Patient Scheduling

Unit: Medical Front-Office Procedures

Problem Area: Perform Clerical Duties

Lesson: Patient Scheduling

Student Learning Objective.

Instruction in this lesson should result in students achieving the following objective:

Describe and explain guidelines for scheduling patient appointments.

Resources.

The following resources may be useful in teaching this lesson:

Bonewit-West, Kathy, Sue Hunt, and Edith J. Applegate. *Today's Medical Assistant—Text and Study Guide—Clinical and Administrative Procedures.* Elsevier Health Sciences, 2008.

Booth, Kathryn A., et al. *Clinical Procedures for Medical Assisting with Student CD,* 3rd ed. McGraw Hill, 2009.

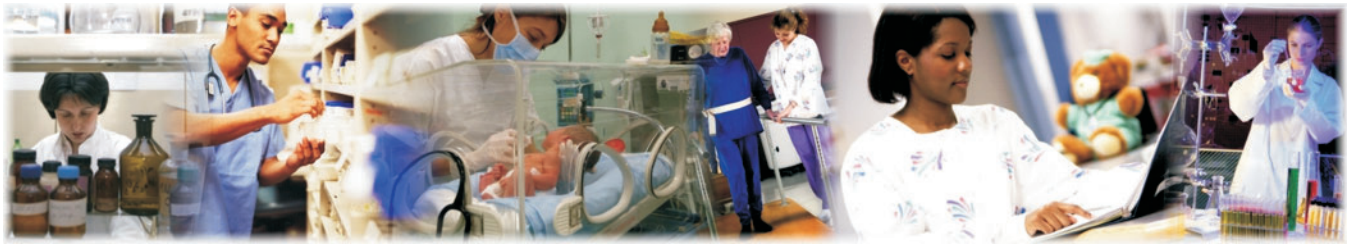
Booth, Kathryn A., et al. *Medical Assisting—Administrative and Clinical Procedures with Student CD-ROMS,* 3rd ed. McGraw Hill, 2009.

Fordney, Marilyn, Linda L. French, and Joan Johnson. *Administrative Medical Assisting.* Delmar, 2007.

Keir, Lucille, Barbara A. Wise, and Connie Krebs. *Medical Assisting: Administrative and Clinical Competencies.* Thomson Delmar Learning, 2007.

Klieger, Diane M. *Saunders Essentials of Medical Assisting*, 2nd ed. W.B. Saunders, 2009.

Morton, Tammy B. *Kinn's The Medical Assistant: An Applied Learning Approach*. Saunders Elsevier, 2005.



Equipment, Tools, Supplies, and Facilities

- ✓ Overhead or PowerPoint projector
- ✓ Visual(s) from accompanying master(s)
- ✓ Copies of sample test, lab sheet(s), and/or other items designed for duplication
- ✓ Materials listed on duplicated items
- ✓ Computers with printers and Internet access
- ✓ Classroom resource and reference materials

Key Terms.

The following terms are presented in this lesson (shown in bold italics):

- breather
- buffer time
- categorization
- double-booking
- flexible office hours
- grouping procedures
- open office hours
- self-scheduling
- tidal wave scheduling
- triage
- wave scheduling

Interest Approach.

Use an interest approach that will prepare the students for the lesson. Teachers often develop approaches for their unique class and student situations. A possible approach is included here.

> *Put students in small groups. Then ask them to brainstorm and develop a list of guidelines for properly scheduling patients' appointments. Ask them to think about scenarios in which the medical assistant must triage the calls for appointments and how a medical assistant might go about managing no-shows, cancellations, walk-ins, and requests for appointments when there are no openings in the schedule. After students have had adequate small group time, conduct a brief class discussion to review their comments and suggestions.*

CONTENT SUMMARY AND TEACHING STRATEGIES

Objective 1: Describe and explain guidelines for scheduling patient appointments.

Anticipated Problem: What are some guidelines for scheduling patients' appointments?

I. Scheduling patients' appointments

A. Office hours and types of scheduling

1. ***Open office hours*** (***tidal wave scheduling***) is a method by which a physician sees patients without scheduled appointments. When the office is open, patients can come in at their convenience and wait their turn to see the physician. Few physicians use this method. It is more commonly seen in rural areas.
2. Most physicians use scheduled appointments with flexible office hours. ***Flexible office hours*** are scheduled times that may include some evening and weekend hours.
3. ***Wave scheduling*** is a method of scheduling that attempts to incorporate flexibility within each hour. It assumes that the actual time needed for each patient will average out within the given timeframe. In wave scheduling, two or more patients are scheduled at even intervals within an hour or at the same time, but they are seen in order of their arrival.
4. ***Double-booking*** is the practice of scheduling two patients to come at the same time without leaving adequate time for each patient. This is considered a bad practice with extremely poor customer service.
5. ***Grouping procedures*** or ***categorization*** is a method of scheduling in which similar procedures or categories of visits are scheduled together.
   a. All complete physicals may be scheduled in the morning, and all consultations or referrals may be scheduled for late afternoons.
   b. Well-baby visits may be scheduled for particular days/hours.
6. ***Self-scheduling*** is a Web-based method of scheduling in which patients can see available appointments and select their own dates and times.

