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# Appointments

*Getting it right*

## Background

Only 36% of sick Australians report being able to get an appointment on the day they need it, which is poor by international standards. This delay in care may impact on practice team morale, practice profitability and patient care. The Australian Primary Care Collaboratives Program aims to find better ways to provide primary healthcare services to patients through shared learning, peer support, training, education and support systems.

## Objective

This article shares lessons from the Australian Primary Care Collaboratives Program that can help practices improve appointment scheduling. We describe steps to improving control of your practice scheduling – and your life – by measuring your practice demand, capacity and delay.

## Discussion

Demand for appointments is finite, predictable and can be shaped. Delay is waste and the enemy of good healthcare. Where delay can be eliminated it should be. By measuring practice demand and capacity, improvements can be designed which will result in reduction in measured delay and patient unmet needs, and increased patient satisfaction.

**Keywords:** general practice; access to health services; appointments and schedules



Imagine a perfectly organised day in your general practice. You arrive to see a third of your appointments still available. They fill as people ring during the day. Receptionists are able to say 'yes'. Patients don't book long in advance because experience tells them they will get an appointment today if they need it. There are no forgetful 'did not attends'. Your day is an interesting mix of problems – some chronic (booked in advance) and some acute (rang today). Patients can plan around transport and work. You run on time because no-one is squeezed in. You have time to eat and debrief. Your message book is almost empty because everyone had their urgent needs met at their appointment. You are 'down the drive by half past five': patients happy, results checked and inbox emptied.

Unfortunately this scenario is not the experience in most Australian practices. In a random sample of 593 Australian 'sicker' adults, only 36% reported they were able to get an appointment the same day with their doctor if needed, 18% reported the delay was 6 days or never.<sup>1</sup> This compares with 60% of patients living in The Netherlands being able to get an appointment on the same day and only 3% reporting a delay of 6 or more days. Of eight countries surveyed, only Canada and the United States of America were worse than Australia in providing access to same day appointments.

Signs of problems may be: being booked out for a week, often missing lunch, squeezing in extras daily, running late consistently, often staying back late, or losing receptionists due to stress. Many of us feel impotent to change anything. You can improve your patient care and your quality of life by improving your practice scheduling.

## The APCC Program

The Australian Primary Care Collaboratives (APCC) Program is funded by the Australian Government and has built on knowledge from the USA<sup>2-4</sup> and United Kingdom,<sup>5</sup> and through the experiences of Australian general practices,<sup>6,7</sup> to develop a range of strategies to assist general practitioners and primary healthcare providers work together to:

- improve patient clinical outcomes
- reduce lifestyle risk factors
- help maintain good health for those with chronic and complex conditions, and
- promote a culture of quality improvement in primary healthcare (see [www.apcc.org.au](http://www.apcc.org.au)).



Good decisions about scheduling are based on a good understanding of how your appointment system is functioning now. How many requests for appointments did you receive last week? This is the demand for your practice. How many appointments do you provide each week? This is the simplest way to understand the capacity of your practice. What type of backlog or delay are you dealing with?

In this article we will describe the first steps to improving control of your practice scheduling by measuring your practice demand, capacity and delay.

## Scenario 1 – Improving control

“I had a 4 week wait for appointments pretty much for the first 20 years at Bluff Road Medical Centre. My appointment system was clogged and very inefficient. It was stressful for staff who were triaging and trying to fit people in and patient needs were not being met in a timely way. Via the collaborative program I was taught that in any practice demand is predictable, finite and manageable. Once you become aware of a solution it is difficult not to try to use it. Through applying some of the ideas I learned I have got my ‘third available appointment’ down to 1–2 days and have kept it there for 4 years. The difference is huge. For the first time in a long time I was seeing acute medicine. I am now back in control of my appointment system. I am more efficient, I am on time more often, I am able to see more patients more easily, and it has had a positive effect on practice income. It is exciting to see the bottom of your in-tray every so often and to feel that you are doing a good job.”

Dr Joan Kaaden, Bluff Road Medical Centre, Sandringham, Victoria

## Understanding demand and delay

### Demand

Demand is finite, but it feels endless. It seems like there are just too many patients and they want too much. If we stop and think for a moment we can see that demand for our services is not infinite. For practical purposes, in a given population, demand for health services is actually finite.

Demand is predictable. The same population will display much the same health behaviour next month that they did this month. We can measure it and we can plan for it. We can even start to influence it. Finding out basic facts about demand for your practice will set you on the road to getting control of your practice scheduling.

## Scenario 2 – Predictable demand

“Over a 1 year period (2005), the Alstonville Clinic measured the number of urgent appointments requested each day. The results were extraordinarily consistent. On Mondays, you could predict that there would be 50 acute appointments requested, Tuesday 36, Wednesday 31, Thursday and Friday 33. There was a slight increase during the flu season.

