

Improving Wait Times

October 30, 2019

For the NJ Academy of Family Physicians

Fran Griffin, RRT, MPA



Learning Objectives

Following today's session, participants shall be able to:

- Describe common causes of waiting times
- Identify a strategy for improving wait times in their practice setting



Faculty:
Fran Griffin, RRT, MPA
Improvement Advisor

Session Outline

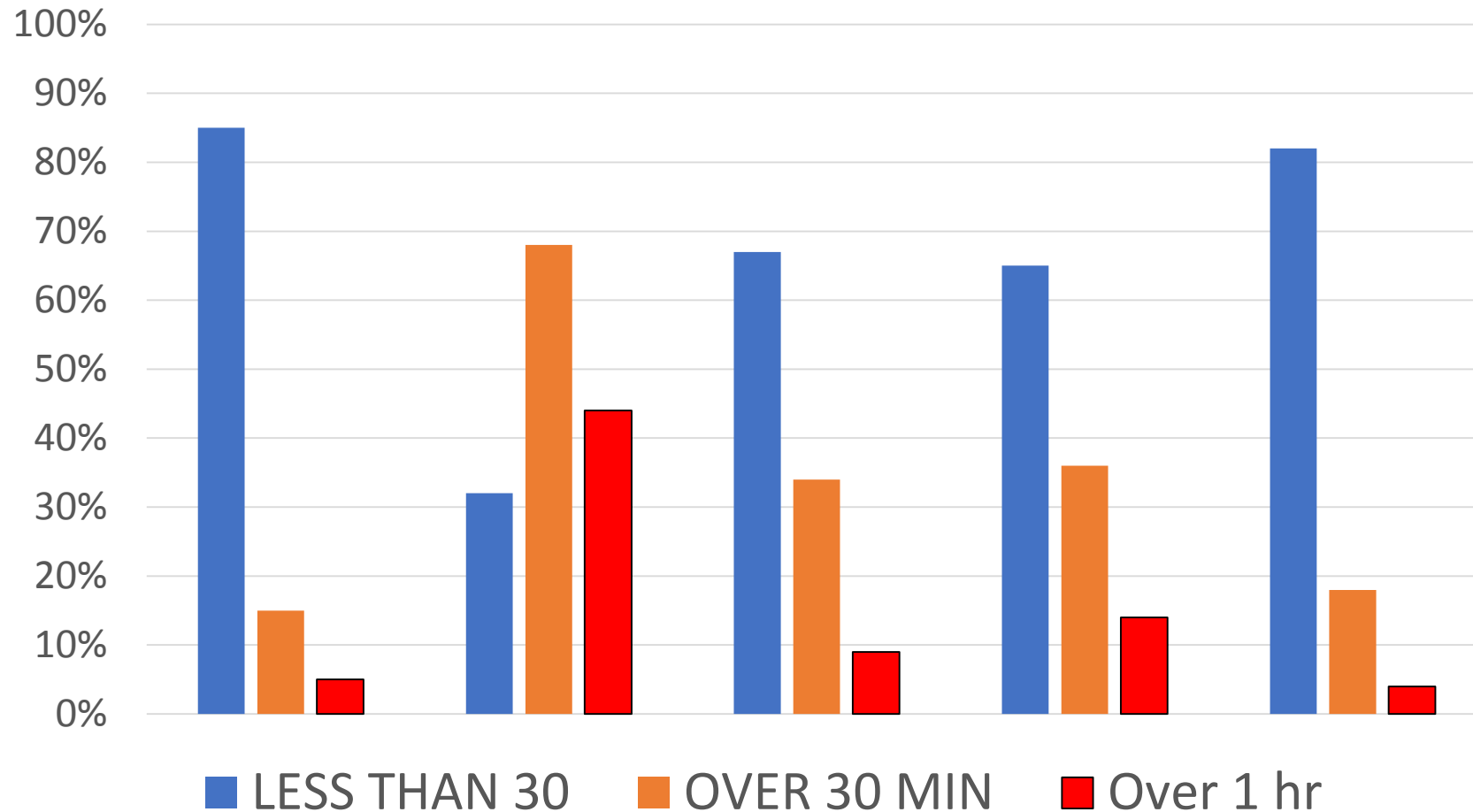
- What we know about wait time
- Contributors to wait time
- Strategies
- Comments/Questions

Comments/Questions

- What are some of your practice's biggest barriers to improving wait time (responses will be anonymous)?
- What questions do you have about the information covered today?
- Which of the processes described today will be easiest/hardest to implement?

