



Roger That

● in practice

One surgeon's experience with interoffice walkie-talkies

By Joe Niamtu III, DMD

Developed largely for use within the military, walkie-talkies have been around since the 1940s. These two-way radios have evolved in size and scope since that time. Today's walkie-talkies are smaller, sleeker, and typically include integrated headsets and mouthpieces.

While other two-way communication technologies do exist—smartphone apps, for example—walkie-talkies remain the easiest to operate and most cost-effective of the options.

There are nine staff members at my practice. If each staff member sees four patients, I will see 36. I am constantly moving from surgery to surgery and room to room. I needed a traffic manager to point me in the right direction. In the past, my practice manager stood in the hallways and directed me and my staff to the proper rooms. This didn't work a lot of the time. I would see a patient for a 40-minute facelift consult when there was a 4-minute Botox patient waiting next door. Making a 4-minute patient wait for 40 minutes is poor customer service.

Similarly, I would go into a room and a patient would ask for additional injectables, and the staff member had to leave the room to fetch the products, leaving me with "dead" time. I may be in the operating room and need to take an intraoperative photo, but no one knows where the camera is, resulting in more "dead" time.

Methods

As a way to improve efficiency and enhance internal communications, I introduced walkie-talkies to my staff in June 2015. I got the idea by watching retail and fast food businesses use them to improve communication. You can purchase inexpensive walkie-talkies for \$40. We purchased commercial-grade units made by Blackbox. They have rechargeable batteries, earpieces, and collar microphones. These units cost \$250 but can take a beating and have a lifetime warranty.

Results

There was some initial pushback from my staff at first, but rarely have I seen a staff mandate gain such quick appreciation

and acceptance. The walkie-talkies caught on immediately. The staff could now communicate with one another and myself from anywhere in the office. (I don't wear any device.)

Examples of the enhanced communication include: "Dr N needs to go to Eval 1 for a Botox treatment, then Eval 2 for a quick follow up," "Can someone please bring the camera to OR 1?" "I need an extra syringe of filler in treatment room 2," "What room is ready for the doctor?" and "Will the front desk please bring the surgery patient's caregiver to recovery." This communication has dramatically improved productivity and cut back on dead time.

Another pain point for a busy aesthetic practice can be lack of communication between the "front desk" and the "back staff." Now, the front desk, surgical staff, and manager are connected, and it has been a welcomed efficiency.

There are other benefits to integrating this new old way of communication. "From a manager's point of view, life before the radios was frustrating. I felt 'out of touch' with the daily flow of the office, and if I wanted to know what was going on, I had to get up and walk around and ask each person who they had, where they were going, and what you had to do next. I had to rely on staff members to 'tattle' if they felt others were not pulling their weight with seating patients. Now I simply listen to all communication on the radio," says Deborah Bonepar, my practice manager.

For example, if the front desk employee says we have a Botox patient and no one states they are taking the patient, I then chime in and ask who is taking the patient. It helps with efficiency and keeps the rotation fair. It helps me with in the role of managing the flow, as I can make sure employees are doing their job and the doctor is running on time. It helps me with the "helicopter view" of the office!

Safety can also be enhanced with the integration of walkie-talkies. Eleven doctors have been killed in recent years by disgruntled patients. We have panic buttons connected to our alarm system in several locations in the office, but we now have the ability to communicate remotely should there be an issue.



The same stands for a medical emergency, as we can now communicate as a group.

There are a few downsides to this practice. The staff must learn to drown out background chatter that is not relevant. Also, a patient may feel they don't have our complete attention. Still, the overwhelming majority of patients seem to understand and appreciate our desire to communicate more effectively, as it usually improves their care.

Conclusions

Walkie-talkies can play a valuable role in enhancing communication and efficiency at a busy medical practice. Their adoption will reduce dead time and front and back office disconnects, improve safety, and allow a practice manager to better observe all staff members. These devices can be integrated relatively inexpensively and seamlessly within 6 months' time. ●

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