Knowing this information makes it easy to reserve (‘carve out’) the correct number of appointment slots each day for urgent complaints.”

Dr Tony Lembke, Alstonville Clinic, Alstonville, New South Wales

## Delay

The pain we attribute to excessive demand is often actually due to delay. We gave all this week’s appointments to the people who wanted to see us last week! So when this week’s people ring up, the appointments are already gone. And this delay creates more delay. We squeeze someone in today to deal with their pressing issue and book them next week for the other issues, which clogs up future capacity. People book a ‘follow up’ just in case. Some book every week to ensure they can get in. People arrive with eight problems which they have been ‘saving up’.

Delay is waste.<sup>8</sup> How much of your practice activity is taken up trying to safely manage delay? Rules and charges around prescription requests occupy everyone’s time. We create notebooks to record requests to be dealt with at lunch or at the end of the day because people couldn’t get in. We return urgent telephone calls to people who need to be ‘fitted in’.

Much receptionist time is absorbed in managing delay. Conversations explaining there are no appointments, triage, dealing with patient frustration, taking messages, transmitting them, following them up, and interrupting consultations for urgent matters all waste time and sap morale.<sup>9</sup> Appointment systems have complicated unwritten rules which baffle new staff and are vulnerable to staff sickness or resignation. If all the receptionist had to do was say ‘yes’, how many hours could be freed up for other duties that add value to patient care?

Delay is the enemy of good healthcare. Are you at medicolegal risk because your unassuming patient was unable to flag the urgency of their condition? Do you see patients at a more serious stage because they could not get in? Have you been prejudiced by irritation at the more assertive patient apparently feigning urgency to get in? Where delay can be eliminated it should be.

## Measuring demand and delay – getting your scheduling back in control

### Measuring demand

First, as the leader of change you will need to believe it is worth doing. You will need to do some research – consider the references at the end of this article or the APCC website (see *Resource*) where you will find resources and information to help you understand and commit to the steps required to improve your scheduling.

You will need to get the practice team on side. Explain what you are doing, why you are doing it and how it will be done. Many practices appoint a lead receptionist to take responsibility for implementing the process of measuring patient demand.

Give enough lead time for people to be prepared for the process. Measure for at least 3 weeks. Some practices have measured for 6 weeks to convince themselves that demand truly is finite and predictable.



## Scenario 3 – Plan, do, study, act cycle measuring demand

In the APCC, practices use small manageable cycles to make and monitor progressive changes for improvement. The following is a summary of an improvement cycle undertaken by one practice.

### Plan

Create a tally sheet, and receptionists record demand over a 4 week period. Collect the number of requests for appointments per doctor and number of requests for nurse appointments. We predict demand is roughly equivalent to capacity.

### Do

Plan executed. Reception staff are just getting used to recording requests for appointments, therefore a number of appointments were made without being recorded on the tally sheet. Nurses also occasionally made appointments on patients' behalf without recording this on the tally sheet.

### Study

Demand steady over the 4 week period, averaging 202 per week. We know that our capacity is 400. Yet, looking at our appointment book, almost all the appointments are taken on any given day. Why the discrepancy between demand and capacity? Is it partly due to recording error? Is it partly due to patients booking appointments well in advance?

### Act

Continue recording demand. Staff also felt that it would be valuable to know the number of requests for prescriptions and referrals, as well as the number of requests for specific doctors versus any doctor.

## Measuring practice capacity

### How

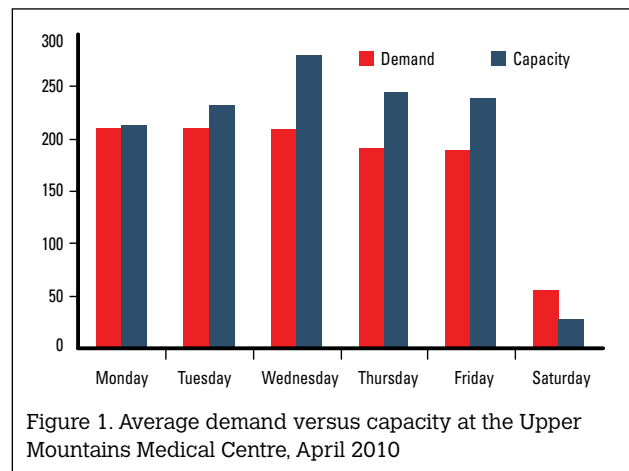
The authors drew a table on a single piece of paper for each receptionist on which to make a tally mark each time they received a request for an appointment. Every appointment request is marked next to the day it is received. We chose also to mark it against the name of the doctor requested, and whether it was required on the day. The results were fed back quickly to the reception team to encourage them.