While you listen to the information provided, please type your comments/questions into the "Chat" feature and we will discuss them at the end of the session. All comments/questions will be anonymous, we will not state practice or attendee name.

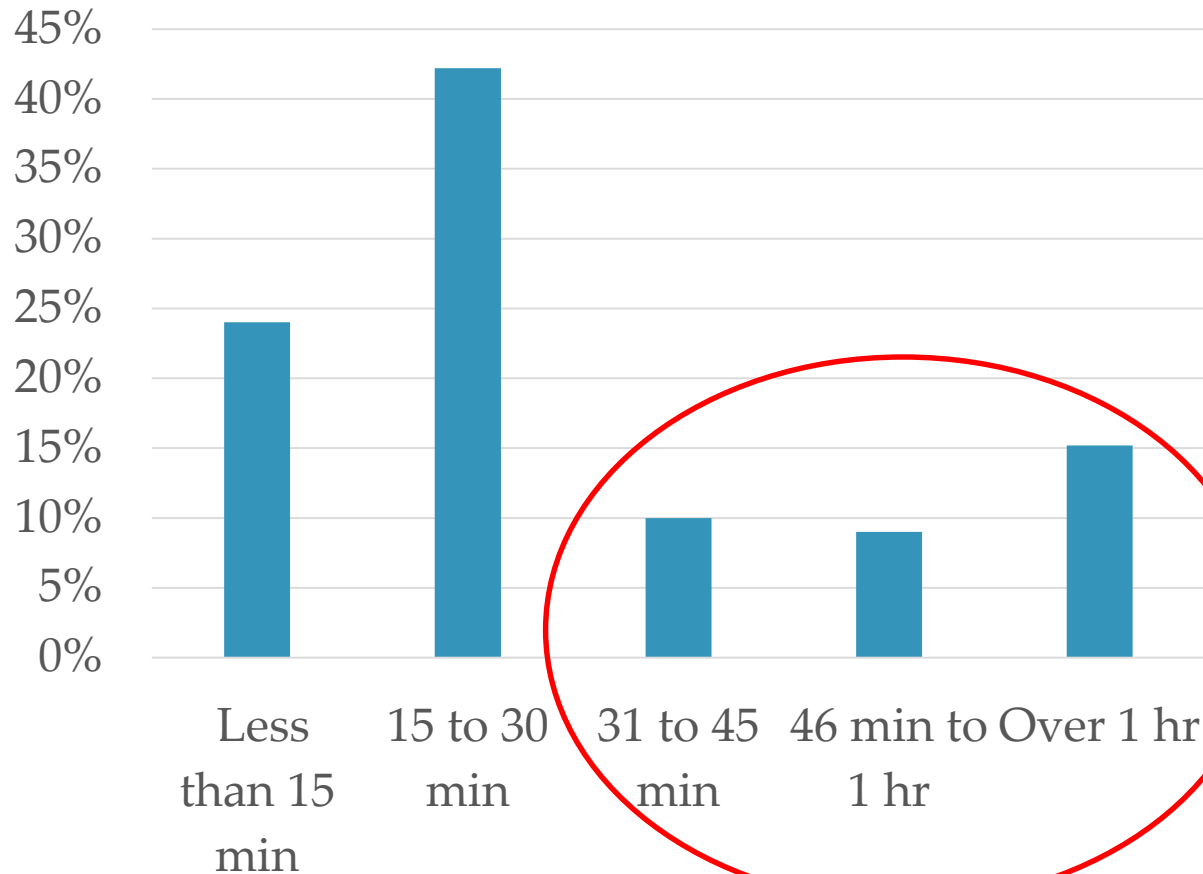
Data on Wait Times from Patients



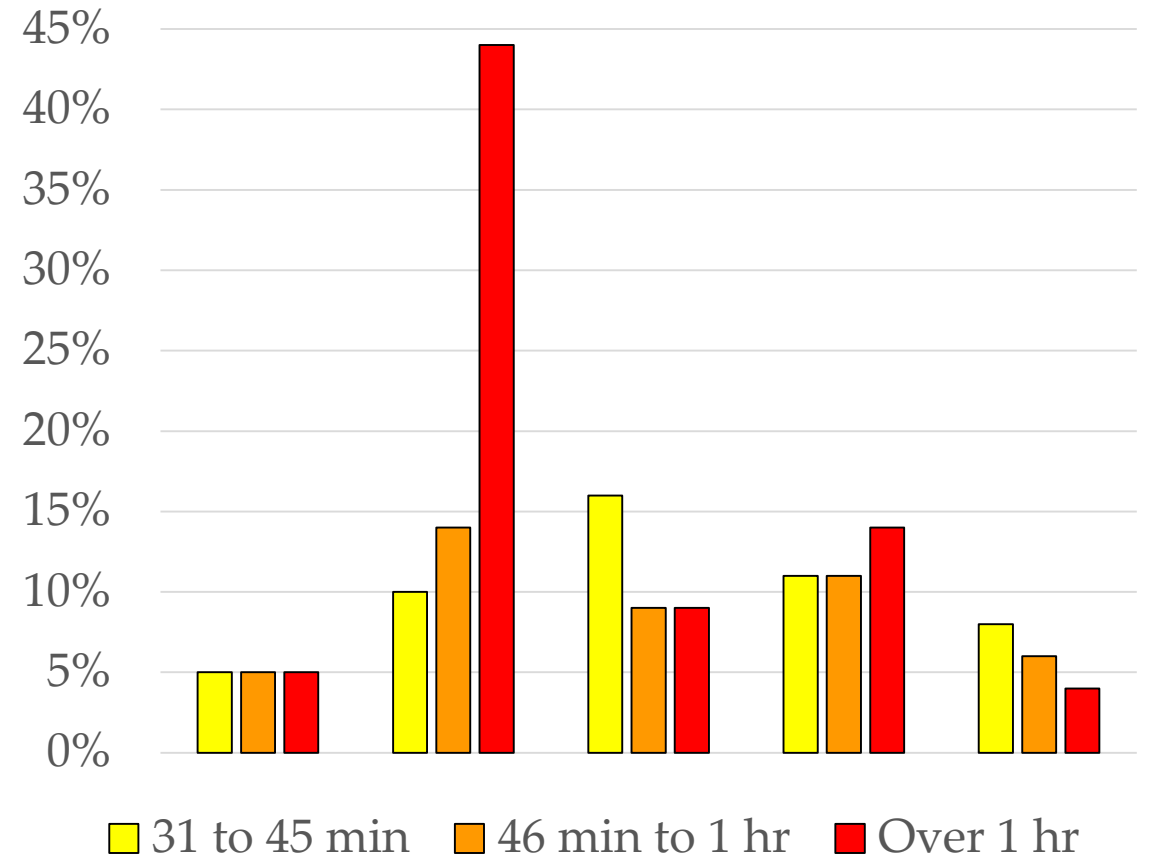
Anyone waiting over 1 hour is likely to be stressed when you see them

