

Schedule Coordinator
Procedure Guide

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# INTRODUCTION

This guide is a tool to demonstrate the specifics for your position and the procedures for operation. It breaks down each component of the schedule coordinator position and the expectations for performance. For detailed patient scenario scripting examples, please refer to ePractice Manager’s online document library on your company’s portal.

# PART 1: KPIs

Key performance indicators (KPIs) are statistics that measure the performance in achieving key objectives, such as general office and job-specific productivity.

All successful businesses use KPIs to monitor the areas of their organizations. Without KPIs, a business is running blind. Running without monitoring the appropriate KPIs is equally as bad. Without KPIs, you and the business must make assumptions and guesses rather than depend on factual statistics. This can result in ineffective management and a lack of expansion for the practice, as well as upsets between management and staff.

## Your KPIs

You should have a set of specific KPIs for your role within the practice. If you do not, meet with your office manager to determine which metrics would be most appropriate to track productivity for your position. Your KPIs should be minimally tracked on a monthly basis, but ideally on a weekly basis.

## Effectively Using KPIs

To use KPIs effectively,

* ensure that the KPIs you use truly and accurately measure your role’s productivity
* regularly post the metrics to trackers, including graphs if applicable
* regularly evaluate the trackers/graphs to see what trends are emerging

For example, if you see a significant increase from one week or month to the next, examine what actions were implemented prior to the increase. Find out what the successful actions were, and make sure you continue them.

Similarly, if you see a meaningful decrease in a trend, you must take effective action to halt the decline. Look into any significant changes in your job duties and/or actions that may have occurred in the weeks leading up to the drop. Did you stop doing something or neglect anything that was working? Were additional job duties given to you that led to neglect of successful activities?

The point in either case is to use your graphs to observe what is going on, and then take the appropriate action.

# PART 2: GENERAL OFFICE INTERACTION

In some cases, the schedule coordinator is the only point of contact between the practice and prospective patients, representatives of other businesses, and members of the community. Most people usually do not question the information you provide, so if any of information provided is incorrect, the practice might not have the opportunity to correct it until it has already caused damage. For that reason, it is very important that the schedule coordinator has accurate information at all times and gets updated and advised frequently on what to say or not say.

A schedule coordinator interacts with the entire organization and generally has at least some awareness of most things that happen within the practice. Their broad duties, skill set, and familiarity with the different parts of the organization make them a valuable resource for information as well as a valuable assistant to help out with general tasks around the office. They may be able to help with tasks like planning business lunches, preparing packages to mail, cleaning the break room, restocking supplies, and calling vendors to fix broken machines or equipment. You should continually be on the lookout for ways that you can assist in making the practice run more smoothly and efficiently.

# PART 3: OVERSEEING THE RECEPTION AREA

As the schedule coordinator, your primary responsibility is managing the reception area. This includes answering phone calls, checking in patients, and tidying up the waiting area. As the first staff member most patients and guests will interact with, it is your duty to be accessible and make patients feel comfortable in your practice.

## How to Greet Patients and Guests

Use the following guidelines with each patient and guest to create a positive experience and build satisfaction:

