CHAPTER 13

Patient Scheduling

CHAPTER PRE-TEST

Perform this test without looking at your book. If an answer is “false,” rewrite the sentence to make it true.

1. Circle the letter that lists correct types of scheduling systems:
   a. wave, modified wave, double booking, mile-a-minute
   b. open hours, wave, clustering, stream, double booking
   c. first-come, first-served; open hours; clustering

2. Below are guidelines to scheduling. Which one is correct?
   a. Urgent calls should be sent to the hospital, which is better equipped to handle them.
   b. Urgent calls should be assessed before determining the best course of action.
   c. Referrals by other physicians need to be seen immediately.
   d. Appointments for pharmaceutical and medical supply representatives should be referred to the physician.

3. Information that should be obtained from all new patients includes all but which one of the following?
   a. The patient’s full legal name
   b. The patient’s birth date
   c. The patient’s address and telephone numbers
   d. The reason for the visit
   e. The patient’s insurance information
   f. The patient’s family health history

4. True or False? All medical offices are changing to electronic appointment scheduling.
   False. Not all medical offices are changing to electronic appointment scheduling.

5. True or False? When providing a sign-in sheet for patients, it is permissible to request the reason for the visit.
   False. The office must be in compliance with HIPAA regulations and the patient’s right to privacy and confidentiality.
6. True or False? It is not necessary to note cancellations or no-shows in the patient’s chart.
   False. Cancellations and no-shows must always be documented, because doing so validates the provider’s care of the patient.

VOCABULARY BUILDER

Misspelled Words

Find the words below that are misspelled; circle them, and correctly spell them in the spaces provided. Then replace the highlighted words in the following paragraph with the correct vocabulary terms from the list.

clustering modified wave scheduling screening
double booking no-show stream scheduling
encryption technology open hours wave scheduling
matrics practice based

open hours

1. Inner City Health Care reserves 9 AM to 12 PM on Thursday mornings for walk-in patients who are seen on a first-come, first-served basis within that time frame.

double booking

2. At the offices of Drs. Lewis and King, Ellen Armstrong, CMA (AAMA), schedules Mary O’Keefe for a 1:00 PM appointment for some blood work and Martin Gordon for a 1:00 PM appointment for a blood pressure check so Dr. King can assess whether his medication is at the proper level.

no-show

3. Lenny Taylor, an older adult patient with mild dementia, forgets his third appointment with Dr. James Whitney.

clustering

4. At Inner City Health Care, vaccinations are scheduled every 10 minutes from 10 AM to 12:20 PM on Mondays; Tuesday office hours are reserved for new patients only.

wave scheduling

5. Three patients are scheduled to receive treatments in the first half hour of every hour.

practice-based

6. Dr. Elizabeth King prefers to see patients for regular gynecologic examinations in consecutive appointments scheduled from 8:30 AM to 11:30 AM and obstetric patients from 1:00 PM to 3:30 PM.

screening

7. When patient Herb Fowler calls to set up an appointment with Dr. Winston Lewis for his chronic cough, Ellen Armstrong, CMA (AAMA), asks Herb a series of questions to ascertain the nature, extent, and urgency of his condition.

stream scheduling

8. Dr. Winston Lewis prefers that each patient be assigned a specific time, scheduling at 30- or 60-minute intervals on a continuous basis throughout the day.

modified wave

9. An ophthalmologist schedules three patients at the beginning of each hour for comprehensive examinations, followed by single appointments every 10 to 20 minutes during the rest of the hour for quick, follow-up procedures such as removing eye patches or instilling eye drops.

matrix

10. On the 15th day of each month, office manager Walter Seals, who is responsible for efficient patient flow at Inner City Health Care, asks each of the urgent care center’s five providers to confirm their scheduling commitments for the upcoming month to block off unavailable times in the appointment book.

encryption technology

11. The medical assistant uses software to protect patients’ confidentiality in electronic format.
LEARNING REVIEW

Short Answer

1. Appointment books are legal documents recording patient flow. For a manual appointment system, where pencil is used for ease in rescheduling, what can the medical assistant do to ensure that a permanent record is secured?
   For a manual appointment book, cancellations and no-shows should be documented. Notations should be in red on the daily appointment sheet and also documented in the patient chart.

2. For a computerized appointment system, what can a medical assistant do to ensure that a permanent record of patient flow is secured?
   For a computerized appointment system, a permanent record exists on the hard drive or disk, and any changes will be shown when a printout is produced. Appropriate documentation should also be included in the patient chart.

3. Name two primary goals in determining the best method for scheduling patient appointments.
   A smooth flow of patients with a minimal amount of patient waiting time. Flexibility to accommodate acutely ill, STAT, or emergency, appointments; walk-ins; cancellations; and no-shows.

