Fixing an Unworkable Patient Schedule

Toss the Band-Aids.
It's time to start the healing!

BY LYNN HOMISAK, PRT

To Our Readers: There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.

Re: Practical Scheduling Approaches

Dear Lynn,

It's time to admit that our practice has an unworkable patient schedule. It no longer borders on inefficiency; it IS inefficient! We constantly run late, patients are complaining, staff is frustrated, and I feel like I'm always trying to play catch-up. I honestly don't know where our problem originates, but more and more, things point to the schedule. I'm desperately seeking ways to improve and I'm very open to making changes. If you have any idea how scheduling can get so out of hand, maybe you also know how to fix it.

It would be next to impossible to pinpoint the source of your inefficiency without getting more specifics from you. There are some time-tested scheduling truths, designed to streamline patient flow. If properly and faithfully executed, they can help turn things around for you.

First, review the following list with your team—identify those items you feel you can implement immediately, get staff buy-in, and commit to

a plan. Start small. Adopt only two or three and create do-able action steps for them. This involves assigning responsibility and creating a deadline date when progress will be reviewed. If those first few steps are successful, gradually introduce additional 'truths' until you are at last able to fine-tune the schedule and realize a successful outcome. A high-functioning schedule requires ongoing discipline, training, flexibility, and understanding. Don't keep putting Band-

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aids on a festering wound! Now is the best time to start the healing.

1) START ON TIME! (Starting late is the #1 cause of backlog.)

2) Avoid scheduling new or "complicated" patients back to back.

3) Avoid scheduling new or "complicated" patients first thing in the morning unless double booking an existing patient whom the doctor can treat while the new patient is being prepped and readied.

4) Triage patient phone calls when scheduling an appointment. Fit them into the schedule based on the complexity, urgency, and necessary time it takes to see them.

a) Classify conditions as Emergent, Urgent, Routine, and Follow-up

and identify how soon each should be seen.

5) Time-align each of your procedures—guessing doesn't usually work; facts do. Start collecting that data. At the very least—differentiate long appointments from short ones.

6) Scripts help the triage process. (They also reinforce appointments).

a) Example: after scheduling an appointment for Mrs. Black's routine foot care, say, "Mrs. Black, I've scheduled you for a 15 minute appointment with Dr. Prompt on [date] at [time]. Are there any other medical concerns the doctor needs to be aware of?"

7) Allocate non-invasive, appropriate patient care tasks to qualified assistants—if trained properly, they are great physician extenders.

8) Consider implementing a modified wave schedule (for illustration purposes, we'll use 15 minute blocks of time) and potentially see six properly scheduled patients/hour (Figure 1). *Note: the number of patients you schedule/hour will depend on how much patient care is delegated to staff.*

a) Leave the top of the hour for new or "complicated" patients and

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double book an existing patient for the same time.

b) At the :15 and :30 minute slots, book routine or follow-up visits that require 15 min of time each. Note: Don't be afraid to divide the 15 minute time if applicable (i.e., two five minute redresses, post-op x-ray, re-strapping, etc.) leaving that additional five minutes to clean and prep the room between patients.

c) Leave the :45 minute slot empty, allowing time to "reset"—as catch-up time, to complete notes, accommodate real emergencies or make them available for follow-up visits.

9) Do not get into the habit of treating patient complaints that have not been properly scheduled, particularly when time does not allow. If time does allow and you elect to treat their secondary conditions, be sure to educate the patient that expectations of treatment for unscheduled complaints is not always possible, and when making appointments in the future, it's always best to explain everything that needs attention to the scheduler.

10) Persuade (don't merely ask) all patients (regardless of age*) to go to your website to download and complete their paperwork in advance and arrive with it—15 minutes early—completed and signed. In addition to keeping the schedule on time, they will provide a much more comprehensive history. *****Note: Six in ten seniors now go online; 47% have high speed; 66% cellphones—don't discriminate.*

11) Schedule a five-minute daily team huddle in the AM to review the schedule. Participants must include the receptionist (or scheduler), physician, and clinical assistant.

a) This time is spent making sure all necessary paperwork for patients on the schedule that day has been received and/or prepared (including but not limited to pre-op papers, lab/ MRI/biopsy results, referral and/or insurance info, special room needs, orthotics for dispensing, anticipated supplies, etc.)

b) Initially, while you are evaluating patient flow, it's a good idea to

> **To stay on track, say goodbye in the treatment room and move on to your next patient.**

have another five-minute huddle at the end of the day to review what worked during clinic hours and what didn't.