B. Appointment book versus computerized scheduling

1. Patient scheduling is most often done by use of computerized scheduling programs. Advantages:
   a. Computerized scheduling programs save desk space.
   b. They are easy to operate.
   c. Changes can be made quickly and easily.
   d. Programs automatically find the first available appointment for the patient.
   e. Programs can prepare reports.
   f. Programs can automatically notify patients of appointments by email.

2. Appointment book
    a. It should provide enough space for all needed information (e.g., name, phone number, and reason for visit).
    b. It should meet the needs of all physicians in a multi-physician practice.
    c. Writing must be clear and legible (in case it is needed as evidence or as a court record).
    d. Color-coding is recommended for ease in use.

C. Triage and scheduling
    1. Medical assistants must triage calls before scheduling. ***Triage*** is the process of evaluating the urgency of a situation or the patient's need for care and then prioritizing care and treatment. Calls for appointments may be categorized as emergencies, urgent, or acutely ill.
        a. Emergencies—Depending on the seriousness of the situation, patients are referred to a hospital emergency room, an immediate care center, or seen by the physician in the office that same day.
        b. Urgent conditions (as defined by the physician)—Typically, in these situations, appointments are scheduled within 1 to 4 days.
        c. Acutely ill patients—Physicians should be consulted; if contagious, the patient should be scheduled at the end of the day when fewer patients are in the waiting area.
    2. Adequate time must be allotted for each appointment based on the following:
        a. Physician's preference and practice
        b. Purpose of visit
        c. Age of patient
        d. Procedure(s) being performed and whether the physician or other staff members will be performing part of the procedure(s)
    3. Each medical practice should have at least one or two appointment slots open each day—preferably one in the morning and one in the afternoon—to accommodate emergencies or urgent walk-ins. These open appointment slots are known as ***buffer time***. Mondays and Fridays are typically the busiest days of the week, so scheduling additional buffer time on these days may be beneficial.
    4. In addition to scheduled meal times, some physicians prefer to have time set aside each morning and afternoon for a breather. A ***breather*** is a scheduled work break, which is generally about 15 minutes.

D. General scheduling guidelines (VM–B)

E. Special guidelines for scheduling new patients (VM–C)

F. Return appointments
    1. Patient information (e.g., address, phone #, and insurance information) must be verified.
    2. Reminders and appointment cards should be used, as applicable.

G. Special circumstances (VM–D)

Teaching Strategy: *Use VM–A to explain lesson terms and VM–B through VM–D to review guidelines for scheduling patient appointments in a variety of situations. Then project VM–E and demonstrate how various appointments and events are scheduled (i.e., patient appointments, physicians' meetings, and new patient visits). Students can be provided a copy to fill in as you demonstrate. Then assign a patient appointment scheduling activity using a copy of VM–E and LS–A.*

Review/Summary.

Use the student learning objectives to summarize the lesson. Have students explain the content associated with each objective. Student responses can be used in determining which objectives need to be reviewed or taught from a different angle.

Application.

Use the included visual master(s) and lab sheet(s) to apply the information presented in the lesson.

Evaluation.

Evaluation should focus on student achievement of the objectives for the lesson. Various techniques can be used, such as student performance on the application activities. A sample written test is provided.

Answers to Sample Test:

Part One: Matching

1. d
2. b
3. e
4. i
5. a
6. c
7. f
8. h
9. g

Part Two: True/False

1. T
2. F
3. F
4. T
5. T
6. F
7. T
8. T

9. F
10. T

Part Three: Short Answer

1. Any answers similar to the guidelines listed on VM–B are acceptable.
2. Any answers similar to the guidelines listed on VM–C are acceptable.
3. Any answers similar to the guidelines listed on VM–D are acceptable.

