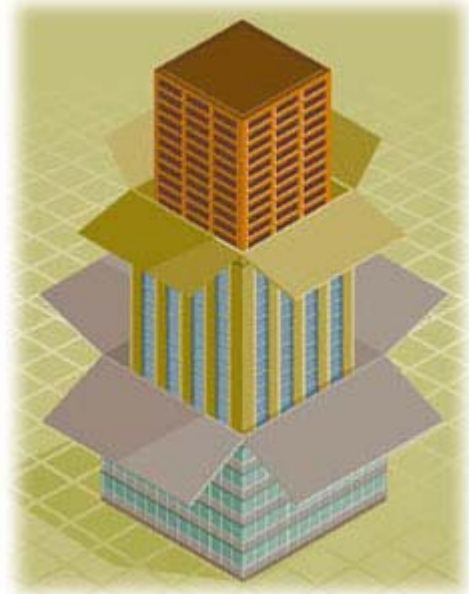


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Getting the Most Out of Your Ambulatory Care Space

As outpatient volumes continue to increase, the demand for more space is on the rise at many hospitals and systems. Because capital for new capacity or expansion projects is scarce even for growing services like ambulatory care, providers must be creative about maximizing use of existing outpatient facilities.



Evaluating Current Room Utilization

View "Ambulatory Care Competitive Strategy: One Size Does Not Fit All" by Christie Hartwell and Alan Zuckerman

The first step toward identifying opportunities to take full advantage of existing outpatient capacity is to evaluate current utilization. Benchmarks for room utilization, measured by annual visits per room, can be calculated for the majority of services provided in an ambulatory center, including physician offices, outpatient imaging, and ambulatory surgery. As shown in the figure below, benchmarks vary by service and depend on average visit, test, or procedure time. Assuming 8 hours per day, 250 days per year, and 75 percent utilization, visits per year per room for physician offices alone can vary from 3,600 in a primary care

office to 2,000 or lower for a subspecialty clinic in an academic setting with higher acuity patients and less intensive scheduling templates. Comparing current room utilization with benchmarks helps identify underutilized capacity.

Outpatient Service	Room Type	Minutes/Visit ⁽¹⁾	Benchmark Visits/Year/Room
Physician Office Visit	Exam Room	25	3,600
		45	2,000
X-ray CT MRI Ultrasound	Imaging Room	15	6,000
		20	4,500
		30	3,000
		45	2,000
Surgery	Operating Room	70	1,290

(1) Includes room turnaround time, which is the time it takes to clean and set up a room for the next patient.

Strategies to Increase Room Utilization

If current capacity is underused, several strategies for improving room utilization may be appropriate. These strategies fall into three major categories: improve scheduling, reduce idle time, and reconfigure facilities.

Improve Scheduling

Changing the way rooms are scheduled is often the most effective way to improve room utilization rates. Peaks and valleys in the schedule throughout the week and unused or underutilized clinic or operating room time all negatively impact productivity. To improve the scheduling process, organizations should:

- Distribute scheduling more evenly throughout the day and week to reduce congestion and accommodate additional volume
- Coordinate vacation and conference schedules to minimize large dips in provider capacity during the year
- Develop wait list option that identifies patients who live or work nearby who might be able to fill a cancelled appointment on short notice
- Restrict providers' ability to cancel clinics or surgeries on short notice; consider penalties for chronic offenders and require that sessions be rescheduled or made up
- Increase on-time starts in the surgery suite and monitor protected block time frequently and reassign blocks as needed
- Promote increased clinical productivity through financial incentives
- Expand operating hours to evenings and/or weekends to increase capacity

View "Choosing the Right Operating Model for Your Ambulatory Care Facility" by Tracy Johnson and Craig Holm

For organizations with multiple ambulatory sites, utilization should be analyzed at each location. If a centralized scheduling system is in place, it may be possible to decompress a constrained facility by shifting patient volume to an alternate site.

