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Improving Productivity Through Scheduling at the WMed Family Medicine Residency Clinic

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Improving Productivity Through Scheduling at the WMed Family Medicine Residency Clinic

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Introduction

The Accreditation Council for Graduate Medical Education (ACGME) requires every family medicine residency program to have a practice site that supports, “continuous, comprehensive, convenient, accessible, and coordinated patient care”. The WMed Family Medicine Resident Clinic (Team Oakland), located within the Family Health Center (FHC) – Paterson location, has long been plagued by scheduling difficulties, as evidenced by high no-show rates, empty appointment slots, and frequent cancellations threatening the ability of our residents to achieve the required number of outpatient visits mandated by the Family Medicine Residency Review Committee (RRC) and the requirement for continuity from the ACGME. We believe many of these issues arise from the FHC’s open-access scheduling template, which heavily favors same day and walk in visits.

Purpose

This quality improvement project aims to assess the productivity of the Western Michigan Family Medicine Clinic through a scheduling analysis to determine how we can better meet the needs of our patients while also meeting the visit numbers required of the RRC for our residents.

Study Design

This study is a retrospective scheduling analysis in which our no show rate and unfilled appointments will be considered. Scheduling data for Team Oakland was collected from December 1st, 2016 to January 31st, 2017 through customizable EPIC reports.

Results

Data shown below exhibits the total number of appointment slots for Team Oakland broken down by the number of appoints filled, unfilled appointment slots and no show appointments. Data was subsequently broken down by day of the week and hour of the day. The fill rate for the 8:00 hour is 51% compared to 80-90% for most other hours.

	Regular Openings	Openings Booked	% Booked	Completed Appts	% Completed	No Show	No Show %
December	1587	1254	79.02%	981	61.81%	273	21.77%
January	1652	1436	86.92%	1121	67.86%	315	21.94%
Total	3239	2690	83.05%	2102	64.90%	588	21.86%

Table 1. Scheduling data for Team Oakland December 2016 – January 2017

	Regular Openings	Openings Booked	% Booked	Completed Appts	% Completed	No Show	No Show %
8:00	352	180	51.14%	155	44.03%	25	13.89%
9:00	427	323	75.64%	237	55.50%	86	26.63%
10:00	402	337	83.83%	284	70.65%	53	15.73%
11:00	374	329	87.97%	277	74.06%	52	15.81%
13:00	477	410	85.95%	312	65.41%	98	23.90%
14:00	459	421	91.72%	331	72.11%	90	21.38%
15:00	463	421	90.93%	300	64.79%	121	28.74%
16:00	283	268	94.70%	205	72.44%	63	23.51%
Total	3239	2690	83.05%	2102	64.90%	588	21.86%

Table 2. Scheduling data for Team Oakland December 2016 – January 2017 broken down by hour of the day

	Regular Openings	Openings Booked	% Booked	Completed Appts	% Completed	No Show	No Show %
Monday	500	430	86.00%	330	66.00%	100	23.26%
Tuesday	805	669	83.11%	521	64.72%	148	22.12%
Wednesday	786	631	80.28%	500	63.61%	131	20.76%
Thursday	456	409	89.69%	313	68.64%	96	23.47%
Friday	692	551	79.62%	438	63.29%	113	20.51%
Total	3239	2690	83.05%	2102	64.90%	588	21.86%

Table 3. Scheduling data for Team Oakland December 2016 – January 2017 broken down by day of the week.

Discussion

Literature review revealed conflicting evidence in support of open-access scheduling. We found limited alternative scheduling approaches and limited data specific to residency clinic productivity. Data analysis confirmed that we have a high proportion of appointments that go unfilled as well as a significant no-show rate. As you can see on the hourly data there is a disproportionately high rate of unfilled slots in the 8am and 9am hours which has traditionally been reserved for walk-in appointments.

Proposed changes to the scheduling template include increasing the number of advanced scheduled appointments-particularly during early morning hours, obtaining an independent scheduler for the resident clinic, and a novel scheduling model targeted at filling no-show appointments with walk-in patients.

The next step is to develop a scheduling template that meets the needs of our providers and patients while also meeting the RRC requirements for a family medicine clinic. This will like require an increased focus on advanced schedule appointments and a culture change for patients and the facility. Overtime, we believe this will lead to increased patient and provider satisfaction, increased productivity and decreased no-shows.

References

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