Sample Test

Name _____

Patient Scheduling

Part One: Matching

Instructions: **Match the term with the correct definition.**

a. double-booking
b. breather
c. flexible office hours
d. open office hours
e. buffer time
f. self-scheduling
g. triage
h. wave scheduling
i. categorization

_____1. A method by which a physician sees patients without scheduled appointments

_____2. A scheduled work break, typically 15 minutes

_____3. One or two appointment slots that are open each day to accommodate emergencies or urgent walk-ins

_____4. A method of scheduling in which similar procedures or categories of visits are scheduled together

_____5. A poor customer service practice in which two patients are scheduled to come in at the same time without leaving adequate time for each patient

_____6. Office hours that include some evening and weekend hours

_____7. A Web-based method of scheduling in which patients can see available appointments and schedule their own dates and times

_____8. A method of scheduling that attempts to incorporate flexibility within each hour and assumes the actual time needed for each patient will average out

_____9. The process of evaluating the urgency of a situation or the patient's need for care and then prioritizing care and treatment

Part Two: True/False

Instructions: **Write *T* for true or *F* for false.**

_____1. New patient appointments often require additional time.

_____2. Open office hours (tidal wave scheduling) are very common in practices in large metropolitan areas.

_____3. Double-booking is an effective method of scheduling that considers the patient's needs and fosters patient satisfaction.

_____4. There are many advantages to computerized appointment scheduling.

_____5. Triaging phone calls and requests for appointments is an important duty of the medical assistant.

_____6. Since physicians set their own schedules, they never require buffer time or breathers during a work day.

_____7. Writing in an appointment book must be neat and legible.

_____8. Color-coding may make appointment books easier to use.

_____9. The medical assistant is the only person to determine if an urgent situation or an acute illness warrants the patient being seen on the same day.

____10. Travel time must be allowed for when scheduling outside appointments, such as surgery and hospital rounds, for the physician.

Part Three: Short Answer

Instructions: **Answer the following.**

1. List at least three general guidelines for scheduling patient appointments.

2. List at least three guidelines for scheduling appointments for new patients.

3. List at least three guidelines for scheduling appointments under special circumstances.

EXPLANATION OF TERMS

- breather—a scheduled work break, typically 15 minutes
- buffer time—one or two appointment slots that are open each day, preferably one in the morning and one in the afternoon, to accommodate emergencies or urgent walk-ins
- categorization—a method of scheduling in which similar procedures or categories of visits are scheduled together; also known as grouping procedures
- double-booking—the practice of scheduling two patients to come in at the same time without leaving adequate time for each patient; considered poor practice and poor customer service
- flexible office hours—office hours that include some evening and weekend hours

- grouping procedures—a method of scheduling in which similar procedures or categories of visits are scheduled together; also known as categorization
- open office hours—a method by which a physician sees patients without scheduled appointments; also known as tidal wave scheduling
- self-scheduling—a Web-based method of scheduling in which patients can see available appointments and schedule their own dates and times
- tidal wave scheduling—a method by which a physician sees patients without scheduled appointments; also known as open office hours
- triage—the process of evaluating the urgency of a situation or the patient's need for care and then prioritizing care and treatment
- wave scheduling—a method of scheduling that attempts to incorporate flexibility within each hour; assumes the actual time needed for each patient will average out; two or more patients are scheduled at even intervals or at the same time and are seen in order of arrival

GENERAL SCHEDULING GUIDELINES

- Prepare appointment book/schedule in advance by blocking off time slots during which physicians are not available to see patients (e.g., meetings; hospital rounds; lunch; days off; holidays; time allotted to make/receive phone calls, review lab reports, or dictate or review reports).
- When scheduling appointments, consider a physician's preferences, the needs of the patient, and available facilities and equipment.
- Try to schedule patients for their most convenient time. This is good customer service, and it helps avoid no-shows and cancellations.
- Try to offer each patient a choice of two days and two times, including a morning and an afternoon.

- Be aware of the amount of time needed for each patient and for each type of visit.
- Keep patients informed of wait times. When the physician is running more than 15 minutes behind schedule, briefly explain the delay to patients and offer to reschedule their appointments.
- If using an appointment book, remember that handwriting must be neat and legible!
- Consider having patients arrive 15 minutes before their scheduled appointments if paperwork is needed or if the patient has a history of arriving late.
- Be polite and considerate if you must refuse a patient an appointment. Explain why you cannot accommodate the patient's request, and offer an alternate day and time. Notify patients of any cancellations that would allow for an earlier appointment.