4. What is the typical scheduling time for each of the following types of office visits for an internal medicine practice?
   (1) Patient consultation: 45 minutes
   (2) Established patient routine follow-up: 15 minutes
   (3) New patient: 30 minutes
   (4) Complete physical examination: 45 minutes
   (5) Cold/flu symptoms: 15 minutes
   (6) Vaccination: 15 minutes

5. What are six variables involved in the process of scheduling appointments for patients and other visitors to the ambulatory care setting?
   The urgency of the need for an appointment; whether the appointment is a referral from another provider; information to be recorded for new and established patients; implementation of check-in, cancellation, and rescheduling policies; use of reminder systems; and whether visits from medical supply and pharmaceutical company representatives are accommodated.

6. Patient flow analysis sheets help medical practices determine the effectiveness of patient scheduling and devise plans for improving a smooth patient flow through the ambulatory care setting. What kinds of issues can a study of these data reveal?
   Patient flow data give a clear picture of patient flow and whether clinic personnel are being used efficiently; the data also assist in estimating how many patients to schedule and in establishing realistic time frames for particular patient treatments or procedures.
7. What are the five steps of scheduling a specific appointment time for a patient?
   Ask the patient what day and time would be most convenient for him or her and make the appointment for the first available time stated; provide the patient with a choice of appointment times; confirm that the patient clearly understands the date and time of the appointment; repeat the date and time to ensure that both of you have recorded the same information; if a patient is making an appointment in person, provide an appointment reminder.

8. Two ways of reminding patients of upcoming appointments are to give the appointment card personally to the patient and to mail the card to the patient. Identify a third reminder system. What procedures must be observed to protect patient confidentiality when using this third method?
   Patients are telephoned in the afternoon to remind them of an appointment the next day. Confidential information should not be left on answering machines or recording devices without the patient's prior permission to do so.

9. Identify seven scheduling styles.
   Open hours, double booking, clustering, wave, modified wave, stream, practice-based.

10. Identify the best scheduling system for the examples below, and explain the reasoning behind your choice.
   (1) Hospital emergency room:
   The open hours scheduling system works well in hospital emergency rooms, as it allows for a steady flow of walk-in patients, screened according to urgency of need for care or seen on a first-come, first-served basis.

   (2) Laboratory for blood testing:
   The wave scheduling system would work well for a laboratory where several patients are scheduled in the first half of each hour and seen throughout the hour. This system easily accommodates no-shows, late arrivals, and walk-ins.

   (3) Two or more patients are given a particular appointment time:
   The double-booking method is limited to a practice that can attend to more than one patient at a time.

   (4) Best-known and widely used scheduling system:
   There is a steady stream of patients at set appointment times throughout the day with stream scheduling.
11. Patient Mark Johnson is a no-show for his appointment. Other than marking the no-show appropriately on the appointment schedule, what other action must be taken to document Mr. Johnson’s no-show status? Why is it important to accurately and completely document patient no-shows and cancellations? Mark’s no-show will also be documented in the patient’s chart. It is important to accurately document patient no-shows and cancellations to thoroughly record the provider’s care and treatment of the patient. If the patient develops complications and claims the provider was unavailable, the appointment sheet and chart will document the patient’s failure to show. If the patient routinely cancels or fails to show, the provider will review the record and assess the patient’s cooperation with the treatment plan. If necessary, the provider will formally terminate services to the patient and explain the reason for discontinuing care.

**True or False**

Mark a true statement with a T and a false statement with an F. If an answer is “false,” rewrite the sentence to make it true.

1. In scheduling, double booking means to keep two appointment books going for the same doctor.  
   “Double booking” means to schedule two appointments at the same time.

2. One major purpose of screening when scheduling appointments is to determine if the patient has an emergency or urgent situation/illness.

3. If a patient routinely cancels or misses three consecutive appointments, the provider may decide to terminate services.

4. The appointment book/record may be subpoenaed, and therefore is considered a legal document.

5. Providing patients with appointment cards is an effective way to prevent missed appointments.

6. It is important to provide an appointment to a referral patient as soon as possible.

7. There is an unexpected delay in the schedule caused by an office emergency. It is not necessary for the medical assistant to provide the patient with an estimate of how long the delay will be.  
   Not giving an estimation of time will increase the perceived waiting time; therefore, inconvenience to the patient should be acknowledged.

8. A hurried, disinterested manner toward patients is just as often the basis for legal action as is a negligent act.
9. A permanent record or daily appointment sheet does not have to indicate any changes such as cancellations, walk-ins, urgent care needs, and no-shows. Any changes in the daily schedule must be noted in red pen, for legal purposes, so there will be no question regarding accuracy.

