

Managing Appointments



Outline

Appointment Scheduling Systems

- Manual Appointment Scheduling
- Computerized Appointment Scheduling

Types of Scheduling

- Structured Appointments
- Flexible Hours
- Open Hours

Factors That Affect Scheduling

- Patients' Needs
- Providers' Preferences and Needs

Physical Facilities Scheduling Guidelines

- New Patients
- Established Patients

Preparing a Daily or Weekly Schedule

Patient Reminders

- Appointment Cards
- Telephone Reminders
- Mailed Reminder Cards

Adapting the Schedule

- Emergencies
- Patients Who Are Acutely Ill
- Walk-in Patients

- Late Patients
- Physician Delays
- Missed Appointments

Cancellations

- Cancellations by the Office
- Cancellations by the Patient

Making Appointments for Patients in Other Facilities

- Referrals and Consultations
- Diagnostic Testing
- Surgery

When the Appointment Schedule Does Not Work

Learning Objectives

Upon successfully completing this chapter, you will be able to:

1. Spell and define the key terms
2. Describe the various systems for scheduling patient office visits, including manual and computerized scheduling
3. Identify the factors that affect appointment scheduling
4. Explain guidelines for scheduling appointments for new patients, return visits, inpatient admissions, and outpatient procedures
5. List three ways to remind patients about appointments
6. Describe how to triage patient emergencies, acutely ill patients, and walk-in patients
7. Describe how to handle late patients
8. Explain what to do if the physician is delayed
9. Describe how to handle patients who miss their appointments
10. Describe how to handle appointment cancellations made by the office or by the patient

Performance Objectives

Upon successfully completing this chapter, you will be able to:

1. Schedule an appointment for a new patient (Procedure 6-1)
2. Schedule an appointment for a return visit (Procedure 6-2)
3. Schedule an appointment for a referral to an outpatient facility (Procedure 6-3)
4. Arrange for admission to an inpatient facility (Procedure 6-4)

Competencies

CAAHEP

- Schedule and manage appointments
- Schedule inpatient and outpatient admissions and procedures
- Apply third-party guidelines
- Apply managed care policies and procedures

ABHES

- Schedule and monitor appointments
- Schedule inpatient and outpatient admissions

Key Terms

acute
buffer
chronic
clustering
constellation of symptoms

consultation
double booking
matrix
precertification
providers

referral
STAT
streaming

tickler file
wave scheduling system

Responsibility for scheduling and managing the flow of patient care in a medical office or clinic is one of the most important duties assigned to a medical assistant. As appointment manager, you make the first, last, and most durable impression on the patient and **providers**. Depending on your demeanor and actions, that impression can be favorable or unfavorable. A properly used appointment system helps maintain an efficient office. If improperly used, it can mean confusion and chaos; more important, it can waste precious time for the patient, the provider, and the staff.

To use the office facilities and the physician's availability most efficiently, determine which patients will be seen, when they will be seen, and how much time to allot to each of them, depending on their problems. Of course, every practice will have occasional delays and

emergencies. **Your responsibility is to manage all of this while maintaining a calm, efficient, and polite attitude.**

Appointment Scheduling Systems

There are two systems of appointment scheduling for outpatient medical facilities: the manual system, which uses an appointment book, and a computerized scheduling system. The choice of systems will depend on the size of the practice, how many providers' schedules must be managed, and the preferences of the staff responsible for the daily schedule. Whether a medical office uses a manual or computerized system, many of the guidelines for effectively scheduling the workday discussed in this chapter are the same.

Manual Appointment Scheduling

Medical offices may choose to use a manual appointment scheduling system even if the other administrative functions in the office are computerized.

The Appointment Book

If your medical office uses a manual system of scheduled appointments for patient office visits, you will need an appointment book. An appointment book provides space for noting appointments for an entire year. It may have a single sheet for each day and a separate page for each provider or show an entire week on two facing pages. Some offices prefer an appointment book with pages showing only one day at a time; others may want to see a whole week at a glance. A different color page for each day may also be desired.

The more information required for scheduling, the larger the pages should be. Make sure the book has enough space for all pertinent information (e.g., patient's name, telephone number, reason for visit), is divided into time units appropriate for your practice (e.g., 10- or 15-minute intervals), can open flat on the desk where it will be used, and fits easily into its storage place when not in use.

Establishing a Matrix

Before you begin using the appointment book, you will have to set up a **matrix**. A matrix is established by crossing out times that providers are unavailable for patient visits (Fig. 6-1). For example, the physician may have a breakfast meeting and not be in the office until 10:00 AM. This is indicated by crossing out the blocks from 8:00 to 10:00 AM. Write in the reason for crossing off the space (e.g., vacation, meeting, hospital rounds). Some practices reserve specific times or even days for certain activities, such as physical examinations and surgery. Also, it is advisable to block off 15 to 30 minutes each morning and afternoon to accommodate emergencies, late arrivals, and other delays. Some physicians want their professional or personal obligations noted on the appointment schedule so that patients are not booked immediately before these times.

Once you have acquired and prepared an appointment book, it is not enough to schedule a time and date for a patient visit and hope everything will run smoothly. Before actually making an appointment, you should review the schedule carefully, evaluating the needs of each patient and considering the physician's preferences and availability of the office facilities. At the beginning of each day, copies of the schedule should be distributed to all staff members. **Along with the notations in a patient's chart, the pages of the appointment book provide documentation of a patient's visits and**

THURSDAY, APRIL 11

HOURL	Dr. Jones	Dr. Smith	Dr. Stowe	Lab
8 00		Sue Dalton	Hospital Rounds	
8 15		Recheck		Jim Hunt - FBS
8 30		Don Stephens		Tony Bay
8 45		Recheck		Sally Taylor
9 00	Sam Johnson	Jewel Cherry		Shirley Teague
9 15	555-2222	555-4444		Jennifer Gibson
9 30	CPE	CPE		
9 45				
10 00	Mandy Melton	Tony Disher		
10 15	Recheck	Kindergarten PE		
10 30	Diana Harris	Joe South		
10 45	Recheck	Recheck		
11 00	Ray Ware - suture			
11 15	removal			
11 30	Stan Gray	Alice Cook		
11 45	Recheck	Recheck		
12 00	Lunch	Susan Hill		
12 15		Work Injury		
12 30		555-1111		
12 45		ref by Prime Care		
1 00		John Bigge		Lunch
1 15		Recheck		
1 30				
1 45				
2 00		off		
2 15				
2 30				
2 45				
3 00				
3 15				
3 30				
3 45				
4 00				
4 15				
4 30				
4 45				
5 00				
5 15				
5 30				
5 45				
6 00				
6 15				
6 30				
6 45				
7 00				
N				
O				
T				
E				
S				

Figure 6-1 Sample page from manual appointment book.

any changes, such as cancellations and rescheduled appointments. This provides further legal documentation to protect the physician and the patient in case of a dispute, as discussed in Chapter 2.

