

AD-A185 368

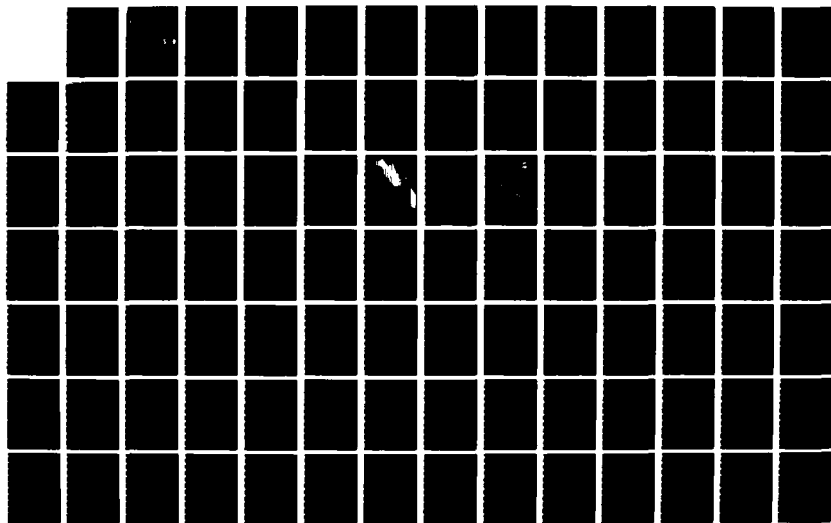
INCREASING ACCESSIBILITY: A STUDY OF THE APPOINTMENT
PROCESS AT THE USAF M. (U) AIR FORCE INST OF TECH
WRIGHT-PATTERSON AFB OH G G ANDERSON JUU 87
AFIT/CI/NR-87-61T

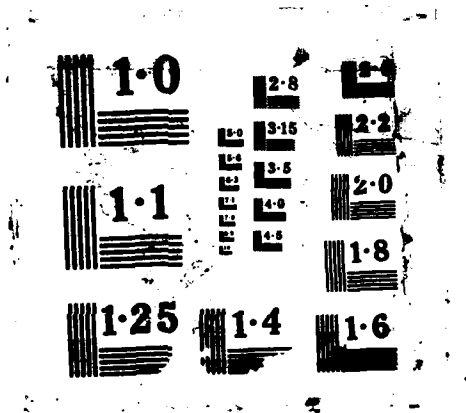
1/2

UNCLASSIFIED

F/G 6/5

NL





REPORT DOCUMENTATION PAGE

READ INSTRUCTIONS
BEFORE COMPLETING FORM

1. REPORT NUMBER AFIT/CI/NR 87-61T	2. GOVT ACCESSION NO. A185360	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Increasing Accessibility: A Study of the Appointment Process at the USAF Medical Center, Wright-Patterson AFB, Ohio		5. TYPE OF REPORT & PERIOD COVERED THESIS/DISSERTATION
7. AUTHOR(s) Gerald G. Anderson		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS AFIT STUDENT AT: Xavier University		8. CONTRACT OR GRANT NUMBER(s)
11. CONTROLLING OFFICE NAME AND ADDRESS AFIT/NR WPAFB OH 45433-6583		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		12. REPORT DATE July 1987
		13. NUMBER OF PAGES 88
		15. SECURITY CLASS. (of this report) UNCLASSIFIED
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES

APPROVED FOR PUBLIC RELEASE: IAW AFR 190-1

Lynn E. Wolaver
LYNN E. WOLAVER 17 Aug 87
Dean for Research and
Professional Development
AFIT/NR

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)
ATTACHED

DD FORM 1 JAN 73 1473

EDITION OF 1 NOV 65 IS OBSOLETE

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

87 10 14 27

ABSTRACT

→ The inability to obtain an appointment at an Air Force Medical Treatment Facility is a problem for our beneficiaries.

This management study reviewed and analyzed the entire appointment process at the United States Air Force Medical Center, Wright-Patterson. The major areas reviewed were the accessibility goals, written directives, appointment availability, release of appointments, which appointment system to use, and how the Medical Center publicizes its services.

The overall conclusion of this study was that there were certain clinics that needed management attention concerning appointment availability. Also, it was recommended that Wright-Patterson implement a decentralized appointment system instead of the "combination" one currently being used.



Accession For	
NTIS	CRA&I ☒
DTIC	TAB ☐
Unannounced ☐	
Justification	
By _____	
Distribution /	
Availability Codes	
Dist	Avail and/or Special
A-1	

XAVIER UNIVERSITY

INCREASING ACCESSIBILITY:

A STUDY OF THE APPOINTMENT PROCESS
AT THE USAF MEDICAL CENTER, WRIGHT-PATTERSON
WRIGHT-PATTERSON AIR FORCE BASE, OHIO

A Thesis Submitted to
The Faculty of the Graduate Program
In Partial Fulfillment of the Requirements for a
Master's Degree in Hospital and Health Administration

By

Gerald G. Anderson
Captain, USAF, MSC

United States Air Force Medical Center, Wright-Patterson
Wright-Patterson AFB, Ohio

July 1987

TABLE OF CONTENTS

CHAPTER

I	Introduction	1
II	Background and Review of Related Studies	5
III	Methodology of Study	12
IV	Findings	15
VI	Conclusion and Recommendations	20
	APPENDICES.	23
	SELECTED BIBLIOGRAPHY	86
	ABSTRACT.	89

I. Introduction

The United States Air Force (USAF) Medical Center, Wright-Patterson located at Wright-Patterson Air Force Base (AFB) will be a 314-bed health care institution upon completion in 1989. It is located about 10 miles northeast of Dayton, Ohio. The Medical Center provides comprehensive inpatient and outpatient care for approximately 50,000 eligible beneficiaries in the immediate area. When the military construction project is completed, it will be the second largest hospital in the Air Force. The project is increasing the square footage from 297,000 square feet to 657,000 square feet.

Before an analysis of the accessibility of the Wright-Patterson Medical center (WPMC) can be accomplished, the mission, the goals, and the objectives need to be discussed. In addition, the catchment area and population served needs to be considered.

Goals and Objectives

The goals and the mission of the USAF Medical Center, Wright-Patterson, are primarily established by higher headquarters.

The mission of WPMC is to provide the medical support necessary to ensure maximum wartime readiness, maximum medical readiness, a combat casualty care capability, and to the greatest extent possible, a peacetime health care system for all eligible beneficiaries. This mission includes medical and dental care, environmental health services, occupational medicine, and bioenvironmental engineering services for all personnel assigned, attached, or supported by the medical center through tenant agreement (16:1).

The goals of WPMC are primarily directed by the USAF Surgeon General and the Air Force Logistics Command (AFLC) Surgeon, both comparable positions to corporate executive management acting as the Medical Center's governing body. These established goals are:

- To continue initiatives to prepare to equip Air Force Medical Service personnel and resources for immediate employment worldwide to support Air Force operational requirements, during both peacetime and wartime.

- To implement new programs and enhance others to ensure provision of the best medical care possible.

- To develop more effective and efficient ways of conducting a comprehensive medical program in the face of day-to-day fiscal constraints.

- To improve patient perceptions as to the accessibility, availability, and quality of medical care provided by Air Force medical organizations.

- To develop higher standards of personal conduct and integrity for Air Force Medical Service personnel in the areas of responsibility, leadership, accountability, and officership (15:6).

The WPMC was built to provide total medical and dental care for active duty and retired military personnel and their dependents within a specified Air Force region which they call a catchment area. See Appendix A for WPMC's Catchment Area. Presently, WPMC provides care for approximately 12,500 active duty personnel (Appendix A) and 46,000 dependents of active duty or retired personnel in our catchment area.

The WPMC also operates a military consultant center, direct referral hospital, and an area medical center of the Continental United States (CONUS) Area 3 (16:1), and DOD Region 6 (Appendix A) with a population of almost 400,000 eligible beneficiaries (15:7).

General Issue

One of the areas of medical practice that is a source of eternal consternation for both the physician and patient is the appointment and scheduling system(s) used in health care delivery (28:138).

The major portion of complaints received are on the medical appointment process, primarily centering on patients inability to obtain a timely appointment, if they can obtain one at all (5:3, 18:282, 25).

Specific Problem

Having to wait an excessive amount of time for an appointment and not being able to get through to an appointment clerk are recognized by the Air Force Medical Service as two of its significant problems (5:4).

The specific problem purpose is: How do we increase appointment availability and accessibility to patients at WPMC.

During the course of this project, the following areas will be studied: the accessibility goals, policy and procedures, establishment of appointments, access to appointment clerks, and how WPMC publicizes the appointment system.

II. Background and Review of Related Studies

This chapter will review the different types of appointment systems available and previous studies that have been accomplished at WPMC.

Medical appointments are the first step in any non-emergency, non-walk-in health-care delivery system (26:407). One must be familiar with the different appointment systems to understand the problem and limitations of such a system.

There are three general categories of medical appointment systems:

1. The block system (22:32, 24:26, 31:1208).
2. The conventional system (24:26, 31:1208).
3. The wave method system (24:26, 26:407, 31:1209).

In the block system, several patients are given an appointment on the same day at the same time (24:26).

In the conventional system, the patient is given a specific date and time to be seen with only that one patient scheduled for the particular date and time (24:26). This appointment system is the one normally used in the Air Force Medical Treatment Facilities (MTFs).

The wave system objective is to have the provider start each hour back on schedule (26:408). The last 15 minutes of each hour are not scheduled with patients (26:408). The last 15 minutes of the hour are used by the provider to finish the appointments scheduled in that hour and to complete patient's medical records, or to catch-up on other paperwork (26:407).

The appointment systems normally fall into two different types:

1. Manual, paper oriented system.
2. Computer oriented systems.

Each MTF must have an appointment system which is responsive to the health care needs of the people using the facility for health care (3:6-1). Regardless of which system is chosen by the MTF, the following guidelines and objectives should be taken into consideration.

The system should be clear, comprehensive, efficient, flexible, appropriately matched to the particular practice, and it should assign primary responsibility for the system (1:217, 2:323).

The manual paper oriented appointment system tends to be inflexible, time consuming, difficult to update, and labor intensive (20:65). However, it does not require a lot of investment in equipment purchases.

The alternative to a manual system is the computer system (17:33). Appointment clerks take requests for appointments from patients and input the requests into the computer system through the remote terminals (20:65).

Advantages of a computer oriented appointment system are:

1. It can be very flexible (20:65).
2. Lengths of appointments can be varied to suit changes (28:138).

3. Promotes accuracy and efficiency (19:5).

4. Is conducive to cost containment (19:5).

The disadvantage of a computer medical appointment system is that it requires special and expensive equipment.

