

Optimization of Guided Scheduling in the Lehigh Valley Orthopedic Institute

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Optimization of Guided Scheduling in the Lehigh Valley Orthopedic Institute

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Introduction

- Guided Scheduling is the name for patient triage in the Lehigh Valley Orthopedic Institute (LVOI). It was implemented in September 2022.
- Uses physician specialties and a questionnaire to identify the problem and schedule an appointment that best suits the patient and is applied to both the LVOI call center and for online appointment scheduling.
- Objective is to evaluate the effectiveness of the triage and give recommendations for moving forward

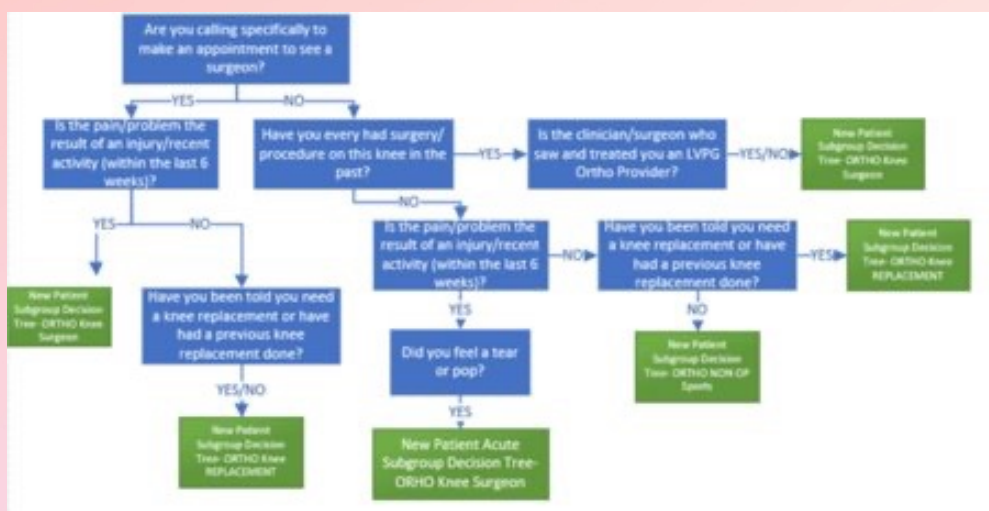


Figure 1 shows an example of a guided scheduling tree diagram. This one is specifically a knee questionnaire. Blue represents a question. Green represents an outcome.

Methods

1. Background information – Researching the top institute's mode of triage, learning about the demographics of LVOI, and researching scholarly works about effectiveness of triage.
2. Interviews – Interviewing physicians, administrators, and managers throughout LVOI in order to gain their perspective on guided scheduling
3. Recommendations – Making informed recommendations towards the efficiency, accuracy, and efficacy of both the call center and online questionnaire at LVOI.

Results

Randomly selected 20 physicians in the orthopedic and podiatry institutes out of 67 total physicians. Received 9 responses.

Common themes and perceptions of physicians:

- Patients and physicians unhappy with appointments
- "Call center is not well informed"
- "Patient is not well informed"
- Concerns with accuracy of online questionnaire
- Surgeons seeing significantly more patients than sports medicine physicians
- 5 favored the call center while 4 favored the online questionnaire

Row Labels	Count of Entry Date
<7/1/2022	
2022	
Qtr3	
Jul	370
Aug	413
Sep	283
Qtr4	
Oct	340
Nov	268
Dec	235
2023	
Qtr1	
Jan	592
Feb	564
Mar	606
Qtr2	
Apr	326
May	328
Jun	142
Qtr3	
Jul	64
Grand Total	4531

Table 1 shows the total number of online appointment requests per month in the past year.

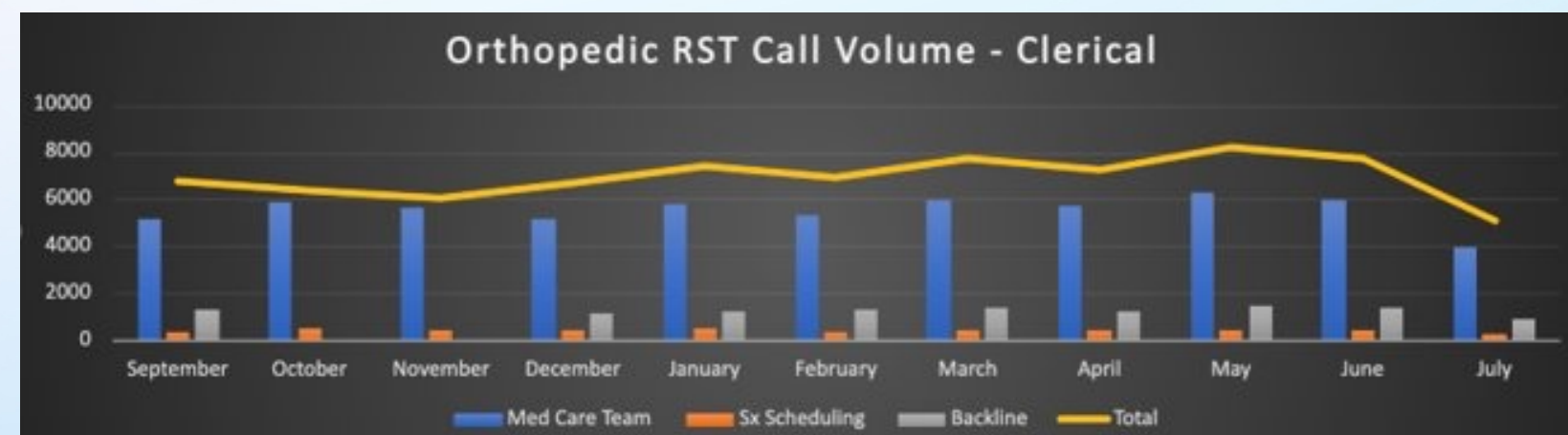


Figure 2 shows the total call volume of the call center each month since the implementation of guided scheduling.

Discussion

- Major limitation was lack of responses/availability of physicians
- Physicians had a great amount of input they want to see changed and reformed
- Push for an effective, efficient call center
- Improvements towards the development of an accurate online questionnaire
- Push for a more accurate screening

Recommendations

Call Center

1. Isolation of call center
2. Personalization of physician requests
3. Include age into tree diagram
4. Restructuring of questions that eliminates patient "lack of knowledge"
5. Ability to place question answers in appointment notes

Online Questionnaire

1. Drop down boxes
2. Live clinical chat box
3. Follow non healthcare models

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