10. If at the same time when scheduling an appointment for a patient in the office, the phone rings, the medical assistant should first excuse herself and take the call.

CERTIFICATION REVIEW

These questions are designed to mimic the certification examination. Select the best response.

1. Scheduling outpatient procedures:
   a. is done at the end of each day
   b. is best done with the patient present
   c. will be easier with a calendar for visualization of days discussed
   d. b. and c.

2. One principle above all else in scheduling for the office is:
   a. flexibility
   b. neatness
   c. accountability
   d. estimation

3. The type of scheduling that requires visits to be set up around patients with specific chronic ailments such as diabetes and hypertension is called:
   a. screening
   b. referral appointments
   c. group scheduling
   d. stream appointments

4. The general rule for no-shows and cancellations is that after _____ consecutive missed appointments, the provider will review the patient’s record and could terminate care.
   a. five
   b. three
   c. two
   d. ten

5. What, more than anything else, determines the success of a day in the ambulatory care setting?
   a. Patient care
   b. Efficient patient flow
   c. Operational functions
   d. Interpersonal skills
When patient Lenore McDonell falls from the examination table and lacerates her arm while attempting an independent transfer from the table to her wheelchair, clinical medical assistant Joe Guerrero alerts Dr. Winston Lewis, and the two begin to implement emergency procedures to control Lenore’s bleeding and assess damage to the arm. Lenore’s fall occurred at the end of her appointment, a routine checkup with Dr. Lewis.

Administrative medical assistant Ellen Armstrong must adjust Dr. Lewis’s schedule to accommodate the emergency situation. Martin Gordon, a man in his mid-60s, diagnosed with prostate cancer, waits in the reception area for Dr. Lewis’s next appointment. Mr. Gordon’s appointment, a 6-month follow-up, is expected to take 30 minutes. Mr. Gordon is also being rated for depression related to his cancer diagnosis. Hope Smith, a new patient in good general health, is scheduled for a complete examination; she is due to arrive at the office of Drs. Lewis and King at the Northborough Family Medical Group within 20 minutes. Jim Marshall, an impatient and aggressive businessman, is scheduled for the first afternoon appointment after Dr. Lewis’s lunch commitment. Mr. Marshall’s appointment for a physical examination and ECG to investigate chest pains he has experienced recently is expected to take 45 minutes. Dr. Lewis’s schedule is completely booked for the rest of the day.

CASE STUDY REVIEW QUESTIONS

1. What scheduling alternatives will Ellen offer Mr. Gordon, who is already waiting in the reception area? What special considerations regarding Mr. Gordon should Ellen take into account and why?

Ellen will offer Mr. Gordon the opportunity to wait to be the first patient seen by Dr. Winston Lewis after the emergency with Lenore is resolved. Ellen will give Mr. Gordon a reasonable time frame for the expected waiting period. If Mr. Gordon is unwilling or unable to wait, then Ellen will give Mr. Gordon first priority to reschedule the first available appointment that is mutually convenient. Ellen will take Mr. Gordon’s depression into account when rescheduling his appointment, taking time to listen with compassion to Mr. Gordon’s concerns and feelings. Providing therapeutic communication to Mr. Gordon at this time is critical to promoting his health and well-being while he fights a life-threatening illness.

2. What is Ellen’s first action regarding Ms. Smith, Dr. Lewis’s next patient due to arrive? What scheduling alternatives should Ellen offer her?

Ellen will try to reach Ms. Smith by telephone to alert her to the emergency situation and reschedule Ms. Smith’s appointment. If Ms. Smith is already on her way to the office, Ellen will give her the option of rescheduling the next available appointment that is mutually convenient. If Ms. Smith insists on seeing Dr. Lewis that day, Ellen can consider contacting non-emergency patients with afternoon appointments to see if they are willing to reschedule.

continues
3. What scheduling alternatives, if any, should Ellen present to Mr. Marshall? Explain your logic.
   As Mr. Marshall is experiencing chest pains, Ellen should make every attempt to preserve his appointment time. The patient’s medical condition is more important to the decision to hold his appointment time than his aggressive and impatient manner—and the fact that Mr. Marshall would be very unhappy at the prospect of being rescheduled.

