 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</b></p>	<p><b>Operational Guideline:</b> Primary Care Dashboard</p>	<p><b>Guideline Number:</b> PCOG#38</p>
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## 1. **INTENT:**

- To support and promote a culture of accountability
- To ensure a consistent and reliable regional process complete with documented definitions, targets and measures is in place for the monitoring and reporting of all quality indicators found on the Primary Care Dashboard
- To develop a mechanism that supports Provincial Strategic Priorities and Program Initiatives such as Advanced Access, Panel Size, Enrolment, Continuity of Care, Extended After Hours, Interprofessional Practice, Comprehensiveness of Care and Primary Care Home
- To identify a central link to the [Primary Care SharePoint Site](#) for Providers (Physician and Nurse Practitioner (NP)) and/or Managers at WRHA Primary Care Direct Operated Clinics to use when accessing their Primary Care Dashboard

## 2. **DEFINITIONS:**

### **Accessibility & Continuity**

#### **2.1.1 Third Next Available Short**

The third next available appointments are indicators of access. Advanced Access represents the ability to book an appointment within 24-48 hours OR at the convenience of the patient. Note: This is not an indicator for same day appointments which excludes carved out appointments.

Definition: The number of calendar days (including closed and holidays) between the day and time the measurement is performed until the day the 3rd next available 'Short' appointment (15 minutes) appears on the schedule.

Target: 8.5 days

Color Code: Green if <=8.5 days; Red if >8.5 days

#### **2.1.2 Third Next Available Long**

Definition: The number of calendar days (including closed and holidays) between the day and time the measurement is performed until the day the 3rd next available 'Long' appointment (more than 15 minutes) appears on the schedule.


Target: 8.5 days

Color Code: Green if <=8.5 days; Red if >8.5 days

#### **2.1.3 Panel Size**

Panel Size is a measure of the number of individual patients attached to a Primary Care Provider who are actively seeking care from that provider. Understanding panel size helps a provider to anticipate demand.

Panel size of a provider is calculated in accordance with the outlined methodology in Best Advice Panel Size, by the College of Family Physicians of Canada: *"Measuring panel size tends to be easier to determine in systems with full patient registration to individual*

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provider...A physician can count a panel of patients within the last 12 months but may be missing those who may not have visited the clinic within the last year. A physician can count her/his panel of patients over the past 36 months but can risk over counting – some patients may no longer be patients of the provider. The most important number to look at is the visit rate. The best way to discover an “active panel of patients would be to discover the unique unduplicated patients over the last 18 months and use their 12 months visit rate in the panel equation.”<sup>1</sup>

### Methodology:


$$\text{Panel (18 months)} \times \frac{\text{Number of appointments in last 12 months}}{\text{Panel 18 months}} = \text{Provider visits per day} \times \text{Provider days 12 months (Annual EFT)}$$

- Office Site: Appointment Office (where the appointment is)
  - Time Frame: 18 months
  - Appointments Arrived and No-Show
  - Appointment Types: See [PCOG#29 Optimizing Team Roles through Appointment Types and Reasons](#) for complete listing of approved “Bank of Appointment Types/Reasons” (APPENDIX E) used to collate data from the Report Server;
- NOTE:** There are two Appointment Types excluded:
- Teen Clinic
  - Mantoux Reading
- Targets: Physician 950-1250; NP 600-730

Without specific notification as above, there are no other criteria applied to the Panel Size algorithm. (i.e. patient status active or inactive is not applied for panel size)

Panel Size Count	Patient	Office Provider	Patient Office	Appointment Provider	Appointment Office	Appointment Type	Arrived	No-Show
1	1	A	Access Downtown	A	Access Downtown		TRUE	FALSE
1	2	A		B	Access Downtown		TRUE	FALSE
0	3	A	Access Downtown	A	Access Downtown	Mantoux Reading	TRUE	FALSE
0	4	A	Access Downtown	C	Access Downtown	TEEN CLINIC	TRUE	FALSE
0	5	A	Access Fort Garry	D	Access Downtown		TRUE	FALSE
1	6	A	Access Downtown	A	Access Downtown		FALSE	TRUE

