CLINICAL VIGNETTE

A Study of Wait Times and Delays for Patients Seeking Care Within a Geriatric Clinic

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Abstract

The increasing complexity of clinical care and health care systems has impacted many practices across the nation with increased wait times and delays in care. These wait times and delays dissatisfy patients, medical staff, and physicians, while increasing health care costs and potential adverse effects of clinical outcomes. This becomes a larger issue for our elderly population as outpatient clinic visits require additional time for discussion of multiple chronic disorders, medications, and any new health care issues; patients often need more coordination to complete the recommended treatments and tests for the day.

As a quality improvement project for the geriatric patients (65 years or older) of the UCLA Westwood Outpatient Geriatrics Clinic, we assessed all wait times and delays a patient has upon check-in to check-out using a time-series analysis and made recommendations to combat the bottlenecks.

The project team of four members used a "one-on-one" method to track patient wait times for two weeks, during both morning and afternoon sessions, for a total of 268 patients tracked. Analysis of the data revealed a geriatric patient spent on average 1 hour and 2 minutes in the clinic.

Recommendations to combat delays and additional wait times include: asking at the time of scheduling the appointment if it is a routine follow-up or if there are urgent, acute issue(s) and the number of health issues needing to be addressed; assessing if the patient would like more time with MD than usual; facilitating reminder calls to patient a few days prior to appointment to include time of appointment with the doctor and to arrive 15 minutes prior to appointment to allow time for check-in and the available options for care if patient arrives late; improving communication between the front office, nurses, and physicians that patient is ready for next step of visit; having a physician with availability to see walk-in patients; and initiating a 15 minute rounding in the morning with nurses and providers to plan for anticipated patient needs.

Introduction

There is increased attention to "patient-centered" care in recent years. In the outpatient ambulatory setting, patient wait times and patient satisfaction are becoming more important metrics. The increasing complexity of clinical care and health care systems has impacted many practices across the nation with increased wait times and delays in care.

As wait time increases for a patient during a visit, the perception of quality of care decreases.[1] In addition, increased wait times adversely affect patient compliance with treatment regimens, which can undermine clinical outcomes.[2] Delays in clinic also negatively affect the workflow of the physician and staff for the rest of the day. Physicians believe that they are providing high-quality care and experience higher professional satisfaction when there are fewer obstacles they need to manage within their practice, whether from self or externally.[3] Thus, physicians are satisfied when patients are ready to be seen at their scheduled appointment time and have no interruptions while seeing the patient. Studies have also shown that the amount of time a physician spends with the patient correlated with a patient's overall satisfaction.[1,2,3] The more time a physician spends with a patient, then the more satisfied the patient feels. Conversely, less time, less satisfied.

The Office Visit Cycle Time is the measure of the total amount of time in minutes that a patient spends at an office visit, excluding labs and radiology. The Institute for Healthcare Improvement's goal is for the office visit cycle to be within 1.5 times the actual time spent with a physician.[4]

Not only do wait times and delays lead to dissatisfaction for patients, physicians, and medical staff, they also increase health care costs and increase the potential for adverse outcomes.

A quality improvement project was conducted by Katherine Serrano and Esmeraldo Pulido in 2014 in the UCLA Outpatient Ambulatory Internal Medicine Suite (IMS), which included a time series analysis over 2 weeks with observations regarding workflow and bottlenecks.[5] The data gathered from 52 patients showed that IMS patients spent on average 70 minutes in the clinic. While that study did not show any difference between the amount of time between patients younger than 65 years of age and older than 65 years of age (i.e., Geriatrics age), it is generally thought that elderly patients need more time to discuss and coordinate multiple chronic disorders and new health care issues. This need for additional time in the clinic can cause delay for subsequent patients.

To better understand the reasons behind wait times and delays for Geriatric patients (65 years or older) within an academic medical center, this study used a time study method for

analysis and made recommendations to improve current processes.

Methods

We used a similar method of data collection as used in the prior studies. Institutional Review Board (IRB) approval was not required as this was a quality improvement project. Geriatric aged patients being seen by Geriatricians in the IMS clinic were observed over a two-week period, Monday through Friday, from 8 am to 5 pm. Various days of the week, times, and physicians were observed to obtain a random sample of patients. 268 patients were observed during this time. Each of the four observers used a "one-on-one" method where each observer followed one patient at a time from check-in to check-out. Each observer used their cell phone as time stamps.

The first area was when the patient arrived and checked-in at the front desk to when the nurse called the patient into the clinic from the waiting room. The second area was from the time the nurse began taking the patient's vitals and reviewing medications to the end of these tasks. The third area was from the time the nurse placed the patient in the exam room to the time the physician arrived to see the patient in the exam room. This was followed by the time the physician actually spent seeing the patient. The last area was from the time the patient exited the exam room to the time they checked-out and left the clinic, including lab testing if required by the physician.

Time was tracked using the prior study's time tracking form. Patients were identified by their clothing rather than their names as they were followed by the observer throughout their visit. The observer remained near the physician's stations in an inconspicuous manner and minimized interactions with staff and patients. Observers documented factors that may explain some of the delays.

After the data collection, the team reviewed the tracking forms. Quantitative data was entered into an excel spreadsheet and simple statistical calculations including mean and median wait times were calculated.

Results

Analysis of the data revealed a patient spent on average 1 hour and 2 minutes in the clinic (Figure 1, Figure 2) when being seen by a Geriatrician. On average, it took 6.7 minutes from check-in to when the nurse begins taking vitals on the patient. It took an average of 7.8 minutes for the nurse to obtain vitals and review the patient's medications. The average wait time between when the nurse finished and when the physician walked into the room to see the patient was 14.1 minutes. The physician spent an average of 20.4 minutes with the patient.

