to address NS/CX	Can families cx without calling to talk to someone?	Does therapist track NS/CX rates or office staff?
ORG A	NS and patient initiated late CX rates around 19-21%	Attendance policies Text reminders Call NS NS evals/tx pts have to be approved for reschedule Send letters when attendance drops Encourage reschedule or switch to video when possible	Yes, they can cancel via text, MKC	Office staff track evaluations, therapists track therapy patients
ORG B	Average 15-20% NS/CX rates	Expect 75% attendance or DC (some discretion by therapist)	Yes	Front office and therapists track this
ORG C	NS 10% CX 11% 21% overall Speech ranges 20-30%, December was 24% combined. OT/PT may be similar. 26% combined across rehab	Limiting scheduling out too far or too many appointments	Yes, MKC	Data automatically tracked but therapists held responsible for holding families accountable for attendance. The office helps by alerting
ORG D	See graph below	Hold pts accountable to standards (decrease frequency or D/C if unable to maintain 85% attendance – no excuses) We do not reschedule any appointments that pts cx. Episodes of care strictly adhered to	Yes, they can cancel through text or via our app	Scheduling coordinators track the main information, there is some they can't so it's up to the clinician Information is shared weekly with clinicians who are responsible to hold patients accountable, some better than others

<p>ORG E</p>	<table border="1"> <thead> <tr> <th></th> <th>No Show Rate</th> <th>Same Day Cancellation</th> </tr> </thead> <tbody> <tr> <td>Audiology</td> <td>6.6% (Range 3 – 11%)</td> <td>5.5% (Range 3 – 11%)</td> </tr> <tr> <td>SLP</td> <td>4.7% (Range 3 – 10*%)</td> <td>12.4% (Range 6 – 20%)</td> </tr> </tbody> </table>		No Show Rate	Same Day Cancellation	Audiology	6.6% (Range 3 – 11%)	5.5% (Range 3 – 11%)	SLP	4.7% (Range 3 – 10*%)	12.4% (Range 6 – 20%)	<p>No, though pivoting to telepractice has reduced NS rate by about 2%. Same day cancellations remained unchanged as usually due to illness</p>	<p>Yes</p>	<p>We have a dashboard that our management team references. Supervisors round with clinical team members monthly and review their schedules and cx/NS rates. Supervisors work with team members to problem solve challenging families and make sure that staff have adequately scheduled work days/work weeks.</p>
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<p>ORG F</p>	<p>Combined NS/CX (same day cx) Outpatient OT/PT/SLP – 17% Feeding center (OT/SLP episodic model): 4.5%</p>	<p>Written attendance policies signed by parent when they begin therapy. Therapists call no show appointments to find out why. At our feeding center, our highest volume of NS comes from new patients (evals) – when this occurs front desk will call. Just implement a new process to no longer reschedule NS evaluations due to frequency of continued non attendance</p>	<p>Not yet, but transitioning to EMR's so it's coming</p>	<p>Therapists report their NS/CX that occurred on the day of service each day. Front desk responsible for making sure the computer system is updated to reflect an accurate schedule for each therapist at the end of each day (All patients checked in, or cancelled/no showed if they did not come</p>									
<p>ORG G</p>	<p>NS rate 25-35% 25% campus A, 35% campus B (includes OT/PT/SLP at both OP locations)</p>	<p>Implemented Episodic Care which we thought would improve our rates, but so far that has not occurred</p>	<p>Yes, through patient portal, but we don't encourage this</p>	<p>Therapist know goal of &lt;25% NS/CX rage but it is officially tracked by management.</p>									

Tim