All waits > 1 hour are opportunities to improve

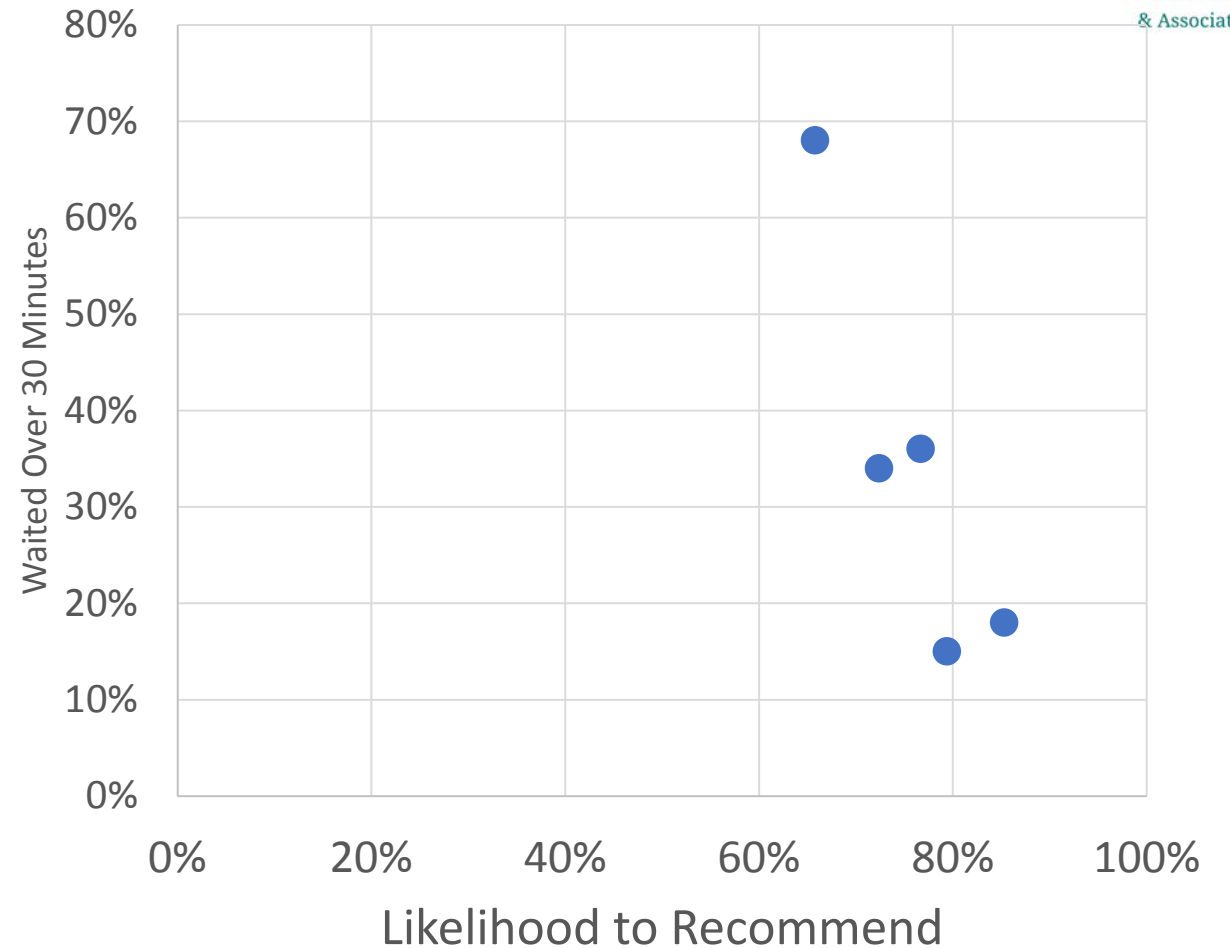
Some other views...



