

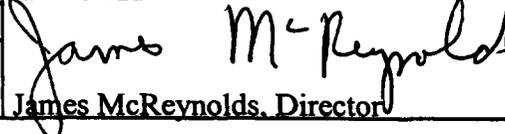


STANDARD PRACTICE

BY M. Oliver, LCSW EFFECTIVE 11/3/97

DEPARTMENT Behavioral Health
SUBJECT APPOINTMENT SCHEDULING

APPROVED


James McReynolds, Director**I. PURPOSE**

The purpose of this procedure is to provide consistent scheduling guidelines for DBH Clinics. Additionally, this procedure also contains systems for approving and monitoring clinician and psychiatrist schedules.

II. PROCEDURE**A. Clinician Scheduling:**

1. Clinicians will submit a written schedule to the clerical staff and Clinic Supervisor by Thursday prior to the treatment week. The Clinic Supervisor will review, approve, and sign the schedule by the next day.
2. After the Clinic Supervisor approves the schedules, clerical staff will copy the clinicians' schedules on the Master Scheduling Form. Clerical staff will add scheduled screenings/intakes to the Master Scheduling Form and input this information into SIMON. The supervising clerk will review the Master Scheduling Form on Friday and ensure it is properly entered into the system.
3. During the treatment week, appointment changes or additions must be noted on an appointment card by the clinician. Clinicians will give the appointment card to the clerical staff for input. Appointment cards are not required for regularly scheduled appointments since these appointments are reflected in clinicians' schedules.
4. Once the schedule has been approved by the Clinic Supervisor, clerks and clinicians are prohibited from making schedule changes that will create open blocks of time without the Clinic Supervisor's approval. This approval must be either in writing or received directly from the Clinic Supervisor. In the event the Clinic Supervisor is unavailable, the Clinical Therapist II can give approval. Clerical staff are prohibited from making these changes solely based on a clinician's request.

B. Psychiatrist Scheduling:

1. Clinics will receive approved copies of psychiatrists' schedules from the office of the Deputy Director of Medical Services. Regular updates and approved leave times will be forwarded monthly in writing from this office via the Deputy Director and Program Manager.
2. Clerical staff will record the psychiatrists' schedules on the Master Scheduling Form and add all regular clinic meetings/trainings.

3. Clerical staff will schedule medication support services per the psychiatrists' orders. Unscheduled blocks of time (i.e. paperwork, consultation) must be directed in writing by the Deputy Director of Medical Services' Office prior to scheduling the time.
4. Clerical staff will enter the Master Schedule into Simon weekly. The Clinic Supervisor will review all Master Scheduling Forms on the Friday prior to the treatment week. Once reviewed, scheduling changes that create open or unscheduled blocks of time must be approved by the Deputy Director of Medical Services' Office prior to making the change. Clerical staff are prohibited from making changes solely based on a psychiatrist's request.

III. Completing Master Scheduling Form

- A. Clerical staff will complete the Master Scheduling Forms by the end of work the Friday prior to the treatment week. At least one Master Scheduling Form will be required for each day with additional forms used for the number of staff scheduled. The day and date will be entered in the upper right hand corner. In the top row, the titles of staff will be entered with the second row used for the names directly under the titles.
- B. From the schedules approved by the Clinic Supervisor, clerical staff will enter the client's name and SIMON number in the box opposite the appropriate time. A down arrow will be used to block out additional units of time for the session. Under the "code" column, the service code will be entered next to the client's name.
- C. On the scheduled day, clerical staff will indicate the status of the appointment. In the column labeled "✓", they will place the appropriate code for that appointment -- a "✓" for seen, an "N" for no-show, a "C" for canceled, or an "R" for rescheduled.
- D. Once the treatment day is concluded, the completed Master Scheduling forms will be forwarded to the Clinic Supervisor for final review, approval, and signature.
- E. The Clinic Supervisor will forward copies of the preceding month's Master Schedules to the Program Manager for review and signature by the 5th work day of the month. The Program Manager will then forward the month's Master Schedules to the Deputy Director for review by the 7th work day of the month.
- F. When requested, clerical staff will fax copies of the current week's Master Schedule to Administration for review of the clinic's time utilization.

Note: Only clerical staff may make entries/changes in either Master Scheduling Form or SIMON.

MASTER SCHEDULER										DAY	DATE
NO.	CLT NAME & SIMON #										
01-01											
01-02											
01-03											
01-04											
01-05											
01-06											
01-07											
01-08											
01-09											
01-10											
01-11											
01-12											
01-13											
01-14											
01-15											
01-16											
01-17											
01-18											
01-19											
01-20											
01-21											
01-22											
01-23											
01-24											
01-25											
01-26											
01-27											
01-28											
01-29											
01-30											
01-31											

311 COLLABORATE
 312 ASSESSMENT
 313 INDIVIDUAL
 314 EVALUATION
 315 CANCEL
 316 RESCHEDULE

REVIEWED BY CLINIC SUPERVISOR _____ DATE _____
 REVIEWED BY PROGRAM MANAGER _____ DATE _____

MASTER SCHEDULER

STAGE	CLT NAME & SIMON #					
0712B						
0810B						
0812B						
0910B						
0912B						
1010B						
1012B						
1110B						
1112B						
1210B						
0110B						
0112B						
0210B						
0212B						
0310B						
0312B						
0410B						
0412B						
0510B						
0512B						
0610B						
0612B						
0710B						
0712B						

COORS: 311 ASSES 341 INDV 351 GROUP 811 EVALUATION 831 REHABIL 841 CHLAC 851 SHOW 861 SHOW C-CANCEL R-RESCHEDULE

Reviewed by Clinic Supervisor
Reviewed by Program Manager

Date _____
Date _____