

Reducing Patient Wait Time Using Radio-Frequency Identification (RFID) Technology

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Background

- Glaucoma is the second leading cause of blindness in the U.S. and affects over 3 million people in the U.S.
- Physicians feel there is not enough time to educate patients. Many patients feel that they spend too much time in the waiting room and not enough time with their physician.
- Several factors such as limited staff and exam room availability can create schedule bottlenecks in which wait times dramatically increase.

Figure 1. Clinic visit process.

		Wait		Wait		Wait		Wait		Wait	
Process Step	Check-In		Tech Work-Up		Ancillary Testing		Resident / Fellow Exam		nding am	 →	Checkout
Location	Front Desk	Reception	Exam Room	In-Process Waiting Area	Visual Field/ Photo Room	In-Process Waiting Area & Exam Room		Exam Room		Checkout Line	Checkout Desk

Purpose

The purpose of our project is to reduce patient wait times through use of a simulation to optimize clinic flow. To accomplish this, we use passive RFID data based time-motion studies to inform clinical operations and scheduling.

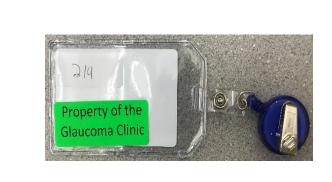
Methods

- Patients and providers wear RFID tags while in clinic
- Tags ping RFID readers twice per second
- Wait time measured as time patients are not with providers

Figure 2. RFID readers, tag scanner and individual tags used in clinic





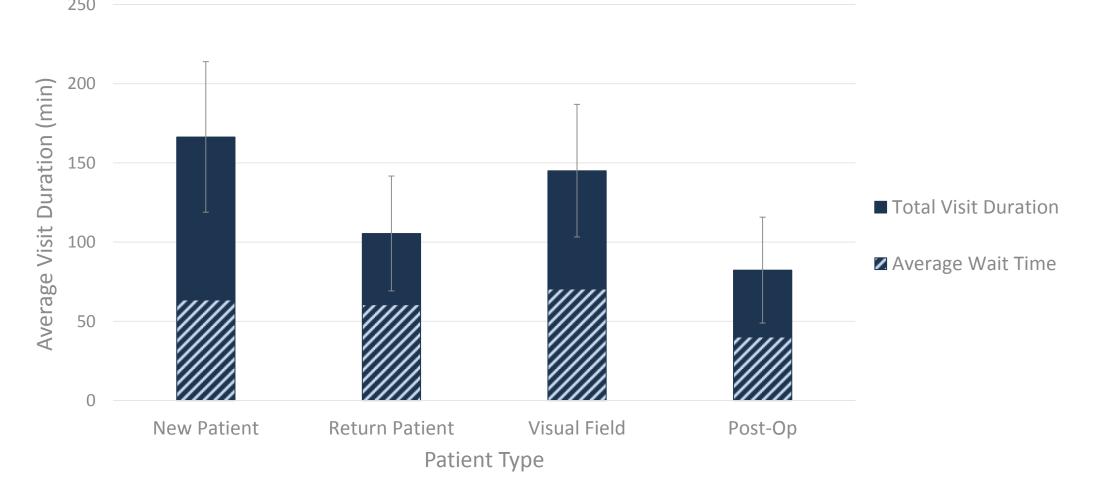


- Data is collected and stored in a secure database that is directly accessible by the project team
- The following data points were analyzed from the raw data
 - Patient visit durations
 - Patient process times
 - Patient wait time
- The data were collected between 1/5/18-7/3/18
- The simulation was designed with the following configurations:
 - Clinic open time- 7:30am
 - Number of simulations- 20,000
 - Python Version- 3.6.5
 - SimPy- 3.0.10

Results: RFID Data

Patient Visit Duration and Wait Time Data

Figure 3. Average Visit Duration and Wait Times for All Patient Types



Over 2,000 patient participants were studied. Patients spend a large percentage of their visit waiting for providers (New 38.2%, Return 57.5%, Visual Field (VF) 48.6%, and Post-Op 48.9%).

