CHAPTER 10  SCHEDULING APPOINTMENTS

VOCABULARY REVIEW
1. interval  5. no-show  9. interaction
2. proficiency  6. matrix  10. integral
3. intermittent  7. disruption  11. reimbursement
4. prerequisite  8. Established patients  12. template

SKILLS AND CONCEPTS

**Optional Part I: Appointment Reminder Cards**
1. Gayle Jackson has an appointment for August 23, 20XX, at 3 pm with Dr. Lupez.
2. Debra Odom has an appointment for May 1, 20XX, at 9 am with Dr. Hughes.
3. Katrina Shaw has an appointment for June 13, 20XX, at 11:45 am with Dr. Hughes.
4. Joni Perry has an appointment for September 12, 20XX, at 2:40 pm with Dr. Lawler.
5. Savannah York has an appointment for December 15, 20XX, at 4:30 pm with Dr. Lupez.

Part II: Guides for Scheduling
1. a. Patient need  
   b. Physician preference and habits  
   c. Available facilities
2. If the clinic does not offer the services that the patient needs, the patient will go elsewhere to obtain services, which will affect the finances of the clinic.
3. Adjust the scheduling to fit the physician’s habits. If the physician always spends 15 minutes with patients, do not schedule patients every 10 minutes.
4. Advantage: Easy to use; color-coded books are efficient.  
   Disadvantage: Only one person can use the appointment book at a time.
5. Advantage: Multiple users can access patient information at a time; more efficient; more information is available than in an appointment book.  
   Disadvantage: Users must learn the software; sometimes expensive to purchase.
6. Time lengths are important because the reimbursement the physician receives from insurance companies is partly based on the time requirements of the procedure or office visit.
7. The template is a pre-developed page layout used to make new pages with a similar design, pattern, or style; a standardized file type used in computer software as a preformatted example on which to base other files. Templates can be used over and over as new pages are added to the appointment book, and the regular times that are unavailable to patients will be pre-marked.
8. A repeating appointment is made when a patient must come to the physician’s office for several appointments; they usually are scheduled for the same time and same day of the week. Physical therapy and chiropractic appointments are often repeating appointments.
9. An emergency appointment is made for a life-threatening condition, whereas an urgent appointment is made for a serious but not life-threatening condition.
10. If the call is accidentally disconnected, the patient may not be able to call back, which would make finding the patient more difficult. Also, the patient may behave more calmly if he or she is able to speak to someone and feels more assured that help is on the way.

**Optional Part III: Advance Preparation and Establishing a Matrix**
Appointment Page 1 should be prepared according to the directions in the Study Guide.

1. The date is Monday, October 13, 20XX.
2. Dr. Lawler and Dr. Hughes have hospital rounds from 8 to 9 a.m.
3. Dr. Lupez sees patients from 8 a.m. to noon and then has a medical conference.
4. Lunch is from noon until 2 p.m.
5. Dr. Lawler has a 4 p.m. meeting at the hospital.
6. Dr. Hughes and Dr. Lawler both prefer a break from 3:15 to 3:30 p.m. to catch up on telephone calls and other duties.

**Optional Part IV: Scheduling Appointments**
1-14. Answers will vary depending on which appointment times are scheduled.
1-15. Answers will vary depending on which appointment times are scheduled.
1-8. Answers will vary depending on which appointment times are scheduled.

**Part V: Types of Scheduling**
1. Practitioners are able to see more patients with less pressure when their appointments are scheduled. Patients call the office and are given a specific time to see the physician. **Advantage:** A specific time is reserved for each patient. **Disadvantage:** The strict schedule may be difficult for patients who work long hours and would prefer to see the doctor at hours other than 8 AM to 5 PM.

2. With the open office hours method, the facility is open at given hours of the day or evening, and patients are “scheduled” by the physician by mentioning to the patient that he or she should return “in a couple of weeks” for follow-up. At intermittent times the patients come in, knowing in advance that they will be seen in the order of their arrival. **Advantage:** Physicians who use this method say that it eliminates the annoyance of broken appointments and of the office running behind schedule. **Disadvantage:** Patients may be forced to wait a long time to see the physician.

3. Most scheduling practices are carryovers from the days when expectant mothers of families with young children relied on one wage earner. Today families commonly have two working parents. As a result, many healthcare providers are turning to extended-day and flexible office hours. **Advantage:** Staff hours are affected by these schedules, but this flexibility works to the advantage of the employee and the employer. For instance, if a medical assistant has decided to continue his or her education, morning class hours become available if he or she agrees to work evening hours. Scheduling evening and weekend hours may increase the size of the practice because of the convenience offered to patients. **Disadvantage:** The employees may be asked to work non-traditional hours, such as evening and weekend shifts.

4. Wave scheduling is an attempt to create short-term flexibility within each hour. Wave scheduling assumes that the actual time needed to see all the patients will average out over the course of the day. Instead of scheduling patients at 20-minute intervals, wave scheduling places three patients in the office at the same time, and they are seen in the order of their arrival. **Advantage:** One person’s late arrival does not disrupt the entire
schedule. **Disadvantage:** Patients may not appreciate having a scheduled appointment but having to wait to see the physician beyond that appointment time; for instance, if a patient is the third to arrive for an appointment at 2pm. The other two patients will be seen first, bumping her appointment time to later than 2pm.

