OBJECTIVES

The student should strive to meet the following performance objectives and demonstrate an understanding of the facts and principles presented in this chapter through written and oral communication.

1. Define the key terms as presented in the glossary.
2. Review six major scheduling systems.
3. Describe the six guidelines in scheduling appointments.
4. Explain the importance of screening in scheduling patient appointments.
5. Review proper cancellation procedures and explain the legal necessity of documenting cancellations.
6. Recall three types of reminder systems.
7. Choose an appropriate appointment scheduling tool and describe its advantages.
8. Establish a matrix for a new year and a new practice.
9. Check in patients using a daily appointment sheet.
10. Schedule appointments using a manual system and an electronic system.
11. Schedule outpatient procedures and inpatient admissions.
Patient scheduling has undergone many changes. A medical appointment is most often scheduled over the telephone or in person. Information technology allows appointment scheduling through secure online access using the clinic’s Web site. However, the appointment is made, the medical staff will need the home telephone number and will want the cellular phone number that often accompanies the patient at all times or is used in place of a land-line telephone. In the case of online appointment requests, the patient’s email address is necessary. If online appointment scheduling is new to the clinic, the medical assistant may ask if the patient has a computer and is willing to use the computer for online appointment scheduling.

Patient scheduling is an integral part of the daily workload for medical assistants, whether in large family practices, urgent care centers, or sole proprietor clinics. Scheduling becomes more complicated if providers are practicing in more than one location and traveling between them. Scheduling patients can be stressful, especially if the telephone rings constantly and the medical assistant is unable to provide patients a convenient appointment.

Although patient appointment scheduling may seem like a routine function, a smooth patient flow often determines the success of a day in the ambulatory care setting. A variety of administrative skills are used in the performance of this vital function. By effectively scheduling patients to fit a particular practice, it is possible to make profitable use of provider and staff time.

In addition, efficient patient flow pleases the patient. A common patient complaint is the time spent waiting in the reception area or the examination room. Most patients appreciate a clinic that recognizes the value of their time. Accordingly, these patients do not hesitate to advertise their experience (good or bad) to friends and families—a fact of great significance to any medical setting.

Scenario

At Inner City Health Care, medical assistant Walter Seals is responsible for efficient patient flow. Because Inner City is an urgent care center, patients are seen as walk-in appointments, on a first-come, first-served basis unless there is an emergency situation. Inner City also operates specialty care clinics, and these clinics require scheduled appointments. Walter has found that the clustering system is most efficient for these specialized care clinics, with certain days dedicated to certain procedures.

Because of the high volume of patients and the need to coordinate multiple provider schedules, Walter’s job is not an easy one. However, Inner City is computerized, so paperwork is easy to generate as appointments are made, canceled, or rescheduled. And although Walter manages a smooth patient flow, he makes it a point to remain flexible to accommodate patient needs and keep stress to a minimum.

INTRODUCTION

In addition to the required administrative skills, medical assistants involved in scheduling patients must put into practice their best interpersonal and communication skills. Scheduling an appointment may be the first contact patients have with the medical facility. They remember and value the treatment they receive from the time of first contact. The personality of the ambulatory care setting is always reflected in the treatment and respect given to patients.

Whether scheduling is done online, through a computerized system, or in the paper appointment book

Spotlight on Certification

RMA Content Outline
• Reception
• Appointment scheduling
CMA (AAMA) Content Outline
• Telephone techniques
• Equipment operation
• Computer applications
• Utilizing appointment schedules/types
• Appointment guidelines
• Appointment protocol
• Integrating meetings and travel with clinic schedule
CMAS Content Outline
• Medical office clerical assisting
• Appointment management and scheduling
(rare these days), practitioners and their staff must remember the importance of that first impression and make it satisfying for patients.

**TAILORING THE SCHEDULING SYSTEM**

The schedule of each medical facility will determine the best method for scheduling appointments. A surgeon’s office will have a much different flow of patients than a pediatrician’s office. The key is to customize the system to best accommodate the practice. Primary goals in determining this should include:

- A smooth flow of patients with a minimal amount of waiting time
- Flexibility to accommodate acutely ill, STAT (or emergency) appointments, work-ins, cancellations, and no-shows

Medical providers may feel uncomfortable if their days are not busy with patients or they experience idle time. It is also true that patients want access to their medical providers when needed and prefer not to wait several days to be seen. There is no one perfect scheduling style, and some facilities even may be unable to identify their style of scheduling by name. One thing is certain, however: patients, providers, and their staff will know when scheduling is not working successfully.

**SCHEDULING STYLES**

There are a number of methods for patient scheduling. The best method for a practice is the one that effects good patient flow and proper utilization of staff and physical facilities and meets the needs of the provider(s). Traditionally, all scheduling was done by writing appointments in a book by hand. Increasingly, however, scheduling is done using computer software designed specifically for that purpose or using scheduling programs that are part of total practice management software (Figure 13-1). Keep in mind that even the most sophisticated computerized system will fail if the scheduling style does not comfortably fit the predetermined and necessary patient flow.

Some clinics ask patients to sign in as they arrive. Some legal authorities believe that the only infallible way to prove patients have kept a medical appointment is to have them sign their name upon arrival and give the time. The Health Insurance Portability and Account-
Figure 13-2  Confidential patient sign-in system that offers privacy. Patient can be called by the number of the ticket or by name.
person to sign in does not see the information of the previous patient. The ticket has a number in the upper right-hand corner that can be used by the medical assistant to call the patient if total confidentiality is preferred. However, many patients believe being called by a number is impersonal and unwelcoming.

Open Hours

In open hours scheduling, patients are seen throughout a particular time frame, for example, 9:00 AM to 11:00 AM or 1:00 PM to 3:00 PM. Patients are seen on a first-come, first-served basis. Many clinics frequently choose this method because they are able, by their nature, to maintain a steady flow of patients. Open hours scheduling is likely a place where a sign-in sheet is helpful, because patients are seen on a first-come, first-served basis. It is important to remember that a sign-in sheet can never replace a warm, welcoming greeting from the administrative medical assistant to set the tone for care given that day.

Double Booking

With the double-booking method, two or more patients are given a particular appointment time. This method is limited to a practice that can attend to more than one patient at a time. For instance, Maria Jover and Jim Marshal are both given a 9:30 AM appointment. Ms. Jover requires a complete checkup including lab tests, vitals, and provider visit. Mr. Marshal is being seen for suture removal. While the staff conducts the lab tests on Ms. Jover, the primary care provider can see Mr. Marshal. Obviously, this method requires a precise accounting for time, rooms, and adequate staff. A good rule to remember is that if patients are consistently having to wait for staff to attend to them, double booking is not a wise choice of method. Also, patients who do not understand the complex nature of patient scheduling may mistakenly believe that their provider is trying to see two patients at the same time, forcing one of them to wait unnecessarily.

Clustering

The clustering method applies the concept used in production line work, namely, that performing only one step or process allows for efficient processing. In the ambulatory care setting, patients with similar problems are booked consecutively. Obstetricians and pediatricians commonly choose this method. A block of time, either hours or days of the week, is set aside for particular types of cases. For instance, an obstetrician might see only patients in their third trimester of pregnancy on Mondays and Fridays and gynecology patients on Tuesdays and Thursdays. A pediatrician’s office might be organized for immunizations on Tuesday mornings and well-baby checkups on Monday and Friday afternoons.

Wave Scheduling

Wave scheduling is another method that can be used effectively in medical facilities that have several procedure rooms and adequate personnel to staff them. Using the wave scheduling system, patients are scheduled only in the first half hour of each hour. For example, three patients may be given the time of 11 AM. Generally, the first one to arrive is seen first. If they all arrive on time, the one who is most ill is usually seen first, and there will be a waiting time for the other two patients. Depending on the practice, some administrative medical assistants will be instructed to schedule three patients at the top of the hour and another two or three patients at the bottom of the hour (e.g., 11:30 AM). Patients who do not understand this system of scheduling may become irritated if they discover that another patient has the same appointed time with the same provider. This method takes into account that there will be no-shows and late arrivals. It can also accommodate work-in appointments. However, it does require personnel who are able to prioritize patient problems precisely when establishing the appointments.

Modified Wave Scheduling

Modified wave scheduling is a variation of the wave method where patients are scheduled in “waves.” In this method, two or three patients are scheduled at the beginning of each hour, followed by single appointments every 10 to 20 minutes the rest of the hour.
A variation of this method assesses major and minor problems. Major time-consuming problems are seen at the beginning of the hour (e.g., new patients). Minor problems are seen from 20 minutes past the hour to half past the hour (e.g., follow-ups, bandage changes, and other minor procedures), and walk-ins (e.g., a child with a 103°F temperature) are accommodated at the end of the hour. Again, good screening will determine the success of this method.