Results: Simulation

Simulation Inputs

Type of Provider	Count
Check-in Clerks*	2
Technicians	5
Visual Field MAs	3
Photographers	
Residents	1
Fellows	C
Physicians	3
Check-out Clerks*	
*Resource shared with Retin	a Clinic

Type of Patient	Count
New Patient	8
Return Patient	30
Post-Op	11
Visual Field	27
Laser	3
Urgent	1
Total	80

Queuing Visualizations to Identify Bottlenecks

Figure 4. Patients Waiting for Technician

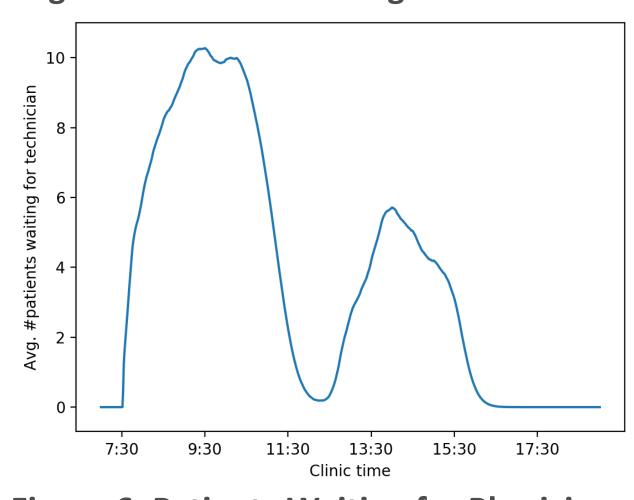


Figure 6. Patients Waiting for Physician

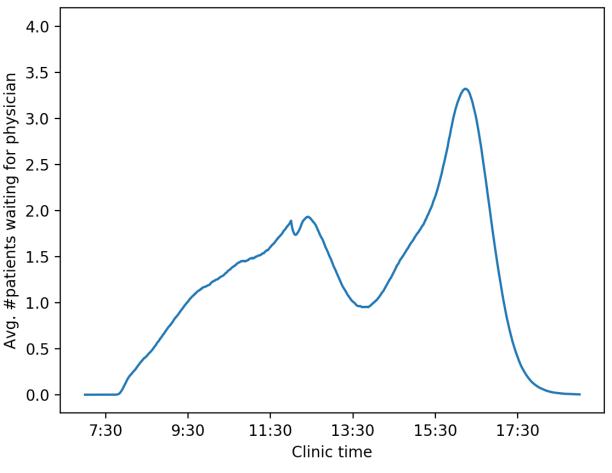
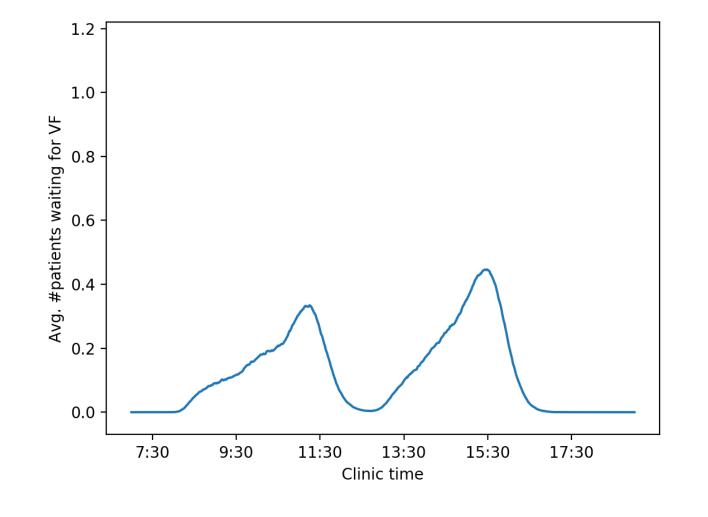


