A RON TESTER COACHING GUIDE

How We Do Things Here

Standard Operating Procedures for PT, OT, and SLP Clinic Owners

You write it once, and after that the answer doesn't have to come out of your head every time somebody asks.

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A standard operating procedure is a written answer to "how we do things here." You write it once, and after that the answer doesn't have to come out of your head every time somebody asks.

A procedure is there to make repeated work easier to hand off and easier to do well. A useful procedure gives the person doing the work enough clarity to act without coming back to you for every step, and it gives you a clear way to tell whether the work was done right. If it doesn't do those two things, it isn't finished.

The template below is the one I use. It isn't perfect, and it isn't the only way to do it. It's a structure that works, and you'll change it to fit how your clinic runs. The two examples after it are filled in so you can see what a finished one looks like. You'll need to replace anything in brackets with what's true in your clinic.

One suggestion before you start. Don't sit down to write ten of these. Write the one for whatever repeat work you happen to be doing today, and let the set build over a year.

Where to Start

The question I get is which one to write first, and the honest answer is whichever piece of repeat work is in front of you today. If you sit down to plan the whole set, you'll spend an afternoon building a list and write none of them.

That said, these are some of the processes that cause the most trouble when they only live in somebody's head. Most clinics need some version of them, though yours will look different depending on how you're set up:

- Answering the phone and booking a new patient
- Verifying benefits before the first visit
- Filling a cancelled slot from the waitlist
- Collecting what's owed at the front desk
- Getting a referral in the door and reporting back to the referring provider
- Checking documentation before the claim goes out
- Working a denied or unpaid claim
- A new hire's first week
- Opening and closing the clinic

- Ordering supplies

Ten of these is not a project for this month. It's a year, one at a time, each one written while you're already doing the work.

The Fastest Way to Write One

Writing a procedure from a blank page is slow, and it tends to be wrong in a particular way. You leave out the steps you've done so many times that you've stopped noticing you do them. Then the person reading it later hits one of those gaps and comes to find you, which is the thing the procedure was supposed to prevent.

The way around that is to record the work instead of trying to remember it. Have whoever does the job turn on a screen recording and talk through it while they go, using a live case while they're doing the work. Don't record a demonstration of how it's supposed to go. Record the work itself, including the part where something doesn't go the normal way.

Then turn the recording into the draft. Most of what you need is already in what they said out loud. Edit it into the nine fields below, send it back to them, and let them tell you what you got wrong. They will, because they're the one who does it every day.

Two useful things come out of this. You find out how the work is being done, which is not always how you think it's being done. That alone is often worth the exercise. The recording also becomes part of the training, so a new person has both the demonstration and the written procedure.

What Not to Write One For

You can over-document a clinic. It happens when writing procedures turns into the project instead of the fix, and you end up with a binder that doesn't get opened and a team that has learned the binder isn't where the answers are.

I'd skip it when the work is genuinely one-off, when the process is about to change, and when what's in front of you is a judgment call rather than a sequence. Clinical reasoning isn't a

procedure. Whether to keep seeing a patient who isn't progressing isn't a procedure. Those need a standard and a conversation, not a numbered list.

The test I use is whether somebody has asked you the same question more than twice. If they have, write it down. If they haven't, you're guessing at what people need, and a lot of the time you'll guess wrong.

The Template

Process Name

1. Purpose

What this process is for, in a sentence or two. Why it exists and what goes wrong without it.

2. Outcome

What the person who owns this is accountable for. Write it as the result rather than the activity.

3. Who's Responsible

Who owns it, and who backs them up when they're out.

4. Systems and Access

Every system, login, portal, phone line, or file they need. State where the current version of the procedure is stored, too. If they have to come ask you for a password or hunt for the instructions, the process isn't documented yet.

5. Steps

Numbered, in order, and specific enough that somebody who hasn't done it before could follow along. Link the screen recording here if there is one.

6. Scripts and Templates

The exact words for anything said to a patient, referral source, or vendor. People freeze on the phone, and a script gives them a place to start.

7. Exceptions and Escalation

What to do when the process doesn't go the normal way, and the line where it stops being their decision and becomes yours.

8. Quality Standard

How you know the work is being done well. Use one number where one makes sense.

9. Last Updated

The date and the name of the person who updated it. A procedure with no date gets trusted long after it stopped being true.

Example 1: Filling a Cancelled Appointment

1. Purpose

When a patient cancels, that slot sits empty unless somebody works the waitlist to fill it. An empty slot is revenue we don't get back and a patient waiting longer than they need to. This is how we fill it the same day.

2. Outcome

You own getting cancelled slots filled from the waitlist the same day when possible, contacting patients who need to be seen sooner, and bringing the situation to [owner] only when a slot can't be filled or a patient situation needs a judgment call.

3. Who's Responsible

Owner: [name], front desk. Backup when they're out: [name].

