a surplus rather than a shortage of technicians similar to the issue with the front office. Therefore, there will be slightly more technicians than needed. This thought process continues down the pathway until it reaches the physicians. At this point, the magnification of variance between expected and actual is so high that the chances for error are great. The result is miscalculated staff and wasted resources. This exercise stresses the importance of minimizing variability as much as possible and not straying off a projected path to account for unjustified thoughts.

**Immediate Action Items**

Is the bottleneck in your patient flow process optimized? Advise your staff that you will be assessing the patient flow through the office. To provide an understanding of what is occurring and where improvements can be made, require the staff to document the start and stop time for every interaction they have with a patient. The number of interactions should match the patient flow diagram that was created earlier in the chapter. Gather the recorded information and analyze it to identify where the bottleneck exists. Obtain from HR the cost of each staff member for each part of the process. Is your bottleneck the most expensive part and working at 100% utilization? It is common for this to be the doctor’s exam. If it is not, then your process is underutilizing its resources. Let’s continue with this example as the chapter progresses to figure out how to enhance this process.

**Incorporating Evaluation and Metrics**

**Importance**

The next step in process utilization is performance efficiency assessment. There are many methods to evaluate processes. The most important takeaway to this section