

Scheduling Recovery Hospital Diagnostic Testing

Recommendations and resources for
outpatient diagnostic departments

April 2020

Scheduling Recovery Process – Hospital Diagnostic

1. Review canceled and not rescheduled appointment data for March 15* thru present
[COVID-19 Access Scheduling Dashboard](#): Appointment Status and Appointment Scheduling/Rescheduling tab (does include visit types)
[Covid 19 Appointment Cancel Reschedule Details](#): Extract of patient-level data
Epic Workbench Report: COVID Canceled/Rescheduled Appointments [Scheduling > Reports > Follow Up > COVID canceled/Rescheduled]
2. Group volume into one of three buckets:
 - A. Patients that are already receiving in-person care
 - B. Acute symptomatic or complex patients that can no longer be postponed and need in-person care
 - C. Patients requiring routine in-person care that should wait until post shelter-in-place (e.g., non-time-sensitive care or at-risk populations requiring routine care)
3. Review current schedule availability for the next three months and determine what can be accommodated in existing openings
[Access Performance Factors Trending Report](#)
4. Determine if expanded hours are needed to accommodate patients
5. Release/open appointment slots based on 3 and 4
6. Begin scheduling based on prioritization established in step 2
Epic Workbench Report: COVID Canceled/Rescheduled Appointments [Scheduling > Reports > Follow Up > COVID canceled/Rescheduled]
7. Track progress by using either scheduling cubes or [COVID-19 Access Scheduling Dashboard](#)

Proposed Reactivation Populations and Phases

Patient Grouping Description	
Group A	Patients who are already receiving in-person care.
Group B	Acute symptomatic or complex patients who can no longer be postponed and need in-person care.
Group C	Patients requiring routine in-person care that should wait until post stay-at-home (e.g., non-time-sensitive care or at-risk populations requiring routine care).

Phase Description	
Phase 0 - Now	Continue to provide in-person care for Group A patients.
Phase 1 - Begin May 4	Pending the achievement of key safety milestones, begin providing in-person care for Group B patients.
Phase 2 – Date TBD	Pending achievement of all safety milestones, begin providing in-person care for Group C.

Scheduling Recovery Tactics

1. **Add template hours where possible** - Weekend hours or family-friendly hours can be added on an adhoc basis to increase capacity.
2. **Temporarily reduce visit durations** as appropriate to maximize hours.
3. **Ensure blocks are automatically releasing** to open or another block type to maximize appointment availability.
4. **Reduce template restrictions** on same-day, holds and unavailable slots.
5. **Analyze visit type reschedule volumes** and identify if there are specific locations dedicated to these visit types.
6. **Maximize off-site location availability** to equally spread demand across all resources.

Example Department: Central Region CT (Feinberg, Lavin, Arkes)

Identify volume	Review canceled and not rescheduled appointment data for March 1 to present.	<i>Canceled, but not rescheduled volume: 744</i>
Prioritize volume	Categorize volume into groups and establish phases.	<p><i>Phase 1 (Now): Assess canceled and scheduled patient. Continue in-person appointments as needed for Group A.</i></p> <p><i>Phase 2 (May 4): Allow visits for acute-symptomatic patients and complex care that can no longer be postponed (Group B).</i></p> <p><i>Phase 3 (TBD): Schedule in-person appointment for groups A, B and C.</i></p>
Assess Capacity	Review current schedule availability for the next three months and determine what can be accommodated in existing openings	<p><i>Appointments/slots available (5/1 – 7/31): 9241 slots</i></p> <p><i>Appointments/slots available going to COVID reschedules: Move patients up now to allow for increased capacity post stay-at-home.</i></p>
	Determine if expanded hours, clinics are needed to accommodate patients.	<i>Expanded hours will be considered based on in-person volume to make sure the clinic volume and staff in clinic is controlled.</i>
Implement solutions	Release/open clinic slots.	<i>All held slots will be released for call center scheduling, ticket submitted for this change.</i>
	Begin scheduling based on prioritization established in step 2.	<i>Process description: Practice making outbound calls and considering mass messaging to allow for patients to know we would like them to reschedule their appt.</i>
	Track progress.	<i>Scheduling cubes or COVID-19 Access Scheduling Dashboard</i>

Resource Summary

Several reports are available to evaluate canceled appointments and needed reschedule volumes, as well as capacity.

- [COVID-19 Access Scheduling Dashboard](#): Appointment Status and Appointment Scheduling/Rescheduling tab (does include visit types)
 - <https://edw.nm.org/portal/#/app/resources/reports/6250>
- [Covid 19 Appointment Cancel Reschedule Details](#) : Extract of patient-level data
 - <https://edw.nm.org/portal/#/app/resources/reports/6395>
- Epic Workbench Report: COVID Canceled/Rescheduled Appointments [Scheduling > Reports > Follow Up > COVID canceled/Rescheduled]
- [Additional Provider Types Access Performance Factors](#): Review schedule utilization to see if schedules have capacity for a selected timeframe.
 - <https://edw.nm.org/portal/#/app/resources/reports/1676>
- [3rd Next Available Report](#): Review third Next Available reports to see if schedules have capacity for a selected timeframe.
 - <https://edw.nm.org/portal/#/app/resources/reports/4813>
- [Access Performance Factors Trending report](#)
 - <https://edw.nm.org/portal/#/app/resources/reports/6413>