

SPEEDING OUTPATIENTS  
REDESIGN OF APPOINTMENT SLIP

# 418 - 68

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# COMMUNITY SYSTEMS FOUNDATION

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August 19, 1966

Mr. Theodore D. Perkins  
Assistant Director for Business Services  
Baltimore City Hospitals  
4940 Eastern Avenue  
Baltimore, Maryland 21224

Dear Mr. Perkins:

The purpose of the Foundation's efforts in the Outpatient Department is the development of an efficient, effective, and expeditious system for the processing of outpatients seeking services at Baltimore City Hospitals. The specific objectives are to reduce patient waiting time and to improve hospital-patient relations in the outpatient areas, with no increase in hospital labor costs.

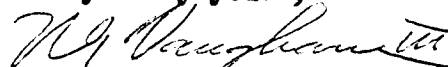
Our primary method of achieving these objectives is the establishment of a staggered appointment system which will better schedule both patients and doctors. This system is currently being implemented and will be documented with a report in about three months.

For the staggered appointment system to function properly, two "controls" are prerequisite:

- (1) The control over the flow of patients which is currently centralized at the Clinic Control Desk in the main lobby; this procedure is working most satisfactorily.
- (2) The control over patient appointments, which is not completely centralized: quite often appointments are made by other departments without checking with the clinic involved.

We initially started to redesign the appointment slip in order to centralize the control over appointments within each major clinic area. During the redesign, many side benefits were realized. The final results are described in this report.

Very truly yours,

  
R. G. Vaughan, III  
Project Director

RGV/ab

## SYNOPSIS

In order to centralize control over the assigning of appointments within each major clinic area (Medical, Surgical, OB/GYN, Pediatrics), the appointment slip has been redesigned. The procedure associated with the new appointment slip will result in the saving of an estimated 3276 hours of clerical work per year. Methods are recommended for reallocating this time so as to allow nursing personnel more time to assist the clinic doctors, thus improving patient service.

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PRESENT SYSTEM

- A. To make a clinic appointment for a patient, hospital personnel fill out Form 56 in duplicate and imprint with the patient's addressograph plate. The white copy is given to the patient, the blue copy is sent to the clinic where it is filed by date of appointment. Form 56 is shown in Appendix A.

\* \* \*

Problems:

- A-1.\* Carbon paper must be inserted between forms each time an appointment slip is filled out.
- A-2. Copies plus carbon must be evened up before imprinting.
- A-3. Imprinting must be done last. If imprint is illegible, procedure must be repeated.
- A-4. Clinic copy, being blue (or black) ink on blue paper, is difficult to read.
- A-5. Slip contains very few instructions to the patient.

\* \* \*

- B. If an appointment is being made from an area other than the scheduled clinic (e.g. by an admitting officer for emergency room follow-up, by another clinic for a referral, or by a ward clerk for ward follow-up) the person filling out the slip tries to phone the clinic to pick a convenient date. If the clinic is closed or if phones are busy, a date is assigned somewhat indiscriminately so as not to hold the patient up. Blue copy is then sent to the clinic.

\* \* \*

Problems:

- B-1. Patients are sometimes scheduled for a specialty clinic on a day when that clinic is not being held.
- B-2. Patients are sometimes scheduled to see a doctor on a day when that doctor will be off.

\* \* \*

In virtually all cases patients are told, via the slip, to come in at the starting time of the clinic. This is a separate and distinct problem which will be covered in our next report (see transmittal letter).

\* \* \*

\* These "problem numbers" will be referred to in the succeeding sections of this report.

- C. Several days prior to the appointment date, all blue copies for that day are removed from the clinic file. A requisition is typed up from these copies in triplicate: one copy for Medical Records, one for X-Ray, and one for the clinic file. The requisition shows name and history number for each patient. Blue copies are returned to the clinic file. The purpose of the requisitions is to pull previous patient records.

\* \* \*

Problems:

- C-1. Time consuming for clinic clerk.
- C-2. Chance for error in transcribing history numbers.
- C-3. Previous X-rays are requisitioned for all patients, whether they will be required or not. (Only one or two specialty clinics do not send a copy of the requisition to the X-Ray Department).
- C-4. Since requisitions are not sent down on an entirely regular basis, the workload placed on Medical Records and X-Ray is very sporadic.