With both the clustering and wave methods, empty or unscheduled periods can be used to catch up on other responsibilities.

**Stream Scheduling**

Stream scheduling is perhaps the best known and most widely used scheduling system. When this system works as it should, there is a steady stream of patients at set appointment times throughout the workday, for example, 30-minute appointment at 9:00 AM; 15-minute appointment at 9:30 AM; 15-minute appointment at 9:45 AM. Each patient is assigned a specific time. This can best be accomplished by establishing realistic time guidelines for particular types of appointments, such as 45 minutes for consultations, 15 minutes for immunizations, and 30 minutes for hearing tests.

**Practice-Based Scheduling**

As discussed earlier in this chapter, some ambulatory care settings find it necessary to develop a system unique to their patient load. In these customized systems (practice-based), the practice determines the schedule. An orthopedist might schedule cast removals on Mondays and Fridays using double booking and stream scheduling for new patients, with each patient having a 45-minute appointment. A group of vascular surgeons might use both a double-booking and a modified wave system. They might double book patients for short rechecks and quick procedures but use the modified wave for patients with preoperative and postoperative checks and long specialty procedures.

There are many variations of scheduling styles. An Oregon massage therapist who operates a private practice as a sole proprietor with no staff has found that an online welcome screen and appointment book is the best way for her patients to schedule a massage. Her online system also creates appointment reminder email messages. This massage therapist and her patients are pleased. They believe that the self-service scheduling gives their therapist more time to take care of their needs.

**ANALYZING PATIENT FLOW**

When reviewing the current scheduling practice, a simple analysis can maximize an office’s scheduling practices. This entails looking at appointment times, patient arrival times, the actual time a patient is seen, and the time a visit is completed. A simple grid chart can be produced for a given period, for example, 1 to 2 weeks (Figure 13-3). In addition, chart the number of no-shows and cancellations. Electronic scheduling systems can automatically provide the detail necessary to analyze the effectiveness of patient scheduling. It has the capability of indicating the time for specific procedures, for each provider, and for each service given to the patient.

This analysis will provide a clear picture of patient flow and whether personnel are being used efficiently. The data will assist in estimating how many patients to schedule and realistic time frames for particular problems or procedures. If the staff is scheduling return patients every 15 minutes yet the analysis shows these visits average 24 minutes, the scheduling method needs adjustment. This may mean either allowing more minutes for follow-up visits or building in slack time when no appointments are made.

Develop a simple list of commonly scheduled visits with time estimates for each. This procedural sheet will be particularly useful when training new employees or when temporary help is used for scheduling (Figure 13-4).

### PATIENT FLOW ANALYSIS

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Name</th>
<th>Length of Appt.</th>
<th>Appt. Time</th>
<th>Time Seen</th>
<th>Time Out</th>
<th>Dr. King</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2, 20XX</td>
<td>Martin Gordon</td>
<td>15</td>
<td>10:20</td>
<td>10:22</td>
<td>10:45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason Jover</td>
<td>45</td>
<td>11:20</td>
<td>11:20</td>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nora Fowler</td>
<td>30</td>
<td>1:00</td>
<td>1:25</td>
<td>1:45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jim Marshal</td>
<td>15</td>
<td>1:30</td>
<td>1:50</td>
<td>2:10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Herb Fowler</td>
<td>60</td>
<td>2:45</td>
<td>2:15</td>
<td>3:25</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 13-3** Patient flow analysis helps a practice determine realistic time frames for appointments.
Waiting Time

One of patients’ frequently voiced frustrations with medical clinics is excessive waiting time. Obviously, emergencies and other unexpected interruptions cannot be anticipated. However, there are certain measures the medical assistant can take when attempting to keep the schedule on target. If patients are kept waiting, it is a good strategy to explain the reason for the delay and give patients an estimate of how long the delay will be. Never ignore the delay hoping patients will not notice; this, in fact, seems to increase perceived waiting time. Find ways to make patients comfortable while they wait; for example, provide an appropriate choice of reading materials (or in the case of children, activities). Refer to Case Study 10-3. If a delay can be anticipated, for example, the provider is called away for a baby delivery or surgery, attempt to contact patients before they leave home to reschedule the appointments.

If the delay is likely to be a half hour or longer, provide patients with options, for example:

1. Offer patients the opportunity to run an errand, having them return at a specified time.
2. Offer to reschedule appointments for another day, or later that day, or to see another provider in the practice if possible.

In any case, remember that good customer relations dictate your willingness to acknowledge the inconvenience to the patients and attempt to provide an acceptable solution. Remember also that some patients simply will not appreciate any efforts to apologize for a delay, in which case you must continue to act professionally toward them.

LEGAL ISSUES

Information provided in any patient scheduling system may be used for legal purposes. A case of malpractice or questions regarding a provider’s availability may require a copy of the daily schedule. It might become necessary to identify how many times a particular patient was a no-show or canceled an appointment, never calling to reschedule. The appointment schedule could verify that a patient was seen and treated on a particular day, thus affirming the information in the patient’s record. A patient sign-in sheet may serve this purpose, also.

All computerized systems provide a permanent record of patients seen, and any alterations to that schedule are saved on the hard drive or disk and are shown when a printout is produced. If an appointment book is still used, the staff will have to make certain there is a permanent record or daily appointment sheet that indicates cancellations, work-ins, urgent care needs, and no-shows. Any changes to the daily appointment sheet are to be made in pen; therefore, there will be no question regarding accuracy.

Remember that anyone looking into a practice will be looking at the record of documentation. Taking the time to accurately and consistently document all aspects of patient care makes a statement about the providers in the practice and their staff and reflects positively on the presumed quality of patient care.

INTERPERSONAL SKILLS

Scheduling appointments requires interpersonal skills. Medical assistants convey a great deal to patients through attitude and actions as well as empathy. A hurried or disinterested manner communicates that the patient is not a priority. Because patients are often distraught or anxious when making appointments, it is extremely important to reduce rather than increase anxiety. Also, the medical assistant scheduling appointments may be the first contact a patient has with the clinic; patients do not easily forget rude or insensitive staff. A hurried, disinterested manner toward patients is just as often the basis for legal action as is a negligent act.

If any form of online scheduling is used, be certain that it is user friendly, has a rapid response time of no more than 24 hours, and provides patients an option if the online scheduling proves unsatisfactory for any reason. Make certain that
staff are ready for online scheduling and that those responsible for assignments and backups are carefully prepared. It is important that patients not be made to feel inadequate if they choose not to use online scheduling.

The patient should always be made to feel worthy of attention. This validates his or her reason for calling. If you are scheduling a patient in the office and the phone rings, answer the call but excuse yourself first. Ask the caller to please hold for a moment. If you are on the telephone scheduling a patient and another patient walks in, acknowledge with a nod or signal that you will be right there—never let the person feel ignored (see Chapter 12). Today, patients have a variety of options for health care and tend to be much more consumer conscious of the treatment they receive.

**GUIDELINES FOR SCHEDULING APPOINTMENTS**

Whether completed by manual methods or computer technology, the process of scheduling appointments for patients and other visitors to the ambulatory care setting involves a number of variables, including (1) the urgency of the need for an appointment; (2) whether the patient is a referral from another provider; (3) recording methods for new and established patients; (4) implementation of check-in, cancellation, and rescheduling policies; (5) use of reminder systems; and (6) accommodating visits from medical supply and pharmaceutical company representatives.

Providers in some health maintenance organizations who are paid by a salary rather than by patient visit are experimenting with group scheduling. The group visits may be established around patients with specific chronic ailments such as diabetes, hypertension, or geriatric complaints. This is one method to provide patient education, support, and interaction while using time efficiently and keeping costs down. At the same time, patient-provider relationships are maintained in providing health care.

**Screening Calls**

Urgent calls will need to be screened, or assessed, before they can be scheduled. In other words, the person making the appointment will need to determine the actual urgency of that call and determine how the patient can best be scheduled. This requires both communication skills and medical knowledge.

Appropriate questions will be asked to determine the actual urgency. Is the patient in immediate need of medical assistance? Is there any bleeding? If so, where? How profuse is the bleeding? Are there chest pains? How intense is the pain? Is it localized? How long have the symptoms been present? The medical assistant needs to determine whether this is a life-threatening matter, or whether the problem is urgent in the patient’s eyes but not a medical emergency. Precise information will help to determine the critical or noncritical nature of the call.

