The clinical capacity & capacity should be addressed from the aspect of minimizing waste (specifically, waiting times). It is apparent from the visualization above the checkout process is consuming most of the patient experience with little to no value add.

Instead of forcing patients to wait for elongated periods of time after treatment, we suggest utilizing the existing workforce and having two MAs available for each physician, regardless of schedule or exam room availability.

There are two predominant reasons for this; the lack of available data on the changeover process for MAs as they prepare rooms for upcoming patients (i.e. time to clean and time to retrieve next patient data) and the input from the MA staff themselves (not having enough time to turnover rooms when appointments are scheduled within 15 minutes of each other).

We have strategically decided to optimize this part of the process (with added utilization of existing staff) before changing any aspect of the scheduling or physician scheduling (given the likelihood of physicians leaving the company, as they have in the past when attempting to standardize scheduling).