

Office Efficiency: The Facts and the Feeling

It's always a good idea to conduct an efficiency analysis.

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 lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: Autopilot Efficiency

Dear Lynn,

Here's a question for you. What qualifies as an "efficient" office? What "big picture" things should we be looking at to know whether or not we meet high efficiency standards? Is there a point of reference I can measure my office against to know where we stand?

Think of efficiency in your office as operational effectiveness. Basically, it means having SOP (standard operating procedures) in place that serve to facilitate and continuously improve a well-functioning practice while also eliminating any wasted time and effort. That's probably the more 'technical' definition. Then there is also the 'feeling' of efficiency. That inner sense of serenity one has in knowing that the financial health of the practice is stable and profitable, staff management is under control, productivity and energy levels are high, patients are well-served and satisfied, and the overall environment is one that you (and the entire staff) want to be in. Even in the most efficient offices, problems surface on occasion that will require im-

provements, but for the most part, an efficient practice runs on autopilot with less stress and fewer headaches. It hums.

It helps to conduct an efficiency analysis—whether you put a do-it-yourself plan in place or utilize the help of a hired consultant to see “where you stand.” Some key areas to look at (and tackle one at a time) are: patient

and staff policies, etc. Developing and following an established routine eliminates the “fly by the seat of your pants” approach. This step-by-step method also promotes continuity, consistency, uniformity, and structure—which all lead to a predictable, successful outcome.

If you are already there—congratulations! If, however, you feel your

If you have a large staff and are in a financial position to afford an office manager, they can be extremely helpful in overseeing each of these areas while you simultaneously focus on patient care.

flow, administrative organization, employee management, job delineations, hiring and training, EMR proficiency, and time management. You also want to regularly review all current operating systems to determine their effectiveness. This covers a whole range of practices including (but not limited to) scheduling patients and outpatient surgeries/tests, billing and collection policies, phone handling, performance reviews, staff meetings, charting, manuals, patient

efficiency levels could use a boost, get the ball rolling by first measuring your current processes. Below are a number of different strategies that will help guide you along these lines. One last note: if you have a large staff and are in a financial position to afford an office manager, they can be extremely helpful in overseeing each of these

Continued on page 60



Office Efficiency (from page 59)

areas while you simultaneously focus on patient care.

- Practice Goals and Objectives—This is the first thing you will want to look at because if you don't have any goals or mission, or a vision for

long does it take to complete a process? Use EMR data to do a time and motion study on your patient encounters—determine the average amount of time it takes—start to finish—to see a heel pain patient, routine foot care, matrixectomy, etc.—then schedule all future appointments according to your results.

who complains about everything and everyone. When we see her name on the schedule, we start flipping coins to see who gets “stuck” rooming and prepping her for the doctor. Tails, I lost! Please tell me how to best cope with Mrs. Grumbleweeds!

While this patient is driving you “crazy”, remind yourself that she is not necessarily doing so intentionally. We are quick to label people “difficult”, “obnoxious”, “unbearable”, etc., when in fact they really just have different personalities than we do. Although the term “difficult” is completely subjective, personality disconnects are still mostly responsible for conflict. Here's the hard real-

Constant complainers believe that EVERYONE treats them unfairly—so don't assume her negativity or outbursts are only targeted at you.

the practice, where are you headed? Are your practice goals being met or did they one day disappear or detour onto a different path? Write your goals down and share them with your team. Remind them WHY this practice exists; then re-set your course toward that end. Devise an action plan with some realistic and timely targets to reach. Track your progress on a regular basis. Celebrate your accomplishments.

- Benchmark your practice outcomes in various categories against industry standards or against your own previous results. Do you fall into the “typical” range, consistent with others in your profession? (*PM's* Annual Survey results provide superb data in this regard). If measuring against yourself, are trends rising or falling compared to where you were last month/quarter/year? Adjust your plan to target those areas that are not producing as expected.

