



# Quick tips

## Enterprise Scheduling Management

### ESM comments

Comments can be logged in various sections throughout ESM. This section will outline:

- the requirements for recording comments against specific actions
- the optional comments functionality for clinic flow, identification of resources and important scheduling notes about a patient (outside of HBCIS).

### Action comments

Whenever an action is finalised within ESM, there is a field to record a comment. All actions that require the user to select a mandatory reason will have an associated comment recorded to provide further context about why it was performed. This assists with clinical handover and issue resolution. Comments should be concise, objective, provide context around the action performed, and be recorded in the following format:

- DD/MM/YY – Comments – Initials
- e.g. 09/08/17 – *Clinic rescheduled, Dr X on leave* – BR

### Resource comments

**Resource comments** are visible on a resource heading and provide a brief outline of important information relating to a specific resource (such as a clinician). You can set resource comments to repeat for a defined period (e.g. the next 10 years). **Resource comments** can be easily modified, updated and customised based on your clinic needs. **Resource comments** are visible in a resource heading with a blue speech bubble, e.g.

LCCH ND 07 [0]



Clicking the **Resource comments** will provide you with additional information. **Resource comments** should be used to:

- add a clinician name against a generic resource for a period of time

- (optional) add specific clinic information relevant to that resource (e.g. clinic weekly schedule, clinician referral categorisation processes, etc.).

Please note, if a resource works across multiple locations and a **resource comment** is added, this will appear across all books.

### Slot comments

**Slot comments:**

- are recorded against an appointment slot
- do not print on resource lists
- appear as a blue speech bubble.

This functionality can be used if you need to hold an urgent appointment pending call-back from a patient's family and in other relevant situations.

**Slot comments** should be used sparingly, **temporarily** and only for a short, defined period (maximum 24 hours) depending on the situation.

### Scheduling comments

**Scheduling comments** are the most important clinical handover tool for administration and clinical staff and are considered part of the patient's extended medical record. It is important to include relevant information relating to a patient appointment within the **scheduling comments**. Please note:

- **scheduling comments** should be succinct, objective and professional
- **scheduling comments** should be recorded in the following format:
  - DD/MM/YY (Date) – Comment – Initials
  - e.g. 09/08/17 – *New referral received sent for triage* – BR
- the **next/move function** does not copy the previous notes across
- only relevant information relating to the specific appointment is recorded in **scheduling comments**.

For more information, contact the ieMR team.

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## Referral management

### Referral upgraded

Referral upgrade processes are to be patient-centric and should not be used to modify wait times, unless clinically appropriately upgraded.

If the referral is upgraded, the user must find the **Request list** entry (through the **Request list** inquiry button) and click schedule to move the appointment. A **next/move** function will be performed and the following actions undertaken:

- When actioning the **Next** accept formats over key the current fields with the information referenced in Table 1.
- Then perform the **Move** function and add the new referral to the request list.
- The old referral will remain in the **WIP** box and the Last Clinical Update field will be added against this record with the date of the clinical review.

The appointment can now be **Cancelled** from the **WIP** (refer to Table 2).

**Table 1** Upgrading a referral in ESM - accept format field instructions

ESM Accept Format field	Updated action
<b>New case category</b>	New category as determined by the clinician
<b>Length of referral</b>	New referral length (12 months, 3 months, indefinite, other)
<b>Date referral received</b>	Date new referral was received
<b>Date on referral</b>	Referral date on new referral
<b>Referral source</b>	If different from previous referral
<b>Referring clinician</b>	If different from previous referral
<b>Last clinical update</b>	Date of referral
<b>Scheduling comments</b>	DD/YY - Referral reviewed by Dr X and upgraded to # - Initials

**Table 2** Removing old record after referral upgrade

ESM Field	Action required
<b>Cancel reason</b>	WL - data triaging
<b>Notificatons/reports</b>	OUTPT-WL subsequent referral upgrade

### Indefinite referrals

When scheduling a review appointment with an indefinite referral, the **referral expiry date** will be 01-Jan-2100. This provides a visible flag to end users that this is an indefinite referral.

