T
rim Waits for More Time with Patients

As patient “face time” with physicians is increasingly whittled away—down to a scant 10 minutes in some practices—the amount of bureaucracy and wait time that patients must contend with continues to grow. Practice managers report that while it is not unusual for patients to spend an hour in the practice, only 30 percent of it with their physician. Ironical

ly, physicians note that a portion of this precious face-to-face time is often spent managing patient anger over having to endure the frustrating cycle of non-care activities.

Improving efficiency means eliminating unnecessary patient delays, managing and co-ordinating patient care before and after the visit, and safeguarding the physician-patient interaction so it remains dedicated to care delivery (not administrative chores such as chasing X-rays or lab results). Contact time with

staff must be efficient, with all necessary steps swiftly executed, for a streamlined patient visit—from check-in to check-out.

Cutting patient wait time and smoothing patient flow is done with a scalpel, not a sledgehammer. You have to carve out tiny swatches of wasted time from numerous daily interactions. Consider the following steps, each of which could shave off at least two minutes of wait time for your patients.

Standardize Procedures

Practices lose time when different people do the same task in different ways, particularly in practices that employ a large number of part-time

ners. Accommodating each person’s work idiosyncrasies slows down all aspects of care.

Is there a standard exam preparation routine, such as taking height, weight, and blood pressure in your practice? Be consistent in how you handle check-in and check-out procedures, referrals to ancillary services, appointments with other physicians, prescription refills, and dispensing medication samples.

Set up all exam rooms in the same way, with standard supplies and forms in the same place, so nurses and providers know what to expect no matter where they are. Most importantly, set up standard protocols for handling emergencies so sick pa

ents are not forced into the schedule, but antici-

pated.

By standardizing basic processes, you’ll have time to put in place more sophisticated tactics to smoothly manage two patient flow tracks—rou

Streamline Patient Visits continued on page 62

APMA News | November/December 2009

APMA News | November/December 2009

© istockphoto.com/dra_schwartz
Streamline Patient Visits
continued from page 61

Minimize Conflicting Staff Roles

Practices need the appropriate number of staff to support de

Pre-plan the Visit

Moving a high volume of patients through a practice requires careful and meticulous visit planning, especially in Pediatrics, for instance, where 60 percent of daily volume can consist of same-day appointment requests. Pre-visit planning plays a huge role in practice efficiency and cutting dead time. It can also result in quantum increases in pediatric productivity.

Some suggestions: Have telephone staff ask new patients to complete health questionnaires at home instead of in the office; have nurses conduct phone assessments of patient needs pre-visit to determine scheduling requirements, length of visit, and other necessary resources, such as translation services and exam room needs; and set up a telephone triage system to screen requests for same-day appointments.

Pre-planning the visit shifts routine tasks from clini
cians to the administrative staff, which allows for improved phy

Minimize Disruptions

There should be no interruptions during physician time with pa

tients, such as taking phone calls, or leaving to find X-rays, patient educational materials, drug samples, or a medical assistant or nurse.

Prepare and use a standard protocol delineating how these situations should be handled in a way that doesn’t interrupt the physician or the flow of patients. For instance, in certain situa
tions, patients calling in an emergency can be instructed to call the emergency department directly and nurses can triage urgent requests without consulting the physicians. Visit preparation pro

tocol can delineate how to stock the exam room in anticipation for certain visit types, such as suture removal, thereby eliminating the physician’s need to leave the room to request or fetch supplies.

necessitating care in all exam room areas, and promoting enhanced communication between exam room areas and centralized support services (such as check-in, check-out, nursing triage, and medical records). The flow coordinator also should be able to assign rooms and resources in accordance with volume demand.

The configuration of your facility may make the coordinator’s job all the more imperative. For example, if your office is divided into pods, that can promote harmonious interactions between medical assistants and physicians, but tends to constrain patient and information flow.