12) Train staff—provide the necessary tools that allow them to carry out tasks with a satisfactory outcome. In addition to taking the more routine tasks off your plate, delegation helps them to be more anticipatory and prepared.

13) Require that all drug reps see the doctor by appointment only!

14) Patient rescheduling—For smoother back-to-front office communication, indicate directly on the fee sheet the recommended time when the patient needs to be re-seen. Give this to the patient to present to the front desk. As an added bonus, a new appointment is made before the patient leaves.
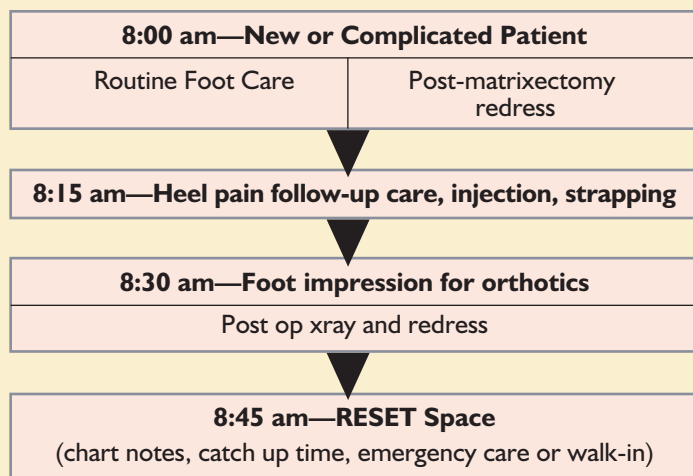
15) Prioritize "patient rooming" over "room cleaning". In other words, take the next patient back and set them up before cleaning an empty treatment room to avoid idle doctor time.

16) Create a policy for late arriving patients. If you always take them

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FIGURE 1:
Modified Wave Schedule Example

8:00 am—New or Complicated Patient	
Routine Foot Care	Post-matrixectomy redress

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8:15 am—Heel pain follow-up care, injection, strapping

▼

8:30 am—Foot impression for orthotics
Post op xray and redress

▼

8:45 am—RESET Space
(chart notes, catch up time, emergency care or walk-in)

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when they're late, you are accepting their poor behavior, giving them little incentive to arrive on time. If you don't care about your schedule, why should they?

a) Decide what actions should be taken if either they are up to 15 minutes or over 15 minutes late. This policy should be communicated to patients.

17) Train receptionists in telephone effectiveness and how to best place patients in the schedule. They should summon a clinical assistant for help if they are not sure.

18) Doctors, refrain from walking your patients to the front desk. That front office has too many opportunities lurking to throw you off schedule. To stay on track, say goodbye in the treatment room and move on to your next patient.

19) Acknowledge the amount of interruptions that occur and work to limit them.

a) i.e., personal phone calls, patient questions, hallway demands.

b) Set protocol outlining when patients will be called back—and follow it.

20) Learn the difference between a timely conversation with your patient and lingering chitchat.

Create a procedure to forewarn patients by phone or text if you are really running late and their appointment will be delayed

21) Create policy for scheduling non-emergent walk-ins.

22) Examine patient access. How soon are appointment-seeking patients being scheduled (new and existing)? What do they need to be seen for? Is it more than two weeks? Analyze why, and define action via preferred policy.

23) Determine if the practice is properly staffed. While too many staff may adversely affect profitability, too few can jeopardize the quality of the process and patient satisfaction. Both extremes will upset the bottom line. Find the sweet spot.

Final Thoughts

• Conduct time and motion studies to evaluate patient flow to monitor their time in the office from start to finish. EMRs provide a great tool to record timing—utilize this feature.

• Take advice from colleagues with a grain of salt—what works for them will not necessarily work for you.

• Take proactive steps that include reminding patients of their appointments. Automated reminder calls, texts, and emails are most effective—they get the job done and free up staff's time to accomplish other tasks.

• Staying on time requires proper scheduling habits and promotes a successful doctor-patient relationship so if, at times, patients are unexpectedly kept waiting:

• Always apologize and thank them for their patience;

• Create a procedure to forewarn patients by phone or text if you are really running late and their appointment will be delayed;

• Defuse angry patients who were kept waiting by offering them a first appointment in the morning next time—to assure they are taken promptly;

• Communicate delays to your patients. If the doctor is longer than expected, they'd appreciate being informed. Poke your head in the treatment room and let them know.

• If running late is consistent, take measures to correct it. **PM**

Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and recognized nationwide as a speaker, writer, and expert in staff and human resource management.