



Carve Outs

Carve out is the term that refers to carving out one type of work against another. There are many forms of carve out:

- a. In surgery practices, the on-call function, the OR scheduled time, the office time, and, in some cases, the hospital time are “carved out” one against another. The practice must do this because each of these demand streams requires a specific location, room, equipment time or staff.
- b. In the primary care office demand stream, practices will carve out (freeze or reserve) appointments to save for “urgent” patient needs.
- c. As a contingency plan, practices will carve out and freeze some of the schedule time post-vacation to provide immediate capacity for catch up after a provider’s time out of office.

Question: Carve outs are OK as part of contingency planning, but should they be used as an ongoing tactic?

Carve outs are a method of matching demand to supply and are better than just jamming urgent work on top of a full schedule. However, carve outs do create problems:

1. The delay for the non same day line extends, which increases no-shows and walk-in line cutters.
2. The two queues require triage to distinguish.
3. If patients need to come back sooner than the end of the non-urgent line, we have to either have them call back or we just steal the space from the urgent line

The transition to doing ALL work same day is tough and requires vision, thought, data and commitment. To keep the delay at same day we have to absorb variation and we have to be able to see the variation in advance. In some environments (particularly pay by the visit systems), there is fear that “no wait” means risk of less revenue. In others, no wait means risk for unlimited demand. Collect data and look at what it is telling you.