5. The wave schedule can be modified in several ways. One method is to have two patients scheduled to come in at 10 AM, for example, and a third at 10:30 AM. This hourly cycle is repeated throughout the day. In another application, patients would be scheduled to arrive at given intervals during the first half of the hour, and none would be scheduled to arrive during the second half of the hour. Physicians can modify wave scheduling to best suit the clinic’s needs. **Advantage:** There is almost always a patient ready to see the physician waiting in the reception area, even if a patient is late to his or her appointment. **Disadvantage:** Patients may be frustrated when the office is double-booked, since the patient may not be taken to the clinical area until after their scheduled appointment time.

6. Booking two patients to come in at the same time, both of whom are to be seen by the physician, is poor practice. However, if each appointment is expected to take only 5 minutes, there is no harm in telling both to come at the same time and reserving a 15-minute period for the two. This is simply one method of wave scheduling. However, if each patient requires 15 minutes, two will require 30 minutes. This must be reflected in the scheduling. **Advantage:** There is almost always a patient ready to see the physician waiting in the reception area, even if a patient is late to his or her appointment. **Disadvantage:** Patients may be frustrated when the office is double-booked, since the patient may not be taken to the clinical area until after their scheduled appointment time.

7. Grouping or categorizing of procedures is a method of scheduling that appeals to many practitioners. For instance, an internist might reserve all morning appointments for complete physical examinations or a pediatrician for well-baby visits. A surgeon might devote 1 day each week to seeing only referral patients. Obstetricians often schedule pregnant patients on different days than gynecology patients. The physician and staff can experiment with different groupings until the plan that works best for the practice eventually becomes evident. In applying a grouping system of appointments, the medical assistant may find it helpful to color code the sections of the appointment book reserved for designated procedures. **Advantage:** Equipment needed for the procedures that are grouped together can be used in one sitting and stored during other times, such as a portable ultrasound machine. **Disadvantage:** If the physician only sees certain patients on certain days, there may be a conflict with patient work schedules; for instance, if a patient only has Mondays off work, but the physician only treats obstetrical patients on Monday, it may be difficult to get a routine well-woman exam on that day, leading to the patient being forced to take off work on another day.

8. Often, appointments are made months in advance. When any appointment is made, an appointment card should be completed and given to the patient. All appointment cards should mention that patients must give 24 hours’ notice if they are unable to keep the time reserved for them. Most offices have some type of confirmation procedure by which patients are called the day before to verify that they will keep the appointment. **Advantage:** Patients can schedule their appointments far in advance and not have to wait long periods of time to get in to see the doctor. **Disadvantage:** Various events may occur that the patient cannot avoid, forcing them to cancel the long-standing appointment.
Part VI: Special Circumstances

1. Emergencies and small delays can happen to anyone, but a patient who constantly arrives late can place a strain on the practice. Such patients can be booked as the last appointment of the day. Then, if closing time arrives before the patient does, the staff has no obligation to wait. Some medical assistants tell the patient to come in 30 minutes before the appointment time that is actually scheduled. Make an attempt to work with patients who have occasional difficulties arriving on time, but do not allow the schedule to be constantly disrupted by late patients.

2. The physician must have a policy for patients without appointments, and the medical assistants must follow it. A patient who requires immediate attention most likely will be accommodated in the schedule somehow. If the patient does not need immediate care, a brief visit with the physician and a scheduled appointment at a later time may be the answer. The medical assistant may simply have to turn down the request. Follow established office policy.

**Optional Part VII: Verifying Appointments**

Answers will vary, but may be similar to the following example:

“This is Pam at Robert Welch’s office, confirming your appointment tomorrow at 2 pm. Please call us if you cannot make the appointment. Our number is 555-212-0909. Thank you.”

**Optional Part VIII: Scheduling Inpatient and Outpatient Admissions and Procedures**

The referral forms should be completed according to the instructions in the Study Guide.

1. Cassie LeGrand is to report to Mercy Hospital for excision of a nasal polyp on Tuesday, October 24, 20XX. Dr. Lupez is her attending physician. Surgery is scheduled for Tuesday at 2 pm. She will need blood work that morning. The surgery is considered an outpatient procedure, and Cassie will go home later that day if she does well. ICD code: 471.0. (See Work Product 10-6.)

2. Bob Jones arrives at Presbyterian Hospital to have a magnetic resonance imaging (MRI) scan of his right knee on Friday, November 2, 20XX. He needs an early morning appointment. ICD code: 715.8. (See Work Product 10-7.)

3. Lucille Saxton is to be admitted to the hospital for surgery for a bowel obstruction. Her surgery date is June 14, 20XX, and she must be admitted a day in advance for laboratory work and a chest x-ray examination. ICD code: 560.9. (See Work Product 10-8.)

