

## 6. Scheduling Appointments

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## 6.1 About Scheduling Appointments

The purpose of scheduling appointments, utilizing the **RPMS Scheduling** application, is to:

- Distribute workload as evenly as possible for the providers and nurses.
- Reduce unnecessary wait times.
- Encourage continuity of care.
- Improve the patient-provider relationship.
- Assure timely follow-up of patients with chronic diseases.

Whenever possible, patients will be offered their choice of several dates and times to better assure compliance and customer satisfaction.

## 6.2 Appointment Scheduling Process

- If appointment scheduling is centralized, patients will be directed to the Appointment Scheduling clerk for a future appointment.
- If appointment scheduling can be made directly with each clinic, the patients can either schedule an appointment directly in person or call the Appointment clerk directly.
- If the clinic has restrictions which require a referral form from a primary care provider or approval of the staff of the clinic, the clerk or other person entering the data into RPMS should first obtain the authorization according to the clinic's appointment policy.
- The appointment clerk will access the RPMS Scheduling application using his or her assigned access codes and current RPMS codes for the clinic.
- The clerk will offer several times and dates for the clinic or specific provider and allow the patient to select one that is convenient.

Although not all clinics have a future open schedule, and many clinics do not provide options to the patient, allowing the patient to select an appointment is preferred because it encourages participation and endorsement from the patient.

- The clerk will enter the patient’s name or chart number into the requested opening.
- If the patient is physically present, the clerk will print the patient an appointment slip confirming the date and time of the appointment. If the appointment is being handled by mail, a copy of the appointment slip will be mailed to the patient.

### 6.3 Exceptions to the Standard Scheduling Process

If . . .	Then . . .
the clinic cannot locate a chart number for the patient,	The clerk should contact Patient Registration to check for an inactive record or a temporary medical record number.
a patient is being asked to return to the clinic within the next two work days,	The chart should be with the appointment charts. The appointment should be entered into the computer.
the patient has never been to the facility before,	The patient should be advised to come to the clinic one hour before the scheduled time of the appointment with the required documents, to have a chart prepared.
during the appointment process, the clerk is advised that the patient’s chart is inactive and stored at the Federal Record Center (FRC),	The chart will be reactivated in the RPMS <b>Patient Registration</b> menu, if the patient is physically present at the time the appointment is made.
the patient is not present,	The patient will be advised to come one hour early for the appointment. The patient should be directed to Registration and inform Patient Registration that their chart is inactive.
the physician needs the inactive record,	The chart can be retrieved from the Federal Record Center, based on rules of your local archive center.

## 6.4 Preventing “Did Not Keep Appointments” (DNKA)

Although some missed appointments are unavoidable due to a lack of dependable transportation, telephones, or inclement weather, “Did Not Keep Appointment” (DNKA) is a major cause of inefficiency in clinic operations.

Suggestions to reduce DNKAs include:

- Offering the patient a selection of times when the appointment is made initially.
- Encouraging the patient to call to make a change in their appointment, if events make it impractical to attend. It is easier to reschedule a patient and then schedule a new or walk-in patient for that time in the day’s schedule.

In addition, a telephone number for the appointment clerk should be provided to the patient when the appointment is rescheduled. The message should state:

“If you cannot keep your appointment, please call us at \_\_\_\_\_ to let us know so we can schedule someone else in that time and give you a better time.”

- Making a courtesy “appointment reminder” telephone call one day prior to the scheduled appointment.
- Establishing a system for reviewing charts of patients who did not keep their appointments for that day. The person responsible for reviewing the charts may be the provider or nurse with whom the patient had the appointment.

Although the appointment clerk has a role in preparing the paperwork, making appointments, and following up on decisions, the actual decision as to what action is to be taken rests with the professional staff member. The provider may decide to:

- Take no action and have the patient return at an unspecified future time.
- Schedule a new appointment with a reminder notice to the patient of the date and time.
- Refer a Public Health Nurse or Community health Representative to check on the status of the patient.
- Initiate a verbal dialogue with the patient.

A notation should be placed in the medical record or a note should be entered into the Electronic Health Record (EHR), that the patient did not keep their appointment. This should be signed by the provider or nurse.