

# Don't Overlook the Importance of Finding the Right Scheduler

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## Training on protocols, compassion paramount

Scheduling breast imaging exams might seem like a straightforward task that can be performed by anyone who can answer a phone, but it often is not.

"Appropriately trained and considerate schedulers can reflect an excellent image of your facility and calmly prepare a patient for what lies ahead, thus setting the tone for a positive visit," says **Bonnie Rush, RT (R)(M)(QM)**, president of Breast Imaging Specialists ([www.mammobis.com](http://www.mammobis.com)), a San Diego-based mammography consulting and education company. Inappropriate scheduling can generate stress, anger, and confusion for the patient, the imaging staff charged with her care, and the referring provider who interacts with the frustrated patient.

It might be tempting for breast imaging center managers to concentrate on improving state-of-the-art equipment and quality imaging staff, but if they do not realize that first impressions will flavor the patient's perception of the type of care they will receive, patient satisfaction will be that much harder to achieve.

Consider dedicating specific scheduling personnel to the job, and give these individuals the training they need to put patients at ease from their first interaction. Then, whether patients are coming for screening or for diagnostic imaging exams, the day will flow more efficiently and smoothly. Rush says "a small freestanding screening center could use a trained receptionist for scheduling, but with the number of procedures that need to be performed for a facility to remain viable, most facilities need dedicated breast imaging scheduler(s)."

## Give them guidance

Although schedulers need to know the established protocols for scheduling each type of breast imaging procedure performed at the facility, that knowledge alone is not enough, Rush says. Training should include a lay explanation of each type of exam and possible scenarios the scheduler may face when dealing with an anxious patient. It's also wise to involve staff in a detailed review of what goes on during the examination process to provide a basic understanding of the reasons behind the procedure. Then they are equipped with the tools not only to schedule correctly, but to be competent in responding to patient concerns.

One such example is when a woman needs to be called back for additional imaging after a screening mammogram. Such a case can cause a patient extreme distress if it is not appropriately explained. It takes only a moment to say, "In most cases, the additional imaging will confirm that all is well," Rush says.

## Begin by establishing standard protocols

The American College of Radiology ([www.acr.org](http://www.acr.org)) created documents *Standards for the Performance of Screening Mammography*, *Standards for the Performance of Diagnostic Mammography*, and *ACR Appropriateness Criteria* to be used as guidance by breast imaging facilities to determine imaging protocols. These can be cross-referenced with information from the federal government's National Guideline Clearinghouse ([www.guidelines.gov/index/asp](http://www.guidelines.gov/index/asp)) to provide additional age and interval timing guidelines, as well as materials from the Institute for Clinical Systems Improvement ([www.icsi.org](http://www.icsi.org)) that offer breast screening and breast cancer diagnostic algorithms.

These standards can be translated into scheduling protocols that will allow the scheduler to establish the correct imaging procedure for any patient. They define the standard exam to be performed based on such important issues such as age, symptoms, and previous breast history or surgery, including implants.

## Understanding leads to optimal scheduling

"Schedulers are better prepared when they have an understanding of what really happens in the imaging process," Rush says. To formulate a team approach and optimize the ability to schedule, she says schedulers should have the opportunity to observe the different exams for a day or two. During this time, patient scenarios can be explained as they happen.

Schedulers also must understand how the same tests can take varying amounts of time for differing patient populations (e.g., male patients, lactating/pregnant women, mastectomy patients, women with implants, mentally handicapped patients, and non-English speaking patients, etc.).

## Talking the talk



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Although protocols outline your facility's standard procedures, the person scheduling appointments must also have enough confidence and tact to navigate through difficult conversations to understand patients' situations and ask sensitive questions. "An established questionnaire is a very useful tool to facilitate consistent and appropriate scheduling, since eliciting correct information can be crucial to the correct work-up of the patient," Rush says. Consider the patient who has a written referral for a screening but reveals a concern, such as a lump, to the scheduler-or when a patient has no referral but has a breast problem.

