

## Component II: Administrative

### Module A: Medical Office Reception

#### Topic 5: Appointment Scheduling

##### Statement of Purpose

To prepare the learner with knowledge and skills necessary to utilize scheduling systems and equipment in both a computerized and manual environment.

##### Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Name and describe different types of scheduling methods.
3. Determine standard appointment times necessary to schedule common office visits and procedures.
4. List and prioritize appointment times.
5. Perform proper documentation in the scheduling process.
6. Demonstrate the proper method of correcting documentation errors.
7. Illustrate the advance preparation that must be done to the scheduling system prior to use.
8. Describe the referral process as it relates to scheduling.
9. Describe how to handle unusual situations according to facility protocol.

##### Terminology

- |                                   |                              |
|-----------------------------------|------------------------------|
| 1. Appointment                    | 17. Open hours               |
| 2. Blood pressure (BP)            | 18. Patient Portal           |
| 3. Cancel (Canc)                  | 19. Practice Management (PM) |
| 4. Chief complaint                | 20. Prenatal                 |
| 5. Cluster                        | 21. Prioritize               |
| 6. Complete physical exam (CPE)   | 22. Protocols                |
| 7. Documentation                  | 23. Reschedule (Resch)       |
| 8. Double-booking                 | 24. Routine exam (RE)        |
| 9. Electronic Health Record (EHR) | 25. Scheduling               |
| 10. Fasting blood sugar (FBS)     | 26. Specific time            |
| 11. Follow up (F/U)               | 27. STAT                     |
| 12. History & Physical (H & P)    | 28. Urgent                   |
| 13. Matrix                        | 29. Wave                     |
| 14. Modified wave                 | 30. Well baby                |
| 15. Non-emergent                  | 31. Wound                    |
| 16. No show (NS)                  |                              |

##### References

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4. Kronenberger, J., Southard D., L., & Woodson, D. (2013). *Comprehensive Medical Assisting* (4<sup>th</sup> Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
5. Larsen, W. (2011). *Computerized Medical Office Procedures: A Worktext Using Medisoft v16* (3<sup>rd</sup> Ed.). Philadelphia, PA: Saunders Elsevier.
6. Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach* (11<sup>th</sup> Ed.). Philadelphia, PA: Saunders Elsevier
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Content Outline/Theory Objectives	Suggested Learning Activities
<p><b>Objective 1</b>  <b>Spell and define key terms.</b></p> <ul style="list-style-type: none"> <li>A. Review the terms listed in the terminology section.</li> <li>B. Spell the listed terms accurately.</li> <li>C. Pronounce the terms correctly.</li> <li>D. Use the terms in their proper context.</li> </ul>	<ul style="list-style-type: none"> <li>A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration.</li> <li>B. Administer vocabulary pre-test and post-test.</li> <li>C. Discuss learning gaps and plan for applying vocabulary.</li> </ul>
<p><b>Objective 2</b>  <b>Name and describe different types of scheduling methods. (Scheduling systems can be either computerized or manual.)</b></p> <ul style="list-style-type: none"> <li>A. True wave scheduling involves patients being told their appointment is on the hour and are seen in the order of their arrival <ul style="list-style-type: none"> <li>1. Works for particular specialties.</li> <li>2. Works well in large facilities with several departments giving medical care.</li> <li>3. Does not take into account no-shows and late arrivals.</li> <li>4. Can accommodate worked in appointments.</li> <li>5. Short term flexibility within each hour.</li> </ul> </li> <li>B. Modified wave scheduling has multiple patients on the hour and half hour but seen in the order of their arrival <ul style="list-style-type: none"> <li>1. Variation of the wave.</li> <li>2. Hourly cycle two patients on the hour and one at the half hour.</li> <li>3. Major time-consuming patients seen at the beginning of the hour and minor time consuming patients seen at the half past hour.</li> </ul> </li> <li>C. Grouping procedures or cluster scheduling combines several patients with common complaints or similar procedures in a given time period <ul style="list-style-type: none"> <li>1. Certain types of appointments are scheduled for certain time periods or days.</li> <li>2. Allows maximum use of special equipment or personnel.</li> </ul> </li> <li>D. Double-booking scheduling is a plan where two patients are scheduled at the same time slot <ul style="list-style-type: none"> <li>1. Works well when patients are being sent for diagnostic testing.</li> <li>2. Often causes offices to fall behind schedule and patients to wait.</li> </ul> </li> <li>E. Open access is also called same day scheduling, same day access or advanced access which allows most patients to obtain appointments the same day they call.</li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Have students complete workbook exercises.</li> <li>D. Have students use a computer-based software program to schedule appointments.</li> <li>E. Appointment Exercise (Administrative A:5.2a)</li> <li>F. Appointment Practice Exercise (Administrative A:5.2b)</li> </ul>