\* \* \*

- D. When a requisition is received by Medical Records, a 1" x 2" tag is typed up for each patient on the list. This tag states patient name, history number, date, and clinic. These tags are placed in out-markers which are then sorted by terminal digit. As charts are pulled, the out-markers are interfiled to act as chart locaters and to assist in refiling when the chart is returned.

\* \* \*

Problems:

- D-1. Typing of tags is time consuming for Medical Records clerk.
- D-2. Another chance for transcription error.
- D-3. When a chart is not available, clerk must search for patient number on requisition and fill in chart location. (The requisition is returned to the clinic along with charts which were pulled).
- D-4. Each time a chart is pulled, clerk must check to see that patient name agrees with out-marker.
- D-5. When a transcription error is encountered, clerk must check cross-index to try to get correct history number.

- E. When a requisition is received by the X-Ray Department, a similar procedure is followed for pulling previous x-rays. The only difference is that a 3" x 5" slip is filled out for the out-marker.

\* \* \*

Problems:

- E-1. Same as above except problems are compounded by the fact that x-rays were not filed by hospital history number until about two years ago. Two cross-indices therefore exist.

\* \* \*

- F. Reports on lab work and x-rays ordered by clinics are sent to the clinics rather than to the Medical Records Department. The clinics file this work by first letter of patient's last name. The day before the appointment date, lab work is matched up to the blue slips which remained (see above) in the clinic files. When the charts are received by the clinics, the blue slips are matched up with the charts and the lab and x-ray reports are placed in the chart. The blue slip is paper-clipped to the outside of the chart. This makes it so the chart can be identified by patient name rather than by history number.

\* \* \*

Problems:

- F-1. Extremely time consuming for clinic personnel.

\* \* \*

The redesigned appointment slip will alleviate most of the problems outlined above.

NEW SYSTEM

The appointment slip has been redesigned so that it is now a 4-part, snap-out form. A sample appears in Appendix B. A memo to hospital personnel describing the use of the new slip appears on the following pages. This memo represents a fairly adequate description of the new system. This memo and a supply of the snap-out forms will be distributed to all personnel using the form within a day or two of the issuance of this report. The memo was approved at the last meeting of the Ambulatory Services Committee held on July 11, 1966.



BALTIMORE CITY HOSPITALS

August 26, 1966

TO: ALL Personnel involved in arranging Clinic Appointments

GENERAL:

The "Appointment Slip" (BCH Form 56) has been redesigned so that it is now a four-part "Snap-Out" form. A copy is attached. Note that when the carbon paper is "snapped-out", the top copy floats free, while the other three copies remain glued together along the right side. Normally, nine items will be filled out on the new form (nine items are filled out on the present appointment slip). The procedure for filling out this form and distributing the copies is described below.

SPECIFIC:

1.) The doctor notes on the patient's chart when the patient should be seen, in what clinic, and what procedures should be performed upon the patient's arrival (X-Ray, Lab Specimens, etc.). The doctor will also note "Old X-Ray required" if it will be necessary to have previous X-Rays available for the next visit.

2.) The nurse, ward clerk, or admitting officer (depending upon the area and time of day) will then imprint Form 56 with the patient's addressograph plate. The following blocks in the form will always be filled out at this time:

- a. "Clinic" e.g. "Medicine", "Surgery", etc. (Check one box)
- b. "Specialty" e.g. "Chest", "Tumor", etc.
- c. "Doctor" - Print name of doctor that patient is to see if you know it
- d. "Special Procedures" e.g. "EKG", "C-Spine X-Ray", etc.
- e. "Previous X-Rays needed?" - Check "Yes" if doctor noted that old X-Rays will be required. Otherwise, check "No"
- f. "Doctor requesting appt." - PRINT Doctor's last name
- g. "Date Requested" - most of the imprinters will fill this in for you. If not, fill in the date that the form is filled out.
- h. "Requesting Service" - most of the imprinters will also fill this out. If not, write in "E.R.", etc.
- i. "Slip filled out by" - Sign your name

3.) The form will be completed as follows, depending upon the time of day:

- a. DURING CLINIC HOURS:  
Call the clinic and fill in "Time" and "Date" of appointment and ~~fill~~ the "Doctor" that patient will be seeing. Snap the form apart, discard carbon paper, give white copy to patient. Remaining three copies (which are still glued together) should be sent to the clinic. If clinic phones are busy, follow "After Hours" procedure.
- b. AFTER HOURS:  
Do not snap form apart. Explain to patient that his appointment will be mailed to him. Check with patient to be sure that imprinted address is correct. Fill in "Interval Desired" Blank (e.g. "2 weeks") and send entire form to clinic. If the "Interval Desired" is less than 5 days, fill in a telephone number where patient can be reached (or where a message can be left for the patient). Send entire form to clinic.

NOTE: On all referrals, attach copy of referral sheet or discharge summary.

BENEFITS OF THE NEW SYSTEM

The new slip facilitates the centralization of appointment making within the four major clinics: Medical, Surgical, Pediatrics, OB/GYN. This will make the staggered appointment system work smoothly. This is the primary benefit derived from the redesigned appointment slip.

Other benefits are itemized in Figure 1. Basically, there will be an increase in supplies cost of \$351.00 per year. There will be a reduction in clerical effort as follows:

Medical Records Department	936	Hours/year
X-Ray Department	1664	"
Clinics	624	"
Wards	21	"
Admitting Department	<u>31</u>	"
Total	3276	Hours/year

In addition to the problems referred to in Figure 1, the following problems have also been eliminated through use of the new slip: A-4, A-5, C-4, and D-3. Problem D-5 (placing of lab work in charts by clinic clerks) will be covered in the next section.

FIGURE 1: BENEFITS OF THE NEW SYSTEM

ITEM	SAVINGS* PER WEEK						
	REP**	SUPPLIES	MED. REC.	X-RAY	CLINICS	WARDS	ADMITTING
1. Carbon paper eliminated	A-1	\$2.00			1.5 hrs.	.2 hrs.	.3 hrs.
2. Imprinting simplified	A-2, 3	.25			1.5 hrs.	.2 hrs.	.3 hrs.
3. Issuing of corrected appointment date eliminated	B-1, 2	.25			3.0 hrs.		
4. More slips will now have to be mailed out		(6.50)			(2.0 hrs.)		
5. Requisition eliminated	C-1				7.0 hrs.		
6. X-Rays will only be pulled when necessary	C-3			25.0 hrs.			
7. Elimination of out-tags in Medical Records and X-Ray	D-1, E-1	7.00	13.0 hrs.	5.0 hrs.			
8. All transcription errors eliminated	C-2, D-2, D-4, D-5		5.0 hrs.	2.0 hrs.	1.0 hrs.		
9. Cost of appointment slips increased from \$3.60/M to \$7.50/M		(9.75)					
TOTAL PER WEEK		(6.75)	18.0 hrs.	32.0 hrs.	12.0 hrs.	0.4 hrs.	0.6 hrs.
TOTAL PER YEAR		(\$351.00)	936 hrs.	1664 hrs.	624 hrs.	21 hrs.	31 hrs.

\* Conservative estimates, based on 2500 appointments per week.

\*\* References refer back to problems outlined on Pages 1-3.

RECOMMENDATIONS

Many possibilities exist for the utilization of the clerical work time freed up by the new appointment slip. Reduction in staffing was not considered (see transmittal letter). The objective of the Foundation's efforts in the Outpatient area (reduction in patient waiting time) will be best fulfilled if this time saving can be shifted so as to provide better service to the patients. It is felt that the following scheme, taken in its entirety, would be most beneficial to the patients and the hospital:

1. Transfer one record clerk position from X-Ray to Medical Records. Assign this position as a full time messenger to do nothing but pick up and deliver charts, etc. every 15 minutes to each clinic, emergency room, clinic control desk, X-Ray, and Medical Records from 8:00 A.M. to 4:30 P.M.
2. Have all Outpatient lab reports sent to the clinic doctors' boxes as at present. After the doctor reviews the reports and places them in the "To be Filed" box, send this loose work to the Medical Records Department for filing. This eliminates the alphabetic files in the clinics and the work associated with them.
3. This will free up ward clerk time in the clinics. A firm rule should be established: "Clinic telephones should always be answered by clinic clerks, never by a nurse." This will free up a large amount of time for the nurses to assist the clinic doctors.

