The object of this game is to match 100% of patients with appointment availability so that no slots are unused and all patients are accommodated by their PCP when they call or walk in during each and every clinic session. When all patients are accommodated by their PCHH (Patient Centered Health Home) in a timely manner, when continuity with a PCP is favored, and when providers are optimally used to care for patients—then you win.

**Tetris-ing the schedule** is the process of dynamically adjusting the patient schedule/practice management system to fit in patients with their PCP (Primary Care Provider) and to reflect the current reality of who is being seen and by whom minute-by-minute in the clinic. The importance of this adjustment system is that it allows us to give every patient access to their medical home and simultaneously gives all staff access to the schedule not as a rough idea but as a *Real Time* guide to what is happening in the back office. Most aspects of Tetris-ing should be done in both the front and back office. Combined—but very well communicated—efforts produce the best results. In some cases, clinical judgment may be necessary.

The benefit to Tetris-ing the schedule is that you are adjusting to patient flow (both phone and walk in) and team flow jointly. This is very important, because without Tetris-ing, many clinics focus on staff or team flow making it more difficult for patients to access us and creating a system by which slots or capacity to see patients goes unused while simultaneously triage nurses feel inundated by patient demand and feel overworked. In rare cases, clinics focus primarily on patient flow and not team flow. In these cases while access to care is good, it is done so by putting in every patient on any schedule, which leads to a marked decrease in continuity and breaks the Patient Centered Medical Home concept. (Think of this latter example as a Walk-in or urgent care clinic.)

Tetris-ing has benefits from the point of Patient Care Teams (PCTs) and patients alike in that it allows potential for higher productivity, which translates to more appointment availability for patients. More access and continuity of care allow ownership of patients in teams—Medical Homes. Ownership means everyone that touches the patient will hold information about her/him that may be important to better care. When you have a team of people who “own” and care for a patient consistently, they have better odds of getting quality care (This assumes that all teams are providing quality care to all patients.)

This increased continuity and better management of the stream of patients coming into the clinic also helps significantly smooth out delays, which means starting on time and ending on time—What we call QuickStarts and Soft Landings.
Here are key scenarios to be on the look out for when Tetris-ing the Schedule:

- Late Patients
- Early Patients
- Patients that you “know” always show up late, early, or no show
- Patient/Provider taking more time than “slotted”
- Patients that want or need to be rescheduled (e.g. they needed diagnostic before return visit, etc.)
- Walk-in patients that belong to a PCP
- Patients that are calling in for same day visits
- Patient scheduled with the wrong PCP
- Procedures both anticipated and unanticipated
- Behavioral Health Assistance
- Dieticians/Nutrition and other integrated services
- Crisis Situations

Some Typical Tetris-ing Scenarios:

1. Let’s say patient schedules start at 8:15 am with every appointment slot being 15 minutes. The patient scheduled at 8:15 am has not showed up and its 8:15, yet the 8:30 is present, checked in, and in the lobby. To Tetris, room the 8:30 quickly and reflect that on schedule by moving the 8:15 appointment to the 8:30 slot and the 8:30 that has arrived early to the 8:15 slot to reflect reality in the scheduling system. Now if the patient that originally had the 8:15 am appointment shows up late you have the 8:30 slot available to accommodate them.

   An initial objection could be that now we are telling patients it is ok to be late. Not true. The reality of the situation is that missed slots are missed opportunities to see a patient who will eventually come to our door and it’s also an opportunity to capture much needed revenue/collect much needed money. Solution: Speak to the patient, let them know they are late (they probably already know this) and let them know that we will work them into the schedule right away anyway. [If this continues to happen with very chronic “schedule abusers” (it already does in the old system too) you have to decide as an organization how you want to handle those patients based upon your mission and philosophy.]

2. At 8:20 am, a patient comes in without an appointment requesting to be seen same day. Because you are actively managing your schedule and scenarios like the one above (see # 1) happen, there are opportunities to make practical decisions. For example if the new 8:30 (which was the 8:15) patient still hasn’t shown up by ~8:22 ish that means you will have an 8:30 am slot open (if you tetris’d the earlier patient as in #1 above, because they were really scheduled at 8:15).
To Tetris, schedule the walk in at 8:30 am as long as it is their PCP (or even if it’s not when their PCP is not available this session or some other unique situation regarding their PCPs absence exists). If the 8:15 am patient does show then they will have to wait, just like in the old system, when given the choice and if the patient is willing.