Computerized Appointment Scheduling

Medical management software designed to assist with administrative functions includes systems for appointment scheduling. Computerized scheduling often saves time. Information used to establish a matrix (e.g., hospital rounds 7:30–8:30, lunch 12:30–1:30) has to be entered only once.

Any medical office software will have an appointment toolbar that requires one click to add a patient, add to the waiting list, see a calendar, or search for available times. Many software packages offer an advanced search that defines the resources required for a certain type of appointment.

This quick method allows you to search for available appointment times. Typically, you enter the desired date, and the computer displays the schedule for that day, showing any available time slots. Another feature allows you to search the appointment database for the next available time slot. For example, a patient is instructed to return in 3 months and has a preference for

the time of day. You can search for the first available afternoon appointment with that particular provider.

Depending on the specific software, you can also print numerous documents, such as the daily or weekly appointment schedule, appointment reminders, or billing slips. **Once the daily schedule is printed, this important document is referred to as the daily activity sheet or the day sheet and is the guide for everyone involved in the flow of patient care. Figure 6-2 shows a computer-generated daily activity sheet.**

An important advantage to computerized appointment scheduling is the easy access to billing information. For example, a patient may call for an appointment, and the medical assistant can inform the patient that he needs to pay his balance due of \$32 when he comes in to be seen. Credit and collections are discussed in Chapter 12.



CHECKPOINT QUESTION

1. What is the purpose of a matrix?

Time	TO	Patient Name	Phone	Alt. ID	STS. ID
09:00a	OU	5028 JONKINS, CARMEN L.	336-260-5340 E3		.05
09:00a					
09:15a	OU	5024 JONKINS, WENDY L.	336-260-5340 E3		.05
09:30a	OU	2030 WALK, BERNI NELSON	919-265-8912 E 3		.05
09:45a	OU	5054 WRIGHT, HENRY SIMON	919-265-8574 (HPO - B1)		.05
10:00a	MI	2235 SMITH, AUSTIN	888-456-7889 (2461)		.05
10:15a	OU	5004 SMITH, WILLIAM	336-260-5340 E3		.05
10:30a	NP	2726 SIMPSON, MARGARIE	336-260-5340 E3		.05
10:45a	OU	5008 SMITH, GARY	336-260-5340 E3		.05
11:00a					
12:00p					
01:30p	NP	2777 COLTRANE, CATHY	336-260-5340 E3		.05
01:45p	OU	2640 THOMPSON, JEFFREY LEE	919-260-4110 (23061)		.05
01:45p	MI	5024 JONKINS, WENDY L.	336-260-5340 E3		.05
02:00p	CPE	5006 THOMPSON, REBECCAH	336-260-5340 E3		.05
02:15p	CPE	5006 THOMPSON, REBECCAH	336-260-5340 E3		.05
02:30p	OU	2748 HARRISON, JAMES	336-260-5340 E3		.05
02:45p					
03:00p	OU	5454 HARRIS, HILLIE E	919-475-2401 (LEONE)		.05
03:15p	NP	2726 SMITH, AUSTIN	336-260-5340 E3		.05
03:45p	OU	2025 CARTER, BOY LEE	919-278-2589 (HPO-400 - B1)		.05
04:00p	RC	2538 CARPENTER, PETER	919-260-0400 E3		.05
04:10p	RC	2545 CHICKEL, COLIA	919-265-8414 (12487)		.05
04:15p					
04:30p	OU	2030 WALK, ARTHUR CHARLES	919-265-8524 (HPO - B1)		.05

Figure 6-2 A computer-generated appointment schedule with space for all providers of care. (Courtesy of MICA Information Systems, Winston-Salem, North Carolina.)

Types of Scheduling

Structured Appointments

Most medical offices use a system of structured or scheduled appointments for office visits. Each patient is assigned a time on the schedule and allotted a specific period for examination and treatment. Box 6-1 shows examples of time allotment. The advantages of this system include good time management and optimum use of the office facility. Additionally, a daily schedule may be developed and charts may be prepared in advance of patient arrival.

A disadvantage of this system is that a patient may need more of the physician's time than you have scheduled. Therefore, it is important that you ask the proper questions at the time the appointment is made to anticipate the time needed. Such questions might include "Why do you need to see the doctor?" The patient's reply will tell you how many issues will be addressed. "Do you have a form to be completed for your physical?" The answer to this question will tell you whether this is a school physical or a complete physical.

The practice of adding **buffer** time to the schedule gives extra time to accommodate emergencies, walk-ins, and other demands on the provider's daily time schedule that are not considered direct patient care. Such tasks include returning phone calls, reviewing records, and transcribing reports. For example, you may cross off 30 minutes at the beginning and end of the daily schedule to be used as a buffer.

Methods of scheduling patients include clustering, wave, modified wave, stream, and double booking.

BOX 6-1

HOW MUCH TIME DO I ALLOT?

Every outpatient medical facility has variables that determine the time allotted for each service. Factors like the number of providers, the number of examination rooms, and the size of the office must be considered when establishing the appointment scheduling guidelines. This partial list of typical outpatient services shows an estimate of the time needed for each.

Complete physical examination	1 hour
School physical	30 minutes
Recheck	15 minutes
Dressing change	10 minutes
Blood pressure check	5 minutes
Patient teaching	30 minutes–1 hour

Clustering

Clustering is grouping patients with similar problems or needs. For example, an obstetrics and gynecology practice may see all pregnant patients in the morning and other patients in the afternoon. A pediatrician may schedule vaccinations on certain days of the week. Special tests like sigmoidoscopies may be scheduled one morning a week. Advantages to clustering include maximum use of special equipment, ease in maintaining control of the schedule, the ability to provide many patients with information about their particular situation at the same time, and efficient use of employees' time.

Wave and Modified Wave

Outpatient medical facilities may use the **wave scheduling system** or modify the wave system in ways that work for their particular specialty. With the wave system, several patients are scheduled the first 30 minutes of each hour. They are seen in the order that they arrive at the office. The second half of each hour is left open. This technique works well in large facilities with several departments giving medical care. For example, several patients may arrive for a 9:00 appointment, be seen by the physician, be sent to the laboratory for blood work, and return to the physician 20 minutes later. The physician has the second part of the hour to see these patients after their testing. That second half of each hour is used as a buffer or extra time that can be used for emergencies, walk-ins, returning phone calls, and tasks other than direct patient care. Modifications to this system may include seeing new patients who will have complete physical examinations on the hour with three or four rechecks scheduled on the half hour. For example, a 75-year-old man being seen for a complete physical would be scheduled at 9:00 AM, with a 22-year-old being seen for a follow-up of strep throat and a 6-year-old being seen for recheck of an ear infection scheduled at 9:30 AM.

