



# Advanced Access and Efficiency Workbook

Enhancing Access to Primary Health Care

## Acknowledgements

This workbook is adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program [PSP]. Health Quality Ontario is funded by the Ontario Ministry of Health and Long-Term Care. PSP is a joint initiative of the BC Medical Association and the BC Ministry of Health.

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## Introduction

Advanced Access is a set of beliefs, principles and practices that, when implemented, enables a primary care provider to “do today’s work today.” Advanced Access is sometimes called same-day or open scheduling, and involves offering patients an appointment on the day that they call or at the time of their choosing.<sup>1</sup> This evidence-based, patient-centered scheduling strategy, when combined with efficiency strategies, can provide solutions to many of the following challenges that you and your staff might face:

- A busy waiting room;
- Long patient wait times for and at appointments;
- Hectic work days;
- Difficulty reaching patients by phone or online;
- Increased patient complaints about wait times for appointments;
- Staff dissatisfaction with their work environment;
- Requirements of the aging population needing more chronic disease management; and
- Patients making more use of walk-in clinics, emergency rooms, or other service options.

Implementing the Advanced Access and efficiency strategies can benefit providers and patients:

### Benefits to providers:

- More time to manage complex chronic illness.
- Reduced stress for primary care providers, office assistants, and patients.
- Better use of time and resources (e.g., fewer no shows).
- Increased quality of both work and personal life.
- Increased practice revenue—regaining of patients who go to walk-in clinics, which can lead to increased income.

### Benefits to patients:

- Getting care when they need it, by the modality best suited to their needs/ preferences
- Treatment by the team member best suited to their needs of choice.
- Improved relationships with providers & staff.
- Reduced hospital stays.
- Better continuity of care.
- Increased quality of life.
- No wait/wasted time.

Deciding to implement the access and efficiency strategies requires everyone involved to commit to a paradigm shift. Moving towards an Advanced Access environment is a team [quality improvement](#) activity that involves both clinical and non-clinical staff working in collaboration to determine which solutions work for their practice. A committed provider and staff, in collaboration with patients and leadership, are key to its successful implementation.

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<sup>1</sup> Rose, K. D., Ross, J. S., & Horwitz, L. I. (2011). Advanced access scheduling outcomes: a systematic review. Archives of internal medicine, 171(13), 1150–1159. <https://doi.org/10.1001/archinternmed.2011.168>

This workbook is a how-to guide linking you to various tools and resources that will support you as you work toward eliminating long delays for your patients to get an appointment and delays experienced during appointments, in seven steps. These strategies apply to however you see your patients: in-person, or virtually by phone or videoconferencing. The methodology included is based on the [Model for Improvement](#), developed by Deming and Shewhart.<sup>2</sup> You may want to complete these steps as an individual or as a group/team; however, engagement of your administrative staff is essential in all scenarios. Use the [Advanced Access and Efficiency Checklist](#) in the [Measurement Tools and Resources](#) section as an overview document to log your access and efficiency status as you proceed through the workbook.

### Success Story<sup>3</sup>: Same-day access improves care for patients of a family physician in Sydney, Nova Scotia

Dr. Steven MacDougall has transformed his clinical practice and is improving patient care with same-day appointments and house calls. A family doctor in Sydney, Nova Scotia, Dr. MacDougall has made visits to the doctor more convenient for roughly 3,000 patients in his practice.

The decision to reform his practice stemmed from the chronic backlog in the emergency room of Cape Breton Regional Hospital – a condition common in many centres across the province. “Many people go to the emergency room when they can’t see a doctor when they need to,” said Dr. MacDougall. “I believe my patients should be seen when and where they want.”

“A patient with diabetes may go to a walk-in clinic to receive one refill and then have to make an appointment with their family doctor for a follow-up appointment. That’s two visits instead of one, if the patient is able to see their own doctor from the get-go. It’s more efficient for my patients and it’s simply better care.”

- Dr. Steven MacDougall

This patient-centred approach allows patients to call the clinic and book appointments when they want, even for later the same day. The clinic also makes house calls to patients who have difficulty making trips to the office. “Prior to this system my patients had to wait three weeks to see me. Now it’s virtually same day so I deal with health issues as they arise,” said Dr. MacDougall.