Perceived wait > 30 minutes

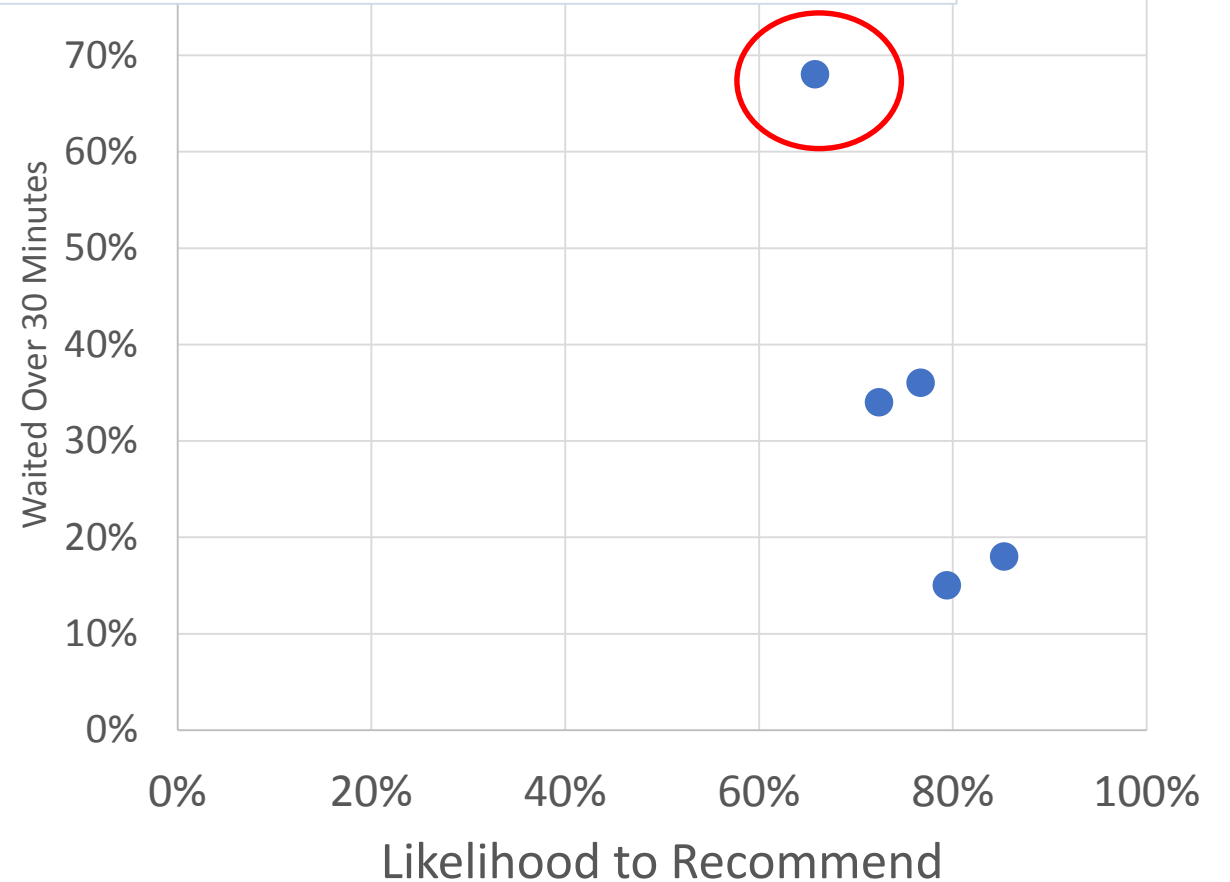
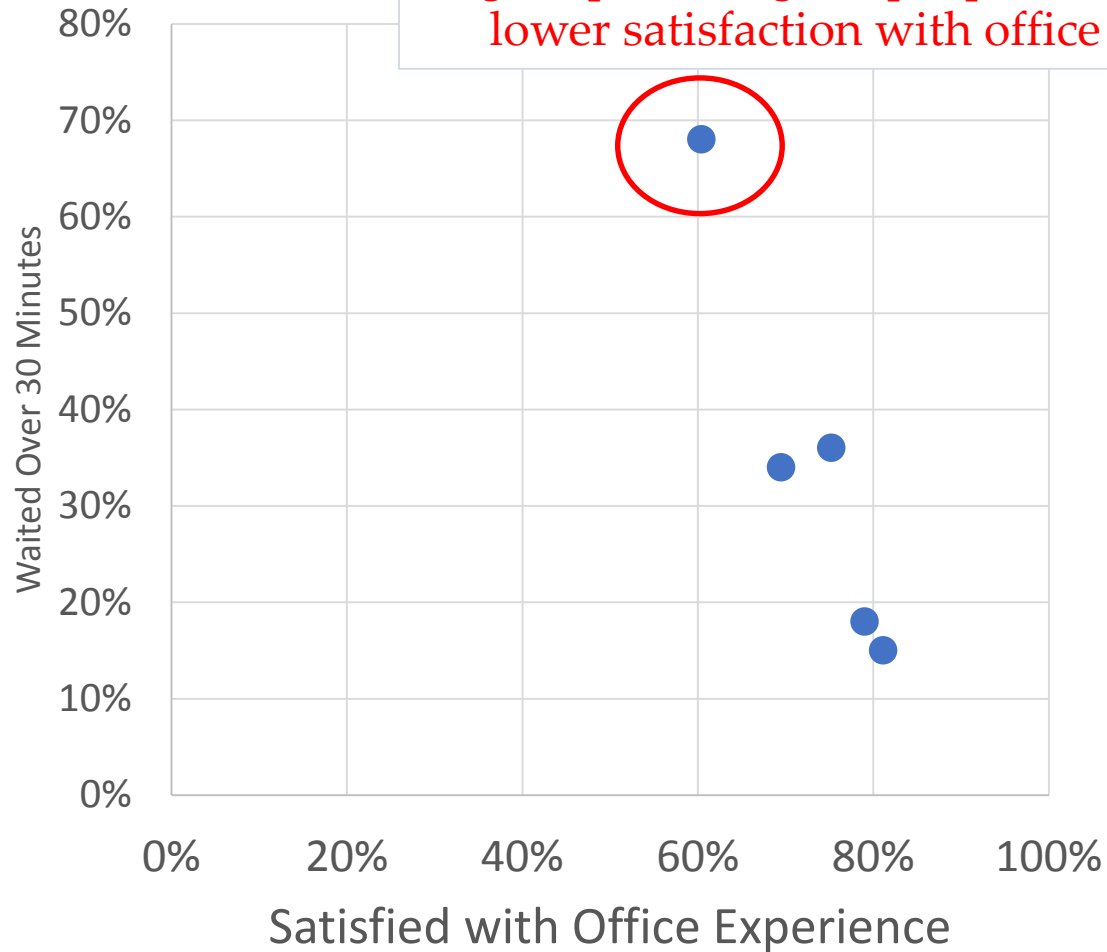


