

HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

EXERCISE 18

SUBJECT: Appointment System for Patient Visits

PURPOSE: This exercise provides guidelines which may be used in Coast Guard clinics to enhance patient flow by maximizing scheduled patient visits and minimizing walk-in visits. The exercise includes items which may be used, whole or in part, to aid in the development of, or alterations in, an appointment system.

DISCUSSION:

1. **Goals.** The goals of any appointment system are, in order of importance:
 - a. Minimize patient waiting time to be seen when arriving for an appointment and to obtain an available appointment.
 - b. Minimize nonproductive staff time.
 - c. Maximize the number of patients seen using the available staff and space.
2. **Applicability.** An appointment system should be universally applied if possible. Some clinics have mission related situations which require a limited (e.g., one hour) sick-call/walk-in period for some active duty members. Any exceptions to the regular appointment system should be clearly spelled out in a written appointment policy. For example:
 - a. **Flag Officers and CO/XOs** should be given head-of-line privileges unless precluded by another patient's urgent condition.
 - b. **Schools.** 'A' or 'C' school instructors should have priority as walk-ins at the very beginning of the clinic work day. An entire class period can be saved by treating and returning instructors quickly.
 - c. **Operational Unit Personnel** (e.g., ships, squadrons, ANT teams) who are due to deploy within a few hours should be seen at sick call. Otherwise they should be appointed well prior to the unit's next scheduled deployment.
 - d. **Recruit/Cadet sick-call** should continue unchanged. Recruit and Cadet training schedules are tight and their training day is often long with limited phone access.
3. **Structure** of the appointment system:
 - a. Use available treatment rooms or operatories and Health Services Technicians (HS) as the basis for scheduling. Determine how many exam rooms and HS's are available for direct patient care.
 - b. Assign each HS a room.
 - c. Assign each Medical Officer (MO) 2-3 rooms and each Dental Officer (DO) 1-2 rooms to oversee.
 - d. Schedule patients for a room, not for a medical/dental officer. However, try to maintain continuity of care by giving patients the opportunity to choose a MO/DO whenever feasible.
4. **Appointment scheduling.**

a. The basis of the system is the " *time unit* " required for an average appointment. This " *unit* " will normally be 15 minutes. Certain appointments will routinely require more than one unit. Different providers may require different amounts of time for similar procedures. The person scheduling the appointments must have guidelines and be able to block off an adequate amount of time. Enclosure (1) contains some suggested scheduling guidelines which may be used in whole or in part for this purpose.

For follow-up appointments the MO/DO may annotate locally produced appointment slips or the CLAMS form to indicate the required number of units for the next visit.

If the CLAMS form is used, follow-up instructions could be put in the "Name" block which will always have free space.

b. The appointment desk must continuously and consistently be manned to handle anticipated volume for the time and day. This may require advance planning and innovative staffing measures such as combining medical/dental scheduling or hiring reception clerks where possible. Some facilities, especially those offering same-day appointments for urgent/acute problems, might do well to install a computerized telephone system that will automatically route calls and queue appointment calls so that they can be taken in order. Your district(t) ****[can][may be able to]** give you specific advice about systems which will work with the local telephone switching equipment and will serve your needs.

c. Avoid dead time the first 30-45 minutes each morning by scheduling re-check patients for that time.

5. Enclosure (2) is an example of a scheduling form for a medical or dental clinic based on three available exam rooms and attendant staff. It may be duplicated or modified for use at your facility. Appointment slots marked with a diagonal line are kept free from scheduled patients until that day. These slots are then filled with patients requiring "same day" appointments. Appointments marked with an "X" (two diagonal lines) are not to be used at all. This builds some flexibility into the schedule to allow for appointments which take more time than anticipated, unexpected staff absences (ambulance runs, medevacs, etc.), and other unanticipated occurrences. Your appointment schedule will need to reflect the design and staff of your facility.
6. **Walk in patients** are a reality which much be considered. Some will be legitimate; all people will not be aware of the appointment system. Some will be people who were on base anyway and decided to get seen. We must provide service to the former and minimize abuse by the latter (otherwise, patients will quickly figure out that calling for an appointment is silly when they can walk in). This can be accomplished by ensuring that walk in patients (who are aware of the appointment system) are not afforded treatment before or at the expense of those patients who have appointments. Walk in patients may be given the first available appointment slot or seen at the end of the day. Please note that patients who present with urgent/emergent complaints should be treated based on their medical situation rather than in accordance with the facility's walk in policy.
7. **Advance notice.** Give plenty of advance notice to beneficiaries that you plan to start an appointment-only system. Print an explanation of how the system works. Publish the explanation as widely as possible. Run it several times in the *plan of the week* for each command you routinely serve, discuss it at your patient affairs committee meeting, run it in appropriate newsletters (e.g. retiree, wives club, etc.), post a copy in your lobby, run a shortened version in the local newspaper if possible. Plan to institute the system 30-60 days after your notifications occur. This will not get the word to everyone, but it will help.

ACTION: Each clinic shall institute an appointment system based on its physical plant, staff, and local patient population. The appointment system must accommodate any mission needs by reassigning blocks of time to certain active duty groups, offering limited walk-in sick call, or implementing some other appropriate method. The clinic shall also develop a written appointment policy based on the appointment system. While it is neither required nor expected that all clinic appointment systems conform exactly to the guidelines contained in this exercise, it is the responsibility of the unit commanding officer to ensure that health services resources are utilized to the maximum extent possible and that access to care is maximized for all eligible beneficiaries. The standardization of appointment procedures will improve access to health care and will also serve to enhance patient satisfaction and clinic productivity.