In reviewing the different visit types and associated visit lengths (new patient, follow-up, urgent care, pre-operative exam/post-hospital follow-up, and provider transfer), the new patient visits lasted on average 1:29 minutes with the physician spending on average 33.1 minutes with the patient during the visit (Figure 3).

Discussion

The average combined time from patient check-in to a patient ready to be seen by the physician is 14.5 minutes. The average time the patient needs to wait before a patient sees the physician after s/he has been roomed by the nurse is 14.1 minutes. It may be that the physician is running behind in each subsequent appointment of the day by the amount of time it takes for an earlier patient to be roomed and ready to be seen.

Some recommendations for strategies to possibly reduce the time between patient check-in to when the physician sees him/her are as follows:

- Improving communication among front office, nurses, and physicians when a patient is ready for the next step of his/her visit,
- Assessing the reasons for waiting between nurse finish and MD start to improve on systems issues;
- Implementing a 15-minute rounding at the beginning of a physician's clinic session with the nurse to plan for anticipated patient needs;
- Asking at the time of scheduling the appointment if it is a routine follow-up or for urgent acute issue(s). If appointment was made more than 2 weeks prior, a reminder call should be implemented to see if there are additional urgent care issue(s) that may require more time than already allotted;
- Having MDs to designate which particular patients require more time set aside than available in a typical slot;
- Initiating reminder calls to patients a few days prior to appointment to include arriving 15 minutes prior to the appointment time, the scheduled appointment time, location, and available options for care if patients arrives late; and
- Staffing a physician in the office with availability to see walk-in patients with urgent issues to minimize the delays associated with adding on an additional patient onto a schedule that is already full.

Additionally, this time series showed the overall average total time spent in the IMS clinic by Geriatrics patients is on par with what was seen in the prior study. It is possible that patients' age and presumed need for increased time as one is older and more frail may not actually contribute to more time needed during the visit. Another possibility is that the inherent inefficiencies at the various stages of the patient experience of the clinic visit are structural due to the large size of the practice with more than 150 different physicians seeing patients. This may obscure any increase in time that elderly patients may need. Future studies in a smaller setting with fewer physicians may reveal meaningful differences.

Figures

Figure 1. Flow chart of a typical geriatric patient visit from check-in to check-out. Resulting in an average total time of 62 minutes spent in clinic.

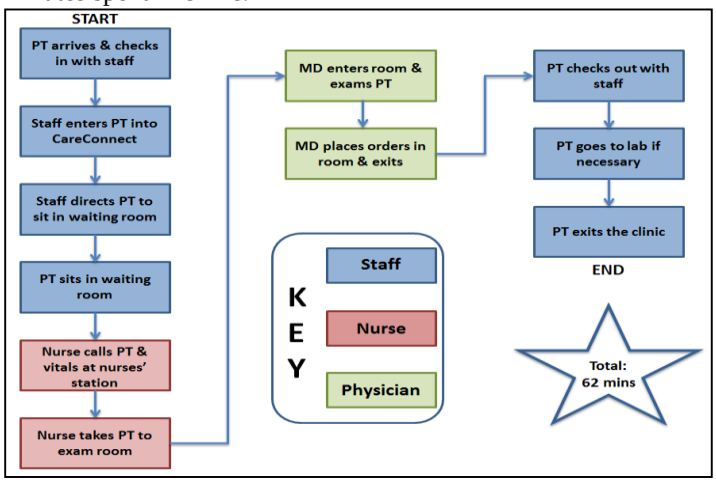


Figure 2. Average time spent in clinic by appointment types.

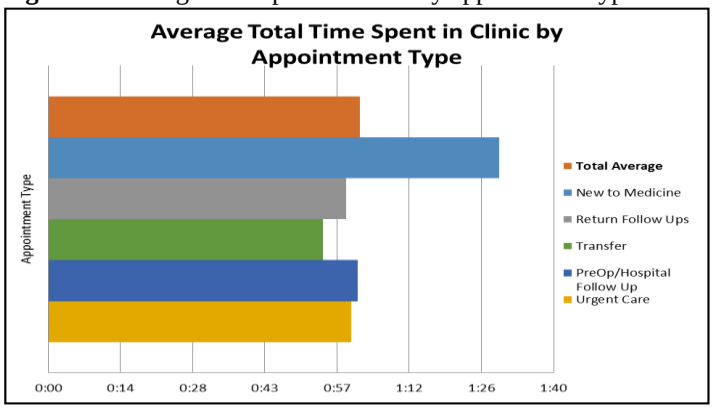
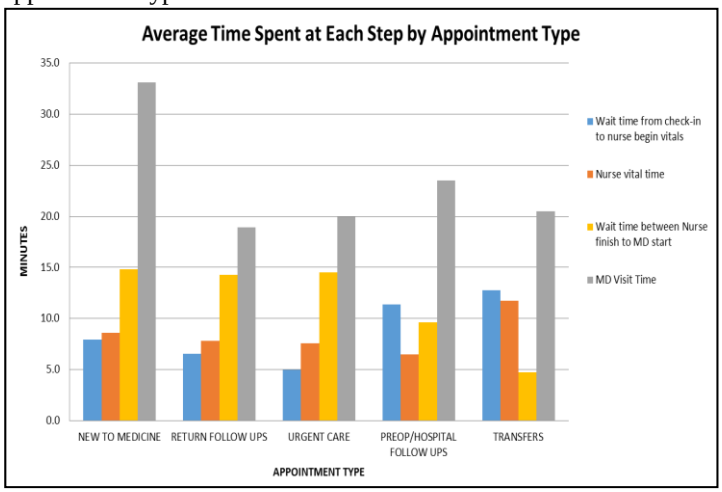


Figure 3. Average total time spent at each step by appointment types.



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