In screening the patient’s urgency of care, be tactful in questioning and avoid making the patient feel that the need is insignificant. If questioning indicates this is a medical emergency, follow the policy for having the patient seen (whether it be an emergency appointment or referral to the emergency department). If referral to the emergency department or a call to 911 is necessary, make the call for the patient, being certain you have the correct address and telephone number available. Such a referral minimizes disruption to patients being seen in the ambulatory care setting. If it is determined that the best method of handling this emergency is to see the patient in the office, let scheduled patients know of the emergency and offer them the opportunity of rescheduling or waiting until the emergency has been resolved. A built-in slack time of 30 minutes in the morning and 30 minutes in the afternoon can provide some flexibility in last-minute emergency scheduling. If it is determined that the situation is not an emergency, work the patient into the schedule as the situation warrants and time allows, and make certain the patient is comfortable with the scheduled time. Be sure to leave the patient with the understanding that you have done your best to address the situation. (See Chapters 9 and 12 for more information on screening.)

**Referral Appointments**

One of the primary sources for any provider is referrals from other providers. This is especially true in a managed care climate, where patients usually must have a referral from their primary care provider and where providers are part of an HMO network. It is important that these appointments be given special consideration and that referred patients be given an appointment as soon as possible.

Adequate information needs to be obtained to determine the urgency of scheduling. If the referring provider or clinic staff calls directly, the situation can be accessed at that time. However, if the referred patient calls, it is best to obtain necessary...
records and information from the referring provider’s office to determine the urgency and appropriateness of an appointment. This can be done by obtaining general information from the patient and then scheduling an appointment after the provider’s office is contacted for complete information regarding the patient’s condition. Be polite and assure the patient of an appointment as soon as the referring provider’s office is contacted.

**Recording Information**

Patients can be sensitive to the amount of information they are required to provide to make an initial appointment. Keep the information as simple as possible and obtain only essential information. It should be tailored to fit the practice; for example, an obstetrician and a pediatrician will have different questions for the first-time patient.

When patients schedule an appointment online via the clinic’s Web site, they are directed to a patient preregistration and health history that can be completed online prior to coming to the facility. The information provided in this format is often more detailed than what is obtained over the telephone. Nevertheless, the following basic items should be obtained from a new patient:

1. The patient’s full legal name (with the correct spelling)
2. A daytime telephone number
3. The chief complaint or reason for the visit
4. The referring provider, if relevant

In privacy, repeat this information back to the patient to ensure accuracy.

Clinics with computerized scheduling and billing will require a few additional items, such as:

1. Date of birth
2. Type of insurance
3. Insurance number

The critical determination is whether the information is essential to the first contact or whether it can be obtained at the time of the visit. An established patient, someone who has already been seen in the clinic, should be required to provide only the following information:

1. Full legal name
2. Chief complaint or reason for the visit
3. A daytime telephone number

When the information is recorded, print legibly and accurately in a manual system, and key in the information in a computer system. Check for accuracy in either system. Record the appointment as soon as it is made—never rely on memory.

When scheduling an appointment time, ask the patient what day and time is most convenient and then make the appointment for the first available time stated. If possible, provide the patient with a choice of appointment times. Finally, confirm that the patient clearly understands the date and time of the appointment; be sure to repeat the date and time to ensure that both of you have recorded the same information. If the patient is making the appointment in person, provide an appointment reminder.

Scheduling an appointment for the clinic’s available times for anyone with an extremely busy schedule can require a great deal of patience. If the patient requests a particular appointment that is not possible, courteously offer an explanation.

Many ambulatory care settings, especially those specializing in family practice and pediatrics, provide alternative hours for scheduling appointments. Having evening appointments at least one day a week or Saturday morning appointments can be helpful for individuals whose work schedule does not permit weekday appointments.

**Appointment Matrix**

The appointment matrix must be established before patients can be scheduled. The matrix provides a current and accurate record of appointment times available for scheduling patient visits. Clinic hours are noted with times blocked when the facility is closed. Provider’s schedules, vacations, holidays, hospital rounds, and any responsibilities that make providers unavailable for appointments, are recorded. The matrix of the scheduling plan might include slots for patients who need to see only staff members for their appointment; therefore, times when they are unavailable are important to the matrix. Any evening or weekend appointment slots available also are noted (see Procedure 13-1).

Typically, when using an electronic system for scheduling, the program will search through a database of appointments, find an open appointment, and allocate an appointment time according to your instructions. These instructions can include finding an open appointment with a specific time length, on a specific day, or within a specified time frame. Once the appointment time is confirmed with the patient, patient data are keyed in, and the appointment is automatically scheduled (see Procedure 13-2).
Telephone Appointments

Appointments are made by telephone more than any other method. Remember the guidelines for appointment scheduling, appropriate screening of all calls to determine urgency and need, and to follow your provider–employer’s instructions regarding patient referrals for appointments. Make certain that you get all the necessary information from the patient when the appointment is made. Procedures 13-3 and 13-4 provide practice for telephone appointments in both a manual system and an electronic system. The professional manner in which telephone appointments are made for patients sets the tone for their satisfaction with the clinic, its providers, and their care.

Patient Check-In

Records of patient appointments serve a legal purpose. Establishing a procedure for checking in appointments simplifies tracking of the arrival of patients (see Procedures 13-5 and 13-6). This is particularly true in multiprovider settings where patients are attended by a number of staff before, or instead of, seeing the primary care provider.

As mentioned earlier, more than one method can be used to check in patients. A sign-in sheet might be used, especially in a facility with open hours scheduling. The administrative medical assistant can place a check mark (usually in red) by the patient’s name in the appointment book or make an indication electronically (usually an X) in scheduling software (Figure 13-5).

The check-in procedure serves the additional purpose of alerting the staff when a patient has arrived and is available to be seen. Communication among the administrative medical assistants and the clinical medical assistants is important for a smooth patient flow and to save time for both patients and providers (Figure 13-6).

Computer scheduling systems include a space to indicate when a patient arrives for an appointment. Some clinics use the printed activity schedule to check when patients arrive. Other clinics rely upon a copy of the day’s schedule and the patient’s chart indicating a consultation or visit to legally verify the patient’s presence in the clinic.

Unfortunately, even the best of electronic systems may fail temporarily. In that case, the manual system is used as a backup. If the day’s schedule has already been printed, it can be used to monitor the patient flow and to check in patients. It may also serve as adequate information for any work-in patients to be accommodated that day. However, for appointments to be made in the future, the administrative medical assistant may have to return a call to the patient when the computer is back up and running properly.

Patient Cancellation and Appointment Changes

A permanent record of no-shows should be designated on the appointment sheet with a red X or some other distinctive mark. Cancellations should be marked through on the appointment sheet with a single red line (Figure 13-7). Some facilities place a notation next to the patient’s name. Computer scheduling will provide an area to indicate no-shows and cancellations also. No-shows and cancellations
should always be noted in the patient’s individual chart. Again, it is imperative that the provider’s care of the patient be thoroughly documented. Should a patient develop complications and claim a provider was unavailable, the daily appointment sheet and chart would document the patient’s failure to show.

Occasionally, patients do not arrive for an appointment because they simply forgot, or sometimes they come on the wrong day or at the wrong time. That can happen simply by human error or miscommunication. However, if one patient begins a pattern of getting the dates and times mixed up or forgets the appointment entirely, the primary care provider should be made aware of the fact. Sometimes, a pattern of missed and mixed-up appointments is a first sign that the patient may be experiencing memory loss and mental confusion.

Many clinics have established firm policies for multiple no-shows and cancellations. The general rule is that after three no-shows or cancellations in a row, the provider will review the records. For the provider to adequately treat a patient, the patient’s cooperation is necessary. A no-show pattern may indicate that the patient is not truly committed to assisting in treatment. If a patient routinely cancels or does not show, the provider may write a letter terminating services and explaining why the provider is discontinuing care. This should be sent by certified mail, return receipt requested, to ensure that the patient received the notice (see Chapter 7 for more information on termination of services). Procedure 13-7 outlines the proper cancellation procedures.

Although software programs differ, cancellations are typically performed by deleting the patient’s name from the time slot; if the appointment is to be rescheduled, the name is then keyed in to the appropriate time, usually the first time open for other appointments (see Procedure 13-8).

When canceling appointments by computer, be certain that the program maintains a list of canceled appointments including patient name, date, and time. This documentation is necessary for legal purposes; also record canceled appointments in the patients’ charts.