Fixed Scheduling

Fixed scheduling is the most commonly used method. It divides each hour into increments of 15, 30, 45, or 60 minutes. The reason for each patient's visit will determine the length of time assigned. Patients who are late or do not report for their appointment can cause major problems in the flow of the day. It is helpful to schedule chronically late patients at the end of the day. Another tactic is to tell the patient to arrive 30 minutes prior to the time you schedule.

Streaming

Streaming is a method that helps minimize gaps in time and backups. Appointments are given based on the needs

of the individual patient. If a patient is being seen for a complete physical, 1 hour may be allotted. The next patient seen may need a blood pressure recheck, which would be allotted a 15-minute slot. Although this method ensures a smooth work flow, the medical assistant scheduling the appointment must understand the procedures and guidelines for deciding the time that should be allotted. Box 6-1 outlines examples of services and their probable time allotments.

Double Booking

With **double booking**, two patients are scheduled for the same period with the same physician. This works well when patients are being sent for diagnostic testing because it leaves time to see both patients without keeping either one waiting unnecessarily.

Flexible Hours

Offices that operate with flexible hours are open at different times throughout the week. For example, Monday, Wednesday, and Friday office hours might be from 8 AM to 5 PM, and Tuesday and Thursday office hours might be from 8 AM to 8 PM. Some offices may also be open on Saturdays for all or part of the day. Patients still have scheduled appointments, but this greater range of available appointment times better accommodates work and family schedules. Your main challenge with flexible hours is to determine which patients really need to be scheduled for these special times. For example, Saturday appointments may be reserved only for patients whose work schedules do not permit weekday appointments. Flexible hours are most often used by clinics, group practices, and family physicians.

Open Hours

A medical office that operates with open hours for patient visits is open for specified hours during the day or evening. Patients may arrive at any time during those hours to be seen by the physician in the order of their arrival; there are no scheduled appointments. This system is commonly seen in emergency walk-in clinics and eliminates patient complaints such as "I had an appointment at 2 PM but had to wait until 3 PM to be seen." Open-hour scheduling, however, has some clear disadvantages:

- Effective time management is almost impossible.
- The facilities may be overloaded at some times and empty at other times.
- Charts must be pulled and prepared as each patient arrives.

So that patients are seen in the order in which they arrive, some offices use sign-in sheets. Some sign-in

sheets require that patients record the reason for their visit. The use of sign-in sheets is discouraged under the Health Insurance Portability and Accountability Act of 1996 regulations, as discussed in Chapter 8. Sign-in sheets are considered a breach of confidentiality, since patients signing the sheet can see the names and medical conditions of other patients.



CHECKPOINT QUESTION

2. What are the three systems that can be used for scheduling patient office visits?

Factors That Affect Scheduling

Patients' Needs

People express their needs in varied ways. A patient might be feeling uncertainty, embarrassment, shyness, or fear. **With a patient in an emotional state, even the slightest real or imagined miscommunication can lead to negative response from the patient.** Be courteous and maintain your professionalism.

Before scheduling an appointment, you should determine:

- Why the patient wishes to see the physician
- How long the patient has had the symptoms
- Whether the problem is **acute** (abrupt onset) or **chronic** (longstanding)
- The most convenient time for the patient to come in (e.g., early morning or evenings)
- Any special transportation services the patient requires (community or hospital van services operate only during certain hours)
- Whether the patient needs to see other office staff
- Any third-party payers' constraints
- Receipt of necessary documentation for referrals when the patient is enrolled in a program that requires such documentation (third-party payers are discussed further in Chapter 14)

Control of the appointment schedule is your responsibility. Strive to accommodate a patient's requests whenever possible but not if it will overload the schedule. For example, if a patient requests a 2 PM appointment this Tuesday and you already have patients in that time slot, politely explain that you cannot schedule the appointment then unless you have a cancellation. You might offer a later time on Tuesday or on another day at 2 PM. You can also ask if the patient wishes to be put on a move-up list to be notified if an earlier appointment opens up. In other words, you control the schedule. Do not let it control you. The entire medical office team depends on a well-managed schedule.

ETHICAL TIP

Think Before You Speak

As discussed throughout the text, it is illegal and unethical to release patient information without the patient's consent. You may be breaching confidentiality without even realizing it. Consider this: You are a receptionist in a busy OB/GYN practice. A former classmate comes in for a pregnancy test. While you are making her return appointment, she tells you that the test was positive. Later, while having lunch at a nearby restaurant, you see her mother. You congratulate her on her new grandchild and quickly realize that she doesn't know yet. You have just breached the patient's confidentiality.

What if the scenario had been like this: "Hi, Mrs. Roberts. What a coincidence; I just saw Susie this morning." Mrs. Roberts says, "Where did you see her?" You reply, "At work." You have just told Mrs. Roberts that her daughter was at an OB/GYN office. This innocent exchange is a serious violation of the Privacy Rule of HIPAA. Most employers consider this to be reason for immediate dismissal. Be careful.

Providers' Preferences and Needs

The management of the practice depends on the desires and requirements of the providers working in it. Providers in a medical practice may include the physician, nurse practitioner, or physician's assistant. Some providers often run behind schedule; others are extremely punctual. Recognize your providers' habits and communicate any problems to a supervisor. The physician may allow you to adjust the schedule to accommodate his or her habits. If you are employed to assist the physician with clinical duties (e.g., removing sutures, performing electrocardiograms, giving injections), the schedule can be adjusted to accommodate a larger number of patients while still allowing the provider enough time to give each patient personal attention.

As discussed earlier, the physician also needs time to receive and return telephone calls, review laboratory and pathology reports, dictate chart notes or correspondence, and so on. If your physician is on the staff of a teaching hospital, you may also have to block off time for clinic conferences and other teaching duties.

The physician will need time to meet with unscheduled office visitors other than patients. Such visitors might include other physicians and sales representatives from medical supply or pharmaceutical companies. You should determine in advance how the physician wants you to handle these visitors. For example, the physician may want to be notified immediately if another physi-

cian comes to the office. With salespersons or pharmaceutical representatives, however, the physician may have another staff member meet with them or may request that an appointment be scheduled for a more convenient time.

Physical Facilities

The physical facilities available in the medical office will affect the management of the appointment schedule. Consider these points: How many providers use the facility? How many examination rooms are there? Is it necessary to resterilize instruments between procedures, or is more than one set of instruments available? You would not want to schedule two sigmoidoscopies at the same time, for example, if the office has only one appropriately equipped examination room. **You must thoroughly understand the requirements for procedures to be performed in the office to schedule appointments accurately.**



CHECKPOINT QUESTION

3. What are three factors that can affect appointment scheduling?

Scheduling Guidelines

Whether the patient is making an appointment by telephone or in person, be pleasant and maintain a helpful attitude. Always write the patient's telephone number on the schedule when making appointments. Emergencies and delays are unavoidable, and schedule corrections can be made quickly if the telephone number is handy. Leave some time slots open during each day, perhaps 15 to 20 minutes in the morning and in the afternoon. Invariably, problems will arise (e.g., late patients, emergencies) and disrupt the regular appointment schedule. These open blocks can allow the schedule to catch up. Also, patients calling for appointments will not appreciate being told that no time is available for 2 or 3 weeks. Open slots can be used to schedule brief appointments as needed. Procedure 6-1 describes the steps for scheduling appointments for new patients.