Impact on Satisfaction of Waiting > 30 Minutes



Impact on Satisfaction of Waiting > 30 Minutes

Higher percentage of people waiting > 30 minutes appears to correlate with lower satisfaction with office experience and likelihood to recommend



Perception vs. Reality

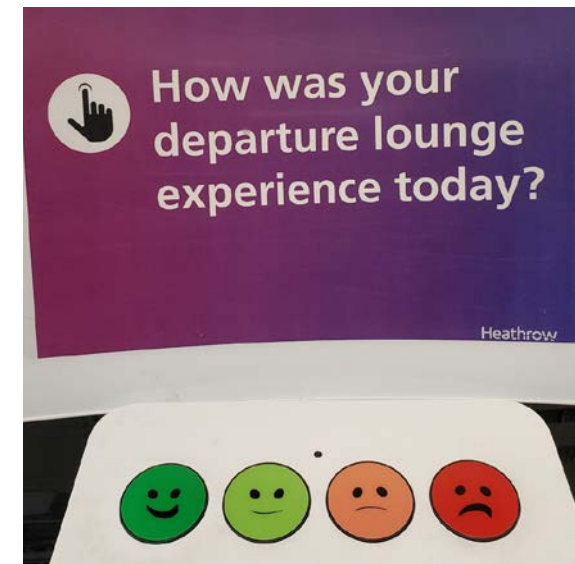
- Decreasing the Perception of Exam Room Wait Times

Lyons A, Kaleka A et al. Department of Family Medicine and Community Health; University of Pennsylvania Health System

- After 10 minutes of actual wait time, perceived wait time grew exponentially.
- There is almost no difference in perceived wait time when the actual wait time remained under ten minutes.

Measuring Wait Time in Real-Time

- Cycle time – 2 data points: start and finish
 - Waiting Room time: arrival until called in
 - Total time: arrival to check out
- Number of people waiting
 - Count periodically, random times
- Satisfaction with wait time at end of visit
 - Colored buttons in a jar



Contributors to Wait Times

- Flow – movement through visit
 - Scheduling
 - Arrival time
 - Visit time (MA, RN, MD)
- Variation
 - Time spent vs. planned
 - Different processes e.g., instructions, prescriptions

