**Making the most of a new group practice facility by leaning on process improvements
Excerpts from Rodney Haas (University of Minnesota Physicians) article in “MGMA Connection”, March 2018 issue**

In the March 2018 issue of MGMA Connection magazine, Rodney Haas, Vice President of Operational Excellence at University of Minnesota Physicians, shares how University of Minnesota Physicians carefully designed every aspect of their new practice to focus on process improvement and delivering quality patient care using [Midmark-Versus clinical workflows](http://www.versustech.com/rtls-solutions/clinic-efficiency-patient-flow/) and real-time locating system (RTLS) technology.

Excerpts appear below. Members of the Medical Group Management Association (MGMA) can read the full article [on the MGMA member portal](https://www.mgma.com/resources/resources/operations-management/making-the-most-of-a-new-group-practice-facility-b).

"When University of Minnesota Physicians decided to innovate the delivery of care for our medical practice, we analyzed historical data to gain insight into our space needs. We realized that if we continued to implement process improvement initiatives, we could improve care delivery and the patient experience in a scaled-down facility.

As such, the new University of Minnesota Health Clinics and Surgery Center was designed with just 178 exam rooms, whereas our former facility had 300, a 40% decrease in exam space. The new facility also has no check-in desks and only one patient lobby per floor. The space is designed to be flexible — no rooms assigned to particular providers. Instead, rooms are assigned dynamically according to real-time demands.

The 342,000-square-foot facility was expected to accommodate 37 specialties, an ambulatory surgery center and 1,500 providers and staff. The facility needed to accommodate more than 2,400 unique visits per day. What’s more, practice leaders expected us to grow by 5% to 7% each year.

**Digging up the data**

To succeed, Lean initiatives needed to be supported with data. That’s why our practice created Care Connect, a program that combines real-time and retrospective information from our facility’s real-time locating system (RTLS) and EHR.

Data from the RTLS proves especially useful when implementing process improvements, as the system routinely collects real-time data on wait times, space utilization and more. The RTLS specifically provides data that answers questions such as:

* How long are patients waiting?
* How long do visits take?
* How much time do providers spend with patients?
* Are exam rooms being fully utilized?

**Cultivating the changes**

After analyzing the data, staff can start to make meaningful changes without relying on process improvement professionals. For example, to reduce wait times and improve room utilization, care providers and managers pulled RTLS and EHR data and placed it in a charter to see the directional indicators that illustrated where patients were waiting beyond the 15-minute mark. When this data was combined with data that showed how long physicians spent with patients in the exam rooms, it was possible to determine how many rooms a care provider needs to be efficient. Staff members were then able to make informed decisions about real-time room assignments and better manage capacity throughout the facility.

**Real data, real-time improvements**

In addition to using RTLS data to support Lean process improvements, University of Minnesota Physicians leverages RTLS data in real time to:

* **Manage space.** We don’t assign exam rooms to providers. Instead, we operate using “first room up.” The RTLS software tell us in real time, using visual management, which rooms are occupied, needing turnover or ready for a patient. We escort patients to the first available room, and again through the RTLS visual management software, providers know where they’re needed next.
* **Manage patient wait times.** The RTLS monitors the time patients are in the lobby and the exam room. If a patient has waited in the lobby 15 minutes past an appointment time, or is alone for more than 10 minutes in a room, the system triggers an alert. Our clinic managers can pull average wait time data daily. If there are trends, we hold problem-solving events with physicians, leaders and clinical staff to create a more realistic schedule.
* **Help physicians manage their time.**Often providers need to move to the next patient, but it may be difficult to disengage from the current visit. Through a feature called “Physician Assist,” aka the “Save Me Button,” providers press the button on their RTLS badge, sending a call for assistance. Staff will knock on the door and provide a natural exit point.
* **Manage interdisciplinary care.**When a patient needs to see more than one specialist, our teams use the system to know who is in the building, connect with them and see if a coordinated visit is possible. It allows our teams to work collaboratively and provide a better patient experience."