New Patients

Most appointments for new patients are made by telephone. **The information you exchange at this encounter is crucial, and entering the patient's data accurately is imperative.** The first encounter with a new patient is discussed in Procedure 6-1.

An office brochure can be mailed to the patient in advance of the appointment. Some offices send new-patient forms to be filled out and brought in at the ap-

pointment. When scheduling an appointment for a new patient, follow these guidelines:

1. Allow an adequate amount of time for the appointment. To do so, obtain as much information as possible from the patient:
 - Full name and correct spelling
 - Mailing address
 - Day and evening telephone numbers
 - Reason for the visit
 - Name of the referring physician or individual
 - Responsible party and third-party payer (insurance plan)
2. Explain the office's payment policy. Most offices require full or partial payment at the time of an initial visit, and patients must understand this policy. Instruct patients to bring all pertinent insurance information.
3. Be sure patients know your office location; if needed, give them concise directions. You may also want to tell patients how long they can expect to be at the office.
4. Some patients are sensitive about messages left on an answering machine or given to a co-worker. To avoid violating confidentiality, ask the patient if it is permissible to call at home or at work and include this information in the patient's chart.
5. Before ending the call, confirm the time and date of the appointment. You might say, "Thank you for calling Mr. Brown. We look forward to seeing you on Tuesday, December 10, at 2 PM."
6. Always check your appointment system or book to be sure that you have placed the appointment on the correct day in the right time slot.
7. If the patient was referred by another physician, you may need to call that physician's office in advance of the appointment for copies of laboratory work, radiology and pathology reports, and so on. Remember, the patient must give authorization to release medical documents (see Chapter 9). Give these reports to the physician prior to the patient's appointment.

Established Patients

Established patients will be given return appointments when necessary. Most return appointments are made before the patient leaves the office. Procedure 6-2 describes the steps for scheduling a return appointment.

When making a return appointment, follow these guidelines:

1. Carefully check your appointment book or screen before offering an appointment time. If a specific examination, test, or x-ray is to be performed on the return visit, avoid scheduling two patients for the same examination at the same time.

2. Offer the patient a specific time and date. For example, you might say, “Mrs. Hernandez, I have next Tuesday, the 15th, available at 3:30 PM” (Avoid asking the patient when he or she would like to return, as this can elicit indecision.) If the offered appointment is not convenient, offer another specific time and date.
3. Write the patient’s name and telephone number in the appointment book, or enter in the information on the appointment screen.
4. Transfer the pertinent information to an appointment card and give it to the patient. Computerized systems print an appointment card. Repeat aloud the appointment day, date, and time to the patient as you hand over the card (Fig. 6-3).
5. Double-check your book or screen to be sure you have not made an error.
6. End your conversation with a pleasant word and a smile.



Figure 6-3 An appointment card will help the patient remember his or her appointment and reduce no shows.

Preparing a Daily or Weekly Schedule

In most offices, as medical assistant, you are responsible for preparing a daily and weekly schedule of appointments. Make a copy for the providers and other office staff members. When there are changes in the schedule, ensure that corrections are made on all copies. Place the next day’s schedule on the physician’s desk before he or she leaves for the day. Give the next week’s schedule to the physician before he or she leaves on Friday. Schedules should include not only patients’ appointments but also hospital rounds, surgeries, meetings, and any personal engagements on the schedule. Computer systems print a daily or weekly schedule, but you must remember to make changes manually as the day progresses.

Patient Reminders

Offices use various kinds of reminders to tell a patient about an appointment that should be made or to remind them that an appointment has been made on a specific date and time. These reminders are the appointment card, the telephone call, and the mailed card.

Appointment Cards

An appointment card is given to the patient when he or she leaves the office. It should have the following information:

- Patient’s name
- Day, date, and time of the return visit
- Physician’s name and telephone number

If the patient requires a series of appointments, try to make them on the same day of the week and at the same time of day. This will make it easier for the patient to remember the appointments. Unless your appointment card allows you to list the complete series of appointments, however, give the patient a card for the next appointment only and repeat this procedure after each subsequent visit. When the patient has to save several cards, they can easily be lost or cause confusion. If using a manual system, write on the card with ink so that it cannot be altered. Computer appointment scheduling software provides appointment cards that can be printed on special perforated paper.

Telephone Reminders

All new patients and patients with appointments scheduled in advance should receive a telephone reminder the day before their appointment. Computer systems can place the call to the programmed number and remind the patient of the appointment with a prerecorded message. Remember, do not call a patient at work or leave

a message unless you have been given permission to do so. Make the telephone reminder simple. Identify your office and yourself, and state the date and time of the appointment. For example, you might say, “This is Ms. Sprinkle from Dr. Yokley’s office. I’m calling to confirm your appointment for tomorrow, Thursday, February 10, at 3:30 PM.” Unless the patient has a question, then say, “Thank you and goodbye.” This reminder helps jog the patient’s memory, and if the patient must cancel or reschedule an appointment, you will have time to fill the slot. Keep a list with the names and phone numbers of patients who have asked to be called or who need to be seen sooner than their next appointment. This list may be called a cancellation list, a waiting list, or a move-up list. Make a notation on the appointment schedule, such as confirmed, left message, or no answer.

Mailed Reminder Cards

Some offices send reminder cards instead of making phone calls. Reminder cards are also used to remind patients who could not be reached by phone that it is time to keep an upcoming scheduled appointment. These should be mailed at least a week before the date of the appointment. In addition, reminder cards are sent after a set period since a patient’s last appointment. Reminder cards are often used to alert patients to the need for annual examinations (e.g., Pap smears, mammograms, prostate examinations).

To handle this kind of reminder, keep a supply of preprinted postcards in the office (Fig. 6-4). The cards should have a simple one- or two-sentence message, such as, “According to our records, you are due for your annual physical. If you would kindly call the office, we will be glad to arrange an appointment for you.” The physician’s name, address, and telephone number should be printed on the card. Place the card in a tickler file (Box 6-2) and mail it at the appropriate

<i>Laila Hudson</i>				
has an appointment with				
DONALD L. MYERS, M.D.				
NEUROLOGICAL SURGERY				
233 SOUTH SIXTH STREET, FIRST FLOOR				
PHILADELPHIA, PENNSYLVANIA 19106				
(215) 627-4380				
on				
<u>2:00</u>	<u>Tues.</u>	<u>April</u>	<u>8</u>	<u>200 8</u>
<small>time</small>	<small>weekday</small>	<small>month</small>	<small>date</small>	
<small>If your plans change please notify the office at least 24 hours in advance</small>				

Figure 6-4 Sample reminder postcard.

