

## Extending Weekly Patients in EMR

### Original Question:

We currently put all weekly patients into the EMR with an end date of 9/30/2022 and then extend those visits every July/Aug for another year. Due to the number of patients we see, this takes our one office coordinator about 150-200 hours to do once a year (including double checking to make sure no one got missed which causes a double booking). EPIC did create a "recur" button for us years ago, but this is still a very laborious task requiring many man hours. It is also prone for errors and the stakes are high (double bookings).

We have been asked to change this to quarterly, but do not have the man power to do that.

1. Can anyone share how long they enter developmental patients into the system?
2. Is anyone successfully doing this on a quarterly basis and have any advice on how best to do this?
3. Does the scheduling department take care of tracking and extending patient visits or is that up to the rehab department.

### ORG A:

We used to do this process although, we essentially in our appointment notes, had how long the patient was scheduled out for, ie- Last visit 7.1.21 and then the schedulers reviewed the DAR every day and if they saw dates within the next 1-2 weeks, they would push out those visits. But we have since changed and for all patients we schedule 12 weeks worth of visits at a time in alignment with the patients plan of care and when the therapist redoes the plan of care they can schedule more appts...

### ORG B:

At ORG B, we only schedule our patients for 12 week episodes at a time. Therapists are responsible for reassessing pt progress and "extending" POC beyond 12 weeks if appropriate. It is challenging when therapists forget and a patient falls off the schedule – but overall this plan works out well for our team to keep track of episodes of care and pt's need for ongoing therapy at the designated frequency.  
(does mostly 60 min visits with about 400 visits a week)

### ORG C:

After evaluating a patient, our therapist enters a "treatment order" in the system. It is not really an order, but a scheduling request that appears on our scheduling queue. It includes what type of appointment to schedule, frequency, and when to start the appointments. If not otherwise specified by the therapist, patients treatment appointments are scheduled for 6 months from the start date.

Once treatment is scheduled, the therapist completes a required charting field in the clinical documentation for the last scheduled treatment date. Then there is another field that calculates

the date one month prior to the last scheduled visit. On this date, if the patient continues to require treatment, the therapist is responsible for entering another "treatment order." Then another 6 month batch is scheduled. We recently made a check box next to this field "required" to make sure the therapists were reviewing the date and not forgetting to put in treatment orders.

It's not perfect either. But it does stagger the re-entry of appointments.

ORG D:

We no longer allow patients to just be scheduled "forever" by being rolled forward on the schedule for set amounts of time. We schedule number of visits according to the treatment plan and parents make follow up appointments as needed either at check out in the department or by calling the centralized call center. The call center knows it's ok to schedule because it is noted in the EMR.

ORG E:

Thank you for posing this question. I am looking forward to the responses which helps give a view of ideas/solutions at other pediatric sites. Scheduling constraints is a challenge when acute care, attendance, and long term scheduling needs are converged. Do you have short term patients to accommodate as well?

When EPIC was brought on several years ago, pediatrics shifted from salon book style (each child had a "slot") to live scheduling within EPIC. Limitations of the salon book "slots" was challenging due to the cancellation rate of patients and low productivity which limited access to patients and justification for new staff. When shifted to EPIC, initially therapists would submit 3 month plan of cares in light of authorization limits. This has increased access, but could result the overlap of existing patients' extensions coming in while other patients were scheduled throughout their schedule.

Currently we are working to transition to a blend of episodic care and ongoing developmental care for longer term patients.

- Therapists track extensions and submit schedule extensions through inbaskets during a dedicated week of the month, and patient access (scheduling) adds those extensions which can be up to 6 months long.
- NEW: Episodic care tracts are being created for planned bursts of therapy. Scheduling will maintain this schedule within the therapists' EPIC schedule.
- Urgent care spots for high priority needs are held up to 48 hours (urgent feeding, brachial plexus, post-surgical, etc)
- Awaiting requested EPIC build for an integrated discipline wait list to improve same week opportunities and priority scheduling.

I anticipate that this process will continue to evolve with the goals including improved patient access, improve throughput and decrease wait list, and reduce cancellations and no shows.

