Why Wait Time Matters

By Chrissy Daniels, Partner, Medical Practice Solutions

It’s a conversation I’ve had many times: a harried physician asking, “How do I improve my patients’ care experience?” In this case, the physician is a surgeon I know well. He has cared for my family member over several surgeries. I know him to be an excellent communicator—a caring person, a great listener, a gifted teacher who explains thoroughly and carefully. His weak spot: wait times that are legendary. Over the years, I’ve spent hours in the waiting room with other patients. Can an exceptional bedside manner make up for an exceptionally long wait time? If anyone can provide a test for this hypothesis, this physician can.

Waiting is such a firmly entrenched feature of health care that it is often taken as a given and not recognized for the disrespect it conveys, not from the physician—in this case, the physician deeply respects his patients—but from the system. Wait time sends an unambiguous and often unintended message that the patient’s time is less valuable than the provider’s time.¹

How does this influence patients’ perceptions about their care experience? Let’s look at the numbers.

For this provider, we pulled 531 patient experience surveys and grouped them by patient-reported wait times—specifically, how long patients were waiting in the exam room for the provider: less than 5 minutes, 6–15 minutes and more than 15 minutes. The results, illustrated in Figure 1, tell a tale of two experiences. When the system works and waits are managed, this provider is providing an exceptional experience to his patients. But as the clock continues to tick, the same physician is perceived very differently.

Wait Time: Loyalty Driver or Detractor?

Each year, Press Ganey analyzes the drivers of loyalty. When looking at the statistical analysis, wait time is ranked 12th out of 21 questions in predicting patients’ likelihood of recommending the physician. Given that it falls squarely in the middle of the loyalty predictors, why does wait time get so much attention? Because it has the potential to chip away at loyalty, and because it can often be reduced or avoided. Although wait time is not more important than the skill of the physician, teamwork or well-organized systems, it does matter, as Figure 1 demonstrates.

Unchecked and unacknowledged, extended wait times create an experience of systemic disrespect for patients. When wait times are prolonged, patients begin to tell themselves a story: Either the provider doesn’t value patients’ time, or worse, the provider thinks their own time is more valuable. Because ours is increasingly a “now” culture, many consumers are less tolerant of waits.

What’s the Fix?

Long waits do not have to be an inevitable byproduct of health care. The solution for this physician came from enhanced teamwork and a data-driven refinement of the scheduling template. When the team looked at the patient experience data, they discovered two things: 1) Approximately 25% of patients waited more than 15 minutes, and 2) approximately 25% of patients were added to the schedule each day. The office manager identified that every patient has three post-op visits, two of which were scheduled at the time of surgery. Because the provider is in high demand and almost always schedules a third post-op visit, these appointments were always add-ons. The manager is now in the process of integrating the third post-op visit into the standard schedule, reducing the number of add-ons.

Following are some additional best practices that can help keep wait time from eroding the patient experience in your organization.

- **Acknowledge wait time when it happens.** The best solutions come from the voice of patients. I remember when a patient who had just been kept waiting said to me, “My doctor respects my time.” Intrigued, I asked if that was because he, the patient, was seen on time. The patient said, “No, my doctor was actually 15 minutes late, but when he came into the exam room, he apologized that I had been kept waiting and acknowledged that my time was valuable.” Short, simple and authentic.

- **Leverage preregistration processes.** For many years, patients being seen in clinics have been told to arrive 15 minutes before their appointments to complete registration paperwork. Today we have many options for collecting this information, including call-center staff, pre-appointment registration and electronic portals. Make it a goal to minimize the information collected at the registration desk, and you can stop telling patients to arrive early, only to have them be kept waiting in the exam room.

- **Schedule add-ons closer to the end of the clinic session, not the beginning.** In a perfect world, with a perfect scheduling template, there would be a same-day appointment slot for every acute need, but most of us haven’t reached that level of precision. Add-on appointments happen. The conventional wisdom has been to add patients onto the beginning of the session and cram them in when the opportunity arises. The problem is that often these add-on appointments have a ripple effect. Squeezing add-ons in at the beginning of the session could delay 10 to 12 patients. Fitting them in at the later part of the clinic session limits the ripple effect.

By understanding the impact that prolonged wait times can have on the patient experience, addressing some of the avoidable causes and prioritizing wait time management, organizations can better meet patients’ need to feel valued and respected, while helping to ensure that providers are being evaluated on the attributes related to the care they deliver.