There are several advantages of medical appointment systems over non-appointment systems, such as walk-in clinics or emergency rooms (27:152, 29:104); they are:

1. It allows patients access at a specific time and date (27:153).

2. It saves patient's time (26:409, 27:152, 29:104).

Since the patients spend less time in the facility, it reduces sick patients contact with other sick patients. By having a firm appointment, their medical record can be reviewed by the provider prior to their appointment time.

This process makes for an efficient and effective health care encounter (1:217, 27:158).

The medical appointment system offers many advantages, and studies have shown that medical appointment systems have several limitations (4:5). Some of the limitations are:

1. Patients perceive that medical appointment systems are the reason they can not receive the care they want; when they want (4:5).

2. There are problems with excessive patient waiting time for appointments (4:12).

3. There are problems with unused appointments (4:5).

4. There are problems of inefficiency of resources that are created by appointment systems (4:6).

The perception that patients of the USAF Medical Service have difficulty in obtaining timely appointments is a real and pressing problem. A literature search has shown access to medical care is a common problem in both military and civilian MTFs (4:5, 27:156, 29:103). Medical appointment systems have reduced some of the problems of access, but others still exist (4:5, 21:234).

Related Studies

The appointment system has been studied and analyzed since the facility opened its doors. Documentation is available back to April 1978 on studies of the appointment system. The best solution in April 1978 was: Recommend a modified centralized appointment system be implemented at the earliest practical date (14:7). The modified centralized system would use five central modules which would support Medicine, Surgery, OB/GYN, Orthopedics, and Pediatrics (14:3). At this time, they were using a decentralized and manual booking system. Any MTF not utilizing a centralized appointment system had to request a waiver (3:6-1). WPMC requested a waiver and was denied the waiver (6:1). A study was conducted during 1981 by three individuals from the Maintenance and Production Management Course (23). The conclusion reached was that the statistical and human factor data supported the current decentralized system (23:15).

All the previous data supported a decentralized system, however, because WPMC could not get a waiver a committee was established to look into a centralized appointment system on 10 November 1983 (7:3). Trying to establish a central appointment system, this committee reviewed surveys, furnishing, lighting, and computer access (8:1-3).

This committee met again in May 1984 and solutions to the problem were presented (9:3-4). In an Appointment Service Survey completed in June 1985, the WPMC was still utilizing a decentralized system with no waiver from higher headquarters (12:1-4). In June 1985, WPMC finally started to implement a centralized system, but before they could do this, Headquarters US Air Force Surgeon General's Office changed their mind and stated that a centralized appointment system is no longer mandatory (10:2-7). In the committee meeting of 25 September 1985, the decision was reviewed again, and it was decided that WPMC would have a decentralized system with certain appointment clerks centrally located (11). The problem I saw in this was the appointment clerks are actually working for the clinics, but are under the supervision of Patient Affairs. This defeats the concept of "span of control" and "unity of command." During this time (October 1985), a new commander was assigned to WPMC and I could find no documentation that any action was taken until April 1986. In a 5 April 1986 letter, the commander asked the following questions:

1. Did a clear message come out of the past meetings?
2. Does the appointment system work?
3. In what clinics is the appointment system working well and in what clinics is it not working well? (13:1-4).

There were about 20 questions asked in this letter, and during this study, they will be addressed (13:1-4).

In response to the 5 April 1986 letter, an individual did a quick evaluation of the appointment system. The conclusions reached were very general in nature, however, he did recommend decentralization of appointments (4:2).

During all of these years from 1978 to 1987, the appointment system was reviewed and analyzed. They needed to take the study one step further which is to study the appointment process vs system, which is what I will try to do.

The system (number of telephone lines and clerks) is a subsystem of the process. The process also includes appointment availability, release of appointments, goals, and policy and procedures of the process.

III. Methodology

Introduction

The questions addressed in this study are how to increase accessibility and availability for patients that use WPMC. In pursuing these questions, a review of the following areas were necessary: accessibility goals, policy and procedures, appointment release, establishment of appointments, and accessibility of appointment clerks.

Objective one was to review the accessibility goals (Appendix B) to ascertain whether they were measurable and attainable.

The second objective was to determine if there are written policies or procedures on the appointment process. This was accomplished by reviewing written directives within WPMC.

Objective three was to determine if there really is a problem acquiring appointments. This was done by obtaining results from an already existing questionnaire (Appendix C) and reviewing these results (Appendix C). Interviews were also conducted with the noncommissioned officer in charge (NCOIC) of 13 different clinics. See Appendix D for the questionnaire and its results.

Objective four was to determine how clinics at WPMC released their appointments. This was accomplished by reviewing an Open Book list document (Appendix E) provided by the computer center. For clinics not using the automated system, the necessary information was obtained through the interviews (Appendix D).

Objective five was to determine if all the providers available time was being effectively utilized. This objective was accomplished by reviewing the Master Schedule in the computer or the Master Schedule requested through Chief, Hospital Services (SGH). See Appendix F for sample of the schedules. Over 500 pages of schedules were analyzed for appointment availability. Just the summaries are included in this project (Appendix G) for selected clinics. The Specialty clinics were not included in this project due to their referral based appointments. The projected appointments available were then compared to Provider Requirements Integrated Specialty Model (PRISM) standards (30:17).

The sixth objective was to determine which appointment system WPMC should use. Should they use a completely centralized system, a completely decentralized system, or a combination of the two? This objective will be accomplished by doing a cost/benefit analysis of the systems (Appendix H) including equipment and personnel.

The final objective was to determine how WPMC publicizes its services. This will be determined by reviewing the base newspaper for medical articles, handouts within the Medical Center, and attending medical advisory meetings.

IV. Findings

This chapter presents the findings for each objective.

Objective one was to review the accessibility goals.

Discussion with the Superintendent of Hospital Services revealed that there were active duty personnel that were not receiving same day appointments. All of these requests for appointments were after 1300 hours. There is a high probability that all appointments would be dispensed by that time. However, if our goal is to provide active duty personnel with an appointment, "within 24 hours", they could be given an appointment early the next day. Therefore, at this time the WPMC is not meeting its goal.

Objective two was to review any written policy and procedures within WPMC. The only written documentation that was available was in Air Force Regulation (AFR) 168-4, chapter 6 (3:6-1). The written guidance contained in AFR 168-4 was not being followed. For example, AFR 168-4 states that clinics master schedules are supposed to be reviewed by the Chief of Hospital Services, and all 13 clinics stated this was not being done. The regulation requires this to ensure all available time is properly utilized. No local written policy was found covering items such as: duty hours, lunch break,

release of appointments, or staff physicians attendance at medical residents training sessions.

The third objective was determining if there really was a problem with the appointment process. This was accomplished by reviewing the results of the questionnaires at Appendix B, and discussions with the Patients Relations Coordinator. According to the data (Appendix B), about 20% of the responses to questions 11 and 12 of the questionnaire were marked in circles 4 and 5, which indicated they were dissatisfied. Also, since July 1986, over 30% of individual complaints had to do with appointments (25). So there seems to be a problem with appointment availability, and this study can continue. The major problem seems to be appointment availability and not access. Access problems to appointment clerks happens when clinics release future appointments.

Objective number four was to review the releasing of appointments. Clinics are working anywhere from 16 days to 90 days out. Also, the best time to call varied from the first Monday of the month to the last Monday of the month. No two clinics release their appointments the same way.

The fifth objective was to review appointment availability by analyzing the master schedules provided to me. Based on my analysis, the following clinics appear to be utilizing their time well: Ophthalmology, Orthopedics, and Podiatry. This conclusion was determined by computing the number of weekly appointments available then comparing this number to the weekly PRISM standard. The weekly PRISM standard was derived by dividing the monthly PRISM standard by four. As an additional check, the Command Medical Productivity Report was used to establish whether the standard was being met. These three clinics were exceeding the standard for outpatient visits. Since the Audiologist Clinic has no standard, no judgment was made.

Using the same criteria, the clinics listed below were not meeting the PRISM standards. Some clinics seem to have excessive administrative time, unrealistic hours spent on rounds, and others whereby clinic availability was less than 35%. Still others where low productivity was left unexplained. The clinics that need management's attention are: Dermatology, Internal Medicine, Mental Health, Obstetrics and Gynecology, Otolaryngology, Pediatrics (except for the pediatric nurse practitioners), Primary Care, and the Surgery Clinics. After interviewing the Optometry Clinic,

some changes were made and documented outpatient visits were increased. Although the WPMC seems to be meeting the standards, this is primarily due to accounting procedures concerning the medical residents. For example: The medical care provided by the residents is credited to the clinic, however, the residents are not considered assigned to the clinic.

Objective number six was to determine which appointment system would work the best for WPMC. See Appendix H for break out of each system. Although the "truly" centralized system would save WPMC money because of the need for fewer people, I do not think it would work. The reasons for this conclusion are: Central appointments currently have no control or authority of what happens to the system i.e., input of schedule. In response to questions during the interviews, the clinics put in, change, and delete their own schedule. The only responsibility that central appointments currently has is to make the appointments. Another problem, for example, is that Primary Care appointments only make appointments for Primary Care and no other clinics. In a truly centralized system, the next available clerk would answer and handle the next appointment request regardless what clinic they wanted.

A centralized system could work at WPMC, however, managements "turfdom" would have to be torn down and they would have to follow directions in AFR 168-4.

The decentralized system would also work at WPMC. By using this system, WPMC would be more in line with the current Air Force thinking which is putting the authority, accountability, and responsibility back in the hands of the Department Chief. Based on my analysis, the cost for equipment would be the same for either system. The only cost would be for modems needed to hook up outlying clinics for either system. According to my discussion with the Director of the Medical Information System, terminals are already available and no additional funding would be necessary at this time to utilize them.

The last objective was to review how WPMC advertises its services. Overall, WPMC does a fine job in this area. They normally have articles in the base newspaper on a monthly basis. Once a year they have an 8-10 page supplement in the base newspaper highlighting all of the clinics. For the last five years they have included an update on the construction project. The WPMC also gives a briefing during the military orientation program on a monthly basis.

IV. Conclusion and Recommendations

My overall conclusion is that WPMC is doing a fair job of providing accessibility to our facility. However, I think there are some areas that could improve with appropriate management initiatives.

Recommendations

1. Accessibility goals should be changed as reflected in Appendix A, titled, "Suggested New Accessibility Goals."

2. A Medical Center Regulation should be written outlining the following policies:

a. Duty hours for WPMC.

b. All outpatient clinics will take lunch break at the same time and what time that will be.

c. How appointments will be released and that it will be the same for all clinics. For example, for everyday one day is dropped off one day, 30 to 45 days out, will be added. It is my recommendation to work no more than five weeks out, as it is too difficult to determine a solid schedule beyond that much time.

d. A determination should be made as to how many staff physicians should be allowed to attend the Medical Resident Training sessions downtown. For example, if a clinic has six physicians, allow two to go every week; therefore, physicians would have the opportunity to attend every three weeks. By providing guidance in the above areas, the number of appointments available in WPMC would increase.