### Reminder Systems

Studies show that the national average of missed appointments is more than 10%. Reminding patients of their scheduled appointments results in a greater rate of fulfilled appointments. Give patients appointment card reminders when appointments are made at the medical facility. Those cards may easily be tucked in a wallet and forgotten, however. Many clinics notify patients the day before the appointment with a reminder of their choice for the communication—telephone, pager, or email.

However, remember that this is confidential information and should not be left on a recording device without the
patient’s express permission to do so. (When initially seeing the patient, obtain a number where a personal message could be left.) Finally, reminders can be mailed. This would be most appropriate for patients who come on a regular basis (e.g., once every 6 months).

Scheduling Pharmaceutical Representatives

Some medical facilities schedule time with representatives of pharmaceutical and medical supply companies. There are medical clinics that refuse to see any pharmaceutical representatives. When representatives are seen, however, they can provide a valuable service to providers and staff, and with clear guidelines regarding when and how often representatives can visit, a working partnership can develop. Providers may set aside a specific time during the week to meet with these representatives; generally, a time allotment of 15 to 20 minutes is sufficient for these appointments. Some representatives try to establish a standard appointment once a month. If this is a representative your provider desires to see on a regular basis, that policy can be helpful to both the provider and the representative. However, this practice might not allow adequate time for other representatives; therefore, it is often discouraged.

SCHEDULING SOFTWARE AND MATERIALS

No matter what materials and which methods are used, the proper tools will enable patient scheduling to be a smoothly functioning, easily documented process. Materials needed for scheduling should be customized to the ambulatory care setting. For instance, a smaller practice may prefer a manual method involving appointment books; a large urgent care–type setting will use a computer program for patient scheduling that may be part of a practice management software program.

Patient Education

Encourage patients to participate in their health care by keeping appointments or by notifying the ambulatory care setting that they need to reschedule. Some cancellations are unavoidable, but gentle reminders and a two-way provider–patient relationship encourage responsible patient behavior.

Appointment Schedule

An appropriate appointment schedule system is essential to any medical practice in the ambulatory care setting. Each clinic has unique needs in its physical facility and for its staff. The physical arrangement of the scheduler, including the various combinations of time allotments, must be determined. Some have major headings for hours with minor spaces for 15-minute intervals, others have 10-minute intervals, and still others only hour intervals. An appointment sheet is necessary for both legal risk management and quality management purposes. Copies of the daily appointment sheet are made available to the doctors, medical assistants, and any other staff members. Using the daily appointment sheet, it is easy to check in patients as they arrive and indicate no-shows and cancellations. Indicating the check-in and checkout times can be useful for quality management purposes. More importantly, the daily appointment sheet enables all staff members to see the total scheme of the day’s patient flow.

If a provider works between two clinics or a hospital and office, it is helpful to have this appointment schedule transferred to a handheld computer device for immediate referral. If a handheld computer is not used by the provider, reduce the dimensions of the appointment schedule sheet to pocket-size for the provider’s easy access. Generally, if the provider makes hospital visits before coming to the office in the morning, this schedule is printed the previous evening before closing.

These daily appointment sheets can also be used to include other provider commitments such as meetings and visits from pharmaceutical representatives. Such a complete record of time ensures that no patient appointments will be booked when, in fact, the provider is not available.

Computer Scheduling Software

Even the smallest of medical facilities today will benefit from the use of information technology. Numerous software programs for the ambulatory care setting require only basic computer hardware that can save time for providers and their staff members. Other programs are more sophisticated and may require on-site technical support.

Some scheduling software programs will schedule resources, equipment, examination rooms, and specialty staff, as well as patients and providers. Some will show copayments due, authorization expiration dates, and insurance
Examinations and specialized radiologic examinations may include endoscopy or inpatient hospital admissions or for special procedures performed in another facility. These appointments are most likely made while the patient is present in the ambulatory care center and has just been seen by the primary care provider. It will be especially helpful if the patient has an appointment book identifying current responsibilities. Have a calendar handy for visualization of the days discussed.

Outpatient procedures may include endoscopy examinations and specialized radiologic examinations such as mammography, bone scans, and ultrasounds. Computerized tomography (CT) scans and magnetic resonance imaging (MRI) procedures will also require specialized admissions. If a patient prefers to make his or her own arrangements for a procedure, indicate that the following information is necessary:

- Name, address, and telephone number of patient
- Name of provider ordering the procedure
- Name of patient’s insurance, ID number, and Social Security number

Follow up in a day or two to make certain the required procedure has been scheduled (see Procedure 13-9).

Generally, a real service is done for the patients and staff when the medical assistant schedules the procedure. With the patient present, place a telephone call to the facility where procedures are to be performed. Identify yourself, your provider, and the clinic from which you are calling. Identify any urgency to the request and ask for the next available appointment. As dates and times are discussed, your patient is able to give an immediate response. Consider travel time for your patient and whether there is apt to be any uncomfortable pre-examination procedures that might make travel difficult. Be certain to advise the patient if someone is needed to provide transportation home after the procedure. Often, there is a paperwork follow-up that indicates the nature of the illness and the reason for the specialty examination. Your employer will tell you if a phone response to the examination is required, or if it is acceptable to wait for the written test results.

Once a date has been established, make certain the patient knows the correct date and time, as well as how to get to the place where the examination is to be performed. Inform the patient how and when he or she will receive test results.

Scheduling inpatient admissions to the hospital is similar. However, the provider may want the patient in the hospital as quickly as possible. Call the preferred or designated hospital. Expect to provide pertinent patient and insurance information required by the hospital. Assist the patient in determining whether it is permissible to return home for some personal belongings and to make home arrangements or whether admission is immediate. Some large facilities have a surgery scheduler to make all these arrangements. In primary care, the medical assistant will do this kind of scheduling.

When a surgery is being scheduled, the medical assistant must sometimes coordinate several entities. Arrangement must be coordinated with

---

**EHR**

Computerized scheduling systems that are a component of a complete practice management facility, including medical records, are able to indicate no-shows and cancellations in the system and the patient’s chart at the same time. Facilities that are partially computerized will still want to indicate patients who do not keep their appointments on the daily worksheet and in the patients’ medical records.

Online systems can handle prescription refill requests, patient–provider email messages, and laboratory results. Some will allow patients to update insurance data and complete registration forms. All of the online systems are done within the provider’s Web site, which includes security measures and sophisticated encryption technology. Therefore, security is less of a concern.

With America’s goal of giving patients access to their electronic health record (EHR) by 2014 and with Congress pushing to have prescriptions transferred electronically by 2011, electronic scheduling becomes the “entry” to the entire field of computerized medical information. Employers in ambulatory care settings who make certain patients understand computerized scheduling, have put time and effort into determining the best program for their use, and have trained their staff well will not be disappointed with the outcome. Whatever system is chosen, keep in mind that the patient’s time, the staff’s time, and the provider’s time are extremely valuable. The goal is to manage that time as efficiently as possible.

**INPATIENT AND OUTPATIENT ADMISSIONS PROCEDURES**

**Often,** patients are scheduled for either outpatient or inpatient hospital admissions or for special procedures performed in another facility. These appointments are most likely made while the patient is present in the ambulatory care center and has just been seen by the primary care provider. It will be especially helpful if the patient has an appointment book identifying current responsibilities. Have a calendar handy for visualization of the days discussed.

Outpatient procedures may include endoscopy examinations and specialized radiologic examinations such as mammography, bone scans, and ultrasounds. Computerized tomography (CT) scans and magnetic resonance imaging (MRI) procedures will also require specialized admissions. If a patient prefers to make his or her own arrangements for a procedure, indicate that the following information is necessary:

- Name, address, and telephone number of patient
- Name of provider ordering the procedure
- Name of patient’s insurance, ID number, and Social Security number

Follow up in a day or two to make certain the required procedure has been scheduled (see Procedure 13-9).

Generally, a real service is done for the patients and staff when the medical assistant schedules the procedure. With the patient present, place a telephone call to the facility where procedures are to be performed. Identify yourself, your provider, and the clinic from which you are calling. Identify any urgency to the request and ask for the next available appointment. As dates and times are discussed, your patient is able to give an immediate response. Consider travel time for your patient and whether there is apt to be any uncomfortable pre-examination procedures that might make travel difficult. Be certain to advise the patient if someone is needed to provide transportation home after the procedure. Often, there is a paperwork follow-up that indicates the nature of the illness and the reason for the specialty examination. Your employer will tell you if a phone response to the examination is required, or if it is acceptable to wait for the written test results.

