

"Hotel California" - Once a patient, always a patient.

Observation:

From the interviews we found that surgical patients at LV Prasad come back for follow up appointments indefinitely. Although the gap between follow up appointments gradually increases it never exceeds one year. As ophthalmologists perform more and more surgeries, the number of their surgical follow up patients grows leaving less room in their schedules for new patients. This phenomenon contributes to overbooked appointment schedules.

Our interviews also indicated that any time the number of patients in a given day exceeds a certain threshold especially closer to the end of the day, productivity levels and ability to provide quality of care of both optometrists and ophthalmologists decreases substantially.

Hypothesis:

The policy that requires surgical patients to schedule follow up appointments with their doctors indefinitely contributes to overbooked schedules and large patient backlogs. Overbooked schedules not only results in longer waiting times but also leads to increased levels of burnout and fatigue of healthcare providers. As a result their productivity levels decrease and the likelihood of medical errors increase resulting in deterioration of quality of care therefore threatening LV Prasad's reputation.

Lack of awareness of appointment system

Observation:

From the patient surveys conducted during Day 2 (March 20th) of our time at LVPEI we observed:

- 41% of walk-ins patients tried but couldn't make an appointment via phone.
- 80% of walk-ins who did not attempt to make an appointment were not aware of the ability to do so

Hypothesis:

Lack of awareness of the appointment based system contributes to the high number of walk-in patients that arrive at LVPEI daily. This unpredictable patterns leads to the inability to effectively plan for patient care delivery in a given day hence contributing to long wait-lists and wait times at a given clinic. Based on observations on the ground at LVPEI and site-visits at local hospitals in Boston (MGH and Mass Eye & Ear) we hypothesize that enforcement and use of the appointment based system is a best practice that assists with effective planning and improved wait times at hospitals/clinics.

Variation in workup time leading to increased average patient waiting time

Observation:

We observed that work-up times varied significantly from optometrist to optometrist. Expected work-up time is 20 minutes, meaning that optometrists should be able to see 3 patients per hour. This consistency is important for the doctor to be able to manage his or her flow and see the patients in approximately the same order. This is especially relevant for doctors who are trying to enforce patient adherence to appointment times.

Since work-up times were inconsistent in reality (ranging from 20 minutes to an hour), doctors were forced to be reactive, and did not have the capacity to rectify the situation. As a result, patients who went through longer work-up times experienced longer than expected wait times, which in turn lengthened the overall average patient waiting time for that day. This could potentially lead to a negative impression of the effectiveness of the appointment system.

Hypothesis:

Variations in work-up time across optometrists result in increased average patient waiting time.

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