AMERICAN ACADEMY OF OPHTHALMIC EXECUTIVES
Solutions for Practice Management
the executive update

CONTACT US:
www.aao.org/aaoe
aaoe@aao.org
655 Beach Street
San Francisco
CA 94109-1336

Executive Update
April 2009

The Three Hour Self-Assessment, Part 1: Your Practice's Front Desk

Tim Griffin, AIA, Larry R. Brooks, AIA
Co-Founders of Practice Flow Solutions

In our roles as advisors (new word for consultants), we are hired to identify problems and offer solutions. This is the first of a three-part series of articles examining the front office, pre-exam/tech work-up, and doctor-exam portions of a patient's visit. These articles are intended to give you 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. We trust you will find these assessments to be worth the investment of your time. You will be able to identify common problems, bottlenecks and suggestions for improvement. This first article in this three-part series will examine the front desk and reception lobby.

Your front desk and waiting room is your first opportunity to present your practice to your patients and therefore is the first step of your self assessment.

Waiting room assessment: To begin, enter the waiting room through the front door to experience what your patients experience during an office visit. Is it clean and inviting? Is there a place to sit? Are magazines old and torn or tossed around in a jumbled mess? Do you offer water, coffee or snacks to your patients? While a nice touch, you need to ensure the waiting room is cleaned at regular intervals throughout the day.

Don't take this exercise for granted. This exercise helped to identify strong odors being emitted from old chairs in one practice. In this particular practice the staff and doctors came through a back entrance and had not walked through the front door in years. After the manager and doctors were informed about the smells, they walked to the waiting room and were very surprised by the intense locker room odors in the clinic's waiting room. In fact, you might want to ask a friend or vendor to evaluate your waiting room. It's extremely valuable to hear an objective opinion.

Now take a seat, and observe what you see. While you are watching your patients in the waiting room and your staff at check-in, pay close attention and use your own consultant eyes.

What to look for:

- ***Is there a sliding glass window between your patients and your check-in staff?***

What it means:
Since the repeal of prohibition, doctor's offices and convenient stores in rough neighborhoods are the only places where you still see this unfriendly barrier. In addition to the distance that this glass barrier creates, it causes front desk staff to miss patients leading to delays.

Remember, this is your first chance to impress your patients, take advantage of this opportunity to create a friendly, welcoming atmosphere.

Ways to correct:
This problem can be corrected by removing the glass. You should consider some minor renovations so that the check-in staff's work station is open to the patient waiting area. Yes, this open design does mean the check-in staff cannot be the same staff to answer the phones for obvious privacy issues. Taking the phone away from the front desk will provide additional benefits that will be addressed later in this article.

Flow Assessment: Ensuring a smooth and efficient practice flow is vital to enhancing the patients' experience as well as maximizing the doctors' time. Poor check-in systems and appointment schedules can cause numerous delays and create bottlenecks.

What to look for:

- ***Do you have a patient sign-in sheet at your check-in?***
- ***Are there times when you have more than two people queued in line for check-in?***
- ***Do the number of patients, plus accompanying family members, exceed the seating capacity in the waiting room?***

What it means:
All of these issues are sure signs that your overall practice flow is not in sync, i.e., the scheduling does not match the input capabilities of your check-in staff and output capacity of the doctors. This creates a bottleneck. The cause of the delay needs to be evaluated. Some of the possible causes are flawed scheduling, flow problems causing the doctors to run behind, insufficient front desk staff for the volume of patients seen and/or poor desk design making it awkward or impossible for additional staff to help out when needed.

Ways to correct:
Evaluate how you are registering patients and gathering their current information. Here are some ways to relieve some of the burden at the front desk:

- Create a portal on your website to allow patients to self register online and provide their current information prior to their visit
- Send patients the registration/information request packet prior to their visit so they can bring or mail in the completed forms
- Register the patient and gather their current information over the phone at the time the appointment is made or confirmed

Once you have identified ways to register patients prior to check in time evaluate the amount of time it takes to check patients into the practice. The check-in staff can perform their own timing study over several days to tabulate the length of time it takes to check-in a new patient, an established patient or any other patient type that is unique to your practice. Then you can look at the schedule and identify times when the staff is overwhelmed to further understand what causes the delays. For example if it takes three minutes per patient to check in an established patient and there are 30 patients coming into the practice in the first hour of the day, then there is a need for 90 minutes of check-in time (30 x 3) in that hour. You then divide that 90 minutes by 60 minutes to determine you need 1.5 people to check in the patients during that first hour.

Hence your assignment is to confirm that the schedule is balanced and patients are scheduled at the appropriate intervals for the type of exam, taking the doctor's pace into consideration. Then, confirm there is space at the check-in desk for two people to work. You may make comparisons by evaluating other time periods during the day. You may find you only need one person at check-in at certain times, like before lunch. Repeat this same exercise for the check out desk. You may be able to staff both areas with a total of three people with one person alternating between check-in and check-out depending on the time of day and the patient volume.

A kiosk self check-in system so patients can check themselves in is another solution to reduce the amount of work on the receptionist and streamline the check in process.

Also, to help with the standing room only issue, make sure that your seating is not oversized. While you want comfortable chairs, with armrests to help seniors stand up and sit down, keep in mind the larger the chairs or sofas the fewer you will be able to fit in your waiting room.

In a subsequent article in this series we will examine the doctors' role in ensuring that patients are seen on time to keep the waiting room from getting over crowded.

What to look for:

- ***Is the check-in staff on the phone when patients arrive to be checked in?***
- ***Is the check-in staff leaving their work area to complete required tasks? (i.e. placing ready patient charts in doctor slots, walking to copier/scanners, looking for charts, etc.)***

What it means:
If you observe either of these behaviors, your staff is not checking-in patients in an efficient manner. Delays at the front desk create a domino effect – your techs call the patient back later and your doctors see the patients later. This decreases the overall number of patients that can be scheduled per day and leads to patient dissatisfaction and staff overtime.

Ways to correct:
The check-in staff should not perform duties that pull them away from their primary duty of checking in patients. Answering the phones should be done by a staff member who does not have direct patient contact. Answering the phones and medical record duties can be successfully handled by one staff member with a cordless phone and headset. The check-in staff can do other tasks at the desk to fill any down time they may have as long as they drop what they are doing as soon as a patient arrives. Any equipment such as desktop scanners/copiers/fax machines that the check-in staff may need should be conveniently located so they do not need to leave their work area. Similarly, the check-in staff should be able to notify the techs that a patient is ready to be seen by using light signals or other automated devices so that they do not have to leave their work area.

To solve the flow issues in your practice you must gather data from three areas of a patient's visit: **1.** Front Office, **2.** Pre-Exam/Tech Work Up, and **3.** Doctor Exam. All three areas must be assessed before implementing solutions since a bottleneck can occur each time the patient is "passed" to a staff member or provider. Once you have performed all three one hour assessments you will have a good understanding of the overall issues facing your practice and how each area affects the others. Solutions in one area may cause problems in another and must therefore be addressed concurrently.

Part 2 in this article series will address, the pre-exam/tech work-up process.

Tim Griffin and Larry Brooks are licensed architects who specialize in improving efficiencies and flow patterns in medical practices. Together they founded Practice Flow Solutions. Contact them at 678.935.7911, or griffin@PracticeFlowSoltuions.com, brooks@PracticeFlowSolutions.com. Larry Brooks has been a frequent presenter at the Academy's Annual Meeting.