<p>F. Open hours (tidal wave) scheduling are for patients not assigned any specific appointment time, governed by the needs of the people in the area. They are asked to come in during office hours and are seen in order of their arrival on first-come, first-served basis.</p> <ol style="list-style-type: none"> <li>1. Effective time management is almost impossible.</li> <li>2. Facilities may be overloaded at some times and empty at other times.</li> <li>3. Charts must be pulled and prepared as each patient arrives.</li> <li>4. Patients may have to wait a considerably long time       <ol style="list-style-type: none"> <li>a. Emergency or urgent care clinics.</li> <li>b. Laboratories.</li> <li>c. Imaging facilities.</li> </ol> </li> </ol> <p>G. Time-specified or stream scheduling is time allocated depending on the reason for the visit</p> <ol style="list-style-type: none"> <li>1. This is the most common type of scheduling.</li> <li>2. A drawback is that not enough information may be given to the scheduler, resulting in appointments being too short for patient's needs.</li> <li>3. Important to list chief complaint (which helps to select the appropriate time slot).</li> </ol> <p>H. Practice based scheduling is a customized system based on the health care practitioners needs with specified times for certain procedures.</p> <p>I. Appointment scheduling within Practice Management and EHR systems</p> <ol style="list-style-type: none"> <li>1. Any of the above scheduling techniques could be used electronically and could be designed specific by the software vendor for the practice.</li> <li>2. PM/EHR makes it easy to make, reschedule, cancel or indicate no show (NS).</li> </ol>	
<p><b>Objective 3</b>  <b>Determine standard appointment times necessary to schedule common office visits and procedures.</b></p> <p>A. Factors affecting the time set for an appointment</p> <ol style="list-style-type: none"> <li>1. Type of medical practice       <ol style="list-style-type: none"> <li>a. Group practice.</li> <li>b. Solo practice.</li> <li>c. Specialty practices           <ol style="list-style-type: none"> <li>1) Oncology.</li> <li>2) Dermatology.</li> <li>3) Obstetrics.</li> <li>4) Cardiology.</li> <li>5) Multi-specialties.</li> <li>6) Managed care such as an HMO.</li> <li>7) Family Practice.</li> <li>8) Gastroenterology.</li> </ol> </li> </ol> </li> </ol>	<p>A. Lecture/Discussion  B. Assigned Reading</p>

