SOS Healthcare
Management Solutions
Redefining Productivity™

Strategies that WORK!

Scheduling
& Timing

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1. Start on time

2. Avoid scheduling new or "complicated" patients first thing in the morning – without double booking an existing patient at the same time so the doctor is not standing still waiting while the new patient is being prepped and ready.
   ◦ Option: Build in "lead times" to set up patient in advance.

3. Avoid scheduling new or "complicated" patients back to back.

4. Triage patient phone calls when scheduling an appointment based on the complexity, urgency and necessary time it takes to see them.
   ◦ Classify them as Emergent, Urgent, Routine and Follow up and ideally when each should be seen. Create a triage chart.

Nails/corns/calluses/wart	Desires nails trimmed/ painful corn (non infected)/ wart
Fungus nails	Nails yellow or thick
Athletes foot	Itching/ burning/oozing cracking skin
Heel pain	Pain in heel not due to injury
Bunion	Annoying bump on inner side of big toe joint without swelling/redness (Pt. states duration: "forever!")
Hammer toe	"I have a crooked little toe."
General foot pain/swelling	Rather sudden onset of pain and swelling somewhere in foot
Gout	Red, hot swollen joint
Flat feet	Fallen arches
Infected ingrown toenail	Red, swollen and draining nail margin (non diabetic)
Infected ingrown toenail or any *unusual open sore and/or bleeding of foot.*	Red, swollen and draining nail margin (diabetic); Ulcer/sore/opening on foot
Foreign body	Stepped on something
Trauma	Hurt ankle and thinks its broken

SUGGESTED PROTOCOL

Emergent

Urgent

Non-Urgent

5. Time-align each of your procedures – guessing doesn't usually work; facts do. At the very least – differentiate long appointments from short ones.

6. Scripts help the triage process (and reinforces appointments).

7. Accommodate their timing needs, but avoid opening up your entire schedule to your patients. Maintain control. Never, "what time would you like to come in?"

8. After scheduling an appointment for Mrs. Black's routine foot care, say, "Mrs. Black, I've scheduled you for a 15 minute appointment with Dr. Prompt on [date] at [time]. *"Are there any other medical concerns the doctor needs to be aware of?"*

9. Discuss with your physician(s) the breakdowns that occur from treating patient complaints that have not been properly scheduled, particularly when time does not allow.

   ◦ If time **does** allow and your doctor(s) elect to treat their secondary conditions, you must educate the patient that expectations of treatment for unscheduled complaints is not always possible and when making appointments in the future it's always best to explain everything that needs attention to the scheduler.

