Exam Rooms (how many?)

How many exam rooms should you have in a practice, you ask? This number depends on several things:

1. The pace at which the provider works
2. The amount of time the provider spends in the exam rooms
3. How mature the provider’s practice is
4. Services that are provided in the exam room by someone other than the provider
5. The specialty – are the providers using exam rooms every day all day, or some days for parts of the day?
6. Plans for the future

I’ve seen the number of exam rooms run the gamut from a neurologist using a single combination office/exam room to a cardiologist using four exam rooms. Here’s how to determine how many exam rooms you might need:

- Time your physicians and mid-level providers to get an average amount of minutes spent in the exam room. You may have some outliers who spend very little time in the exam room or some who spend a long time with every single patient. You may need to adjust up for the fast ones and down for the slow ones. Over all specialties most providers are in the exam room about 15 minutes for established patient visits.

- A provider with a mature practice may see more or less patients. He may be able to see patients in a shorter amount of time due to his experience (surgery) OR he may spend more time with his patients as they age up and start dealing with more chronic illness (primary care.) A provider with a new practice may take longer with patients because he has the luxury of less patients and more time.

- Are your nurses/assistants taking vitals, doing
medication reconciliation, giving injections, taking blood, taking out sutures/staples, doing EKGs, scheduling future appointments, scheduling tests or procedures, teaching etc.? Don’t forget to allow time in your analysis for when the room is busy, but the provider is not in it. You might want to add 5 or more minutes to your average if you’re using the exam room for pre-provider processes and 5 or more minutes to your average if you’re using the exam room for post-provider processes. A note here that doing everything you possibly can in the exam room is both a patient pleaser and is HIPAA-compliant.

- The ideal situation is one in which every exam room is full every day. If you cannot fill every room every day (and most can’t unless they are undersized for the number of providers), you are bearing an expense on something that has the potential to pay for itself, but isn’t. Many providers like their “own” exam rooms, but will pay unnecessarily for their exam rooms when they aren’t using them.

- How do you find that sweet spot of being rightsized for your specialty and number of providers? Once you’ve timed your providers, and determined the best way to keep as many exam rooms full as possible, map out the time and entrance and exit of a typical schedule, trying it out on different numbers of rooms. For instance, with one exam room, and average of 15 minutes per patient and adding 10 minutes for vitals and history of present illness documentation and room turnaround a physician working from 8:00 a.m. to 5:00 p.m. with one hour off for lunch can see 19.4 patients a day. Here’s the math:
  - 8 hours x 60 minutes = 480 minutes
  - 480 minutes / 25 minute per patient = 19.4 patients per day
• the provider has 10 minutes between each patient for documentation, phone calls, etc.

• Let’s try it with 2 exam rooms. Now you’re saving the time that the provider can’t get into the exam room because the assistant is working with a patient or cleaning the room for the next patient. Now he can potentially see 32 patients per day, which is closer to daily standards for family practice, medicine and medicine subspecialties, but he has no between time for other tasks. Remember also that this does not take into account any x-rays, urine collection, etc. that the patient has to leave the exam room for.

• Traditionally, physicians have been told that 3 exam rooms are ideal. A patient is beginning a visit in one room, ending a visit in one room and actually with the physician in the third room. Don’t forget, however, that a single assistant cannot be in two places at one time, so take that into consideration when planning how many rooms a provider needs. You also do not want to use more rooms than the provider can comfortably move between because patients dislike waiting in the exam room just as much as they dislike waiting in the waiting room.

• In planning for the future, it is cheaper to build an exam room than add one after the fact. An exam room can always be retrofitted for an office, but an office may not necessarily work as an exam room without modification. Many medical architects recommend having some extra rooms that can easily be repurposed to exam rooms if needed.

• When planning for exam rooms, don’t forget to keep virtual visits in mind. You don’t need exam rooms for these, but the provider will need time to diagnose and communicate a plan for these patients.