

IMPLEMENTING EFFICIENCY

A **TEAM** SPORT

WHY IS EFFICIENCY ESSENTIAL?

- Improved patient and client care, including decreased wait time and decreased work-flow chaos
- Improved work-life balance
- Improved KPIs, including revenue, wages, and profitability

WHAT is needed to improve efficiency?

- Team trust, collaboration, and communication
- Technology
- Leveraging and empowerment

HOW will efficiency will be achieved?

- Motivation
- Change Management
- Consistency
- Protocol development
- Training

WHEN you will implement:

- Use SMART goals to achieve a plan



Everyone agrees that increased efficiency is needed through additional leveraging and *whole team utilization* (YES, CSRs included!).

However, how a practice achieves its goals can be somewhat elusive! Hang tight as we discuss nuggets of success for you to explore and implement.

The larger question is:
why is it so hard to get the team on board?

Most studies indicate that a lack of trust, psychological safety, collaboration, communication, training, clear expectations, and structure collectively contribute to resistance to change.

In this document, we'll explore common efficiency problems, how to address them, and ways to ensure implementation will be successful.

! PROBLEM: DVMs don't trust their team to deliver high-level care.

Without trust, DVMs will not leverage and utilize their team to their fullest potential.

- **TO OVERCOME:** identify why the trust is not present. Is it a lack of skill, will (initiative), integrity (the desire to do what's right, no matter who is looking), or professionalism?
 - **MISSING SKILLS:** Develop strong leveling and training programs with SOPs, including testing measures to improve training retention.
 - **CONSISTENCY:** Ensure consistency between the DVMs and how medicine is practiced. This will allow the team to be consistent with patients and clients.
 - **MISSING WILL, INTEGRITY, OR PROFESSIONALISM:** Communicate expectations with correction measures. Do not hold onto toxic employees for the wrong reasons.

Collaboration and communication.

Include goal sharing, team meetings, brainstorming sessions, asking open-ended questions, and implementing feedback received in meetings.

- **CHANGE IS SCARY.** Uncertainty is created when team members do not understand the "why" and are not allowed to participate in the changes (it's the difference between being told WHAT to do versus being able to participate in developing the solution).
 - Internally motivated team members will collaborate, ask questions, develop solutions, and be dedicated to achieving goals. Your job is to ensure everyone on your team understands why efficiency and utilization are critical to clients, patients, and, most importantly, their work-life balance.



External motivation:

Money, gifts, or higher wages encourage team members to perform their jobs. Essentially, money secures their participation in achieving goals.

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Internal motivation:

People strive to achieve a goal because it matters to them, leading to emotional investment in the initiative success.

Technology that ensures the team works smarter. NOT harder

- **Reduce call volume by 50%.** Allow clients to book directly into your calendar, allowing your receptionist to focus on clients in front of them.
- **Have new clients complete forms online** and submit a copy of their medical records before their visit.
- **Caller ID** that pulls up the client's account when that client does call.
- **An efficient PIMs system** that integrates well with third-party providers.
- **Allow two-way texting with clients** (that is how clients desire to be communicated with).
- Allow clients to **refill medications online.**
- **Provide a pet portal** so clients can access their medical records and vaccine certifications anytime (without calling).
- **Develop templates** for medical records.
- **A type of scribing service that increases the efficiency** of the entire team when it comes to medical records
- **Utilize AI!**
- **Develop simplified charging processes:** develop bundle codes, etc., in the PIMs, reducing the time it takes to enter charges (and reducing missed charges!).
- Allow clients to **pay by text.**

As you prepare how you will address your team, consider:

1. Determine “your” whys that are specific to your hospital. Along with your ideas, consider these:
 - **Ensure work-life balance:** Get staff, including DVMs, out on time.
 - **Reduce the chaos:** Better flow will provide a better workplace for staff, client, and patient experiences.
 - **Improve patient care:** Increase the number of patients you can help without compromising medicine or mental health.
 - **Improve revenue:** Provide better pay to staff and upgrade/introduce equipment/services.
2. What conversations must happen with the DVM team to ensure consistency regarding processes, diagnoses, and client communication?
3. What SOPs will be needed? These SOPs will increase DVM efficiency and decrease the time spent per case.
4. Determine, according to your state Veterinary Practice Act, Rules and Regulations, and Scope of Practice:
 - What are veterinarians legally required to do, what are credentialed veterinary technicians allowed to do, and what defines direct and indirect supervision?
 - **Make a list:** what can techs do in appointments that do not need to be seen by a doctor? Need help? Review the [2024 AAHA Veterinary Technician Utilization Guidelines](#) and complete the skills assessment.
5. Determine how team members will be coached to “greatness” or “out the door.”
6. Based on 30-minute appointment slots, how many appointments can your facility feasibly see when optimal efficiency is achieved?