Once a date has been established, make certain the patient knows the correct date and time, as well as how to get to the place where the examination is to be performed. Inform the patient how and when he or she will receive test results.

Scheduling inpatient admissions to the hospital is similar. However, the provider may want the patient in the hospital as quickly as possible. Call the preferred or designated hospital. Expect to provide pertinent patient and insurance information required by the hospital. Assist the patient in determining whether it is permissible to return home for some personal belongings and to make home arrangements or whether admission is immediate. Some large facilities have a surgery scheduler to make all these arrangements. In primary care, the medical assistant will do this kind of scheduling.

When a surgery is being scheduled, the medical assistant must sometimes coordinate several entities. Arrangement must be coordinated with
an assistant in the surgeon’s office, with the hospital or outpatient surgery center where the surgery will be performed, occasionally scheduling specialty equipment and personnel to be available, as well as with the patient’s schedule. If any one of these entities is not available at the time requested, the process needs to begin again and can become quite convoluted. If the scheduling of the surgery is especially complex, the medical assistant should consider obtaining the patient’s scheduling preferences and limitations and letting the patient go home to be contacted later when all the parts are in place.

Be sensitive to the patient’s needs at this time. Scheduling a specialty examination or a hospital admission is rarely a convenience. More likely it is a great inconvenience to the patient, even when necessary. Anything that makes the scheduling more accommodating or pleasant for the patient will help in creating a beneficial atmosphere for all involved.

Procedure 13-1

Establishing the Appointment Matrix in a Paper System

PURPOSE:
To have a current and accurate record of appointment times available for scheduling patient visits.

EQUIPMENT/SUPPLIES:
Appointment scheduler
Clinic schedule and calendrier
Staff schedule

BLOCK CALENDAR EXERCISES:
1. Dr. Heath will be attending a Quality Care Committee meeting at New York County Hospital on the first of every month beginning June 1, 2009, through December 31, 2009, from 9:00 AM to 10:00 AM. NOTE: If the first of the month is on a weekend, the meeting will be held on the next business day.
2. Dr. Schwartz sees his patients who are residents in nursing homes every Thursday afternoon from 1:00 PM to 5:00 PM.
3. Staff meetings are held biweekly on Wednesday afternoons from 1:00 PM to 2:00 PM. This policy was put into place with an effective date of July 1, 2009, and will be in effect until June 30, 2010. All staff members are expected to attend.

PROCEDURE STEPS:
1. Block off times in the appointment scheduler when patients are not to be scheduled by marking a large X through these time slots. This establishes the matrix. Ideally, the whole year can be mapped out to avoid scheduling patients when the physician has other commitments or when the office is closed. RATIONALE: Identifies visually when patients cannot be scheduled for an appointment.
2. Indicate all vacations, holidays, and other office closures as soon as they are known. It may be helpful to indicate absences that might affect patient scheduling; for example, the vascular laboratory technician is gone April 20–23, so no Doppler procedures will be scheduled. RATIONALE: Informs all staff members of absences from the facility and indicates when these members are not available to see patients.
3. Note all provider meetings, hospital rounds, appointments, conferences, vacations, and other prescheduled provider commitments. If the provider has routine items, such as a Medical Society meeting that is always held on the first Thursday of the month at 7:00 PM or daily hospital rounds at 8:00 AM, write these in. RATIONALE: Informs all staff members of prescheduled commitments when a provider is unavailable to see patients.
4. If the clinic has a scheduling system for certain examinations or procedures (e.g., all cast removals are done in the morning before 10:30 AM), these can be color-coded with highlighters. This way it is easily and quickly evident where particular types of appointments are available to be scheduled. RATIONALE: Allows all staff members to see at a glance where certain examinations or procedures can be scheduled. The color-coded highlighting helps prevent errors in establishing such specific times for certain procedures. The completed matrix provides proof of the completed task.
Procedure 13-2

Establishing the Appointment Matrix Using Medical Office Simulation Software (MOSS)

**PURPOSE:**
To have a current and accurate record of appointment times available for scheduling patient visits.

**EQUIPMENT/SUPPLIES:**
- Computer with MOSS
- Clinic schedule and calendar
- Staff schedule

**BLOCK CALENDAR EXERCISES:**
1. Dr. Heath will be attending a Quality Care Committee meeting at New York County Hospital on the first of every month beginning June 1, 2009, through November 30, 2009, from 9:00 AM to 10:00 AM. **NOTE:** If the first of the month is on a weekend, the meeting will be held on the next business day.

2. Dr. Schwartz will see his patients at Retirement Inn Nursing Home every Thursday afternoon the month of January 2010, from 1:00 PM to 5:00 PM.

3. Dr. Heath’s staff meetings are held biweekly on Thursday afternoons from 4:00 PM to 5:00 PM. This policy was put into place with an effective date of July 2, 2009, and will be in effect until December 31, 2009.

**PROCEDURE STEPS:**
1. Open MOSS and select File Maintenance from the main menu. View the practice settings by clicking on the “Practice Information” tab and then clicking “Practice Settings.”

2. At the bottom of the dialog box, in Field 12, the practice hours are indicated. Make sure that the Start Time is set for 9:00 AM and the Stop Time is set to 5:00 PM (unless otherwise directed by your instructor). **RATIONALE:** Identifies when patients can be scheduled for appointments.

3. Verify that the Lunch Start Time is set for 12:00 PM and the Lunch End Time is set at 1:00 PM (unless otherwise directed by your instructor). **RATIONALE:** Identifies when patients cannot be seen for appointments.

4. Close the practice settings screen and return to the main menu. Select Appointment Scheduling.

5. Select June 1, 2009, by clicking on the date within the calendar in the upper right corner of the screen (Figure 13-8). Use the Y+/Y- and M+/M- buttons to navigate to the date.

![Figure 13-8](MOSS screenshot showing lunch hour schedule and present date.)

continues
Procedure 13-2 (continued)

6. Once the date has been selected, click on the "Block Calendar" button at the bottom of the practice schedule screen.

7. You will receive a message “Do you want to create a NEW Calendar Block?” Select “Yes.” The Block Calendar window will open.

8. In Field 1, type “Meeting.” This field indicates the type of block you are creating (i.e., lunch, hospital rounds, committee meeting, etc.).

9. In Field 2, enter “06/01/2009,” the date on which you wish to begin blocking a segment of the calendar.

10. In Field 3, enter “11/30/2009,” the date on which you wish to end blocking the segment of the calendar. (This can be the same day or for an extended period of time.)

11. In Field 4, enter “09:00 AM,” which indicates the start time.

12. In Field 5, use the drop-down menu to select “60,” which indicates the duration of the block in minutes.

13. In Field 6, use the drop-down menu to select “monthly,” which indicates the frequency of the block (i.e., daily, weekly, monthly, etc.).

14. Field 7 should automatically populate based on your selection in Field 6. This is the number of times the block will occur over the period of time selected.

15. In Field 8, select “Dr. Heath,” the physician to whom this block applies.

16. In Field 9, indicate “Quality Care Committee, NY County Hospital.” If the description in Field 1 needs no further explanation, leave Field 9 blank, as this would be used to enter any notes applicable to the block that will provide additional information if necessary. Compare your work with Figure 13-9.

17. Click “SAVE” at the bottom of the screen. Review the calendar to make sure that the “BLOCK” has been appropriately applied and make any necessary changes. RATIONALE: This step ensures that your work will be maintained in the schedule.

18. Repeat the above steps, using the information provided in Block Calendar Exercises 2 and 3.

19. Take screenshots of the complete Block Calendar window (the window shown in Figure 13-9) for Exercises 2 and 3 to submit to your instructor either as a printout or in an email file.

Figure 13-9   MOSS screenshot establishing a weekly
**Procedure 13-3**

**Making an Appointment on the Telephone Using Paper Scheduling**

**PURPOSE:**
To schedule an appointment, entering information in the appointment schedule according to clinic policy.

**EQUIPMENT/SUPPLIES:**
- Telephone
- Black ink pen
- Appointment book or appointment worksheet
- Calendar

**APPOINTMENT SCHEDULING EXERCISES:**
1. Jordan Connell calls the facility on June 3, 2009, because he has had a temperature of 101° F for 2 days. He also complains of a sore throat and ear pain. He is given a 15-minute appointment on the same day for 3:00 pm with Dr. Heath.
2. Ed Gormann calls the facility on June 1, 2009, to schedule his annual physical examination (60-minute visit) with Dr. Heath. He agrees to be seen on September 15, 2009, at 9:00 am.
3. Elane Ybarra calls on June 2, 2009, because she has had persistent heartburn and indigestion along with intermittent bouts of diarrhea. She is given an appointment for June 4, 2009, at 10:15 am (30-minute visit) with Dr. Schwartz.
4. Andrew Jefferson schedules an appointment on June 1, 2009 for June 5, 2009, because he has been bothered by a sore shoulder for the past 2 days. The 15-minute appointment is scheduled for 10:30 am with Dr. Schwartz.
5. Eric Gordon has been experiencing problems with urination for the past week. A 15-minute appointment is scheduled for Friday, June 5, 2009, at 9:00 am with Dr. Schwartz.