Previously, if a patient had to be seen on short notice they would get squeezed in similar to a triage model. This new structure has reduced the number of cancellations and no-shows from 25 per cent to only four per cent. What’s even more remarkable is the number of the clinic’s patients visiting the emergency room fell by nearly 30 per cent.

But it’s the improvement in the quality of care that Dr. MacDougall is most proud of. Close to seventy per cent of what primary care physicians do is manage chronic disease like diabetes, heart disease and lung disease. When patients have a consistent caregiver they are better able to manage these ailments.

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<sup>2</sup> See Deming WE. The new economics for industry, government, and education. Cambridge, MA: The MIT Press, 2000.

<sup>3</sup> Story originally published by Doctors Nova Scotia (<https://www.yourdoctors.ca/doctors/bio/steven-macdougall>), shared here with permission.

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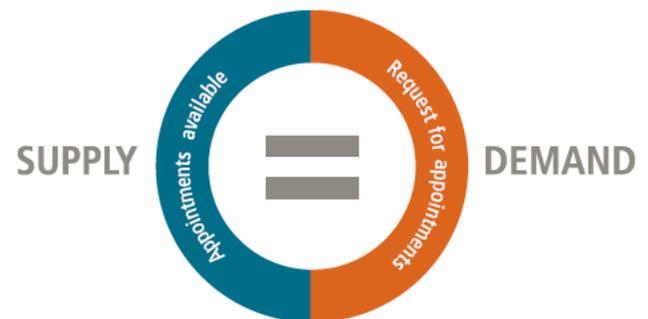
## The 7 Steps for Advanced Access and Efficiency

According to the British Columbia General Practice Services Committee Practice Support Program, there are seven steps involved in implementing Advanced Access and efficiency strategies in your practice:

1. Calculate your supply, demand, and delay
2. Calculate your backlog (good and bad)
3. Work-down the bad backlog
4. Reduce scheduling complexity
5. Develop contingency plans
6. Measure cycle time
7. Reduce cycle time

### Step 1: Calculate your supply, demand and delay

For patients to have timely access to your practice, your supply of appointments must be equal to or greater than the demand for your appointments. If there is more work coming in than you and your staff can do, patients end up waiting. When patients wait, they start to look elsewhere for their care. They will go to walk-in clinics or emergency rooms, or they simply will not show up for a future appointment. The goal is to see your patients when and how they want and need to be seen; delays interfere with you being able to do this.



#### 1.1 Calculate your daily and annual supply

Use the [Supply Tracker](#) in the [Measurement Tools and Resources](#) section to record the number of available appointment slots for every work day during a sample week (daily supply). If relevant to your practice, you may choose to track supply of in-person and virtual appointments separately ([Supply Tracker B](#)).

Understand supply on a daily, weekly, and annual basis. Once established, it does not have to be counted unless supply changes. To estimate your annual supply, multiply your average daily supply by the average number of full weeks you work annually (44 weeks is often used).

## 1.2 Compare annual supply to anticipated annual demand

Use your EMR to see how many appointments you had in the last year (or two years, and divide by two to get an average). This average past activity is what you would expect your future demand to look like. By comparing past activity to your current supply you can see if you are in balance; if past activity is less than or equal to your stated supply then moving to an advanced access scheduling system is possible.

Use the [Are you in Balance? Comparing Annual Supply to Annual Demand](#) worksheet in the [Measurement Tools and Resources](#) section to determine if your schedule is balanced.

## 1.3 Calculate the daily demand for services

Use the [Demand Tracker](#) in the [Measurement Tools and Resources](#) section to record every request for an appointment that comes in during a sample week. If relevant to your practice, you may choose to track demand of in-person and virtual appointments separately ([Demand Tracker B](#)).

Every request for an appointment counts as a demand for a provider's time. Demand can be generated internally by the provider or externally by the patient. The combination of internal and external demand results in total "true" demand.

### Examples of internal demand

- Provider-initiated requests for:
  - Follow-up visits.
  - Prescription refills.
  - Follow-up on test results.
  - Paperwork.

### Examples of external demand

- Patient-initiated requests (phone or walk-in).
- Referrals from emergency or walk-in clinics.