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient Arrival Time</th>
<th>Time</th>
<th>Dynamic Scheduling</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Huddle</td>
<td>8:00</td>
<td>Huddle</td>
</tr>
<tr>
<td>8:15</td>
<td>8:00 early arrival.</td>
<td>8:15</td>
<td>8:15 patient here</td>
</tr>
<tr>
<td>8:30</td>
<td>8:25 arrival. On time.</td>
<td>8:30</td>
<td>8:30 patient here</td>
</tr>
<tr>
<td>8:45</td>
<td>8:55 arrival. Late.</td>
<td>8:45</td>
<td>9:00 early patient here</td>
</tr>
<tr>
<td>9:00</td>
<td>8:40 arrival. Early.</td>
<td>9:00</td>
<td>8:45 late patient here</td>
</tr>
<tr>
<td>9:15</td>
<td>9:00 arrival. Early.</td>
<td>9:15</td>
<td>9:15 patient here</td>
</tr>
<tr>
<td>9:30</td>
<td>9:30 arrival. On time.</td>
<td>9:30</td>
<td>9:30 patient here</td>
</tr>
<tr>
<td>9:45</td>
<td>10:20 arrival. Late.</td>
<td>9:45</td>
<td>10:00 early patient here</td>
</tr>
<tr>
<td>10:00</td>
<td>9:30 arrival. Early.</td>
<td>10:00</td>
<td>Time to catch breath</td>
</tr>
<tr>
<td>10:15</td>
<td>No show (patient called)</td>
<td>10:15</td>
<td>10:30 patient here</td>
</tr>
<tr>
<td>10:30</td>
<td>10:15 arrival. Early.</td>
<td>10:30</td>
<td>9:45 patient here</td>
</tr>
<tr>
<td>10:45</td>
<td>10:45 on-time arrival.</td>
<td>10:45</td>
<td>10:45 patient here</td>
</tr>
<tr>
<td>11:00</td>
<td>Open slot, not filled</td>
<td>11:00</td>
<td>11:15 patient here</td>
</tr>
<tr>
<td>11:15</td>
<td>11:00 early arrival.</td>
<td>11:15</td>
<td>11:30 patient here</td>
</tr>
<tr>
<td>11:30</td>
<td>11:20 early arrival.</td>
<td>11:30</td>
<td>Room for same-day patient</td>
</tr>
</tbody>
</table>

3. We did not reach all our scheduled patients through our confirmation process yesterday, meaning that we did not actually talk with all of our patients in each case. To Tetris, start calling those patients that have not yet been confirmed now to make the final confirmation call. There is no rule that confirmation calls can only be done the day before the appointment. If you call you will either a.) Reach the patient or b.) Not reach the patient.

a. **If you reach the patient by phone**, see if they still plan to come in and on time. If they tell you they do NOT intend to come in (they cancel or reschedule to another day) you just opened an appointment slot for this session. If the patient is in the parking lot or en route, discovering that information is very helpful to your tetris-ing process and your call just underscored with the patient the value that you as a clinic place on their care and their visit today. If the patient will be running early or late or if this is not their PCP, use that information to Tetris the schedule as in #1 or #2 above. If the patient says they are coming in on time, great. You just gave them assurance that their medical home is watching out for them. In these cases, note in the Practice Management System that the patient is now confirmed.

b. **If you do NOT reach the patient by phone**, you have no less information than you had before you called. You spent a mere 30 seconds waiting for their phone to answer. Make notes in the comments screen so that other staff members don’t do re-work to call patients more than a couple of times in that shift.
4. If the 10:15 am patient arrives at 8:17. To Tetris, one may, after reading #1 and #2 above, think that it is best to move the 10:15 scheduled patient into the schedule at 8:15 am, but do not do that carelessly and do NOT just overbook. Instead, to Tetris, call the 8:15 or 8:30 am patient first to confirm if they are coming in (or not). You must determine if you will have capacity before you Tetris the patient up in the schedule. If you move an early arriving patient up two hours and end up overbooking, such a big leap of time could lead to an early stack of patients resulting in a very long waiting time and cycle time for each patient…and a horrible feeling by the Patient Care Team (PCT) that they are being besieged by a never-ending flood of patients and that no one up front is watching out for them.

