OPERATIONS, MODULE 2

Scheduling and provider productivity

The schedule is where payroll (Finance 8) and revenue meet. A clinic can have the right prices, the right people and the right marketing and still lose money because the template puts the hours in the wrong place. After this module you can read utilization, build a template that matches demand, and know when a second room beats a second provider.

Three numbers

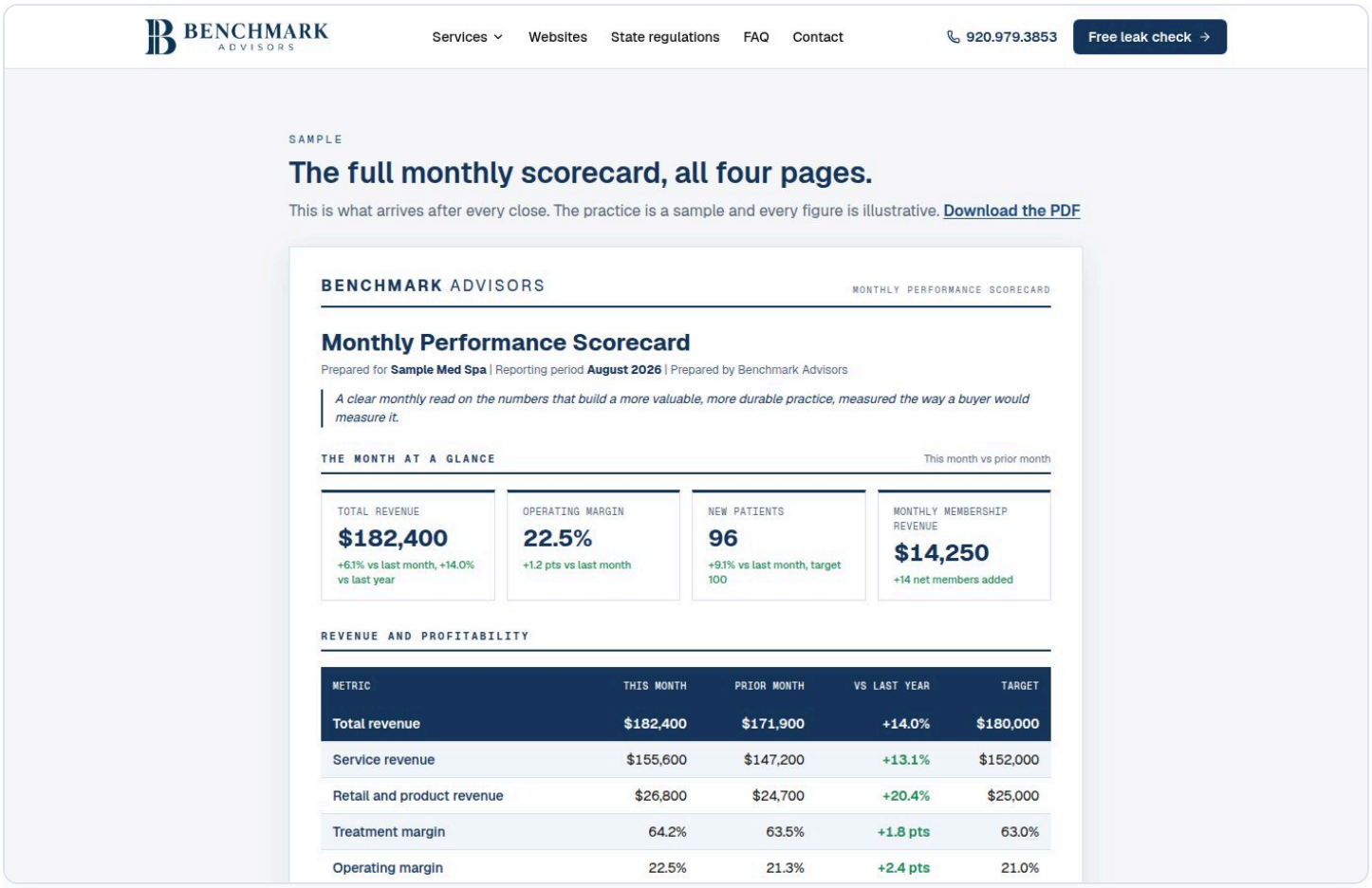
Number	How it is calculated	What good looks like
Provider utilization	Booked provider hours divided by scheduled provider hours	70 to 85%. Under 65% is underbooked; over 90% means you are turning patients away.
Room utilization	Booked room hours divided by available room hours (open hours times rooms)	70 to 85%. The room is the constraint more often than owners think.
Revenue per provider hour	Service revenue divided by scheduled provider hours	$450 and up for injectors. The single best productivity number, because it captures utilization, ticket and speed at once.