3. The Medical Center Commander and the Chief of Hospital Services should do a critical review/analysis of the clinics mentioned in Chapter 4 that require management attention. Also, the question on the residents' accountability and productivity should be addressed to higher headquarters for a possible solution.

4. The WPMC should implement a fully decentralized appointment system. At the same time, each Department Chairperson and the Chief of Hospital Services should have clear-cut goals and objectives concerning productivity data.

5. My only recommendation regarding the publicity of the medical center is: The Public Relations Office should be assigned the responsibility for all advertising and briefings, including the orientation briefing during orientation of base active duty personnel. It would also be helpful if they provided informative handouts at the information desks within WPMC.

I think the above recommendations should be implemented at WPMC. These improvements would make WPMC even better than it is now.

APPENDIX A

OH-3

INPATIENT CATCHMENT AREA

MED CEN WRIGHT-PATTERSON AFB

ZIP CODES INCLUDED IN CATCHMENT AREA

<u>ZIP CODE</u>	<u>TOWN NAME</u>	<u>STATE</u>	<u>STATUS</u>	<u>DISTANCE</u>	<u>NEW CNA</u>
43009	CABLE	OH	Z	34	NO
43010	CATAWBA	OH	Z	27	NO
43029	IRWIN	OH	Z	37	NO
43044	MECHANICSBURG	OH	Z	32	NO
43047	MINGO	OH	Z	36	NO
43060	NORTH LEWISBURG	OH	Z	39	YES
43070	ROSEWOOD	OH	Z	28	NO
43072	SAINT PARIS	OH	Z	22	NO
43078	URBANA	OH	Z	26	NO
43083	WESTVILLE	OH	Z	24	NO
43084	WOODSTOCK	OH	Z	38	NO
43106	BLOOMINGBURG	OH	Z	39	YES
43128	JEFFERSONVILLE	OH	Z	30	NO
43140	LONDON	OH	Z	33	NO
43142	MILLEDGEVILLE	OH	Z	30	NO
43151	SEDALIA	OH	Z	34	YES
43153	SOUTH SOLON	OH	Z	25	YES
43160	WASHINGTON COURT H	OH	Z	38	YES
43311	BELLEFONTAINE	OH	Z	40	YES
43318	DE GRAFF	OH	Z	35	NO
43343	QUINCY	OH	Z	33	NO
43357	WEST LIBERTY	OH	Z	33	NO
~~44697~~	~~TOAR~~	~~OH~~	~~Z~~	~~33~~	~~YES~~
45004	COLLINSVILLE	OH	Z	34	YES
45005	CARLISLE	OH	Z	21	NO
45011	HAMILTON	OH	Z	36	YES
45012	HAMILTON	OH	Z	38	YES
45013	HAMILTON	OH	Z	38	YES
45014	FAIRFIELD	OH	Z	40	YES
45015	HAMILTON	OH	Z	38	YES
45020	HAMILTON	OH	Z	38	YES
45023	HAMILTON	OH	Z	36	YES
45025	HAMILTON	OH	Z	38	YES
45026	HAMILTON	OH	Z	38	YES
45032	HARVEYSBURG	OH	Z	21	NO
45034	KINGS MILLS	OH	Z	33	NO
45036	LEBANON	OH	Z	27	NO
45039	MAINEVILLE	OH	Z	35	YES
45040	MASON	OH	Z	33	YES
45042	EXCELLO	OH	Z	26	NO
45043	MIDDLETOWN	OH	Z	26	YES
45050	MONROE	OH	Z	30	NO
45054	OREGONIA	OH	Z	25	NO
45055	OVERPECK	OH	Z	34	YES
45062	SEVEN MILE	OH	Z	34	YES
45064	SOMERVILLE	OH	Z	34	YES
45065	SOUTH LEBANON	OH	Z	32	NO

INPATIENT CATCHMENT AREA

MED CEN WRIGHT-PATTERSON AFB

ZIP CODES INCLUDED IN CATCHMENT AREA (CONTINUED)

<u>ZIP CODE</u>	<u>TOWN NAME</u>	<u>STATE</u>	<u>STATUS</u>	<u>DISTANCE</u>	<u>NEW CNA</u>
45066	SPRINGBORO	OH	Z	19	NO
45067	TRENTON	OH	Z	31	YES
45068	WAYNESVILLE	OH	Z	20	NO
45069	WEST CHESTER	OH	Z	36	YES
45070	WEST ELKTON	OH	Z	29	NO
45107	BLANCHESTER	OH	Z	37	YES
45113	CLARKSVILLE	OH	Z	29	NO
45114	CUBA	OH	Z	33	NO
45117	EDENTON	OH	Z	40	YES
45122	GOSHEN	OH	Z	40	YES
45138	LEES CREEK	OH	Z	35	NO
45140	LOVELAND	OH	Z	39	YES
45146	MARTINSVILLE	OH	Z	36	YES
45148	MIDLAND	OH	Z	36	YES
45152	MORROW	OH	Z	32	NO
45159	NEW VIENNA	OH	Z	39	YES
45162	PLEASANT PLAIN	OH	Z	37	YES
45164	PORT WILLIAM	OH	Z	24	NO
45166	REESVILLE	OH	Z	32	NO
45169	SABINA	OH	Z	32	NO
45177	WILMINGTON	OH	Z	28	NO
45301	ALPHA	OH	Z	8	NO
45302	ANNA	OH	Z	39	YES
45303	ANSONIA	OH	Z	40	YES
45304	ARCANUM	OH	Z	27	NO
45305	BELLBROOK	OH	Z	13	NO
45307	BOWERSVILLE	OH	Z	25	YES
45308	BRADFORD	OH	Z	28	NO
45309	BROOKVILLE	OH	Z	17	NO
45311	CAMDEN	OH	Z	32	NO
45312	CASSTOWN	OH	Z	16	NO
45313	CASTINE	OH	Z	29	NO
45314	CEDARVILLE	OH	Z	15	NO
45315	CLAYTON	OH	Z	15	NO
45316	CLIFTON	OH	Z	14	NO
45317	CONOVER	OH	Z	22	NO
45318	COVINGTON	OH	Z	25	NO
45319	DONNELSVILLE	OH	Z	9	NO
45320	EATON	OH	Z	30	NO
45321	ELDORADO	OH	Z	32	NO
45322	UNION	OH	Z	12	NO
45323	ENON	OH	Z	8	NO
45324	FAIRBORN	OH	Z	2	NO
45325	FARMERSVILLE	OH	Z	20	NO
45326	FLETCHER	OH	Z	22	NO
45327	GERMANTOWN	OH	Z	20	NO
45328	GETTYSBURG	OH	Z	29	NO

OH-5

INPATIENT CATCHMENT AREA

MED CEN WRIGHT-PATTERSON AFB

ZIP CODES INCLUDED IN CATCHMENT AREA (CONTINUED)

<u>ZIP CODE</u>	<u>TOWN NAME</u>	<u>STATE</u>	<u>STATUS</u>	<u>DISTANCE</u>	<u>NEW CNA</u>
45329	GORDON	OH	Z	24	NO
45330	GRATIS	OH	Z	26	NO
45331	GREENVILLE	OH	Z	34	YES
45332	HOLLANSBURG	OH	Z	39	YES
45333	HOUSTON	OH	Z	32	NO
45335	JAMESTOWN	OH	Z	21	NO
45337	LAURA	OH	Z	21	NO
45338	LEWISBURG	OH	Z	25	NO
45339	LUDLOW FALLS	OH	Z	18	NO
45340	MAPLEWOOD	OH	Z	38	YES
45341	MEDWAY	OH	Z	5	NO
45342	MIAMISBURG	OH	Z	16	NO
45344	NEW CARLISLE	OH	Z	8	NO
45345	NEW LEBANON	OH	Z	16	NO
45346	NEW MADISON	OH	Z	34	NO
45347	NEW PARIS	OH	Z	38	YES
45349	NORTH HAMPTON	OH	Z	13	NO
45352	PALESTINE	OH	Z	38	YES
45353	PEMBERTON	OH	Z	33	NO
45354	PHILLIPSBURG	OH	Z	18	NO
45355	PHONETON	OH	Z	7	NO
45356	PIQUA	OH	Z	23	NO
45358	PITSBURG	OH	Z	24	NO
45359	PLEASANT HILL	OH	Z	21	NO
45360	PORT JEFFERSON	OH	Z	34	NO
45361	POTSDAM	OH	Z	20	NO
45363	RUSSIA	OH	Z	32	NO
45364	SOUTH CHARLESTON	OH	Z	19	NO
45365	SIDNEY	OH	Z	32	NO
45366	TIPP CITY	OH	Z	10	YES
45367	SIDNEY	OH	Z	32	YES
45368	SOUTH CHARLESTON	OH	Z	23	NO
45369	SOUTH VIENNA	OH	Z	25	NO
45370	SPRING VALLEY	OH	Z	15	NO
45371	TIPP CITY	OH	Z	10	NO
45372	TREMONT CITY	OH	Z	18	NO
45373	TROY	OH	Z	16	NO
45374	TROY	OH	Z	16	YES
45377	VANDALIA	OH	Z	8	NO
45378	VERONA	OH	Z	22	NO
45380	VERSAILLES	OH	Z	34	NO
45381	WEST ALEXANDRIA	OH	Z	24	NO
45382	WEST MANCHESTER	OH	Z	29	NO
45383	WEST MILTON	OH	Z	16	NO
45384	WILBERFORCE	OH	Z	13	NO
45385	XENIA	OH	Z	12	NO
45387	YELLOW SPRINGS	OH	Z	9	NO

OH-6

INPATIENT CATCHMENT AREA

MED CEN WRIGHT-PATTERSON AFB

ZIP CODES INCLUDED IN CATCHMENT AREA (CONTINUED)

