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...
Impact on Satisfaction of Waiting > 30 Minutes

- Waited Over 30 Minutes vs. Satisfied with Office Experience
- Waited Over 30 Minutes vs. Likelihood to Recommend
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
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

- 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
THANK YOU!