* **Smile and be genuine**: Warmly greet visitors as soon as they enter the practice to make them feel welcomed and comfortable.
* **Be accessible**: As the point of contact for everyone in the waiting area, you must be available to answer the phone and communicate with visitors. If you must step away from the reception area, it is important that someone covers these duties in your absence.
* **Sit or stand with good posture**: Do not slouch over or make it difficult for people entering the office to see you.
* **Keep your work area tidy**: Food, personal items, cell phones, photos, reminders, etc. should be kept in the breakroom or otherwise out of sight of visitors.
* **Ask for name preference**: Always ask patients how they would like to be greeted and explain that you are asking in order to protect their information. Be sure to note their preference in their patient chart.
* **Build rapport with patients**: Chat with patients to make them feel comfortable. You can ask about recent community events, upcoming plans, or other similar questions.
* **Gather marketing information**: Ask how the patient found out about the practice. Did they find you online, see your building sign, or get a reference from friends or family?
	+ To maintain HIPAA regulations and avoid disclosing which patient made a referral, you can ask "Who can we thank for referring you to our practice?"
* **Coordinate with the clinic team**: Always ensure you have accurate information on schedule changes or delays to pass along to patients regarding the timing of their appointments.
* **Be transparent about delays**: Always explain the reason for appointment delays. If a patient arrives and there will be a delay, simply explain the situation and offer nonsurgical patients a choice of refreshments or to reschedule their appointment.
* **Keep explanations simple**: When patients have questions, answer using simple language. Avoid jargon, slang, and overcomplicated explanations.
* **Stay alert for dissatisfaction**: If patients become unhappy or start to complain, listen attentively, show understanding, and provide assurance that their issue will be addressed.
* **Help patients correctly complete paperwork**: Provide pens for paper forms or a tablet for electronic forms and a place for patients to sit to complete the paperwork. Let them know they can ask you for assistance if they have any questions. Ensure all necessary forms are fully completed once they are done.
* **Stay aware of the clock and schedule**: It’s easy to lose track of time and not realize that the 10:00 patient has not yet arrived by 10:05, or that the 11:00 patient has not been taken to the back office by 11:15. Keep your eye on the schedule and be aware of which patients are scheduled to come in next as well as the reason for their visit.
* **Cater to patient needs**: Always remain alert to possible patient needs.
	+ Do they have a small child? Keep a few children’s books or activities available.
	+ Do they seem to be in a hurry? Ask if there are time concerns or constraints, and communicate openly about whether an expectation (such as starting or leaving by a certain time) can be met.
	+ Do they appear nervous? Patients of all ages can feel uncomfortable in a medical environment, and many have a fear of dental work or are in pain. Put them at ease through conversation and reassurance about the doctor and procedure.
* **Greet and move guests**: Greet non-patient visitors (e.g., salespeople, inspectors, and maintenance workers) and rapidly move them out of the waiting room to minimize any disruptions to waiting patients.

## Tips and Reminders

While managing the reception area, remember the following tips and reminders:

* Your main focus is to greet visitors while keeping the schedule moving smoothly.
* Patients and guests will have questions about costs, insurance, and other matters. Only answer questions you are comfortable addressing and refer all other questions to a patient coordinator or your office manager.
* Ensure incoming calls are answered and transferred in a timely fashion.
* Handle all patient or visitor related issues in a calm and organized manner.
* Have key office policies printed in a brochure or one-sheet format for patients to keep.

# PART 4: MANAGING THE PHONES

When answering the phones, your focus should be on greeting and helping patients while running the schedule. To accomplish this, you’ll handle emergency or rescheduling calls and route all other callers to the most appropriate people on your team. Rather than pause your normal duties to help price shoppers, answer billing questions, or schedule new patients, you’ll immediately route these calls to a patient or treatment coordinator.

## Routing and Triaging Callers

You will receive many different incoming calls with different levels of complexity. Some calls will be simple inquiries on costs or routine work that will be easy to identify and route efficiently. On the other hand, some calls will concern urgent or medical emergencies, like trauma to the teeth. It’s important to be aware that patients and even referring practices can sometimes exaggerate a condition or situation in order to get on the schedule sooner. Due to this, it is important that you qualify the urgency of an incoming call.

**If you determine a call to be a genuine emergency, your first step is to contact the patient coordinator. If the patient coordinator is busy, then you should start the triage process.**

## What Is Triaging?

Triaging is the medical term used for the process of assigning degrees of urgency to a patient condition or emergency.

For example: In a hospital, a telephone triage nurse helps patients determine which type of care they need over the phone. They often provide a cursory assessment of the patient and help them decide if they need to seek emergency treatment, make an appointment with a doctor, or treat themselves at home.

## Why Is Triaging so Important?

The goal of triaging is to assign an appropriate amount of urgency to each call so that you don't modify the schedule to accommodate an “emergency” that turns out to be a minor condition. This could result in unnecessary rescheduling or bumping of other scheduled patients and could even cause the practice to fall behind, resulting in the doctor and staff having to stay late.

If appropriate based on what you hear when asking triage questions, you can start to show the patient and/or referring practice that their situation is not a dire emergency. Telling someone you don't believe they are having a real emergency can be unpleasant and even offensive for them. For this reason, you should be polite and focus on helping them understand the level of emergency they are actually having. Schedule them accordingly to come in as soon as possible.

By triaging the call, you can be sure that emergency situations get through immediately and non-emergencies are scheduled for later.

## How to Triage Incoming Calls

Use the following guidelines to effectively triaging callers to the practice, but note that each practice will have its own triaging protocols.