QUESTIONS TO CONSIDER

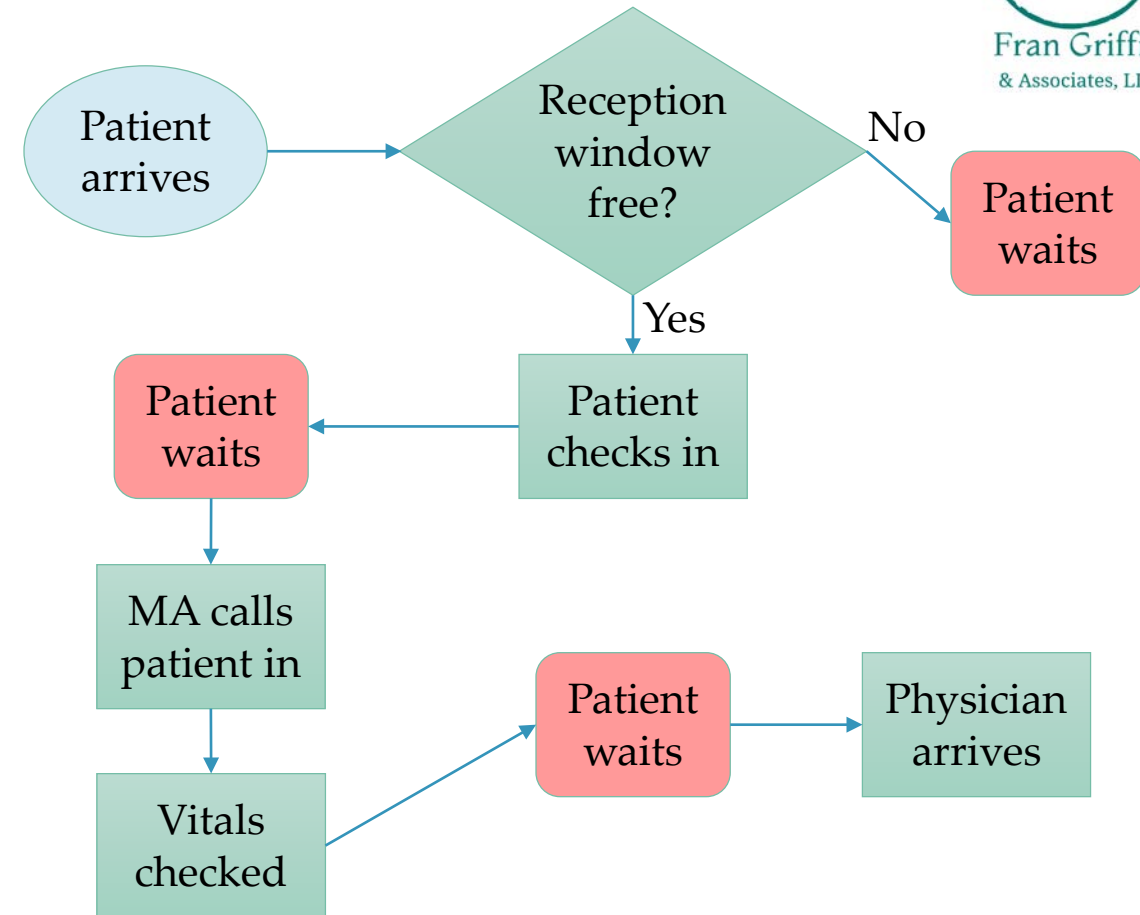
- How many types of appointments do you offer?
- Do they align with actual need?
- Are many patients late? If yes, do appointment times align with patient options, such as public transportation?
- How often do you or others spend more time with patients than planned?
- Are some processes standardized to support efficiency and if yes, are they used?