4. Systems and Access

The [EMR] scheduling module, the waitlist kept in [location], the clinic phone and text line, provider availability in [location], and the current version of this procedure in [location].

5. Steps

1. Check the schedule for cancellations twice a day, at [8:30 AM] and [1:00 PM].
2. For each open slot, note the provider, the time, and the type of visit.
3. Open the waitlist. Sort by how long the patient has been waiting, then by anyone the referral says needs to be seen sooner.
4. Start with patients who match that provider and visit type. Call first, and text if there's no answer.
5. Offer the specific time. If they can't take it, ask what days and times work, and update their waitlist entry.
6. Work down the list until the slot is filled or you reach the end of the matching patients.
7. If the slot is still open thirty minutes before it starts, stop working it and mark it unfilled.
8. At the end of the day, record how many slots opened and how many were filled.

6. Scripts and Templates

- Phone: "Hi [patient], this is [your name] from [clinic]. We had a spot open up with [provider] today at [time]. I know you were hoping to get in sooner. Does that work for you?"
- If they can't take it: "No problem at all. What days and times generally work best for you? I'll make a note and keep an eye out."
- Text: "Hi [patient], this is [your name] at [clinic]. We had a [time] open up today with [provider]. Want it? Reply yes and I'll book you."

7. Exceptions and Escalation

- Don't schedule a patient who's flagged as pending authorization. Bring those to [owner].
- Don't promise a provider who isn't already on that patient's plan of care without checking first.
- If a patient mentions new symptoms or says they're getting worse, take a message and get it to their treating therapist the same day. Don't offer an opinion.

- If a patient is upset about how long they've waited, don't negotiate. Take their information and tell them [owner] will call them back today.

8. Quality Standard

We fill [70] percent of cancelled slots the same day. Reported weekly on the scorecard.

9. Last Updated

[Date], by [name].

Example 2: Verifying Insurance Before a New Patient's First Visit

1. Purpose

We confirm coverage before the evaluation so the patient has a reasonable estimate of what they'll owe before they walk in, and so we don't find out about a problem after we've already treated them. A good share of the billing trouble that shows up sixty days later started right here.

2. Outcome

You own having every new patient's benefits verified and entered in the chart before the evaluation, and making sure the patient receives an estimate of their expected cost before they arrive.

3. Who's Responsible

Owner: [name]. Backup when they're out: [name].

4. Systems and Access

The [EMR], the [payer portals] listed in [location], the [clearinghouse], the phone numbers for payers with no portal kept in [location], and the current version of this procedure in [location].

5. Steps

1. Each morning, pull the list of new patients scheduled in the next [three] business days.
2. Confirm we have the front and back of the insurance card, the date of birth, and the subscriber's information. If anything is missing, call the patient before you go further.
3. Check eligibility in [portal or clearinghouse]. Record whether the plan is active, the effective date, the plan type, and whether we're in network.
4. Record the therapy benefits: the deductible and how much has been met, the copay or coinsurance, the visit limit and how many have been used, whether authorization is required, and whether a physician referral is required.
5. If authorization is required, start it that day and write down the reference number.
6. Enter all of it in [EMR field] and mark the patient verified.
7. Call the patient and explain what the plan is showing and what we expect them to owe.
8. Put anything unresolved on the [daily flag list] for [owner].

6. Scripts and Templates

- Cost call: "Hi [patient], this is [your name] from [clinic]. I wanted to go over the information your insurance plan is showing before your first visit. It shows a [$X] copay per visit, and you have [$X] left on your deductible. This is an estimate, and your insurer makes the final determination after the claim is processed. Does this line up with what you were expecting?"
- If authorization is pending: "One thing to know. Your plan requires authorization before we start. I've submitted it and I'm watching for it. If it isn't back before your appointment, I'll call you and we'll decide what to do next."

7. Exceptions and Escalation

- If the plan comes back inactive, call the patient before you cancel anything. Cards get replaced and portals run behind.
- If the visit limit is nearly used up, flag it for the treating therapist before the evaluation rather than after.
- If we're out of network on that plan, bring it to [owner] before you quote the patient anything.

- Tell the patient what the plan is showing and what we expect they'll owe. Their therapist tells them what care they need. Those are two different conversations, and this one is yours.

8. Quality Standard

Every new patient is verified before the evaluation, and no evaluation is performed on a plan we haven't checked. Reported weekly.

9. Last Updated

[Date], by [name].

Write Your First One

Start with one question your team has asked more than twice.

The next time the work happens, record it. Turn the recording into a draft using the template. Give the draft to someone who didn't write it and ask them to follow it. Wherever they get stuck, fix the procedure. Then put the finished version where your team already looks for answers.

That's enough for the first one. Don't start planning the next nine until you've finished it.

If you've written one and want another set of eyes on it, send it to ron@rontester.com. I'll point out where a new team member is likely to get stuck and what needs to be clearer. I'm happy to answer a question without it turning into anything.

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