The net effect of the benefits described on Page 8 and the changes recommended above are shown in Figure 2. The numbers presented in Figure 2 are not meant to be precise; they are merely estimates to show that the net effect will be the freeing up of nursing time. If this time is spent to assist the clinic doctors, patient service and patient flow will be improved.

To simplify the understanding of the above, the "clinic messenger" has been shown in the Medical Records Department. Actually, it would be better if this position were under the supervision of Mr. Donald Powers, Communications Supervisor.

FIGURE 2: RECOMMENDATION REALLOCATION OF TIME SAVED

	APPROX. HOURS/YEAR AVAILABLE FOR OTHER DUTIES			
	<u>MEDICAL RECORDS DEPARTMENT</u>	<u>X-RAY DEPT.</u>	<u>WARD CLERKS</u>	<u>CLINICS NURSES</u>
A. Effect of new appointment slip (See Page 7)	936	1664	624	
B. Recommendation #1 (See Page 9)				
a) Transfer of one position	2000	(2000)		
b) Clinic messenger service	(2000)	300	300	
C. Recommendation #2 (See Page 9) Filing of loose lab reports (Estimated 1 hr. per day per clinic)	(1000)		1000	
D. Recommendation #3 (See Page 9) Clinic clerks to answer telephones and perform clerical work presently being done by Nurses			(1924)	1924
	(64)	(36)	0	1924*
				<u>1924*</u>

NET EFFECT ON EACH DEPARTMENT

\* Time released to assist the clinic doctors.

APPENDIX A

Present Appointment Slip

BALTIMORE CITY HOSPITALS  
OUT PATIENT SERVICES  
**APPOINTMENT**

Addressograph Plate

Number

Name

Address

Clinic \_\_\_\_\_ Service \_\_\_\_\_ General or Special \_\_\_\_\_

Date \_\_\_\_\_ Hour \_\_\_\_\_ Doctor \_\_\_\_\_

Appointment made in \_\_\_\_\_ By: \_\_\_\_\_  
Div. or Unit

Special Requests or Procedures \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

If you CANNOT keep this appointment write  
or phone the Clinic indicated at Dickens 2-5400

APPENDIX B

New Appointment Slip

BCH FORM 56 (REV. 7-66)  
BETTER BUSINESS FORMS  
BALTIMORE, MD. 21201

**INSTRUCTIONS FOR COMPLETING:**

- A. When making an appointment from outside the clinic, call clinic for appointment and follow instruction to them. If phones are busy or clinic is closed, explain to patient that appointment will be mailed or phoned to them. Complete form except for time and date of appointment, and send to scheduled clinic.
- B. For return appointment to same clinic, complete form and give first copy to patient as appointment slip. Remaining copies stay together and are to be filed under appointment date.

**PATIENT'S INSTRUCTIONS:**

Please bring this slip, your addressograph plate and medical I.D. cards, and all medications to the control desk in the Main Lobby ten minutes before your appointment is scheduled. If you forget your plate, you will have to wait while a new plate is made - (there is a fee for this). If for any reason you CANNOT keep this appointment, call the number on the back to have it rescheduled.

<b>BALTIMORE CITY HOSPITALS</b> SERVING THE COMMUNITY SINCE 1773			
<b>THIS IS YOUR APPOINTMENT FOR OUT PATIENT CLINIC ON:</b>			
DATE	TIME	CLINIC: <input type="checkbox"/> MEDICINE <input type="checkbox"/> OB/GYN <input type="checkbox"/> SURGERY <input type="checkbox"/> PEDS.	SPECIALTY
DOCTOR		SPECIAL PROCEDURES	
WILL PREVIOUS X-RAYS BE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE REQUESTED	REQUESTING SERVICE
DOCTOR REQUESTING APPT.			
SLIP FILLED OUT BY			
FILL IN IF CLINIC CAN NOT BE REACHED:			
INTERVAL DESIRED			
PHONE WHERE PATIENT CAN BE REACHED:			

PATIENT'S APPOINTMENT SLIP

4-Part Carbon Form

White: Patient

Orange: X-Ray Dept.

Pink: Clinic Copy

Salmon: Medical Records Dept.