B. Other important factors

1. Personality of the physician and health care team.
2. Habits of the physician.
3. Availability of the specialized personnel
  - a. X-ray Technician.
  - b. Phlebotomist.
  - c. Physical Therapist.
  - d. Ultrasound Technician.
  - e. Medical Assistants.
4. Availability of facilities
  - a. Special exam rooms.
  - b. Equipment.
5. Patient needs
  - a. Established patient.
  - b. New patient or one not previously seen during the past three or more years
    - 1) Referred patients may need authorization or copy of previous medical reports.
    - 2) Consultation needs to check authorization.
6. Determination of appointment
  - a. Questions to ask regarding the problem
    - 1) Why the patient needs to be seen by the physician?
    - 2) How long has the patient had the symptoms?
    - 3) Is the problem acute or chronic?
  - b. Question to ask regarding other needs
    - 1) Most convenient time for patient. Offer both AM and PM times if available.
    - 2) If patient will require special transportation or assistance.
    - 3) If patient will need to see other office or clinical personnel.
    - 4) Any third-party payers' constraints
    - 5) Receipt of necessary documentation for referrals or consultations.
7. Goals of the patient
  - a. Minimum wait for an appointment.
  - b. Maximum time with the physician.
8. Goals of the physician
  - a. Cost-effective use of time.
  - b. Quality time with the patient with no interruptions.
  - c. Time must be allotted for emergencies, referrals and returning messages.
  - d. Smooth flow of patients with minimal

<p>amount of waiting time.</p> <p>9. Goals of the Medical Assistant</p> <ol style="list-style-type: none"> <li>a. Smooth running office.</li> <li>b. Office opening and closing on time.</li> <li>c. Lunch and break time schedule.</li> <li>d. Meeting the goals of both the patient and the physician.</li> </ol>	
<p><b>Objective 4</b></p> <p><b>List and prioritize appointment times.</b></p> <ol style="list-style-type: none"> <li>A. Medical Assistants cannot determine specific patient needs without written protocols       <ol style="list-style-type: none"> <li>1. First responsibility to determine whether the problem can be treated in office or to place a 911 call.</li> <li>2. A built-in slack time of about 30 minutes in the morning and the afternoon can provide some flexibility in last-minute emergency scheduling.</li> </ol> </li> <li>B. Follow established facility protocols       <ol style="list-style-type: none"> <li>1. STAT situations need immediate attention           <ol style="list-style-type: none"> <li>a. Chest pain.</li> <li>b. Bleeding.</li> <li>c. Head injury.</li> <li>d. Breathing problems.</li> <li>e. Potential accidental poisoning.</li> <li>f. Injury to a pregnant patient.</li> <li>g. Shock.</li> <li>h. Serious burns.</li> <li>i. Any symptoms of internal bleeding.</li> </ol> </li> <li>2. Urgent conditions need a same-day appointment, and an open appointment can be offered           <ol style="list-style-type: none"> <li>a. Nausea and vomiting.</li> <li>b. Abdominal pain.</li> <li>c. Severe headaches.</li> <li>d. Fever.</li> <li>e. Workers' compensation injuries.</li> </ol> </li> <li>3. Non-emergent complaints are given the "next available" scheduled appointment. Patient may wait two days unless contracted with an HMO. By contract, patient is to be seen within 24 hours.           <ol style="list-style-type: none"> <li>a. Cast repair.</li> <li>b. Rash.</li> <li>c. Wellness check.</li> <li>d. Blood pressure check.</li> <li>e. Routine exams and procedures.</li> </ol> </li> </ol> </li> <li>C. If protocols are not available, a Medical Assistant must consult the MD for guidance.</li> <li>D. Standard times necessary to schedule common office procedures       <ol style="list-style-type: none"> <li>1. CPE, 60-90 minutes.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Review appointment abbreviations.</li> <li>D. Appointment practice exercise or workbook practice exercise</li> </ol>