While you are dealing with a patient who showed up significantly early, find out why the patient came in at 8:17 am, instead of 10:15. To do this, just ask them. There’s often a reason why patients choose to arrive early and risk a wait. A last minute transportation issue can’t be helped at this late hour, but maybe there’s more to it. Did they try to secure an appointment with us at 8 am (maybe they called yesterday) but one wasn’t available? (This has implications for where we place open slots in the future schedule templates.) Did they try to call to move their appointment and did NOT get through to a live person? (This has implications for how we manage our phone system.)

You may not be able to quickly Tetris this patient and get them in and out, but you should treat this as an opportunity to learn more about how to prepare in the future.

5. The Patient Care Team is running very behind. Since we are in the business of treating patients and not creating widgets, we all acknowledge that some visits will not go as planned. With any luck, your visits that last longer than scheduled and shorter than scheduled will balance each other out. Some days we are not lucky.

When a team gets behind, look ahead in the session and see who has not confirmed. Follow the advice in #3 above and start working the phones. If you can move people out of the cramped schedule (to another provider for non-urgent visits or to another session or day) do so. This requires clinical judgment so be sure you have well informed staff doing this work. If you cannot reach a patient to move them out, you are no worse off than you were in the old system, in which you just waited to see who came through the door, but you have more information about what patients will need and when they will show up.

If you have a patient who will be receiving some form of integrated care (maybe they see both a primary care and behavioral health provider for their visits), then look for opportunities to Tetris the patient between those two schedules and possibly flip the order of care.

Be aware and note if you have a provider who seems to always have visits that are longer than scheduled. Notice if it becomes a trend of always having to “bail out” or shuffle patients for a particular provider or patient care team. If a pattern develops discuss this data transparently as the organization needs to decide whether or not education and coaching.
performance evaluation and action plan, or schedule adjustment are best aligned with the mission and the needs of both the organization and the patients.

**Systems Support Ensures a High Score at Clinic Tetris**

**Communicate, Communicate, Communicate.** Patient Care Teams at the front desk and in the back must be in communication about patients, their arrival and providers and their pace. This communication is best done directly and can be done through IM (Instant Messaging) on the workstation, a quick phone call, walkie talkies, or if the sneaker time is minimal just walking back or up and talking face-to-face.

**The Late Policy.** The Late Policy is effectively abolished as a punitive system for not-seeing patients. While occasionally late patients cannot be accommodated, the goal is to accommodate them in their Patient Centered Health Home (PCHH) as much as possible.

**A New Approach to No Show.** No Shows are handled differently. Instead of sending a note to the provider or nurse to see if this patient who no showed yesterday actually needs to be called to reschedule, work diligently to PREVENT no shows. For example, if a patient doesn’t show up by 8:30 for their 8:15 appointment, don’t wait until tomorrow or next week to send “a no show letter.” Instead, treat this situation like #3 above and call the patient while there’s still time to address their need. Call them between 8:15 and 8:30 and find out if they knew they had an appointment. They may wish to reschedule, try to get worked in with their PCP later in the session, or they may tell you something about your phone system or confirmation call system that will help you improve your processes. If needed you can still send a note or telephone encounter (EMR type note) to the nurse or provider but prevention of no shows is always the goal.

**Overbooking.** Overbooking is never a good idea as it sets up at least one patient to not have their expectations met regarding their appointment time. If overbooking is currently happening, it has likely been implemented as a Band-aid type solution to a no show problem where effective confirmation calls (See Robust Confirmation Call Article) are really the best solution. Tetris-ing the schedule can happen in an overbooked schedule, it just takes greater coordination of all the moving parts—it’s like trying to ride two bicycles at one time.

In all cases Tetris-ing is a matter of balancing supply and demand within the framework of trust and good clinical judgment.  *When all patients in need are accommodated by their PCMH (Patient Centered Medical Home) in a timely manner, when continuity with a PCP is favored, and when PCPs are optimally used then you win at Tetris-ing the Schedule.* It’s almost impossible to have a perfect game every clinic session, but high scores are common among clever players.