At many practices, providers and clinical support staff do the “huddle” before each morning and afternoon session. Before the door opens, they briefly review who is on duty and the caseload for the day.

Start the Session Off Right

Many times sessions are doomed to run late before they even start. Staff and clinicians should arrive at least 15 minutes before the first scheduled patient. Failure to start on time throws off the entire day’s schedule. Define the appointment time, including start time, end time, and duration. This in
cludes communicating to the patient the need to arrive 10 min
utes prior to the appointment. Appointment commitment is critical, particularly in academic medical centers, where physi
cians have multiple commitments.

At many practices, providers and clinical support staff do the “huddle” before each morning and afternoon session. Before the door opens, they briefly review who is on duty and the caseload for the day. They work to anticipate and prepare for patient needs. This kind of verbal communication promotes team mo

FAPA FRATERNAL INC.
Seminar in the Sun 2010
February 13–20, 2010
The Grand Palladium Resort and Spa
Riviera Maya, Mexico

All inclusive resort • All meals, snacks, drinks included • Most activities and sports, included including: • Non stop air from JFK • Other departure points available. Discounted charter and package deals from NYC and Newark, NJ

PROGRAM
“Current Concepts in Foot and Ankle Surgery” David Novicki, DPM
“Pediatric Medicine Update” Elliot Ueckel, DPM
Lectures given four morning, 8-12 noon 15 CPME credits applied for in all states
EARLY BIRD DISCOUNT
Seminar fees: $525 FAPA members $575 non-members (includes: 1 year membership) Add $525 after October 1, 2009
Great lecture programs • Modern hotel
Family friendly • Accretion galore
Sponsored by: The FAPA Fraternal Association in conjunction with the William Goldfarb Foundation
Space limited—Please book early! Call FAPA toll free at 888-FAPA-0789, or visit our site for details and pictures www.fapafraternal.org

FAPA FRATERNAL INC.
MPMA Ski Conference
Sports Medicine & Surgery
Under the Big Sky
January 14 – 17, 2010
20 Hours of Superb CPME Featuring
Richard Bouché, DPM • David Cاداتella, DPM • Sigurd T. Hansen, Jr., MD • Javier La Fontaine, DPM • James Leslo, DPM • Douglas Rolfe, DPM • Jack Schwartz, DPM

MPMA Ski Conference
Sports Medicine & Surgery
Under the Big Sky
January 14 – 17, 2010
20 Hours of Superb CPME Featuring
Richard Bouché, DPM • David Cاداتella, DPM • Sigurd T. Hansen, Jr., MD • Javier La Fontaine, DPM • James Leslo, DPM • Douglas Rolfe, DPM • Jack Schwartz, DPM

Downhill and Cross-Country Skiing • Dinner Sleigh Rides
Snowmobiling/Slo-Coach in Yellowstone Park
Dogsledding & More

For more information contact
Montana Podiatric Medical Association
406/443-3161 • fax: 406/443-4614
website: www.mpmtandankle.com
e-mail: mwangen@mplntandankle.com

Streamline Patient Visits continued on page 64
Streamline Patient Visits

continued from page 63

and deliver information. Staff absences from their primary work areas disrupt patient flow and can be minimized by equipping workstations with personal computers and printers; using online scheduling to continually communicate schedule status, including patient arrival, cancellations, patient add-ons; and delivering medical records to the clinician area in advance of the session.

Put Technology to Use

Consider using your information technology (IT) as a tool in patient flow. In addition to record keeping and billing, computerized systems can help minimize traffic jams. Ask your IT vendor for information on new techniques or offerings to streamline patient flow. There are inexpensive features, for example, that notify staff when a patient has arrived. Keep patients moving by using your system to automatically schedule lab work and other procedures, print labels for prescriptions and refills, or request medical records.

Use order sheets and computer notes to communicate next steps so the provider does not have to speak directly to staff. Use preprinted labels, automated forms, and flow sheets (custom designed or purchased) to cut down on the time required to hand-write items (and reduce the risk that they will be illegible).

