Practice Management: Appointments & Scheduling

What’s the Risk?
Rarely, if ever, do scheduling errors or delays lead to a claim or loss. However, patient frustration resulting from scheduling errors or delays that are a result of an ongoing pattern may set the scene for future litigation. Additionally, the practitioner’s failure to follow-up with a patient may lead to a claim of negligence. Finally, a claim may result when a patient shifts blame for an injury or complication to the physician.

When Is This Risk an Issue?
When caring for patients, physicians may encounter issues with appointments and scheduling that may lead to patient dissatisfaction and noncompliance. The following section discusses some of these common issues.

Scheduling Errors/Delays
A patient needs to perceive their time is valued by the practice. Setting and keeping a schedule that honors and respects not only the time of the practitioner, but also that of the patient, is an important factor in a successful and positive practitioner-patient relationship.

Scheduling errors, when part of an ongoing pattern, help define the framework within which patients make their decisions and shape their attitudes about both the practitioner and the practice. The schedule needs to convey the message, “We care and you matter.”

Patients often cite time spent waiting to be seen as a source of dissatisfaction. This includes both the time in the office waiting room and the time spent waiting in the examination room. Long wait times create the impression that the physician does not value the patient’s time and may lead to resentment setting in before the physician and patient actually interact.

Noncompliance
Dissatisfaction can foster noncompliance and lack of trust and thereby impact the quality of the physician-patient relationship. Missed, rescheduled or canceled appointments may be an indication of patient dissatisfaction with the physician or practice, and may result in noncompliance. Noncompliance, in turn, often results in adverse patient outcomes.

Lack of Follow-up
A lack of follow-up by the patient or physician may create an adverse health outcome. However, the greatest part of the burden for follow-up is the practitioner’s, not the patient’s. Some, but not all, appointments that are missed or canceled require follow-up. A long-term patient who
cancels a routine appointment does not require the same diligence in follow-up as the patient who cancels an appointment at which a new therapy or abnormal laboratory test result was to be discussed.

Documentation
Adverse patient outcomes can result from noncompliance. Documenting events in the patient’s chart, keeping copies of all correspondence, maintaining appointment records, and documenting the results of physician follow-up are crucial in the event of an allegation of negligence.

Confidentiality
An appointment with a healthcare professional is not usually considered confidential information. However, individuals may be consulting with specialists for reasons they do not wish to share with family members and/or roommates. For more specific information on when revealing protected information is considered a violation of the Health Insurance Portability and Accountability Act (HIPAA), please refer to the chapter titled HIPAA Privacy.

How Can I Reduce Risk?
Practices can implement various strategies to reduce the risks associated with appointments and scheduling. The strategies include establishing scheduling standards; creating protocols for open scheduling; reducing delays; maintaining records of missed, rescheduled or canceled appointments; avoiding breaches of confidentiality; implementing a comprehensive follow-up system; maintaining scheduling records; and establishing a plan for coverage.

Establish Scheduling Standards

Develop appropriate scheduling standards
- Develop scheduling standards that are both appropriate to the specialty and realistic in terms of the amount of attention that can be given to one or more patients in a given time frame. If your office uses an electronic scheduling system, refer to these standards for setting the scheduling programs for the practice.

Prepare written scheduling procedures
- Prepare written scheduling procedures and train two or more staff members on the scheduling guidelines. Utilize these written scheduling procedures when transitioning to an electronic scheduling system to help customize the system.
## Establish Scheduling Standards

### Schedule at intervals
- Schedule appointments at intervals that permit the practitioner to give full attention to each patient, including time for reviewing the medical record before the patient is examined, attending to the patient and his/her perception of the medical problem, documenting the current findings, and answering the patient’s questions.

- Allocate extra time for initial visits, to ensure that the physician and staff members have adequate time to take a thorough medical history.

- Identify patients with special needs (multiple problems, pattern of asking many questions, etc.) and allot extra time as necessary. For example, have an office nurse obtain a list of the patient’s questions prior to the physician interview.

### Maintain uniform scheduling practice
- Adopt the same scheduling practice for all practitioners in a group practice, to decrease the risk of patients being incorrectly scheduled and/or delaying the entire schedule.

### Allow for emergency appointments
- Ensure that number of scheduled appointments allows for emergency appointments, as appropriate for the practice.

- Bring emergencies to the immediate attention of the physician or nurse.

- Never turn away the patient without offering an alternative means of obtaining care (e.g., going to the ED).

- Train reception staff members on the procedures to follow when a walk-in presents with acute symptoms.

### Consider creative scheduling
- Become more creative with scheduling to be more accessible to patients. Consider including weekend and evening options or scheduling “sick clinics” at noon to accommodate the needs of parents who work.

### Share schedule with staff
- Ensure that each staff member who makes patient appointments or who communicates with patients about appointments has access to the office schedule for as far into the future as appointments
Establish Scheduling Standards

are being booked, minimizing the need for changes or cancellations at a later time. Ensure that staff members are aware of delays and/or cancellations on the day they occur.

Evaluate appointment patterns

- Periodically evaluate appointment patterns and schedules to identify problem areas. If appointments continually run late, consider reducing the number of scheduled appointments.

Create Protocols for Practices Using Open Scheduling

Develop triage protocols

- Develop and implement triage protocols for determining if a caller must be seen on the day of the call. See chapter titled Communication: Telephone for specific recommendations on developing triage protocols.