Note that the tally mark is recorded against the day the request is received not the day that the request is for. If someone rings on Monday and requests an appointment for Thursday for Dr Diep, this demand will be recorded as a request on Monday, for a nonacute appointment for Dr Diep. If someone rings on Monday requesting an appointment that day and they don't mind which doctor they see that is recorded as a request on Monday, for a same day appointment, for 'any doctor'. This way of doing it has proven to be practical.

Add up the number of appointments your practice routinely provides each day (when all your doctors are there).

We find it helpful to provide a bar graph of results in which demand (averaged over the weeks measured) is compared to the routine weekly

appointment capacity. Figure 1 provides an example drawn from the authors' practice.



## Measuring delay

In the APCC Program, practices use three measures to monitor improvements in scheduling.

### The third available appointment

Receptionists are accustomed to looking ahead for the next available routine appointment for each doctor. For this measure, we use the 'third next available' routine appointment, ignoring the first and second. Count the days a patient will wait to get the third next unbooked routine appointment for each doctor. Average the score for each doctor to get the practice score. For example, we might say that, on average, patients will wait 5 days for a routine appointment.

The 'third available appointment' is less likely to be affected by cancellations or other transient effects. Count to routine appointments (not 'book on days' or reserved 'emergency' appointments) because this will give you a true measure of delay in your scheduling system. By measuring weekly, you will identify factors that impact on your delay. As you remove delay, your practice's third available appointment measure will go down.

### Unmet demand

How many patients are turned away from your practice each week because they could not get an appointment at a time that satisfied them? Many practices have been motivated by this measure, shocked to find in some cases 200 patients were being turned away each week. This is measured by adding another column to the 'tally chart' to tally those patients who did not, or could not, make an appointment.

## Scenario 4 – Patient unmet demand

"When we started measuring our unmet demand our practice team was shocked to find that we were turning away up to 200 patients a month. We decided to create a 'jeopardy doctor' who is unbooked on the day. We were surprised to find the jeopardy doctors quickly started to look



forward to their unbooked day because of the change in work it provided. We were able to reduce our unmet demand to around 30 a month and we still monitor it. This reduced the stress in the practice for patients, staff and doctors.”

Louise Warry, Practice Manager, Busby Medical Practice, Bathurst, New South Wales

## Patient survey

Are patients happy with the scheduling in your practice? The best way to know is to ask them. We use the survey question: ‘I was able to get an appointment with the person I wanted on the day I wanted’ rated on a scale of 0 (completely disagree) to 10 (completely agree).

## Using the data

Reserve some time to think about your results with your team. The team will start to see that the role of a practice is to meet patient demand. In just about every one of more than 1000 collaborative practices, there was sufficient practice capacity to match the patient demand for appointments! It is a backlog that is causing the frustration of delay.

Thinking this way flips some fundamental attitudes. Demand transforms from a frightening, powerful monster to be endured to a finite, predictable challenge to be planned for. We no longer survive by creating barriers but by meeting demand more efficiently. Responsibility falls to the team rather than individual clinicians. We preserve tomorrow by pulling demand into today, rather than pushing it into the future.

## Shaping demand and capacity

You will probably see that there are not enough appointments on Mondays due to residual weekend demand. Practices start to book planned activities (eg. excisions, health checks) on other days to preserve Monday capacity. Are clinicians open to moving some hours to high demand days?

Will you ‘carve out’ (reserve) enough appointments each day to meet the demand for ‘on the day’ appointments? Some experts say that approximately 30% of appointments will need to be available for ‘on the day’ appointments. Even better is to measure your demand as described above and carve out the right number with confidence. Undoubtedly you will start to think of other clever, creative and uniquely local ways to solve your scheduling problems.

Can we shape our demand by having a systematic approach to our management of chronic disease, and by increasing patient confidence in self management? Can we improve our capacity by utilising our staff to the full range of their skills; by better use of our practice nurses, for example. Perhaps we could get involved in GP training or form partnerships with external organisations. Do we have contingency plans for holidays and illness? We hope to address these and other strategies around scheduling in future articles.

## Conclusion

As GPs, our working days are filled with surprises and variability. Even so, because demand is finite and predictable, it is possible to plan our

businesses to better meet the needs of both patients and staff. We have described the disaster of delay, and how you can begin to decrease it.

Once you understand the demand and capacity in your practice you are ready to begin some simple first steps toward better scheduling. This will benefit clinicians, staff and patients.

## Resource

The Australian Primary Care Collaboratives Program: [www.apcc.org.au/whats\\_new/articles/access-resources/](http://www.apcc.org.au/whats_new/articles/access-resources/).

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