Your staff has a pivotal role in implementing any of these steps, reducing wait time, and smoothing patient flow. Their job is to support both physician productivity and the delivery of quality patient care. It is, after all, the physician-patient encounter that generates revenue, and staff must be wholly dedicated to making sure physicians are productive and meeting performance benchmarks. A tight and streamlined patient cycle helps reduce stress and tension, as well as the noise level emanating from chaotic and confusing patient flow. Not only are providers and staff more comfortable and effective, but the quality of patient care delivery takes a huge jump forward.

Benjamin W. Weaver, DPM completed his certification for wound care and is a fellow of the American College of Foot and Ankle Orthopedics and Medicine, as well as the American Professional Wound Care Association, and College of Certified Wound Specialist. He is a member of the Board of Trustees and fellow of the American Academy of Podiatric Practice Management (AAPPM) and faculty of the practice management course at the Ohio College of Podiatric Medicine. He is currently serving as secretary of the AAPPM, and his passion is to mentor new practitioners. Dr. Weaver can be reached at BWeaver@AAPPM.org.

Resolutions Submission Deadlines for 2010

December 22, 2009
Non-emergency resolutions calling for the expenditure of more than $10,000 shall be submitted by this date.

January 21, 2010
Non-emergency resolutions calling for the expenditure of $1,000 to $9,999 must be submitted by this date.

February 21, 2010
Non-emergency resolutions calling for the expenditure of less than $1,000 must be submitted by this date.

March 22, 2010
Emergency resolutions must be submitted to 12:00 pm on this date.

Resolutions Submission Information Mandated by the APMA Administrative Procedures

Sponsors of resolutions must indicate the type of resolution upon submission (i.e., policy related or directives oriented).

Sponsors also must submit a financial impact statement with every resolution that requires financial expenditures. The statement shall include a detailed explanation of the funds requested, not merely the total amount. A resolution will be returned to the sponsor for failure to provide a financial impact statement or if the financial impact statement is incomplete. The sponsors of resolutions are expected to seek assistance from APMA staff in preparing the financial impact statement and must take into consideration both the direct and indirect costs related to the tasks or projects associated with the resolution.

Mandated by the APMA Administrative Procedures

Sponsors of resolutions must indicate the type of resolution upon submission (i.e., policy related or directives oriented).

Sponsors also must submit a financial impact statement with every resolution that requires financial expenditures. The statement shall include a detailed explanation of the funds requested, not merely the total amount. A resolution will be returned to the sponsor for failure to provide a financial impact statement or if the financial impact statement is incomplete. The sponsors of resolutions are expected to seek assistance from APMA staff in preparing the financial impact statement and must take into consideration both the direct and indirect costs related to the tasks or projects associated with the resolution.

APMA LECTURE SERIES

COLLABORATIVE CARE MODELS
EMBRACING TECHNOLOGY TO DIAGNOSE PAD

JANUARY 20-24
SAM SYMPOSIUM
Caribe Royale Orlando Hotel, Orlando, FL

JANUARY 29-31
NEW YORK PODIATRIC CLINICAL CONFERENCE
Marriott Marquis Hotel, New York, NY

MARCH 11-14
MIDWEST PODIATRY CONFERENCE
Hyatt Regency Chicago, Chicago, IL

MAY 5-8
REGION III
Trump Taj Mahal, Atlantic City, NJ

JUNE 3-5
REGION IV – MID-EASTERN CME SEMINAR
Hilton Columbus at Easton, Columbus, OH

JUNE 24-27
WESTERN PODIATRIC MEDICAL CONGRESS
Disneyland Resort Hotel, Anaheim, CA

JULY 15-18
APMA ANNUAL SCIENTIFIC MEETING
Washington State Convention & Trade Center, Seattle, WA

An educational grant has been provided by BioMedix, Inc. to support this lecture series.