

## LOOK AHEAD MEETING | QUICK-REFERENCE GUIDE

### DIRECTIONS

Use this quick-reference guide to help you quickly refresh your knowledge of a look ahead meeting. More in-depth knowledge about this topic can be found in the **Meetings Course** lesson “**Look Ahead Meetings**”.

### ESSENTIAL BASICS

#### WHAT IS THE PURPOSE?

To ensure that the most efficient and proper scheduling protocols are in place for the next two weeks.

#### WHEN SHOULD IT BE?

Once per week on Monday or towards the end of Friday for 20-30 minutes.

#### WHO SHOULD ATTEND?

All front office staff. It is run by the office manager.

### WHAT INFORMATION TO BRING?

- The patient schedule and procedures for the upcoming two weeks.
- The latest approved version of your scheduling protocols.

### MEETING INFORMATION:

A Look Ahead Meeting is meant to keep your schedule as efficient as possible on an ongoing basis. It must be done routinely in order to accomplish this. The meeting is not about individual patients. If you do that, you’ll end up just duplicating the daily huddle. You don’t need open charts or other patient details. It’s all about the bigger picture – the ongoing approach to efficient scheduling and how and when you might be prone to get away from that and what can be done about it before that might happen. It’s also a means to train the front office staff on the day to day realities of scheduling matters which may or may not conform with how it’s laid out in your software or what was previously set up by previous scheduling models. If you aren’t already doing this on a regular basis, the first few meetings may take a bit longer as you will need to go over what the meeting is all about, the format that it will follow and run through the regular steps the first few times.

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**INITIAL MEETING  
STEPS:**

1. Prior to the initial meeting, get a copy of your existing scheduling protocols. Coordinate with the doctor and relevant back office staff to make sure it is fully updated.
2. Begin your meeting by explaining to the front office staff that, although the practice has previously written, edited and implemented various scheduling protocols, they tend to slide out of play primarily from reacting to the needs of certain patients and/or referring offices. Therefore, you are implanting this regular meeting to ensure that those working in the front office know the existing protocols, work together to adhere to them and update them as needed.
3. Remind them that scheduling protocols are simply for:
  - a. helping better meet patient and referring doctor's needs
  - b. ensuring proper communication and coordination between front and back office staff
  - c. optimizing office efficiency
4. Explain that this "rebooting" of protocols will include a training and monitoring system, so that if some things start sliding out of play, you can figure out why and help get them back on track.
5. Let them know that these meetings will occur each week and that their input is valuable, especially relative to when and how repetitive problems occur. Their data will be used to further adjust needed protocols and help with any difficult implementation issues.
6. Inform them that you want to keep the meetings short and effective. Then, introduce or reintroduce your approved version of the scheduling protocol. Give the staff the opportunity to ask questions, and ensure you clear up any confusions that may come up.

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**TOPICS FOR  
DISCUSSION FOR  
REGULAR WEEKLY  
MEETINGS:**

- Determine if anyone with existing appointments needs to be rescheduled.
- Make sure the right amount of time has been scheduled for each service.
- Ensure you have the correct staff and doctor complement to properly service each patient.
- See if you have any open slots that need to get filled and how you can meet that (short call list, etc.)
- Look where you can put emergencies or short turn around appointments that will come your way.
- Determine if there are any procedures that tend to run longer than you've scheduled for. Make sure you don't put another long or complicated case right before or after that.

- Look for any scheduling inconsistencies
- Determine if the second week is less than full – if so you'll want to take advantage of those openings. Figure out what types of procedures you can best put in those slots for maximum production and efficiency and work out ways to do it.
- Look for any persistent or repetitive issues. In such a case figure out what expanded training and/or protocol adjustments need to be done to handle it.