

# Effective Patient Scheduling

*By D. Charles Greiner, DPM*



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### ***Urgent Visit Time Slots***

I have a busy office and we used to have a problem with scheduling because our daily schedule would be booked solid. Oftentimes, we would be unable to accommodate a “same-day patient.” A same-day patient is a new or established patient who calls for an appointment that same day. Usually the encounters are urgent, and these type of patients are typically higher reimbursing cases. In most cases, an E & M service, x-rays or other imaging, and some sort of procedure are billed. When we provide these legitimate services we realize increased revenues.

Knowing full well a certain number of these patients went elsewhere for treatment because we were too busy to get them in, we started a system that enables us to see urgencies on a same day basis without interrupting our usual schedule.

Here’s what we’ve done: One of the first morning time slots and one of the last morning time slots is reserved for these patients. Also, we reserve one of the first afternoon slots and the last slot of the day for these urgencies. That provides four opportunities per day for us to serve our patients with urgencies.

**Here’s how we did it:** For the first of the day slot we can either appoint a patient that called for the service the night before or early that morning with an ingrown nail or some similar problem. If a patient calls with an urgency, let’s say at 10:00 A.M., they are offered the just before or after lunch appointment. In addition, we often get calls during lunchtime and these patients can be appointed just after lunch or at the end of the day.

We rarely have difficulty filling the last appointment of the day with an afternoon caller and on occasion we will even put a routine care patient in that last slot so it doesn’t go vacant.

We do have a written protocol on same day urgencies that discourages habitual same day callers for routine care.

In conclusion, if you open your mind and your schedule up just a little bit for same day callers, you can help those patients in need while making a few extra dollars. Lastly, you will get a reputation in your area for being able to “get ‘em right in.”

### **What Are Patients Coming in For?**

During the course of the day, have you ever asked yourself “Why do I have two new patients and a nail surgery all scheduled at the same time?” Perhaps you have wondered why you have three post-op nail checks scheduled during a 15-minute period. A nail check takes me about 60 seconds which leaves 12 minutes for me to twiddle my number 10 blade.

Here’s a helpful hint for more effective scheduling. After the patient’s name, write down what they are coming in for. We use a simple letter code system such as “xr” for x-ray or “np” for new patient. This will help your schedulers avoid overloading, or worse, under-booking, and it’s a great way to increase the efficient use of the physician’s time.

Below is a list of our letter codes and their meaning.

afo	ankle/foot orthoses
bio	biofoam
cast	cast application
con	consult
fo	foot orthotic
hydro	hydrotherapy
inj	injection
nc	nail care
np	new patient
os	office surgery minor
ov	office visit
pt	physical therapy
red	redress
shoes	diabetic shoes
sx	office surgery major/power
wart	wart treatment
xr	x-ray

As an example, here is a portion of our schedule with appropriate use of the coding system.

**April 2, 2005, with one doctor present.**

**Table 1**

9:00	Baynor, Lena	(inj)	
	Flounder, Mary	(np)	urgent
9:15	Hunt, Virginia	(red)	
	Early, Marge	(nc)	
9:30			
	Kelly, Art	(pt) (xr)	
	Ricer, Willy	(os) (nail)	
9:45	Urban, Ed	(fo)	
/ / / / /			
10:00	Colley, Martin	(xr) (inj)	
	McEller, Anne	(ov)	
10:15	Hanks, Trace	(cast)	
	Reyn, Kate	(inj)	
10:30	Saddler, Edna	(bio)	
	Thoms, Ferris	(fo)	
10:45	Scoler, Sharon	(shoes)	
	Congar, Tyler	(os) (wart)	
11:00	Barrow, Buck	(cast)	
/ / / / /			
11:15	Miller, Matt	(fo)	
	Dewey, Styles	(shoes)	
11:30	Maxton, Maria	(np)	
	Lemmer, June	(bio)	
11:45	Hawk, Doty	(pt)	
	Sparks, Rena	(nc)	

12:00	Rice, Tim	(os) (arthros)
	Blank, Brucey	(afo)
12:15	Doyle, Dexter	(pt)
12:30	Wyatt, Blaine	(pt)
12:45	OPEN	urgent

Notice, the treatments that take up a significant amount of the doctor's time, like new patients and office surgery, are paired with relatively simple encounters such as shoe or orthotic fitting, which requires only a well trained assistant to be present.

