**I. Clinic-Based Schedule**

**A. Principles**

* Within a Monday through Friday clinic schedule, there is the potential within the five days for ten four-hour sessions.
* Sessions can be 8am -12pm or 1pm – 5pm. Progressive teams may have evening hours from 5pm -9 pm.
* However, most new palliative care clinic programs do not begin with ten sessions. Rather, the team may start with two sessions, one early in the week (e.g., Monday or Tuesday morning or afternoon) and another session at the end of the week (e.g., Thursday or Friday morning or afternoon) to allow for better coverage and continuity.

**B. Sample schedule of a four-hour clinical session for in-person patient visit:**

* New consultation visits – the billable patient face-to-face time for the visit is either 45 minutes or one hour. The clinician will need to build in time prior to the session and after the session to complete the health record review, and documentation, and to follow-up with collaborative providers. Due to the visit intensity and level of information gathering, it is best not to schedule the clinician for more than two new patients in a four-hour session.
* Follow-up visits- can be either 30-45 minutes – depending on complexity. Again, the clinician will need to build in time prior to the session and after the session to complete the health record review and documentation, and any additional follow-up to the visit.
* Hence a clinic schedule that has four hours of direct patient encounter time will necessitate at least two - three hours of documentation time and another hour of follow-up with referring providers about care.
1. **Patient Visits Per Session**
* Based on these considerations, a reasonable clinic schedule may include six to seven patients within a four-hour session:
	+ Two new consultations of either 45 minutes to one hour
	+ Four - five follow-up visits of 30 - 45 minutes
1. **Tips for effective office-based scheduling include:**
* Remember that there is a high no-show rate of 40-50% in clinic settings. Most of the time a fully booked in-person schedule will not occur.
* Allow room for an urgent visit to keep patients out of the ED or hospital, which is one of the goals of a community-based palliative care team.

**II. Home-Based Schedule**

**A. Principles**

* Home visit schedules have variables of geography, travel time between patients, patient diagnosis, and complexity. Realistically the available time for visits in an eight-hour workday is reduced by necessary breaks, lunch, and travel time, resulting in six hours available for potential patient visits.

**B. Sample schedule of an in-person patient visit:**

* New consultation visits – These may take at least an hour, if not more depending on the complexity and frailty of the patient. The clinician will need to build in time prior to, during, and after the day of home visits to complete the health record review, documentation and follow-up with collaborative providers. Due to the intensity and level of information gathering, it is best not to schedule the clinician for more than two new patients in a day.
* Follow-up visits – These may be 30 minutes to one hour – depending on complexity and frailty of the patient, and the frequency of home visits.
1. **Patient Visits Per Day**
* Based on these considerations, a reasonable home schedule may include four - five visits per day:
	+ Two new consultations of 1.5 - 2 hours
	+ Three follow-up visits of 30 - 45 minutes
* Hence, a home schedule may have five- six hours of direct patient encounter time, but each session may necessitate at least two - three hours for documentation and another hour of follow-up with referring providers about care.
1. **Tips for effective home-based scheduling include:**
* Geographic clustering so a provider is in only one or two areas rather than scattered over a region
* Consideration of travel time in-between visits. Timing for home visits needs to include considerations of traffic, parking or perhaps public transportation (such as a bus or subway or even a bike), and road conditions.
* Remember the need to be flexible to allow time for urgent visits as these may keep a patient out of the ED or hospital, which is one of the goals of a palliative care team.

**III. Long-Term Care Facility Sample Schedule**

**A. Principles**

* Long-term care facility visits may be more efficient if an external palliative care provider visits one- two facility per day. This allows the facility to have a regular schedule for patients’ visits. Realistically the visit time available in an eight-hour workday is narrowed by necessary breaks, lunch, and travel time, leaving six to seven hours available for patient visits.

**B. Sample schedule of a day of patient visits for a clinic visiting a long-term care facility:**

* New consultation visits – These may take at least an hour, if not more, depending on the complexity and frailty of the patient. The clinician will need to build in time prior to, during, and after the day of home visits to complete the health record review, documentation and follow-up with collaborative providers. Due to the intensity and level of information gathering, it is best not to schedule the clinician for more than two new patients in a day.
* Follow-up visits – These may be 30 minutes to 1 hour – depending on complexity and frailty of the patient, and the frequency of facility visits.
1. **Patient Visits Per Day**
* Based on these considerations, a reasonable long term schedule may include four - six visits if staying at one facility for the day:
	+ Two new consultations of 2 hours- 1.5 hours
	+ Three - four follow-up visits of 30 - 45 minutes
* Hence a home schedule has five to six hours of direct patient encounter time, but each session will necessitate at least two to three hours of documentation time and another hour of follow-up with referring providers about care.
1. **Tips for effective long-term based palliative care scheduling include:**
* Timing of palliative care visits after the patient’s completion of the admission process into facility.
* Assigning a specific day for each facility to have palliative care presence for consistency palliative care.
* Clustering of palliative care visits to facility by geographic clustering.