Methods to Identify Contributing Causes and Opportunities

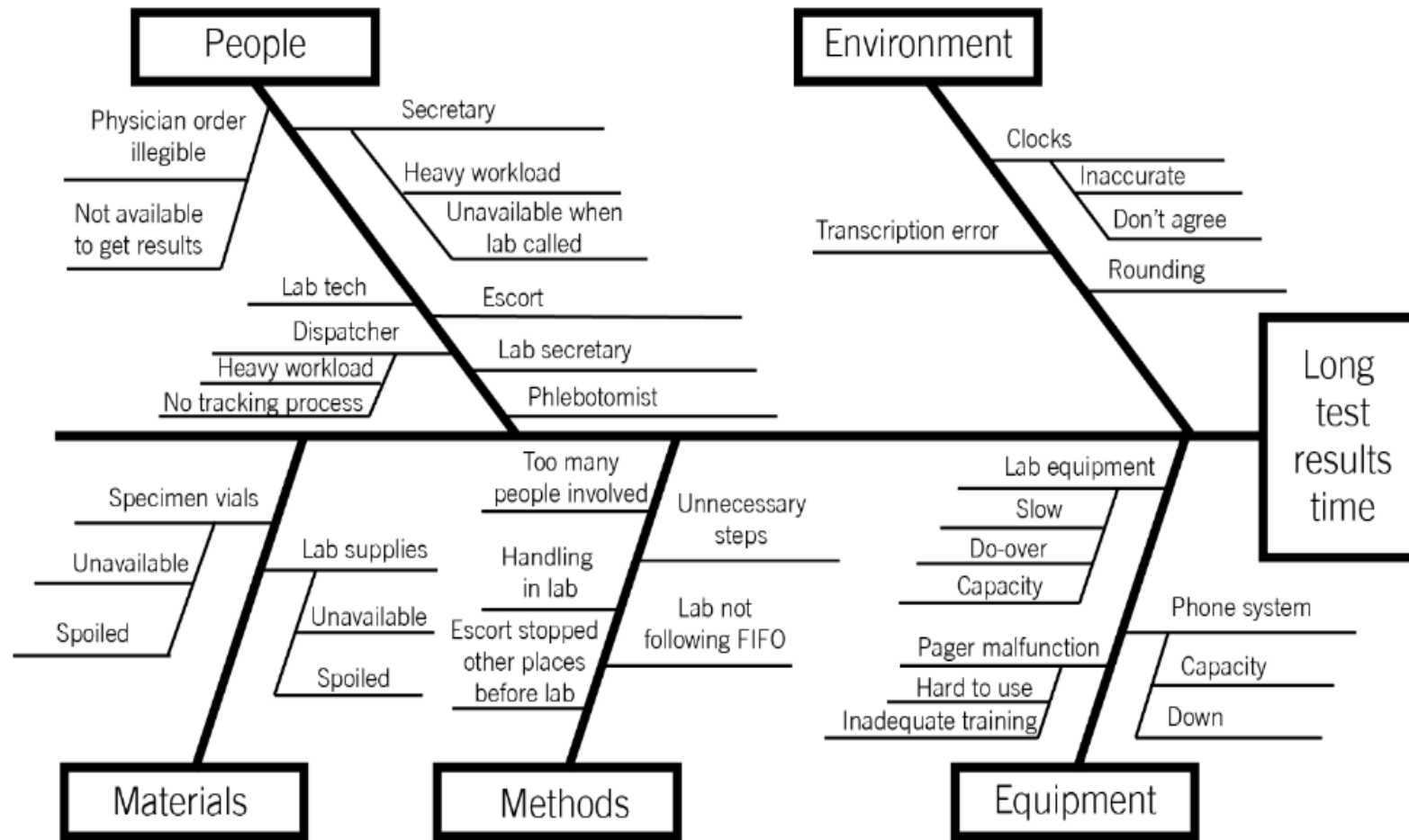
- Map process for your visits (flowchart)
- Document and categorize causes from all staff
 - Include patient perspective
- Ask “why” 5 times for key causes

Process Map or Flowchart

- Visual layout of steps
- Shows steps, sequence and decision points
- Must be based on actual process – not ideal
- Make a “box” for each point where patient waits for anything
 - Color code these



Cause and Effect Diagram (Fishbone)



Everyone identifies all causes for waits – no judgment, no exclusions

Group together and categorize

Discuss which happen most often or that staff feel contribute the most

Ask “why” 5 times

- Similar to root cause analysis
- Apply to specific situation:
 - a specific day when waiting room backed up more than usual
 - one case that took much longer than anticipated
- Ask the questions as soon as possible
- Be honest and expect same from all

Example: Waiting room started to back up after 2 pm

- Why did that happen?
 - Physician spent longer than planned with patient
- Why did that happen?
 - Patient was ill and well visit scheduled
 - Physician handwrote detailed instructions
- Why did that happen?
 - Patient became ill after scheduling, no notification
 - Instructions are handwritten each time
- Why did that happen?
 - Patient does not have a phone
 - Physician prefers patient-specific instructions
- Why did that happen?

Possible improvement opportunities

- Measure how often patients schedule well visit and arrive ill to see if appointment times should be adjusted
- Standardize and pre-print instructions that are always same and only hand-write that which is unique for that patient
- Delegate some of the patient instructions to nurses

Strategies to Improve Wait Times

1. Map and measure your current process
2. Set a goal
 - Reduce overall visit time by 15 minutes by Dec 1
 - Cut time spent in waiting room in half by Dec 1
 - Cut the average number of people sitting in the waiting in half by Dec 1
3. Identify potential changes
 - Adjust appointment types: standard, based on data, less types
 - Develop contingencies for late arrivals and last minute appointments
 - Design for better flow: pre-visit planning, protocols, standard kits/patient info
 - Monitor and mitigate: assign responsibility for monitoring delays, signals and methods for intervening (and follow them)
4. Test and measure on a small scale for rapid learning and impact

Comments/Questions

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THANK YOU!