Rush suggests that the scheduler begin by explaining, "I will need to ask some questions that will help me to schedule you for the appropriate exam." Questions could include the following:

- \* Do you have a referral from your healthcare provider for a routine yearly mammogram?
- \* Did your healthcare provider palpate your breast tissue? Did they mention they felt or saw any changes?
- \* Have you felt a lump, or do you have any concerns about your breast health?
- \* Are your breasts sensitive at any time of the month? (Schedule them at a time when the breasts are least sensitive.)
- \* Because it takes extra time for women with breast implants to have mammograms, I need to ask if you have implants.

"How involved you want your scheduler to get is a direct result of how [he or she] has been trained," Rush says. The scheduler could even gather the information needed for the patient history sheet to save time when the patient comes in for the exam. Rush also says the scheduler "should remind the patient that if she brings in her previous exams, this will allow her to obtain her results more quickly, find changes more readily, can decrease the chance of her returning for additional imaging, and perhaps even avert the need for a biopsy."

When the scheduler's protocols correctly determine the procedure that fits the criteria established by the facility, it helps process the patient expediently. Patients-many of whom are worried about serious illness-will be provided with the appropriate exam and results when they arrive at the facility. Even if the facility concludes "you do need to also have an ultrasound," that is a far better scenario than, "We'll need you to come back for a follow-up ultrasound when the ultrasonographer will be here."

Rush adds that it's important for a scheduler to be sensitive to the psychosocial issues that go along with mammograms and breast health (e.g., a woman calling in may believe that there's no need to explain about a lump she has found, even though it will determine the type of exam she needs). Lack of information can lead to a delay in diagnosis, a sad fact for the patient and a leading cause of medical malpractice in breast imaging.

"Look for necessary personality [traits, including] perseverance, tact, and empathy," Rush suggests. Schedulers also "must be very organized and able to follow scheduling protocols." Rush advises using a scheduling questionnaire. This helpful tool should be formulated to direct/prompt the scheduler to ask questions, which will help him or her schedule the correct imaging procedure.

### **Help by giving scripts**

Even the most tactful people who have been versed in procedures at your facility may have trouble in some difficult situations, especially when patients are worried. A valuable training aid is role playing, which allows schedulers to become proficient and professional before taking live calls.

Give staff scripts to prepare them for a call from an anxious, tense, or angry patient. Write out language they should use; once they gain experience, they can vary from the script if a situation warrants, but, initially, a cheat sheet can help them with emotional exchanges.

For example, begin sentences with the following phrases:

- \* "I understand. I can . . ."
- \* "I feel that this question raises some concerns for you. I'm sorry if that's the case . . ."
- \* "Let me understand what it is you're saying . . ."
- \* "I'm going to be sure to note . . ."

When training a scheduler, concentrate on problem situations that require the most skill in handling. Remember, a scheduler must also show proper concern for the routine screening patient who has no current health complaints. Because routine exams are scheduled as much as three months in advance, women sometimes experience changes in the time between the scheduling call and the appointment-discomfort or possibly detecting lumps through self-exams.

### **Follow these tips to increase schedulers' productivity**

**Bonnie Rush, RT (R)(M)(QM)**, president of Breast Imaging Specialists ([www.mammobis.com](http://www.mammobis.com)), a San Diego-based mammography consulting and education company, offers tips for maximizing the use of a scheduler's time-and reducing overhead by taking tasks away from higher-paid staffers and giving them to the scheduler:

- \* Put the scheduler in charge of mailing a letter to the patient, outlining procedures (e.g., remember to wear a two-piece outfit) and provide other pertinent information, such as directions to the facility.
- \* Consider having the scheduler collect patient history information as part of the his or her responsibilities; then the technologist can review the information that is pertinent to the exam with the patient.
- \* Have the scheduler direct patients to procure their previous mammograms and explain why they are needed, or designate this as a job for the scheduler, so mammograms are in hand on appointment day.
- \* Once you've trained someone to schedule appointments, train another staff member so you have a pool of qualified staff to cover in case your main scheduler is sick.
- \* To prevent future problems establish communication to analyze discrepancies between the schedule and the actual exams that were performed.