10. Allocate some non-invasive, appropriate patient care tasks to qualified assistants – if trained properly, they are great physician extenders.
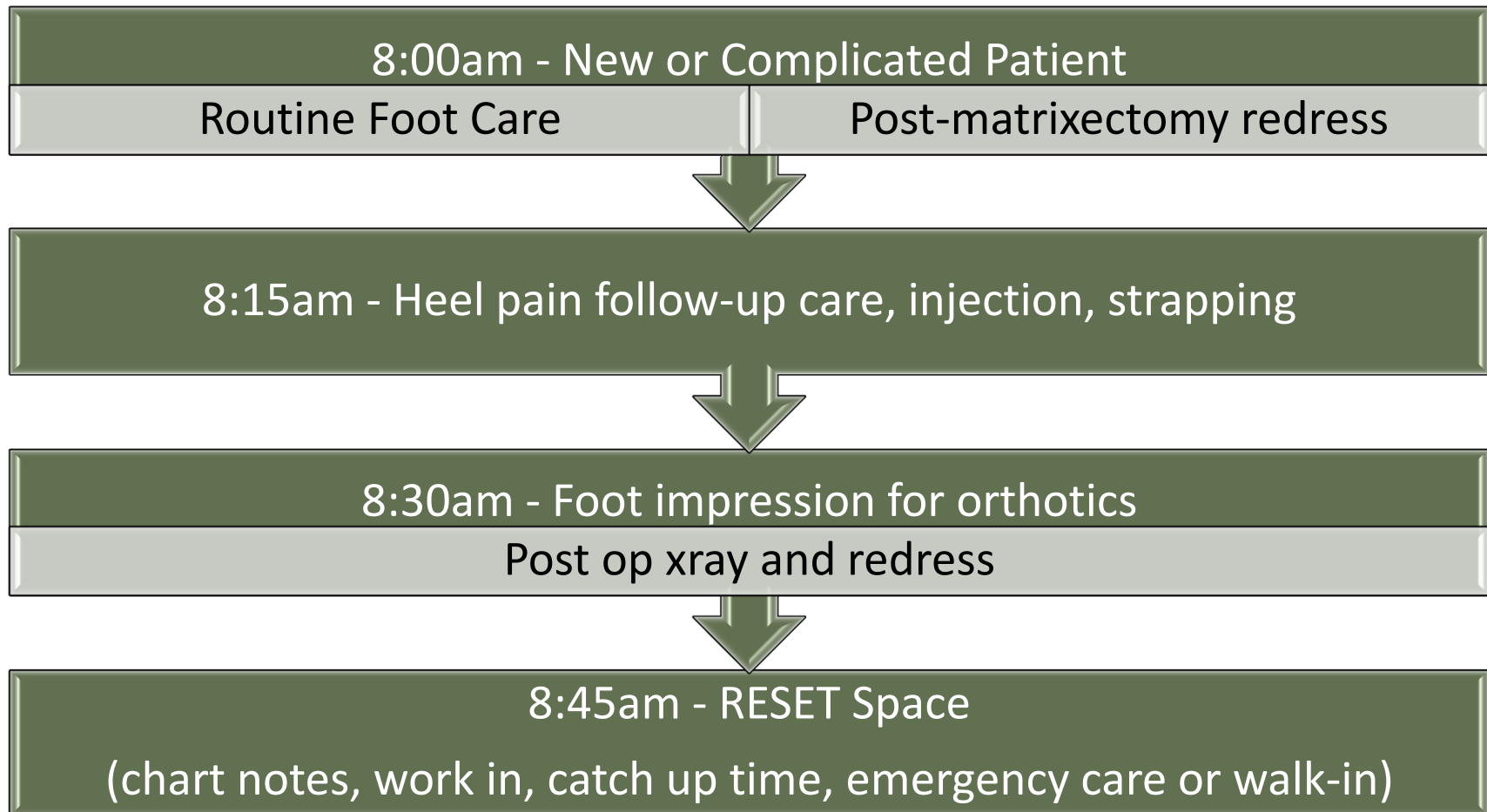
8:30 am	Appointment	Appointment	Appointment	Appointment
8:45 am				
9:00 am	Appointment	Appointment	Appointment	Appointment
9:15 am				
9:30 am	Appointment	Appointment	Appointment	Appointment

11. Don't get caught up in the 15 min slot availability! Consider implementing a more realistic modified wave schedule.
    - In this "real life" example, 15 minute blocks of time were used. If scheduled properly, it is possible to see potentially SIX patients/hour and still run on time.

Modified Wave Schedule

◦ Leave the top of the hour for new or "complicated" patients and double book an existing patient at the same time.

◦ At the :15 and :30 minute slots, book routine or follow up visits that require 15 min of time each. Note: Don't be afraid to divide the 15 minute time if applicable (i.e., two 5 min redresses, post op x-ray, re-strapping, etc.) leaving that additional 5 minutes to clean and prep room in between patients.

◦ Leave the :45 minute slot empty, allowing time to "reset" – as catch-up time, to complete notes, accommodate real emergencies, work-ins, or make available for follow up visits.

Note: the number of patients you schedule/hour will depend on how much patient care is delegated to staff.

8:00am - New or Complicated Patient

Routine Foot Care	Post-matrixectomy redress

8:15am - Heel pain follow-up care, injection, strapping

8:30am - Foot impression for orthotics

Post op xray and redress

8:45am - RESET Space

(chart notes, work in, catch up time, emergency care or walk-in)

12. Persuade (don't merely ask) all patients (regardless of age*) to go to your website to download and complete their paperwork in advance and arrive with it – 15 minutes early – completed and signed. In addition to keeping the schedule on time, they will provide a much more comprehensive history.

*_Note:_ Six in ten seniors now go online; 47% have high speed; 66% cellphones. Don't discriminate.

13. TRAIN STAFF – Provide the necessary tools that allow them to carry out tasks with a satisfactory outcome. Written treatment protocols help them to be more anticipatory and prepared.

14. Require that all detail/drug reps see the doctor by appointment only!

15. Patient rescheduling - For smoother back-to-front office communication, indicate directly on the fee sheet (or identify in advance) the recommended time that the patient needs for their return visit. Give this to the patient to bring to the front desk. It prevents them from skipping out before a new appointment can be made.

16. Prioritize "patient rooming" over "room cleaning" to avoid idle doctor time.

17. Create a policy for late arriving patients (15m or more). Patients will match their appointment compliance to their expectations. If you always take them when they're late, there is little incentive for them to arrive on time. If you don't care about your schedule, why should they?

