



Executive Update

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The Three-Hour Self-Assessment, Part Two: Your Practice's Tech Station

By Tim Griffin, AIA, and Larry R. Brooks, AIA
Co-founders of Practice Flow Solutions

This article is the second of a three-part series of examining the front office, tech station and doctor exam portions of a patient's visit. The series is 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 less than an hour to complete.

You should find these assessments well worth the investment of time required. You will be able to identify common flow problems and bottlenecks and then implement solutions to improve the flow of your practice. Since the front desk and reception lobby is the first opportunity to present your practice to your patients, the first article, "The Three-Hour Self-Assessment, Part One: Your Practice's Front Desk", examined the potential problems with appearance, bottlenecks, registration and the like, and discussed ways to correct them. This second article will examine the techs and the tech station, mainly focusing on how the techs' time is consumed and how well their station and tools allow them to support the doctor.

Tech Station Assessment

All practices need a tech station which serves as the hub of the clinical activities. The techs work from this area to escort patients from the waiting room, perform diagnostic testing, work up patients, follow up with the patients after the doctor's exam and release patients to check out. It is essentially the "air traffic control station" of your practice in that it controls patient flow to and from the doctors. When observing the techs and their station, watch to see if the station and the tools the techs are provided with support efficiency. The following are things to look for when observing the techs and their station.

What to look for: *Do you have a tech station?*

What it means:

Many practices do not have a designated work space for the tech staff. When no designated station is provided, techs have to find any space available. Usually that space is far from the doctor's work area, making it difficult for the techs to be available when the doctor needs assistance. The tech station gives the techs a home – with computers, phones and portable diagnostic equipment – as well as a base from which to review charts and prepare for the next patient.

Ways to correct:

If a tech station was not initially designed into the floor plan, look for space that can be converted into a work station. Likely spaces to convert into a tech station would be any area that is not used by the doctor to see patients. Business office space, a large closet and even a spare doctor office can be converted to a tech station. It is important to situate the tech station close to the doctor so that the techs have access to all equipment necessary to fully support their doctor. The work areas at the tech stations may be designated as "hot" desks, meaning that they can be used by any tech.

What to look for: *Are the techs 100 percent busy?*

What it means:

The techs' main job is to have a patient ready for the doctors at all times. In our experience, if the techs are 100 percent busy there will be times when they are not available to assist the doctor. A way to determine if your techs are too busy is to observe how fast they are walking. Typically, if the techs look hurried it means

they do not have time to stop and make sure the doctor has a patient ready to see – and *that* means the doctor will have to perform tasks that a lower-salaried position could do. The easiest way to solve this problem is to ensure your practice workflow is optimally configured to minimize the steps your techs and doctors must take.

Ways to correct:

There are two ways to correct the tech-overload situation: add staff or redefine the duties assigned to the techs to make them more efficient and productive.

Adding staff is the most obvious solution – but also most costly. It makes sense to hire another tech if the doctors are performing enough nondoctor tasks during patient sessions that it is subtracting from the total number of patients they see. In other words, you should figure out whether they could see enough more patients to offset the cost of additional staff. (We will look deeper into the doctors' efficiency in the next article in this series.)

The other way to correct the situation is to free up tech time by using the existing staff resources more efficiently, either with greater use of technology or by redefining job descriptions.

Technological ways of freeing tech time include:

- **Patient-ready notification.** Most EHR systems will allow techs to look at their computer to see if a patient is ready in the waiting room. If the practice does not yet use an EHR system, then a simple solution would be to print the patient encounter form at the tech station when a patient is ready. Some practices have also used interoffice e-mail effectively for this purpose: The front desk notifies the tech station a patient is ready, and with each step an e-mail is sent. This method also time stamps each step to track efficiency and identify bottlenecks. Either system eliminates unnecessary walking and allows the techs to begin preparing for the next patient before a room is available.
- **Doctor-to-staff communications.** Light signals can be used to alert techs at their station that the doctor needs assistance. Some of the light-signal companies also offer computer-based notification and beeper notification. Systems specifically designed for voice-to-voice communication in medical practices are available, or you can simply use short-range walkie-talkies purchased from a local electronics store. The key to these voice-to-voice systems is the use of headsets or ear buds so that patients do not hear the communication.
- **E-prescribing.** Generally, e-prescribing systems are promoted on the bases of safety and convenience for the patients, but they can also be a real time saver for the tech staff. Some studies have shown that up to 30 percent of prescriptions require callbacks. You can do a study on your practice to see how much time is spent on prescription questions and refill calls to see if such a system can free up staff time.
- **Tie diagnostics into EHR:** Upgrading your equipment so that studies can be tied into the EHR or network – eliminating the need to generate paper reports that must be walked over to the doctor by a staff member – will save tech time.

Redefining the techs' job descriptions can also free tech time:

- **Dedicate one tech to each doctor's flow.** Make sure that one staff member is responsible for each doctor's patient flow. This tech then coordinates the efforts of the other team members to make sure a patient is ready for the doctor at all times.

- **Dedicate a triage tech:** If the practice has enough triage calls that they continually take the techs away from the doctor, set up a rotating triage tech to take all the triage calls so that the doctor does not have to go without a tech for long periods of time.
- **Dedicate a diagnostic tech:** If there is enough demand for diagnostic functions throughout the day, then dedicate a tech to perform the tasks. It will allow them to become more efficient at the task, eliminate unnecessary walking and allow the doctor to have a tech available to assist more often.

What to look for: *Do patients get lost and require directions or an escort to the check-out desk?*

What it means:

Your staff should not have to spend their valuable time walking patients to check out or repeating directions to the check-out counter multiple times during the day. The time spent that way can be better used to support the doctors. If patients are getting lost, it means the path system in the office is confusing and lacks sufficient landmarks to allow your patients get around swiftly and comfortably.

Ways to correct:

Patients should be able to move from the exam to check out on their own. It is a person's natural instinct to exit a facility the way they entered, so use that to your advantage. You can mark a clear route with careful use of architectural space and path-recognition cues. The architectural space is created by the walls, ceilings, soffits cabinetry and furniture. Recognition cues can be created by using different colors, textures and lighting to denote different areas in the clinic or office. This way, the route through the clinic will be obvious to patients, and they will be able to find their way to check out with little difficulty. Signage is always the least-effective way to direct patients to check out.

The Big Picture

Since a logjam can occur anywhere in the overall practice flow, solving flow issues in your practice means gathering data from all three of the main physical areas: front desk, tech station and the doctor exam area. (Part three of this series will address the doctors' exam area and how their time is consumed.) Before implementing solutions, all three areas must be assessed; otherwise a solution in one area can cause problems in another. Once you have performed all three one-hour assessments described in this series, 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 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@PracticeFlowSolutions.com, brooks@PracticeFlowSolutions.com. Also, don't miss the courses that the authors will be instructing at the Academy's Annual Meeting this year in San Francisco: *Three-Step Self-Assessment* (Monday, Oct. 26) and *Space Planning: A Step-by-Step Guide* (Tuesday, Oct. 27), with Tim Griffin; and *Interactive Practice Flow Workshop: Bring Your Flow Problems, Leave with Solutions* (Tuesday, Oct. 27), with Larry Brooks.*