<sup>1</sup> [http://www.cfpc.ca/uploadedFiles/Health\\_Policy/PDFs/Final%20June%202011%20Final%20Panel%20Size%20Best%20Advice.pdf](http://www.cfpc.ca/uploadedFiles/Health_Policy/PDFs/Final%20June%202011%20Final%20Panel%20Size%20Best%20Advice.pdf)

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#### 2.1.4 Enrollment

Enrollment provides a count of the patients enrolled to the provider associated with the clinic.

$\% \text{Enrolled} = \text{Number of enrolled patients (i.e. enrollment)} / \text{Panel Size}$

#### 2.1.5 New Intakes

The number of New Intakes generated from the back end Accuro database will be implied. It reports the quarterly total number of patients with "New Client Initial Visit" appointment type only excluding no shows and cancelled appointments – see [PCOG#29 Optimizing Team Roles through Appointment Types and Reasons](#) for complete listing of approved "Bank of Appointment Types/Reasons" (APPENDIX E).

#### 2.1.6 Attrition

The difference between the current quarter's panel and last quarter's panel subtract the new intakes:

- $(Q3) \text{ Attrition} = \text{Current Quarter (Q3) Panel} - \text{Last Quarter (Q2) Panel} - \text{Current Quarter (Q3) Intakes}$

Negative means there were more patients that left in a particular quarter than were enrolled; this amount of new patients will need to be enrolled to maintain the panel in the coming quarter.

#### 2.1.7 Primary Care Visit Rate to Attached Provider (Physician or NPs)

$\text{Visit Rate to Attached Provider} = \text{Number of panel's appointments with the provider in last 12 months} / \text{Panel 18 months}$

- Arrived and No-Show appointments only excluding Cancelled appointments

Example: A Physician/NP has 1200 patients in the last 18 months and among them 3600 appointments made with this provider in the last 12 months. The Visit Rate to Attached Provider is 3.0 (3600/1200).

#### 2.1.8 Primary Care Visit Rate to Primary Care Providers (Physicians and NPs)

$\text{Visit Rate to Primary Care Providers} = \text{Number of panel's appointments with Primary Care Providers in last 12 months} / \text{Panel 18 months}$


- Arrived and No-Show appointments only excluding Cancelled appointments

Example: A Physician/NP has 1200 patients in the last 18 months and among them 5200 appointments made to the Primary Care Providers (Physicians and NPs) in the last 12 months. The Visit Rate to Primary Care Providers is 4.3 (5200/1200).

#### 2.1.9 Primary Care Visit Rate to Clinic (Primary Care Providers, Clinicians and Others)

*For Primary Care Dashboard Visit Rate purposes:*

- Providers are defined as Physicians and NPs
- Clinicians are defined as Physician Assistants and Primary Care Nurses
- Others (where applicable) are defined as:
  - Audiologist
  - Counselor
  - Dietitian

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- General Practice
- Midwife
- Occupational Therapist
- Pharmacist
- Physiotherapist
- Psychiatry
- Psychologist
- Registered Nurse
- Social Worker
- Speech Language Pathologist
- Therapist
- Other

Visit Rate to Clinic = Number of panel's appointments to all at clinic (includes all Physicians, NPs, clinicians and others) / Panel

- Arrived and No-Show appointments only excluding Cancelled appointments

Example: A Physician has a panel of 1200 patients in the last 18 months and among them 7200 appointments made to all the providers at clinic over the previous year. The Visit Rate to Clinic is 6.0 (7200/1200).

Note: Above visit rates are different from Provider Visit Rate. Provider Visit Rate is an estimate of the average number of appointment slots delivered per day for each provider when he/she is at clinic.

### 2.1.10 Continuity

Continuity is an important element of quality care and access. It is a balancing measure to panel size and third next available appointment.