BOX 6-2

A TICKLER FILE CAN TICKLE YOUR MEMORY

A **tickler file** helps remind you to do something by a certain time in the future. It can be something as simple as a card file box (like a recipe box) or an accordion folder with insert guides in chronological order. The guides may be in weekly or monthly divisions. Put patient appointment reminder cards in the appropriate location in the file. Check the file each week or month, depending on the divisions, then mail the reminders.

Medical office computer software often offers help with patient reminders. With a search of the database, a report of every female patient over age 50, for example, could be generated. Some systems even generate patient reminders based on preprogrammed criteria.

time. Some medical management software packages produce a list that can be used to alert patients of necessary services.



CHECKPOINT QUESTION

4. What are the three types of patient reminders?

ADAPTING THE SCHEDULE

Emergencies

When a patient calls with an emergency (Fig. 6-5), your first responsibility is to determine whether the problem can be treated in the office. The office should have a policy for evaluation of the situation. The word **STAT** is used in the medical field to indicate that something should be done immediately (Box 6-3). You also should have a list of appropriate questions to ask the patient, such as “Are you having chest pain? Are you having difficulty breathing? How long have you had the symptoms?” (Box 6-4). When several symptoms occur together, they may indicate a particular problem. This group of complaints is referred to as a **constellation of symptoms**. One group of symptoms found to indicate a certain disorder is severe right lower quadrant pain, nausea, and fever. A physician who sees this constellation of symptoms considers appendicitis.



Figure 6-5 When a patient calls from home with a possible heart attack, you will call 911.

Patients Who Are Acutely Ill

Patients who are acutely ill often have serious, although not life-threatening, conditions. These patients need to be seen as soon as possible but not necessarily on that same day. **Obtain as much information about the patient's medical problem as you can so your message to the physician will allow him or her to decide how soon the patient should be seen.** Place the chart with a note in the location selected by the physician, and tell the patient you will call back as soon as the physician makes a decision.

BOX 6-3

WHEN DOES THE PATIENT NEED TO BE SEEN NOW?

When the patient calls with any of the following complaints:

- Shortness of breath
- Severe chest pain
- Uncontrollable bleeding
- Large open wounds
- Potential accidental poisoning
- Bleeding in a pregnant patient
- Injury to a pregnant patient
- Shock
- Serious burns
- Severe bleeding
- Any symptoms of internal bleeding (dark, tarry stools; discoloration of the skin)

Note: Remember to check with the physician for proper procedures concerning triage.

BOX 6-4

WHEN A PATIENT COULD BE HAVING A HEART ATTACK

When a patient calls complaining of the following constellation of symptoms, you should assume that this is a potential heart attack:

- Shortness of breath
- Chest pain
- Arm or neck pain
- Nausea and/or vomiting

Just one of these symptoms alone may not indicate a cardiac event, but when there is more than one, you should be alert to the fact that this may be a heart attack. Studies have shown that, in women, early symptoms of a heart attack are different from those in men. These symptoms include jaw, neck, and back pain and severe fatigue. Keep this in mind when questioning the patient. Call 911 and stay on the line with the patient. Do not advise the patient to drive to the hospital. Follow office policies for such an emergency.

Walk-in Patients

Walk-in patients are those who arrive at the office without a scheduled appointment and expect to see the physician that day. Typically, the physician will have a set protocol, or prescribed list of steps, for handling such situations. In general, you must first determine the reason for the walk-in. Patients with medical emergencies need to be seen immediately. Other patients can be asked to have a seat in the waiting room while you inform the physician of the patient's presence. The physician can then make the decision to see the patient or not.

If the patient is to be seen, explain that you will work him or her into the schedule as soon as possible for a brief examination. When the patient leaves the office, you might apologize for the delay and then ask the patient to schedule an appointment for the next visit.

If the physician decides not to see a walk-in patient, you will have to ask the patient to schedule an appointment and to return later.

Late Patients

Patients who are late cause problems in the schedule. You should gently but firmly apologize for any delay but tell the patient, "You were late, and Dr. Wooten is seeing another patient now. The doctor should be able

to see you in about 15 minutes.” Patients who are routinely late should be politely advised that “According to our office policy, patients who are more than 15 minutes late will have to be rescheduled.” Some offices have found that scheduling the habitually late patient at the end of the day is helpful. In addition, ask patients to call the office if they know ahead of time that they are going to be late.

Physician Delays

Of course, sometimes the physician calls in to say he or she has been delayed and will be in the office later. If office hours have not yet begun, call patients with appointments scheduled early, and give them the option of coming in later in the day or rescheduling the appointment for another day. **If patients are waiting in the office, inform them immediately if the physician will be delayed.** For example, you might say, “Dr. Franklin has been delayed and will probably be 20 to 30 minutes late. Would you like to wait, or would you prefer to reschedule for another time?” Always keep your patients informed; most people will understand if they know you have not ignored or forgotten them. Most patients appreciate the fact that the physician would also be available to them in an emergency. If you reschedule an appointment, note in the patient’s chart the reason for the cancellation or rescheduling.

Missed Appointments

A missed appointment, or no-show, occurs when a patient neglects to keep an appointment and does not notify the office. When this happens, call the patient to try to determine why the appointment was missed and to reschedule for another time. If you are unable to reach the patient by telephone, send a card asking the patient to call the office to reschedule. Note in the patient’s chart the missed appointment and that you have either rescheduled the appointment or mailed a card to schedule another appointment. Even if the facility does not routinely remind patients of appointments, be sure to call and remind habitually late patients the day before the appointment.

Continued failure to keep appointments should be brought to the attention of the physician, who may want to call the patient personally (particularly if the patient is seriously ill) or send a letter expressing concern for the patient’s welfare. In extreme cases, the physician may choose to terminate the physician–patient relationship. See Chapter 2 for the proper procedure for this action. Notations of all actions and copies of any letters sent to the patient should become a permanent part of the individual’s medical record. Box 6-5 is an example of a chart note.



LEGAL TIP

DOCUMENT, DOCUMENT, DOCUMENT!

When a patient does not show up for his appointment, you must make an entry in the chart. Because your physician has a legal contract with the patient, he has an obligation to treat him as long and as often as necessary. If the patient does not report for his scheduled appointments, the patient is breaking the contract. This would be an important factor in a court cases involving a physician being sued for abandonment. The chart is the physician’s defense. Being diligent with documentation is not optional.

