Schedule Outliers
Part One

by **Sue Hanen**

As you work toward your 2017 goals, creating the time to plan and execute can be a challenge. There are four schedule outliers that are often overlooked when setting goals. In this article, we will examine how to calculate each metric, review the industry target for each, and provide recommendations on how to improve each outlier. By the end, you'll learn how to calculate each schedule metric, create an action plan to pinpoint areas of improvement, and unveil the hidden value of time that can be captured.

Grab a piece of paper, pencil, and calculator, open Edge or ViewPoint, and let's figure out where you stand on each of the following schedule metrics. This article will cover no-show rate and percent of retention patients seen. Part two of this article will appear in the July newsletter and cover emergency visit (extra visits) and patients over estimated treatment time.

No-Show Rate

Formula: Total No-Shows ÷ Total Appointments Scheduled

Target: 5% or Less of Scheduled Appointments

An elevated no-show rate adversely affects the schedule by requiring appointments to be rescheduled in a time frame that is likely already filled. Additionally, no-shows may increase the time between active visits, thus increasing the length of treatment.

Recommendation: So how can you decrease no-show patients? If you are not already texting appointment reminders, start today! I have noticed with my clients a 1.5 to 2 percent decline in the no-show percentage once texting begins.

Fortunately, there are many options. Both Edge and ViewPoint offer electronic correspondence functions that can send electronic appointment cards. In addition, you can use Edge Reminders in both Edge and ViewPoint, to send phone calls, emails, or text messages to the patients and responsible parties that give options to confirm appointments. This method has the distinct advantage that the recipients' confirmations are relayed directly to the practice's database. In ViewPoint, these confirmations are added to the scheduling grid after the user views a report. In Edge, the process can be automatic.

Next, review the list of patients who did not confirm their appointments. Either call or text a personal message. These patients are likely to no-show, and a call may prevent a no-show or provide an opportunity to fill a time slot in the schedule. If you are using a reward system, consider awarding points for electronic confirmations.

The Value of Time Calculation: When working with a practice on systems, protocols, and schedules, we work through what I call the "Value of Time Calculation" worksheet. Below is a sample of how small, incremental improvements will recapture wasted time in your schedule.

A few notations: What follows is real data, and although the ultimate goal for no-shows is 5% or less, it was too much of a stretch goal to go from 11% to 5% during our first timeline. However, we knew that with a few tweaks to existing protocols and implementing texting, the 9% interim goal was attainable in round one.

In a month's time, this sample practice has 1,898 appointments scheduled. The average no-show count in a month is 209! That is a full day or more wasted each and every month! The current no-show percentage is at 11%. Our interim goal is 9% – only a 2% decrease, which still leaves 171 no-shows per month. By flipping only 38 patients from no-shows to completed appointments, if appointments are 20 minutes each, the practice gains 13 total hours of appointments. In reality, the savings are probably even

larger, as we all know that the average appointment time may exceed 20 minutes.

Ask the clinical team to assist with moving the patients through the 1, 2, 3 process. In addition, if a retention patient fails an

No Show Goal ≤ 5%	# Of Scheduled Appts	Average # of No-Show Patients per Month	Current No Show Rate	Enter your Target No Show Rate	Projected # of No Show Patients per Month	20 Min Appt Hours Saved per Month
Failed Appts/Total Appts Scheduled	1,898	209	11.0%	9.0%	171	13

Percent of Retention Patients Seen

Formula: Total Retention Visits ÷ Total Appointments Completed

Target: Retention Visits 7% or Less of Completed Appointments

Without a sound retention protocol in place, a schedule can become over-filled with retention visits. These visits may consume too many clinical hours, making it difficult to schedule active patients.

Recommendation: If you do not have a retention protocol, write one immediately. Support your protocol with procedure codes that add clarity. Note that many retention protocols do not include three visits. Determine what works in your practice.

- Retention Check #1, 8 Weeks
- Retention Check #2, 4 Months
- Retention Check #3 – Final, 6 Months

appointment for the second or third visit in the protocol, make little or no attempt to follow up. At the end of a patient's formal retention period, the status is changed to Graduate, and any future recalls are canceled. This status change and closure to the retention period is completed with a monthly report. You will see a decline in scheduled retention visits following this process. This process will aid in keeping the retention status data valid according to your protocol.

The Value of Time Calculation: This practice was seeing an average of 150 retention visits in a month, which was 17.3% of all completed appointments. For round one, our goal was to decrease to 14.3%, still far from the ultimate goal of 7%. This decline came out to 38 fewer retention visits each month. Assuming 10-minute appointments, this equaled 6 hours of saved time value. Who would have thought these visits could add up to so much – and we all know that retention visits are

Retention Visits Goal ≤ 7%	# Of Completed Appts	Current # of Retention Visits per Month	Current Retention Visit Rate	Enter Your Target Retention Visit Rate	Projected # of Retention Visits per Month	10 Min Appt Hours Saved per Month
Total Retention Visits Completed/Total Appts Completed	865	150	17.3%	13.0%	112	6

About the Author

Sue Hanen has spent the past 20 years with Impact360 as a practice management consultant, implementation specialist, and national and international lecturer. She is an iPEC Certified Professional Coach, a Kolbe Certified Consultant, and an expert in the Kolbe suite of assesments.