Record no shows daily in the [No Shows Tracker](#) in the [Measurement Tools and Resources](#) section. This helps to determine the amount of appointment time that could be regained by implementing strategies to reduce no shows.

## 1.4 Calculate the delay

The third next available (TNA) appointment is the indicator of the present state access to your practice. This is the gold standard for measuring the length of time patients in your practice are waiting for an appointment, and is necessary in measuring backlog. First and second available appointments are not used, as they could be the result of a recent cancellation. Use the [Third Next Available Measurement Guide](#), [Third Next Available Appointment Tracker](#) and the [Third Next Available Appointment Run Chart Tool](#) in the [Measurement Tools and Resources](#) section to measure, track and display the delay for your practice.

## 1.5 Demand and supply reflections

To provide an accurate representation of daily demand and supply trends, it is recommended to track for a minimum of four weeks. If necessary, fewer weeks of tracking can be used in order to get a sense of what patients are requesting and what providers offer on a daily basis. In this case, reviewing past daily activity

in the Electronic Medical Record [EMR] is useful as it will reflect what happened on a given day, but it does not provide an opportunity to compare the true demand on that day with available supply. Review the results and answer the following questions to better understand your supply and demand.

**For demand data:**

- What is the range of demand for each day of the week (e.g., Monday, 19-22; Tuesday, 18-20; etc.)?
- How does internal demand compare with external demand?
- How does demand for in-person visits compare with demand for virtual visits?
- Could some of the internal demand be reduced by extending the frequency of follow up or could another member of the care team see some of the return visits?
- How much does demand vary from day to day and week to week (e.g., 19-22 requests vs. 10-25 requests)?
- If there is a wide variance in demand, what contributes to it?
  - What strategies can be used to reduce or plan for the variance?

**For supply data:**

- What is the relationship between the scheduled supply of and the actual number of appointments used?
- Is the demand consistently greater or less than the supply?
- Could the schedule be modified to be better aligned with the work that is actually taking place?
- Could another member of the care team see some of the patients?
- How could the introduction or increase of virtual care impact the supply?
- How much does the supply vary from day to day and week to week (e.g., Week 1, Monday, 30 appointments; Week 2, Monday, 20 appointments)?
- If there is a wide variance in supply, what contributes to it? What strategies can be used to reduce or plan for the variance?

**For supply and demand comparisons:**

- Are follow-ups being booked early in the day and later in the week to leave space for the higher-demand periods (if this is what your demand data showed)?
- To what degree does the demand and supply data accurately reflect your practice?
- How do supply and demand compare for all visits? In-person visits? Virtual visits?
- How is the balance of supply and demand impacted during flu season when increased infection prevention and control practices are necessary?

*Additional resources:*

- Use the [Provider and Staff Experience Survey Tool](#) and the [Provider and Staff Experience Tracker](#) in the [Measurement Tools and Resources](#) section to solicit simple feedback from providers and staff members on whether changes to improve access are having desirable or undesirable effects on satisfaction.

## Step 2: Calculate your backlog (good and bad)

After calculating your supply, demand, and delay, the next step is to calculate your backlog. There are two types of backlog:

**Good backlog** - resulting from patients who choose to be seen in the future because it better fits their schedules or because appointment timing is driven by physiology (e.g., pre-natal appointment).

**Bad backlog** - resulting from patients who have an urgent need (e.g., must be seen within 24 hours) or who would like to be seen the same day, but whose appointments are pushed forward due to a full schedule.

### To calculate your back backlog:

1. Calculate the number of appointments booked until the [TNA appointment](#) date: A. \_\_\_\_\_
2. Up until the TNA appointment date, Calculate good backlog (the number of appointments made for the future either by choice or because the timing was driven by physiology): B. \_\_\_\_\_
3. Subtract good backlog (B) from the total found in step 1 (A). The balance is your \_\_\_\_\_ bad backlog:

As you gather data about your backlog, consider whether enough appointment slots would be left open each day to accommodate all the external demand once the bad backlog is eliminated. Would doing this still leave enough slots available to pre-book chronic disease, prevention, pre-natal, etc. appointments to accommodate these patients?

