

# Patient Scheduling and Telephone Triage

*The First Impressions of our Practice*



LEANDER  

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FOOT & ANKLE

# First Impression of the Practice; The Phone Call

- Answer by the THIRD ring
- Answer with your name and a friendly greeting

**“Thank you for calling**

**Leander Foot & Ankle**

**This is Cindy**

**How may I help you”**

# Telephone Etiquette 101

- **Smile, the caller can hear it through the phone**
  - **Speak slowly and clearly**
- **Never chew food, gum or drink anything while on the phone**
- **Ask permission before placing a caller on hold**
  - **Always thank patients for calling!**

# Front Desk Etiquette

- All liquids should be in closed containers
- No food is allowed at the front desk
- All snacks/meals should be eaten in the break room

# Scheduling Appointments

Important questions to ask when a patient calls to schedule:

1. Patient's name (**ask them to spell it and repeat it back**)
2. Date of Birth (**repeat it back**)  
*(determine from name and D.O.B. if the patient is new, existing or new-existing/not seen for 3 years or more; especially if they are unsure. This will avoid duplicate charts as well as errors on doctor's notes.*
3. Best number to reach them/remind them of their appointment
4. Reason for visit – LISTEN to the problem (this will determine how soon the patient should be seen) (\*\* refer to triage)
5. **Insurance information – including ID #** and if referrals or authorizations are needed
6. Primary Care Physician
7. Urgency of visit (\*\*refer to triage)

# Appointment comments

- It is important to understand why the patient is being seen
- For existing patients/follow-ups; be specific according to first visit plan (example: orthotic casting to take place today, follow up of right foot fracture needs x-rays, etc.)
- For new patients we need to clearly document:
  - NP (new patient), reason for visit (example: heel pain x 6months), insurance and insurance ID# if not already entered into patient's chart), Referral source (how did they hear about our practice)
  - Comments allow us to prepare for what is needed to treat the patient that day and review any necessary labs or test results that may have been performed prior

## Scheduling Considerations \*\*

- Review the doctor's schedule carefully before appointing a patient.
- Morning office hours are normally from 8:00 a.m. to 11:30 a.m. with the last new patient or existing patient appointment scheduled at 11:00 a.m. (unless requested by an individual provider).
- Afternoon office hours are from 1:15 p.m. to 5:00 p.m. with the last new or longer existing patient appointment scheduled at 4:00 p.m. (unless otherwise requested by the provider.).
- New patients should not be scheduled first in the morning or first after lunch (whenever possible).
- Referrals from PT and possible fracture patients should be scheduled asap

# Additional Scheduling Tips to Keep in Mind

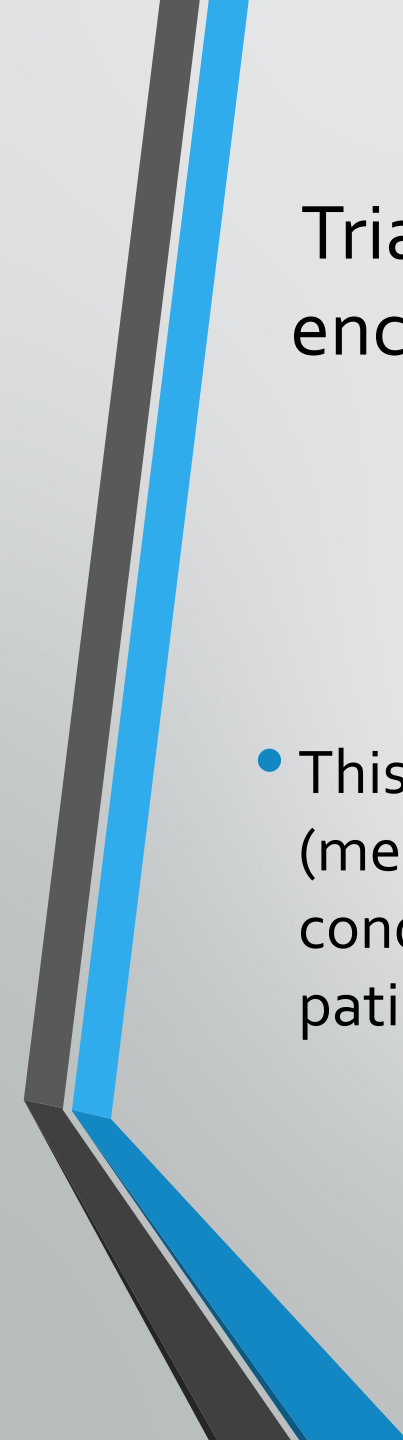
- In the event a patient wants to be seen as a “walk in”, they are added to the doctor’s schedule (if there is a timeslot available).
- If a patient has an open sore (diabetic or not), is in the post operative period, is Diabetic with a concern such as blister, possible infection, redness, swelling, etc. they are asked to come in and the receptionist informs the MA (as per triage protocol).
- Upon the initial phone call, ask patient to bring sandals (open toe shoes) with them to the first visit if a procedure is anticipated.
- *Fill in the schedule without large gaps between patients whenever possible while avoiding “double booking” of patients with similar complaints (example: ingrown toenails, heel pain)*



When triaging patients over the phone we must consider:


## Medical Necessity

- Emergent (ask patient to come right in)
  - Urgent (same or next day visit)
- Non-Urgent (as they “fit” into the schedule)



Triage also involves consideration of patient encounters and their impact on the health of the practice

- This means assessing not only the reason for visit (medical necessity), but the referral source, the condition being treated and the relationship with the patient as a potential referral source



## Here are a few examples of Triageing

- Some focus more on medical necessity while others take into consideration a combination of practice impact and treatment.

