The Need for Speed

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A common concern among administrators is that some of their technicians take too long working up patients. Not only does this slow the patient schedule, it can lead to animosity among the rest of the technical staff. This does not include technicians who are still learning their craft but rather those who have been in the field for a minimum of 1 year and, it is hoped, hold certification from the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO). Nor does it include the occasional complex case.

On average, a full, comprehensive workup performed by an experienced technician should take no longer than 15 to 20 minutes. This should include a thorough ocular/medical history, vision, refraction, ancillary tests, tonometry, and possibly pupil dilation. Yet, too often, administrators report workup times of 20 to 30 minutes.

No doubt patients benefit from these extended workups. They feel as though they had "an exam like no other" and wonder aloud what is left for the doctor to do. They have had personal attention, which is rare in today's world of managed care.

But, what is actually occurring behind those closed doors? More than likely, it is workups being performed by technicians who are so intent on documentation that they forget to listen and note findings as they are related. Instead, they follow the customary format of asking the questions in front of the patient and documenting each answer. Or, it could be a technician who really likes other people and gets involved in too much conversation. In actuality, there are ways to accomplish both in 15 to 20 minutes.

Once the patient is comfortably settled, the technician must take the lead. A quick introduction followed by direct questions about the reason for the visit set the tone. It is easy to get caught up in other topics, but the technician must not. It is up to him or her to immediately, yet gently, return to the problem at hand.

Technicians should be trained to make some connections when taking a thorough history. One time-saving hint is to document the review of systems concurrent with listing systemic medications. As patients recall their current medications, the technician should be documenting the condition in the review of systems section of the visit note. For instance, when the patient informs the technician he is taking Zestril® (lisinopril), she should clarify why

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he is taking it and note it. In this case, the patient was taking it for high blood pressure, so the technician would note "hypertension" in the cardiovascular system. Many new medications are being introduced in the marketplace. There is nothing wrong with the technician asking the reason for treatment and documenting it accordingly.

For patients taking multiple drugs, many systems need not be revisited during the interview. In addition, if a full family history has already been taken at your practice, the technician can refer to that note when updating this section. Rather than have the patient try to recall which relatives had which disease, the assistant can word the question in the following way: "Has any blood relative other than your mother had diabetes?"

Seconds can also be shaved from the workup by not performing a pinhole refraction. If the visual acuity has decreased more than a line or 2 and refraction is going to be performed, there is no reason to prove that it can be improved with a pinhole. The conclusive indication is the manifest refraction; a pinhole test is an indication of potential improvement. And, unless mandated by practice protocol, there is no reason for an experienced refractometrist to take an autorefraction measurement. If he or she knows the patient's prescription, he or she has a starting point for refraction.

It is possible for technicians to be professional *and* personable; they are not mutually exclusive qualities. There is an opportunity to converse with patients while escorting them to the examination room, preparing the tonometer, filling trial frames, and showing them where to wait. The technician must maintain the upper hand, controlling the workup without getting sidetracked by the patient. Furthermore, he or she must be aware of the other patients waiting to be seen.

There have been many articles written on the importance of time studies to patient flow. Technicians must be trained from the outset to sign up for the next patient in queue, indicating the time they call in the patient. Not only is this a great way to track their patient load, it also provides other staff with information that can be used; for example, to tell the patient's ride where the patient is. If this is a consistent expectation, it should become automatic to your technicians.

Have your most senior technician shadow your staff, with no exceptions. This can be done regularly until an expected level of competency is reached. The workup assistant may have gotten into a routine and would welcome an objective opinion on how to use less time. Ask the assistant to watch someone else perform the same tasks to learn new "tricks of the trade."

Staff meetings can occasionally have a technical focus, much like grand rounds for physicians. Someone can present a case study of a patient whose workup was difficult and time consuming. The staff can follow the symptoms and testing and share suggestions and similar experiences. Finally, the results of the examination should be given, including further tests, diagnosis, and treatments.

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