### Expired referrals

When a subsequent referral or referral continuation is received, the **expired referral** field is updated to 02-Feb-2100. This provides a visible flag on reporting that the referral requires updating when the patient checks in.

### Not ready for care

Not ready for care (NRFC) can be used to suspend the days count for a patient waiting for a New Case appointment only. This assists with scheduling patients within the principles of the treat-in-turn and in-time methodology.

The following patients can be marked as NRFC:

- patients who have requested a reschedule or cancellation of a scheduled appointment
- patients who have declined an offer of appointment, with NRFC being applied up until the new appointment date or the maximum NRFC days per category (Cat 1: 15 days; Cat 2: 45 days, Cat 3: 90 days)
- patient **No shows** (fails to attend). NRFC can be applied from the date of failure to attend, to the day before the new scheduled appointment or the maximum NRFC days per category (Cat 1: 15 days; Cat 2: 45 days, Cat 3: 90 days).

The following patients cannot be marked NRFC:

- patients with an appointment **cancelled** by the hospital or community service.

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## Cancellations and non-attendance

### No show

- The **No show** action occurs as the final step of the process (after firstly completing the appointment rebook or request book entry).
- An action of **Rebook** can have two pathways: book to another appointment or return back to the new case or review request list.
- Hospital encounters will be retained after a patient is recorded as **No show**. Community encounters will be retained after a patient has been recorded as **No show** if the patient is remaining in the service. If a community patient is being discharged after a **No show**, the encounter must be discharged as part of this action.
- When **Rebooking** a new patient to another appointment, NRFC shall be recorded for a new case appointment from the date of FTA to **the day before** the new appointment.
- When **Rebooking** a new patient back to a **Request list**, NRFC will be recorded for a new case appointment from the date of notification based on clinician direction, up to a maximum threshold (Cat 1: 15 days; Cat 2: 45 days, Cat 3: 90 days).
- **No show** letters will only be sent if a patient is either discharged from service (OUTPT – FTA No Further Action) or the patient is added back to the request list (OUTPT – Contact Facility). If a patient has a new appointment booked after a **No show**, a new appointment offer letter will be sent (OUTPT – Appt Offer).
- When a **No show** has been done in error, the **Undo no show** action will be performed. This will place the appointment in a **Confirmed** status.

### Did not wait (DNW)

- If a patient is recorded as DNW, the appointment will be **Cancelled** with a cancel reason of **Patient did not wait**. Comments will be logged against this action (refer to Action comments)
- Hospital encounters will be discharged after a patient is recorded as DNW. If scheduling a new appointment or adding a patient back to a request list after a DNW, a new **Pre-arrival encounter** will be created at the time of actioning. Community encounters will be retained

after a patient is recorded as DNW if the patient is remaining in the service. If a community patient is being discharged after a DNW, the encounter must be discharged as part of this action.

- NRFC should be recorded for a new case appointment from the date of DNW to the day before the new appointment, or from the date of DNW up to the maximum thresholds when adding back to a request list (Cat 1: 15 days; Cat 2: 45 days, Cat 3: 90 days).

### Cancel back to a Request list

- When a patient is **Cancelled** (by facility or patient) and still requires an appointment, the patient must be either manually added back to the **Request list** by performing the **Next/move process** before **cancelling** the appointment (new case or review request list), or another appointment must be scheduled at the time of cancellation.
- You will need to **cancel** the original appointment from the **WIP** after the new one has been added to the **Request list**.

### Patient-initiated reschedule

- A **Reschedule** is defined as a request to change an appointment any time before the scheduled appointment time, e.g. a patient phones five minutes before a scheduled appointment commencement time and requests a new appointment. This would be classified as a **Reschedule**, not a **No show**. If the same patient phoned five minutes after the scheduled appointment time, this would be classified as a **No show**.
- Reschedules will require negotiation with the requestor to determine an agreeable time for the new appointment (balancing hospital available resources and approved templates) or whether the patient should be added back to a **Request list**.
- If a patient declines multiple offers of a new appointment, they can be removed from the waitlist or appointment list at the clinician's discretion. This should be communicated to the patient/family at the time.
- Patients who have declined an offer of a new appointment shall have NRFC recorded from date of notification to the new appointment date or the maximum NRFC days per category (Cat 1: 15 days; Cat 2: 45 days, Cat 3: 90 days).

