



The ubiquitous, drawn-out, annoying wait to see the doctor

↻ Excessive wait time is costly to you and your patients. It's possible to cut that time and transform the experience for patients in meaningful ways.

CASE Health care unfolds in geologic time

The woman sat in her gynecologist's waiting room and wondered when she would be seen. She had a 1 PM appointment, it was now 1:40 PM, and she was dizzy, cramping painfully, and bleeding heavily.

"Have they forgotten me?" she asked herself. "Should I ask the receptionist what's happening?"

Instead, she sat and waited. She just hoped that she would be called soon.

As a comedian once quipped: Physicians have waiting rooms, and they intend to ensure that they are fully occupied—by making patients wait. In fact, most patients wait at least twice during an office visit: once after checking-in at reception and again in the examining room.

Instant Feedback

Have a pearl from your practice to share with your colleagues for minimizing or utilizing patient wait time? Tell us by visiting www.obgmanagement.com and linking to "Send Us Your Letters." Include your name, city, and state. We'll publish intriguing ideas in an upcoming issue.

In a recent survey by the health-care consulting firm Press Ganey, patients reported waiting, on average, 20 to 25 minutes before they saw the physician. Press Ganey also reported that patients' satisfaction with their visit to the office **declined significantly for every 5 minutes of wait time.**¹ This isn't surprising to me: In a recent review of our practice, patients' overall satisfaction with a physician visit correlated highly with their reported satisfaction with wait time.

With patient satisfaction at stake, the question becomes an important one: **How can physician practices reduce unnecessary patient wait time?**

CASE Patients and doctors—**who comes first?**

It was a typical work day. The physician's office staff was scheduled to arrive at work at 8 AM. In the parking lot, they crossed paths with the first patients of the day, who were scheduled at 8 AM.

Is there a problem with that schedule? It is highly likely that such a schedule inconveniences those first patients of the day, who need to wait for the staff to turn on their computers, get settled into their routine, and so on. It also inconveniences the physician, who won't be able to see the 8 AM-scheduled patient on time,

thereby putting her behind schedule for the entire day.

CASE Inefficient workspace

The doctor was working hard, but she couldn't find the equipment she needed in the examining room. She continually had to leave the room to find an additional piece of equipment, or a form.

Many medical practice consultants believe that creating an efficient, safe, and high-quality practice environment requires ensuring that each workspace has been optimized in five important dimensions.² They are called "the 5 'S's":

- sort and organize
- straighten
- sweep and clean to a shine
- standardize
- sustain improvements.

Wasting physicians' time by not having the examining room optimally configured and stocked translates to wasted time for patients. It's likely that patients see their face-to-face time with the physician as valuable, but unlikely that they value the time that the physician spends searching for a piece of equipment, or a form. Many practice consultants recommend that their clients develop detailed "5-S" checklists that are completed at the start and



at the finish of each day as a matter of routine.

Recommendation #1: Set your patients' expectations about how long they are going to wait

In broad terms, people are predisposed to wait patiently for what they value as an important service. Physicians have a big advantage here: Patients view their health-care visit as very important.

A patient's perception of the length of her wait can be influenced in a positive way by trying to communicate to her an estimate of the time she is going to wait. A wait of uncertain duration feels long; a wait with a clearly communicated conclusion seems shorter. We can benefit from a psychological management pearl often used in restaurants: Communicate a longer wait time than you anticipate; once the patient gets over any initial discontent, she might brighten up by being called "early." If the wait time communicated to her is too long for her schedule or her

patience, she can be offered the option to reschedule.

Recommendation #2: Improve your patients' perception of their wait

Patients want to get started with their office visit. Use their wait time productively, and you'll improve their perception of the visit.

For example, have the patient complete important health information—especially if you are actually going to review it in her presence. Doing so helps shorten the wait time, as she perceives it.

Another example: Having a mid-level provider engage the patient—by offering her educational materials pertinent to her problem, influenza vaccination, blood pressure and weight checks, and so on—can make her think her visit has begun while she is waiting for you.

Here's another pearl for using wait time productively: **Have the patient write out the three most important questions or issues** that she

wants to address with you. Having that piece of paper in hand permits you to be maximally productive. You can respond directly to what is worrying her, yet gently discourage her from reciting a long, shifting list of concerns.

CASE Radical solution: They shuttered the waiting room

The physicians in the gyn practice were designing a new office. They decided to have a reception area but not a waiting room. Their plan was to have patients register and then guide themselves to a designated open examining room.

Pioneering physicians are experimenting with the radical idea of closing the waiting room. Patients are guided from the registration desk directly to an examining room.

Consider what occurs in one practice that has implemented so-called direct-rooming.

- At registration, the patient is given a card and map directing her to an open examining room. To help her find the right room, each one is named after, say, a well-known flower.
- When the patient finds her room, she places a card on the door indicating that the room is occupied
- A computer prompt alerts the medical staff that the patient is registered and has entered the designated room
- Medical staff then begins the visit by greeting her and completing intake tasks, such as blood pressure and weight checks.

In practices that have adopted this kind of novel system, wait time before the patient sees a physician declined by approximately 50%, on average. And patients reported an enhanced sense of privacy and

satisfaction with their visit.

An indirect effect of the system is that office medical staff may be more attentive to the patient's needs because they immediately see her in the examining room—instead of being insulated from her and the other patients who are huddled in the waiting room.

The long wait has been called many names

Patients know that having to wait to see the doctor is a ubiquitous experience. It's also a trove of other, unpleasant adjectives: interminable, annoying, aggravating, frustrating. And it's hugely expensive for physicians and patients.

The solution to the problem of extended patient waits doesn't follow formula; what works is likely to be unique to each practice. One common element, however, is **physician leadership to reduce wait times**, with the goal of improving patients' satisfaction at each visit. 📌



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References

1. Press Ganey. White Paper. Keeping me waiting: Medical practice wait times and patient satisfaction. South Bend, IN: Press Ganey Associates, Inc. http://www.pressganey.com/newsLanding/10-09-21/Keeping_Me_Waiting_Medical_Practice_Wait_Times_and_Patient_Satisfaction.aspx. Published July 2009. Accessed November 17, 2010.
2. Waldhausen JH, Avansino JR, Libby A, Sawin RS. Application of lean methods improves surgical clinic experience. *J Pediatr Surg*. 2010;45(7):1420-1425.

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