SPECIAL GUIDELINES FOR SCHEDULING NEW PATIENTS

- Efforts should be made to promote a positive first impression of the physician, the office, and the staff.
- Allow extra time for new patient appointments. You need the following essential information for scheduling a first appointment:
  - Patient's full name (verify spelling)
  - Date of birth
  - Complete address
  - Daytime phone number
  - Home phone number and alternate number (i.e. cell phone)
  - Source of referral, if applicable
  - Reason for requested appointment
  - Insurance information (company name, policy & ID #)

- Be sure the patient has the correct office address, directions, and any relevant parking information.
- If available, mail an information or “welcome” brochure introducing the medical and office staff and describing policies, procedures, and financial arrangements.
- If the patient was referred by another physician, and if directed to do so, obtain necessary records from the referring physician.
- Send an appointment reminder via mail, email, or telephone call, as appropriate for facility or practice.

SPECIAL CIRCUMSTANCES

- Schedule patients who are typically late as last appointments of the day, or tell them to arrive 15 to 30 minutes earlier than the time for which they are actually scheduled.
- Schedule frequently recurring appointments on the same day at the same time each week, if possible.
- Inform patients about policies regarding cancellations, "no-shows," and late arrivals.
- Notify the patients if the physician is behind schedule in appointments, is delayed, or is called out on an emergency. Reschedule if necessary.
- Be sure you know how "walk-ins" are to be managed in each practice.

- When scheduling outside appointments for the physician (i.e., surgery; consultation; meetings; hospital rounds; or convalescent home), be sure travel time is allowed between appointments.
- When scheduling patients for procedures or lab tests, follow procedures required by the insurance (i.e., prior approval/notification), instruct the patient on proper preparation, and schedule the procedure/test at an appropriate time.
- Schedule visits by salespersons and pharmaceutical representatives as instructed by the physician.

VM–E

SAMPLE APPOINTMENT BOOK PAGE

			Day				
			Date				
			8	00			
				15			
				30			
				45			
			9	00			
				15			
				30			
				45			
			10	00			
				15			
				30			
				45			
			11	00			
				15			
				30			
				45			
			12	00			
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			1	00			
				15			
				30			
				45			
			2	00			
				15			
				30			
				45			
			3	00			
				15			
				30			
				45			
			4	00			
				15			
				30			
				45			
			5	00			
				15			
				30			
				45			

LS–A

Name _____

Scheduling Patient Appointments

Purpose

The purpose of this activity is to provide students with an opportunity to practice scheduling appointments.

Objectives

1. Neatly and accurately schedule patient appointments.
2. Neatly and accurately schedule physician appointments, meetings, and events.

Materials

- lab sheet
- pencil
- copy of VM–E

Procedure

1. Review the Sample Data provided below.
2. Fill in the sample appointment book page (VM–E) using the sample data and a pencil.
3. Complete the sample appointment book page neatly and accurately.
4. Turn in the completed work to your instructor.

Sample Data

Physicians: Dr. Smith Dr. Samuel Dr. Brown

Date: Monday 7/12/20—

The physicians are out of the office or unavailable for patient appointments on Monday 7/12/20—as follows:

Dr. Smith

- 8 a.m. to 9 a.m. (hospital rounds)
- 12 p.m. to 1 p.m. (lunch meeting)

Dr. Samuel

- 8 a.m. to 11 a.m. (surgery)
- 11 a.m. to 11:30 a.m. (lunch)

Dr. Brown

- 11:30 a.m. to 12:30 p.m. (lunch)
- 5 p.m. to 6 p.m. (phone calls; review lab reports)

Patient Appointments to Schedule

- Ralph Dibbs—with Dr. Brown at 9 a.m.—blood pressure check—15 minutes
- Rita Davis—with Dr. Samuel at 12 p.m.—full check-up/exam—1 hour
- Patricia Marks—with Dr. Smith at 9:15 a.m.—blood glucose check—15 minutes
- David Johnson—with Dr. Samuel at 11:30 a.m.—F/U exam—15 minutes
- Susan Everett—with Dr. Brown at 8:15 a.m.—Sports physical—30 minutes
- Garth Kelso—with Dr. Smith at 1 p.m.—New patient physical with labs—1 hour
- Bill Danvers—with Dr. Samuel at 2 p.m.—F/U exam with labs—30 minutes
- Maude Lister and her two children, Amanda and Frank—with Dr. Brown at 12:30 p.m.—blood pressure check for Maude and routine check-up with immunizations for children—15 minutes each
- Lacey Maxwell—with Dr. Smith at 9:45 a.m.—mole removal—30 minutes
- Henry Peterson—with Dr. Brown at 3 p.m.—consultation—30 minutes

Other Appointments

- Dennis Martin, Scwibb pharmaceutical rep—with Dr. Smith at 4:45 p.m.—15 minutes
- Lizbeth Roan—Schnell lab equipment salesperson—with Dr. Samuel at 3:30 p.m.—15 minutes