

Quick Ways to

MAXIMIZE

Your Office Space

Try these strategies today that have worked for TransforMED practices.

David V. Garrett, MHA

Most family physicians spend more of their waking hours in the office than they do at home. Yet, in my experience, they rarely think about their office configuration. Perhaps that's because many practices don't have the money required to build a new office suite or customize an existing one. Instead, they're stuck trying to adapt to a generic office footprint, and the space is rarely optimized for the delivery of primary care.

However, there are things medical practices can do to make the best out of a tough situation. As a practice enhancement facilitator at TransforMED, an AAFP initiative that's working with practices across the country to test a new model of family medicine, I've seen how minor changes to an office's physical space can pay big dividends in office efficiency, teamwork and patient flow almost immediately.

This article shares some of the do-it-today strategies that have worked well in the TransforMED practices and could work in yours. (For previous *FPM* articles related to TransforMED, see "Tracking TransforMED" on page 28.)

Tip No. 1: Group people by needs, not job titles

Although it seems logical to sit people together who work together, many offices don't do it. People are instead grouped by job titles, such as a nurses' station or a doctors' area. Some TransforMED practices found that grouping individuals by work pattern aided teamwork, fostered better communication, built efficiency

and ultimately produced better customer service.

For example, one small practice suffered from poor teamwork and communication among clinical staff members and physicians. The clinical support team's office was at the front of the clinic, while both physicians' offices were at the back. This physical separation added to the practice's disjointed communication. To address the situation, each of the physicians and their primary support staff members were put in the same work space.

"The impact of our office move was significant," said Cindy Croy, MD, one of the practice's two physicians. "The move helped with staff ownership of the patient care process as well as teamwork between the physicians and medical staff."

A larger TransforMED practice was consistently having problems with scheduling, which was handled by a staff person who sat at the front desk. Appointments were often scheduled inappropriately, patients were being turned away unnecessarily and triage was not occurring properly. The practice decided to move the scheduler out of the front office to a location closer to the back office so that scheduling questions could be answered immediately by clinical staff members.

"Moving the main scheduler has proved to be very beneficial," said Earlene Gibbs, a nurse at the practice.

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“The scheduler has direct access to nursing staff for questions about scheduling procedures, and fewer scheduling mistakes are made. Plus, the scheduler is not distracted by the chaos at the front desk.”

In settings where it simply isn't possible to group people physically, another option is to connect them virtually. For example, a secretary-nurse-physician team could use instant messaging to communicate quickly with one another even at a distance.

Tip No. 2: Identify and eliminate bottlenecks

The typical office space is not designed to handle the volume and variety of patient flow that the typical medical practice generates. As a result, bottlenecks are bound to occur.

When possible, spend some time observing your staff members and your patients during the day and try to identify whether your practice has areas where staff members or patients spend too much time. If you identify a bottleneck, try to develop a work-around.

One common patient-flow bottleneck occurs when patients who have already seen their doctor are waiting for lab work, X-rays or other ancillary services. This was the case for a TransforMED practice that I work with. To address the situation, the office manager and I walked the floor and made notes about patient flow. We noticed that patients slotted for a blood draw or an X-ray were waiting in the exam room after the doctor left the room, while patients waiting for an exam were waiting in the reception area. We wanted to figure out a way to get the first group out of the way of the latter.

Our solution focused on making the lab drawings por-

table. Nurses now perform blood draws in whatever room is most convenient at the time, whether it's the patient's exam room, the lab or another exam room, thanks to the practice's purchase of handheld portable draw carriers.

“The portable draw carriers make a huge difference because they are convenient for the nursing staff,” said Katrina Taylor, the practice's office manager. “When there is a problem with flow, we can move the patient into the lab or any exam room that is open for draws.”

Similarly, temporarily empty rooms are now used as a holding area for the practice's radiology patients. In other practices, a holding area could be created with a few chairs in a hallway. Placing a patient in a holding area opens up an exam room for the next patient and helps with patient turnover.

In another situation, a three-physician practice realized its front office was suffering from an information bottleneck. The practice did a lot of work via fax, with a single fax machine handling refill requests, patient information, administrative and billing communication, and receiving junk advertisements. Important information often went missing, which delayed appropriate action.

For this practice, the fix was as simple as getting a second fax number and putting another fax machine in the front office. One line was dedicated to “getting patient work done” while the other was reserved for “getting business done.”

An additional solution would be to purchase a small business fax server, which would allow a practice to send and receive faxes from its computers with the click of a button. With this option, a practice wouldn't need an extra phone line. Either way, this is an example of how a

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small change can help improve office efficiency and cut down on errors.

Tip No. 3: Declutter the front office

In many practices, office equipment (copiers, printers and fax machines) and resources (office supplies, mail and medical charts) are condensed into one spot. Usually it's the receptionist or office manager's area. This location becomes "command central" for the

practice. But this is often exactly the wrong place for many of the above items to be kept.

Typically, this area is already chaotic with incoming and outgoing phone calls, the greeting of patients and data entry. When additional staff enter the area – for example, to make a copy or send a fax – it just makes things worse. To ease this commotion, determine what the "must haves" are for that area, and move everything else to another location.

A less cluttered and hectic front office will make a better impression on patients and set a saner tone for the practice.

Some of the practices participating in the TransforMED project have found easy ways to reduce office bottlenecks.

This article's suggestions, which include grouping staffers by needs and decluttering the front office, can be implemented quickly and affordably.

TRACKING TRANSFORMED

This is the third article in an ongoing *FPM* series covering TransforMED's two-year national demonstration project. For more tips from TransforMED practices, see the following articles:

- "Huddles: Improve Office Efficiency in Mere Minutes," June 2007, page 27.
- "TransforMED Tries to Rebuild Family Medicine," May 2007, page 21.

Increased satisfaction

When things get busy and stressful in the office, all of the work-flow and work-space issues discussed above can lead to frustration. This often bubbles to the surface and interferes with your practice's ability to provide optimal patient care. Addressing these issues will greatly increase the satisfaction of everyone involved. 

Send comments to fpmedit@aafp.org.