One of the great things about this system is that I can glance at my morning schedule and know at what level my pace must be set. I can even "guestimate" potential revenues and materials used for the day.

Why not try this easy system for one month? I'll bet you won't go back to "blind scheduling" anytime soon.

### **Five Ways to Get Home on Time**

In order to maintain high-quality care and patient service while dealing with the demands of a hectic day, it is often easy to simply resign yourself to working harder. Working smarter is a lot easier than working harder. It just takes more discipline and practice. Keep in mind that the smarter you work, the more time is left at the end of the day for your loved ones.

#### **Start Your Day on Time**

Seeing the first patient 15 minutes late can put you behind and in catch-up mode the rest of the day. Get to the office at least a few minutes early to get settled in and to plan the day. Then hit the first exam room right on time.

#### **Don't Wait to Chart**

Either dictate between rooms (or even while in the room) or have your E-note system in your rooms to chart during your examination. Don't let anything stand in the way of this rule. Dictation takes longer if you are trying to remember the patient's history or what your plans were, even an hour after the encounter, much less at the end of the day. Furthermore, when the patient encounter is not fresh in your mind, errors are inevitable, which will lead to wasted time during the patient's next visit or call.

#### **Avoid Needless Breaks**

When you are in the office, move directly from one patient to the next. A surprising number of doctors fall into the habit of taking a break between each patient encounter -- drinking coffee, making personal phone calls, casually conversing with colleagues and so on. Of course, an occasional break or conversation is necessary, but it shouldn't be a habit. Doctors who wish to stay on schedule and manage their time must stay on task.

#### **Stay Busy**

Instruct your support staff to keep you busy at all times. All office activities stem from physician activities, either directly or indirectly. If the physician isn't making good use of his or her time, the practice will eventually suffer the effects. Train your staff that it is their responsibility to make sure you always have something to do.

#### **Instruct Your Staff to Be Available**

Needing a staff member and not being able to find one is a very frustrating thing for the busy practitioner. Having to call out for your staff, or having to get up and find someone should be

eliminated from your routine. Instruct staff to be in the treatment room unless doing other vital jobs. In addition, teach your staff to help transition you from room to room efficiently and smoothly without appearing to be in a rush.

Although these ideas are not new, few doctors actually follow them. Implementing one or all of these concepts will improve your overall efficiency so that you can leave the office on time and focus on the really important things in life.

## **Five Things You Should Avoid Saying to Your Patients**

The words you and your staff choose are powerful and can make a difference in how patients feel about you and your podiatry practice. Whether it is in-person or on the phone, there are five things you and your staff should always avoid saying to your patients.

### 1) "You should"

Be careful about sounding too parental or reprimanding. It also may appear as if you are ordering a patient to do what you want. Many patients, particularly teens, will become defensive when this phrase is used. It is far better to encourage the patient's support and cooperation by saying, "I need your help." Patients want to be part of the team when it comes to their medical care. Try to get your patients to contribute what they should and shouldn't do.

### 2) "We Can't"

"Can't" many times means won't. The word "can't" will certainly send negative vibes, especially if it sends a message that you are not willing to try. Listen to the patient and gather enough information to offer alternative solutions. If you know you can't meet the patient's request because of regulatory requirements, tell the patient you would be happy to assist him/her, but it is out of your control. Then go on to explain the situation. Be sincere about your desire to help and be direct in what you say while also being creative in discussing alternatives that will meet the patient's needs.

### 3) "Why Did You?"

Making patients defensive by questioning their actions is an easy way to infuriate your patients. Instead of saying, "Why did you do that?" say, "How did that happen?" This takes the word "you" out of your statement and your patient will be more cooperative and less defensive.

### 4) "It's Not My Fault."

Be willing to apologize and look for a solution instead of avoiding ownership. The patient doesn't care who caused a problem. Admit it if a problem exists and assure your patient you will fix it.

### 5) Never Start a Sentence With the Word "No."

"No" can be like a door being slammed in your face. Try to turn negative responses into positive statements. Give patients several possible alternatives and instead of saying "no" say, "What about this?" or "Would be Okay if we did this?" Although patients may not be getting exactly what they have asked for, they can select the next best option.

There certainly are plenty of things we should avoid in our everyday dialog with patients, however one thing that should always be said is: "Is there anything else I can do for you today?"

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