Reduce Idle Time

Common causes of excess idle time include inflexibility of room use, cancellations, no-shows, late arrivals, and long room turnaround times. Rooms that are dedicated to a single physician practice or type of service can be underutilized when the physician is not scheduled in the office for several days of the week (e.g., surgeons who split time between the office and operating room) or if the service is provided infrequently (e.g., multidisciplinary clinic that meets once a week). Rooms that are shared across specialties and programs can be scheduled more productively.

Minimizing room vacancy due to patient cancellation, no-shows, and late arrivals can significantly impact the financial performance of ambulatory facilities. According to a study completed by the Medical Group Management Association, the average no-show rate for medical practices is 5 percent to 7 percent; however, for academic centers, no-show rates can be as high as 15 percent to 20 percent. To minimize cancellation and no-show rates and late arrivals, organizations can:

- Use phone, letter, or e-mail appointment reminders
- Reduce lead times for appointments to minimize the likelihood patients will find other alternatives
- Double-book chronic no-show patients
- Improve parking and wayfinding to ensure timely arrival by patients

Room turnaround time is included in the minutes per visit benchmarks shown in the figure above. But inadequate staffing levels sometimes result in excessive turnaround times, meaning rooms are idle when they should be available for incoming patients. This issue can be addressed by maintaining sufficient staffing levels consistent with industry standards.

Reconfigure Facilities

Poor facility design, particularly in physician clinics, is a hindrance to efficient flow of patients and providers. Reconfiguration may require capital expenditures, but sometimes it can be accomplished at minimal cost. To address flaws in facility design, organizations may opt to:

- Minimize or eliminate small, inefficient silos by aggregating services into larger, more flexible configurations
- Evaluate integration of clinics along service lines to increase continuity of care for patients and ability to share exam rooms and support space

- Ensure adequate support space to maximize patient flow and staffing productivity (e.g., availability of consult rooms)
- Consider offering a service at an underutilized site to decompress or shift volumes from a congested site

Case Study - An Academic Medical Center in the Northeast

At a major, urban academic medical center in the Northeast, clinic volume was increasing rapidly at two on-campus ambulatory care facilities. Development of an off-site ambulatory care center was proposed to help decompress the campus and accommodate future growth by shifting physician clinics to the new location. Initial planning indicated space requirements of over 100,000 square feet for physician clinics and other services such as imaging and outpatient surgery.

A review of the current utilization at the existing ambulatory care facilities revealed several opportunities for operational improvements in the physician clinics. Most notable were opportunities to improve the scheduling process, increase sharing of patient rooms by different practices, and address the no-show rate and patient arrival issues. Recommended strategies included fully scheduling any unused exam room time reserved by the clinics, developing policies to ensure any clinic sessions cancelled by the faculty were rescheduled, better coordination of provider vacation schedules, distributing unscheduled rooms to other providers, targeting more level scheduling across the week, and reassigning the space to another clinic if target utilization was not being met.

In addition, policies were put in place to decrease the no-show rate by shortening lead times and charging fees for missed appointments. To reduce patient arrival issues, guest associates were available to help patients find the service they needed and valet or dedicated parking was considered to assist patients in keeping their scheduled appointments.

By maximizing the use of existing capacity, the medical center will be able to accommodate nearly 30 percent more patients at the on-campus facilities. As a result, the space needs and cost of the proposed off-site ambulatory center have been significantly reduced and the need for additional capacity has been delayed.

Organizations can reduce the need for new or expanded capacity by enhancing performance of existing ambulatory facilities. Room utilization is effective in gauging current productivity, and comparison to benchmarks can reveal improvement opportunities. If inefficiencies related to scheduling, idle time, and facility configuration are addressed, financial performance will be strengthened and major capital expenditures for new capacity may be delayed or avoided all together.

For more information on maximizing the use of ambulatory care space, please contact [Tracy Johnson](#) or [Shraddha Patel](#) at 215-636-3500.



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Shraddha Patel

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