4. Pam Burton needs to be admitted for several tests because of her recurrent irritable bowel syndrome. She will be in the hospital for at least 3 days and should check in on July 23, 20XX, in the afternoon so that she will have taken nothing by mouth (NPO) before the blood tests are performed and x-ray films are taken the following morning. ICD Code: 564.1. (See Work Product 10-9.)
CHAPTER 11  PATIENT RECEPTION AND PROCESSING

VOCABULARY REVIEW
1. intercom            6. mnemonic
2. perception         7. harmonious
3. sequential         8. fervent
4. Demographic        9. incidental disclosure
5. amenity            10. phonetic

SKILLS AND CONCEPTS

**Optional Part I: The Office Mission Statement**
Mission statements should include statements that reflect the physician’s reason for establishing the practice and the types of patients it will serve.

Part II: The Reception Area
1. Regardless of the type of facility, the appearance of the reception room and the front desk influences a patient’s perception of the entire facility and the care that he or she will receive.

2. Items may include the following:
   - Recent issues of magazines
   - Writing desk
   - Health brochures
   - Toys
   - TV and/or VCR/DVD player
   - Telephone
   - CD player/music

3. A log-in name and password should be used before any access to patient information is allowed. Because those in the reception area would not have that log-in name and password, they could not gain access to any programs on the computer that contain patient information.

4. A receptionist should be friendly, courteous, and anxious to help those who visit the office. He or she should have a cheerful personality. He or she should be highly organized and detail-oriented, as well as able to strike a balance between friendly chatting with patients and other visitors and performance of the required duties of the position.

Part III: Registration Procedures
1. Demographic information may include the following:
   - Patient’s full name and date of birth
   - Responsible person’s name and relationship to the patient
   - Address and phone number
   - Occupation
   - Place of employment
   - Social Security number
   - Driver’s license number
   - Name of nearest relative
   - Source of referral, if any
Module 5 Answer Keys

Part IV: Consideration for the Patient’s Time
1. Even the busiest offices can run efficiently and stay on schedule. A room full of waiting patients means that either the scheduler is inept at his or her job or the physician is taking too long with the patients. In either case, the scheduler can rectify the problem by knowing the physician and his or her habits, preferences, and needs.

2. 15
3. 3, 5
4. Many patients feel frustration, agitation, fear, concern, and tenseness while waiting in the reception area; however, other patients are completely comfortable and at ease with visits to the physician's office.

Part V: Patient Confidentiality
1. Place the chart in the holder so that the patient’s name is not visible to those passing in the hallway.
2. Use a system that allows the previous patient’s name to be removed or marked out so that other patients cannot see the names of those who entered the office earlier in the day.
3. a. Names on sign-sheets
   b. Charts in file holders next to examination rooms
4. Aside from obvious crowding issues, the physician should focus on the patient and his or her needs. If the patient wants to bring in a close family member or friend, the physician would not likely object, but more than one extra person causes space issues. Also, there may be confusion about who the patient has consented to hear his or her private health information.
5. Never discipline a child in the medical office. Prompt the child to play with a certain toy by handing it to him or her. If the child becomes unruly, ask the parent to stop the child from whatever behavior is disrupting the office. If nothing seems to work, place the parent and child in an examination room early so that they will not disturb other patients in the reception area.
6. Glass partitions prevent sound from traveling very far when used to separate the office area from the reception area. In general, the partitions should be kept open so that the office has a welcoming feel, but when necessary, the glass can be closed to allow a private conversation or telephone call.

**Optional Part VI: Patient Checkout**
1-3. Answers will vary, but should be professional and display a willingness to help the patient. Responses should not be argumentative or sarcastic.

Part VII: The End of the Day
1. Pull the medical records for the next day, and check off the patients’ names on a copy of the appointment schedule to be sure that all of the records have been located and are ready. Occasionally, more than one patient may have the same or a similar name. Check the patient’s Social Security number, date of birth, or other pertinent information to ascertain that the right medical record has been pulled. Review each record to verify that any recently received information, such as laboratory reports and radiograph readings, has been correctly entered into and permanently attached to the record. Arrange the medical records sequentially in the order in which the patients are scheduled to be seen. The medical assistant may be expected to place the records of all the patients to be seen that day on the physician’s desk, but it is more likely that the physician will prefer to review each record just before entering the examination room.
Be sure that there is enough space on the progress notes for the physician to write in the record. If not, place additional progress notes in the record. Make certain that patient examination rooms are clean and stocked with supplies. Neaten the reception area as well.

2. Lock cabinets, put files away, perform day-end bookkeeping procedures, prepare for the next day, make bank deposits, and so on.

3. Remember that the physician’s office is a business, just like a retail store, a grocery store, or any other establishment that offers a product. By asking for payment, the medical assistant is performing a service much as a clerk in a retail store does. The customer or client in the medical office is the patient, and he or she should expect to pay for services rendered.

**Optional Part VIII: Evaluating Reception Areas**

1-4. Answers will vary according to the offices visited and personal perception.