Team Meeting Preparation

Now that you know how to increase efficiency in your practice, your goal is to get your team on board. **You know the possibilities—and they may have more!** Therefore, ask open-ended questions to stimulate collaboration and creativity. And, just because you know the information does not mean you share it out of the gate. Knowing the information allows you to ask the right questions to get the team to come up with ideas:

- “How do you think we can work smarter, not harder?”
- “What changes would we have to make to utilize our team better?”
- “What training is needed to get our entire team more efficient?”
- “What technology might we need to be more efficient?”
- “What processes do we duplicate that waste time?”
- “If you were a client in our hospital, what would you like most?”
- “What will we need in our exam rooms to be as efficient as possible?”
- As you read through the remainder of this document, you can develop more questions for your team.



These open-ended questions will begin to generate the trust, collaboration, and communication required to start the team’s internal motivation process. You will be able to create some goals with the team. When multiple layers of efficiency have been uncovered, use a **SMART (specific, measurable, action plan, resources, timeline) goal system** to have the most success at implementation. Assign responsibilities to various team members to ensure the process moves along quickly.

i Considerations:

- Ensure every team member can enter data into the medical record correctly and efficiently, including when the DVM is completing the physical exam in the room with the client.
- Ensure exam rooms have all supplies and equipment stocked for the most common appointments:
 - Ophthalmoscope/otoscope
 - Eye stain, STT, eye wash (if a patient has eye issues, bring the Tonovet into the room before the exam starts)
 - Cotton-tipped applicators, tongue depressors, nail trimmers, flea comb
 - Gloves, blood tubes, syringes, needles
 - Ear cleaner, cotton balls, gauze, tape, vet wrap
 - Alcohol, disinfectant/cleaning supplies, hydrogen peroxide
 - Kleenex
 - Dog and cat treats, Feliway, towels, yoga mat for tabletop
 - Laptop or tablet in the room or brought in by the technician
- Develop SOPs (agreed upon by all DVMs) that allow sample collection and/or diagnostic testing to be completed before the DVM enters the room. This eliminates the wait time by asking the DVM what they want to do and helps them be more efficient before entering the room.
 - **Shaking head/scratching ears:** Ear cytology.
 - **Puppy with vomiting/diarrhea/lethargy:** Parvo test, Blood glucose, fecal
 - **Patchy Alopecia:** Skin scrape
 - **Vomiting:** Radiographs and bloodwork
 - **Coughing:** Radiographs and heartworm test
- Host morning huddles (10-minute max huddle) before appointments start to review appointments and if there are any added special needs for specific appointments/cases.
- Ensure role clarity exists for each position, further increasing efficiency. While there will be an occasion where one person helps another in a “pinch” or if someone has called in for the day, consider the following inefficient model and how you can handle it better:
 - A veterinary assistant is distracted, so a veterinary technician is restraining a patient for another veterinary technician. The DVM needs additional labwork from a patient that the restraining technician should be obtaining. Instead, the DVM draws the blood, exacerbating the wait for a client who has yet to be seen.
 - By completing others’ tasks, the entire model has decreased the efficiency needed.
 - Keep in mind that adding staff does not always increase efficiency. If the team is already inefficient, adding another team member to an inefficient process will increase inefficiency further, raise expenses, and most likely not yield more appointments daily.

IMPLEMENTING EFFICIENCY

ACTIVITY #1



Break down a 30-minute appointment (average length of appointments) to get started with your efficiency brainstorm.

How long does it take:

- The CSRs to check-in appointments? _____ *minutes*
 - To get the appointment in the room? _____ *minutes*
 - The technician to obtain the history? _____ *minutes*
 - The DVM to examine the patient and communicate with the client? _____ *minutes*
 - The technician to develop (and review with owner) a treatment plan, obtain permission, collect samples, and complete the diagnostic testing? _____ *minutes*
 - The DVM to communicate results? _____ *minutes*
 - The technician to discharge, schedule a follow up appointment, check the patient out? _____ *minutes*
- TOTAL:** _____ *minutes*

Please complete this survey for five full business days to determine your hospital's average number of minutes. An example of a time study is included at the end of this document.

IMPLEMENTING EFFICIENCY

ACTIVITY #2

Process map each of the 7 points in Activity #1.

For example:

- What are all the steps the CSR completes to check in an appointment? With each step, ask:
 - Why do we do that?
 - Do we really need to do that?
 - Is there a better way to do that?
 - Can technology improve that?
 - How can we improve that process by XX minutes?