Example:

10/07/07. Mr. Quinn did not report for his appointment at 10 AM today. I called him at 11:00 AM, and he stated that he did not want to reschedule. He says he is doing fine and will call next week to reschedule. LM, RMA

Cancellations

Cancellations by the Office

You may have to cancel a patient’s appointment if the physician is ill, has an emergency, or has personal time off. Patients who must be rescheduled need not be told the specific reason for the physician’s absence. **These cancellations should be noted in the patient’s medical record.**

When you have advance notice, write a letter to patients with appointments you must cancel, indicating that the physician will be away from the office but will return by a certain date. Patients should be alerted to cancellations a week before their appointments. Ask the patient to call the office to reschedule. If you have to cancel on the day of the appointment, call the patient and explain. For example, you might say, “Dr. Flora has been called out of the office unexpectedly. Would it be convenient to reschedule your appointment for sometime next week?” If the patient arrives at the office before you can contact him or her, apologize and politely explain the situation. Most patients will be understanding. When a physician is unavailable for an extended period, another physician must cover the practice or be on call. Everyone in the office should have a list of names and addresses of on-call physicians, and you should give this information to your patients, according to your office policy. When a locum tenens, or substitute physician, is employed, the office appointments will not be interrupted (see Chapter 2).

BOX 6-5**CHARTING EXAMPLE**

05/12/08–1530

Mrs. Parrish was called regarding missing scheduled appointment for today at 9:30 AM. Patient said she forgot about the appointment.

Appointment was rescheduled for 05/14/08 at 10:00 AM. Patient was advised of the need to have regular prenatal checkups. Patient verbalized understanding. Dr. Wong was notified that appointment was missed and rescheduled.

—Lois Samuels, RMA

Cancellations by the Patient

When a patient cancels an appointment, ask the reason for the cancellation and mark it on your appointment schedule and in the patient's chart. Offer to reschedule at another time. If the patient is being seen for a continuing problem, be sure he or she understands the necessity for the follow-up visit. If the patient wants to call back for an appointment, make a note to yourself to check on the call-back in a few days. If a patient cancels appointments frequently, bring this to the physician's attention.

If a patient cancels an appointment and you have a full schedule, no action is needed. If your schedule is light, however, refer to your move-up list to try to fill the vacancy.

Making Appointments for Patients in Other Facilities

Referrals and Consultations

When the provider requests assistance from another physician in **consultation** or makes a **referral** to another physician for the patient, make certain that the referral meets the requirements of any third-party payers. Managed care companies like HMOs have strict requirements regarding **precertification** and documentation for referrals to specialists and other facilities. If the patient's third-party payer requires a referral form, you will need to complete it with the referral approval number that you must obtain from the insurance company. Figure 6-6 is a sample referral form. (See Chapter 13.) **Be sure the physician you are calling is on the preferred provider list for the patient's insurance company.** Patients should be given a choice when being referred to a specialist.

When calling another physician's office for an ap-

pointment for your patient (Procedure 6-3), provide the following information:

- Physician's name and telephone number
- Patient's name, address, and telephone number
- Reason for the referral
- Degree of urgency
- Whether the patient is being sent for consultation or referral (see Box 6-6 for an explanation of the terms referral and consultation)

Record in the patient's chart the time and date of the call and the person who received your call. Tell the person you are calling that you wish to be notified if your patient does not keep the appointment. If this occurs, be sure to tell the physician and enter this information in the patient's record.

Write the name, address, and telephone number of the referral doctor on your office stationery and include the date and time of the appointment. Give or mail this information to your patient. The patient may call the referring physician to make his or her own appointment. If this is the situation, ask the patient to call you with the appointment date and document it in the chart.

REFERRAL FORM		LSW HEALTH	
<small>This form must be completed in full or treatment of the patient may be delayed. ALL INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE HELD BY THE AREA HEALTH SERVICE.</small>			
PATIENT DETAILS:		Interpreter Required: YES / NO	
TITLE	SURNAME	GIVEN NAME	
MEDICARE NUMBER		HEALTH CARD NO	
ADDRESS		DOB	
		POST CODE	
		HOME TEL	
COUNTRY OF BIRTH		MOBILE	
FIRST LANGUAGE SPOKEN		BUS TEL	
GENERAL MEDICAL PRACTITIONER NAME:		CONTACT TEL:	
MEDICAL SPECIALIST NAME:		CONTACT TEL:	
Referred to:	Enclosures	Medical Documents: Yes <input type="checkbox"/> No <input type="checkbox"/>	Specialists Reports: Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialty:			
History and Reason for referral:			
Significant Medical History: (include any relevant access issues or special requirements)			
(Signature)	(Printed Name)	(Date)	
REFERRING CLINICIAN:			
Provider Name:		Provider No:	
Address:			
Telephone:	Fax:	Email:	

Figure 6-6 Sample referral form.

BOX 6-6**REFERRAL OR CONSULTATION?**

It is important to know the difference between a referral and a consultation. According to the coding guidelines in the *Current Procedural Coding Terminology*, a consultation is a request for the opinion of a colleague. A letter is provided to the referring physician by the consultant and contains the consulting physician's impression and recommendations for the patient, but the patient returns to the referring physician for treatment. For example, an orthopedist may send a patient with rheumatoid arthritis to a rheumatologist for medication management, but the orthopedist will continue the patient's care based on the rheumatologist's recommendations.

A referral usually involves a specialist and requires that the patient's care be transferred to that specialist. For example, a patient may see his family physician for an ingrown toenail. That physician refers the patient to a podiatrist for care. That care will continue simultaneously with any other care by the family physician until the problem is resolved.

Diagnostic Testing

Sometimes, patients are sent for diagnostic testing or treatment at another facility. Such testing includes laboratory tests, radiology, computed tomography, magnetic resonance imaging, and nuclear medicine studies. These appointments are usually made while the patient is still in the office. Before scheduling, determine the exact test or tests the physician requires and how soon the results are needed. (Be sure to indicate to the facility if the results are needed immediately, or STAT.) Also, check with the patient for any time restrictions he or she may have. Give the facility the patient's name, address, telephone number, the exact test or tests required, and any other special instructions from the physician. Give the patient a laboratory or x-ray referral slip with the time and date of the appointment and the name, address, and telephone number of the outside facility.

Some laboratory studies or x-ray tests require advance preparation by the patient. Give your patient a written and verbal explanation of the required preparation, and be sure he or she understands the importance of following the instructions. On the patient's chart, note the name of the outside facility and the date and time of the appointment. Also place a reminder in your tickler file or on your appointment schedule to be sure the test results are received as requested. See Procedure 6-3.

Surgery

You also assist with the scheduling of procedures in a hospital operating room or an outpatient surgical facility. Determine the patient's need for precertification with the insurance carrier. You may have to call the number on the back of the patient's insurance card for a precertification number. Call the participating facility chosen by the patient and specify the time and date the physician has requested. The operating facility will need to know the exact procedure, the amount of time needed, the type of anesthesia required, and any other special instructions your physician may have. The facility will also need the patient's name, age, address, telephone number, insurance information, and the precertification number if required.

