Slide - Course Overview: Before implementing any Quality Improvement Initiatives it is important to have some Quality Improvement tools in your tool kit. Tips from a virtual QI Coach will help guide your team through various activities essential to understanding your practice and determining what changes make sense. You can revisit slides, easily by clicking on the slide name in the navigation menu on the left. If you take a break, the module will resume where you left off.

Your Quality Improvement Team may complete this module as a group or individually. There are some key concepts in this module that can be carried through all of your improvement work. Download tools from Resources in the upper right of the classroom now and keep it handy; it will help keep the process simple and on track.

Slide – Learning Objectives: In this module we will review the Module for Improvement and the Plan Do Study Act cycle. These are foundational tools in Quality Improvement.

Slide – Section 1 Overview: As described in the previous modules, balancing the supply of appointments with demand for appointments is key to achieving the goal of patients being able to get an appointment with their provider when they need it. This results in benefits for patients, staff, and providers. This first section will review the fundamentals of how to do this and the model for improvement it's based on.

Slide – The Fundamentals: By identifying what you wish to accomplish as a team, such as reducing backlog, you will be able to define clearly what changes could improve access for patients. Knowing what you need to measure and how to collect that data, helps you monitor whether change has happened and if it's what you want. Although data collection is often perceived as additional work, if it is incorporated into regular workflows using one of the provided forms, that data can become useful and worth the effort. Team members who can see meaning in the data will collect it in an efficient and predictable way and use it to inform QI efforts. By posting your data in a central location - such as a communication board in a staff room, staff can keep informed and motivated by the team's progress and feel they are actively contributing to the improvement effort.

Team ownership of the data helps everyone value accurate data collection.

By interpreting the data and discussing it as a team members can make data- driven decisions.

Slide – The Model for Improvement: Based on the Model for Improvement, 3 fundamental questions underpin the work of advanced access and efficiency. Commitment to improving access can be expressed in a clearly worded aim or goal statement, this is what you are hoping to achieve. Some teams have found it helpful to put a timeframe around their QI goal. Some practices have been successful with their aim of a same-day appointment being an option for their patients, when this would have been next to impossible previously or would have required an extended work day or patient shuffling to accommodate. Other practices selected a target they felt was more reasonable to their clinic of supply and demand, but improved access for their patients was achieved just the same.

The 3rd next available appointment is the gold standard for measuring the length of time patients are waiting for an appointment. Continuity, or the percentage of appointments patients saw their own provider, is another measure of access. Cycle time or the time between the scheduled appointment and when the patient walks out the door is another useful measure. Red Zone time, or the percentage of the visit spent face-to-face with a care provider is often a target for improvement as well.

So collecting some data to determine if a change you have selected has resulted in the improvement you wanted is the work of advanced access and efficiency. The Plan-Do- Study-Act cycle, or the P-D-S- A cycle, is used to test a change and you'll learn about it next.

Slide – Plan-Do-Study-Act Cycle: The PDSA cycle is used for testing a change to see if it leads to the improvement you wanted. By planning it, trying it, observing the results, and acting on what you learned, successful changes can be implemented with a high degree of confidence and are worth the effort.

Plan the steps of a change you can test out. Consider what have you done before that you want to do more of, what do you predict will happen? The ideas will need to be specific enough to test and implement and measure in a particular situation. We will walk through some change ideas in detail with examples of what has worked for other clinics.

Small tests are best, one or two staff members, very few patients or charts done on one day if possible. Testing a tracking tool with a team member or a teaching form with three patients are examples of a simple test. Maybe that tracking tool helps the team be more efficient with a process or with patient flow.

So what happened? What did the test tell you? How close or different were your predictions? Are you confident the change could lead to an improvement and can be implemented successfully? Were your questions answered?

Based on what the test told you, you can do one of three things. If you feel no more testing is necessary, you can implement the change and make it the new way of doing business. You may wish to continue testing the change with other providers or different patients to be more assured the change is a good one to implement. Or you may reject the change and move on to testing a different idea. Use what you've learned when considering what change idea you test next.

Slide – PDSA- A Real Example: This team was testing a number of changes to increase the supply of appointments. The purpose of their PDSA cycle is to test the RN calling patients to discuss normal test results instead of bringing the patient back into the office for an appointment with the physician to discuss the normal results.

The RN is going to call the next three patients with normal test results instead of having the patient come back in for another appointment. The team is interested in learning 1. how long it will take the RN to make the phone call and 2. what is the feedback from the patients. The team predicts it will take about 5 minutes for each phone call and that most patients will like not having to come back to the office. This is a crucial step and one that is often rushed through by teams.

The RN called three patients with normal test results the next day. It took less time to call the patients than the team predicted. Instead of the 5 minutes per call they thought before the test, they found out through their PDSA data tracking that it only took about 3 minutes for the discussion. There was mixed reaction from patients to the phone call. Two of the patients were happy to not need to come back into the office and were happy with the call from their office nurse to give them the normal test results. One patient thought he was coming back for another visit with his doctor and is still going to make a follow-up appointment with the physician.

The team looked at what they learned from this first test and decided the change still had merit. The team agreed that the patient can still choose to book an appointment with the provider. They realized the provider has an important role in setting up the RN call. The team predicts that if the physician lets the patient know in advance that the RN will call them with normal test results and that they will not have to come back in for an appointment that patients will react more positively to the phone calls. The team will test the change with some more patients and the provider will set up the RN call by talking with the patient about the new process the team will be testing.

Next you'll hear from staff from a Family Health Team who comment on their experience applying the model.

Slide- Voices of Experience: "...learned to appreciate our health information and we ended up creating a health information committee.....learned how to set different indicator, use our EMR and use our PDSAs to have rapid changes and then measure against those changes to see if they have been effective...."

Administrator

"....the changes in our office were absolutely dramatic....the time to our third next available appointment was 10.8 days on average before we went to open access and after we implemented open access, patients were getting same day appointments...our average wait time was 0.1 days. What we didn't expect was that our cycle time went down....from 40.1 minutes to 28.5 minutes....this shows how good open access was for our system...and our patients are happy."

Medical Secretary

Slide – Dr. Janet Samolczyk: My name is Janet Samolczyk and I'm going to talk about a change in a booking system. I'm a doctor with the Grandview Family Health team in Cambridge. We've been using an advanced access booking system for 7 years now; since January 2002. So we've had time, not only to try it out, but to learn and to work out a few of the kinks.

We introduced the system, and we made our biggest mistakes there, and they were big indeed! There was basically no explanation given to the patients. We just said we're starting a system of same day bookings, call the day you want an appointment. Our staff were told about the system but far too little time was spent on the philosophy of advanced access, which is 'as much as possible do today's work today', and far too much time was spent on rules. We are still paying a price for that. The occasional staff member, in spite of repeated and lengthy explanation, is still hooked into the rules and cannot demonstrate the flexibility the system needs to work at its best.

We've gradually learned that matching supply and demand is the basis of the system. You've been given some tools I understand to assess supply and demand. We didn't do the analysis until we had been live for 5 years. And then we discovered that the doctors whose supply and demand ratio that did not match were actually not able to make the system work. It really does count.

Slide – Next Steps: If you've met as a team and completed this module, you've done a lot of the heavy lifting. Understanding what can be achieved, and why, and determining how you will approach your advanced access and efficiency strategies to balance your supply and demand is important to moving on. It will guide you through the process of completing a PDSA cycle to test whether the strategies you have chosen are effective and creating the change you intended. Completing the quick post- module

readiness assessment will help ensure you are ready to move on, always better to be ready than to waste time and effort learning you weren't.

Slide – Acknowledgments: No narration.