<ol style="list-style-type: none"> <li>2. New Patient, 45-60 minutes, allowing time for history and patient information forms to be completed.</li> <li>3. Follow up, 10-15 minutes.</li> <li>4. Prenatal, 15 minutes.</li> <li>5. Postpartum, 30 minutes.</li> <li>6. Minor office surgery, 30-45 minutes.</li> <li>7. Sigmoidoscopy, 15 minutes.</li> <li>8. Rechecks, 10 minutes.</li> <li>9. Blood pressure check, 15 minutes.</li> <li>10. Well baby check, 15 minutes.</li> <li>11. Allergy injections, 5 minutes and allow a wait time of 15-20 minutes post-injection.</li> <li>12. School physical exam, 10 minutes.</li> <li>13. Five year old well check, 15 minutes.</li> <li>14. Adolescent well check, 15 minutes.</li> <li>15. Suture removal, 5-10 minutes.</li> <li>16. Routine Exam (RE), 15 minutes.</li> </ol> <p>E. Remember to check the incoming messages from the patient portal for established patient appointment requests.</p>	
<p><b>Objective 5</b>  <b>Perform proper documentation in the scheduling process.</b></p> <ol style="list-style-type: none"> <li>A. A printout from the computer-generated schedule should be done on a daily basis (manual or Practice Management software only)       <ol style="list-style-type: none"> <li>1. Corrections or changes to the schedule must be shown in a similar manner to chart and record corrections or changes.</li> <li>2. Patient cancellations or appointment failures must be noted in their chart.</li> </ol> </li> <li>B. In a fully integrated Practice Management/EHR system (A2) is not required as patient charts are held within the system.</li> <li>C. A copy of the daily appointments must be kept as a permanent record.</li> <li>D. A copy or print out of the appointment schedule should be available for the physicians and office personnel to review periodically throughout the day (manual or Practice Management software only)       <ol style="list-style-type: none"> <li>1. To help in planning room arrangement.</li> <li>2. To aid in ordering materials and supplies.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> </ol>
<p><b>Objective 6</b>  <b>Demonstrate the proper method of correcting documentation.</b></p> <ol style="list-style-type: none"> <li>A. Write <b>cancel (canc)</b> and include date, if patient calls to cancel.</li> <li>B. Write <b>reschedule (resch)</b>, if patient calls to reschedule or you need to reschedule an appointment due to an office emergency       <ol style="list-style-type: none"> <li>1. Document on the daily schedule.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Have students demonstrate correct documentation in appointment schedule using abbreviations.</li> </ol>

<p>2. Document in the patient's medical record.</p> <p>C. The appointment book is a legal document and may be subpoenaed. It is a permanent record usually written in ink.</p>	<p>D. Sample appointment book page. (Administrative A:5.6)</p>
<p><b>Objective 7</b>  <b>Illustrate the advanced preparation that must be done to the scheduling system prior to use.</b></p> <p>A. Matrix appointment schedule</p> <ol style="list-style-type: none"> <li>1. Vacations noted for all key personnel.</li> <li>2. Office hours.</li> <li>3. Lunches.</li> <li>4. Holidays.</li> <li>5. Surgery schedules.</li> <li>6. Hospital or nursing home visits.</li> <li>7. Outside meetings.</li> <li>8. Conferences.</li> </ol> <p>B. List an inventory of supplies and equipment used in the scheduling process.</p>	<p>A. Lecture/Discussion</p> <p>B. Assigned Reading</p>
<p><b>Objective 8</b>  <b>Describe the referral process as it relates to scheduling.</b></p> <p>A. Adequate information needs to be obtained to determine the urgency of scheduling.</p> <p>B. Check insurance plans for correct facilities or providers and fax the necessary authorizations or request in EHR.</p> <p>C. Special patient preparation and special instructions should be explained verbally and given to the patient in writing or provided on the Patient Portal.</p> <p>D. Schedule follow-up and post referral appointments.</p>	<p>A. Lecture/Discussion</p> <p>B. Assigned Reading</p>
<p><b>Objective 9</b>  <b>Describe how to handle unusual situations according to facility protocol.</b></p> <ol style="list-style-type: none"> <li>A. Patient emergencies.</li> <li>B. Late patients.</li> <li>C. Walk-ins.</li> <li>D. Acutely ill patients.</li> <li>E. Physician delays.</li> </ol>	<p>A. Lecture/Discussion</p> <p>B. Assigned Reading</p> <p>C. Set up an appointment matrix and schedule a number of preset appointments using a variety of appointment techniques.</p> <p>D. Discuss why each has its merit and why the appointment schedule is important.</p>