If the hospital has supplied your office with preadmission forms, give a copy to the patient and make sure he or she understands the need to complete and return the form in a timely manner. Follow the policies of the surgical facility regarding preadmission testing, which may include laboratory studies, x-rays, or autologous blood donation (donation of a person's own blood in advance). Write down all appointment dates, times, and locations for the patient and be certain he or she understands where to go and when.

Finally, note in the patient's record the name of the operating facility and the date and time the surgery is scheduled. You may also need to arrange for hospital admission by providing the same information to the hospital admitting department (Procedure 6-4).

**CHECKPOINT QUESTION**

5. What information should be readily available when calling to schedule a patient for surgery in another facility?

When the Appointment Schedule Does Not Work

No appointment schedule runs smoothly all the time, and an occasional glitch is to be expected. If, however, you find that your schedule is chaotic nearly every day, you should determine the cause. Evaluate the schedule over time, generally 2 to 3 months. For example, make a list of all patients seen, their arrival times, the amount of time they spent with the physician, the time they left, and the amount of time needed to perform each examination or treatment. **Since the work flow of the office affects every staff member, involve all employees in your study.**

Office meetings are an ideal way to identify scheduling problems. Your evaluation may reveal that many of your patients are arriving late or that you have not allotted enough time for certain procedures. Sometimes, a

habitually delayed physician is the problem. You may find that too many staff people are making appointments. If this is the case, you can assign only one staff person to handle all scheduling. Some problems may never be completely solved. If they are identified, however, you can often make adjustments to avoid causing frustration for both patients and office personnel.



MEDIA MENU

- **Student CD**

- **Case Study**

Interactive Administrative Case Study 2:
Managing a Medical Office Emergency

- **CMA/RMA Certification Exam Review**

- **Video Procedures**

Procedure 6-1 video clip

- **LWW's Medical Assisting Skills DVD**

Procedures 6-1, 6-2, 6-3, 6-4

- **Premium Online Course**

<http://thePoint.lww.com/Kronenberger3e>

- **Internet Resources**

LiveAdvise Online Tutoring & Competency Training

<http://thePoint.lww.com/LiveAdvise>

español SPANISH TERMINOLOGY

A que se debe su visita?

Why do you need to see the doctor?

Desde cuando se siente mal?

How long has this been going on?

Prefiere la cita en la mañana o en la tarde?

Would you prefer morning or afternoon?

Llamo para recordarle su cita.

I am calling to remind you of your appointment.

Le dare una cita para que vea al Doctor nuevamente.

I will give you an appointment to return to see the doctor.

Para su proxima visita, por favor traiga su tarjeta del seguro y todas las medicinas que esta tomando.

Please bring your insurance card and medicine bottles with you for your next appointment.

Dias de las semana

Days of the week

Horas del dia

Times of the day

Domingo

Sunday

A la una

One o'clock

Lunes

Monday

El medio pasado uno

1:30

Martes

Tuesday

Dos en punto

2:00

Miercoles

Wednesday

Son las dos y media

2:30

Jueves

Thursday

Tres en punto

3:00

Viernes

Friday

Son las tres y media

3:30

Sabado

Saturday

Siete en punto

7:00

Son las siete y media

7:30

Ocho en punto

8:00

Son las ocho y media

8:30

Nueve en punto

9:00

Son las nueve y media

9:30

PROCEDURE 6-1:**Making an Appointment for a New Patient**

Purpose: To secure an allotted time for a patient who is new to your facility to see the provider

Equipment: Patient's demographic information, patient's chief complaint, appointment book or computer with appointment software

Steps	Reasons
<p>1. Obtain as much information as possible from the patient, such as:</p> <ul style="list-style-type: none"> • Full name and correct spelling • Mailing address (not all offices require this) • Day and evening telephone numbers • Reason for the visit • Name of the referring person 	<p>To stay on schedule, you must allow enough time for the appointment. This information will help determine appointment needs and save time at the first visit.</p>
<p>2. Determine the patient's chief complaint or the reason for seeing the physician.</p>	<p>The reason for the visit will determine the time allotment, use of special rooms or equipment, etc.</p>
<p>3. Explain the payment policy of the practice. Most offices require payment at the time of an initial visit. Instruct patients to bring all pertinent insurance information.</p>	<p>Patients must understand this policy if they are to follow it.</p>
<p>4. Be sure patients know your office location; give concise directions if needed. You may also want to give patients an idea of how long they can expect to be at the office.</p>	<p>Helps patients arrive on time and lets them budget their time.</p>
<p>5. To avoid violating confidentiality, ask the patient if it is permissible to call at home or at work.</p>	<p>HIPPA's Privacy Rule prohibits leaving messages on an answering machine or giving any information to another individual who has not been named by the patient.</p>
<p>6. Before ending the call, confirm the time and date of the appointment. Say, "Thank you for calling, Mr. Brown. We look forward to seeing you on Tuesday, December 10, at 2 PM"</p>	<p>Repeating the appointment time will ensure that effective communication has taken place and increase the likelihood that the patient will be there on time.</p>
<p>7. Always check your appointment book to be sure that you have placed the appointment on the correct day in the right time slot.</p>	<p>Failure to record every appointment in the proper location can cause overbooking, frustrated physicians and staff, and irate patients.</p>
<p>8. If the patient was referred by another physician, you may need to call that physician's office before the appointment for copies of laboratory work, radiology, pathology reports, and so on. Give this information to the physician prior to the patient's appointment.</p>	<p>Remember, the patient must give authorization to release medical documents (see Chapter 9).</p>

PROCEDURE 6-2:**Making an Appointment for an Established Patient**

Purpose: To secure an allotted time for a patient who is returning to your office as an established patient

Equipment: Appointment book or computer with appointment software, appointment card

Steps**Reasons**

- | | |
|---|--|
| <p>1. Determine what will be done at the return visit. Check your appointment book or computer system before offering an appointment.</p> | <p>If a specific examination, test, or scan is to be performed, you will want to avoid scheduling two patients for the same examination at the same time.</p> |
| <p>2. Offer the patient a specific time and date. Avoid asking the patient when he or she would like to return, as this can cause indecision.</p> | <p>Give the patient a choice, and if neither time is convenient, offer another specific time and date. Giving a patient a choice is good practice. "Mrs. Chang, we can see you next Tuesday, the 15th, at 3:30 PM or Wednesday, the 16th, at 9:00 AM."</p> |
| <p>3. Write the patient's name and telephone number in the appointment book or enter it in the computer.</p> | <p>Writing the phone number in the appointment book or making a notation in the computer will give you a quick reference if you need to call the patient to change the appointment.</p> |
| <p>4. Transfer the pertinent information to an appointment card and give it to the patient. Repeat aloud the appointment day, date, and time to the patient as you hand over the card (see Fig. 6-4).</p> | <p>Repeating the information reinforces the patient's memory and helps ensure that the appointment will be kept.</p> |
| <p>5. Double-check your book or computer to be sure you have not made an error.</p> | <p>Errors in appointments waste the patient's, staff's, and physician's time.</p> |
| <p>6. Whether in person or on the phone, end your conversation with a pleasant word and a smile.</p> | <p>A smile always feels good to a patient who may be apprehensive about needing to return to the doctor.</p> |

