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LETTERS FROM MAINE

Battle Tested—and Better for It

The good news is that the flow of sick patients into the office has begun to slow. The viral gastroenteritis and the influenza-like illnesses that have plagued our community seem to be abating. We are now back to a more comfortable mix of slow-gaining breast-feeders, runnynosed toddlers, and limping teenaged athletes.

Physicians and staff are getting home in time to tuck their own children in for the night and sometimes even arriving before dinner is served. There are empty seats in the waiting room from time to time, and I no longer feel that I must begin each visit with an apology for running behind.

The rest of the good news is that weathering this 8-week siege of illness has forced everyone in the office to improve their efficiency so that now we are purring along like a well-oiled machine. Exam rooms are well supplied with otoscope pieces, tongue depressors, and ear curettes when the day begins because the nurses realize that once the patients start arriving, the window of opportunity to restock the drawers may not open again.

All the patients with vomiting or diarrhea are weighed before they see the physician. Children with urine complaints have already been coaxed into peeing and the results of their urinalyses are already on the chart before they are readied for an exam, and those with headaches or head bumps have had their blood pressures taken. The nurses who float over from the internist's pod from time to time are no longer wasting their time and irritating the patients by taking "routine" and meaningless temperatures.

The receptionists are asking more and better questions before they make appointments. After seeing a big influx of sicker-than-usual patients, they have witnessed multiple examples that support our office philosophy: Seeing the sicker patients early in the day helps things run more smoothly. Children with injuries that might require an x-ray are scheduled to come in when our in-house x-ray is staffed. Nearly all of the phone messages that arrive on the counter above the chart rack include sufficient information for the physician to give the correct advice without having to ask time-consuming follow-up questions.

The physicians are arriving in time to make their callbacks and are ready to sit down for our scheduled and promised call-in times. For some, this punctuality is a new habit spawned by the realization that when double-booking is the norm, there is no time to compensate for a late arrival.

The bad news is that 30 years of watching the ebb and flow of patient volume has taught me that after a few weeks of relative quiet, some old habits and inefficiencies will creep back into the routine. It's only natural. No one enjoys churning away at top speed, seeing patients in less time than they deserve.

For some staff members, this double-barreled outbreak was their first opportunity to see how busy a pediatric office can get. Of course, it also gave some of us old-timers the chance to tell a few "If you think this is busy …" stories. And I have grown to enjoy answering those, "Did you really see 85 patients in one day?" questions.

But there is even more good news. None of our permanent employees quit during the siege, and I think that most of our new employees now understand how some of our apparently trivial office policies came to be. When things are relatively quiet, it may not seem terribly important that each exam room always has an extra roll of paper towel under the sink. However, when a physician who is running 40 minutes behind finds herself out in the hall with wet hands instead of beginning her exam of a fussy and feverish 3-month-old, it isn't a pretty picture.

Office pediatrics will always be an unpredictable mix of chaos and calm. No one can write a practice manual that will make every day a stroll in the park. But, a well-run office can create commonsense policies that may help preserve the lessons that were so painfully learned in the heat of battle. ■

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