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## Advanced appointment scheduling

### Overbooking rules/scheduling outside of slot

Appointments shall be scheduled by either clicking on a vacant appointment slot, then [Schedule](#), or by clicking [Schedule](#) and selecting an available slot from the drop down menu. If there are no appointments available on the day, appointments should not be scheduled unless a clinician has provided direction to [Overbook](#) the clinic.

If clinician approval has been provided to overbook the clinic, the following actions shall occur:

- appointment [Schedule](#) by clicking the [Schedule](#) button and then manually entering the time of appointment and duration of appointment
- adding [Scheduling comments](#) to indicate the approval that has been provided, e.g. *12/08/17 – Overbooking approval as per Dr Black on 12/08 – BR.*

If no [Scheduling comments](#) are provided, it will be assumed that no approval has been sought from the clinician before performing the overbooking action.

### Retrospective activity recording

Appointments that have occurred in the past, but are not scheduled in ESM are referred to as [Retrospective appointments](#).

- Retrospective activity will be scheduled as an [Overbooking](#), i.e. [View, Empty schedules, Schedule](#) appointment outside of slot.
- Retrospective activity will be recorded at the time it was performed (to the nearest five minute increment), with the duration equal to what was identified by the treating/visiting clinician.
- If a doctor or specialist with a current template has activity that needs to be retrospectively recorded, this should be recorded against this template.

If a clinician (nursing or allied health practitioner) does not have a template to record retrospective activity, this should be recorded through the SharePoint solution where possible.

Retrospective appointments must then be [Checked-in](#) and [Checked-out](#).

### Scheduling chart reviews

[Chart reviews](#) can be scheduled against a [Resource](#) in ESM to allocate time to review a patient's medical record or to follow up on an enquiry from a patient if determined appropriate by the clinician (e.g. requesting updated information about medication or requires a doctor certificate for a previous appointment).

Chart review appointment types do not count as patient activity, do not attract Activity Based Funding (ABF) and cannot be bulk billed under Own Source Revenue (OSR) requirements.

Chart review appointments shall always be booked outside of slot (i.e. not fill a vacant appointment).

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## Patient check-out

### Updating payment class to private

If the patient is a bulk bill or private patient, billing shall occur in Practix and the encounter will be manually changed from [Public/Medicare](#) to [Private bulk bill/Medicare](#) as part of the [Check-out](#) process (manage encounter).

### Scheduling review appointments

Review appointments can be scheduled by performing the [Next/Move](#) process and copying referral information from a previous appointment. The [Check-out](#) reason for these appointments shall be [Review appointment required](#).

### Referral expiry date field

When scheduling a review appointment, the [Referral expiry date](#) is a mandatory field. The staff member actioning the appointment will apply the [Expiry date](#) in line with the [Length of referral](#) field as per Table 3.

**Table 3** Date to apply for referral expiry dates

Length of referral	Date to apply
<b>General Practitioner (12 months)</b>	Today 'T' (plus) 1 Year (minus) 1 Day
<b>Specialist to Specialist (3 months)</b>	Today 'T' (plus) 3 Months (minus) 1 Day
<b>Other</b>	Today 'T' (plus) specific ref duration (minus) 1 Day
<b>Indefinite</b>	01-Jan-2100
<b>Data take-up (expired)</b>	02-Feb-2100

It is mandatory that staff check the [Expiry date](#) of the referral when [Scheduling](#) a review appointment. If the expiry date will have lapsed by the scheduled date, the patient will be advised that it is a requirement for a new referral to be obtained prior to the appointment. The [OUTPT – Expired referral](#) (normal reminder) or [OUTPT – Updated referral request](#) (sourcing named referral) letter must be provided to the patient.

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