4. How is screening important to Ellen’s rescheduling of Dr. Lewis’s patients? What important administrative and communication skills will Ellen use to handle this emergency situation efficiently and professionally?
   Screening is essential to effective rescheduling. Mr. Gordon’s serious condition and depression make him an important patient to reschedule with care. As a new patient in good general health, Ms. Smith is not a priority for scheduling from a standpoint of medical urgency. However, the medical assistant will need to display sensitivity and responsiveness to this new patient in order to preserve her positive impression of the provider and the medical practice. Mr. Marshall’s potentially serious medical condition makes him a priority to be seen according to his scheduled appointment time, if possible. If Ellen needs to contact Mr. Marshall regarding rescheduling, she will need to display diplomacy and professionalism in dealing with a potentially difficult patient and schedule an appointment at the earliest mutually convenient time.

Hands-on Activity
Patient Martin Gordon has a 30-minute appointment scheduled with Dr. Lewis on Wednesday, February 7, 20XX for routine follow-up for prostate cancer. He calls the office on January 30 and would like to reschedule his appointment for two weeks later at 3:00 pm the same time. You mark through his name on the appointment schedule with a single line in red pen, and document the change in the patient’s chart. Now, complete the appointment card below to be mailed to Mr. Gordon as a reminder of his new appointment time.

LEWIS & KING, MD
2501 CENTER STREET
NORTHBOROUGH, OH 12345

M Martin Gordon has an appointment on

Mon. _______________ at _______________
Tues. _______________ at _______________
Wed. **Feb 21** at **3 pm**
Thurs. _______________ at _______________
Fri. _______________ at _______________

If unable to keep appointment, kindly give 24 hours’ notice.
MOSS Activities

Using Medical Office Simulation Software and the skills learned in Procedure 13-4, schedule the following appointments:

1. A 30-minute appointment for Edward Gormann on July 10, 2009, for an earache.

CHAPTER POST-TEST

*Perform this test without looking at your book. If an answer is “false,” rewrite the sentence to make it true.*

1. Circle the letter that lists correct types of scheduling systems.
   a. Modified wave, wave, clustering, and mile-a-minute
   b. Stream, open hours, wave, grouping, separating
   c. First-come, first-served; open hours; clustering
   d. Open hours, wave, clustering, stream, double booking

2. Below are guidelines to scheduling. Which one is correct?
   a. Urgent calls should be scheduled for the next available appointment time.
   b. Urgent calls should be sent to the hospital, which is better equipped to handle them.
   c. If a referral patient calls, it is best to obtain information from the referring provider’s office to determine the urgency of the appointment.
   d. Appointments for pharmaceutical and medical supply representatives should be referred to the physician.

3. Information that should be obtained from all new patients includes all but which one of the following?
   a. The patient’s full legal name
   b. The patient’s birth date
   c. The patient’s address and telephone numbers
   d. Family health history
   e. Reason for the visit
   f. The patient’s insurance information

4. True or False? Many medical offices are changing to electronic appointment scheduling.
   True

5. True or False? When a patient cancels or is a no-show, it must always be documented in the patient chart.
   True

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SELF-ASSESSMENT

1. When you call a provider's office, do any of the following aggravate you? Do you think other people are aggravated by these?
   a. Being put on hold right away or too often
   b. The administrative medical assistant asking too many questions
   c. Not enough appointment time choices; that is, you have to wait too long for an appointment
   d. Not getting a real person; that is, having to listen to electronic choices and make selections
   e. Other (add your own idea)

2. Now go to each of the situations in Question 1 and determine an action that could alleviate all or some of the aggravation. Keep in mind that the situation might still exist (e.g., the receptionist might still have to ask a lot of questions), but how might he or she make the experience more pleasant?

3. When you visit a provider's office, do any of the following aggravate you?
   a. The administrative medical assistant does not acknowledge you right away.
   b. The wait is too long.
   c. The waiting room is noisy, messy, or uncomfortable.
   d. There are no magazines of interest to you.
   e. Other (add your own idea)

4. Similar to the instructions in Question 2, go to each of the situations in Question 3 and determine solutions that could alleviate all or some of the causes of aggravation. Keep in mind that the solutions in this case are obvious and doable.

5. Think of your most pleasant interaction with a provider's office as a patient making an appointment, scheduling a procedure, changing an appointment, or even canceling an appointment. What made the experience more pleasant? Was it the voice of the administrative medical assistant? his or her tone? actual words? the overall options? or something else?
6. As you enter your career as a medical assistant, try to remember how the patient feels. Try to recall situations that bother you when you are a patient. Try to keep these issues in mind and see if you can eliminate or alleviate them to make your patients as comfortable as possible. Maybe you are just the person who will help to make the experience of seeing a doctor more pleasant for your patients. Try to be like the person you thought of for Question 5. This is not an easy thing to do when you are busy and stressed. Can you think of ways you can remind yourself every day of these lessons?