**PROCEDURE STEPS:**
1. **In a private and quiet location,** answer the ringing telephone before the third ring. Identify the facility and yourself. **RATIONALE:** assures the patient calling that he or she has the correct number; sets the tone for the conversation. The private location ensures that others will not hear any information said during the telephone call.

2. As the patient begins to speak, make notes on your personal log sheet of the patient’s name and reason for the call. **RATIONALE:** Makes certain you are focusing on the call and will not have to ask the patient to repeat something you missed.

3. Determine whether the patient is new or established, the provider to be seen, and the reason for the appointment. **RATIONALE:** Provides necessary information to determine when the patient should be seen and how much time will likely be necessary.

4. Discuss with the patient any special appointment needs, and search your appointment schedule (using appointment book or appointment worksheet) for an available time. **RATIONALE:** Tells the patient that his or her needs and the needs of the clinic are essential to this conversation.

5. Once that patient has agreed to an appropriate time, enter the patient’s name in the schedule. Enter last name first, followed by the first name, telephone number (home, work, or cell), and the chief complaint (reason for the visit). Write or print legibly with a black pen in the appointment book or worksheet so that any staff member needing the information will be able to read it. **RATIONALE:** Provides necessary information for staff to pull a record or to make a chart; chief complaint helps identify the length of time to allot for the appointment. The telephone number provides immediate information should there be a need to change the appointment without having to pull the chart.

6. Repeat the date and time for the appointment, using the patient’s name. Provide any necessary instructions about coming to the facility. **RATIONALE:** Confirms the appointment date and time with the patient and gives information about how to get to the facility.

7. End the call politely, perhaps saying, “Thank you for calling. We will see you at 3:45 pm Monday. Good-bye.”

8. Make certain you transferred all necessary information from your telephone log to the appropriate appointment schedule. Draw a diagonal line through your notes on the log. This indicates you have completed the task.
Procedure 13-4
Making an Appointment on the Telephone Using Medical Office Simulation Software (MOSS)

PURPOSE:
To schedule telephone appointments using electronic software.

EQUIPMENT/SUPPLIES:
Computer and MOSS
Telephone
Calendar

APPOINTMENT SCHEDULING EXERCISES:
1. Jordan Connell calls the facility on June 3, 2009, because he has had a temperature of 101°F for 2 days. He also complains of a sore throat and ear pain. He is given a 15-minute appointment on the same day for 3:00 pm with Dr. Heath.
2. Ed Gormann calls the facility on June 1, 2009, to schedule his annual physical examination (60-minute visit) with Dr. Heath. He agrees to be seen on September 15, 2009, at 9:00 am.
3. Elane Ybarra calls on June 2, 2009, because she has had persistent heartburn and indigestion along with intermittent bouts of diarrhea. She is given an appointment for June 4, 2009, at 10:15 am (30-minute visit) with Dr. Schwartz.
4. Andrew Jefferson schedules an appointment on June 1, 2009, for June 5, 2009, because he has been bothered by a sore shoulder for the past 2 days. The 15-minute appointment is scheduled for 10:30 am with Dr. Schwartz.
5. Vito Mangano calls the facility stating he has had a sore throat for the past 3 days. He is given a 15-minute appointment for June 10 at 9:00 am with Dr. Heath.
6. Eric Gordon has been experiencing problems with urination for the past week. An appointment is scheduled for Friday, June 5, 2009, at 9:00 am with Dr. Schwartz.

MOSS PROCEDURE STEPS:
1. Open MOSS and select the Appointment Scheduling module from the main menu.
2. From the calendar in the upper right corner of the screen, select June 3, 2009.
3. In the Appointment schedule, scroll down and click in the 3:00 pm time slot in the column for Dr. Heath. This will open an Appointment Scheduling dialog box with the list of patients in the practice.
4. Click in the search box and type “Con” and click on “Search.” RATIONALE: This shows those patients whose last names begin with these letters.
5. Highlight the line with Jordan Connell’s name and select “Add” at the bottom of the dialog box.
6. In the Patient Appointment Form, Field 1 will automatically populate with the patient name and account number.
7. In Field 2, use the drop-down menu to select Dr. Heath.
8. Fields 3 and 4 will automatically populate with the date, June 3, 2009, and the time, 3:00 pm.
9. In Field 5, use the drop-down menu to select 15 minutes for the amount of time to be set aside for the appointment.
10. In Field 6, using the drop-down menu, select Office Visit as the reason for the visit.
11. In Field 7, select the frequency of the visit as “Single” (i.e., single, daily, weekly, etc.) from the drop-down menu.
12. In Field 9, in the Note section, enter the reason for the patient visit, “Fever 101°F, sore throat, and ear pain.” Compare your work with Figure 13-10.
13. Click on “Save Appointment.” Click “OK” in the dialog box, which indicates “Appointment Information Posted.” This will bring you back to the schedule for that day, and “Connell” should appear in the 3:00 pm time slot. Compare your work with Figure 13-11.

continues
14. Close the Practice Schedule dialog box by clicking on “Close” in the bottom right corner.
15. Repeat the above steps, using the information provided in Appointment Scheduling Exercises 2 through 6.
16. Print completed appointment forms and submit to your instructor either as a printout or in an email file.

Figure 13-10  MOSS screenshot indicating patient’s reason for visit.

Figure 13-11  MOSS screenshot showing completed appointment for Jordan Connell.
**Procedure 13-5**

**Checking in Patients in a Paper System**

**PURPOSE:**
To ensure the patient is given prompt and proper care; to meet legal safeguards for documentation.

**EQUIPMENT/SUPPLIES:**
- Patient chart
- Black ink pen
- Required forms
- Check-in list or appointment book

**CHECKING-IN PATIENT EXERCISES:**
1. Jordan Connell arrives at the facility for his 3:00 pm appointment with Dr. Heath on June 3, 2009.
2. Elane Ybarra arrives at the facility on June 4, 2009, for her 10:15 am appointment with Dr. Schwartz.
3. Ed Gormann arrives at 9 am for his physical examination with Dr. Heath.

**PROCEDURE STEPS:**
1. The previous evening or before opening the ambulatory care setting, prepare a list of patients to be seen and assemble the charts. **RATIONALE:** Provides a patient list to use as a guide through the day’s schedule; charts are ready before patient arrival. If the task is left to the last minute, it may not get done.
2. Check charts to see that everything is up to date. **RATIONALE:** Ensures that providers and staff have all the necessary data before seeing a patient.
3. When patients arrive, acknowledge their presence. If you cannot assist them immediately, gesture toward a chair; thank them for waiting as soon as you are available. **RATIONALE:** Patients feel welcomed, their time is valued, and their presence is noted.
4. Check in the patient and review vital information, such as address, telephone number, insurance, and reason for visit. **RATIONALE:** Ensures that you have the latest personal information regarding your patient; provides patients with the privacy and confidentiality to which they are entitled.
5. Use a pen to check off the patient’s name from the daily worksheet if one is used for the permanent record. **RATIONALE:** Ensures that there is a permanent record of the patient’s arrival in the facility for an appointment. **Provides documentation for later referral if necessary.**
6. Politely ask the patient to be seated and indicate the appropriate wait time, if any. **RATIONALE:** Provides direction to the patient and indicates how long a wait might be.
7. Following clinic policy, place the chart where it can be picked up to route the patient to the appropriate location for the visit. **RATIONALE:** The patient’s chart is in readiness when the clinical medical assistant, laboratory personnel, or provider is ready for the patient.
Procedure 13-6

Checking In Patients Using Medical Office Simulation Software (MOSS)

PURPOSE:
To check in patients when they arrive for their appointments using electronic software; to meet legal safeguards for documentation.