1. **Answer the phone promptly**: When you hear the phone, always answer before the third ring. When you answer, introduce yourself and your practice, then ask who you are speaking with.
2. **Be pleasant and professional**: Speak pleasantly despite the pressures or attitude of the caller. Having a bad attitude or being rude to a caller could result in them scheduling with another practice. If you must place them on hold at any point during the conversation, ask their permission beforehand.
3. **Triage the call**: Get the caller’s name and number, and run it through your computer system. Then find out the reason for the call by asking:
	1. How can I be of help to you today?
	2. What can I do for you?
4. **Determine if the caller has a medical emergency**: Ask the caller:
	1. Did you have an accident or trauma? Are any teeth broken?
	2. Are you experiencing bleeding? What are you doing to control the bleeding?
	3. How long have you been in pain? What are you taking to control the pain? Is that medication controlling your pain?
	4. Are you experiencing swelling?
5. **Schedule the caller based on urgency**: You must swiftly decide whether or not the patient needs immediate help. For bad accidents with trauma, your doctor may be OK with bumping or rescheduling another patient that day to get the caller in immediately. However, callers with mild pain and no bleeding or trauma can be scheduled for the next day. Ensure patients understand they are not being neglected and that you are scheduling them to come in as soon as possible.
6. **Summarize and end the call**: Thank the patient for calling and recap the main points with them. When the call has come to an end, say goodbye and try to let them hang up first.

## Best Practices for Managing the Phones

Outside of emergency and rescheduling calls, you will route the majority of incoming calls to the most appropriate teammate. Use the following guidelines to understand who you should route the most common types of calls to.

### Patient Coordinator

New patients are routed to the patient coordinator so they can conduct the new patient intake, provide exceptional customer service, and convert practice inquiries into new patient appointments.

### Accounts Coordinator

The accounts coordinator helps patients with questions about

* insurance claims
* bills
* charges

### Treatment or Financial Coordinator

Patients who have accepted a treatment plan, are scheduled for substantial treatment, or wish to make changes to their treatment plan should be routed to the financial coordinator or the treatment coordinator who initially presented the treatment.

***Note****: It’s important that the schedule coordinator does not make the patient’s requested adjustments themselves, as details such as the urgency for completing the care, cooperative care with other offices or labs, or similar matters could be missed.*

### Assistant or Doctor

Questions about post-treatment home care are routed to an assistant or, if urgent, coordinated for a call back from the doctor as soon as possible.

# PART 5: CONFIRMING APPOINTMENTS

The schedule coordinator confirms all patient appointments. In many cases, they rely on an automated contact management system that sends text and email messages to the patient. In other instances, they must personally prepare patients for their visits by making contact themselves.

Confirmation calls or text messages are generally sent 1-3 days before the patient’s appointment. Successful appointment confirmations directly reduce cancellations and no shows and also help each patient prepare for their appointment. Even after confirming each appointment, patients will occasionally have personal emergencies or other circumstances that cause them to cancel or not show at all. When cancellations or no-shows do occur, the schedule coordinator must help the clinical team adjust accordingly and attempt to fill the open slot when possible.

## Pre-appointment Confirmation Strategies

Throughout the day, you will be looking ahead in the schedule by a day or more to see who is confirmed and prepared for their visits. In most practices, you will be assisted by contact management software that automatically looks ahead in the schedule and sends timed reminders and confirmation messages that prompt a patient to reply. These reminders can typically be programed so that patients receive targeted messages that include reminders for paperwork, early arrival times, medication or food restrictions, and any other important guidelines or notes specific to their appointment type. In most cases, patients will respond electronically and you won’t need to speak with them on the phone. However, it is inevitable that you will have to manually track and contact some patients that the system misses or patients who do not reply to the text and email reminders.

Make patients with lengthy appointment slots a priority to contact. Leaving a voice message is not an adequate reminder or confirmation for large cases. In your voice message, ask the patient to respond to their digital confirmation, and send another text and email reminder.

If you do not receive a confirmation from a patient within 24 hours of their visit, consider double booking the appointment. If you still have not reached a patient on the day of their visit, you may have to remind them of your cancellation and no-show policy and that fees may apply.

## Example Procedure for Confirmation Calls

Use the following step-by-step procedure to confirm appointments:

1. Call each patient with an upcoming appointment in the next 1-3 days who has not responded to your automatic messages.
2. When the patient answers, identify yourself and the name of the practice. Do not disclose the patient’s name, condition, or treatment.
3. Confirm that you have reached the correct residence, business, or individual.
4. Explain why you have called.
	1. For example, you can say: “I am calling to confirm Ted’s appointment for treatment in our office on Tuesday.”
5. Request that the patient bring any necessary insurance forms, if appropriate.
6. Answer any questions the patient has that you are able to answer, then thank them and let them know you look forward to seeing them.
	1. Note if the patient can no longer make their appointment time and make every attempt to reschedule while on the call.