Your goal with this activity is to ensure that:

1. "We are not just doing this because it is the way we have always done it."
 2. There is a reason to do it.
 3. We open our mind to other options to complete the same goal.
- **Every minute counts** and every step must be evaluated for methods/processes/protocols that can reduce the time spent.
 - **Your time goal:**
 - CSR check-in: **less than 1 minute**
 - Tech escorts the client into the room, obtains a history, and collects diagnostic samples: **10 minutes.**
 - DVM exam, communication, diagnose, and establish treatment plan: **10 minutes.**
 - Tech reviews medications established in the treatment plan, schedules a follow-up appointment, and checks the client out: **7 minutes.**

Check out these scenarios to visualize how multiple items happening simultaneously increase efficiency:

SCENARIO 1: Each DVM has two rooms and two team members.

This may be to techs, two assistants, or one tech and one assistant. For this example, techs will be referenced, but can be interchangeable based on your team and their skills.

1. **Tech 1 enters room 1** to obtain a history, educate the client on pre-exam samples that the DVM will need, review costs associated with those samples, and proceed with sample collection with the owner's approval.
2. **Tech 1 and/or floating tech** completes diagnostics obtained.
3. **Tech 1 and DVM** go into the exam room when diagnostics are complete:
 - DVM completes a physical exam and verbalizes the findings out loud, helping the client feel included in the exam and allowing the tech or VA to enter the findings into the medical record. If the patient is not cooperative for the exam, the tech or VA should assist in restraint rather than enter the PE into the medical record (this can be accomplished after).
 - The DVM recommends a treatment plan based on the diagnostic results and the PE to the client, allowing the technician to further develop a treatment plan and /or enter medication into the medical record simultaneously.
 - **3A.** When the label is populated in the pharmacy area, a floating tech fills the medication immediately.
 - **3B:** While the DVM and Tech 1 are in room 1, Tech 2 is obtaining history and collecting samples from patient 2 in room 2.

(Scenario 1 continues on next page)

IMPLEMENTING EFFICIENCY

ACTIVITY #2 (continued)

4. **Tech 1 and DVM 1** step out of room 1.
 - **The DVM** completes the remaining portion of the medical record.
 - **Tech 1** double-checks the filled prescription(s), gathers client education materials and the patient report card (the medical record must be completed for this step), and returns to the room to educate the client, review the medications and report card, schedule a follow-up appointment, and collect payment.
 - **4A:** While Tech 1 completes step 4, the DVM and Tech 2 enter room 2 when the diagnostics are complete. Step 3 is then repeated in room 2.
5. **Tech 1 (or veterinary assistant) cleans room 1**, brings the next client in to obtain history, and collects samples. The cycle continues with Step 2 in room 1.

SCENARIO 2: Each DVM has two rooms and one assistant.

Two DVMS share an additional float technician who bounces between them to help both assistants.

1. **Asst 1 enters room 1** to obtain a history, educate the client on pre-exam samples that the DVM will need, review costs associated with those samples, and proceed with sample collection with the owner's approval.
2. **Asst 1 and/or floating tech** complete diagnostics.
3. **Asst 1 and DVM** go into the exam room when diagnostics are complete:
 - DVM completes a physical exam and verbalizes the findings out loud, helping the client feel included in the exam and allowing the tech or VA to enter the findings into the medical record. If the patient is not cooperative for the exam, the tech or VA should assist in restraint rather than enter the PE into the medical record (this can be accomplished after).
 - The DVM recommends a treatment plan based on the diagnostic results and the PE to the client, allowing the technician to further develop a treatment plan and /or enter medication into the medical record simultaneously.
 - **3A.** When the label is populated in the pharmacy area, a floating tech fills the medication immediately. A floating technician is also getting any radiograph or bloodwork information filled out based on appointment type and what may be needed/entered into the treatment plan. They will be able to assist in restraint, sample collection, and laboratory tasks as needed.
 - **3B:** While the DVM and asst 1 are in room 1, the floating tech obtains a history and collects samples from patient 2 in room 2.
4. **Asst 1 and DVM** step out of room 1.
 - The DVM completes the remaining portion of the medical record to completion and signs off on charges.
 - Asst 1 double-checks the filled prescription(s), gathers client education materials and the patient report card (the medical record must be completed for this step), and returns to the room to educate the client, review the medications and report card, schedule a follow-up appointment, and collect payment and any deposits needed.
 - During that time float tech reviews signalment with DVM for the next room.
5. **Float Tech** cleans room 1, brings the next client in to obtain history, and collects pre-exam samples while asst 1 and DVM go into room 2.
6. Process repeats

Time Study Example:

Date: _____ Client Name: _____ Client ID: _____

Reason for visit: _____ Appt Time: _____

Circle DVM: Dr. Olson Dr. Brown Dr. Davis Dr. Smith

INTERACTIONS	TIME		INITIALS
Client arrival			
Client placed in the room			
Tech notified of room waiting			
Technician gathering history	In:	Out:	
DVM notified			
DVM in the room	In:	Out:	
Tech finishes room / discharges	In:	Out:	
Client checks out / client leaves			

Notes:
