

10-2-2018

Patient Visit Efficiency

Brian Roux
Maine Medical Center

Audra Baschagen
Maine Medical Center

Meagan Oberholtzer
Maine Medical Center

Martha Grealey
Maine Medical Center

Lori Kim
Maine Medical Center

See next page for additional authors

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/mmc>



Part of the [Health and Medical Administration Commons](#)

Recommended Citation

Roux, Brian; Baschagen, Audra; Oberholtzer, Meagan; Grealey, Martha; Kim, Lori; Post, Eliza; Byrnes, Samantha; Noiles, Victoria; and Russo, Monica, "Patient Visit Efficiency" (2018). *Maine Medical Center*. 553.
<https://knowledgeconnection.mainehealth.org/mmc/553>

This A3 is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.

Authors

Brian Roux, Audra Baschagen, Meagan Oberholtzer, Martha Grealey, Lori Kim, Eliza Post, Samantha Byrnes, Victoria Noiles, and Monica Russo

Team Members: Brian Roux, Audra Buschagen, Meagan Oberholtzer, Martha Grealey, Lori Kim, Eliza Post, Samantha Byrnes, Victoria Noiles

Problem/Impact Statement:

Patients & Families spend too much time physically in the office for their specialist appointment. It taxes the system from many perspectives when patients spend long periods of time in the practice. (staff, facility, parking, etc...)

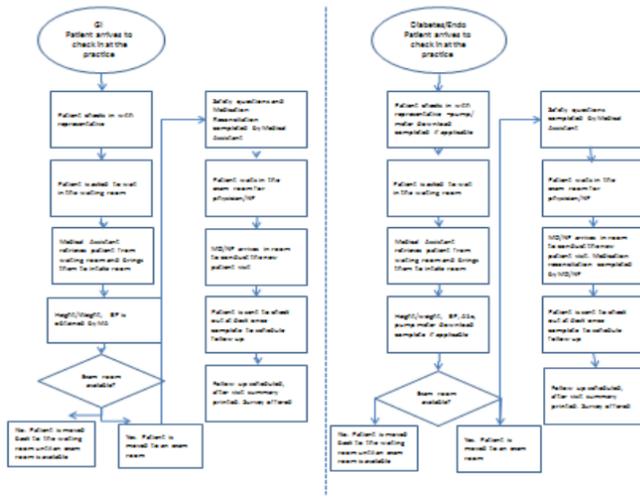
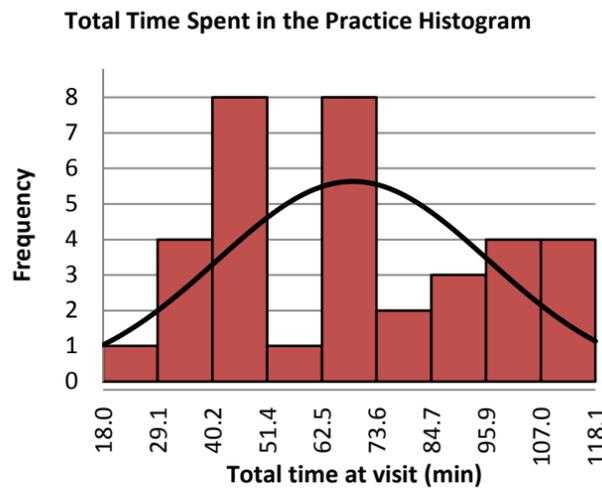
Scope:

Our scope will include patient appointments in Pediatric Gastroenterology and Pediatric Endocrine & Diabetes scheduled more than 48 hours in advance. We are only including physician and Nurse Practitioner visits in the scope of this work. "Time in the practice" is defined as patient arrival (up to 15 minutes prior to appointment time) until patient checks out.

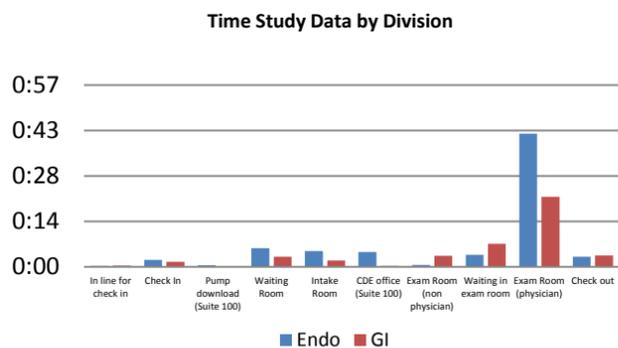
Goal/Objective:

By July 15, 2018 we will identify ways to decrease the amount of time our defined patient population spends in the practice for an appointment

Baseline Metrics/Current State:



Root Cause Analysis:



After reviewing the data, the team was surprised to see how the patients time was actually being spent during a visit. Thirty-six new patient visits in 2 separate divisions were part of the time study. Of the 36 visits, 25% (10 min of average 43 min total time in office) of the GI patients spent their visit on what would be considered "non value added" time and 16% (10 min of average 62 min total time in office) for Endocrine patients. This data shows that the majority of time spent in the office was spent with the provider, therefore value added time for the patient/family which is opposite of what we thought we would discover through this process.

Countermeasures

Action	Owners	Due Date	Status
Review Physician Workflow in exam to identify components that someone else can do	Audra, Meagan	15-Aug	Partially Complete
Stratify time study data into sub-specialty group	Brian, Jessica	1-Sep	Complete
Map an ideal state physician visit	Audra, Meagan	1-Nov	In progress
Explore opportunities to conduct portions of the visit over the phone or electronically in advance of the appt date (pre visit planning)	Audra, Meagan	1-Nov	In Progress
Expand study into a different specialty practice to validate findings.	Brian	1-Dec	Not started

Outcomes

By stratifying the data we were able to see the variations in the intervals of the visit when viewed by division.
 While the administrative functions of the visit are pretty consistent, the physician time spent with the patient varied greatly.
 The team agreed that the next step would be to take a much closer look at what happens in the room with the provider to determine if significant improvements can be made to total visit time.
 In order to achieve our goal of shortening the time patients spend physically in the building for their appointment, we need to take a more focused look at what the provider does in the room. We believe the providers are doing things that clinical staff could do prior to the visit.

Next Steps

- Whereas the goal of this project was to identify opportunities for a quicker specialty visit, the results of the time study have not resulted in any significant "quick wins"
- Refocus the goal of this project to identify efficiencies in provider workflow
- Conduct an in-depth review of the provider process flow in the room with the patient
- Conduct the same time study with a different specialty practice to see if results would vary
- Map out an ideal visit workflow from start to finish to achieve maximum efficiency for staff and patients (ideal state will vary by practice)

Plan

Do

Study

Act