## Diabetic patient with red, hot, swollen foot

- Every patient that calls the office should be asked if they are Diabetic.
- Diabetic concerns (especially in a case like this) need to be seen right away.
- This is an emergent visit.



# Referred by PCP for drainage of possible ganglion cyst that has recently become painful with pressure

This patient falls into the urgent category for 2 reasons:

- The patient is now having pain, which always prioritizes the urgency of the visit.
- A referral from a PCP would always warrant the need for the patient to be seen right away.



# Newly diagnosed diabetic was referred by their Endocrinologist for a “Foot Check”

## Ask the Right Questions

- First, determine if the patient is experiencing any problems that were concerning to the PCP, such as: *Pain, redness, swelling, open sores, infection, circulation issues, etc.*
- In this case, the patient should be seen **emergently**

## OR

- Determine if the PCP suggested establishing a relationship with the podiatrist/physician as part of their comprehensive diabetic care plan.
- In this case, accommodate the patient as soon as the schedule allows (keeping in mind relationships with referring providers).



Heel pain for the past 8 months. The pain increased slightly over time and now is so “annoying” that the patient wants to come in today.

Non-Urgent . . . However. . .

- Patients will often insist on being seen “today.”
- Although not an emergent visit or even urgent, heel pain is a condition that is very valuable to the practice.
- As stated before, patients will shop around until they find a doctor to treat them first.
- Accommodate these patients ASAP, but let them know that you are doing your best to “squeeze them in.”



# Long term patient with increased callus build-up. No significant pain unless barefoot

Non-Urgent. . .

- Unless the patient is diabetic or has a history of infection or ulceration.
- Long-term patients are great referral sources. We always want to do our best to keep them happy and accommodate them as soon as the schedule allows (more urgently if they are experiencing pain).





Borderline diabetic patient with a history of calling prior to her regularly scheduled visits (or before going to visit family) calls and says, "I think I may have an ingrown."



## The Magic Word = Diabetic

Whenever a diabetic patient calls (Type I or II, or “borderline”), there is an immediate urgency to bring the patient in right away (no matter the history of the patient).

- Offer the patient an appointment right away, and alert the MA who will relay to the appropriate doctor that the patient is coming in with a potential problem.
- In some cases patients call repeatedly with “concerns” when they simply want their nails trimmed sooner than covered by Medicare. In this case it is up to the doctor to assess the situation and inform the patient if the visit will not be covered due to insufficient findings (no infection or problem).
- We never want to discourage a patient from presenting due to the possibility of paying out of pocket for the visit.

Teenage boy with painful, draining, ingrown toenail. Just showed his mother today after it worsened to the point of being unable to wear closed shoes.

Urgent

- It is possible that the patient has an infection and should be treated right away.
- Do your best to fit the patient in the same day or following morning.
- Or, take the best contact number to call the patient (their parent) back shortly, and ask the doctor what they would prefer to do (call in an antibiotic or see the patient right away).
- *Refer to scheduling tips for referral requirements*



Patient with a history of plantar fasciitis calls to say that her orthotics are starting to wear and she is having discomfort again after running.

Urgent due to practice impact

- The evaluation, possible need for new orthotics (as well as other services/treatments needed to treat current symptoms) are very valuable to the practice.
- We also should understand that to the patient who relies on their orthotics to remain active (and pain free), this type of visit as urgent/emergent.



# A long-term patient calls after discovering an “odd-looking dark pigmentation” on the bottom of her foot.

## The “Lump/Bump/Discoloration” Rule

- Any patient complaining of a lump, bump, discoloration, or lesion (especially one that has changed or become painful), needs to be scheduled right away.
- The sooner the physician is able to evaluate (and biopsy) the area of concern, the sooner an effective treatment plan can be formed.
- This visit is URGENT



## Patient Arrival (late patients):

When the patient checks in inform them of their appointment time and politely let them know that they may have a longer wait to see the doctor since they did not arrive on time.

If the patient arrives more than 20 minutes past their appointment time, ask the doctor if the patient can or cannot be seen. (*Unless the patient has an ulcer they will not be turned away due to risk of infection*)

# Early Patient Arrivals

- When a patient arrives more than 15-20 minutes prior to their scheduled appointment time, they should be informed that they will be taken back as soon as possible taking into consideration other patient's appointments.



# Our responsibility to patients and the practice

- 1. Be professional at all times; we are in the business of medical customer service
- Arrive between 7:30 a.m. - 8:00 a.m. (depending on first scheduled patient) to allow adequate time to prepare for patients and have a morning huddle (during clinic days).\*\*
- Our schedule is sometimes delayed due to complicated patients. The team member covering the front desk on or during lunch should not punch out/leave for lunch until at least 11:30. The same applies to the end of the day.
- The front and back office team members (with the permission of the doctor) should work together to assure patients are taken care of prior to leaving for lunch or at the end of the day. Staggering lunches may be a necessity as the practice grows.
  - Example: Last morning patient is still in a treatment room after 11:30. The front office assistant (after communicating with the doctor) punches out and goes to lunch shortly after 12:00 while the back office assistant stays with the patient through check out/re-appointment and then goes to lunch). One staff member should be back in the office at 1:00 to welcome and check-in the 1:15 patient.



# Use your training resources

- All aspects of training at Leander Foot & Ankle have been put in writing and in some cases have photos included.
- These are available to you at all times via the Google Drive. Please reference them often and ask questions if you are unsure about a policy or procedure.
- Remember, you represent the physician and the practice.
- Becoming as proficient as possible in both the front and back office creates an atmosphere of confidence and competence for our patients and our fellow team members.