Executive Summary

Patient Satisfaction and Clinic Efficiency at the Ear, Nose and Throat Clinic at Sylvester Comprehensive Cancer Center

Long wait times negatively impact patient satisfaction and patient outcomes.¹ The Ear, Nose and Throat Clinic at Sylvester Comprehensive Cancer Center (part of the University of Miami’s UHealth System), identified Press Ganey data of 86-minute average wait times from patient sign-in to seeing a doctor.

UHealth dashboards display key performance indicators at the service-line level, and the clinic findings presented a clear opportunity to improve patient satisfaction and clinic efficiency, and impact costs. Reducing wait times would involve many physicians and nurses and positively impact hundreds of patients: the clinic has 70 to 100 patients per day, who are treated by 16 physicians in five practices.

A cross-functional improvement team was formed to reduce the wait times. The team incorporated three disciplines — physician clinical, nursing clinical, and operations improvement — to bring a broad, unbiased perspective to the problem, causes, and potential solutions. The team attended training at the Academy for Excellence in Healthcare at The Ohio State University, where they learned lean tools and techniques, such as value-stream mapping, takt time analysis, process flow, and waste elimination.

The team selected two clinic providers with similar practice specialties to serve as pilot groups to study and used the following techniques to evaluate the patient process and the problem:

• **Voice of the customer:** The team surveyed practitioners, nurses, and clerical staff to gauge the satisfaction of those working in the clinic process. They also found that most physicians and nurses were aware of patient complaints about clinic wait times.

• **Data verification and shadowing:** The team compared EMR data on process times to what actually occurred in order to manage the project; some data was consistent, but other times, such as physician times with a patient, were not operationalized in real time the same way the EMR collected the data.

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• **Template and takt time analysis:** The team reviewed physician scheduling templates, and compared scheduled patient times against actual demand or takt time. This revealed that physicians were probably spending more time with patients than scheduled and overbooking their days to cover cancellations.

• **Workflow analysis:** The team mapped the value streams of the two pilot processes (check-in and registration, intake, patient seen by doctor, and patient education and discharge). Reviewed in conjunction with takt time analysis, this work showed problems of overutilization for both pilot providers. The team also created a spaghetti diagram to track staff movement, which revealed excessive movement and various wastes (e.g., reprocessing of patients, batching of appointments, patients waiting in numerous locations, delays with first patients of day).

• **Staffing levels, staff procedures, and room allocation:** This review would help the team standardize roles, align staffing with demand, improve room utilization, and remove barriers to patient flow.

The team’s goal was to reduce wait time by 50 percent to 43 minutes, and they developed two phases of countermeasures. Phase 1 was implemented in March and April and consisted of actions most in their control: e.g., nurses starting earlier to intake earliest patients; dedicated intake nurse to minimize nurse movement; use of a checklist to ensure room instrumentation is standardized and properly stocked, alleviating room dependency and trips to a supply room; a continuous intake process (i.e., eliminate batching patient appointments and intakes); and creation of a pod leader role to communicate delays.

Phase 1 actions led to qualitative evidence of change. The team will review data after full implementation of Phase 1, revise job descriptions and standard operating policies to hardwire changes, and again survey staff. As important, Phase 1 improvements are helping the team get buyin from physicians in order to address templates and scheduling procedures during Phase II.

**Read the full study of the Patient Satisfaction and Clinic Efficiency project,** which illustrates the importance of thorough, fact-based analysis done by multiple disciplines. The team examined all facets and potential root causes of a problem, even when solutions appeared obvious. The project also reveals how a combination of lean tools — value-stream mapping, takt time analysis, flow diagrams, etc. — help to examine a problem from various angles and contribute to a fuller set of countermeasures.

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