



Backlogs and Carve-Outs

Question:

With the switching over to 15/30 minute appointments with no double booking, at a time when our backlog is not yet reduced, we are finding that patients are showing up or calling in that day and the schedule is already filled. We are working on a walk-in/drop-in/late pool of patients to book in where there are no shows but it is not yet quite fully operational. Can we carve-out a couple of appointments per session per provider, say late in the session, so our triage nurse and front desk has somewhere to put these patients until the backlog gets worked down and we have it working well to slip same day patients into our no show slots?

Answer:

A carve-out is a useful transition approach - better than saturation. You have a few moving parts:

1. The schedules are still "full."
2. You have changed appointment types to 15/30.
3. You have "eliminated" double booking.

So first look at why the schedule is full. Then I like the standardization of appointments - the creation of reservations and a rhythm. We can never completely eliminate "double booking." On occasion some patients will walk in with a severe problem that must be dealt with immediately. Functionally this is a double book but I like the idea of the rhythm. There are two other issues:

1. How to get the backlog down
2. How to deal with walk ins

Backlog

In order for backlog to be eliminated you have to make sure that activity exceeds demand. You have to do more work in order to catch up. So extra appointment slots have to be found somewhere. The risk of carve-out in this situation is that you may carve-out too much which results in unused capacity and activity is less than demand and you don't catch up. You have to be careful that the "elimination" of double booking and the standard schedule do not create a culture, in particular during backlog reduction, that there is a limit to workload. While there is indeed a limit, that limit is risky if set by rules around no double booking and a schedule that seems to indicate a quota.

Walk Ins

Walk ins are defects. Why do patients walk in? We need to eliminate as much as possible the need to walk in without an appointment. On the other hand, if we carve-out at the end of the day for walk ins, then we create two rigid lines - one for appointments, and one for walk ins. If the walk in line exceeds the time held, what do you do? If the walk in line is less than time held, what do you do? What usually happens is that if the walk ins exceed the time set aside, they get pushed to the next day. If the walk in line is less (and the held time exceeds the walk ins) then

that time is "wasted." This variation starts to create a backlog. We cannot push unused capacity forward. If we don't make up for the unused capacity then "production" lags and backlogs start to creep up.

So, while the ultimate practice will move past a carve-out, using a carve-out now is an acceptable strategy as long as activity exceeds demand and the backlog goes down. At that point, the need for carve-out (with some exceptions, like post vacation) goes away. But to keep balance with the demand from the panel there will be days of activity exceeding supply (over-booking) and days where activity is less than supply (unused capacity).