Correlate schedule with calls

- Monitor daily calls to ensure that the number of available practitioners meets patient demands and that peak times (e.g., Monday morning or weekday noontimes) are adequately covered.

Develop coverage system

- Develop and implement a coverage system for providing care to a patient who must be seen on an emergency basis but whose practitioner is out of the office (e.g., refer patient to the covering practitioner or to a local emergency department).

Reduce Delays

Avoid double-booking

- Avoid booking two patients in one time slot to minimize the risk of unused time if there is a cancellation.

Notify patients of delays

- Implement a policy detailing how, when and by whom patients are to be notified if the office schedule is delayed by more than 30 minutes or if office hours or appointments need to be canceled.

Maintain a realistic schedule

- Ensure that each physician maintains a realistic schedule that minimizes patient waiting times. Do NOT keep patients waiting longer than 15 minutes in
the waiting room and 10 minutes in the examination room. If it is known that the wait will be longer:
  o Inform the patient and offer the opportunity to reschedule if the visit is routine;
  o Consider offering the patient a coupon for a free cup of coffee at the local coffee shop or providing an assortment of drinks in the office;
  o Acknowledge any delay when seeing the patient. Offer a sincere apology for an extended wait, showing respect and appreciation for the patient’s time.

Plan for emergencies

• Develop a plan for emergencies. For example, a solo obstetrician may need to cancel office hours for a delivery. Other practitioners may wish to factor one or two free periods into their daily schedule. Without such latitude, an emergency can shift the entire schedule and result in lengthy delays for patients.

Maintain a Record of Missed, Rescheduled and Canceled Appointments

Document cancellations

• Document the patient’s medical record when an appointment is canceled. Note whether the patient or practitioner canceled the appointment. If the practice has an electronic scheduling system, utilize built-in alerts for cancelations and/or no shows so that appropriate actions may be taken. For offices using a paper log, do NOT erase, write over or obscure an appointment that has been canceled or if the patient fails to show; consider using a stamp or other means to mark the log without obscuring the original entry.

Inform patients of billing practice

• Notify patients at the time of their first office visit of the practice’s policy with respect to billing for missed appointments. Consider giving patients a written copy of the policy on missed visits, including charges, at the time the patient is asked to sign consent to treatment form(s).

Do NOT Breach Confidentiality

Take care with telephone messages

• Notify patients of the policy to confirm upcoming appointments and obtain their approval before calling
Do NOT Breach Confidentiality and leaving a message on an answering machine or voicemail.

Implement a Comprehensive Follow-Up System

Develop comprehensive follow-up system

- Develop and implement a comprehensive follow-up system to track appointments, no shows and telephone calls that require further attention. See the chapter titled *Diagnostic Accuracy: Testing, Tracking, and Follow-Up* for specific recommendations on developing a comprehensive follow-up system.

Maintain Scheduling Records

Maintain schedule

- If using a paper system, keep daily logs and scheduling books for 10 years, or for a longer period if required by the state. If the practice has implemented an electronic scheduling system, save the electronic schedule for a minimum of 10 years, or longer if required by the state.

Back-up computer schedule

- Have a back-up system in place in the event of a system failure or downtime.

Establish a Plan For Coverage

Plan for coverage

- Develop a plan for coverage in event of a practitioner’s planned or unexpected time away from the office. Include who will provide coverage, who will back the covering practitioner if he/she is unavailable, and who will notify both the hospital(s) and the answering service of the start and end times for coverage.

Ensure back-up

- Ensure that the practitioner who covers for another practitioner is within the same specialty when possible, or create back-up arrangements with a professional of the same specialty. For example, a gynecologist who does not practice obstetrics may cover for an obstetrician/gynecologist only if an
### Establish a Plan For Coverage

<table>
<thead>
<tr>
<th>Make sure of hospital privileges</th>
<th>- Ensure that the practitioner covering for another practitioner has hospital privileges at the same hospital as the individual being covered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm malpractice insurance</td>
<td>- Confirm that the covering practitioner has the same medical malpractice coverage as the covered practitioner. Ensure that the limits of liability are appropriate to the specialty being covered.</td>
</tr>
<tr>
<td>Inform covering practitioner of at-risk patients</td>
<td>- Create a formal system for ensuring that the covering practitioner is fully apprised of the condition of any acutely ill patients in the practice, as well as patients who may be deemed “high risk.”</td>
</tr>
<tr>
<td>Share coverage schedule with staff</td>
<td>- Provide staff members with ready access the office’s coverage schedule.</td>
</tr>
<tr>
<td>Do NOT give out information about vacations</td>
<td>- Inform staff members NOT to tell unknown callers that a practitioner is on vacation or is otherwise out of town. Simply have them tell callers that “Dr. X is not in the office and that Dr. Y is covering for Dr. X.” Advise staff members NOT to provide any additional information regarding the doctor’s whereabouts, even when the caller presses for it.</td>
</tr>
<tr>
<td>Chart and retain telephone messages</td>
<td>- Ensure that copies of telephone messages received by the covering practitioner are given or sent to practitioner being covered when coverage period ends. Note telephone messages concerning medically related issues in patient’s medical record. Keep telephone messages for 10 years, or for a longer period if required by the state.</td>
</tr>
</tbody>
</table>