<u>ZIP CODE</u>	<u>TOWN NAME</u>	<u>STATE</u>	<u>STATUS</u>	<u>DISTANCE</u>	<u>PRW CNA</u>
45389	CHRISTIANSBURG	OH	Z	16	NO
45401	DAYTON	OH	Z	7	NO
45402	DAYTON	OH	Z	7	NO
45403	DAYTON	OH	Z	5	NO
45404	DAYTON	OH	Z	4	NO
45405	FOREST PARK	OH	Z	7	NO
45406	DAYTON	OH	Z	8	NO
45407	DAYTON	OH	Z	7	NO
45408	DAYTON	OH	Z	9	NO
45409	CENTERVILLE	OH	Z	8	NO
45410	DAYTON	OH	Z	7	NO
45412	DAYTON	OH	Z	7	YES
45414	NORTHRIDGE	OH	Z	7	NO
45415	FOREST PARK	OH	Z	10	NO
45416	TROTWOOD	OH	Z	9	NO
45417	DAYTON	OH	Z	10	NO
45418	DAYTON	OH	Z	12	NO
45419	DAYTON	OH	Z	8	NO
45420	DAYTON	OH	Z	8	NO
45422	DAYTON	OH	Z	7	YES
45423	DAYTON	OH	Z	7	YES
45424	HUBER HEIGHTS	OH	Z	3	NO
45426	TROTWOOD	OH	Z	12	NO
45427	DAYTON	OH	Z	13	NO
45428	DAYTON	OH	Z	7	NO
45429	KETTERING	OH	Z	11	NO
45430	DAYTON	OH	Z	10	NO
45431	DAYTON	OH	Z	4	NO
45432	DAYTON	OH	Z	6	NO
45433	DAYTON	OH	Z	0	NO
45435	DAYTON	OH	Z	7	YES
45439	WEST CARROLLTON	OH	Z	10	NO
45440	DAYTON	OH	Z	11	NO
45442	DAYTON	OH	Z	7	YES
45444	DAYTON	OH	Z	7	YES
45448	DAYTON	OH	Z	7	YES
45449	WEST CARROLLTON	OH	Z	13	NO
45452	DAYTON	OH	Z	7	YES
45454	DAYTON	OH	Z	10	YES
45459	CENTERVILLE	OH	Z	13	NO
45463	DAYTON	OH	Z	7	YES
45469	DAYTON	OH	Z	7	YES
45470	DAYTON	OH	Z	7	YES
45479	DAYTON	OH	Z	7	YES
45501	SPRINGFIELD	OH	Z	15	NO
45502	SPRINGFIELD	OH	Z	15	NO
45503	SPRINGFIELD	OH	Z	18	YES

OH-7

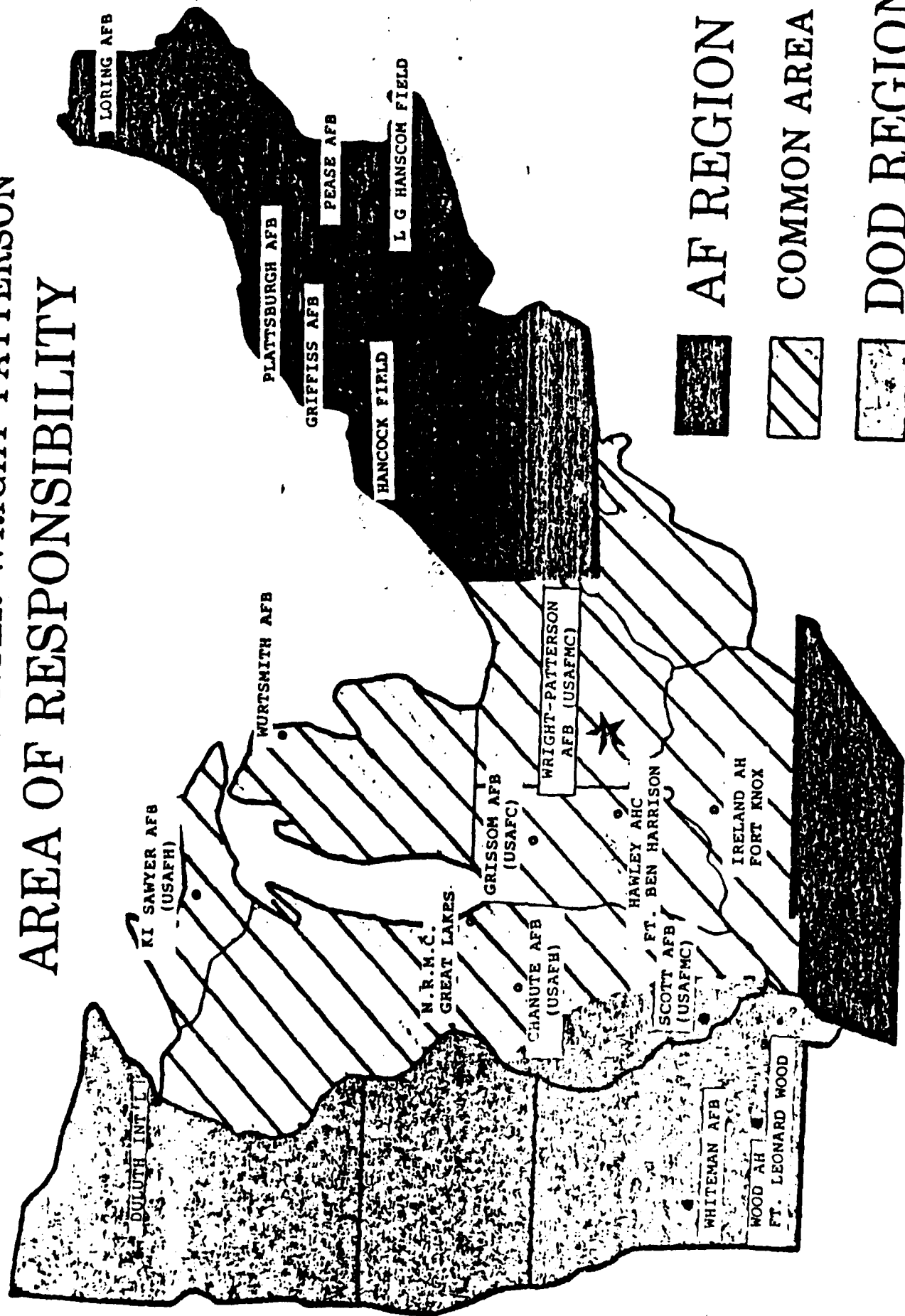
INPATIENT CATCHMENT AREA

MED CEN WRIGHT-PATTERSON AFB

ZIP CODES INCLUDED IN CATCHMENT AREA (CONTINUED)

<u>ZIP CODE</u>	<u>TOWN NAME</u>	<u>STATE</u>	<u>STATUS</u>	<u>DISTANCE</u>	<u>NEW CNA</u>
45504	SPRINGFIELD	OH	Z	15	YES
45505	SPRINGFIELD	OH	Z	16	YES
45506	SPRINGFIELD	OH	Z	14	YES
45845	FORT LORAMIE	OH	Z	39	YES

USAF MEDICAL CENTER WRIGHT-PATTERSON AREA OF RESPONSIBILITY



MAJOR UNITS SUPPORTED

THE USAF MEDICAL CENTER, WRIGHT-PATTERSON PROVIDES MEDICAL SUPPORT TO 65 AIR FORCE UNITS. THE MAJOR UNITS SUPPORTED ARE:

HQ AFLC	AIR FORCE MUSEUM
2750TH AIR BASE WING	AF ORIENTATION GROUP
AERONAUTICAL SYSTEMS DIV	2046TH COMM GROUP
4950TH TEST WING	DEF ELECTRONICS SUPPLY CTR (DESC)
FOREIGN TECHNOLOGY DIV	NEWARK AFS
AF INSTITUTE OF TECH	AF WRIGHT AERONAUTICAL LABS
AEROSPACE MEDICAL RESEARCH LAB	906TH TACTICAL FIGHTER GROUP

MAC'S UNITS SUPPORTED

- ① USAF MEDICAL CENTER
- ② 2046TH COMM GROUP
- ③ FOREIGN TECHNOLOGY DIV
- ④ HQ AFLC
- ⑤ AERONAUTICAL SYSTEMS DIV
- ⑥ AIR FORCE MUSEUM
- ⑦ AF INSTITUTE OF TECHNOLOGY
- ⑧ AF ORIENTATION GROUP
- DESC
- ⑨ 2750TH AIR BASE WING
- ⑩ DET 15 MAC
- ⑪ 4950TH TEST WING

NEWARK AFS 96 MILES ◇

WRIGHT-PATTERSON
AIR FORCE BASE



◇ DAYTON

◇ DESC 16 MILES

⑧

APPENDIX B

CURRENT ACCESSIBILITY GOALS

	NEW	RETURN
Active Duty Acute	same day	
Active Duty Routine	within 5 working days	within 30 days
Active Duty Dependents Acute	within 72 hours	
Active Duty Dependents Routine	within 30 days	within 30 days
Retiree/Dependents Acute	within 72 hours*	
Retiree/Dependents Routine	within 30 days**	within 30 days**
All Children Acute	same day	
All Children Routine	within 30 days+	within 30 days+

- * If the specified time cannot be met, patient will be advised of CHAMPUS and disengaged.
 ** If the specified time cannot be met, patient will be offered a space available waiting list or advised of CHAMPUS and disengaged.
 + Should resources become more restricted children of retirees will be scheduled by the same guidelines as other retiree dependents.

SUGGESTED NEW ACCESSIBILITY GOALS

	NEW	RETURN
Active Duty Acute	within 24 hours	
Active Duty Routine	within 5 working days	within 30 days
Active Duty Dependents Acute	within 72 hours	
Active Duty Dependents Routine	within 30 days	within 30 days
Retiree/Dependents Acute	within 72 hours*	
Retiree/Dependents Routine	within 30 days**	within 30 days**
All Children Acute	within 24 hours	
All Children Routine	within 30 days+	within 30 days+

- * If the specified time cannot be met, patient will be advised of CHAMPUS and disengaged.
 ** If the specified time cannot be met, patient will be offered a space available waiting list or advised of CHAMPUS and disengaged.
 + Should resources become more restricted children of retirees will be scheduled by the same guidelines as other retiree dependents.

APPENDIX C

May We Have Your Opinion About Your Recent Experience In The Medical Center?

Dear Patient:

An evaluation of your visit as a patient at USAF Medical Center, Wright-Patterson, is valuable to us as we continually strive to improve our service. You can help us do this by taking a few moments to answer our questions about your recent experience.

Thank you for your cooperation and assistance in helping us to improve the care and comfort we give you.

