

ADOPTING AND IMPLEMENTING ONLINE BOOKING

Introduction and Background

Online booking is an essential tool for improving patient access, reducing administrative burden, and streamlining clinic operations. Many clinics still rely on traditional scheduling methods like phone calls and manual confirmations, resulting in inefficiencies and delays. Key challenges of traditional scheduling include:

- High administrative burden: 20-30% of MOA time is spent on scheduling.
- Limited accessibility: Booking is restricted to business hours.
- Higher no-show rates: Manual processes lack automated reminders.

Most EMRs now integrate with online booking, reducing clinic workload and boosting efficiency. These platforms support mobile apps, websites, and reminders—improving resource use and patient satisfaction.

Objectives

- Select and implement a secure online booking system.
- Develop processes to streamline online booking for suitable appointment types; this includes developing processes for staff approvals and override
- Reduce scheduling-related administrative workload by 30%.
- Improve patient satisfaction through self-service accessibility.
- Ensure smooth integration with existing EMRs for future analysis

Methodology Model for Improvement/PDSA cycle

- **Baseline Analysis:** Evaluate current scheduling practices, related metrics, and challenges
- **Technology Selection:** Choose a booking system that integrates with your EMR.
- **Rules and Template Development:** Clarify and document provider preferences related to scheduling, visit types, and patients that should access the platform. Develop templates and forms needed for patient onboarding and feedback.
- **Pilot Implementation:** Implement online booking for a subset of patients (of all or some of the providers) for a defined period of time (usually between 3 to 4 months)
- **Clinic-wide Rollout:** Implement online booking across all patients (of all providers) for appropriate visits (as indicated by providers)

- **Measurements and evaluations:** Measure related metrics and compare to baseline data.

Implementation Process

Phase 1

- **Step 1-Baseline analysis** Evaluate current scheduling practices, related metrics, and challenges including:
 - Total number of incoming calls during first 2 hours after phones open and after lunch
 - Phone ques wait-times during morning and afternoon rush
 - Number of urgent same day appointment requests
 - No-show rates
 - Patient satisfaction (through feedback surveys)
- **Step 2- Curate the Platform to Clinic Standards**
 - Reach out to your EMR provider to discuss your online booking options and demo products as needed. Choose a system that integrates with your EMR and related software
 - Work with providers to clarify and document their preferences for the types (and related limits) of appointments per day, and per hour (for example no more than 2 full physicals per day, etc.)
 - Include providers availability (workdays and hours) for the next 3-4 months
 - Identify the appropriate visits that can be booked via online booking
 - Develop processes for staff oversight. Who will oversee checking online bookings for appropriateness, where would questions be directed? Who is the knowledge holder for staff questions, etc.
 - Develop forms and templates that patients need to fill (including consent form) prior to gaining access to online booking platform.
- **Step 3: Staff Training**
 - Educate clinic staff on the implementation steps, and processes
 - Provide written guidance (and best practices) for responding to patient questions
 - Assign one or two staff members who will be responsible for addressing issues and questions with online booking both with other staff and with patients
- **Step 4: Pilot Program**
 - Identify a subset of patients from all providers (or a few providers) that will be allowed to book online. Ensure contact information is updated.

- Develop guides and process documents to ensure patients can book independently.
- Encourage the pilot's cohort to book online for applicable visits and respond to feedback surveys
- Monitor the process and make changes as needed
- Survey the staff for pain-points and to re-measure baseline metrics.
- Set a reasonable timeline for the pilot (usually 3 to 4 months)

Phase 2

- **Step 5: Clinic-Wide Implementation**

- Implement online booking across all patients (of all or most providers) for appropriate visits (as indicated by providers)
- Create list of patients that need to sign the consent so that they are presented with the form at their next visit
- Develop more comprehensive process documents, FAQ document, and patient resources, as needed

- **Step 6: Ongoing Evaluation**

After 6 months of clinic-wide rollout measure related metrics and compare to baseline data.

- Total number of incoming calls during first 2 hours after phones open and after lunch
- Phone ques wait-times during morning and afternoon rush
- Number of urgent same day appointment requests
- No-show rates
- Collect feedback from patients and staff regarding their satisfaction with updated processes

Anticipated Time Needed

- Approximately 20-40 hours

Highlights of Outcomes (To be filled by NP)

***Example outcomes:**

- *Preliminary data from the pilot phase showed that the number of calls between 8:30 and 10:30 were reduced from 60 to 30*
- *- 30% decrease in scheduling-related administrative workload.*

- *No show rates fell by 20%*
- *Patient feedback indicated greater clarity and confidence in electronic communications*
- *As a byproduct of obtaining consent, providers can now communicate with patients electronically (at times through office staff) which has improved access and increased efficiency*

Impact and Sustainability (To be filled by NP)

***Example:** *The online booking is recommended to all clinic patients. Providers will explore the suitability of additional appointment types to incorporate in future. The clinic will continue to refine processes annually to improve accessibility.*