## How to Prepare Patients for Routine and Non-complex Appointments

To keep the schedule running smoothly, you must confirm that all paperwork is completed and collected, and that any necessary coordination with the clinical team is handled before the patient arrives for check-in. Most appointments will only require communication regarding routine, known, and universal details such as

* early arrival times for certain appointment types
* reminders that forms need to be completed and returned to the office in advance of the appointment
* coordination of insurance information or the timing of payment for services

Most of these details can be addressed by pairing the appointment type with the automated reminder using the patient contact management system. It is your responsibility to ensure these automated reminders are scripted, approved by management, paired properly with appointment types, and scheduled at the proper interval in advance of upcoming appointments.

## How to Prepare Patients for Complex and Non-routine Appointments

While many of your confirmation messages and calls will be routine and ordinary, some will require special attention. Certain appointment types will require you to make personal contact with the patient in the interest of their safety. It is your duty to know how to identify these patients from their charts and to know what to say to prepare them for their visit.

For example, some patients will need to take antibiotics before starting certain procedures, and others may have existing prescriptions for medications such as blood thinners that must be stopped before treatment. Any time prescriptions will be started or stopped, communication should be made with that patient’s primary physician as well. This ensures that medications are given under strict medical supervision so that doses and durations are followed exactly.

In some cases, patients will receive or have received care in another general or specialty practice. Often, they will be going from one appointment immediately to the next. These appointments may also involve coordination for anesthesia, sequences, laboratory items, or notes from doctor to doctor.

## Cancellations and No-shows

Broken appointments can result in lowered production, lost revenue, and cascading scheduling conflicts. Overall, there are three types of broken appointments:

1. **No-show patients**: Patients who did not arrive for a scheduled appointment and did not call to cancel or reschedule
2. **Cancellation patients**: Patients who communicated via phone or email that they will be unable to keep their scheduled appointment
3. **Rescheduled patients**: Patients who changed the date/time of their appointment

## How to Handle No-shows

Every morning, the schedule coordinator should check to see which patients were no-shows for appointments scheduled the previous day. Call the patient to find out if there was a problem and, if appropriate, attempt to reschedule the appointment. Always maintain a warm and empathetic attitude towards the patient, even if you suspect they are being evasive or less than truthful.

After the second no-show, some offices may choose to apply a charge to the account. If the patient does not show up a third time, don’t attempt to reschedule.

## How to Handle Cancellations and Rescheduling Requests

Cancellations and rescheduling are always preferable over no-shows, as the practice will have more of an opportunity to mitigate losses and negative effects. Regardless of a patient’s reason for cancelling or rescheduling, you should accommodate their request and get them back on the schedule as soon as possible.

All patients who have gone through a proper intake process will have signed the patient financial policy that includes the rules related to cancellation fees. Patients are generally aware of these types of fees, but it is your duty to remind them.

For true emergencies (e.g., severe illnesses, car accidents, etc.), it’s best to simply express understanding and let the patient know you’ll waive any cancellation fees if they reschedule at that moment. This should be expressed as assistance and convenience—not pressure.

* You can say something like, “We normally charge a fee for late-notice appointment changes, but I do understand what’s going on. Let me get you rescheduled so I can waive that fee for you because of these circumstances.”

For other patients with a poor attendance history, you can use a more assertive approach by saying something like:

* “Our late-notice cancellation/rescheduling fee would apply in this case. Are you sure you can’t make it?”
* “I can change the appointment within the same day without charging the fee, and we do have 10:00 available instead. Would that work?”

In most cases, patients will be receptive to these types of offers. However, in more rare cases, there will be those who habitually abuse the schedule. For patients with a high cancellation risk, you should consider the following strategies:

* Double book their appointments.
* Don’t allow multiple family members to make consecutive appointments to minimize multiple changes.
* Remind the patient of their cancellation history and work with them to find an appointment time that they are more likely to keep.
* Charge a fee.
* Do not schedule risky patients during heavy traffic periods for the office.
* Only offer times with scheduling flexibility in case they cancel again.
* Refuse to reschedule them at all. Let the patient know that you can help them find another office to work with.