EQUIPMENT/SUPPLIES:
Computer and MOSS

CHECKING-IN PATIENT EXERCISES:
1. Jordan Connell arrives at the facility for his 3:00 PM appointment with Dr. Heath on June 3, 2009.
2. Elane Ybarra arrives at the facility on June 4, 2009, for her 10:15 AM appointment with Dr. Schwartz.
3. Ed Gormann arrives at 9 AM for his physical examination with Dr. Heath.
4. Vito Mangano did not keep his appointment with Dr. Heath on June 10, 2009. His appointment should be marked as “no-show” for record-keeping purposes.

MOSS PROCEDURE STEPS:
1. Open MOSS and select Appointment Scheduling from the main menu.
2. From the calendar in the upper right corner of the screen, select June 3, 2009.
3. Scroll down to the 3:00 PM time slot for Dr. Heath and double-click on “Connell.”
4. This will open the Patient Appointment Form.
5. Go to Field 9 and click in the box next to “Checked-In.” Compare your work with Figure 13-12.
6. Click “Save Appointment” and click “OK” when dialog box with “Appointment Information Posted” appears.
7. Select “Close” in the bottom right corner of the Patient Appointment Form.
8. Repeat the above steps, using the information provided in Checking-In Patient Exercises 2 and 3.
9. Take screenshots of the complete Patient Appointment Form (the window shown in Figure 13-12) for Exercises 2 and 3 to submit to your instructor either as a printout or in an email file.

Figure 13-12 MOSS screenshot indicating Jordan Connell’s check in.
Procedure 13-7

Cancellation and Rescheduling Procedures Using Paper Scheduling

**PURPOSE:**
To protect the provider from legal complications; to free up care time for other patients; to ensure quality patient care.

**EQUIPMENT/SUPPLIES:**
Appointment sheet
Red ink pen
Patient chart

**CANCELLATION AND RESCHEDULING EXERCISES:**
1. Eric Gordon contacts the facility today, June 4, 2009, because he is experiencing more acute symptoms related to his urinary problems: pain in the abdomen and burning when he urinates. His appointment for June 5 is rescheduled to today at 1:00 PM.
2. Andrew Jefferson calls on Thursday, June 4, 2009, to say that he cannot make the appointment tomorrow. His shoulder is no longer bothering him, so he does not want to reschedule.

**PROCEDURE STEPS:**
Develop a system so it is evident to staff making appointments that, because of cancellations, time is now open to schedule other appointments.

1. Indicate on the appointment sheet all appointments that were changed, canceled, or no-shows by:
   - **Changes:** Note rescheduling in the appointment sheet margin and directly in the patient’s chart; indicate new appointment time. **RATIONALE:** Notifies staff of a schedule change; documents same information in patient’s chart.
   - **Cancellations:** Note on both the appointment sheet and the patient’s chart. Draw a single red line through canceled appointments. Date and initial cancellation in the patient chart. **RATIONALE:** Notifies staff of a schedule change; documents cancellation in patient’s chart, thus identifying a change in the patient’s plans. A cancellation may initiate a follow-up call from a staff member to determine the reason for the cancellation.
   - **No-shows:** Note on both the appointment sheet and the patient’s chart. Date and initial notations in the chart. No-shows can be indicated with a red \( X \) on the appointment sheet. **RATIONALE:** Notifies the staff of a schedule change; documents the no-show in the patient’s chart. Provides a reminder to a staff member to follow up on the reason for the no-show.

Procedure 13-8

Cancellation and Rescheduling in Medical Office Simulation Software (MOSS)

**PURPOSE:**
To protect the provider from legal complications; to free up care time for other patients; to ensure quality patient care.

**EQUIPMENT/SUPPLIES:**
Computer and MOSS

**CANCELLATION EXERCISES:**
1. Eric Gordon contacts the facility today, June 4, 2009, because he is experiencing more acute symptoms related to his urinary problems: pain in the abdomen and burning when he urinates. His appointment for June 5 is rescheduled to today at 1:00 PM.
2. Andrew Jefferson calls on Thursday, June 4, 2009, to say that he cannot make the appointment tomorrow. His shoulder is no longer bothering him, so he does not want to reschedule.

**MOSS PROCEDURE STEPS:**
1. Open MOSS and select the Appointment Scheduling module from the main menu.

continues
Procedure 13-8 (continued)

2. From the calendar in the upper right corner of the screen, select June 5, 2009.

3. Double click on “Gordon” in the 9:00 AM time slot for Dr. Schwartz. **RATIONALE:** This will open the Patient Appointment Form.

4. Go to Field 9 and click in the box next to “Rescheduled.”

5. Click on the drop-down arrow in the field next to “Rescheduled” and select “Needs different date” tab to the field on the right. **RATIONALE:** This step indicates the need for a different date for the reschedule.

6. Now, click on the calendar button to the right of the reason/date line (see Figure 13-13). This brings up the practice calendar.

7. Select June 4, 2009 and then double click on the 1:00 PM slot for Dr. Schwartz. Click the Close button on the bottom right of the screen. **NOTE:** Double clicking on the slot will populate the original patient appointment form, although nothing appears on the screen in the calendar.

8. Now you are back on the original Patient Appointment Form. In Field 9, in the Notes section, indicate the additional information regarding the patient’s condition: “abdominal pain and burning sensation upon urination.” **RATIONALE:** Indicates reason for appointment. Compare your work with Figure 13-14.

9. Click on “Save Appointment” and “OK” in the dialog box for “Appointment Information Posted.”

10. Close the Patient Appointment Form and close the practice schedule.

11. Repeat the above steps, using the information provided in Cancellation Exercise 2.

12. Take a screenshot of the complete Patient Appointment Form window (the window shown in Figure 13-14) for Exercise 2 to submit to your instructor either as a printout or in an email file.

---

Figure 13-13 MOSS screenshot showing rescheduling for Eric Gordon.

Figure 13-14 MOSS screenshot indicating additional information on reason for reschedule of Eric Gordon.
Procedure 13-9

Scheduling Inpatient and Outpatient Admissions and Procedures

PURPOSE:
To assist patients in scheduling inpatient and outpatient admissions and procedures ordered by the provider.

EQUIPMENT/SUPPLIES:
Calendar
Black ink pen
Telephones
Referral slip
Patient’s calendar or schedule (helpful, but not critical)
Provider requests/orders regarding procedures/admissions being scheduled

PROCEDURE STEPS:
1. In a private and quiet location, discuss with the patient the inpatient admission or outpatient procedure ordered by the provider. RATIONALE: Helps the patient identify the time necessary for this appointment and the reason for it.
2. If required, seek permission from the patient’s insurance company for the procedure or admission. RATIONALE: Clearly identifies for the patient who is responsible for the bill and how it is to be paid.
3. Produce a large, easily read calendar and check to see if the patient has one also. RATIONALE: Visualization of the calendar is easier for determining available time for the appointment. Patient’s calendar further identifies available days and times for the appointment(s).
4. Place telephone call to the facility where the appointment is to be scheduled. Identify yourself, your provider, the clinic from where you are calling, and the reason for the call. RATIONALE: Alerts the receiver of the call that a provider’s office is calling to schedule an appointment. NOTE: The more familiar the medical assistant is with the specific procedure to be scheduled or a hospital admission, the easier it is to make certain the patient has all the information necessary. It can be helpful for medical assistants to discuss such arrangements with specialty clinics and hospitals.
5. Identify any urgency. Request the next available appointment for the particular appointment to be scheduled and provide the patient’s diagnosis. Identify any time that is not possible for the patient. RATIONALE: Tells the receiver how quickly an appointment is to be made, for what reason, and if any dates or times are not possible.
6. As a time is suggested, confer with the patient for an immediate response.
7. Once the appointment has been scheduled, provide receiver pertinent information related to the patient (e.g., full name, insurance information, Social Security number, telephone number). RATIONALE: Provides essential information to secure the appointment for the proper patient.
8. Request any special instructions or advanced data necessary for the patient. RATIONALE: Helps to ensure that a smooth transition is made from the provider’s office to the facility where the referral is made and provides the patient with any special instructions.
9. Complete the referral slip for the patient; send or fax a copy to the referral facility. RATIONALE: Ensures that the patient, the referral facility, and the patient’s chart have a copy of the reason for the appointment, any specific instructions, and the date and time of the appointment.
10. If an immediate hospital admission is to be made, provide the patient time on the telephone to call family members to make arrangements to receive personal items and any other arrangements necessitated by the appointment. RATIONALE: Provides patients a little time to notify a family member and make necessary arrangements.
11. Place a reminder notice to yourself on the calendar or in a tickler file. RATIONALE: To check to make certain the appointment was completed and a report is received from the appointment facility.
12. Document the referral in the patient’s chart. A copy of the referral slip and all pertinent data are to be included. Document in the chart when the appointment is completed and a report is received from the referral facility. Date and initial.

