

## REINVENTING YOUR PRACTICE

## Readers Find Ways to Advance Patient Care

In the second round of our “Reinventing Your Practice” contest, we invited readers earlier this year to share ideas that they’ve used to improve patient care by making their practices more clinically effective, patient friendly, and efficient.

After careful consideration of the dozens of contest entries that we received from readers, the four members of our editorial board who served as contest judges identified the six contest participants who submitted the most practical and creative ideas.

Here are the six physicians who have received a digital camera for submitting winning entries:

► Dr. S. Germain Cassiere of Shreveport, La.

► Dr. Janet Armstrong of Glasgow, Mont.

► Dr. Chirayu Shah of Houston, Tex.

► Dr. Arnold Jay Simon of Palm Springs, Fla.

► Dr. Thomas J. Madejski of Medina, N.Y.

► Dr. Nasreen Ilias of St. Louis, Mo.

This month, we’re presenting the first two prize-winning contest entries—the two practice tips that earned the highest marks from our contest judges.

In addition to the ideas described on this page, we heard about personalizing the décor of examination rooms, handling patient telephone calls, posting podcasts on a blog Web site, maintaining a computerless office, and many more.

Although we’re awarding prizes to six

physicians, other readers who submitted useful ideas deserve acknowledgment. In future issues, we’ll also publish some of the ideas submitted by the runner-up contestants, and we’d like to express special thanks to them:

► Dr. Rajender K. Arora of Maplewood, N.J.

► Dr. Mohammed M. Basha of Gainesville, Fla.

► Dr. Mark R. Cervi of Greenville, N.C.

► Dr. L. Frank Chandler of Chattanooga, Tenn.

► Dr. David R. Dorf of Garnerville, N.Y.

► Dr. Richard Haddad of Red Bank, N.J.

► Dr. June D. Hillelson of Grand Rapids, Mich.

► Dr. Ronald Hirsch of Elgin, Ill.

► Dr. Charles W. Johnson of Conway, S.C.

► Dr. David J. Knudtson of Evanston, Ill.

► Dr. Dean E. Kross of Pittsburgh, Pa.

► Dr. Barbara E. Magera of Charleston, S.C.

► Dr. Srikrishna Nagri of Brooklyn, N.Y.

► Dr. William D. Pletcher of Elkhart, Ind.

► Dr. A. Praisood of Gainesville, Fla.

► Dr. Michael Schiesser of Bellevue, Wash.

The “Reinventing Your Practice” column will be appearing in the Practice Trends section in the first issue of each month.

We hope you will find ideas in the column that will be useful in your own practice. ■

## Cutting Wait Times for Patients Is a Nice Touch

The idea seems simple enough, but the improvement in waiting times for lab tests for the patients of Dr. S. Germain Cassiere has been dramatic.

As in many medical offices, his patients for many years had signed in on a sheet of paper to let the receptionist and technicians know they were there, he said. Then the patients waited for an average of 25-30 minutes, and often longer on busier days, such as Monday and Tuesday.

Dr. Cassiere’s solution was to install a computer terminal with a touch screen in the waiting room to replace the paper sheet.

“The patients use the wall-mounted touch screen as a keyboard to enter their names and select what services are needed,” said Dr. Cassiere, who works in a six-physician general internal medicine practice in Shreveport, La. “The completion of this



“No one likes to wait” to get their lab results, Dr. Germain Cassiere said.

COURTESY DR. GERMAIN CASSIERE

one-page data entry generates a record in the database for that particular outpatient service center.”

The technicians can see on their own computer screens the names of waiting patients and when they arrived. After patients have been called in and had their blood drawn, the technician logs them out with a click on the screen.

A program called LABRATS (Lab Registration Access Touch Screen) tracks each part of the process and can report an hourly patient count, record the number of registration technicians and phlebotomists present, and calculate the average time for every step. Monthly reports, which allow the lab staff to track trends, showed that

Mondays and Tuesdays are the busiest, and therefore may require more personnel.

Because of the system, the average wait time for lab tests has declined 40%, to an average of about 18 minutes. The technicians and phlebotomists appreciate being accountable, knowing how they are doing, and showing their efficiency, Dr. Cassiere said.

He also believes the patients appreciate it. “They notice it takes less time,” he said. “No one likes to wait.”

After patients are finished having blood drawn for tests, they are deleted from the system, so there is no conflict with HIPAA confidentiality rules, he noted.

When Dr. Cassiere first proposed the computerized system, there was skepticism from some in administration and the information technology department at Willis-Knighton

Health Systems, the health services provider he works with, regarding feasibility and patient acceptability of this process.

Dr. Cassiere took that as a challenge. He developed the system himself using the same Nexus Database System he had previously used to develop a message-tracking system to log incoming phone calls so they are returned more reliably (Reinventing Your Practice, INTERNAL MEDICINE NEWS, June 1, 2007, p. 53).

The LABRATS system has worked so well that it has been adapted for use in the general admission process and is now being deployed for use in all 12 outpatient service centers of the health service, Dr. Cassiere said. ■

## Handwritten Notes Can Enhance Lab Reports

Dr. Janet Armstrong has always had a love-hate relationship with laboratory reports. Reviewing them is a chore. But she also considers them to be incredibly important to good patient care.

So, realizing their importance, Dr. Armstrong sends the actual lab reports that she receives to the patients themselves, with each report embellished with a short handwritten note that she adds.

This personal annotation serves to reassure her patients that their physician has actually paid attention to the lab results and is concerned about their care, Dr. Armstrong said.

The personal note is also a place for her to reiterate recommendations and to express concern or give praise for positive or negative changes in such measurements as glycohemoglobin or cholesterol levels.

Finally, the handwritten note encourages her patients to put together a medical file at home, which helps to engage them in their care.

Dr. Armstrong practices internal medicine as part of a four-physician family practice in rural northeastern Montana.

The practice used to send her patients a form letter filled out by a nurse, with a check mark for “normal” or “abnormal” next to the appropriate test.

But she found out just how emotionally fraught lab results can be for patients when she herself underwent a medical test.

“I remember receiving a ‘normal lab notice’ weeks after the test had been done,” she recalled.

She found herself “worrying in that hypochondriacal and paranoid way that maybe the actual lab got lost, and they were just telling me that I was normal because that is what I would want to hear.”

“I know I would have felt better to see an exact copy of the lab with a doctor’s note on it,” Dr. Armstrong added.

**‘Annotating each lab is time consuming and redundant at times, but it has served to empower my patients.’**

DR. ARMSTRONG

“I had to call just to get the notice.”

Because she realizes how much prompt return of lab results means to a worried patient,

Dr. Armstrong makes a point of

reviewing the reports and sending them on to the patient the same day that she gets them.

She also instructs her patients to call to remind her if they do not receive their results soon.

Dr. Armstrong noted that she recently had a patient who was not notified about abnormal results on a CT scan because another physician, who was on leave, had been recorded as the ordering physician.

Fortunately, that patient called the practice to inquire about the missing report.

“Annotating each lab is time consuming and redundant at times, but it has served to empower my patients, given them a sense that their health care is important, and has served as a record of my concerns and recommendations for follow-up, which makes it worthwhile in my practice,” Dr. Armstrong said. ■