- Continuity1 = Number of appointments the panel had with attached provider / Number of appointments the panel had with Primary Care Providers (Physician & NP) at clinic

Example: 3600/5200 = 0.69

- Continuity2 = Number of appointments the panel had with attached provider / Number of appointments the panel had with all clinicians within the clinic

Example: 3600/7200 = 0.50


## Efficiency

### 2.2.1 No-Show Rate

No-Shows and Cancellations are summarized based on the appointment information provided by Digital Health including appointments provided by all types of providers (i.e. Physician, Physician Assistant, Nurse Practitioner, Primary Care Nurse, Pharmacist, Speech Language Pathologist, Audiologist, Dietitian, etc.).

% Cancelled = # Appointment Cancelled / (# Appointment Cancelled + # Appointment Arrived + # Appointment No-Show)

% No-Shows = # No-Shows / (# Appointment Arrived + # Appointment No-Show)

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Office Site: Appointment Office (where the appointment is)  
Time Frame: 12 months  
Targets: % Cancelled <10% % No-Shows<10%

### 2.2.2 Vacancy

The vacancies of the providers indicate the level of efficiency at the clinic which will impact one or more performance measures. The vacancies are measured for the providers: Physician, Physician Assistant, Nurse Practitioner and Primary Care Nurse.

Vacancy = Funded EFT – Filled EFT  
Target: 0  
Color Code: Green if = 0; Red if >0

## **Safety & Effectiveness**

### 2.3.1 Hand Hygiene Audit

Hand Hygiene Audit provides the hand hygiene compliance percentage conducted in alternating quarters.

Hand Hygiene Audit = Number of complied observations / Number of total observations  
Target: 80%  
Color Code: Green if >=80%; Red if <80%

### 2.3.2 Out the Door in 24 (OTD24) - Requisition / Referral Median Time and Percentage


“Out the Door in 24” measures the time between a Primary Care Providers decision to create a referral/requisition for a patient to the time taken to draft a referral or requisition and send it ‘out the door’ by printing/faxing. The out the door time is defined as the time between the last appointment and the referral/requisition faxed or sent. The OTD24 referral/requisition report from report server is extracted based on the date and time the requisition was created.

Referral/Requisition Median Time (hours) = median value (a value separating the higher half from the lower half) of all the out the door time for referrals/requisitions generated by the Physicians at the clinic in the quarter reported.  
Target: 24 hours  
Color Code: Green if <= 24 hours; Red if > 24 hours.

Requisition Percentage = Number of the requisitions out the door time met the standard (<=24 hours) / Total number of requisitions generated by the Physicians at the clinic in the quarter reported  
Target: 80% (Referral to be determined)  
Color Code: Green if >=80%; Red if <80%

## **Comprehensiveness**

Produced quarterly by Manitoba Health and Seniors Care, the *Primary Care Report for Home Clinics* is a report based on information from each Home Clinic as recorded in the Home Clinic Repository, Primary Care Data Extract, and Claims Processing System.

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The primary goal of this report is to help Home Clinics know and understand their data to better support their practice. Each Home Clinic receives this report featuring their data for Enrolment, Home Clinic Activity, Primary Care Quality Indicators (PCQI) as well as overview of provincial targets and achievements.

For quality improvement and comparison purposes, the Program will summarize all PCQIs from the various WRHA Primary Care Direct Operated Clinic and Community Health Agency reports into a two page summary. The summary will be distributed to the Regional Primary Health Care Quality Team quarterly before being posted to the Primary Care Dashboard for reference as required.

The PCQI categories included within the *Primary Care Report for Home Clinics* that will be summarized include:


- Prevention Indicators
- Diabetes Indicators
- Asthma Indicators
- Congestive Heart Failure Indicators
- Hypertension Indicators
- Coronary Artery Disease Indicators
- Osteoporosis Indicators
- Chronic Obstructive Pulmonary Disease Indicators
- Mental Health and Addiction Indicators

Manitoba PCQIs have been developed from the Canadian Institute for Health Information primary care indicators, in partnership with Manitoba physicians and other providers. They are evidence-based and measure quality processes in primary care.