## Immediate Steps for Cancellations

Keep in mind that broken appointments and cancellations are sometimes symptoms of an underlying problem. This may be an unspoken way that the patient is telling you that they are not satisfied with the service received or that you are not being effective in your pre-appointment confirmation strategies. Do your best to find out the root cause of their behavior by using the following guidelines:

* **Have a quick call list on hand**: Patients on this list can come in at any time or have flexible availability. Check with your patients to see if they would like to be placed on this list. When you make their appointments, tell them that you will contact them if an earlier slot opens up.
* **Review the appointment scheduled just prior to the cancellation**: Determine if there is any other treatment that can be completed with the patient to stretch their appointment through the open slot. Contact that patient prior to their visit to determine if they will be able to stay longer than originally scheduled to handle all of (or a larger portion of) the treatment. Many patients will appreciate not having to return to complete their care.
* **Review the appointment scheduled after the cancellation:** Determine if there is any other treatment that can be completed with the patient. If so, contact that patient prior to their visit to see if they will be able to come earlier to handle all of (or a larger portion of) the treatment.
* **Review the other patients coming in that day**: Determine if there are any patients with an unscheduled treatment that needs completion. Contact that patient to see if they are available for the open time slot. If not, still try to schedule them in another available slot.
* **Review patients coming in the same day and time next week**: If all of the above fail, go to the schedule for the same day in the coming week and choose a patient who might like to come in a week earlier. This will give you a week to fill their current slot.

# PART 6: COORDINATING WITH CLINICAL STAFF

As the schedule coordinator, it is your responsibility to facilitate close communication among all staff. Your clinical teammates need you to be their resource for information and support. You must also constantly seek information from the clinical staff to keep the schedule running smoothly. Overall, you are the single point of contact for all information, which makes you extremely valuable to the overall performance of the clinic.

## Coordination Meetings

Typically, your team communication efforts start during the daily huddle before the first patient arrives. Daily huddles are used to briefly review the day’s patient schedule with the entire staff. The office manager usually runs the huddle, but you may be relied upon to spot potential issues and provide input for filling scheduling gaps.

In daily huddles, you will typically

* check for potential trouble spots and gaps in the schedule
* determine where you might have space for emergency patients
* ensure you are not completing second step treatments when only the first is scheduled
* to fill gaps, discuss
	+ pulling treatment appointments over from hygiene
	+ using the call list of patients waiting for treatment

In addition to daily huddles, you will participate in look-ahead meetings to discuss the schedule from a weekly view. During your weekly look-ahead meeting, check for

* incorrect appointment time slot scheduling, such as a two-hour procedure scheduled for a one-hour slot
* overlapping doctor times between procedures

## How to Coordinate with Clinical Staff

To keep the schedule running smoothly once the day begins, you need to maintain a constant back and forth flow of information with the clinical team. Typically, you will use your office’s instant messaging system to directly contact certain teammates or broadcast information to the entire staff. In the best case scenario, you will also have a clinical lead with whom you will maintain direct and constant communication. If the clinic gets busy and staff members are unable to respond to messages or the lead is unavailable, you should go to the back office see how things are running so you can provide updates. Regardless of the channel of communication, you should consistently inform the clinical staff

* that a patient has arrived, their front office intake is complete, and they are ready for rooming in the back office
* that a patient has been taken off the schedule. This will reduce urgency and allow them the opportunity to expand treatment or take additional steps with a current or upcoming patient.
* that a patient has reported that they will be arriving late. Then determine if that is feasible or if the patient needs to be rescheduled.
* that a patient has arrived early and that, while you have let them know the start time of the appointment, they can see the patient earlier if it’s an option.
* of emergency/work-in appointments. Coordinate with the clinical staff to determine the best time for the patient to be seen in order to keep the schedule flowing for all patients and staff.

Real patient situations that delay or stretch appointment times are unavoidable. Any time a schedule is disrupted, it impacts waiting patients. Ensure you have all of the information from the clinic that is needed to manage expectations for patients with upcoming appointments. You may also consider calling upcoming patients before they leave to come in to inform them of a delayed start time.

## Key Points and Tips for Coordinating with Clinical Staff

* You are relied upon to be aware of most things that are happening in the practice. Your clinical teammates need you to be their resource for information and support.
* Maintain a smooth communication flow by using the office communication system when possible.
* Coordination meetings are your first opportunity to communicate and sync up with the clinical staff.
* To keep the schedule running smoothly, you must maintain a constant back and forth flow of information with the clinical team. Inform them of all patient arrivals and movements.
* Closely coordinate with the clinical team when emergencies come up.
* Keep waiting and inbound patients up-to-date and manage their expectations.
* Relay any patient comments (positive and negative) to the doctor if they could affect treatment.
* Unless urgent, use written communication to clinical staff as often as possible in order to minimize interruptions.