Template Guidelines

**Purpose:** Modify current provider templates to a more comprehensive model that is simple and flexible.

**Specific goals:**

1. Improve the transparency of provider and room scheduling supporting timely reallocation and utilization of resources.
2. Reduce unnecessary callbacks required to back-fill restricted clinics/slots by 50%. Current monthly volume is approximately 3,500.
3. Provide patients and families with flexible appointment options.
4. Increase provider productivity by using proper resource allocation to reduce last-minute shuffling.

**Tools chosen to meet our goals:**

1. **Advanced Visit Types (AVT)**
   a. An Epic function that allows the end-user to select a single visit type (AVT) intended to search and schedule multiple visits in a pre-determined sequence and duration.
   b. AVTs may comprise multiple segments, i.e. two or more of the following:
      i. Prep time: Patient check in, vitals collection, questionnaires, etc.
      ii. Provider time: Provider’s time in the room assessing and treating the patient.
      iii. Wrap-up time: Appointment scheduling, plan/medication review by MA, etc.
      iv. Testing time: any testing (echoes, PFTs, EEGs, etc.) ordered prior to the visit

   c. Example:

2. **Session Limits**
   a. An Epic function that defines patient ratios (e.g. new vs return) in a session without restricting particular time slots.

3. **Subgroups**
   a. An Epic function that defines a list of like providers in an appointment search

4. **Blocks**
   a. An Epic function that defines a specific slot and makes it searchable

**Rules:**

1. **Default Templates**
   a. AVT durations are determined at the division level and may not be customized by the provider.
   b. AVT durations are predetermined and differentiated by patient complexity by the division.
   c. Sessions comprise 240 minutes of provider time.
      i. Charting time is limited.
      ii. Recommended sessions:

<table>
<thead>
<tr>
<th>New Cardio w/COM Echo (60)</th>
<th>Return Cardio w/COM Echo (60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked Block:</td>
<td>Scenario:</td>
</tr>
<tr>
<td>VT</td>
<td>NPV</td>
</tr>
<tr>
<td>Test (Echo)</td>
<td>60</td>
</tr>
<tr>
<td>Prep time</td>
<td>20</td>
</tr>
<tr>
<td>Provider</td>
<td>30</td>
</tr>
<tr>
<td>Wrap up time</td>
<td>10</td>
</tr>
</tbody>
</table>

Scenario:

- New Cardio w/COM Echo (60)
- Return Cardio w/COM Echo (60)
1. Morning: 8:00-12:00  
2. Afternoon: 1:00-5:00  
   iii. Deviations must be approved by the division chief and Clinical Enterprise. (Deviations may be denied if room conflicts occur.)  
d. Session Limits are determined by the division but may vary by provider. (i.e. 2 New Patients/4 Return Patients)  
   i. The Department may alter this ratio based on wait times.  
   ii. A no-show rate of 10-20% may necessitate a double-booking policy.  
   iii. Consistency is required across a provider's templates.

2. Restricted Templates:  
   All restrictions will be released no later than two business days prior to clinic – in other words, two days prior any patient appropriate to the provider may be scheduled into any open slot.

   Openings may be filled without provider permission as long as the patient can arrive at or before the expected arrival time. This does not apply to outreach clinics (excluding Riverton).

   a. Subspecialist Templates – providers who see a patient subset that does not vary by clinic, (e.g. neuromuscular, electrophysiology)  
      i. We use subgroups to restrict an appointment search to relevant providers  
   b. Coordinated clinics – clinics that occur occasionally and involve multiple providers or staff, (e.g. inherited arrhythmia, trach/vent, or fast track clinic)  
      i. We use blocks to differentiate the coordinated clinics from regular clinics while still making them searchable.  
   c. Urgent Care Management – slots reserved at the discretion of the division chief, (e.g. second call clinic, set-aside slots)  
      i. Blocks  
         1. We can use blocks to differentiate urgent slots from regular slots while still making them searchable.  
         2. Benefit: Blocks can be programmed with a "switch action" that releases the restriction at a predefined time (e.g. 3 days prior, 1 week prior, etc.)  
         3. Drawback: The slot is defined and is not flexible.  
         4. If blocks are used, the recommendation is to place them in the first slot of the session as these seem to be the least desirable times.  
      ii. Session Limits  
         1. We can use session to allow 1 or more urgent patient to be included in the session’s ratio. (e.g. 2 new patients, 2 return patients, 1 urgent patient).  
         2. Benefit: Schedules are more flexible - patients can choose any unfilled time within the session.  
         3. Drawback: No switch action is available – providers run the risk of either overbooking or underbooking the 240-minute session when patients are scheduled for differing amounts of time (e.g. 60-minute New Patients and 30-minute Return Patients).

3. Room Allocation  
   a. Physician alone  
      i. 2 rooms  
   b. Physician + midlevel  
      i. 3 rooms  
   c. Midlevel alone  
      i. 1.5 rooms
FYI - Visit Types

Traditional visit type functionality will only be used when other options are exhausted. Patients will be distinguished as new or return, and will no longer indicate a particular subspecialty.