

Self-Administered Liability Risk Assessment Tool

Appointments and Scheduling.

This assessment tool is designed to increase awareness of potential liability exposures which may exist within your practice. Discussions with your staff can result in greater awareness of loss exposures and the implementation of systems to streamline the scheduling process.

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| 1. Non-emergency patients are seen by appointment only. | Yes | No |
| 2. I book only the appointments I can properly handle. | Yes | No |
| 3. Flexible appointment times are scheduled based on patients' needs. | Yes | No |
| 4. Scheduling practices allow for emergency or same-day appointments. | Yes | No |
| 5. Double-booking practices are avoided or controlled. | Yes | No |
| 6. Typically, patients are given an appointment in less than two weeks. | Yes | No |
| 7. When an appointment change occurs in the scheduling book, a method is used to preserve the original patient information and ensure that it is not removed from the book. This also holds true for a computerized scheduler. | Yes | No |
| 8. Periodically, I monitor my schedule to ensure that patients wait less than 20 minutes. | Yes | No |
| 9. Additional time is allotted for a patient's initial visit. | Yes | No |
| 10. A procedure is in place to inform waiting patients if their appointments will be delayed. | Yes | No |
| 11. Follow-up of a missed patient appointment (no-show) occurs, and relevant patient information is documented in the medical record. | Yes | No |
| 12. When a patient cancels an appointment without rescheduling it, follow-up occurs. Cancelled appointment information is documented in the patient's record. | Yes | No |
| 13. An office policy requires that I am notified of each missed and canceled patient appointment, so I may direct appropriate follow-up. | Yes | No |
| 14. No charge is assessed for missed appointments unless it is appropriate to the practice. | Yes | No |
| 15. Patients are contacted to confirm their pending appointment. | Yes | No |

Please turn to the following pages for tips on appointment scheduling practices.

Appointment and Scheduling Tips to Promote the Physician-Patient Relationship

Adhering to a schedule demonstrates respect for the time of the physician and the patient, and promotes a successful relationship. Provide clear written instructions to your staff on how to manage the schedule.

1. Appointments should be scheduled to allow the physician to maintain a realistic schedule and to minimize long waiting times for patients. Allowing walk-in, non-emergency patients to be seen should be avoided, as it often disrupts the day's schedule.
2. The number of office appointments booked should be calculated to allow the physician sufficient time to process each patient visit. Try not to overbook appointments.
3. Adjust your schedule to meet the special appointment needs of a patient by using a flexible scheduling plan, scheduling a patient at the last morning appointment or dedicating one longer appointment daily. Consider maintaining a file on patients who require longer appointments or have special scheduling needs. These strategies result in avoiding delays.
4. Consider reserving time (open slots) in the day for patients who require emergency appointments or for telephone time. The number of open appointments should be determined by the nature of your practice.
5. Many practitioners consider double-booking appointments as time-efficient, yet the practice of double-booking appointments often results in delays and disruption of the day's schedule. Consider examining whether your office hours are long enough. You may have to extend your office hours, or limit your patient population or the number of managed care contracts.
6. Long waits for appointments may indicate that something is wrong with the management of your practice. Most practices allow a three-to four-week wait for physical examinations. To get patients in for an appointment more quickly, you may have to alter your scheduling practices, limit the number of new patients in your practice or consider recruiting additional health care providers.
7. Cancellations, no-shows and rescheduled appointments should not be erased from, or overwritten in the schedule book or deleted in the computerized scheduler.
8. Be sensitive to your patients' time. Patient satisfaction and customer satisfaction go hand-in-hand. It is economical to retain your patient population. Satisfied patients are less likely to file a suit.
9. Physicians should take adequate time with patients during the initial office visit. Claims can result from failure to inquire about drug allergies, family history or a patient's medical history.
10. If delays are unavoidable, waiting patients should be provided a general explanation and given the opportunity to reschedule an appointment. Consider asking a waiting patient if he/she would like to place a call, have a beverage or have pen and paper. Appointments postponed by the physician should be rescheduled after ensuring that the case is not an emergency. The physician should acknowledge the delay when he or she sees the patient.
11. Missed, failed, "no-show" appointment information should be documented and, when appropriate, follow-up should occur. The physician should consider reviewing the patient's record to determine the extent of follow-up activity. Referring physicians should be notified of the missed appointment.

Please turn to the following pages for tips on appointment scheduling practices.

12. Policies should require that information about cancelled appointments is always recorded in the patient's medical record, and the information should not be erased and written over.
13. Missed or cancelled appointments may indicate that a patient is dissatisfied with the practice. Some patients should be contacted to determine if there are underlying issues. Consider a policy that directs the staff to make available to the physician the record of all patients who cancel or miss appointments.
14. Charging a patient who misses an appointment (no show) can create ill will. Consider informing patients in advance if there will be a charge for missed appointments.
15. Consider calling patients to remind them of an appointment one or two days before the appointment. This is a good way to reduce the number of missed appointments and no-shows, while promoting continuity of patient care.



PLEASE NOTE: *These self assessments are educational only, intended to suggest steps that health care practitioners may take in connection with their ongoing efforts to promote patient safety and prevent medical injury. These recommendations are, however, subject to the professional judgment of the physician and other qualified professional personnel, who have the ultimate authority and responsibility in all matters of patient care. Medical Mutual Insurance Company of Maine does not warrant or represent that the practices it recommends reflect the prevailing standard of care, or that they will be found to comply with federal, state or local laws, regulations or other legal requirements.*