> **Scheduled hours, not booked hours.** Revenue per hour divided by booked hours flatters an empty schedule. Divide by the hours you pay for. An injector scheduled 35 hours and booked 20 is producing on 35.

Read the heat map

Pull appointments by weekday and hour for the last eight weeks from the booking system and lay them on a grid. Three patterns show up in almost every clinic:

- **Tuesday and Wednesday mornings staffed like Saturday.** Two providers on, four bookings. The fix is not fewer providers; it is moving one to Thursday evening.
- **Evenings and Saturdays full with a waitlist.** Patients who work want 5 to 7pm. Two evening blocks a week usually fill within a month and are the cheapest capacity you can add.
- **The lead injector booked solid, the second injector at 50%.** A concentration risk (Advanced 5) and an underused wage. Route new patients to the second injector by default; the lead injector takes returning patients and complex work.



Page 2 of the sample scorecard is where revenue per hour, room utilization and minutes per appointment live, by provider, every month.

Build the template

1. **Set appointment lengths from the data, not the menu.** If neurotoxin visits average 28 minutes, a 45 minute slot wastes a third of the chair. Use 30, with a 15 minute add-on block for a second area.
2. **Block by type.** New patient consults in fixed blocks (they run long and convert better when unhurried); returning neurotoxin in tight blocks; long treatments in the afternoon when the desk is quieter.
3. **Match provider hours to the heat map.** Hours on when bookings are, not when it is convenient. Review the map every quarter.
4. **Leave one flex slot a day per provider** for the same day treatment from a consult and the patient who calls this morning. An empty flex slot at 3pm becomes an open slot; a full one is revenue you would have turned away.
5. **Front desk hours follow visits**: one desk person per 25 to 30 visits a day, and never fewer than the number needed to answer the phone in five minutes (Operations 1).

Second room or second provider?

If room utilization is above 80 percent and provider utilization is under 75, the room is the constraint: a second room lets the providers you already pay produce more. If room utilization is under 65 and providers are over 85, the provider is the constraint: the room is waiting for a person. If both are high, you are turning patients away and either works; run the hire test in Finance 8 and the room cost through Advanced 3.

Minutes per appointment

Shorter over time, without hurting rebook or units per patient, is the sign of protocols settling in. A provider whose visits are ten minutes longer than everyone else's with the same ticket is producing $75 an hour less. That is a training conversation, not a pay conversation.

> **Where Benchmark comes in.** The heat map and the template review are part of the payroll leak in the sprint. Revenue per provider hour, room utilization and minutes per appointment are on page two of your scorecard every month. In the plan, the template is rebuilt with you each quarter and written up for the desk.

Try it yourself

- [ ] Export the last eight weeks of appointments by weekday and hour. Find the two emptiest staffed blocks and the two fullest.
- [ ] For each provider: service revenue last month divided by scheduled hours. Compare to $450.
- [ ] Check the actual length of your last twenty neurotoxin visits against the slot length on the template.

Check yourself: Operations 2

Revenue per provider hour should be divided by

- Booked hours
- Scheduled hours, the ones you pay for
- Open hours

Booked hours flatter an empty schedule.

Room utilization at 85%, provider utilization at 70%. The constraint is

- The providers
- The room
- Marketing

The people you already pay could produce more with a second room.

Neurotoxin visits average 28 minutes on a 45 minute slot. You should

- Leave it, patients like the time
- Move to 30 minute slots with a 15 minute add-on block
- Raise prices

A third of the chair is wasted on every visit.

The cheapest capacity most clinics can add is

- A second location
- Two evening blocks a week
- Another laser

Patients who work want 5 to 7pm, and the room is already paid for.

A provider ten minutes slower per visit at the same ticket is

- More thorough, leave it
- Producing about $75 an hour less; a training conversation
- Underpaid

Same revenue, more of the hour. Protocols, not pay.

Pick an answer for each question.

Want this done, not just explained?

The 10-Day Sprint finds the leaks for $1,000, one time. After that, on the plan, the scorecard keeps coming and at least one growth initiative is executed with you every month. Plans from $2,299 a month. Everything in this module is part of that work.

See the sprint and pricing | Text Nate

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