Working smarter, not harder is a bit cliché, but it may be the most important mantra for physicians to live by because your time is your most precious asset. Optimizing that time not only benefits you as a professional and a business owner, but also allows more patients to access your expertise. Time must be used wisely since it cannot be stored to use the next day, making “worker smarter” crucial for all physicians.

Although everyone may recognize that time is important, few physicians actually know what time it is. It’s ineffective to require physicians and providers to glance at their cell phones (this can lead to remarkable distractions, reducing productivity immensely, in addition to patients’ perception that the provider is rushing); instead, place clocks around the practice, including exam and procedure rooms. In addition to be useful for providers, employees can keep a pulse on time as well. In addition to installing clocks, you can try the following simple ideas that can have a significant impact on improving the workflow in your practice:

**START BY ASSESSING YOUR WORK AREA.** Historically, physicians worked in a separate room designated as an “office,” most often located in a quiet spot, distant from the patient-care area. While you may continue to use your office as a safe haven to discuss a complicated case, dictate a note, or call a referring physician, let’s hone in on what may be better suited for the workflow when you see patients in your practice. Being close to where your time is used the most – the exam or procedure rooms – is crucial. If your office is adjacent to your clinical rooms, that’s great. However, if it’s not, set up a nearby work area. In today’s electronic environment, many physicians find the best work area is actually a mobile workstation. Often referred to as a “WOW” – a workstation on wheels – the area can be moved as you see fit. Arrange your WOW to include a computer (or docking station), phone, a few pens, and a pad of paper. Put a printer on the lower shelf to access as needed, particularly if you print scripts in your office (e.g., controlled substances that can’t be electronically transmitted to the pharmacy). Consider whatever you walk to retrieve as a candidate for placement on your WOW, designating an area for each item to avoid clutter, confusion and loss. Create an inbox to capture items that haven’t yet been reviewed, with a separate “in-process” box for items on which you’re still working. Designate a red folder for “stop everything and attend to me” messages; if you still have the hanging bins on the outside of your exam room doors, the red folder can be placed there (in the room that you are next scheduled to enter).

**THINK LEAN.** If you use a lot of forms, brochures, and other paper materials, purchase a roving file cabinet to move these items with you. Use the same “come-to-me” concept for equipment, devices, and supplies (recognizing that it is ideal to store them in an easily accessible manner). Have your team put together kits for your most commonly performed procedures and exams, as applicable. Place supplies in bins or shelves that are clearly labeled, ideally with a picture of the supply taped to the bottom of the bin or shelf. Hang equipment on designated wall hooks, as applicable, or create specific areas for equipment by marking items by name or, even better, drawing the shape of the equipment. Record the contents of your crash cart on a spreadsheet, including the expiration date for every resource; tuck this in a plastic folder and secure it to the cart, in order to ease the verification of readiness. These are all lean-thinking techniques, designed to mistake-proof the process.
Tip 1: e-Organization Pays.
Electronic organization is just as important as physical organization. Develop folders and subfolders in your email system, computer hard drive, and intranet that are logically organized. Make a habit of naming files in a convention established by your practice such as FILE REFERENCE_USER_DATE for the topic or project name as a reference, followed by the user’s three initials, and the date. Instead of an electronic quagmire, you can find electronic files more readily.

Tip 2: Manage Phone Calls.
Physicians often leave phone calls until the end of the day, given the time required by these typically lengthy interactions. Consider addressing calls upon arriving to the practice first thing in the morning, ideally using a phone that doesn’t “stamp” your user identification (otherwise, patients just press the “missed call” and you’ll be inundated with calls all morning from patients who have no idea why you called). Jot down an agenda for each call to ensure that you address the key points. Don’t leave a message (you’ll be busy when the patient returns your call), instead trying them back again during a break in your day. When taking a message, remind your staff that they need to capture two phone numbers for every patient - a “best” number for the patient or referring physician to be reached, in addition to an alternate number. Only leave messages when you have to. Begin to encourage patients to communicate with you via the portal. Even if you’re not a fan of your electronic health record (EHR) system, this mode of electronic communication requires that patients self-identify and write their own messages. This allows your staff to triage the message (in contrast to a “blind” call), often taking you out of the loop altogether. Further, the patients’ communication is automatically embedded in their record. Reducing your calls by 10 to 20% will give you more time for calls that require your personal, one-on-one communication.

Tip 3: Reduce Distractions.
Staying focused seems to be a challenge for many employees, resulting in costly loss of productivity. Patients who see distracted employees lose their trust in the practice, and the productivity of your entire practice suffers. The distractions are multi-fold: social media, text and instant messages, and personal email, just to name a few. Consider restricting access to these distractions during the workday (to include blocking social media sites at practice workstations), while facilitating multiple “mini” breaks. If breaks are impossible to introduce, consider allowing cell phones but only if they are placed in an open space and used exclusively for emergencies.

Tip 4: Map Workflows.
No one believes that their practice’s workflows are poor. Otherwise, they would fix it. However, we all have improvement opportunities. So, how do we shed light on those? Map key workflows by documenting the specific actions, steps, time, resources, and people associated with specific tasks. There’s no limit to the opportunities – from new patient intake protocols to test results notification. Make the invisible “visible,” creating a map of what is actually occurring, rather than merely documenting what is believed to occur. Observe the task yourself, or at least interview everyone who is involved in the process, ideally including a patient and/or referring physician, as appropriate. Workflow maps enable a practice to “see” the process, identifying opportunities for improvement by designing a new, more effective process.