

Keeping Me Waiting

Medical Practice Wait Times and Patient Satisfaction

Today's medical practice patients have a wide range of provider options, from employer provided medical kiosks to retail clinics and urgent care facilities. To remain competitive, traditional medical practices are changing the way they operate and making visits more patient-centered.

Patient-centered medical practices seek to make patients feel better, both physically and emotionally. One important aspect of the patient encounter that tends to be overlooked is the time spent waiting before a patient sees a physician. Often, medical practices are unsure of how to minimize wait times, or may chalk up waiting to an undesirable but normal aspect of business. However, waiting to see a physician is a huge dissatisfier that increases patient anxiety and is frequently cited as a reason why patients leave a practice. Improving actual wait times, as well as patients' perceptions of their wait, can result in increased patient satisfaction and improved bottom lines.

The Effects of Waiting

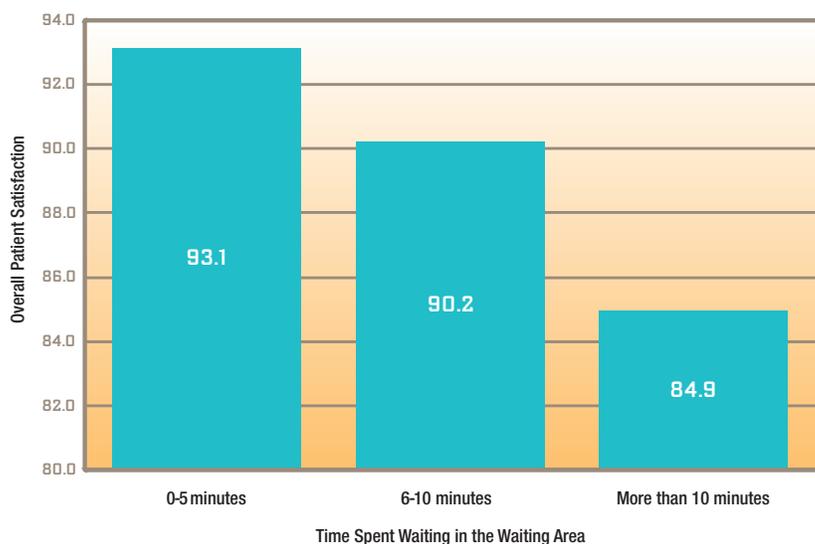
Most medical practices are aware of the trend toward delivering patient-centered care and have made great strides in improving the patient-provider encounter. However, out of all aspects of the patient visit, our studies show that patients are least satisfied with the amount of time they spend waiting. Further, findings in Press Ganey's 2009 *Medical Practice Pulse Report* indicate that the average time patients spend waiting to see their provider is 24 minutes. At some practices, patients are made to wait significantly longer, in some cases hours. As Figure 1 shows, overall satisfaction declines the longer a patient has to wait.

People don't like to wait, and when a patient is waiting to see a physician, that dislike can move beyond a mere annoyance to physical and emotional discomfort and anxiety. Aside from the inconvenience of having to wait to see a provider, patients are dissatisfied when they are made to wait in a physical environment that is neither comfortable nor relaxing. In fact, "cheerfulness of practice" and "comfort and pleasantness of exam room" are consistently among the top five priorities of medical practice patients (Press Ganey, 2009). These findings support the notion that it's not only the wait itself that is important to consider, but also the environment in which the waiting experience occurs.

Patients begin to form first impressions of the practice, and by extension the provider, within their first few moments in the waiting room. However, what is the general process of patient check in? Often, patients walk up to a glass divider and announce their arrival to staff who tell them to sit and wait to be taken to an exam room. This waiting period can last several minutes past the appointment time and is often spent in a room with dirty carpets, old magazines, a loud TV and uncomfortable chairs. This experience can easily result in a negative first impression which can impact the remainder of the patient's visit and even make the encounter with the nurse and provider less productive.



**FIGURE 1:
MEDICAL PRACTICE SATISFACTION BY TIME SPENT IN THE WAITING AREA**



Represents the experiences of 2,373,288 patients treated at 10,214 sites nationwide between January 1 and December 31, 2008
Press Ganey 2009 *Medical Practice Pulse Report*

Meeting Patients' Needs and Expectations

Patients walk into a medical practice with a variety of needs and expectations that must be met to keep them satisfied. Those needs, and some recommended solutions, can be broken into three categories: physical, cognitive and socio-emotional.

Physical Needs

- Provide comfortable, clean seating.
- Have beverages and light snacks available.
- Make sure patients are not in pain or physical discomfort.

Cognitive Needs

- Tell patients how long they should expect to wait.
- Provide current magazines or a TV for distraction purposes.

Socio-Emotional Needs

- Treat patients with courtesy and respect.
- Have staff available to help patients who are feeling anxious about their visit.

When considering which strategies to implement to improve the wait experience, practices can organize solutions into environmental changes and process changes. To implement changes effectively, practices should consider factors such as cost (time, staff and the actual changes), time frame (identify what's wrong, develop the solutions and implement the changes), challenges (anticipated and unexpected), and feasibility (likelihood of success). Each practice has unique circumstances and there is not a one-size-fits-all solution. The following are a few examples of both environmental and process changes that any practice can consider implementing to improve its patients' satisfaction.

Environmental Changes

Imagine patients entering a practice with unclean carpets and furniture. The patients then sit in uncomfortable chairs and immediately look around for something to occupy their time. With nothing to read, watch or otherwise engage in, the patients will consciously count the minutes while they wait. The patients' physical needs are not being met because they are uncomfortable, cognitive needs are not being met because they are not given opportunities to be distracted or occupied, and socio-emotional needs are not being met because they feel inconsequential. Implementing environmental changes can help meet these needs. These changes can range from major architectural changes to interior redesign to cosmetic interior treatments.

Simple environmental changes that can make a big difference include:

- Room temperature – Adjust this to meet the needs of your patient mix (i.e. maternal health patients may require a lower temperature than elderly patients).
- Lighting – Provide warm lighting. Elderly patients are particularly affected by glare.
- Sound - Play soft music to relax patients and provide background noise.
- Color - Use color to enhance the atmosphere. Warm colors are energetic and stimulating, while cool colors are calming and relaxing.
- Layout – Offer multiple seating options, such as clustered seating for family groups along with single seating for those who are unaccompanied.

Continuous improvement of the look and feel of the waiting room positively impacts perceptions. Routine maintenance should include:

- Scheduling regular cleanings and maintenance of carpets and furniture.
- Rotating staff inspections of common areas.
- Applying a fresh coat of paint on a regular basis.
- Replacing furniture regularly, even if visual flaws are not obvious.
- Hanging art work on the walls to give a more home-like appearance and provide something for patients to focus on.
- Displaying up-to-date magazines and other reading materials.
- Providing a computer with internet access.
- Keeping an assortment of clean toys on hand.

More extensive physical changes focus on the design of the physical environment itself combined with the cosmetic issues listed above. Major architectural efforts include consideration of everything that the patient experiences from their first view of the building (where is the front door?) to the patient exiting the building (is the route safe and without level changes?). New building projects and many major renovations should incorporate the latest concepts in patient-centered facilities which use task and indirect lighting concepts, open spaces, natural environments, materials, colors, textures and amenities in ways that enhance the patient experience.

- Renovate existing spaces by raising ceilings or knocking down walls to enlarge and open waiting rooms to make patients feel less confined and more relaxed.
- Have an open reception area and front desk which allow the staff to be perceived by the patient as more accessible.
- Provide amenities such as a coffee bar or snack area.
- Install windows to allow for natural light and visual access to the outdoors.
- Integrate nature into the environment with the strategic placement of flora or fish. A fireplace welcomes the patient and is a gathering spot in colder climates.

Process Changes

One of the simplest process changes that a practice can make is waiting room rounding. Rounding costs nothing and has the potential to make a huge difference to patients' satisfaction. After a patient has waited 15 minutes (and every subsequent 15 minutes), a staff member should physically get up and walk into the waiting area. The staff should acknowledge that the patient is still waiting, provide an update about when the visit is expected to begin and ask the patient if there is anything that they need to be more comfortable. This directly addresses patient cognitive and socio-emotional needs.

How the medical practice operates and responds to the ebb and flow of visits can dramatically impact wait times. One frequent cause of delays is unscheduled visits. Unscheduled patients are often worked into existing schedules and made to wait until a window opens. In more emergent situations, other patients with scheduled appointments may be bumped or the unscheduled patient is sent to an urgent care center or emergency room. All of these choices are disruptive to the flow of the practice, are inefficient and cost practices money. Unscheduled visits can be mitigated by calculating how long the average scheduled visit takes. If the practice operates on 15-minute provider slots and actual visits take 30 minutes, there will be very long delays. Practices with a history of unscheduled visits can build in “buffer” appointments throughout the day for unscheduled patients. If not used, these buffers can bring providers back to their scheduled time lines. Be aware of the busiest times, days and seasons of the practice and adjust accordingly. For example, proactively contact parents to avoid the hectic last-minute scheduling of back-to-school physicals.

Conducting chart preview or morning huddles to plan for the day can also help to reduce delays. Pull patient charts the day before to minimize search times, ensure receipt of outstanding test results and have the staff and physicians review the case load and mix for the day. This will allow the practice to anticipate any special needs or challenges so that adequate resources can be allocated.

Conclusion

The goal of the patient-centered medical practice is to make the patient feel better, both physically and emotionally. Reducing wait times and changing how patients perceive the wait can make a tremendous difference in the patient experience. Practices that meet the physical, cognitive and socio-emotional needs of patients will accomplish this goal. Systematically evaluating processes and making physical changes to a practice should be continuous. This will keep a practice fresh and patients comfortable, which in turn can facilitate improved interactions during the visit, as well as improve patient satisfaction, all of which will lead to improved practice performance.

Reference:

Press Ganey Associates, Inc. 2009 *Medical Practice Pulse Report: Patient Perspectives on American Health Care*. South Bend, IN.

Available at: <http://www.pressganey.com/researchResources/medicalPractices/pulseReports.aspx>



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