

Simplicity Is Key in Cutting Wait Times

BY TIMOTHY F. KIRN
Sacramento Bureau

By making some simple changes, Dr. S. Germain Cassiere has dramatically reduced the amount of time patients must wait for lab tests.

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 put 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 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.

With 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.

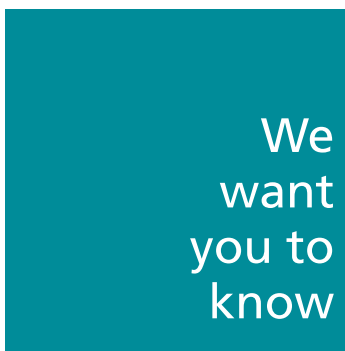
And patients appreciate it. "They notice it takes less time. No one likes to wait."

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 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, about its feasibility and patient acceptability of the process.

Dr. Cassiere took that as a challenge. He developed the system himself using the same Nexus Database System he had used to develop a message-tracking system to log incoming phone calls so they are returned more reliably.

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, he said. ■



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