ESM Appointment Scheduling and Management
Frequently asked questions

Can appointments be defaulted to appear unconfirmed (i.e. with no check boxes ticked)?

No. Staff will need to manually untick the check boxes if they are scheduling an appointment before the patient is advised.

What are the business rules for appointment outcome?

An appointment outcome must be selected on check-out. An action comment should also be recorded by the user when performing the check-out based on instructions provided by the clinician (or on the clinic slip) - this rule applies for CYCHS and LCCH. Refer to Check-out in ESM Business Rules v1.00.


### How do I make sure a patient returns to the same doctor/clinic for follow-up care?

Select the resource for the current appointment (instead of leaving it optional). This will allow you to book the patient back into the same resource's clinic.

How do I find available appointments in ESM?

Option 1: When you have an appointment in the WIP (for scheduling), the calendar view will display available appointments (for this appointment type) with bold dates. You can click on these dates to look for available times.
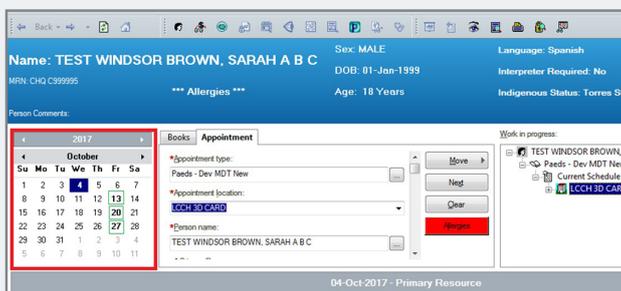
Option 2: Use the suggest function to show the number of vacant appointments for an appointment type for a user-defined period of time.
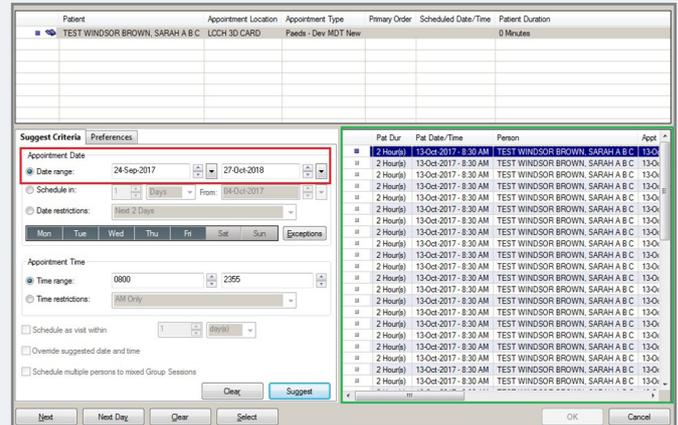
How will I know if my proposed appointment conflicts with an existing arrangement?

A conflict flag which identifies the appointment, area and user will appear if your proposed appointment conflicts with an existing arrangement. If this occurs, please select another time or contact the other department to discuss options.

How far ahead can I book appointments?

Templates in ESM are applied 18 months in advance. As another day elapses, another template is applied across CHQ. As such, you can only schedule appointments 18 months in advance. However, you can overbook in ESM at any date in the future (i.e. book an appointment without a slot >18 months if required by the business).

Can clinicians modify appointments?

This depends on the ESM keychain (level of access) that has been allocated to the clinicians.

LCCH: The majority of clinicians can add scheduling comments and update the category (if appropriate for their role). However, they can not schedule appointments.

CYCHS: The majority of Child Health clinicians can add comments and reschedule appointments (this will depend on local business rules and work instructions).

For more information, contact the ieMR team.

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Will community clinical staff rebook follow up appointments?

Yes, as per CYCHS Management, clinical staff will rebook follow-up (review) appointments.

Will nursing staff book retrospective appointments or will this information be given to the administration staff?

Retrospective appointment scheduling is a function supported by ESM. Local business units will determine how this information is entered into ESM (i.e. which staff complete particular functions). School-based Youth Health Nursing (SBYHN) staff will have a dedicated SharePoint site to communicate the retrospective bookings to administration staff.

How will post discharge appointments be scheduled in ESM?

When ward staff identify that a follow-up appointment is required in outpatients, the PDA will be emailed to the POD.

1. If the patient had a referral before hospital admission:
   – use the referral as a template and perform a next/move process to create a review appointment under the same speciality
   – include scheduling comments indicating a post discharge appointment.

2. If the patient has not been seen in outpatients for the same condition:
   – POD enters a new referral with the requesting clinician listed as the referring practitioner
   – the appointment will be a review.

Should staff use Resource comments?

Yes. Resource comments are used to:
   – allocate a name to a generic resource
   – provide further context around a clinician's requirements (see below).

It is recommended that contextual clinic information is provided in this format for all clinics. However, this is managed completely by clinic/CYCHS staff.

