

Benchmarking: Technician Performance

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Technicians are often viewed as the backbone of the clinic. Good ones keep the patients moving so the doctors do not find themselves waiting; weaker techs can slow the processes down. Without having substantial data with which to compare technician productivity to national averages,

it has been hard to justify which skills are slowing down the technician and consequently impeding patient flow. Nor can we determine, without data, which skills require additional training so that productivity can be increased.

To get that data, ASOA sponsored a benchmarking study (the *ASOA Tech-*

nician Benchmarking Study) that reports benchmarks for the average time needed to perform skills assigned to technical staff, non-certified staff, and those certified at the COA and COT levels in a general ophthalmology office. Data were obtained from individual practices that monitored their trained technicians as each worked up

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eight patients in January 2009. The survey measured total work-up times as well as the time it took to perform each work-up component.

Derek Preece (BSM Consulting) and I analyzed that data, at a level of detail regarding technician efficiencies that had never been available before, and some of the results are discussed in this article.

The Issue: Staff Efficiencies

I am often asked how long it should take a technician to work up a patient. My response is usually “that depends.” Until now, average technician productivity has stood at 3.5 patients per hour, based on a mixture of long and short appointments. This data was collected many years ago by a few select practices. We still find this to be accurate based on our recent benchmarking study. Yet using the decade-old statistics when compiling the average time needed to perform multiple exam components, a comprehensive work-up could take up to 28 minutes! Today, the average work-up time for a comprehensive exam is just over 18 minutes, an improvement of 10 minutes.

In this age of decreasing reimbursements, increasing costs, and an aging population, we have had to increase the number of patients seen *just* to maintain the status quo. Gone is the luxury of working up two patients per hour. If it still exists in your practice, you may want to reconsider your staff efficiencies.

The Study Design

With the help of ASOA, 40 volunteer practices were solicited to observe five technicians performing their work-ups and timed on each component separately during the month of January. New England practices were challenged by ice storms and low patient volume; Southern practices incorporated the time study into their traditionally heavier patient volume period. When tabulated, a total of 899 work-ups and 379 diagnostic tests were included in the final analysis, making this the largest survey of technician performance to date.

In order to assess the average time spent with the patient, an observer documented the total amount of time

the tech spent with each patient, from the moment the patient was seated until he or she stood at the completion of the work-up. This allowed us to determine if the work-up time is actually more than the sum of its parts. We then compared this to the total of the individual components.

Key Findings

Our study revealed key findings having to do with “unaccounted time,” testing times, and work-up times for established, compared to new, patients.

Unaccounted time. One of the key findings in the data was the amount of time that was unaccounted for in the work-up: as little as 15 seconds and as much as 28 minutes and 40 seconds!

Should aberrations such as this be discovered in your practice, it is necessary to determine the cause. It may be that the veteran techs have never adjusted to the greater number of patients that gradually increased to a steadily high volume. Sometimes your employees may feel that by spending time with a patient they are providing excellent customer service, or they don't know how to redirect a lonely, chatty patient back to the subject at hand, his or her eye exam. Or, it may simply be that the patient's condition is more complicated than the level at which this technician is capable of performing.

This is often the case when the on-the-job training is of the “fly by the seat of your pants” variety. This data can be used when developing your in-house training program. Once the trainee has demonstrated acceptable comprehension and execution of the skill, it is necessary to provide him or her with the corresponding time benchmark so that, right from the outset, the expectation is met. Compare this to trying to enforce speed on your seasoned techs; they may begin taking shortcuts feeling they are working as fast as they can.

Testing. Diagnostic tests, such as SCODI testing, automated visual fields, and topography were timed as well. In the majority of practices, visual fields averaged just under 12 minutes. How much time do you allow in your testing schedule? Can you add more slots to the master?

Once you have set the expectation, you can apply this measure to technicians' annual performance reviews. You now have the ability to quantify your technicians' performance based on national averages on the most commonly performed skills such as history taking (2.5 minutes); pupillary function (12 seconds); and confrontational visual fields (30 seconds). The difficulty for you will be actually timing them during their work-ups. Many are likely to work faster knowing they are being timed and how that data is to be used.

Established vs. new patients. As we suspect, established patients average one minute less in the work-up time; this may be due to the more extensive histories on the patients new to the practice. Practices using electronic medical records (10%) saved 23 seconds over paper chart documentation. Although it may not sound like much time is gained, if an average tech were to work up 10 patients in one session, a gain of 230 seconds, or almost 4 minutes, would be realized. That is enough time to add one brief exam to the schedule, for every technician working.

Applying Results to Your Practice

As a result of this survey, you may want to analyze your master schedules and seize the opportunities to slowly increase your patient volume and ultimately your bottom line. Consider, too, incorporating this data into the development of a technician training program in your office. It should be clear that learning to perform the task correctly is not all that is necessary when training your staff. They should be expected to complete them in accordance with the national averages. **AE**



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