Figure 5. Patients Waiting for Visual Field Test

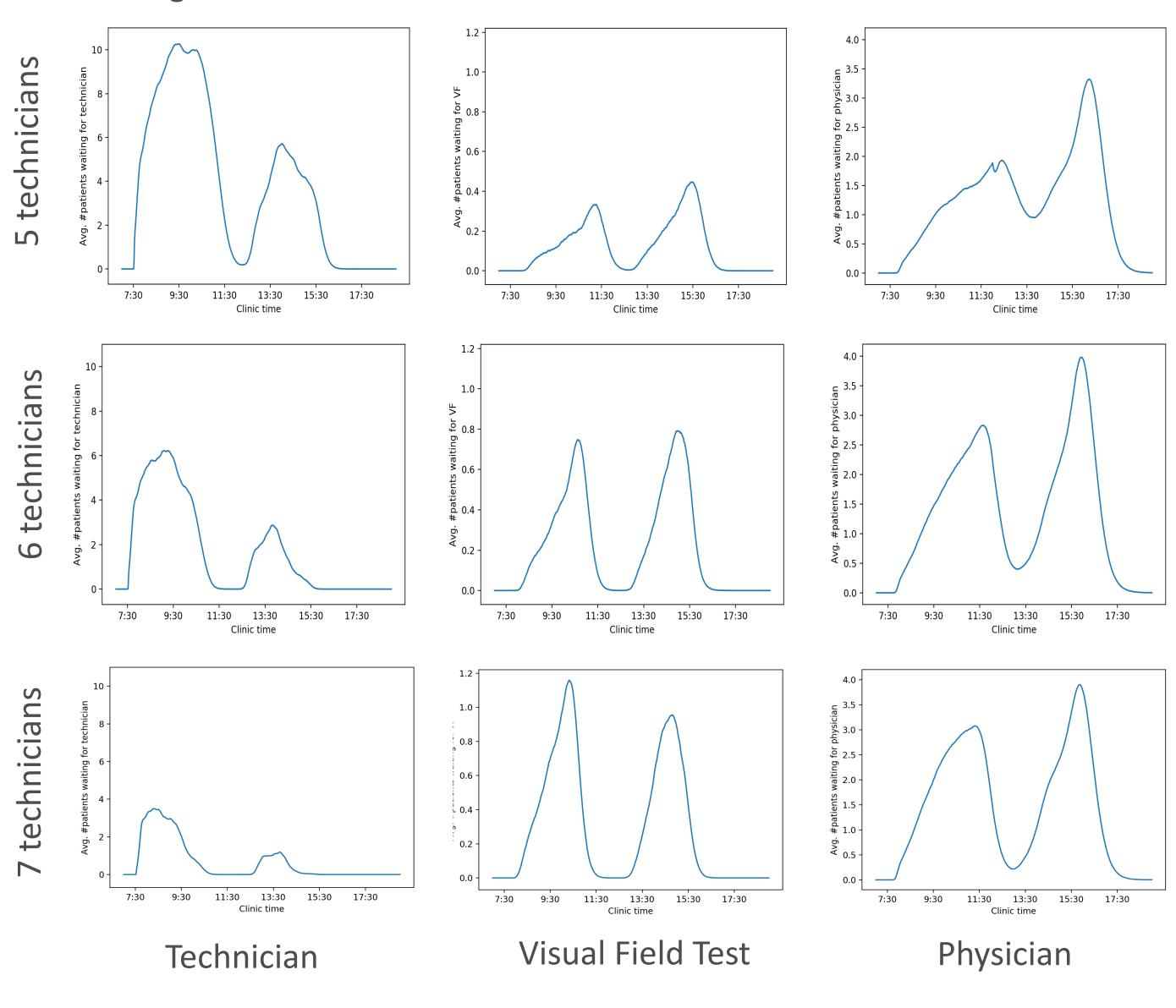


- Many bottlenecks occur with patients waiting for technicians
- One possible solution may be to hire additional technicians in the clinic to decrease these wait times

Results: Technician Simulation

Simulated Effects of Adding Technicians

Figure 7. Simulated Patient Wait Times with Additional Technicians



Hiring additional technicians does address the identified bottleneck, however, wait times for VF testing and physicians subsequently increase according to our simulation.

Conclusions

- Low cost and passivity of RFID system allows collection of vast amounts of data to inform clinical operations
- Tracking patient wait time is an important metric to assess the value to the patient
- The deployment of RFID technology serves as the analytic backbone of Lean Clinical Improvements in this pilot study

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