



# APPOINTMENT AVAILABILITY STRATEGIES

## *Create Contingency Plans*

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### **Create Contingency Plans**

#### ***Improving Primary Care Access***

The natural variation in supply and demand that occurs as part of the everyday functioning of a practice often creates problems that contingency plans can address. Even if the supply and demand in a clinic are generally in balance, there will be times when there is a surge in demand (demand outstrips supply) that is either expected (e.g., flu season) or unexpected (e.g., many walk-ins on one day). Expected and unexpected variations in supply can also occur (e.g., vacations or emergency sick leaves). In a traditional system, patients are often made to absorb the consequences of the mismatch between supply and demand (i.e., they have to wait). To better manage variation in supply and demand on a daily basis, a practice needs to develop contingency plans.

In addition, a number of situations occur relatively infrequently but not completely unexpectedly, such as the need for a patient to be admitted directly from the clinic to the hospital, or a parent who brings three children to an appointment scheduled for one child. The practice knows these events happen with some frequency- they just don't know exactly when they will occur. To avoid disrupting the normal flow of clinic practice, clinics agree upon a standard protocol to follow for each event, including clear responsibilities for each staff member (e.g., the clinic manager notifies the Emergency Department of a probable admission as soon as a patient arrives in the clinic). This pre-planning helps the clinic to continue functioning as smoothly as possible, and allows for some adjustments in the supply to meet the unanticipated demand.

### **Changes for Improvement**

#### ***Establish a Policy for Late Patients***

One of the most common occurrences in an office practice is a late patient. It can wreak havoc in an otherwise smoothly flowing day. Proactive practices anticipate that this will occur and have standard policies and scripts that go into effect upon the late arrival. For example, one team lets the patient know that the provider has moved on to the next patient, but they will make every attempt to work them in by the end of the session as the schedule allows, without causing the provider to be late for the other patients.

#### ***Develop Scripts for Common Occurrences***

A well-written, carefully planned script is useful in almost any unexpected, yet predictable situation. It allows staff to quickly and confidently follow protocols, presenting a prepared

and caring manner to the patients. Teams find this especially useful for the clerical staff who need to quickly and professionally deal first-hand with these tricky situations or phone calls.

### ***Plan for a Sudden Absence of a Provider or Care Team Member***

Sometimes an absence is unplanned, and may be short-term (sick day) or long-term (leave of absence). Office practices anticipate these unexpected events by having a contingency plan. For example, for a sick day, the contingency plan may call for an immediate huddle with the staff to assess work-in options for those who cannot/prefer not to wait for their provider to return, followed by notification of patients to reschedule, using a script written for this purpose.

The unexpected long-term absence is less common and more complex, but still requires the team to plan ahead. Some teams are able to hire a temporary provider, but only because plans have been made in advance for funding and access to quickly do so.

### ***Anticipate Unexpected Increases in Demand***

When there is an unexpected increase in demand, practices must quickly respond, and planning ahead allows them to do so. For example, an outbreak of salmonella requires the care team to quickly enact their contingency plan to call in part-time providers (who had agreed to this ahead of time) and selectively reschedule discretionary visits, such as physical exams. A team huddle can be used to identify the discretionary visits, and a script is used by schedulers to contact those patients.

### ***Establish Vacation Plans and Policies***

One example of contingency planning focuses on establishing time off/vacation policies, and then planning how to meet the demand with the diminished supply of providers. First assess the minimal supply (providers) it takes to meet the demand, and then commit to not go under that minimum. This means that the team must also agree on how to handle multiple requests for the same time frame. The next step is to plan how to meet the demand, given the drop in supply caused by planned time off for providers. Some teams plan to have more nursing staff available, better leveraging the diminished provider supply. Other teams make sure that the "present" providers have some discretionary time held in their schedules to meet the demand of their absent colleagues. In addition, they may hold some time during the provider's first week back for those patients that can or choose to wait.