

Organization	Do you schedule outpatient evals if you do not have treatment slots available?	If so, do you place them on a wait list for treatment and who manages the list?	If not, what communication do you provide the caregivers about the wait and how do you manage the orders until a slot opens up?	How far out do you schedule evaluations?	How long are your evaluation slots for OT and Speech?
ORG A	Yes – eval slots are in templates	Yes when we schedule the eval we inform the families there may be an extensive wait for treatment IF it's recommended and families can choose to move forward with eval vs. not. The local schedulers manage the "treatment" waitlist	We have slots we prioritize certain high risk patients in earlier for treatment (however then this causes other patients waiting for treatment to unfairly wait longer)	3 months	2 hours for each
ORG B	Yes	Schedulers	N/A	4-6 Weeks	OT 60; SLP 45
ORG C	Yes	Yes, it has historically been managed more so by therapists, but we are shifting to managed by	N/A	Currently, our templates our open 6 months, but we are moving to 12 months	PT and OT are 60 minutes, speech is 90 minutes for primary and 150 minutes for secondary

		schedulers and management.			
ORG D	Yes	YES – therapists put on WL with comments and schedulers manage scheduling them when slots open from episodic care model	N/A	Depends on staffing and # of referrals; we have standard evaluation slots	60 minutes
ORG E	Yes	Yes or we schedule them out, schedulers manage and therapists also track.	N/A	6 months with a text option to move closer as appointments open up	60 Minutes
ORG F	No, unless the family agrees to stay on the waitlist until they can be seen	The schedulers manage the waitlist.	We share with families that there is a wait; the schedulers will triage patients if needed and contact families for availability beginning from the top of the list. If the time offered doesn't work for the family, we continue down the list until we locate a family that accepts.	We typically schedule an eval when there is an open slot for follow-up treatments.	1 hour

ORG G	Yes, as we have dedicated eval spots built into therapists templates. Though currently deciding if we need to hold evals or pull back #'s.	Yes; shared responsibility	None currently, but evaluating a process for that as well.	Scheduling team fills evals as far out as templates are opened. That typically happens 3-4 months in advance to try to capture any schedule changes before spots are filled.	They had been 90 minutes but we are in process of switching all disciplines to 60.
ORG H	Yes	Going on a wait list; schedulers manage	N/A	Evals are scheduled 10-15 days out	Eval slots are 60 minutes for speech.
ORG I	We have recently started scheduling evals despite lack of treatment slots. The patients are put on a waitlist managed by our schedulers. We've had challenges then deciding whether to pull an eval or a treatment from the waitlist.	Historically, we put most all new referrals (except urgent feeding evals) on a waitlist. The scheduler will call parents to confirm that we received the referral and let them know we don't have availability at this time. If the child is <3 years old, we also suggest checking into Early Intervention.	N/A	We schedule evaluations out ~3-4 weeks.	Our evaluations our 90 minutes long
ORG J	Yes, these are considered separate services with	Yes, there are scheduling lists for therapy that are	N/A	Time slots are available 3 months out.	SLP evaluation blocks are 2 hours.

	separate scheduling lists.	managed by our support staff.			
ORG K	In general – not at time. We do have 1 SLP who is trialing scheduling consistent evaluations each week and then trying to find places for treatment on other provider’s schedules. We also have 2 weekly Clinical Feeding Evaluations built in to all of the trained providers templates. We have been able to absorb the majority of the treatments as their POC is much shorter.	Our schedulers and supervisors will manage these – I don’t think there is a good workflow for this and we are concerned about managing 2 waitlists.	Our schedulers have scripts that they use with the families and then we have a waitlist in EPIC – it isn’t a pretty list or easy to navigate.	As openings occur, the therapists add them to their templates – typically 1-4 weeks in advance. – Different providers do this better than others.	60 minutes currently (We did transition our CFE’s to 90 minutes)
ORG L	Yes, though we work to adjust the number of evals completed dependent on number of patients on the wait list and staffing	Yes - schedulers	We make them aware of the wait list from the time we receive the referral and again post eval when therapy is recommended. If unable to schedule	Up to 2 months out	Generally 90 minutes

			when authorization is received, then the discussion occurs again in more detail. Follow up occurs every 30 days with the family if still on the wait list.		
ORG M	Yes	Yes, we have a wait list for evaluations and for treatments. Once you are evaluated, you then go on a treatment wait list. Therapists put their open times on a list, and schedulers offer the open times to patients on the wait list.	N/A	<ol style="list-style-type: none"> 1. We schedule them out as long as we have the referrals coming in. Sometimes we are scheduling 8+ months out for an evaluation, but likely will bump them up as we are able. 2. We've recently had very good luck/buy in from therapists with an "eval blitz" where a therapist pauses 	120 minutes

				treatment for a week and only completes evaluations. Therapists complete approximately 10-15 evals in a week, which helps decrease wait list times.	
ORG N	Yes, more in Speech than in PT/OT given lots of patients coming for second opinion evaluations, but it does occur to some degree in both areas.	a combination of both. We also have a feature in Epic called Fast Pass that will offer families appointments that open up while they are on the wait list.	We talk with them about the work that they can do at home in the interim and provide them with a home exercise program/functional strategies that they can use between the evaluation and treatment starting and we offer Fast Pass so they can get in sooner if need be. It is definitely a delicate balance.	No more than 3 months	OT = 60 minutes, Speech = 120 minutes (currently reassessing that length)
ORG O	Yes; if not filled within 48 hours all treatment slots are open for anything	combination of therapists and schedulers manage the list; therapists I would	We note the prospected wait and encourage families to call putting the responsibility on	N/A	OT – general OT consult – 60 minutes, bedside feeding/dysphagia – 60, video

		say manage, but we don't have control so schedulers execute requests	families as we have too many patients to track (we have tried!)		fluoroscopic swallow study – 90, developmental evaluation is 90 (appointment requiring specialized testing), and full Bayley assessment or CIMT testing/treatment are 120
ORG P	PT/OT would not schedule evals unless we had treatment slots. SLP would eval and then place the patient on a waitlist for treatment. As you are, we are evaluating best practice to standardize our approach across all 3 disciplines	Our therapy admin assistant manages our waitlist	N/A	We previously had specific eval slots held once a week for each therapist, but we are looking to instead have our admin assistant potentially find the next available opening in the schedule wherever it may be since we have noticed a lot of eval slots went unused and became lost time.	Our eval slots are 90 minutes
ORG Q	We didn't used to, but recently we have taken on a "wait list elimination project" (which basically looks like	Yes, we put them on a wait list for treatment. Currently, that list is managed by the therapists, with	N/A	Depends on the acuity, as we have different spots for different acuity. Right now, our furthest are scheduled out until March 2024. We are still carrying a small wait list	60 minutes, except for AAC evaluations and wheelchair evaluations.

	replacing our eval wait list with a treatment wait list) and have been scheduling out evaluations. We have different types of evaluation slots for different types of acuity, and every peds therapist has 1-2 slots per week, not including our clinic models)	the plans to hand it over to the schedulers/our Rehab Admin Coordinator once it is running a bit more smoothly. We ideally want to be able to pull people off the treatment wait list into cancellation spots, but right now, our biggest hurdle is having appropriate insurance authorization in place to manage last minute appointments.		(as in, not yet scheduled) for PT and OT. Speech's evaluation wait list has been eliminated and are scheduled into next available.	
ORG R	Yes; appts are blocked for evals for SLP and OT; PT can use any opening. If a therapist has a 2-hour opening 2 weeks in advance the scheduling team can plug in an eval.	Yes; managed by therapists and supervisors	N/A	Depends on the location; but some have a six-month wait, particularly for SLP and OT	SLP/OT are 2 hours; PT is 1 hour