

## Measures to Guide Your Decision Making Quick Tip Sheet

From: Health Quality Ontario, *Advanced Access and Efficiency Workbook For Primary Care*, 2012

| Measure                                | What is it & Why do it?   | How to Gather   | Frequency of Collection  | Tips  |
|--|---|---|--|---|
| <b>Panel Size Equation</b><br>(Form 1) | To understand the relationship between supply and demand within your practice, and to be able to develop strategies to balance if necessary.  | Use the panel size equation on Form 1.  | Annually, or as changes in supply or demand occur.   | If demand is greater than supply, remember that this is a yearly number. It must be divided by 12 to understand the number of appointments required monthly, and then by four to see the number of extra appointments needed each week, etc.  |
| <b>Supply</b>                          | The number of appointments available in the schedule. All appointments should be multiples of the short appointment length.   | Count the number of available appointments for each work day. (Track in Form 2)   | You should understand supply on a daily, weekly and annual basis. Once established it does not have to be counted unless supply changes. | If provider supply increases or decreases permanently, then the equation must be recalculated.  |
| <b>Demand</b>                          | The number of appointments requested today for any day. Demand can be generated internally by the provider and externally by the patient. It is important to understand both internal and external demand, and to measure each separately using Form 2. | Using a tick sheet (see Form 2), place a tick mark for every appointment requested, depending on the origin. External demand is patient request and internal demand is provider request (see Form 2). | Daily until practice confidently knows range of demand for each working day.   | It is important to gather this data anytime practice demand seems to be changing. It may be necessary to rebalance supply and demand.   |
| <b>Activity</b>                        | The actual number of short appointment slots used that day. If the provider had add-ons, then the number will be higher than supply. If the provider had no shows or vacancies, then the number will be lower than supply.                              | From the EMR/EHR or schedule book, count the number of short appointments used each working day. (Track in Form 2.)   | Daily until practice confidently knows the range of activity for each working day.   | If the number of short appointments used is consistently greater than the number of appointments in the schedule, it is important to recalibrate appointments to better reflect what is actually happening in the practice. If the provider never starts before 9:15, for example, do not begin appointments at 9:00. |

| Measure                                 | What is it & Why do it?   | How to Gather  | Frequency of Collection  | Tips  |
|---|---|--|--|---|
| <b>No Shows</b>                         | Patients who do not keep appointments and do not notify the practice prior to their scheduled time. These appointments represent lost productivity and resources.   | Keep track of the number of patients who fail to keep their appointments and record on Form 2.   | Daily  | When patients notify the practice of their inability to attend, their appointment is a cancellation and not a no show.  |
| <b>Third Next Available Appointment</b> | This is the gold standard for measuring the length of time patients in your practice are waiting for an appointment. First and second available appointments are not used, as they could be the result of a recent cancellation.  | At the same time on the first day of the work week, look ahead in the schedule for the TNA appointment slot and then count the number of days to that appointment. Do not count saved appointments or carve out model appointments.  | Weekly until the value is consistently zero. Then use future open capacity to measure availability of appointments.  | It is important to use a consistent method of data collection. Counting weekends is a choice (either do or don't) but the same method of data collection must be used consistently. |
| <b>Continuity</b>                       | The number of times patients are able to see their own provider relative to other providers of the same discipline within the practice.   | Calculate the percentage of patients seen by their own provider: Divide the number of patients of Provider X who were seen by Provider X in the past 30 calendar days by the total number of patients of Provider X who were seen by any provider in the practice in the past 30 calendar days. Multiply by 100. | Monthly  | Patients who see their own provider generate fewer visits.  |
| <b>Backlog</b>                          | The number of appointments between the present and the TNA appointment. Do not count appointments that are booked due to patient choice or physiology.  | Count the number of appointments between now and TNA.  | Anytime the TNA is increasing above acceptable practice targets.   | Be sure the practice can distinguish between good backlog and bad backlog.  |
| <b>Cycle Time</b>                       | The time elapsed between the scheduled appointment time and the time the patient is walking out the door. This information will help the practice understand the patient flow and where waiting occurs. It will also identify opportunities to improve efficiency or reduce the number of steps in the process. | A cycle time tracking sheet is necessary. Patients can be asked to track the times at various steps within their appointment. Other methods to collect this information may work better for your practice. This information is used in conjunction with the process map.   | As often as is required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented. | Decide as a team the number of random samples required to inform the quality improvement team. Sample at different times of the day or days of week.                                |

| Measure                            | What is it & Why do it?   | How to Gather  | Frequency of Collection  | Tips  |
|------------------------------------|---|--|--|---|
| <b>Red Zone (value-added time)</b> | Percentage of the cycle time spent in face-to-face contact with a member(s) of the care team.   | On the cycle time form calculate all the minutes spent with members of the care team. Divide by the total number of minutes spent at the appointment and multiply by 100 to get the percentage of face-to-face time. | As often as is required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented. | Include time the patient spends with all members of the care team that adds value to their visit.             |
| <b>Patient Satisfaction</b>        | Feedback from patients is essential to respecting their roles as partners within the care team. | Use the survey (Form 6) or a tool of your choosing. Select a random sampling.  | At baseline, and whenever improved changes are implemented. Frequency will be a practice decision.   | Do not do the survey if data are not going to be studied or acted on.<br>Collate the survey data using Form 7 |