PROCEDURE 6-3:**Making an Appointment for a Referral to an Outpatient Facility**

Purpose: To secure an allotted time for a patient who needs to be seen in another facility

Equipment: Patient's chart with demographic information; physician's order for services needed by the patient and reason for the services; patient's insurance card with referral information, referral form, and directions to office

Steps**Reasons**

- | | |
|---|--|
| <p>1. Make certain that the requirements of any third-party payers are met.</p> | <p>Some third-party payers require that referrals be precertified. Pre-existing conditions may not be covered for referral. Most companies require that only the patient's primary care physician (PCP) or gatekeeper make referrals. It is important to re-search each situation. Telephone numbers for precertification and questions will be printed on the back of the insurance card.</p> |
| <p>2. Refer to the preferred provider list for the patient's insurance company. Allow the patient to choose a provider from the list.</p> | <p>Managed care companies have strict requirements for precertification and documentation for referrals (see Chapter 13). If there is more than one provider with the same qualifications, the patient should always be given a choice.</p> |
| <p>3. Have the following information available when you make the call:</p> <ul style="list-style-type: none"> • Physician's name and telephone number • Patient's name, address, and telephone number • Reason for the call • Degree of urgency • Whether the patient is being sent for consultation or referral | <p>The referred or consulting physician's office needs to know these things to serve the patient well.</p> |
| <p>4. Record in the patient's chart the time and date of the call and the name of the person who received your call.</p> | <p>This is necessary for proper documentation of the patient's care.</p> |
| <p>5. Tell the person you are calling that you wish to be notified if your patient does not keep the appointment. If this occurs, be sure to tell your physician and enter this information in the patient's record.</p> | <p>Anyone in the office who needs this information will have it.</p> |
| <p>6. Write down the name, address, and telephone number of the doctor you are referring your patient to and include the date and time of the appointment. Give or mail this information to your patient. Be certain that the information is complete, accurate, and easy to read.</p> | <p>It is important that the patient keep their appointment. The physician is responsible for the patient's care and should know if the appointment is not kept.</p> |
| <p>7. If the patient is to call the referring physician to make the appointment, ask the patient to call you with the appointment date, and then document this in the chart.</p> | <p>Recording the appointment information in the patient's chart completes the transaction and proves that the physician's order was carried out.</p> |

PROCEDURE 6-4:**Arranging for Admission to an Inpatient Facility**

Purpose: To arrange admission to an inpatient facility providing all necessary information and to provide instructions to the patient

Equipment: Physician's order with diagnosis, patient's chart with demographic information, contact information for inpatient facility

Steps	Reasons
1. Determine the place that the patient and/or physician wants the admission arranged.	Physicians may have privileges at one hospital or several hospitals. The patient's insurance carrier may have a preferred facility list as well.
2. Gather information for the other facility, including demographic and insurance information.	Having the patient's demographic and insurance information handy avoids delays.
3. Determine any precertification requirements. If needed, locate contact information on the back of the insurance card and call the insurance carrier to obtain a precertification number.	Most insurance carriers must be notified in advance of an admission to an inpatient facility. You will be given a precertification number that must be given to the hospital admissions department. This number will follow the patient through the claims later filed for that admission.
4. Obtain from the physician the diagnosis and exact needs of the patient for an admission.	The hospital admissions department will need the patient's exact diagnosis. They will also need to know of any special requirements, such as a private room, isolation, etc.
5. Call the admissions department of the inpatient facility and give information from Step 2.	The admissions department handles all preliminary information, insurance information, etc. before assigning the patient a room.
6. Obtain instructions for the patient and call or give the patient instructions and information.	Patients should be given complete information in writing if possible. Patients may be afraid and emotional when they are being admitted to a hospital. Be sure they understand their instructions.
7. Provide the patient with the physician's orders for their hospital stay, including diet, medications, bed rest, etc.	If the patient is not at your office, the physician must call in this information. Most hospitals prefer that patients bring this information.
8. Document time, place, etc. in patient's chart, including any precertification requirements completed.	Any appointments made for the patient must be documented in the patient's chart. This provides the information to anyone in the office who needs it.

Chapter Summary

- The outpatient medical facility can be chaotic without an efficient appointment system. Moving patients through the facility while treating each person equally and thoroughly is one of the biggest challenges in the medical office.
- It is difficult for a busy practice to run smoothly all of the time. You need structure, but you must be flexible. Available times, equipment and room usage, and personnel coverage must be considered when finding just the right formula for a well-run and efficient office.
- The goals of the outpatient medical facility are to provide quality patient care and maintain financial stability. To reach those goals, an office must have a plan for the efficient scheduling and carrying out of the daily activities.
- Appointment scheduling systems include manual systems using appointment books and computerized systems that render helpful reports and daily activity sheets. The size of a practice, the number of physicians, the types of services, and so on are considered when establishing an appointment scheduling system.
- Sick patients calling to make appointments should be given priority, and there are established guidelines for determining the urgency of a patient's problem. Other functions, such as phone calls, reviewing records, and lunch breaks, are also scheduled into the daily activities of the office.
- An established protocol or list of steps should be in place to handle pharmaceutical representatives and other visitors to the office. As the medical assistant at the front desk, you will be one of the most important factors in the daily operation of the outpatient medical facility.
- As a medical assistant, you will make appointments, document encounters with patients that deal with appointments, and make referrals to other health care facilities. Learning the issues involved in successful appointment scheduling will help you make sure your facility runs smoothly.

Warm Ups for Critical Thinking

1. Assume that you are the office manager in a physician's office. Create a policy and procedure for scheduling patients.
2. Sign-in sheets can cause a breach in patient confidentiality. What other methods could you use that would limit the potential for invasion of patient privacy?
3. You notice that patients typically wait 30 to 45 minutes past their scheduled appointment times because of the physician. How would you approach a physician who chronically runs late?

Answers to Checkpoint Questions

1. A matrix is established to indicate times of each day that are not available for patient appointments.
2. The three systems that can be used for patient office visits include scheduled appointments, flexible hours, and open hours.
3. The three factors that can affect scheduling are patients' needs, physicians' preferences, and the physical facilities.
4. The three types of reminders are appointment cards, telephone reminders, and mailed reminder cards.
5. When scheduling a patient for surgery, the following information is needed: demographic and insurance information; the patient's name, age, address, telephone number, precertification number (if required), and diagnosis; surgery planned; and any special instructions.