### 3. **GUIDELINE:**

#### 3.1 **Method**

The data is extracted from the Community EMR quarterly by Digital Health. The data is input and analyzed using STATA based on the definitions above. The data of the measures is then summarized and exported into Excel files displayed as follows which can be accessed by clicking the hyperlink on the Overall Primary Care Dashboard.

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Dashboard: Primary Care Clinics

Last update: #17/2019

"All Manitobans will be knowledgeable about and have access to high-quality, cost-effective primary care by 2020"

1. Access & Continuity

		Downtown	Transcona	River East	Aikins	Winnipeg W	Fort Garry	FMC	KMC	NCMC	Data Source
3rd next available short		R	G	G	R	R	R			G	AA Report
3rd next available long		R	G	R	R	R	R			G	AA Report
Panel Size		R	R	R	R	R	R	R	R	R	EMR
Enrollment		4603	4085	5485	2053	4525	5821	3191	3540	1872	EMR

Legend:

Below Target Range

Within Target Range

Above Target Range

2. Efficiency

		Downtown	Transcona	River East	Aikins	Winnipeg W	Fort Garry	FMC	KMC	NCMC	Data Source
No Show Rate		R	R	R	R	R	R	G	G	R	EMR
Physician Vacancy		R	G	G	G	G	R				
Physician Assistant Vacancy		G	G	G	G	G	G				
Nurse Practitioner Vacancy		G	G	G	G	G	R				
Nurse Vacancy		G	G	G	G	G	R				

Legend:

Vacancy

No Vacancy

3. Safety & Effectiveness

		Downtown	Transcona	River East	Aikins	Winnipeg W	Fort Garry	FMC	KMC	NCMC	Data Source
Hand Hygiene Audit		G	G	G	G	G	R	G	G	G	HHA
Requisition Median Time		0.4	0.4	0.3	0.5	0.5	0.7	0.7	0.6	0.6	OTD24 reports
Requisition Percentage		69%	85%	76%	78%	78%	74%	80%	87%	76%	OTD24 reports
Referral Median Time		52.8	47.7	98.6	168.9	216.1	###	90.5	17.1	NA	OTD24 reports
Referral Percentage		43%	39%	23%	16%	20%	13%	13%	95%	NA	OTD24 reports

Legend:

Below Target Range

Within Target Range

Above Target Range

4. Comprehensiveness


Primary Care Report for Home Clinics

The Primary Care Report for Home Clinics is a quarterly report based on information from your Home Clinic as recorded in the Home Clinic Repository, Primary Care Data Extract, and Claims Processing System. The Primary goal of this report is to help Home Clinics know and understand their data to help support their practice. Each Home Clinic receives this report featuring their data for enrolment, Home Clinic activity, Primary Care Quality Indicators (PCQI) provided as well as overview of provincial targets and achievements. As the Home Clinic initiative and primary care advances in Manitoba, further reports will include information from more data sources.

### 3.2 Dashboard Measures Reporting

#### 3.2.1 Third Next Available

The Excel file "TNA Data" is used to summarize the Third Next Available Short and Long as following. Historical data and the trend are available in the specific sheet.

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<b>TNA-LONG DELAY</b>			
Link to Dashboard			
Clinic	Actual	Status	
Access Downtown	13.65	R	<i>*using 3 as benchmark</i>
Access Transcona	11.11	R	
Access River East	8.02	G	
601 Aikins	22.78	R	
Access Winnipeg West	22.9	R	
Access Fort Garry	15.36	R	
NCMC	19.75	R	
Overall	16.16	R	
<b>TNA-SHORT DELAY</b>			
Link to Dashboard			
Clinic	Actual	Status	<i>*using 3 as benchmark</i>
Access Downtown	12.33	R	
Access Transcona	8.22	G	
Access River East	5.83	G	
601 Aikins	17.23	R	
Access Winnipeg West	12.41	R	
Access Fort Garry	13.15	R	
NCMC	13.92	R	
Overall	12.19	R	

### 3.2.2 Panel Size


The Excel file “Panel\_V1.xlsx” is used to summarize the measures relevant to panel size: The “Panel Summary” sheet shows the regional panel size summary as well as a clinic level panel summary. The drop down list “Clinic” in the top left corner of the sheet can select the specific clinics to display.

