



Post-Vacation Scheduling for Primary and Specialty Care

To assist physicians on return from vacation, and to minimize the build up of backlog, the following rules of thumb will help:

For Primary Care

- As soon as a provider has been approved with vacation time off, block that week(s) and block the week following the vacation.
- The day he/she leaves, open the mornings of the week he/she will return. Those patients who call during the week(s) that the provider is absent and who are willing to wait for an appointment can then be booked into the morning appointments of the week the provider returns.
- When the provider returns, open up the afternoon appointments, either one day at a time or all together.

Note: We do not have to open 50% and keep 50% closed until the day the provider returns; the proportion may be different than that. Experience with this plan as a test will help refine the ideal plan. This closure time does not have to be morning and afternoon; it can be some combination of the two.

For Specialty Care

- As soon as a provider has been approved with vacation time off, block that week(s) and block the afternoon session of the week provider returns.
- Leave open the morning sessions in the week the provider returns to be used before he/she goes and while he/she is away.
- When the provider leaves on vacation open half of the afternoon sessions. Leave half the afternoon session closed.
- When the provider returns, open up the remaining half ($\frac{1}{4}$ of the total schedule) of the afternoon session one day at a time or all together.

The number of specialty care providers in the office when the vacationing provider returns will also determine how much to open or carve out. In specialty care, we usually see the office work neglected on return due to catch up of surgeries and on call. The wait time for office work takes the brunt and longer waits to get in for office visits are created during post vacation due to "catch up."

Planning for Time Out of the Office

When providers schedule an absence from the office, often because there is no planning for this event, mistakes are made and workload accumulates. There are a number of contingency plans that could be put into play, which have resulted in improved performance:

Pre-Planning

- Plan the scheduled time off in advance. Have the providers' schedules as an agenda item for monthly meetings, so that the entire team knows in advance which providers are present and which are absent and when. Have a simple, easy display that shows the planned absences. Discuss this at the weekly meetings and at the daily huddles.

Use a "Diary"

- Before providers leave for their time off, enter any patients or any concerns into the diary. This would include potential pending lab result problems, abnormal lab result concerns, potential refills (perhaps for narcotics), consultations with expected feedback from specialists, and patients who have a pending lab result that is positive and abnormal and who have been informed of this abnormality and have been referred or the problem has been dealt with. This latter entry is to avoid rework on the part of the covering physician. This diary needs to be handed off face-to-face when the provider leaves and then handed back face-to-face when he/she returns.
- This diary would include both an area of entry for the concern, and a column for resolution. The covering provider then notes the resolution of the problem, and when the absent provider returns, she can review this book for resolution of the problem. In addition, the diary would include data entry from the covering providers that notes any unexpected issues that occurred while the provider was absent, and either the resolution of that, or the fact that the issue is still pending.

Coverage

- Plans for coverage need to be made prior to the provider's departure. It is generally best to divide the appointment work as widely as possible, so that the appointment work that is generated during the provider's absence is shared over a broad number of providers. At the same time, it is best to divide the non-appointment work narrowly among just a few providers. These providers would be the one who managed the diary.

Communication

- Not only does the staff need to know which providers are present and which are absent, but the patients need to know as well. Often, a display calendar in the reception area, a mention in the newsletter, or personal communication will work well to inform patients when the provider will be present and absent.

Appointment Ratio

- In Specialty Care, when there are more providers absent, in order to keep the waiting time for new patients stable and to keep up with the demand for new patients, we need a higher percentage of new patient visit types on the schedule, and a lower percentage of return

visits. When more providers are present in the office in Specialty Care, we need a lower ratio or percent on each doctor's schedule of new patients, and a higher proportion of returning patients. In Primary Care, when there are more providers present, we need a higher proportion of pre-booked visits. We need a lower proportion of pre-booked visits when there are more providers absent.