



## Staffing: Don't Shortchange Your Practice or Your Patients

**It's tempting to assume that "less is more" but sometimes less really is less. Overburdening your staff will cause inefficiencies, both financial and clinical.**

**N**eurologists know quite a lot about Parkinson's disease, but are largely unaware of Parkinson's law. The latter is the work not of James Parkinson the physician but of C. Northcote Parkinson the sociologist, who studied British civil service efficiencies (or, more correctly, inefficiencies) in the 1950s. Loosely stated, Parkinson's law is summed up thusly: "Work expands to fill the amount of time allocated to it." Give someone—especially a civil servant—three days to accomplish a task and it'll take three days. Next time, give him five days and you'll find that somehow the same task now requires five days. Parkinson also found that managers hired additional staff not so much for the efficiency they'd bring but for social status within the organization, since a manager with 12 subordinates must naturally be more vital than one with only four.

While certainly true of bureaucracy, medical practice turns Parkinson's law inside out, reducing allocations of time and staff while expecting the same result. That's an unfortunate consequence of the constant erosion of third-party reimbursements in medicine. Too often physicians assume that, in this unfortunate environment, the only way to function is to make do with less. As a result, most medical practices are understaffed and overworked.

You may have read about a few minimalist doctors who actually have done away with staff completely. From their point of view, they claim to have a higher satisfaction with their work environment. However, without exception their



income is substantially lower than the traditionally staffed office. They also spend a large portion of their day dealing with things that do not require the education, experience and skill of a doctor.

The vast majority of physicians do not like answering the phone, scheduling patients, dealing with insurance companies and other non-physician activities, and therefore have staff to handle these responsibilities. Not only does your staff provide services to you that you will need to financially maximize your years of schooling, they also provide rewarding camaraderie that allows you to care for a larger population of people. And some would say that seeing and treating a larger population of patients is helps the health care system as a whole.

### Foundations of Support

The first step toward putting together a successful support team is to understand the function and needs of each position. Ask yourself these questions:

- What does your staff require to be successful?
- If you do not provide them with their needs, what are the implications?
- How do you determine the proper numbers of staff for you clinic?
- What are the three basic categories that staffers fall under?

Besides the occasional drug rep lunches, your staff requires three basic items to be successful: (1) the proper amount of space, (2) proper systems in the office, and (3) enough bodies to allow them to do their jobs well without having to take

on additional work created by a staff shortage. Here are some phrases you're likely to hear if there is a problem in one of these areas:

**"We're out of space!"** Doctors and managers have heard this throughout the history of modern medicine because it has the most immediate impact on workers, both in terms of productivity and morale. They and you both know when they are stepping over each other to perform their daily functions. All workers should have just the right amount of space: not too much, not too little, with a workflow layout that keeps wasted effort to a minimum. We are all familiar with the concept of the tight work triangle, and this concept can be taken out of kitchen design and applied to the workplace.

**"Why is the waiting room full of patients but I don't have one ready to see?"** The systems your staffers use in the office have a huge impact on the practice's ability to perform. How they answer the phone, check patients in, notify the clinic assistants that patients are ready and many other tasks determine how quickly (or how slowly) work gets done.

The tried-and-true way of notifying the clinician(s) that a patient is ready is having the check-in staff put the patient chart into a slot or bin that the clinical staffers routinely check. Often, these slots or bins are not within sight of the clinical staff's work area. One of two things will happen in this situation: The staff will spend a large portion of the day walking around, checking bins in order to keep up with incoming patients, pulling them away from supporting the doctor; or they will stay and support the doctor, but run behind on loading rooms. Either way, the number of staffers you have may be correct. It is how their time is being spent that is causing you not to have a patient ready.

**"It is easier to do it myself than**

**track down help."** Your staff can only work so fast. If your clinical personnel never have any down time, it is a telltale sign that you have too few bodies supporting you. Remember, everyone only has 60 minutes in an hour. An overburdened staff will not be able to perform its duties. The single most important task for all staffers is to make sure that there is always a ready patient for the doctor(s) to see.

**You should not expect anyone to do more than one immediate function at a time. Putting someone in this position will cause an employee to become dissatisfied and look elsewhere.**

### **Going Beyond The Numbers**

If your staffers are not provided with their basic needs, several things can happen that will have a negative impact on your ability to see patients. For instance, the employee who checks patients in, answers the phone and schedules phone appointments will not do a good job at all of these tasks simultaneously. You should not expect anyone to do more than one immediate function at a time. Putting someone in this position will cause even a good employee to become dissatisfied with the job. When good staffers become unhappy they look for other jobs, which may lead other coworkers to become discontent and foster high

turnover within your practice. This, in turn, can affect your patients as well, because generally patients like to see the same faces when they come to your practice.

So how do you determine whether you have the proper number of staffers and they have the proper systems and space they need? It starts with you. The key to the proper numbers for staff and support space is to understand the productivity of the clinical staff and the number of physicians seeing patients at once. If you can identify your "natural patient per hour rate" (e.g., your ideal productivity rate possible assuming little to no wasted time or effort), you can determine the number of clinical, check-in and check-out staff you need. The other piece of necessary information is the time each individual task takes a staff member to perform.

For example, if a practice has four doctors seeing patients at once and each doctor's natural rate is four patients per hour, then there would be 16 patients per hour being seen by the practice. If a staffer's job is to interact with each patient before and after the exam and this task takes four minutes to perform, the total elapsed time of the task per hour is 64 minutes. As stated earlier, a person only has 60 minutes in an hour.

Avoid the temptation to invert Parkinson's law and squeeze extra effort out of your staff by reducing the time allocated to their responsibilities. This particular task requires two staff members. They can do other non-immediate tasks to fill the remaining 56 minutes of available time. If this example were for the check-out staff, then the hypothetical practice would need two check-out clerks—and space for each to work. They would also have time to perform tasks, such as creating new patient charts, posting charges and so on.

You should also understand the basic categories that suit your staffers' respon-



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bilities. All of your staff will be either hourly demand, half-day demand or weekly demand staff members. This is based on the functions they perform.

Anyone who supports the input, throughput or output of your practice falls into the hourly demand category. These include the check-in, check out and clinical personnel. Ultimately, the doctor's ability to see their natural or ideal rate of patients in a smooth, efficient manner will be determined by this group.

Those who interact with patients during the doctor's session but do not impact the doctor's ability to see patients fall into the half-day demand category. Insurance counselors, patient representatives and procedure schedulers fit into this group. Their demand is determined by the doc-

tor's rate of seeing patients but fluctuates at a different level. Their work must be done during the doctor's session but does not affect his ability to see patients.

The last group is the weekly demand staff. Anyone who does not interact with patients during their visit and does not impact the doctor's ability to see them falls into this category. This includes billers, insurance clerks and transcriptionists. One can determine their need by looking at the doctor's rates, the hourly demand and half-day demand staffs' production, and the type of contracts the practice works under.

The payer type for your patient panel is another important factor to consider when deciding how many employees you need for this group, as some are more demanding than others.

## No More Bottlenecks

Using the concepts described in this article should help you understand how your staffers are going to react when you assign their tasks. Taking their needs into consideration allows you to provide them with the means to succeed and thrive in your practice while avoiding motivations to seek other employment. This, in turn, will give you a better workplace, a healthier bottom line to your financial statement, and your front-line personnel will always present a happy face to greet incoming patients. **PN**

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