

ACCESS CONTINGENCY PLANNING

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Just like any other industry, the healthcare industry has “busy seasons” as well as vacations, sick days, and staff turnover. A contingency plan is a blueprint for responding to events that may occur in the future. It is important to have a plan so you are prepared for both scheduled and unscheduled events. A contingency plan addresses new providers, providers or staff on vacation, resignations, influx of patients due to seasonal issues such as flu and school physicals, late patients, and those holidays that result in increased emergency and urgent care visits, etc. For each type of event there should be a correlated contingency plan.

When creating a contingency plan, many things need to be considered, including:

What event triggers the increased demand?

- Is it a seasonal issue such as school physicals, flu season, summer allergies?
- Is there overlap of potential triggers that could further increase demand, e.g., school physicals, summer allergies, Fourth of July injuries?

Which events will impact which care delivery facility?

- School physicals and summer allergies may primarily impact primary care or specialty practices while Fourth of July injuries will most likely impact emergency departments or urgent care facilities with a follow-up to primary care or specialty practices.

What will be the impact to the care facility?

- Do you need to extend business hours to cover the number of visits?
 - Early morning, over lunch, after-hours, weekends?
- Do you need additional appointment types?
 - “Quick sick” visits for patients with specific conditions such as the flu or allergies
- Dedicate a day or two to school physicals, flu shots

What staffing adjustments will you have to make?

- What ratio of patients to nurses is acceptable and how many hospital rooms or beds are available? (Example: Multiple admissions or discharges happen unexpectedly)
- Stagger schedules to cover extended hours? Offer flex time to cover weekend hours?
 - Share staff across other practices within the system or network?
 - Share staff across floors or departments in the hospital?

To gain a better understanding of trends and what to expect, look at previous year’s demand fluctuation, vacations, sick days, etc. Review this information as a team to determine which events have had the most impact in the past (e.g., Memorial Day and Fourth of July may increase emergency department and urgent care facilities, a weekend 5k fundraiser may also increase primary care visits the following Monday, etc.).

- How have you addressed these challenges in the past?
 - Increased staffing hours? Staggered scheduling? Open during lunch? Shared resources with another practice in your system, another floor or department in the hospital?
 - Did these strategies work? If not, why not?
- What was/could be the financial impact?

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- In a fee for service environment, the increased patient volume may increase revenue but what is the cost of covering the hours needed to see these patients?
- In the emergency department, more patients mean more revenue but again, what is the cost of covering the hours?

Such events may also increase the number of hospital admissions but staffing issues could result in poor patient care, incomplete discharge instructions, and possible readmissions.

Other Important Tips

- Keep the plan simple – there will be a temptation to cover every potential scenario, focus on the events you know will directly impact your facility
- Use guidelines, workflow processes, and create standard operating procedures (Contingency Planning: Developing a Good Plan B, n.d.)
- Decide how you will define success for your plan.

Who Should Be Involved in Developing a Contingency Plan?

It is important to involve several members of the team when writing a contingency plan or policy to improve patient access. The office or practice manager, scheduling manager or nurse manager are crucial to have on the team. They can offer insight on their previous experiences and will be able to offer expertise on what is needed to be successful. The financial stakeholders are important to include because of the potential need for additional resources and funding. A provider lead or champion should be involved to offer expertise on patient care and provider needs during these many situations. Whenever possible, it is also best to involve other members of the staff and/or patients these situations may affect.

Suggested Change Tactics by Situation

Late Patients

- Implement a plan and a policy to manage patients who are late for their appointment
 - Advise the late patient the provider has moved on but will try to accommodate them, but cannot run late for other patients
 - Move the patient to the next available same-day spot, this may be with another provider
 - Communicate late patient policy via new patient packet, website, patient portal, after-visit summary
- Develop scripting for issues that regularly occur
 - Examples for practices: consistently late for appointments, patients wanting a physical exam done today or patients telling the staff they are going to the emergency room
 - Examples for hospitals: Patient in a double-room does not want to share their room

Unplanned Absence of Provider or Care Team Member

- For practices: Plan to determine if the patients can be seen by another provider or if the patients need to be reschedule
- For hospitals: Plan to determine if there is a floating provider or care team available. Elective procedures may need to be rescheduled. The unit may need to close to new patient admissions.

Staff Vacation

- Have a plan to handle multiple requests for vacation in the same time frame
 - Frequently, only a certain number of requests are accepted and are on a first come first serve basis
- Consider per diem or floating staff to cover absences
- Increase nurse visits, if provider is out

Unexpected Increases in Demand

Example: An unexpected increase in demand may be due to a salmonella outbreak

- Reschedule visits that are elective procedures or visits that are not urgent or critical for patients
(Create Contingency Plans, n.d.)

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