Measurement Guide for Reporting: Advanced Access & Management Information Systems (MIS)

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Used with Permission and Adapted for the Primary Health Care Program

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About this Document

1. Welcome to the Advanced Access Measurement guide. This guide is a companion document to the Advanced Access Data Tool – Primary (20111026) and the Advanced Access Worksheets (2011119) spreadsheets. This document should assist you with many common issues and questions with measurement in the Advanced Access collaborative

The Measurement Package has been designed to operate in a Windows environment utilizing Microsoft Office software.

What is the Measurement Package

The Measurement Package consists of four files which will assist you during the Advanced Access Learning Collaborative and onward in your improvement journey. The Measurement Package consists of:

- 1. Advanced Access Measurement Guide this document.
- 2. Advanced Access Worksheets these are a collection of paper based tools which you may use to assist with data collection. You may choose to print these sheets out for paper based data collection if you are not able to extract directly from your Electronic Medical Record software.
- 3. Advanced Access Data Tool this is the Excel spreadsheet where you will enter your practice level data. This spreadsheet will generate graphs of your data to assist you with interpretation of your measurements. You will be asked to send this file to your faculty member at reporting intervals for their review and to provide you feedback on your progress.
- 4. Advanced Access High Leverage Planning Form and A3 story board these Word documents are where you will record your plans, progress, challenges, and successes related to your improvement goals.

Getting Started

1. You will receive from the Program Specialist an updated Advanced Access Primary Care Measurement tool when it is due to come out annually.

After editing the names of the providers and entering the date when you will begin measuring you should save this file using the '**Save As**' function. Change the filename to reflect your clinics' name.

Clinics with more than 15 providers

The Advanced Access Data Tool has been pre-configured for use with clinics that have 15 or fewer providers. For those clinics that have more than 15 providers, two (or more) Advanced Access Data Tools will be required. You may wish to group Providers by 'Pod' or similarity of practice or Clinical FTE. After saving the first Advanced Access Data Tool using your Clinics' name, open the Advanced Access Data Tool and repeat the steps on page 6 until all providers have been entered and saved (using Save As with another name).

Measurement and Data Collection

Manitoba Health and the Primary Health Care Program objective is to have all WRHA operated and funded (Community Health Agencies) report on all Advanced Access indicators as identified in the MB Health Advanced Access Data Collection Tool.

For the first phase, <u>October 1, 2012 the WRHA Direct Operations sites were required to begin reporting on all</u> Advanced Access indicators as identified in the MB Health Advanced Access Data Collection Tool. This Initiative is focused primarily on improving access and the efficiency of the office practice by reducing delays both for and at an appointment. Measurement is an important tool to understand the performance of the current system, track progress and to assess the results of changes made. Measurement will play a central role with the goal of creating an office-based measurement system that is meaningful to performance and practical to maintain. We seek usefulness in our measures, not perfection. Participants will be encouraged to use existing organizational metrics and resources for measurement when appropriate.

Mark Murray and associates recommend office-based measurement is required for the Advanced Access model. Each department will be expected to continuously monitor a core set of measures around access and office efficiency. These measures are intended to accelerate improvement, not slow it down. The Measurement Package includes core measures which will be used extensively during the collaborative, additional or advanced measures may be added based upon team desire.

Third Next Available Appointment

Third Next Available Appointment is sometimes referred to as TNA or TTNA (Time to Third Next Available) and is a core measure related to Access to service.

- Access to care is a key determinant of patient satisfaction. The recommended measure of access is the number of calendar days to the third next available appointment. The delay for the third available appointment is used because it is a better reflection of your system availability. The first or second appointment may be available due to a cancellation or some other event.
- Delay is the wait time for an appointment. This measures the wait time between today and the day that there is an "open space" or available appointment that appears on the provider's schedule. This is measured at the same time and day each week for each provider. Short is defined by individual Provider identified as a one unit appointment (i.e., 15 minutes). Long is identified as a two unit appointment (i.e., 2 x 15 minutes). It is best to avoid Mondays and Fridays due to stat holidays as it throws off the measurement tool if the collection is not done and makes it very hard to read the data.
- Carved out appointments are not counted in this measurement (i.e., same day appointments, follow-up) or appointments outside of the provider's panel (i.e., Teen Clinic program) as TTNA is a measurement from the patient perspective who call in for a regular appointment.
- The creation of "Same Day" appointments is an interim step towards open access. This requires regular monitoring to ensure same day appointments are being used for its intended purpose (i.e., urgent appointments versus follow-ups). "Same Day" appointments are not bookable beyond the current day and are therefore not counted in the calculation of third next available appointment.

To understand current access to your office, select one specific appointment type to begin with, such as a request for a routine appointment. Use your scheduling system to count the number of days from a selected reference day to the day when the third next available appointment of that type is available. To count the number of calendar days between today until the 3rd next available "same" long appointment appears on the schedule without overlapping time slots.

The Advanced Access Data Tool has two tabs to record TNA measures. The first tab is labelled 'Delay Data LONG' and has been designed to measure delay for 'Long' type appointments such as Complete Physicals. The second tab is labelled 'Delay Data SHORT' and is designed to measure delay for 'Short' type of appointments such as routine or episodic appointments.

The key to this (and other core) measures is to record data serially. This means you should measure your Delay for Short and Long appointments for each provider at the same time each week. For example, Wednesday at 9 AM and be recorded in calendar days.

Example of TNA for Short appointment length:

What is the Third Next Available Appointment for Dr. X assuming we are measuring at 9:00 on Monday?

	Monday Tuesday		Wednesday	Thursday	Friday	
Date	2-Jan-12	3-Jan-12	4-Jan-12	5-Jan-12	6-Jan-12	
900	Smith	Lanz	Watt	Cooper	Nice	
915	Jones	Nielson	Oosterlee	Stich	Scarlett	
930	Davey	Perala	Leafwood	Hannay	Wayling	
945	Murray	Joseph	Graham	Appointment	Wayling	
1000	Murray	Kelly	Mack	Appointment	Merrick	
1015	Clelland	Jonas	Habring	Ferrel	Phillips	
	Same Day				Same Day	
1030	Appointment	Lodge	Plumb	Rosales	Appointment	
1045	Nichols	Lodge	Durbin	Ferguson	Johnson	
1100	Martinez	Flynt	Same Day Appointment	Case Conference	Houle	
1115	Brezina	Hilton	Groulette	Case Conference	Coleman	
1130	Sawa	Thompson	Kovach	Case Conference	Jackson	
1145	Appointment	Hubert	Meister	Case Conference	Charlton	
1200	Lunch	Lunch	Lunch	Lunch	Lunch	
1215	Lunch	Lunch	Lunch	Lunch	Lunch	
1230	Lunch	Lunch	Lunch	Lunch	Lunch	
1245	Lunch	Lunch	Lunch	Lunch	Lunch	
1300	Lunch	Lunch	Lunch	Lunch	Lunch	
1315	Appointment	Hutton	Meeting	Messner	Fenney	
1330	Rosales	Hutton	Meeting	Matthews	Fenney	
1345	Strong	Wel	Meeting	Same Day Appointment	Salmonds	
	Same Day					
1400	Appointment	Appointment	Meeting	Clarke	Martinez	
1415	Fergusson	Appointment	Charity	Evans	Lopez	
1430	Fergusson	Mote	Olds	Woo	Appointment	
1445	Scott	Nielson	Appointment	Chan	Appointment	
1500	Reedyk	Gould	Appointment	Anderson	Hass	
1515	Oosterlee	McFly	Chow	Charpentier	Hass	
1530	Edmonds	Graham	Mutton	Weir	Asquith	
1545	Olin	Rottman	King	Morden	Asquith	
1600	Alfred	Tyabji	Furtado	Phillips	Sandcoc	

For Short Delay Answer: 1 Calendar day. The third next available appointment occurs at 14:00 on Tuesday. You count Monday as a 0 and Tuesday as 1 day. The number 1 would be entered on the 'Delay Data SHORT' tab for Week beginning January 2, 2012 under Dr. X.

For Long Delay Answer: 3 Calendar days. The third next available appointment occurs at 09:45 on Thursday. You count Monday as 0, Tuesday as 1, Wednesday as 2 and Thursday as 3 days. The number 3 would be entered in the 'Delay Data LONG" tab for Week beginning January 2, 2012 under Dr. X.

NOTE:

- Same Day Appointments are considered carve outs and not counted in short and long delay measurement. The benchmark is 0 to 2 days, the best number a team can have is 0 days (same day access).
- When counting for your third next available appointment, if it occurs on the same day as your count then this is recorded as zero "0".
- When counting third next available appointment you are to count weekends and statutory holidays. Rationale: This is from the lens of the patient.

Reports > Reporting



Scheduling – Third Next Appointment > select Office > select provider(s) / provider group > Select'Appointment' Template Suggestion & Appt. Length, e.g. 15m Short

~	ACCESS Downtown	-			Description:	
\mathbf{a}	Hopps, Amanda		Step 1:	Select the provider from the list in the top left corner.	Third Next Appointment find	Is the third next
alunia	Jack, Megan		Step 2:	Select the Suggestion	appointment available for th	e selected
7	Katz, Adrienne			Appointment	Provider(s) based on the a suggestion selected and at	pointment pointment length
-	Kinsner, Kathleen		Stop 2:	Calast the Appl Lageth	chosen.	
ф	Kisil, Kathryn	_	Step 3:	Select the Appt. Length		
•	Knight Nataeha			15 Mins 💌		
L	Show har visible					
•						
E	7 Scheduling					
Ċ.	Appointment Reason/Type Summary	☆				
Ş	Appointment Region Summary	☆				
A	Appointment Attendance Report	☆				
Ο	Calendar Notes	\$				
.1.	Day Sheet	☆				
•••	Day Sheet for External	☆				
	Non-Booked Patient List	☆				
	No Show/Cancellation Trend	☆				
	Office Provider Patients	☆				
	Patient Appointment History	☆ -				
	Patient Appointment Summary	☆				
	Patient Status Summary	☆				
	Patient Status History Summary	\$2				
	Patient Visit Summary	\$2				
	Provider Patients	\$				
	Tasks	\$				
	Third Next Appointment	53				
	Visit Control Stats	☆				
	Visit Control by Status	☆				
	Volume to Provider Ratio	☆				
	Wait List	☆				
	Wait List Consult Wait Times	☆				
	Wait List Surgical Wait Times	☆				
	Weekly Volume Comparison	☆				
	Billing					
	60-90-120 Day A/R	☆				
н	Aged A/R Subledger	☆				
	Accounts Receivable	☆				
		-∿ ∎	Report L	Description:		
	I Only Show Favorites		Find's the	third open time for a physician.		
0	After completing report criteria, click o	on "Genera	ite Report".		Generate Export	Generate Report

Zeroes versus Blanks

Due to the structure of the Advanced Access Data Tool it is important to understand the difference between Zeroes and Blanks. When measuring delay, a Zero (0) would be appropriate if the provider has same day access (3 appointments available today). If you forgot to measure delay this week do not enter a Zero (0) as this would mean the provider did not have a delay – leave this data point blank. A blank entry indicates there is no data available for this date.

Demand, Supply, and Activity

While this is recorded as three separate measures the interpretation of these measures is most meaningful when all three measures are collected together. Measuring Demand, Supply, and Activity requires a common unit of measure. This unit could be number of appointments, number of minutes, or number of people but the unit of measure should be consistent across the three measures.

Demand

Demand is usually the most challenging measure to collect. Demand can be generated through internal and external sources. Internal demand refers to appointments generated through a follow up or other appointment initiated by the practice. External demand refers to appointments generated by walk-ins, telephone calls, or being referred to the practice. It also includes deflections to other venues (i.e., deflect to walk in, Quick Care, emergency department). Demand is defined as the number of appointments (or time units, or people) that were given an appointment today for today or any day into the future. Simply put, Demand is created whenever an appointment is booked for a provider.

Measuring demand is usually best done by the person who is responsible for the booking process. In the Advanced Access Worksheets file there is a data collection tool which may assist in collecting demand. The data collection tool will look similar to the following table. The person responsible for booking appointments is asked to place a 'tick' for each appointment (or time unit or person) booked today for any date (today or into the future). At the end of the day the 'ticks' are summed and the worksheet is entered into the Advanced Access Data Tool on a weekly basis.

If there is more than one person responsible for booking appointments, multiple sheets may be needed.

Initially it is recommended that practices use the appointment slot as the unit of measure. However, this means that when a 'Mental Health' or 'Complete Physical' is booked, the appropriate number of appointment slots need to be added as 'ticks' to the worksheet. (i.e. Regular appointments are booked every ten minutes but complete physicals are booked for twenty – therefore when a complete physical is booked two 'ticks' need to be recorded).

Frequently Asked Questions:

Which of these are counted as Demand?

Patient is seen today & rescheduled in 1 week	Yes, Count the demand to the Provider who they are requesting to see not the Provider who was scheduled to see them.
Patient walks in asking for an appointment	Yes, count the demand to the Provider who they are requesting to see not the Provider who was scheduled to see them.
Patient calls in requesting a medication refill	Not counted as demand unless Provider requests the patient be booked for an appointment. Not counted as demand if it is a prescription refill over the phone or by pharmacy fax.
Patient calls in asking for the Provider to call them Back	No, Unless the Provider requests the patient generate an appointment than it would be an internal demand.
Patient asks for an appointment today and receives it	Yes, Counted to the Provider who they requested the appointment with not the Provider who they were able to be scheduled with today.
Patient schedules an appointment for 2 weeks from today or in 2 months from today	Yes, Counted to the Provider who the patient requested the appointment with not the Provider who they were able to be scheduled with 2 weeks or 2 months from today.

	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6
Date						
Monday						
External						
Monday						
(Follow-up)						
Tuesday						
External						
Tuesday						
(Follow-up)						
Wednesday						
External						
Wednesday						
(Follow-up)						
Thursday						
External						
Thursday						
(Follow-up)						
Friday						
External						
Friday						
(Follow-Up)						
Saturday						
Saturday						
Soturday						
(Eallow up)						
(Follow-up)						
Sunday						
External						
Sunday						
(Follow-up)						
(1 2						

Supply

Supply is the measure of provider capacity for serving a panel/patient population. Supply is not a workload analysis but rather the amount of slots the provider has available for patients to book into. This includes carved out slots if you are in the process of getting to open access scheduling (i.e., carved out same day slots and follow-up). Time spent by the provider performing hospital based work, teaching, or participating in meetings is valuable but not included in the calculation of supply. For this reason, the amount of supply a provider has to service his/her panel/patient population may be surprising to the provider.

Clinical FTE (Full time equivalency) is the most basic measure of supply which is calculated by predicting the number of days the provider will be in the office seeing his/her patients multiplied by 0.2. Providing 3.5 days a week to see patients within the clinic would yield a clinical FTE of 0.7.

The measure which will be collected in the Advanced Access Data Tool for use in this collaborative will be calculated by predicting number of appointment slots available to be booked into per provider per day. For example – a provider who is expected to work a half day on Friday (3 hours) with a booking interval of 10 minutes would have a supply of 18 appointment slots (3 hours * 6 appt per hour).

Supply is always a prospective measure and can be recorded as far in advance as the providers schedule is known. Initially it is recommended that supply be recorded for the following week when entering the data.

Activity

Activity, which may also be called *supply used*, is defined as the number of appointments (or time units or people) for which service was completed. This measure is calculated by looking backwards at the number of appointments delivered the previous day. This number will include the squeeze-in appointments or double bookings and exclude patients who did not attend.

This measure can often be gathered from your Electronic Medical Record software, billing data, or other historical data repositories. If you intend to use a predefined report to collect this measure verify the unit of measure matches the unit of measure for Demand and Supply.

Panel Size

Panels are important as they are the "universe" from which "all demand" comes from. Factors affecting Panel Size is support staff (10% variation), rooms (5% variation), experience (young providers less), and new providers (take 15-18 months to build a full panel, part time vs. fulltime equally productive). Panel size provides information about which individuals and providers have a relationship. This measure helps the practice anticipate demand. Panel size is defined as the number of unique patients which have a helping/healing relationship with a provider. Unique patients are unduplicated individuals who have chosen to have a relationship with a Primary Care Home Provider or are assigned/designated to be under the care of a specific provider and received service within the past 18 months. This measure is calculated and recorded on a monthly basis. This measure is foundational to clinic practices and data integrity is important and covered in Manitoba Health Learning Advanced Access Learning Sessions.

It is often best to start with this measure at the practice level and then drill down to the provider level. Primary Care Direct Op sites are to compare their Panel size query build and Panel size attachment plans that are provided to them by the PC Program Specialist to ensure their panel sizes are accurate.

The College of Family Physicians of Canada, Manitoba Health, the Family Medicine/Primary Care Program team recognizes a 18 month time frame is relevant to measuring current demand for visits for Advanced Access purposes, and for some system planning purposes for Physician and Nurse Practitioners who are the Primary Care Home Provider or "most responsible provider" (CFPC, 2012). So the next question is how as clinic teams to get started to Determining Panel size?

The Four Cut Method is used to assist in determining those patients where a Provider is leaving the clinic who could be the most responsible Primary Care Provider (Physician/ Nurse Practitioner) to reassign their Panel of Patients

Cut 1. Patients who have seen only one provider for all visits are assigned to that provider.

Cut 2. Patients who have seen more than one provider are assigned to the provider they have seen most often.

Cut 3. The remaining patients who have seen multiple providers the same number of times are assigned to the provider who performed their most recent physical or health check.

Cut 4. The remaining patients who have seen multiple providers the same number of times should be assigned to the provider who saw them most recently.

Panel Size Clean up Steps:

- Query reports are needed to perform panel size clean-up sites will need to determine frequency (i.e. biannually). However, clinics will need to complete panel size clean up when Primary Care Providers (Physician's or Nurse Practitioners who are panel carrying providers) leave the clinic. The following established instances need to be reviewed for Panel size cleaned up. Sites can update the providers in the query build when Providers have left the practice and the patients will need to be reassigned to the new provider or existing providers.
- 1) Where Office Provider is set under the Office Assignment, but they are not a Primary Care Provider (i.e., Dietician, Shared Care Counselor, or a Provider no longer working at the site)
- 2) Where there is no Office Provider set under the Office Assignment
- Note In the above 1 and 2 instances the same client multiple times will turn up in the report until an Office Provider Assignment is assigned.

3) Once 1 and 2 is complete run both the existing Providers and Absent Providers Panels over an 18 month period to ensure the Panels of providers are accurate. For Queries Builds for Panel size cleanup regarding 'panel-size' (outside of prebuilt Advanced Access Reporting) – contact <u>csis support@wrha.mb.ca</u>

Continuity

This is a measure which calculates the likelihood that patients will see their own provider. In order to calculate continuity, provider panels must be identified. This measure is based on the patient perspective and retrospective in nature. This measure is calculated monthly by counting the number of panel visits to the panel provider divided by the number of total visits by the panel to any provider. In other words the number of appointments Dr. Smith's patients had which were provided by Dr. Smith divided by the total number of appointments by Dr. Smith's patients to any provider.

This measure could also be described as the Activity of a providers panel sorted into visits to the provider or visits to anyone but the provider.

No-show

No-shows, which may also be called Fail to Keep Appointment, are wasted capacity for providers. This measure calculates the percentage of appointments which were no-shows related to the total number of appointments delivered. No-shows are defined as appointments which were booked but did not result in a completed appointment and exclude appointments which were cancelled or re-scheduled.

To collect this daily measure you record the number of appointments which were no-shows and the total number of appointments booked. Both of these numbers are recorded in the Advanced Access Data Tool on a daily basis (but may be batched for efficiency).

Cycle Data

Cycle data or cycle time is a measure of office efficiency and identifies delays AT the appointment. This measure is best collected by sampling 3 or 4 patients per day or more frequently when conducting office efficiency PDSA's. The cycle time reflects the amount of time a patient spends in the practice from the time of entry to the time of exit.

Some EMR's or practice management systems have this functionality built in to them but require activation or education on use of functionality. You may wish to explore this functionality with your vendor.

Manual data collection for this measure is possible but may be difficult if relying upon multiple staff to track patient flow. The Advanced Access Worksheet file contains a paper data collection form which could be printed and given to the patient and have him/her assist with data collection. Alternatively, the form could be printed and moved with the patient throughout the visit with staff and providers entering their times on the form. An example form follows below.

To report on Cycle time in the Community EMR:

In the Traffic Manager section - select the Completed button to open the Complete Visits panel:

See below screen captures showing the completed visits reporting and two of the formats (Jasper/PDF, and CSV/Excel).

Reportable fields include the following patient – appointment – cycle time information:

Name	Provider
Arrived	Туре
Seen	Reason
Completed	Procedure Code
Room	Diagnostic Code

Note: You will need to manually add the time of the appointment was scheduled once converted into excel format.

Completed Visits - select the reporting date required, then select the print button to Print or Save/Export the results:

Report Preview – select to Print in original format or Save/Export in choice of format, i.e. PDF, or .CSV for Excel:

Sample1 - original Jasper reports format

Report Preview							
		1 9 9	100%				
			Com	pleted Vi	sits		
Physicians: Patient	Arrived	Seen	Completed Room	Physician	Туре	Reason	P.Code D.Code

Sample2 - Save/Export* in .CSV format for editing, compiling of data in MS Excel :



*Note, once the patient data has been exported to the desktop – Users - username (your local hard drive) it should be moved to a secure network file share and the local copy removed. It's recommended that patient data stored and / or shared be further protected by setting a file password in MS Excel (File > Protect Workbook > Encrypt with Password).

	А	В	С	D	E	F	G	Н	l I	J	K	L
1		Completed Visits										
2	Physicians:											
3	Patient		Arrived	Seen	Completed	Room		Physician	Туре	Reason	P.Code	D.Code

Reportable fields include the following patient – appointment information, which contributes to Cycle Time assessment

atient Cycle Time (1	ent Cycle Time (1 provider)						
Date (vvvv/mm/c	d):						
()))							
Scheduled App	ointment '	Time:					
		_					
Person or Servie	ce you ar	e Seeing	•				
Time of day (i.e.	1:00 pm)						
Time of day (i.e.	1:00 pm)						
	1. Time v	ou checked	d in at the	front desk			
	,				_		
	2. Time w	hen vou s	at in the w	aiting roor	m.		
		lion you u					
	2 Time e	taff aama					
	5. Thire s		io gei you.				
	4 T		1.6	•	• • • • • • • • • • • • • • • • • • • •		
	4. Time s	taff memb	er left you	in exam/s	ervice roo	m.	
	5. Time t	he physicia	an and/or t	the person	you are s	eeing came in th	e room.
6. Number of times	the physici	an was int	errupted o	r left the r	oom and c	ame back.	
	7. Time p	hysician le	eft the rooi	m because	the visit v	vas over.	
	8. Time y	ou left the	exam/ser	vice room.			
	9. Time v	ou left the	clinic.				
Comments:							

The Advanced Access Data Tool requires specific data entry formats to perform the calculations. Ensuring entry of the correct date and time formats (yyyy/mm/dd and hh:mm) will allow calculation and graphing of cycle time. The four columns on the right of the right of the Advanced Access Data Tool – Cycle Data page will calculate based upon entry of the 'blank' cells.

Panel Size Analysis

The last tab in the Advanced Access Data Tool which requires user input is the Panel Size Analysis page. This page allows you to utilize previously collected information (Panel Size and Practice Panel Size) with new

measures or hypothetical measures to allow you to test changes and balance panels to work without unnecessary delays.

The blank cells on this tab will calculate upon data entry in the other areas of the page. This page will require three new measures to be inputted when you want to test an effect of a proposed change.

Clinical FTE

This was discussed earlier in this document related to supply. Initially you will wish to enter the current clinical FTE of each provider on this page. Once all cells for a provider are entered you may readjust the clinical FTE to understand the effect of adding or reducing time for servicing patient demand for clinic appointments.

Patient Visit Rate/Year

This is a measure of the annual number of visits a panel makes to any provider divided by the panel size. For example a physician has a panel of 1200 patients who have made 5200 visits to the practice over the previous year. The Patient Visit Rate per year is 4.3 (5200/1200). After entering the current Patient Visit Rate/Year and all other cells for a provider you can adjust this number to understand the effect of increasing/reducing patient revisit rate.

Provider Visit Rate/Day

This measure is an estimate of the average number of appointment slots delivered per day for each provider when he/she is in clinic. For example, a physician who books patients every 15 minutes while in clinic and works for 6 ½ hours per day (when in clinic) would deliver 26 appointments. After entering the current Provider Visit Rate/Day and all other cells for the provider you can adjust this number to understand the effect of increasing or decreasing the number of appointments offered per day.

New Patients

The validated Query report includes the following parameters / criteria: Office / Appointment timeframe i.e. quarterly, update with each run Appointment Type / Appointment Providers – currency to be maintained by the site / Appointment No Show = False / Appointment Site / Patient File Number / Patient Status

Current EMR Alert Query reports exist for the following PC Direct Op Clinics: ACCESS Downtown – 'ADT - new client visit quarterly' ACCESS River East – 'ARE - new client visit quarterly' (results validated with site) ACCESS Transcona – 'AT - new client visit quarterly' ACCESS Winnipeg West – 'AWW new client visit quarterly' (new site) Aikins Community Health Centre – 'Aikins – new client visit quarterly' Corydon Primary Care – 'Corydon – new client visit quarterly' Eg.

Alert Definitions		
Definitions		
ARE - clients attached to nonPCP (2D A ARE - clients attached to nonPCP (Die	Current Rules	
ARE - Missing PHN ARE - new client visit quarterly	Office = 'ACCESS River East' Appointment Date Between 01-Apr-2014 an	d 30-Jun-2014 AND Appointment Type = 'New Client Initial Visit' AND Appointment Provider = 'Condon, Amanda' OR =
ARE - Postal Codes Roj ARE 18 mth visit	File Number Exists Patient Status Exists	AND Appointment No Show = False AND Appointment Site = 'ACCESS River East'

Measurement Graphs

The tabs in the Advanced Access Data Tool which have a grey background will be automatically updated as you enter data into the spreadsheet. These graphs or Run Charts will assist you with correlating your tests of change and overall progress toward your aims.

NOTE: All graphs can be printed by clicking on the 'graph' and then selecting the print button (located on the File tab or Office button)

Delay Chart LONG

This tab will display data collected on the Delay Data LONG tab as an overall average for the practice and the individual delay for each provider.

Delay Chart SHORT

This tab will display the data collected on the Delay Data SHORT tab as an overall average for the practice and the individual delay for each provider.

D S A Summary

This tab is page to calculate formulas needed for the D S A charts and is based upon data entered on the Demand, Supply, and Activity tabs.

Weekly D S A Chart

This tab will graph the Demand, Supply, and Activity as the overall clinic total or individual provider totals by calendar week. The graph requires the user to select which individual or clinic total is desired to be displayed. Simply select the appropriate name or Clinic from the drop down box. If the graph does not automatically update press the F9 key on your keyboard.



NOTE: This drop down box also controls the graphs displayed on the next tab (Daily D S A Charts)

Daily D S A Charts

This series of charts will display the Demand, Supply, and Activity based upon day of week and also Internal versus External demand. To select which provider or overall Clinic total return to the Weekly D S A Chart tab and select the desired name from the drop down box and press F9 on the keyboard.

No Show Chart

This tab will display the Clinic average and the cumulative individual provider no show rate based upon the data entered in the No show Data tab.

Panel Size Charts

This tab graphs the practice panel size and the individual provider panel size in a run chart to identify panel size changes over time.

Continuity Charts

This tab graphs the Clinic average continuity over time as well as cumulative individual provider continuity.

Cycle Time Summary

This tab is a page which calculates formulas needed for the Cycle Chart page. No user input is required here.

Cycle Chart

This tab will display overall Cycle time (time patient spends in the practice from door to door), Wait time (time from when the patient checks in to the time the provider sees the patient), Red Zone (time the provider spent with the patient), or Minutes Behind (number of minutes between appointment time and the time the provider sees the patient) for the clinic as an average or individual provider. The user must select the desired measure to be graphed by using the drop down box.

Management Information Systems (MIS)

To streamline data collection within the Electronic Medical Record and provide the Primary Care Program with meaningful information to report back to sites, regionally, Manitoba Health, and Canadian Institute for Health Information (CIHI). Refer to <u>PCOG 4 Management Information System - Monthly Collection</u> for more details.

Direct Client Contact In Person

- Includes all face to face therapeutic encounters with clients
- May occur in the clinic, in hospital, in the community or in the home
- Must be documented and have therapeutic effect

By Month	Inclusions	Exclusions					
Set Appointment Date							
	Arrived <i>true</i>	No shows and group visits <i>false</i>					
Appointments	all appointments	Cancelations, Telephone Visits, Meeting, Off					
containing	(in clinic and home visits)	site					
Office							
Reporting for Hospital Home Team include the following:							
Status History	Hospital Home Team	ТВА					
	[River East/ Transcona,						
	Winnipeg West,						
	SouthWinnipeg]						
Client Services	Hospital Home Team	ТВА					
	[River East/ Transcona,						
	Winnipeg West,						
	SouthWinnipeg]						

🔶 Alert Definitions		_ D X	
Definitions		Ontions	
Pediatric Palliative Care - Prenates for		Options	
Primary Care - Critical Results Outsta	Current Rules		
Primary Care - Enrolment	Appointment Date Between 01-Apr-2015 and 30-Apr-2015 AND Appointment Type Contains 'complete		
Primary Care - site panel w age, gend			
Primary Care MIS Direct In Person			
Prime_DLC_Annual Physicals	Date must be changed accor	aingly	
Prime_DLC_Annual Physicals overdu			
New Rule	r Manage Rule		
	Appointment Undate Bule	Remove Rule	
Appointment Canceled Appointment	Doesn't Match Patient Records Only Optional		
Waitlist			
	Date: Between V		
	04/30/2015		
	Contains Complete physical	🖸 🙆 🔡	
	OR		
	Contains office visit	J	
	Contains V home visit	Ľ <u>₩</u>	
	OR		
	Contains 💌 long visit	J 🚺	
	OR		
	Contains V short visit		
	OR OR		
	Contains v off site	<u> </u>	
	OR		
	Type: Contains V pre	· 🚺	
	OR		
	Contains V Walk		
	OR		
	Contains v lient	I 🚺	
	OR		
	Contains 💌 one time	· 🖸	
	OR		
00 III			
	Contains minor procedure	≝ 🔛 🔰	
	OR		
1	Contains 💌 same day		
	OR		
	Contains 🔻	· 🖸	
	Arrived: Yes		
	Site:		
Site must be changed			
accordingly	(1) New	_	

Direct Client Contact by Phone

- Direct interaction between provider and client via a telephone conversation
- Must be documented and have therapeutic benefit.
- Does not include documented attempts to reach the client (e.g. leaving a call back message on the client's voicemail)

By Month	Inclusions	Exclusions
Set Appointment	Date	
Appointment	telephone visits	In person and group visits, meeting and off site
contains		
Clinic		Cancellations , No shows false
Reporting for Hos	pital Home Team include th	e following:
Status History	Hospital Home Team	
	[River East/ Transcona,	
	Winnipeg West,	
	SouthWinnipeg]	
Client Services	Hospital Home Team	
	[River East/ Transcona,	
	Winnipeg West,	
	SouthWinnipeg]	

💠 Alert Definitions		□	×
Definitions Pediatric Palliative Care - Prenates for Pharyngitis Primary Care - Critical Results Outsta Primary Care - External Medication Primary Care External Medication Primary Care MIS_Direct_By Phone Primary Care_MIS_Direct_In Person Prime_DLC_Annual Physicals	Current Rules Appointment Date Between 01-Apr-2015 and 30-Apr-2015 AND Appointment Type Date must be changed accordingly	Optio	ns aphone
New Rule Category Appointments Appointment Canceled Appointment Waitlist	Manage Rule Appointment Doesn't Match Patient Records Only Optional Date: Between V 04/01/2015 Update Rule 04/01/2015 04/30/2015 Type: Contains V telephone		
Site must be changed accordingly	No Show: No Site: ACCESS Downtown	eport C	1 Close

Direct Client Contact by MAIL, EMAIL or FAX

- Direct interaction between provider and client via mail, email or fax
- Must be documented (copy must go into chart) and have therapeutic benefit
- Counted when it takes the place of a verbal conversation
- Must be documented

For Prescription Refills:

Bv Month	Tariff Code Procedure or Billing Code
,	5
Sot Pilling Date	
Set bling Date	
	8005
	6005
Office	contains "i e Downtown"
Onice	
Provider	Add as required
TTOTIGET	, ad us required
Reporting for Hos	spital Home Team include the following:
Status History	Hospital Home Team [River East/ Transcona, Winnipeg West, SouthWinnipeg]
,	
Client Services	Hospital Home Team River East/ Transcona, Winnipeg West, SouthWinnipeg]
1	

Alert Definitions	
Definitions Primary Care - Enrolment Primary Care - site panel w age, genc Primary Care External Medication Primary Care MIS_Direct_AD_Rx Ref Primary Care_MIS_Direct_ALINS_Rx Prim Primary Care_MIS_Direct_AT_Rx Ref Primary Care_MIS_Direct_AWW_Rx F Primary Care_MIS_Direct_By Phone	Options Current Rules Bill Date Between 01-Apr-2015 and 30-Apr-2015 AND Bill Procedure Code = '8 Office Contains 'downtown' Date must be changed accordingly and providers added as required
New Rule Category Demographics	Manage Rule
Address City Deceased Default Insurer Email Address Employer Enrolled Date Enrolled Provider Enrolled Provider Enrolled Provider Ethnicity Family Phys. File Number Flag Details Flags Global Message Home Language Interpreter Next of Kin Occupation Office	Doesn't Match Patient Records Only Optional Create or Select a Rule to Manage
Office Provider	Instances 1
Last Report Ran on 12-May-2015 by	rempel1 Q Run Comparison Run Report Close

Indirect Client Contact

By Month	Tariff Code (Procedure or Billing Code)	Inclusions	Exclusions
Set Billing D	late		
Billing	8000, 8001, 8474, 8107, 8109, 8139, 8140		
Office contains	(i.e. <i>,</i> Downtown)	Arrived, no shows, cancellations	In person and group visits
Provider	Update as required		
Reporting for Hospital Home Team include the following:			
Status History Hospital Home Team [River East/ Transcona, Winnipeg West, SouthWinnipeg]			
Client Services	Hospital Home	Iome Team [River East/ Transcona, Winnipeg West, SouthWinnipeg]	

Consultation to <u>Nursing</u> or Allied Health:

Encounter with a third party service provider regarding a specific client

- May or may not be in person, may be written or verbal
- Must be documented

💠 Alert Definitions	_ <u> </u>
Pefinitions Primary Care_MIS_Direct_Person	Options
Primary Care_MIS_Direct_Phone Current Rules Primary Care_MIS_Group Session Bill Date Between 01-Apr-2015 and 30-Apr-2015 AND Bill Procedure Code = '88	000' OR = '8001' OR = '8474' OR = '8107' OR = '8109' OR = '8139'
Primary Care_MIS_Indirect_AD_ Primary Care_MIS_Indirect_AIKINS Office Contains 'Corydon'	
Primary Care_MS_Indirect_ARE Primary Care_MS_Indirect_AT Primary Care_MS_Indirect_AT Date must be changed accordingly a	and providers added as required
Primary Care_MB_Indirect_CORYDO	F
New Rule Manage Rule	
Category Demographics Bill	Update Rule Remove Rule
Address Doesn't Match Patient Records Only Optional	
City	

Number of Group Sessions provided

Groups must be therapeutic or health education focused in nature

- Must be documented
- Record the number of group sessions delivered on that day
- Group info (both # of session and # of attendees) is only recorded by the lead facilitator, if the group is cofacilitated by members of the same profession. It is recorded by both facilitators if co-facilitated by different professions with unique areas of expertise. **NOTE:** Enhancement request (January 2015) submitted on behalf of EMR Users as need an additional option to select 'cancelled' when they right click

in the patient appointment and they would like this information to show up on the 'no show-cancellation' report so that they can follow-up accordingly. EMR workarounds are currently in place please to cancel contact <u>c support@wrha.mb.ca</u> if you wish to track these through the EMR.

By Month	Inclusions	Exclusions
Set Appointmer	nt Date	
	Arrived	In person and indirects
Provider	all group appointments	no shows, cancellations
	(in clinic and home visits)	
Reporting for	Hospital Home Team include t	he following:
Status	Hospital Home Team [River East/ Transcona, Winnipeg West, SouthWinnipeg]	
History		
Client	Hospital Home Team [River East/ Transcona, Winnipeg West, SouthWinnipeg]	
Services		

Alert Definitions	
Definitions Primary Care - Enrolment Primary Care - site panel w age, genc Primary Care External Medication Primary Care_MIS_Direct_By Phone Primary Care_MIS_Group Session Prime_DLC_Annual Physicals overdu Prime_DLC_Assignent © © © © © © © © © © © © © © © © © © ©	Current Rules Appointment Date Between 01-Apr-2015 and 30-Apr-2015 AND Appointment Type Contains 'group' AN Date must be changed accordingly
New Rule Category Appointments Appointment Canceled Appointment	Manage Rule Appointment Doesn't Match Patient Records Only Optiona
Waltist	Date: Between V 04/01/2015 Type: Contains V group V Q Arrived: Yes V
Site must be changed accordingly	No Show: No Show: O Site: ACCESS Downtown C New Instances 1
Last Report	Ran: Never 😧 Run Comparison Run Report Close

Number of Attendees in Group

- Record 1 contact per participant at the group session
- Include support persons who attend with the client, unless the person is an infant or small child
- If a client stays after a group session and asks specific questions about their care plan and the Provider documents the information provided in the client's chart, then this particular encounter is **also** counted as a direct contact. If no specific documentation occurs in the client's chart then it is not counted as a direct contact.

By Month:	Inclusions	Exclusions
Clinic	Arrived	In person and indirects
Provider	all group appointments (in clinic and home visits)	no shows, cancellations

CSIS remains working on this are to obtain this data directly from the EMR. For now this remains manual.

Direct Agency Contacts

Direct Agency Contacts - (optional, based on provider type and at the discretion of the Team Manager)

• Communications (in person, by mail, by fax, by email or by phone) with other service providers about services. These communications are NOT about a specific client's care plan.

Examples:

Calling another organization to get information about their programming related to smoking cessation

organizing a display for a health fair at a community organization, etc. **NOTE:** As Direct Agency Contacts is not attached to a patient no reporting exists for this MIS category in the EMR.

References:

Best Advice Panel Size, The College of Family Physicians of Canada (2012) <u>http://www.cfpc.ca/uploadedFiles/Health_Policy/_PDFs/Final%20June%209%2011%20Final%20Panel%20Size%</u> <u>20Best%20Advice.pdf</u>

The College of Family Physicians of Canada Primary Care Wait Time Partnership (December 2009) <u>http://www.cfpc.ca/projectassets/templates/resource.aspx?id=888&langType=4105</u> <u>CFPC - The Wait Starts Here. Final Report The Primary Care Wait Time Partnership</u>

Any feedback or questions related to this document please contact:

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