Exam Room Registration

An Extract from "Mastering Patient Flow: 2nd Edition" by Elizabeth Woodcock, MBA, FACMPE, CPC

If you have been unlucky enough to have been an emergency room walk-in patient lately, you may have noticed that you didn't have to stop by the ER's front office. They came to you. Why? "Bedside registration" is all the rage in emergency rooms because it streamlines the check-in process, eliminates patient waiting time and makes better use of staff time.

Can this streamlined approach work in a medical practice? You bet. The concept is catching on in medical practices, and it's working extraordinarily well at reducing cycle time.

Exam room registration can eliminate some of your front office processes, as well as most of the space that you have to allocate for the front office and the waiting room. Staffing reductions are also possible because it allows you to combine front office staff and clinical assistant positions into a new staff position called the patient service representative (PSR).

How does it work? PSR's escort patients directly into the exam room to conduct the registration process as soon as they arrive. Depending on the volume, a greeter can be stationed near the doorway in which patients enter the practice to direct them back to the exam room area where the PSRs would be waiting, or to communicate to the PSRs (through a wireless phone, for example) that a patient has arrived and is ready to be escorted back.

After the patient is escorted or directed into the exam room, your PSR staff can register patients, collect payments, take vital signs, help patients fill out medical histories and perform other rooming duties.

In other words, your patient will have only one stop (the exam room), instead of two (the waiting room and the exam room), and one staff (the PSR), instead of two (the receptionist and the clinical assistant).

To ease the transition to this model without major remodeling or staff disruptions, hire medical assistants as your front office staff turns over. Alternately, you can train nonmedical front-office employees who show the potential for the new position of patient service representative.

Escorting patients directly to their exam room avoids shuffling patients from one waiting area – the waiting room - to another waiting area, which is what exam

rooms become when you use them to park patients. Forcing patients to wait in several locations seems to increase the perceived amount of time they spend waiting for a doctor.

The arrangement only works well if the process of clinical intake does not require a nurse. That said, many physicians repeat their nurse's duties anyway. That is, when the physician walks into the exam room after the patient has been processed, she re-takes the patient's medical history, re-reviews all medications, re-reviews the complaint from the very first symptom and so forth. While many physicians want to reconfirm this information, the physician who routinely ignores all of the information gathered by the nurse – or does not trust that information –gains little efficiency from the current intake process and may transition well into this new model of exam room registration.

Exam room registration also requires a robust pre-visit process in which insurance verification and benefits eligibility are conducted *before* the patient arrives. Find out more about pre-registration functions elsewhere in this chapter. Although there are significant efficiencies to be gained through the model, you wouldn't want to lose revenue because of errors in your billing process by switching.

Depending on the size, specialty and volume of patients at your practice, you might want to use two patient service representatives for each physician or three PSRs for every two physicians. You might also ask a nurse to oversee and supplement these care teams.

Exam room registration is particularly valuable for practices that serve a patient population that does not speak English or in which many patients speak English as a second language. The care teams for these practices can include staff who speak your patient panel's primary languages other than English. For example, if Spanish and Russian are the primary languages for sufficient numbers of your patients, then include a Spanish-speaking PSR and a Russian-speaking PSR on each team. The PSRs also can interpret for the physicians and other clinical staff by remaining in the exam room with the caregiver even after the registration and intake process are complete.

A few practices go so far as to build facilities with exam room doors that open directly to the parking lot. Your practice may not be ready for that step yet but using the process in your present facility will definitely speed patient registration and soothe patient frustrations.

However you implement it, to make exam room registration work, your practice must collapse its two check-in processes – the administrative and the clinical – into one process.

This is the main benefit of exam room registration: it allows you to combine clinical and administrative functions to save space, time and staff costs.