Frederick R. Bode

FREDERICK R. BODE, COL, USAF, MC
COMMANDER

1=Very Satisfied
2=Satisfied
3=No Opinion/
4=Dissatisfied
5=Very Dissatisfied
Not Applicable

1	Blood Drawing Technique:	1	2	3	4	5	Please Comment on the
2	Explanation of Medical Problem:	2	1	2	3	4	Courtesy Shown by the Following:
3	Pharmacy Hours:	3	1	2	3	4	17 Administrative Personnel:
4	Phone Prescription Refill:	4	1	2	3	4	18 Red Cross Volunteers:
5	Prescription Problem Resolution:	5	1	2	3	4	19 Doctors:
6	Parking:	6	1	2	3	4	20 Nurses:
7	Concern of Staff for my condition:	7	1	2	3	4	21 Technicians:
8	Signs and Directional Guides:	8	1	2	3	4	Please Comment on the Pediatric Clinic's:
9	Patient Assistance Program:	9	1	2	3	4	
10	Records Personnel Responsiveness:	10	1	2	3	4	22 Understanding of Child's Needs:
11	Appointment Availability:	11	1	2	3	4	23 Care Provided:

SEX

Male ☐

Female ☐

Branch of Service

REG ☐ AF ☐

RES ☐ AR ☐

NG ☐ NV ☐

OT ☐ OT ☐

STATUS

REG ☐ AF ☐

RES ☐ AR ☐

NG ☐ NV ☐

OT ☐ OT ☐

Consistency of information

24

25 Hospital Policy:

26 My Medical Condition:

27 Explanation for Wait in Emergency Room:

USE #2 PENCIL

Please Provide Additional Comments on Separate Sheet of Paper

RESULTS OF QUESTIONNAIRES

Month and # of Responses		Percentage of Responses In				
		1	2	3	4	5
July 1986	248					
Question 11		19.4	40.3	12.1	16.4	5.2
Question 12		19.0	39.5	18.1	7.3	3.6
August and September 1986	443					
Question 11		21.9	30.0	14.0	16.0	5.6
Question 12		21.0	34.1	14.9	9.5	4.5
January and February 1987	315					
Question 11		24.1	42.5	4.4	14.3	7.9
Question 12		17.1	39.0	16.5	8.9	5.7
March 1987	144					
Question 11		18.1	46.5	7.6	13.9	4.9
Question 12		13.9	45.1	14.6	6.9	2.1

APPENDIX D

QUESTIONNAIRE

1. Who determines appointment availability?
2. Is the provider schedule reviewed by someone outside the clinic?
3. Who inputs provider schedules into the computer?
4. How are appointments released to the patients?
5. How many telephone lines are coming in?
6. How many people are handling the lines?
7. If appointments are handled in the clinic, is there a separate line for appointments?
8. Is there a separate telephone line for cancellations?
9. Are you aware of the goals of the Medical Center on appointments?
10. How do you fill a cancelled appointment?
11. Which system would you think is better? Centralized or Decentralized?
12. How does your clinic handle referrals from other clinics?
13. What time do appointments begin in the morning?
14. What time is your last scheduled appointment?
15. How long is your average appointment?
16. How does the Medical Center market or advertise its services?
17. Are you aware of any equipment limitations in your clinic?

CENTRAL APPOINTMENTS

1. The NCOIC and the providers determine the appointment availability.
2. Does not know if this is being done.
3. Usually the NCOIC does this.
4. There is no set pattern for release of appointments to the patients. It varies from clinic to clinic.
5. There are 20 lines coming into central appointments. However there are three banks of numbers, one for Primary Care, one for the Surgical Clinics, and one for the remaining clinics.
6. Currently there are 4-7 people handling the calls.
7. N/A.
8. No, there is not a separate line.
9. Yes, they are aware of the goals of the Medical Center.
10. The next person that calls is given it, if possible.
11. Totally centralized would be the best system.
12. Central appointments does not get involved in this.
13. It varies from clinic to clinic.
14. It varies from clinic to clinic.
15. It varies from clinic to clinic, and even within clinic.
16. N/A.
17. None that we are aware of.

Date of Interview: 28 Jan 87.

INTERNAL MEDICINE

1. The NCOIC and the providers determine the appointment availability.
2. Does not know if this is being done.
3. Usually the NCOIC does this.
4. They are released every other Friday for the next two weeks.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. N/A.
11. Decentralized, if possible.
12. All referrals are reviewed by the physicians and appointment priority is assigned.
13. Morning clinic is from 0830 to 1130.
14. Afternoon clinic is from 1300 to 1530.
15. It varies, usually one half hour or one hour.
16. N/A.
17. None that we are aware of.

Date of Interview: 02 Feb 87.

DERMATOLOGY

1. The NCOIC and the providers determine the appointment availability.
2. Is not aware of anyone doing this.
3. Usually the NCOIC does this.
4. They are released the 15th of the month for the following month.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. N/A.
11. Decentralized, if possible.
12. All referrals are reviewed by the physicians and appointment priority is assigned. Referral appointments are made by clinical personnel.
13. They schedule appointments from 0800-1100 and 1300-1540 hours.
14. Last one is scheduled at 1540.
15. The morning appointments are 15 minutes each and the afternoon ones are 20 minutes each. They also have walk-in time available.
16. N/A.
17. None that we are aware of.

Date of Interview: 03 Feb 87.

PRIMARY CARE CLINIC

1. Captain Brace and the other providers determine the appointment availability.
2. The department head reviews the schedule.
3. Usually the NCOIC does this.
4. They have three different modules: M1 appointments are released every day and are for 30 days out. Model M2 is for Active Duty and their dependents appointments within 72 hours, and are also released every day. M3 model is used for same day appointment and they are only working on the current day. Appointment calling times are also staggered, from 0700-0800 is for Active Duty only, 0800-1000 appointments are opened to Active Duty dependents also, and finally at 1000 the books are open for anyone calling.
5. There are three lines coming into the clinic.
6. There is one person handling the same day appointments.
7. Yes.
8. No.
9. Yes, they are aware of the goals of the Medical Center.
10. This is no problem, there are people waiting for appointments.
11. Decentralized, if possible.
12. N/A.
13. They schedule appointments from 0745-1730, because of the extended hours that started on 2 Feb 87.
14. Last one is scheduled at 1730.

15. The appointments are 15-20 minutes each. They also have walk-in time available for prescription refills.

16. N/A.

17. None that we are aware of.

Date of Interview: 03 Feb 87.

SURGERY CLINIC

1. The providers determine the appointment availability.
2. The department head reviews the schedule.
3. Usually the NCOIC does this.
4. They release appointments every day for fifteen days out. No follow-up appointment are made, they see these people on a walk-in basis.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. This is no problem, there are people waiting for appointments in most clinics.
11. Decentralized, if possible.
12. The patients just call for an appointment, no screening of their records.
13. The morning schedule is from 0900-1130.
14. The afternoon schedule is from 1300-1430.
15. It varies, but most appointments are 15-20 minutes each. They also have walk-in time available .
16. N/A.
17. None that we are aware of.

Date of Interview: 04 Feb 87.

GYNECOLOGY CLINIC

1. The providers determine the appointment availability.
2. No one reviews the schedule based on inputs from providers.
3. Usually the NCOIC does this.
4. They release appointments the fourth Monday of each month for the following month except for same day appointments.
5. They have four lines coming in and they are on a line sequencer.
6. There is normally only one person answering the phones except when they release the appointments. A second person is tasked for three days starting on the fourth Monday to handle all the calls coming in.
7. Yes.
8. No, but they can call the front desk.
9. Yes, they are aware of the goals of the Medical Center.
10. This is no problem, there are people waiting for appointments.
11. Decentralized, if possible, because it gives us more control.
12. All referrals are screened by the GYN Chief Resident.
13. For the residents and physicians, the morning schedule is from 0900-1100 when available for clinic time. Morning rounds are from 0730-0900. For the Nurse Midwives and Nurse Practitioners, the morning schedule is from 0800-1100 when available for clinic.

14. For residents and physicians, the afternoon schedule is from 1300-1500 when clinic is held. Afternoon rounds are from 1515-1630. For the Nurse Midwives and Nurse Practitioners, the afternoon schedule is from 1300-1545 when clinic is held.

15. It varies, but most appointments are 15-20 minutes each.

16. N/A.

17. None, and we would use a computer if it was available.

Date of Interview: 04 Feb 87.

OBSTETRICS CLINIC

1. The providers determine the appointment availability.
2. No one reviews the schedule based on inputs from providers.
3. Usually the NCOIC does this.
4. They do not release appointments. Appointments are given out based on the results of their laboratory test. The initial appointment is on Wednesday when they give the initial briefing and next appointment is provided at that time.
5. N/A.
6. N/A.
7. Yes.
8. No, just the normal lines.
9. Yes, they are aware of the goals of the Medical Center.
10. N/A.
11. It was stated that they really don't make appointments to the general public.
12. N/A.
13. On Wednesday all new OB patients are seen from 0730-1100. The Nurse Practitioner has PAP clinic from 0900-1045 and prescription refill from 1100-1130. For the residents and physicians, the morning schedule is from 0900-1100 when available for clinic time. Morning rounds are from 0730-0900.

14. For residents and physicians, the afternoon schedule is from 1300-1440 when clinic is held. For the Nurse Midwives and Nurse Practitioners, the afternoon schedule is from 1300-1545 when clinic is held.

15. It varies, but most appointments are 15-20 minutes each.

16. N/A.

17. None, and they would use a computer if it was available.

Date of Interview: 04 Feb 87.

PEDIATRICS CLINIC

1. The providers determine the appointment availability.
2. No one outside the clinic reviews the schedule.
3. The pediatric clinic does not have their schedule on a computer.
4. They release their appointments the fourth Monday of the month for the following month. They also have same day acute appointments available.
5. They have five telephone lines coming in, which are on a sequencer.
6. They normally have two people handling the appointment books, however, they add a third person when they open their books on the fourth Monday of each month.
7. Yes.
8. No, just the normal lines.
9. Yes, they are aware of the goals of the Medical Center.
10. The next person asking for an appointment is given that appointment if appropriate.
11. They would like the decentralized system.
12. N/A.
13. On Wednesday most providers go to Children's Hospital, at least in the morning. On other days, appointments are from 0800-1115 in the morning.
14. Afternoon schedule is from 1300-1515.
15. Most appointments are 15 or 20 minutes each.
16. N/A.
17. None, and they would use a computer if it was available.

Date of Interview: 04 Feb 87.

OPTOMETRY CLINIC

1. The providers and the Noncommissioned Officer in Charge (NCOIC) determine the appointment availability.
2. The Chief of Otolaryngology and the Chief of Medicine reviews the schedule.
3. The NCOIC inputs the schedule.
4. They release their appointments the first Monday of the month for the following month. There are certain appointments reserved for active duty personnel.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. If enough time is available someone is scheduled into that slot, if not it remains empty.
11. They would like the decentralized system.
12. N/A.
13. Scheduled appointments in the morning are from 0800 until 1100. From 1100 to 1200 they see walk-ins only.
14. Afternoon scheduled appointments are from 1300 until 1550.
15. Appointments are 30 minutes each.
16. N/A.
17. No.

Date of Interview: 26 Feb 87.

OTOLARYNGOLOGY CLINIC

1. The providers determine the appointment availability.
2. No one outside the clinic reviews the schedule.
3. The Noncommissioned Officer in Charge inputs the schedule.
4. They release their appointments every day for 30 days out.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. If enough time is available someone is scheduled into that slot, if not it remains empty.
11. They would like the decentralized system.
12. N/A.
13. Morning schedule is from 0900-1115. However, it was stated that they see inpatients every day from 0730 until 0900 to check bandages, etc. They also have some walk-ins during this time.
14. The afternoon schedule is from 1330-1530.
15. Appointments are 15 minutes each.
16. N/A.
17. No.

Date of Interview: 2 Mar 87.

ORTHOPEDICS/PODIATRY CLINIC

1. The providers determine the appointment availability.
2. No one outside the clinic reviews the schedule.
3. The Noncommissioned Officer in Charge inputs the schedule.
4. They release their appointments on the first duty day of the month for the next month. Some appointments are reserved for active duty personnel only.
5. There are three lines on a sequencer coming in.
6. There is one person handling the appointment lines.
7. Yes.
8. No.
9. Yes, they are aware of the goals of the Medical Center.
10. If enough time is available, someone is scheduled into that slot, if not it remains empty.
11. They would like the decentralized system.
12. All referrals are screened and necessary action taken.
13. The morning schedule is from 0800-1120.
14. The afternoon schedule is from 1300-1600.
15. Normal appointments are 20 minutes each, history appointments are 30 minutes each, and casts appointments are 10 minutes each.
16. N/A.
17. No.

Date of Interview: 5 Mar 87.

OPHTHALMOLOGY CLINIC

1. The providers determine the appointment availability.
2. No one outside the clinic reviews the schedule.
3. The Noncommissioned Officer in Charge inputs the schedule.
4. They release their appointments every day for 60 days out. Some appointments are reserved for active duty personnel only.
5. N/A.
6. N/A.
7. N/A.
8. N/A.
9. Yes, they are aware of the goals of the Medical Center.
10. If enough time is available, someone is scheduled into that slot, if not it remains empty.
11. They would like the centralized system.
12. All referrals are handled as the priority assigned by the referring provider.
13. Morning scheduled appointments are from 0800 until 1045.
14. Afternoon scheduled appointments are from 1300 until 1530. Surgery time is on Monday and Wednesday.
15. Normal appointments are either 15 or 30 minutes.
16. N/A.
17. No.

Date of Interview: 10 Mar 87.

OUTPATIENT MENTAL HEALTH CLINIC

1. The providers determine the appointment availability.
2. No one outside the clinic reviews the schedule.
3. They are currently using a manual book system.
4. They are normally working 60-90 days out. Some appointments are reserved for active duty personnel only.
5. They currently have two lines coming in and they are not on a sequencer.
6. They have one person acting as an appointment clerk and other personnel are available if needed.
7. Yes, there are separate lines.
8. No.
9. Yes, they are aware of the goals of the Medical Center.
10. If enough time is available, someone is scheduled into that slot, if not it remains empty.
11. They would like the decentralized system.
12. All referrals are screened and a priority assigned.
13. Morning scheduled appointments are from 0800 until 1130.
14. Afternoon scheduled appointments are from 1300 until 1600.
15. Normal appointments are either one half or one hour long.
16. N/A.
17. N/A.

Date of Interview: 16 Mar 87.

APPENDIX E

Report Date 02/20/87

Clinic Open Book List

Clinic	Number of Days in Advance
Dermatology	30
Optometry	60
Ophthalmology	60
Internal Medicine	18
Primary Care	30
Active Duty Acute	4
Acute Same Day	1
Orthopedics	36
Otolaryngology	53
Podiatry	36
Surgery	16
General Surgery	30
Speciality Surgery	30

APPENDIX F

PAS0018

FILE PAS0018 IN LIBRARY #APPPRT 01 VOLUME VS1 00A
5:36:58 PM FEBRUARY 20, 1987 12,777 LINES 1 COPY
BY USER APP (AT WORKSTATION 24)
PRINT CLASS B FORM# 001 PRT# 52

START MAY 14 84
STOP MAY 18 84

PROVIDER SCHEDULE
PRIMARY CARE CLINIC

PAGE 125

#001006

DAY	APPT TIME	DURN	MAX SLOTS	APPT TYPE	COMMENT
MONDAY	0800	30	1	PD	
	0830	30	1	PD	
	0900	15	1	ID	
	0930	15	1	ID	
	1000	15	1	ID	
	1015	15	1	ID	
	1030	15	1	ID	
	1200	60	0		LUNCH TIME
	1400	15	1	ID	
	1415	15	1	ID	
	1430	15	1	ID	
	1600	15	1	ID	
	1615	15	1	ID	
	1630	15	1	ID	
	1700	0	0		TIME TO GO HOME!
	0915	15	1	ID	
TUESDAY	0800	30	1	PD	
	0830	30	1	PD	
	0900	30	1	PD	
	0930	15	1	ID	
	1000	15	1	ID	
	1015	15	1	ID	
	1030	15	1	ID	
	1200	60	0		LUNCH TIME
	1400	15	1	ID	
	1415	15	1	ID	
	1430	15	1	ID	
	1600	15	1	ID	
	1615	15	1	ID	
	1630	15	1	ID	
	1700	0	0		TIME TO GO HOME!
WEDNESDAY	0800	30	1	PD	
	0830	15	1	ID	
	0900	15	1	ID	
	0930	15	1	ID	
	1000	15	1	ID	
	1015	15	1	ID	
	1030	15	1	ID	
	1200	60	0		LUNCH TIME
	1400	15	1	ID	
	1415	15	1	ID	
	1430	15	1	ID	
	1600	15	1	ID	
	1615	15	1	ID	
	1630	15	1	ID	
	1700	0	0		TIME TO GO HOME!
	0915	15	1	ID	

START MAY 14 84
STOP MAY 18 84

PROVIDER SCHEDULE
PRIMARY CARE CLINIC

PAGE 126

#001006

DAY	APPT TIME	DURN	MAX SLOTS	APPT TYPE	COMMENT
THURSDAY	0800	15	1	ID	
	0830	15	1	ID	
	0900	15	1	ID	
	0930	15	1	ID	
	1000	15	1	ID	
	1015	15	1	ID	
	1030	15	1	ID	
	1200	60	0		LUNCH TIME
	1400	15	1	ID	
	1415	15	1	ID	
	1430	15	1	ID	
	1600	15	1	ID	
	1615	15	1	ID	
	1630	15	1	ID	
	1700	0	0		TIME TO GO HOME!
	0815	15	1	ID	
	0915	15	1	ID	
FRIDAY	0800	30	1	PD	
	0830	15	1	ID	
	0900	15	1	ID	
	0930	15	1	ID	
	1000	15	1	ID	
	1015	15	1	ID	
	1030	15	1	ID	
	1200	60	0		LUNCH TIME
	1400	15	1	ID	
	1415	15	1	ID	
	1430	15	1	ID	
	1600	15	1	ID	
	1615	15	1	ID	
	1630	15	1	ID	
	1700	0	0		TIME TO GO HOME!
	0915	15	1	ID	

CLINIC SCHEDULE

PRIMARY CARE CLINIC

PHYS. ASSIGNED BY NAME:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
0745						0745
0800						0800
0900	0900-1100 Clinic(Routine Appts)20min-Cent Appt Desk	0900-1100 Clinic(Routine Appts) 20min-Cent Appt Desk	0900-1100 Clinic(Routine Appts) 20min-Cent Appt Desk	0900-1100 Clinic(Routine Appt) 20min-Cent Appt Desk	0900-1100 Clinic(Routine Appts)20min-Cent Appt Desk	0900
1000						1000
1100	1120-1150 Clinic(Follow-up Appts)10min-PCC Front Desk per provider request	1120-1150 Clinic(Follow-up Appt) 10min-PCC Front Desk per provider request	1120-1150 Clinic(Follow-up Appts) 10min-PCC Front Desk per provider request	1120-1150 Clinic(Follow-up Appt) 10min-PCC Front Desk per provider request	1120-1150 Clinic(Follow-up Appts)10min-PCC Front Desk per provider request	1100
1200						1200
1300	1300-1330 Admin Time 1330-1400	1300-1400 Meeting	1300-1330 Admin Time 1330-1400	1300-1330 Admin Time 1330-1400	1300-1330 Admin Time 1330-1400	1300
1400	Clinic(Same Day Appts)15min-Same Day Appt Desk	Clinic(Same Day Appt) 15min-Same Day Appt Desk	Clinic(Same Day Appts) 15min-Same Day Appt Desk	Clinic(Same Day Appt) 15min-Same Day Appt Desk	Clinic(Same Day Appts)15min-Same Day Appt Desk	1400
1500	Clinic(Routine Appts)20min-Cent Appt Desk	Clinic(Routine Appt) 20min-Cent Appt Desk	Clinic(Routine Appts) 20min-Cent Appt Desk	Clinic(Routine Appt) 20min-Cent Appt Desk	Clinic(Routine Appts)20min-Cent Appt Desk	1500
1600	1600-1730 Clinic(AD & AD dep Appts)15min- Cent Appt Desk	1600-1730 Clinic(AD & AD dep Appts)15min-Cent Appt Desk	1600-1730 Clinic(AD & AD dep Appt) 15min-Cent Appt Desk	1600-1730 Clinic(AD & AD dep Appts)15min-Cent Appt Desk	1600-1730 Clinic(AD & AD dep Appts)15min Cent Appt Desk	1600
1630						1630

Total Potential Appts/Wk 123

New General Appts/Wk 108

New Special Appts/Wk 0

Follow-up General Appts/Wk 15

Follow-up Special Appts/Wk 0

ROUTINE LATE SCHEDULE

APPENDIX G

Abbreviations Used In Appendices G and H

ADMIN	Administrative Time
AM	Morning
BSC	Biomedical Science Corps
CEN APPT	Central Appointments
CC	Cast Clinic
DERM	Dermatology
EENT	Eyes, Ear, Nose, and Throat
FL MED	Flight Medicine
F/U	Follow-ups
HEM/ON	Hematology/Oncology
HFC	Hold For Clinic
HYPER	Hyperbaric Medicine
IA	Initial Appointment
IMA	Individual Mobilization Augmentee
INT MED	Internal Medicine
LAB	Laboratory
MD's	Medical Doctors
M-S	Minor Surgery
NMW	Nurse Midwife
NP	Nurse Practitioner
OBNP	Obstetrics Nurse Practitioner

OB/GYN	Obstetrics and Gynecology
OR	Operating Room/Surgery
ORTHO/POD	Orthopedic/Podiatry
OT	Occupational Therapy
PA	Physicians Assistant
PATH	Pathology
PC	Primary Care
PCNP	Primary Care Nurse Practitioner
PEDS	Pediatrics
PM	Afternoon
PNP	Pediatrics Nurse Practitioner
PR	Provider
PRISM	Provider Requirement Integrated Speciality Model
SGH	Chief, Hospital Services
SGHS	Chief, Surgery Department
SURG CLS	Surgery Clinics
VA	Veteran's Administration

PRISM III STANDARDS

Speciality	number of visits per month	day*
Family Practice		
MD	430	24
PCNP	480	26
PA	480	26
OB/GYN		
MD	240	13
NMW	300	17
OBNP	400	22
Pediatrics		
MD	340	19
PNP	400	22
Internal Medicine		
MD	200	11
General Surgery		
MD	225	12
Neurology		
MD	150	8
Orthopedics		
MD	275	15
Podiatry		
BSC	275	15
Ophthalmology		
MD	275	15
Optometry		
BSC	300	17
Otolaryngology		
MD	350	19

Psychiatry		
MD	160	9
Clinic Psychologist	160	9
Clinic Social Worker	160	9
Dermatology		
MD	540	30

* PRISM uses 18.15 clinic days per month as the standard.

SUMMARY FOR THE PRIMARY CARE CLINIC

0745	Start seeing patients
0945-1000	Nothing scheduled
1150-1330	Nothing Scheduled
1550-1600	Nothing scheduled
1750	Stop seeing patients

There are 8 MD's and 7 other providers assigned. One MD does nothing but physical exams. Assume .5 man days for the Department Head and .5 man days for the Risk Manager. So, there are 6.5 MD's and 6.5 other providers available.

If 3 more appointments are schedule daily, there would be about 780 more appointments available monthly ($3 \times 13 \times 20$). This is the number of appointments times the number of providers times the average number of duty days per month.

If 4 more appointments were made available, this would equate to 1040 more appointments monthly.

There are approximately 1288 appointments available weekly.

Weekly PRISM Standard: 1478 appointments

SUMMARY FOR INTERNAL MEDICINE

Day/Time	Number of appointments	Hours
Monday		
AM	33	0830-1130
PM	6	1300-1540
Tuesday		
AM	27	0840-1120
PM	0	
Wednesday		
AM	28	0840-1130
PM	0	
Thursday		
AM	25	0840-1130
PM	10	1300-1600
Friday		
AM	21	0840-1140
PM	14	1300-1540

Nine physicians assigned--did not include the reserve officer nor the physician that has clinic only one afternoon a week.

Number of appointments that should be available is 50 per day. This was computed using the PRISM standard divided by 2 times the number of providers. Standard was divided by two due to the teaching mission. $(11 \times 9) / 2 = 50$ visits. This summary is for staff physicians only.

SUMMARY FOR INTERNAL MEDICINE

Day/Time	Number of appointments	Hours
Monday		
AM	0	
PM	12	1300-1540
Tuesday		
AM	0	
PM	27	1300-1540
Wednesday		
AM	0	
PM	29	1300-1540
Thursday		
AM	0	
PM	23	1300-1540
Friday		
AM	0	
PM	13	1300-1540

Seventeen physicians assigned--all are residents.

Number of appointments that should be available is 94 per day. This was computed using the PRISM standard times the number of providers divided by 2 . Standard was divided by two for other resident training. $(11 \times 17) / 2 = 94$ visits. This summary is for residents only.

SUMMARY FOR DERMATOLOGY CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	9 + OR	0800-1120
PM	16	1300-1600
Tuesday		
AM	8 + OR	0800-1120
PM	ADMIN	
Wednesday		
AM	9 + OR	0800-1120
PM	18	1300-1545
Thursday		
AM	10 + OR	0800-1120
PM	F/U	1300-1540
Friday		
AM	VA	
PM	F/U	1300-1540

Providers Assigned: 2

PRISM Standard: 540 per month per provider or 1080 per month

Weekly PRISM Standard: 270 appointments

Weekly availability: 70 + F/U appointments

SUMMARY FOR OTOLARYNGOLOGY CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	OR	
PM	OR	
Tuesday		
AM	17	0900-1115
PM	18	1330-1530
Wednesday		
AM	OR	
PM	OR	
Thursday		
AM	17	0900-1115
PM	12	1330-1530
Friday		
AM	7 HFC	0900-1045
PM	21 HFC	1330-1515

Providers Assigned: 2 MD's and 1 PA

PRISM Standard: 350 per month per provider or 1050 per month

Weekly PRISM Standard: 262 appointments

Weekly availability: 92 appointments

SUMMARY FOR AUDIOLOGIST CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	3 + 1 on HFC	0800-1200
PM	2	1300-1600
Tuesday		
AM	3 + 1 on HFC	0800-1200
PM	3	1300-1600
Wednesday		
AM	3 + 1 on HFC	0800-1200
PM	not available	
Thursday		
AM	3 + 1 on HFC	0800-1200
PM	2 + 1 on HFC	1300-1600
Friday		
AM	not available	
PM	2 + 1 on HFC	1300-1600

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR OPHTHALMOLOGY CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	11	0800-1045
PM	12	1315-1615
Tuesday		
AM	17	0800-1115
PM	18	1315-1530
Wednesday		
AM	11	0800-1045
PM	12	1315-1615
Thursday		
AM	18	0800-1100
PM	17	1315-1530
Friday		
AM	21	0800-1115
PM	4	1315-1345

Providers Assigned: 2

PRISM Standard: 275 per month per provider or 550 per month

Weekly PRISM Standard: 137 appointments

Weekly availability: 141 appointments

One MD in OR on Monday and one MD in OR on Wednesday.

SUMMARY FOR OPTOMETRY CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	21	0800-1130
PM	19	1300-1620
Tuesday		
AM	19	0800-1130
PM	21	1300-1620
Wednesday		
AM	21	0800-1130
PM	14*	1300-1620
Thursday		
AM	21	0800-1130
PM	21	1300-1620
Friday		
AM	21	0800-1130
PM	14*	1300-1620

Providers Assigned: 3

PRISM Standard: 300 per month per provider or 900 monthly

Weekly PRISM Standard: 225 appointments

Weekly availability: 192 appointments

Possible to get 29 more appointments per week and keep appointment time at 30 minutes each. Suggest some appointments be shorten to 20 minutes each.

* Only two providers have appointments schedule for this time.

SUMMARY FOR ORTHOPEDIC CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	27 + 48 CC	0800-1120
PM	3	1300-1420
PM	8	1530-1600
Tuesday		
AM	27 + 48 CC	0800-1120
PM	9	1330-1600
PM	4	1530-1600
Wednesday		
AM	39 + 12 CC	0900-1200
PM	22	1330-1600
Thursday		
AM	24 + 48 CC	0800-1120
PM	19	1300-1600
Friday		
AM	20 + 30 CC	0800-1120
PM	15	1300-1600

Providers Assigned: 4 MD's and 1 PA

PRISM Standard: 275 per month per provider or 1375 per month

Weekly PRISM Standard: 343 appointments

Weekly availability: 403 appointments

Surgery Schedule: 2 MD's for Monday and Thursday, 2 MD's for Tuesday and Friday, and the PA for Friday.

SUMMARY FOR PODIATRY CLINIC

Day/Time	Number of appointments	Hours
Monday		
AM	20	0800-1145
PM	11	1300-1500
Tuesday		
AM	19	0800-1145
PM	5 M-S	1300-1530
Wednesday		
AM	15	0900-1145
PM	14	1300-1545
Thursday		
AM	20	0800-1145
PM	9	1300-1500
Friday		
AM	OR	
PM	OR	

Providers Assigned: 1 PA

PRISM Standard: 275 per month

Weekly PRISM Standard: 68 appointments

Weekly availability: 113 appointments

SUMMARY FOR SURGERY RESIDENTS

Day/Time	Number of appointments	Hours
Monday		
AM	15	0900-1130
PM	14	1300-1530
Tuesday		
AM	20	0900-1130
PM	10	1300-1440
PM	4 M-S	1300-1530
Wednesday		
AM	15	0900-1130
PM	5	1300-1440
PM	3 M-S	1300-1500
Thursday		
AM	20	0900-1130
PM	10	1300-1440
PM	9	1300-1530
Friday		
AM	OR	
PM	Walk-ins	

Providers Assigned: They normally have 1 fifth year resident who only does surgery and 4 other residents.

PRISM Standard: 225 per month per provider or 1125 per month

Weekly PRISM Standard: 281 appointments

Weekly availability: 125 appointments

SUMMARY FOR GENERAL SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	OR	
PM	OR + 2 (SGHS)	1300-1400
Tuesday		
AM	10	0900-1040
PM	7 + F/U	1300-1440
Wednesday		
AM	OR + 5*	
PM	OR + 3 (SGH)	1400-1515
Thursday		
AM	10 + OR (SGHS)	0900-1040
AM	5**	
PM	5 + 3 M-S	1300-1500
PM	3 M-S**	
Friday		
AM	OR + OR (SGH)	
PM	ADMIN	

Providers Assigned: They normally have 2 full time surgeons plus SGH, SGHS, and 2 IMA's.

PRISM Standard: 225 per month per provider or 450 per month

Weekly PRISM Standard: 112 appointments

Weekly availability: 38 + F/U appointments

* These five appointments are for an IMA for one Wednesday a month.

** These appointments are for an IMA who is here the second and fourth week of the month.

SUMMARY FOR THORACIC SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	5	0900-1040
PM		
Tuesday		
AM	OR	
PM	OR	
Wednesday		
AM	5	0900-1040
PM		
Thursday		
AM	OR	
PM	OR	
Friday		
AM	OR	
PM	ADMIN	

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR COLON/RECTAL SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM		
PM	5	1300-1440
Tuesday		
AM	OR	
PM	OR	
Wednesday		
AM		
PM	5	1300-1440
Thursday		
AM	OR	
PM	OR	
Friday		
AM	OR	
PM	ADMIN	

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR PERIPHERAL SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	OR	
PM	3	1400-1500
Tuesday		
AM	OR	
PM	5	1300-1440
Wednesday		
AM	OR	
PM	OR	
Thursday		
AM	OR	
PM	5	1300-1440
Friday		
AM	OR	
PM	3	1400-1500

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR VASCULAR SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	OR	
PM	3	1400-1500
Tuesday		
AM	OR	
PM	5	1300-1440
Wednesday		
AM	OR	
PM	OR	
Thursday		
AM	OR	
PM	5	1300-1440
Friday		
AM	OR	
PM	3	1400-1500

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR NEUROLOGICAL SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	12 + F/U	0900-1130
PM		
Tuesday		
AM	OR	
PM	OR	
Wednesday		
AM	12 + F/U	0900-1130
PM		
Thursday		
AM	OR	
PM	OR	
Friday		
AM	OR	
PM	ADMIN + F/U	

Providers Assigned: 2

PRISM Standard: 150 per month per provider or 300 per month

Weekly PRISM Standard: 75 appointments

Weekly availability: 24 + F/U appointments

SUMMARY FOR PLASTIC SURGERY

Day/Time	Number of appointments	Hours
Monday		
AM	4 M-S + F/U	
PM		
Tuesday		
AM	8 F/U	0730-0900
AM	4 IA	0900-1100
AM	2 F/U	1100-1145
PM	OR	
Wednesday		
AM	OR	
PM	OR	
Thursday		
AM	5 F/U	0730-0900
AM	4 IA	0900-1100
PM	OR	
Friday		
AM	OR	
PM	ADMIN	

Providers Assigned: 1

PRISM Standard: unknown

SUMMARY FOR MENTAL HEALTH

Office Symbol	Number of Providers	Number of Appointments	Weekly	
			Hours of Teaching	Hours of Admin
SGHA*	2	32	32	35
SGHAC**	4	67	23.5	33
SGHACC	2	N/A	0	24.5
SGHAI	2	26	17	28
SGHAIA	2	10	10	28
SGHAL	1	N/A	15	10
Social Work	2	350	7	15
OT	2	N/A	1	14.5
TOTALS	17	***	105.5	188.0+

* Does not include the Chairman.