DOCUMENTATION
11/30/20XX—10:45 am. Referral to Eastside Radiology for breast ultrasound made. C. Tamparo, CMA (AAMA)
12/01/20XX—1 pm. Patient given instructions and copy of referral slip. Original referral slip sent to Eastside Radiology. C. Tamparo, CMA (AAMA)
Case Study 13-1

Review the scenario at the beginning of the chapter. It appears that this clinic has a smooth-flowing scheduling system and that Walter Seals has everything under control.

CASE STUDY REVIEW

1. What personal traits might Walter need to possess in order for this scenario to be true?
2. What factors, if any, might make the scheduling in Inner City Health Care work well?
3. If clients are seen on a first-come, first-served basis, how does the clustering system work if patients need to be referred to one of the specialty care clinics?

Case Study 13-2

Rhoda Au has persistently canceled her appointments at Inner City Health Care. Although she always reschedules, she has canceled her last four appointments. Today, she did not call to cancel nor did she arrive for her fifth appointment. Walter Seals, CMA (AAMA), who is responsible for scheduling and patient flow, is concerned that Rhoda is canceling because she is afraid to come in for some reason. Rhoda has been a patient for a few years now, and she was always responsible about keeping her appointments.

CASE STUDY REVIEW

1. From the point of view of the urgent care center, why should Walter be concerned that Rhoda is canceling appointments? What action might be taken?
2. From the patient’s point of view, why should Walter be concerned?
3. How should Walter record these cancellations and no-shows?

Case Study 13-3

Audrey Jones, RMA, is a clinical medical assistant in Drs. Lewis and King’s clinic. In the past 3 weeks, Audrey has been doing phone screening, primarily because the clinic has been so busy and the providers believe screening calls will help. In fact, Audrey discovered that the administrative medical assistant was screening quite well, but that there does not seem to be sufficient appointment slots to meet the patient demand.

CASE STUDY REVIEW

1. What might be done to determine whether there is a better scheduling style to fit the current demands?
2. What happens when professional staff, providers, and patients view this medical facility as “too busy”?
3. What are some solutions that you can identify?

SUMMARY

Today’s ambulatory care setting needs to function efficiently to provide quality care, ensure adequate patient flow, and maintain positive patient relationships. Proper scheduling of patients and other visitors is key to an efficient operation, and the well-organized medical assistant will design a system that meets with both provider and patient satisfaction.

There are at least six common methods of scheduling; ambulatory care settings should use the one that is most appropriate to their patient population, practice areas, and provider preferences. Scheduling methods can and should be customized to the setting, for this usually provides the most adaptable, workable system.

Patient scheduling tools also vary and can be tailored to facility needs. All ambulatory care settings must carefully document appointments, cancellations, and no-shows. The goal is to use scheduling tools wisely and consistently in all scheduling activities while making the patient feel valued.
STUDY FOR SUCCESS

To reinforce your knowledge and skills of information presented in this chapter:

• Review the Key Terms
• Practice any Procedures
• Consider the Case Studies and discuss your conclusions
• Answer the Review Questions
  • Multiple Choice
  • Critical Thinking
• Navigate the Internet and complete the Web Activities
• Practice the StudyWARE activities on the textbook CD
• Apply your knowledge in the Student Workbook activities
• Complete the Web Tutor sections
• View and discuss the DVD situations

REVIEW QUESTIONS

Multiple Choice

1. Appointment scheduling should always be:
   a. recorded only in pencil
   b. current, accurate, and saved as documentation
   c. left on the front desk for patient viewing
   d. recorded only in red ink

2. Patient screening:
   a. involves taking only emergencies
   b. is assessing the urgency of a call and need for appointment
   c. means sorting appointments by specialized procedure
   d. is only performed by providers

3. Representatives from medical supply and drug companies:
   a. should only be seen as a last resort
   b. should not be scheduled, but seen only if the provider has time
   c. can provide a valuable service and should be scheduled for short visits
   d. have complex information to communicate and need 1-hour appointments

4. The double-booking method:
   a. gives two or more patients the same appointment time
   b. keeps patients waiting unnecessarily
   c. is never the system of choice
   d. is purely for the provider’s convenience

5. The stream method:
   a. gives patients appointments as they walk in
   b. schedules appointments at set times throughout the workday
   c. only works in sole-proprietor offices
   d. refers to streamlining paperwork for each appointment

6. Daily appointment sheets:
   a. indicate when providers and staff take lunch
   b. provide a permanent record for legal risk management and quality management
   c. are available only in computerized scheduling
   d. both a and b

7. Analyzing patient flow:
   a. can maximize a clinic’s scheduling practice
   b. often reveals why patient flow is not efficient
   c. may indicate a change in pattern for patient scheduling
   d. all of the above

8. One principle above all else to be observed in scheduling is:
   a. always schedule in ink
   b. schedule for the patient’s convenience
   c. be flexible and sensitive
   d. referral patients are first

9. If a patient must wait for an appointment:
   a. it is best to say nothing about the delay
   b. explain the delay and offer options when possible
   c. find ways to make the patient comfortable
   d. both b and c

10. Scheduling outpatient procedures is:
    a. best done by patients who understand their availability
    b. coordinated and completed by the clinic’s staff
    c. an important way to enhance patient satisfaction
    d. both b and c
CHAPTER 13 Patient Scheduling 265

Critical Thinking

1. Why is there no one best system of scheduling?
2. Form small discussion groups and develop solutions to the following problems by (i) defining the problem, (ii) describing the appropriate steps if required, and (iii) developing a possible solution.
   a. Lenore McDonnell has called to cancel her appointment for the third consecutive time. (Background: Her last blood pressure reading in the office was 195/115, and there is a known history of stroke in her family.)
   b. Dr. Lewis is running an hour behind schedule. It is now 1:00 PM. He is now seeing a return patient. He has two new patients scheduled and has a surgery scheduled for 2:00 PM. (Background: Return patients require 30 minutes and new patients 60 minutes.)
   c. You are using the modified wave system. You have three appointments scheduled for 10:00 AM, one for 10:50 AM, and three for 11:00 AM. The office closes at 11:30 AM for lunch, so Dr. King can speak at a hospital luncheon. A patient calls and insists to be seen on an emergency basis. (Background: Dr. King’s partner is unavailable to cover for her.)
   d. Two patients are scheduled to be seen at 11:30 AM. It is now 11:50 AM, and Dr. Whitney has indicated that he will not be through with his current patient for another 20 minutes. (Background: Both patients waiting to see Dr. Whitney have nonemergency problems.)
3. For the following situations, briefly explain which type of scheduling system you would choose and why.
   a. A four-provider practice has only two providers seeing patients at any one time. Three medical assistants share front- and back-office duties for all of the providers.
   b. An obstetrics practice specializes in problem pregnancies. There is one administrative and one clinical medical assistant.
4. With another person in your class, identify two or three public encounters where you feel ignored or rushed as a customer. How does it make you feel? What suggestions would you make to the business to change that feeling?

WEB ACTIVITIES

1. Go to http://www.physicianpractice.com for any information you can find regarding online patient scheduling. Identify advantages and disadvantages of online scheduling.
2. Go to your favorite search engine and key in “patient scheduling.” Numerous sites will appear. Many offer a free download to examine components. What particular components seem most helpful? How many are separate software pieces as compared with software in connection with total practice management? How many require specialized training? Recommend two or three packages to examine more closely.

REFERENCE/BIBLIOGRAPHY

THE DVD HOOK-UP

In this chapter, you learned about proper scheduling techniques. Just as phone procedures vary in a medical office, so do scheduling techniques.

In this DVD program, you observed the extern, Jamal, working with Anita. In the first scenario, Anita took a phone call from a new patient. Anita asked the new patient about his symptoms before asking about insurance information.

1. Why do you think that Anita asked the patient about his symptoms before finding out what type of insurance he had?
2. Why is it important to find out what type of insurance the patient has before he or she comes into the office?
3. What do you need to do when a provider tells you that he or she is unable to see patients on a certain date because of a conference?

DVD Journal Summary

Write a paragraph that summarizes what you learned from watching the designated scenes from today’s DVD program. Think about your own experiences when you have been acutely ill. Does your medical facility always fit you in on the day that you call? How do you feel when the facility tells you they have no openings for 2 to 3 days? How do you feel when you have to wait longer than a half hour to see the provider?