- Look into process effectiveness via flow mapping—How many of your processes are filled with unnecessary actions that waste time and effort but you just keep doing them because “that's the way we've always done it”? Take scheduling a surgery as an example. Are more steps being performed than are necessary? If so, identify which steps can be eliminated and still achieve an equal or superior outcome. What systems have proven ineffective or failed because they were ignored or forgotten? This is particularly common with staff training, billing and collections, telephone effectiveness, scheduling, account receivables, and appeals for starters.

- Analyze process cycle time—How

- Evaluate patient response time—How long does it take before a patient can get in for an appointment? (If waiting too long, why?)

- Use payroll ratio, payroll dilution, and wage efficiency models to calculate an appropriate number of employees needed to effectively accomplish the required workload and achieve the assigned targets.

* Update processes. Consider alternative tools that can add to efficiency: the many unused features in your EMR system (that you are paying for), automated phone answering and patient recall services, online appointments and secure patient portals, outsourced billing and/or payroll services, in-office dispensing, ancillary services, etc. Review and stay updated.

End note: Efficiency is a red hot topic. For additional reading on this subject, please refer back to my column in the March 2016 edition of *PM*.

Re: No Complaining!

Dear Lynn,

We have a patient who drives ALL of us crazy when she comes in for her appointment—which is every 9 weeks! She is one of those people



ity. This patient is only driving you (and your co-workers) crazy because you let her. Easy to say, right?

I remember having a similar-type patient in our practice whom we also felt caused frustration and chaos. Nothing anyone did pleased her. It wasn't until we decided to change our attitude and view this patient as a personal challenge rather than a mission impossible that things turned around for us. When you choose to focus on succeeding, you find that magic often happens. Meeting patient expectations, empathizing with their distress, and easing their concerns become much easier.

Constant complainers believe that EVERYONE treats them unfairly—so don't assume her negativity or out-

Continued on page 62

Office Efficiency (from page 60)

bursts are only targeted at you. Try not to get emotional or take things personally. Any signs of anger or pouting are usually related to some underlying behavioral root cause, for example, their need to be in control or perhaps

Typically, complainers are also quick to point out problems without offering solutions.

a lack of recognition or respect. If you allow her words/actions to eat away at you, you walk away stressed. She just walks away. Always remember, what you resist, persists. So, it might help you deal with this (or any) difficult individual by allowing yourself to peel back the onion and learn more about them before automatically writing them off as demanding.

Typically, complainers are also quick to point out problems without offering solutions. They tend to believe it's everyone else's job to problem solve. It's a lot easier for them to vent their gripes than just leave and let you

deal with it. Occasionally, they may test the waters by offering compromising or unsubstantiated facts just to get a reaction. Don't act in response. Instead, preserve your sanity, take what they say with a grain of salt and move on. Because their outward behaviors are driven by their own internal survival and insecurity issues, they sometimes never realize that they are their own worst enemy.

At the end of the day, (Mrs. G.) is a patient and let's face it—not all patients are heaven-sent. So, better than giving her permission to make you crazy, take the challenge and make a genuine effort to deal with her in a more compassionate way. It will end up being better for both of you.

Some general tips:

- Don't argue, agree, or apologize for their complaints.
 - Separate fact from emotion.
 - If they continuously dump their problems on you, turn it back on them. Say something like, "Mrs. Grumbleweeds, I'm not sure how I would handle that. What would you suggest?" It IS possible that no one has ever respectfully asked for their opinion.
 - If you have facts to counter any unsubstantiated comments, kindly state them. Be careful not to turn a non-toxic dialogue into a heated argument.
-

Respond to negativity with optimism and encouragement.

• Paraphrase or repeat what they just told you to better realize their concerns and offer empathy. "Do I understand you to mean...?"

• Don't just blow them off. While you may think repeat complainers are just crying wolf (again), they may actually have a legitimate complaint that needs to be resolved. Hear them out.

• Use open and closed questions to control the conversation. When you want to promote more discussion, ask questions that begin with "who, what, where, when, why, how". If you just need a quick yes or no response, ask "did, have, can, shall, will".

• Be generous with verbal appreciation, and genuine with your "please" and "thank you"s.

• Respond to negativity with optimism and encouragement, "Things are going to turn out great!" or "I'm sure you'll get that done on time!" **PM**



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of

Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.