** No data available on one provider.

*** No total because some providers schedule were incomplete.

+ Administrative time averages over 11 hours per week per provider.

PRISM Standard: 160 visits per month per provider except for OT providers which is 232 visits per month per provider.

Monthly PRISM Standard: 2560 visits
464 visits for OT

Weekly PRISM Standard: 640 visits
116 visits for OT

NOTE: Mental Health is currently using a manual appointment book system. Therefore, schedule analysis was completed using Master Schedule turned in to SGH.

SUMMARY FOR THE OB/GYN CLINIC

AREA	Pr #1	Pr #2	Pr #3	Pr #4	Pr #5	Pr #6	Pr #7	Pr #8	Total	% of Total
Clinic	6	8	14.5	28.75	8	16	12	20	113.25	35.39
Surgery	6		2.5		5		2.5	5	16	5.00
Admin/Research	8				2.5	2.5	2		20	6.25
Rounds	15	10	17		16	10.5	17		85.5	26.72
Labor & Delivery					3			6.5	9.5	2.97
Pre Surgery Confer	2.5	2.5	2.5	2.5	2.5	2.5	2.5		17.5	5.47
Path Lab		15							15	4.69
Total line									276.75	86.48
									43.25	13.52

Total hours available 320 hours

Hours not accounted for

This summary is for staff physicians only

SUMMARY FOR THE OB/GYN CLINIC

AREA	Pr #1	Pr #2	Pr #3	Pr #4	Pr #5	Pr #6	Pr #7	Pr #8	Pr #9	Total	% of Total
Clinic	13.	9	9	8	16	16	10	16	6	88	24.44
Surgery	3.5	10	13	5	2.5		5	3.5		42.5	11.81
Admin/Research	8			4			2			6	1.67
Rounds	17.5	16.5	16	17.5	10	17.5	17.5	15.5	17	145	40.28
Labor & Delivery					25					25	6.94
Pre Surgery Confer	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.5	18.5	5.14
Path Lab									10	10	2.78
Total line										335.0	93.06
										25	6.94

Total hours available 360 hours

Hours not accounted for

This summary is for residents only

SUMMARY FOR THE PEDIATRIC CLINIC

AREA	Pr #1	Pr #2	Pr #3	Pr #4	Pr #5	Pr #6	Pr #7	Total	% of Total
Clinic	14	12	13	18	15	15	14.5	101.5	36.25
Admin/Meeting	9	10	5	5	1.5	1.5	8.5	40.5	14.46
Rounds	4	4	5	4	4	4	8	33.0	11.79
Precep/Teaching	8	6.5	11	7	16	16	3	67.5	24.11
Quality Assurance	2	1	1	5			2.5	11.5	4.11
Total line								254.0	90.72
								26.0	9.28

Total hours available 280 hours

Hours not accounted for

This summary is for staff physicians only

PRISM Standard: 340 patients per month or 2380 for 7 providers

Weekly PRISM Standard: 595 patients

Weekly availability: 338 appointments

All providers are physicians

SUMMARY FOR THE PEDIATRIC CLINIC

AREA	PNP#1	PNP#2	Total	% of Total	C/Res	Res	Total	% of Total
Clinic	29	29.5	58.5	73.13	12	28	376	67.14
Admin/Meeting	3.5	3.5	7	8.75	3.5		3.5	.63
Rounds					4	4	56	10.00
Precep/Teaching					12.5		12.5	2.23
Quality Assurance	1		1	1.25	3	3	42.0	7.50
Total hours available	80 hours		66.5	83.13	560 hours		490.0	87.50
Hours not accounted for			13.5	16.87			70.0	12.50

This summary is for PNP's and Residents (Res) including the Chief Resident (C/Res).

PRISM Standard for the PNP's: 400 patients per month or 800 for 2 providers

Weekly PRISM Standard: 200 patients

Weekly availability: 230 appointments

No data available for resident's standard, however, it should be at least one half of the physicians (170 per month).

APPENDIX H

	Current System			Decentralized System			Centralized System		
Clinic	# terminals	# lines	# people	# terminals	# lines	# people	# terminals	# lines	# people
Cen Appt	9	6	2 + 1 w/o	10	30	10	10	30	10

Clinic	Current System			Decentralized System			Centralized System		
	# terminals	# lines	# people	# terminals	# lines	# people	# terminals	# lines	# people
Cen Appt	9	0	2 + 1 NCO				10	30	10
PC	1*			1 SD	1 + 2	1 NCO			
				3 other*	2 + 3	2	1*		
Int Med	2*			2*	2 + 3	1	1*		
Ortho/Pod	2*	3	1	2*	1 + 2	1	1*		
OB/GYN	manual	5	1/1	3*	2 + 3	1/1	2*	2 + 3	1
Peds	manual	5	2	3*	2 + 3	2	1*		
All of EENT	2*			2*	1 + 3	1	1*		
Ment Heal	manual	2	1	1*	1 + 2	1	1**	1 + 2	1
Surf Cls	2*			3*	2 + 3	2	1*		
Surf	0			1*+			1*		
Surf				1**	1 + 2	1	1*	1 + 2	1
Surf				1**	1 + 2	1	1*		
Surf	*			1**	1 + 2	1	1*		
Surf				1**	1 + 2	1	1*		
			15	25	18	17	24	34	13

AD-A185 368

INCREASING ACCESSIBILITY: A STUDY OF THE APPOINTMENT
PROCESS AT THE USAF M (U) AIR FORCE INST OF TECH
WRIGHT-PATTERSON AFB OH G G ANDERSON JUU 87

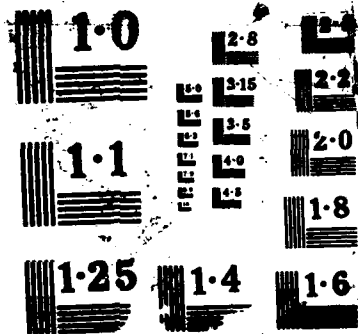
2/2

UNCLASSIFIED AFIT/CI/NR-87-61T

F/G 6/5

NL

END
11/21
210



- * One terminal is used for the check in of patients.
- ** Recommend the one terminal be used both for check in and making of appointments.
- + Appointments should be made by Internal Medicine.

Recommend the following clinics use computer software and terminals to assist them in patient appointment and also patient counting at the end of month. The clinics are making their own appointments or one of the clerks in the central room is making appointments for them. The clinics are Flight Medicine, Urology, Hyperbaric, and Hematology/Oncology.

SELECTED BIBLIOGRAPHY

1. Bers, G. S. and Dana, A. H. "Appointment Control System: Part I." Quintessence International 12 (February 1986):217-220.
2. "Appointment Control System: Part II." Quintessence International 12 (March 1986):323-326.
3. Department of the Air Force. Administration of Medical Activities. AFR 168-4. Washington: HQ USAF, 11 July 1980.
4. Department of the Air Force. Annual Evaluation of Appointment System. 25 April 1986.
5. Department of the Air Force. Biometrics Information Booklet. Wright-Patterson AFB: HQ AFLC, 29 January 1987.
6. Department of the Air Force. Central Appointment System. Wright-Patterson AFB: HQ AFLC, 14 November 1980.
7. Department of the Air Force. Centralized Appointment Scheduling, Planning, and Review Committee. Wright-Patterson AFB: SGR, 29 November 1983.
8. Department of the Air Force. Centralized Appointment Scheduling, Planning, and Review Committee. Wright-Patterson AFB: SGR, 28 February 1984.
9. Department of the Air Force. Centralized Appointment Scheduling, Planning, and Review Committee. Wright-Patterson AFB: SGR, 14 January 1985.
10. Department of the Air Force. Centralized Appointment Scheduling, Planning, and Review Committee. Wright-Patterson AFB: SGR, 29 August 1985.
11. Department of the Air Force. Centralized Appointment Scheduling, Planning, and Review Committee. Wright-Patterson AFB: SGR, 14 October 1985.
12. Department of the Air Force. Management of the Central Appointment System. Wright-Patterson AFB: SGR, 7 June 1985.

13. Department of the Air Force. Our Appointment System. Wright-Patterson AFB: SG, 5 April 1986.
14. Department of the Air Force. Submission of Staff Study on Appointments System. Wright-Patterson AFB: SGH, 4 April 1978.
15. Department of the Air Force. The Big Picture Management Summary. Wright-Patterson AFB: SGM, 30 September 1985.
16. Department of the Air Force. USAF Medical Center Wright-Patterson. AFLCR 23-2. Wright-Patterson AFB: HQ AFLC, 8 August 1986.
17. Duffey, R. "Computerized Central Scheduling of Patient Appointments." Dimensions in Health Services 53 (September 1976):33-34.
18. Fishbacher, C. M. and Roberston, R. A. "Patients' Difficulties in Obtaining Appointments--a General Practice Audit." Journal of the Royal College in General Practice 36 (June 1986):282-284.
19. Given, W. "Medical Costs Contained Through Computerized Appointment Scheduling." Health Service Management 13 (September 1980):3-5.
20. Herpok, F. J. et al. "Automated Appointment System Excels." Hospitals 54 (August 1980):65-67.
21. Jessiman, A. C. and Erat, K. "Automated Appointment System to Facilitate Medical Care Management." Medical Care 8 (May/June 1970):234-246.
22. Kilpatrick, W. "Central Scheduling of Patient Appointments." Dimension in Health Services 53 (March 1976):32-33.
23. Olson, Capt L. R. et al. A Case Study: WPAFB Medical Center Appointment Scheduling System. February 1981.
24. Petrie, J. E. "Increase Productivity With Appointment Control." Dental Practice 1 (April 1980):51-54.
25. Sakosky, 1lt Carol A. Patient Relations Director. USAF Medical Center, Wright-Patterson. Personal Interview January - April 1987.

26. Schroer, B. J. and Smith, H.T. "Effective Patient Scheduling." Journal of Family Practice 5 (September 1977):407-411.
27. Singer, M. E. et al. "Centralized Appointment System Reduces Patients' Waiting Time." Hospitals 50 (March 1976):151-156.
28. Smith, H. T. and Kurrle, R. W. "A Model Scheduling and Appointment System for Family Practice Programs and Group Practice. Phase I: Computerizing the Physician's Daily Schedule." Journal of Clinical Computing 10 (April 1982):138-145.
29. Tham, W. H. et al. "An Outpatient Appointment System in Toa Payoh Hospital." The Nursing Journal of Singapore 15 (November 1975):102-104.
30. Tufte, Lt Col R.W. et al. "PRISM: Provider Requirements Integrated Specialty Model." USAF Medical Service Digest, Winter 1984.
31. Vissers, J. "Selecting a Suitable Appointment System in an Outpatient Setting." Medical Care 17 (December 1979):1207-1220.

END

11-87

DTIC