



# Executive Update

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## The Three-Hour Self-Assessment – Part Three: Your Practice’s Doctor Exam Area Tim Griffin, AIA, and Larry R. Brooks, AIA, co-founders of Practice Flow Solutions

This is the final installment in a three-part series of articles examining the front office, tech station, and doctor exam portions of a patient’s visit. These articles are intended to provide some insight into how to perform your own practice assessment as a means to improve practice efficiency. Each assessment should take you less than an hour to complete. You will find these assessments worth the investment of your time. You will be able to identify common flow problems and bottlenecks, and then implement solutions to better the flow of your practice.

In Part One, “Your Practice’s Front Desk,” (Executive Update - April 2009), we identified issues that commonly come up in the waiting room and at the front desk. In Part Two, “Your Practice’s Tech Station,” (Executive Update, June 2009) we identified the importance of the tech station and obstacles that impede the flow of patients to the doctor. This final article will examine the doctor exam area, mainly focusing on how the doctors’ time is consumed and how well their rooms and staff support them.

The exam lane is the “engine” of the practice. What happens there will dictate the needs in the other areas of the practice. The highest cost to the practice is the doctor, and understanding what happens in the exam lane is the best way to boost the number of patients coming through the practice – and ultimately the bottom line of the financial statement. The following sections describe the most common issues that affect the doctor exam area.

### Lane Not Available for Doctors

#### What it means

Valuable time is being wasted if an exam lane is not available when needed. The most common causes for this are:

- An insufficient number of lanes relative to the doctor’s rate of seeing patients
- Not enough staff to work up patients
- Inefficient use of lanes

#### Ways to correct

To assess whether there is a sufficient number of exam lanes, conduct a time study, like the following:

1. Record:
  - a) Amount of time that the doctor is doing things that benefit the practice – things that only he or she can do (*practice time*);
  - b) Amount of time the doctor is doing things the a staff member can do (*staff time*); and
  - c) Amount of time that is wasted because of the gaps in schedule or no lane to work in (*lost time*).
2. Take the total practice time and divide it by the number of patients seen to get a true benchmark of average minutes per patient.

3. Use the time study to determine the number of lanes you will need to make sure that there are enough lanes. Each doctor's average time per patient should be greater than the amount of time the staff needs to ready a patient for the doctor.

For example, if staff needs 15 minutes to ready a patient and the doctor spends five minutes, on average, with each patient, then you would need four lanes to allow the staff enough time to ready the next patient without holding up the doctor. (Of course, you also need to schedule by the type of patient visit; some will necessarily be longer than others. Depending on scheduling of post-op checks, you may need an additional lane for quicker doctor visits. And, as discussed later, some doctors work more quickly than others.)

While observing doctors, play close attention to the kind of functions they are performing. The doctors should only be performing tasks that require their expertise. All other functions should be delegated to techs. Consider adding staff if the cost is less than the expected revenue that the doctor would generate by seeing more patients.

To free up lanes, find space to create dilation areas rather than having patients wait in the exam room. However, avoid using the main waiting room as a dilation area, as patients arriving for their visits may feel they are being made to wait longer than others.

If you need additional lanes or dilation areas you may need to repurpose non-patient space for patient use.

### **Doctor Is Always Late for the Start of the Session**

#### What it means

Many doctors learn over time to come in late so that there is a backlog of patients when they start their day. Generally, they do this because if they come in on time there are not yet any patients ready for them to see. However, this can quickly lead to a bottleneck in the waiting room.

#### Ways to correct

When scheduling, it is important to factor in the time the tech needs to work up the patients before the doctor can see them. One way to approach this is to give the patient two appointment times: one with the practice and another with the doctor. For example, the patient might have an 8:00 a.m. appointment with the doctor but a 7:30 a.m. appointment with the practice. Those 30 minutes provide the time needed for check-in and workup.

Most practices already ask patients to come in 30 minutes before their appointment to fill out and update paperwork. However, patients often forget or think that the added time will just lead to a longer wait for the doctor and, as a result, they arrive at the time noted on the appointment card. You need to communicate clearly with the patient that the earlier appointment time is with the practice and the additional time is needed for procedures that will be performed prior to their seeing the doctor.

### **Doctors Spend Considerable Time in Their Private Offices**

#### What it means

When doctors are not seeing patients for large gaps in the clinic days, they often go to their office to do dictation or research or to work on personal matters. In any case, once they sit down it causes a delay in getting them back to the exam lane.

#### Ways to correct

The most likely culprit here is the patient appointment schedule. The schedule should bring in patients frequently enough that a patient is always ready for the doctor. Here again, the information you collect from the time study will be useful. Understanding the average number of minutes it takes each doctor to see patients will allow the practice to better develop a schedule template *for that doctor*. It is important to understand that not all doctors will see patients at the same rate, so their schedules should reflect their actual ability to see patients.

The doctor's exam area should also be equipped with a doctor alcove: a stand-up space that the doctor uses for phone, computer, dictation and reference materials. This space will eliminate the need for doctors to go to their private offices between patients.

To solve the flow issues in your practice you must gather data from three areas of your practice: front desk, tech station, and doctor exam lanes. All three areas must be assessed before implementing solutions, since a bottleneck can occur anywhere in the overall practice flow. Solutions in one area may cause problems in another, so all three must be addressed concurrently. Once you have performed all three of the one-hour assessments described in this series of articles, you will have a good understanding of the overall issues facing your practice and how each area affects the others.

**About the authors:**

Tim Griffin, AIA, and Larry Brooks, AIA, have a combined 36 years of experience advising and designing medical practices. The expertise they have developed during their focused careers has allowed them to help thousands of doctors see patients on time while at the same time increasing the number of patients they see, calming practice flow patterns to improve the quality of work life for doctors and staff, and improving patients' health care experience. They are the co-founders of Practice Flow Solutions, located in metro Atlanta, Georgia.

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