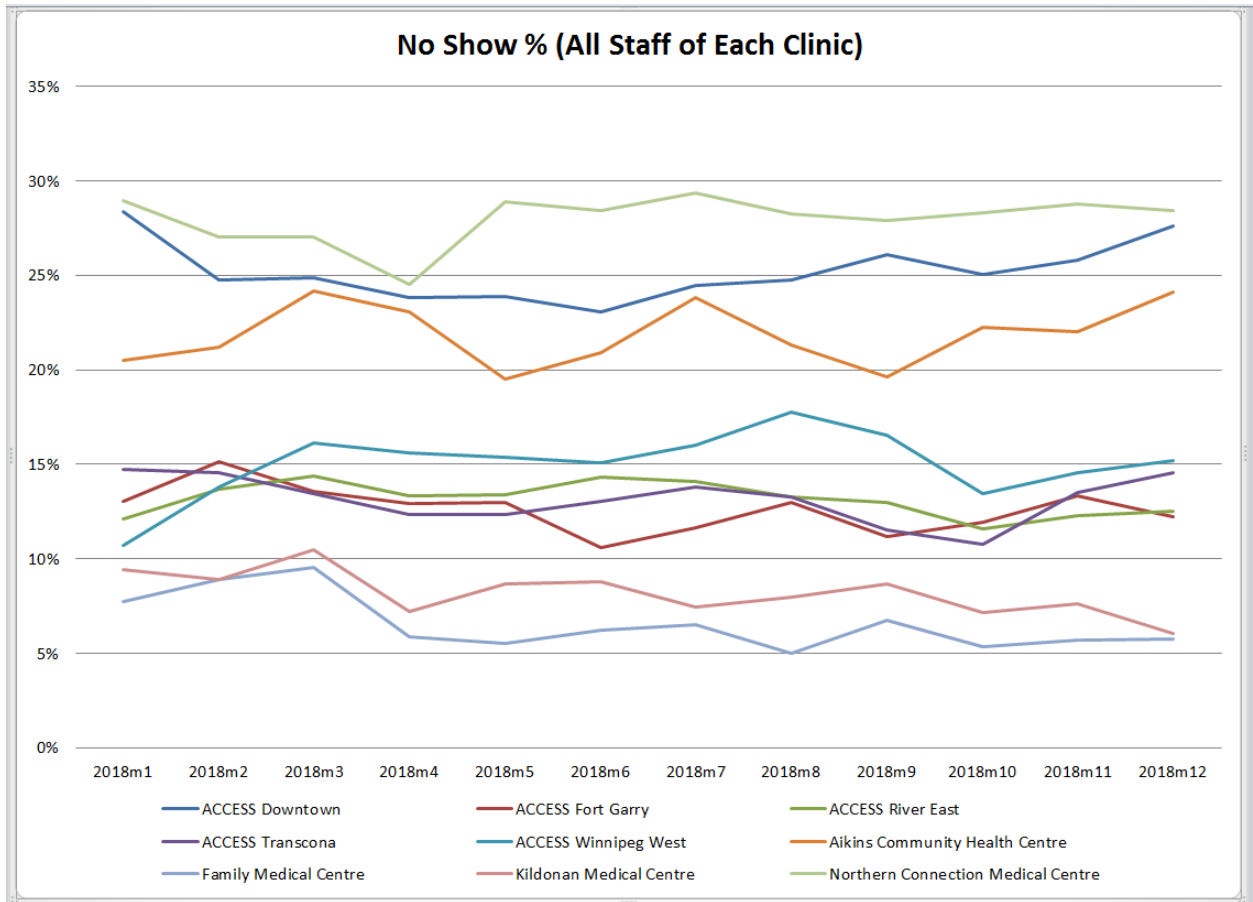
The spreadsheet contains a sheet for each clinic which lists individual providers with their respective contracted clinical EFT, resulting low and high panel target limits, actual panel size, enrolled, new intakes, attrition, and panel/EFT as following figure.




