

Long Waits in the Waiting Room: Why Is It Happening?

Here's how to use data to better control patient flow.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to soslynn@gmail.com which will be printed and answered in this column anonymously.*

Topic: Long Waits in the Waiting Room

Dear Lynn,

How are we supposed to stay cheerful enough to greet every patient with a smile, when the waiting room keeps filling up with disgruntled patients?

It's not clear as to why the patients are "disgruntled". Does it have anything to do with the notion that they might be left "waiting" in that room? Waiting has been known to feed "disgruntled" so let's go with that.

Let's start by suggesting a re-wording. Always refer to your "waiting room" as your "reception area". It may just seem like semantics but calling it a waiting room confirms to your patients (and to you!) that they will, in fact, WAIT. Rather than highlight the "wait", use more constructive wording to reinforce the "reception perception."

While a busy patient load can be a good thing in terms of practice growth, it needs to be responsibly managed. So, if long waiting periods are a consistent problem, the next step is to find a workable solution and pinpoint the underlying problem(s) which is WHY? Why is that happening?

What exactly is obstructing patient flow? Is it poor scheduling? Overbooking? Late starts? Minimal staffing? Not allowing enough time for patient visits? Treating more than the patient was scheduled for? Absent patient policies (i.e., late arrivals)? Too much chitchat? Too many interruptions? Inefficient protocols?

One way to evaluate your current operating system is to conduct a time and motion study. This will define how long it takes for a patient to move through your office (start

office where patients do NOT have to wait to be seen. There is an article about a dental office that instituted a "10 Minute—Don't Make Your Patients Wait" rule. Their plan involves preemptively addressing potential issues that may arise in the schedule. Then commit to working together and communicating as a team to support a well-managed schedule.

They admit that it isn't always easy and confess that at times, their day can still get unexpectedly derailed. But the preparation helps

Be the unique office where patients do NOT have to wait to be seen.

to finish)—and in doing so, show at which interval(s) there is unnecessary delay. Once you have measurable data, you can begin to identify unwanted bottlenecks and take better control of patient flow.

Now, before you start thinking that you can merely re-direct (or put more bluntly, warehouse) patients into treatment rooms as the perfect workaround, understand that this seat-shifting is nothing more than a delay tactic. And patients know it. They are not naïve, and keenly familiar with this game. Waiting is waiting—whether they sit in a large room or all alone in a smaller one. Shuffling them around does not minimize their displeasure and you can expect that they will still complain. Rightfully so.

Here's an idea. Be the unique

them do their best to see patients at their appointment time—or in the worst-case scenario, within 10 minutes. Quite the concept!

Topic: "Doctor, I'm Here! (Allow Me to Help)"

Dear Lynn,

We have so much trouble keeping our doctor on time. It seems she has a tough time leaving the treatment room if the patient keeps talking to her and feels it's rude just to walk out. Well, the longer she stays in the room, the more we run behind and as you might suspect, patients are grumbling. I suspect this is a frequent problem in medical offices. What can we do to help move her along?

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Yes, it is funny how patient frustration and blame automatically shifts to the staff. “They must be doing something wrong!” Not funny? Ok, here’s something you can do.

If your doctor recognizes that it is a problem getting out of the treatment room because of a “yappy patient” (and it sounds like she does), throw her a lifeline. Set up a subtle signal that both of you agree to follow. For example, nearing the time that the visit should be over, pop into the room, stand next to your doctor and say, “Are you ready for me, Doctor?” This serves as a cue for your doctor to finish, stand up, say goodbye, and begin her exit, giving you permission to sit



important. For instance, it’s reasonable to think that the patient who presents with an open, infected wound might be well aware of the severity of their condition and follow the healthcare professional’s advice more attentively for fear of a more critical outcome.

Conversely, the patient who needs

they listen to what YOU have to say...if you will not listen to them?

Plain and simple, patients want answers, and those answers must make sense to them. In other words, if they feel your “at-home follow-up orders” are too much work, or silly, or undoable, they will use every excuse under the sun for not following through. So, make clear, through education, reinforcement, and follow-up that everything you are recommending is in their best interest, not yours.

That said, if their “excuse” sounds legitimate, be sensitive to their circumstances. Ask them what they CAN do, as opposed to what they cannot. Then, adjust the plan to make things as easy as possible for them to comply. You will find that offering some flexibility might be just the thing to get them on board. When patients can have an active role in their care and are given doable options, they feel like their needs are being considered. You’ve won them over.

Finally, never underestimate the support of spouses, friends, parents, and children. They can and DO strongly influence your patient’s willingness to comply. With the patient’s permission, and taking into consideration all HIPAA rules, try to include and involve their loved ones in discussions about ongoing patient care whenever possible. They can be an encouraging factor in their family member’s compliance.

At the end of the day, as their trusted, expert foot-care provider, you are an integral part of your patients’ healthcare team. They count on you to provide the medical guidance and confidence they need for essential foot health. Now, it’s up to you to comply! **PM**

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down and finish the strappings, dressings, orders, patient instructions, etc.

Another way would be for your doctor to acknowledge your presence the minute you step into the treatment room near the end of the treatment and say, “Right on time, Sue!” Then, finish what she needs to, tell the patient she is leaving him or her in excellent hands (with you), say goodbye, and promptly begin her exit.

Topic: What’s It Going to Take for Patients to Comply?

Dear Lynn,

How can we convince our patients to follow instructions and help them understand that their non-compliance only prolongs their treatment (and their road to recovery)?

Trust is one of the key ingredients that influence patient acceptance. It’s important to make the effort to build a solid doctor-patient relationship with them first, earn their respect and their trust, and then move to recommending a comprehensive treatment plan.

A patient’s understanding of the seriousness of their condition is im-

only a topical prescription to combat an itchy foot might be less concerned and therefore less responsive. Patient perception varies from individual to individual, so while the associated fear factor may play a significant role in favor of better compliance for some, it should not be assumed that it has a similar effect in all cases.

That is why, ultimately, it is up to the healthcare provider to help them understand the necessity of the treatment as recommended...as well as the consequence of not following medical advice.

They need counseling in simple (layperson’s) terms. Think of the movie “Philadelphia” when Denzel Washington’s character says, “Explain it to me like I’m a two-year old.” In addition, to ensure they understand what you are saying, ask them to repeat the instructions aloud to you.

It is also important to take time to stop and listen to what they have to say. Recognize what they are asking so you can offer a proper response. If patients immediately sense your unwillingness to hear their concerns, they will tune you out quicker than you can say “compliance.” Their logic is simple. Why should



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