18. If receptionists are unsure about how to best place patients in the schedule, they should summon a clinical assistant for help. Don't guess!

19. <u>Keep doctors away from the front desk</u>. There are too many opportunities lurking to throw them off schedule. To stay on track, they should say goodbye in the treatment room and move on to their next patient.

20. Acknowledge the amount of interruptions that occur and work to limit them. (Personal phone calls, patient questions, hallway demands.)

21. Set a protocol outlining when patient return calls are made.

22. Learn the difference between a timely conversation with your patient… and lingering CHITCHAT.

23. Create policy for scheduling non-emergent walk-ins.

24. Examine patient access. How soon can appointment seeking patients expect to be scheduled? Are they new or existing? What do they need to be seen for? How far out are they being scheduled? Is it more than 2 weeks? Analyze why and define action via preferred policy.

25. Schedule a 5-minute daily team huddle in the AM to review schedule. Participants should include the receptionist (or scheduler), physician and clinical assistant.

◦ This time is spent eliminating potential "glitches"; making sure all necessary paperwork for patients on the schedule that day has been received and or prepared (including but not limited to pre-op papers, lab/MRI/biopsy results; referral info, special room needs, orthotics for dispensing, anticipated supplies, etc.)

◦ Initially, while you are evaluating patient flow, it's a good idea to have another five-minute huddle at the end of the day to review what worked during clinic hours and what didn't.

26. Take proactive steps to remind patients of their appointments with "courtesy reminder calls – or texts". Automated reminder calls are most effective as they get the job done AND free up staff's time to accomplish other tasks.

27. Manage and Monitor!
   ◦ Follow-up with lost appointments
   ◦ Keep an appointment wait list
   ◦ Never a "cancellation"; always a "change in the schedule"
   ◦ DOCUMENT, DOCUMENT, DOCUMENT
      ◦ Your call, your conversation (or voice mail) including reason why they did not keep or schedule appointment, follow up and attempt to reschedule.

Managing Follow Up Appointments

This log is used to keep track of "lost" appointments; patients that say they will call and never do; patients that cancel and do not reschedule; patients that rush out and say "call me."

Today's Date	Patient's Name	Patient's Phone#	Reason for Cancellation	Charted? ✔	Ck back on this date	Called Patient	Did Pt R/S? (Date)

Patient Waiting List

For "Non-Emergent" patients who request an appointment at the first available opening:
(after patient has been rescheduled, cross them off your list by highlighting their names)

Patient's Name	Doctor Requested	Best Contact# ☐ H#_____ ☐ C#_____ ☐ W#_____	Reason for Appointment	Date Pt. is currently scheduled:
Date of Requested Appointment:	Time Preference	Date Patient Called	☐LM-left msg. on voice mail ☐PT-spoke with patient directly	

Patient's Name	Doctor Requested	Best Contact# ☐ H#_____ ☐ C#_____ ☐ W#_____	Reason for Appointment	Date Pt. is currently scheduled:
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Inconsistent Scheduling Policies

- **Missed Appointments (No Shows)**

- **Late patients**

- **Double booking**

- **Cancellations**

- **Cancel-or no show fees**

- **New patient calls**

- **Appointment reminder calls**

- **Emergencies**

- **Documentation responsibilities**

- **Tracking and Monitoring "Lost" Appointments**

Takeaways…

- If you run late, ALWAYS APOLIGIZE!

- Communicate delays to your patients. If the doctor is longer than expected, they'd appreciate being informed. Poke your head in the treatment room and let them know.
  - Scheduler must know scheduling nuances and also be a good communicator!

- Create a procedure to forewarn patients by phone if you are really running late and their appointment will be delayed;

- Diffuse angry patients who were kept waiting by offering them a first appointment in the morning next time – to assure they are taken promptly

Takeaways…

- The most expensive thing in your office is an empty chair, so do what you can to schedule properly and avoid no-shows!
  - A "too full" schedule can lead to compromised quality of care (cutting corners) in an effort to stay on time.
  - A "too empty" schedule leads to reduced profit margins.

Takeaways...

- Re: Fees for no shows: Create a broken appointment policy and remind patients of it each time you make an appointment.
  - *"Mrs. Jones, In order to help keep on-time appointments, we want to make you aware that we have recently implemented a broken appointment fee. We realize that everyone has unavoidable changes from time to time; however, to avoid this fee, we would appreciate 48 hours notice if you find you are unable to keep your appointment."*
  - Rehearse this script until you can say it like you say your own name.
  - If you plan to charge them, you'd better be able to stay on time.
  - No Show Fees are NOT put in place to increase revenue; rather to create better behavior.

THANK YOU!