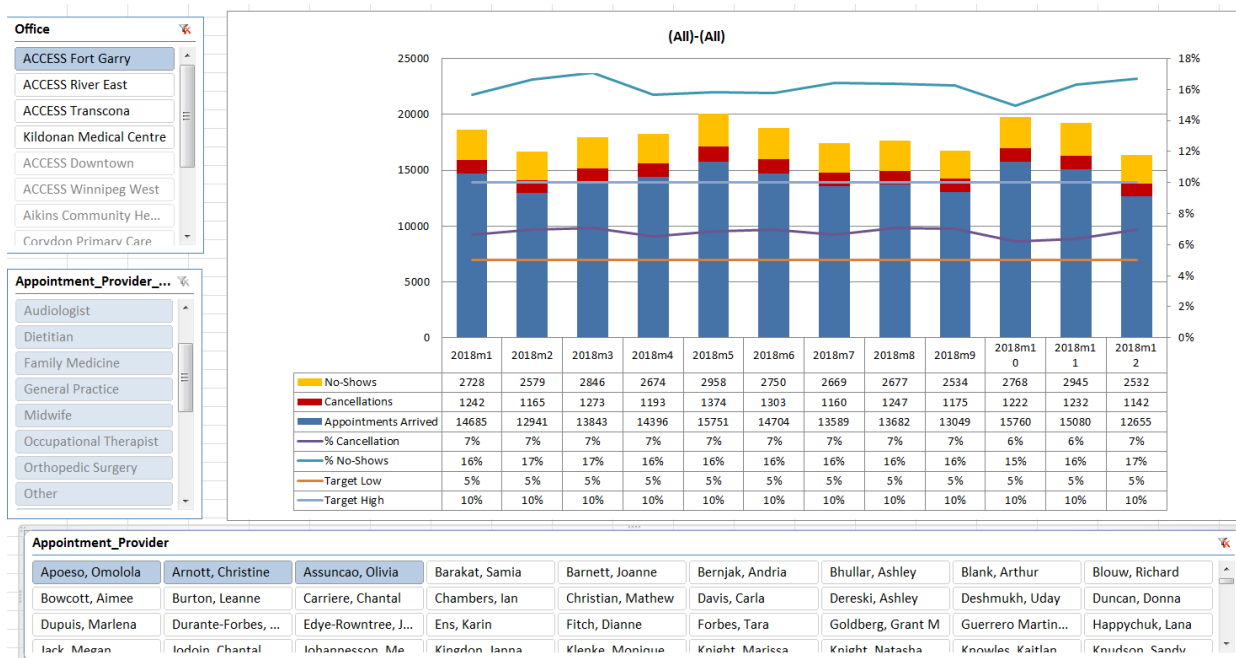
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### 3.2.3 Appointments No-Show

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#### 4. **SOURCE/REFERENCES:**

- College of Family Physicians of Canada. Best Advice: Panel Size. September 2012
- Ongoing consultation with WRHA Primary Care Direct Operated Clinics, Primary Care Service Area Leadership, Community Area Directors and Community Health Agencies
- Primary Care Report for Home Clinics – Manitoba Health and Seniors Care; (October 1, 2021 Report)

**SCOPE:** All WRHA Primary Care Direct Operated Clinics are within scope of this guideline.

**NOTE:** There is a corresponding “Community Health Agency Dashboard” in place for those agencies offering primary care services and share the same instance of the Community-Electronic Medical Record (C-EMR). Much information within this guideline is applicable to these agencies and should be adopted accordingly. This guideline will assist agencies in evaluating and investigating the performance and quality of those primary care services being delivered while ensuring optimization of C-EMR use.

**\*Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership**