Scheduling For Success

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#1 Patient Complaint?
Waiting Too Long

What is considered an acceptable wait time?
Most patients will wait 15 to 25 minutes without complaint
How long is the average wait in your office?

Time for a Scheduling Tune-up!
Start Today!

Identify Scheduling Problems
- Starting Late
- Late patients
- No show/Cancellations
- Not enough time for appointments
- Too long of a wait to schedule New Patients
- Double booking
- Doctor inconsistencies
- Productus Interruptus

Realistic Scheduling
- Identify how long each appointment type really takes
- Physician time tracking sheet
- Measure how long it takes for each appointment type for 2 to 3 weeks
  - Doctor time
  - Rooms time
Realistic Scheduling

- Define appointment types and make it simple
  - New Patient
  - Established-short/Postop
  - Established-new problem/HRFC
  - Procedure/Ortho casting
- Make a doctor specific, color coded grid for the scheduler

What Kind of Doctor are You?

- Sprinter
  - Full-speed, quick, efficient
- Miler
  - Tends to start slowly and gain momentum, waxes and wanes, can catch up when motivated, inconsistent
- Marathoner
  - Consistent but can’t speed up, once behind stays behind

Choose Your Scheduling Grid By Doctor Type!

- Standard
- Wave
- Modified-Wave
- Open-access
- Double Booking
- Clustering

Standard

- 10 to 15 minutes blocks all day long
- Variability dictated by scheduler
  - New patient gets two slots, etc
  - Works for one doctor, small offices if the doctor is a miler
  - Tends to go awry often: sprinter gets bored and wastes time, marathoner often behind

Wave Scheduling

- Book all the patients for one time
- First come, first served
- Works well for charity clinics, but almost no one else
- Poor patient satisfaction

Modified Wave Scheduling

- Double book the first patient of each hour
- Leave the last appointment of the hour open
- Grid schedule the rest of the time by appointment type
- Works well for sprinter and marathoner alike, can help keep a miler focused
Open Access

- Book only the first hour of the day and leave the rest for patient calls and work-ins
- Works great for family practice but not podiatry
- Can incorporate open access slots in your grid

Double Booking

- Double book the whole day
- Pretty much guarantees the doctor is busy but poor patient satisfaction due to longer waits and riots if everyone shows up!
- Just say no!

Standard Scheduling

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient</th>
<th>Visit Length</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am</td>
<td>A</td>
<td>7</td>
<td>8 min wasted</td>
</tr>
<tr>
<td>8:15</td>
<td>B</td>
<td>8</td>
<td>7 min wasted</td>
</tr>
<tr>
<td>9:30</td>
<td>C</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>9:45</td>
<td>D</td>
<td>10</td>
<td>5 min wasted</td>
</tr>
<tr>
<td>10am</td>
<td>E</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td>F</td>
<td>No show</td>
<td>15 min wasted</td>
</tr>
<tr>
<td>10:30</td>
<td>G</td>
<td>30</td>
<td>15 min behind</td>
</tr>
<tr>
<td>10:45</td>
<td>H</td>
<td>25</td>
<td>Pt waited 15min</td>
</tr>
<tr>
<td>11am</td>
<td>I</td>
<td>15</td>
<td>Pt waited 25min</td>
</tr>
<tr>
<td>11:15</td>
<td>J</td>
<td>5</td>
<td>Pt waited 25min</td>
</tr>
<tr>
<td>11:30</td>
<td>K</td>
<td>15</td>
<td>Pt waited 15 min, finish at noon</td>
</tr>
</tbody>
</table>

3 hours 10 pts On time, acceptable wait

Modified Wave Scheduling

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient</th>
<th>Visit Length</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9am</td>
<td>A</td>
<td>7</td>
<td>No time wasted</td>
</tr>
<tr>
<td>9:15</td>
<td>B</td>
<td>8</td>
<td>Pt waited 7 min</td>
</tr>
<tr>
<td>9:30</td>
<td>C</td>
<td>15</td>
<td>No wait</td>
</tr>
<tr>
<td>9:45</td>
<td>D</td>
<td>10</td>
<td>Pt waited 15min</td>
</tr>
<tr>
<td>10:30</td>
<td>E</td>
<td>20</td>
<td>Pt waited 10min</td>
</tr>
<tr>
<td>10:45</td>
<td>F</td>
<td>No appt</td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td>G</td>
<td>30</td>
<td>No wait</td>
</tr>
<tr>
<td>10:30</td>
<td>H</td>
<td>No show</td>
<td></td>
</tr>
<tr>
<td>10:45</td>
<td>I</td>
<td>15</td>
<td>Pt waited 25min</td>
</tr>
<tr>
<td>11am</td>
<td>J</td>
<td>5</td>
<td>Pt waited 15min</td>
</tr>
<tr>
<td>11:15</td>
<td>K</td>
<td>15</td>
<td>Pt waited 15min</td>
</tr>
<tr>
<td>11:30</td>
<td>L</td>
<td>13</td>
<td>Pt waited 15min</td>
</tr>
<tr>
<td>11:45</td>
<td>M</td>
<td>17</td>
<td>Pt waited 13 min, finished at noon</td>
</tr>
</tbody>
</table>

3 hours 12 pts On time, acceptable wait

Tweaking the Grid Schedule

- Consistent Staff training on schedule
- Consider seasonal variables and vacations
- Consider more work-ins on Monday and Friday
- Consider no new patients on Fridays
- Consider clustering

Consider Clustering

- “Toenail Tuesday”
- Clustering like patients improves efficiency and allows for sharper clinical focus
- Increases PVV due to focus on protocols for ancillary services and in-office dispensing
Solving Scheduling Problems

- Starting Late
  - Schedule patient and staff 15 min prior to doctor arrival.
- Late patients.
  - If you are consistently on time, patient feels their time is respected and will respect yours.
  - 15 min late reschedule policy
- No show/Cancellations
  - Verify appts 48 to 72 hours in advance
  - Have MA confirm procedures 24 hours in advance
  - Charge for more than one no show
  - Have a standby list
- Not enough time for appointments.
  - Modified wave scheduling with grid and clustering.

- Too long of a wait to schedule New Patients
  - Should be no longer than 3 days
  - Consider adding NP, PA, physician extenders or an associate
- Double booking to accommodate same day emergencies
  - Just don’t do it
  - Have work-in slots on your grid
- Doctor inconsistencies
  - Time management lecture!
  - Lose the Blackberry during the clinic day
- Productus Interruptus
  - Set a time every day for question answering
  - Staff meetings weekly
  - Delegate, delegate, delegate…..

Successfully managing patient flow is the most challenging part of practice management, but it can also be the most rewarding!

Get off the roller-coaster!

Scheduling Success=

- Better patient access
- Increased patient satisfaction
- Increased staff efficiencies
- Increased profitability
- Less stress = smaller bar bill!

Thank You!

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