Resource comment:	
Clinician:	Dr Rachel Wolfe
Provider Number:	012345AB
Clinic Days:	Mon, Wed, Fri (Weeks 1 and 3 only)
Pager:	9991
Mobile:	0404 111 111
Overbooking Instructions:	No overbookings unless authorised directly by Rachel
Other Instructions:	Please call Rachel on mobile when first patient arrives at clinic.

Should I record the comments on the action tab or the details tab?

Comments should be recorded when performing an action in the associated comments box (i.e. check-out, cancel, no show, reschedule, etc.). For reschedules, this information should also be copied across to the details tab so it is visible for scheduling future appointments.

Where is the best place to record information so it appears on a daily clinic list (daily appointment list)?

Both reason for appointment and scheduling comments appear on the daily clinic list (daily appointment list). Please refer to the following example of a daily appointment list (blue is reason for appointment and green is scheduling comments). Clinical comments are generally entered into the reason for appointment field (as long as this aligns with the business rules). If these don't apply, information should be recorded in scheduling comments.

If a patient checks in for a specialist appointment and is then required to attend another appointment as part of that clinic flow (e.g. plaster tech appointment), should I retain the encounter or create a new one?

Encounters should be retained if they are for the same service event. A service event is classified as a patient presenting to be treated for a specific condition by a specialty. If there are multiple providers seeing this patient for the same condition, this would consistute the same service event. As such, if a separate appointment is created for the plaster tech (or similar), the same outpatient encounter should be used as for the orthopaedic appointment.

What is a community encounter?

All Child Health Service, Child Development Service, School-based Youth Health Nursing and Targeted Health Screening clinics will be registered against a community encounter. Community encounters are valid for the lifetime of the referred condition and encompass all associated appointments and documentation until discharged from that service, with some exceptions (refer to Encounter management, ESM Business Rules v1.00).

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Should encounters be created for patients on a review request list?

CYCHS: patients on a review request list will already be under a community encounter and will not need a new encounter.

LCCH: patients on a review request list will require a pre-arrival encounter to ensure all correspondence is scanned to the appropriate record and this will flip on patient check-in. If a review encounter is not created when the patient checks in, ESM will prompt the user to create one.

Why do I change an encounter if the patient will be bulk billed?

The encounter is preset to public/Medicare. If the patient will be bulk billed, this needs to be changed on check-out to private bulk-bill/Medicare. This ensures funding information is captured correctly.

What happens if I check the patient out before I modify the financial status on the encounter (patient will be bulk billed)?

You can modify the encounter at any stage, including after check-out. Right click person, modify encounter.

How can I book several clients into a group session within community for one Resource?

Group clinics are built in ESM with several appointments at the same time for the one resource. Each patient will be booked against one of the slots. When the session has been completed, all patients will need to be checked in and checked out.

Is there an auto select function for large multidisciplinary appointments or should I mark all resources when adding to the Request list?

When scheduling multidisciplinary appointments, additional resources (second, third, fourth) can be built for a specific appointment type. However, this will create a new default and you will need to manually remove the resources that are not required. Administration staff would then need to manually remove the resources that weren't required.

Will the original referral be removed when I change the appointment type to MDT and add it to the request list?

The first appointment for a patient should be a new and all subsequent appointments should be reviews. When scheduling an appointment, the request disappears from the request list. Referrals can be added back to the request list (if a patient no shows or DNW), or added to a review request list if the department has one built. If adding back after a no show, the next/move function is required.

If a patient no shows, is recorded as DNW or cancels but still needs another appointment, will ESM automatically put them back on the request list?

No, ESM does not perform this function and there is a risk the patient will get lost. Therefore, the patient follow up action must occur before performing the DNW, no show or cancel function. There is also a report that can be run from Discern Explorer that identifies patients with a cancel reason of rebook who do not have any future booked appointments.

Do I need to discharge the referral when I discharge the patient from a service?

Unlike HBCIS, there are no referrals in ESM. The referral information is a part of the appointment and associated encounter.

What should be recorded in the payment class fields for Medicare ineligible patients?

The class should be recorded as public/not eligible. There are multiple options available depending on the eligibility criteria.

What is the equivalent of the HBCIS NAP-DSS screen in ESM?

This is the financial status and payment class fields on the encounter. On referral entry, administration staff will always select public and Medicare. However, on check-out, if the patient has seen a consultant and they are going to be bulk-billed, the staff member needs to modify the encounter to change the financial status and payment class. They can modify the encounter at any time before, during or after the appointment has been checked-in/out.

If a patient unexpectedly presents at a clinic as the result of an ED referral, how do I record this in ESM?

Field	Information to select/enter
New Case Category	1
Length of referral	Specialist to Specialist (3 months)
Referral Source	QH - This Hospital - Emergency Dept
Referring Clinician	Ed Doctor
Scheduling Comments	Date - ED Walk-in - initials

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