### Additional resources:

- Ways to measure and reduce bad backlog within a practice are also provided in the [Backlog Formula worksheet](#) and the [Backlog Reduction Strategies form](#) in the [Measurement Tools and Resources](#) section.

## Step 3: Work-down the bad backlog

When you have determined the number of appointments that constitute your bad backlog, you will be able to develop a bad backlog reduction plan.

### 3.1 Work-down current bad backlog

Strategies to reduce current bad backlog include:

#### Work smarter

Shape the handling of demand: Choose a relative quiet time (e.g., Wednesdays or Thursdays, not Monday mornings) to schedule more patients to work towards decreasing the bad backlog.

## Work to increase your capacity

Temporarily increase the supply of appointment slots by adding sessions to the beginning or the end of the day.

## Add temporary resources, if available

Where resources are available, add a care team member or bring in a locum for a short period of time to help if required.

## 3.2 Reduce demand for visits

Strategies to reduce demand for visits include:

### Do today's work today

Do as much as possible at each visit to reduce the need for future visits.

### Challenge/extend visit intervals

Before automatically rescheduling patients, question whether it is medically indicated to schedule a follow-up, or whether the visit interval can be extended.

### Promote continuity

Patients who are able to see a trusted provider generate fewer revisits.

### Reduce no-show appointments

Provide appointments to patients in a timely way to reduce no shows. Consider offering virtual care appointments where appropriate to reduce access barriers.

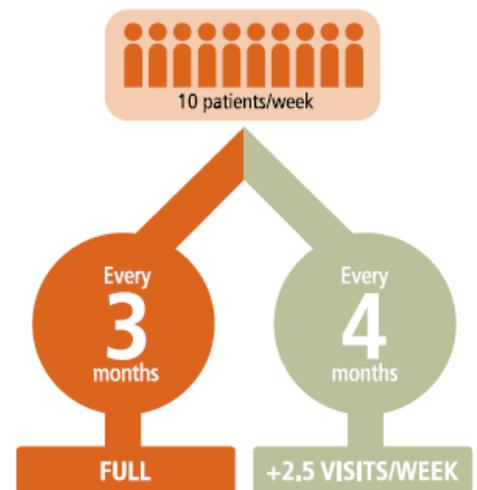
### Choose wisely

Refer to [Choosing Wisely Canada](#) for suggestions on engaging patients in conversations about unnecessary tests, treatments and procedures.

### Encourage patient engagement and self-management

By providing a consistent approach to managing illnesses, the care team can increase patients' self-management skills, reducing the need for visits.

[Click here for self-management resources for your patients](#)



## 3.3 Increase supply

Strategies to increase supply include:

### Maximize provider and staff schedules

Review schedules of all providers to verify that they are meeting patients' needs. For example, consider if time-away policies are needed within the practice.

**Optimize care team**

The care team may vary and differ in composition, depending on the nature of the primary care practice. Teams can include administrative assistances, registered nurses, and nurse practitioners, and other allied health care professionals. Ensure that all members of the team are working to their full scope of practice.

**Identify and manage limitations to supply**

Where possible, use alternate modes of care to offset limitations in supply such as provider time, clinic space, supplies/equipment, etc.

**Develop a care delivery model**

Identify the roles of the care team, as well as the process to provide care and advice to patients, using agreed-upon guidelines.

**Use group visits**

All patients living with chronic illness can benefit from support through the use of group consultations or group or shared visits. If interested in learning more about group visits, which can be implemented in-person or virtually, connect with a PHC leader in your area.

**Use technology**

EMRs, email with patient consent, telephone conversations, and video platforms are information and communication modes that can reduce demand for face-to-face visits.

[Click here for  
NSHA virtual care  
resources](#)



## Step 4: Reduce scheduling complexity

You will gain time throughout the day by simplifying your schedule and be better able to allocate time efficiently. The following strategies apply to both in-person and virtual visit scheduling. Working closely with administrative staff is crucial in this step.

### 4.1 Stop differentiating between urgent and routine appointments – both can happen

Eliminate the distinction between urgent and routine appointments to reduce the need for schedulers to triage and to deliberate with patients, thereby reducing their time spent on the phone.

### 4.2 Distinguish between short and long appointments

Distinguish only between short and long appointments (multiples of short). The care team can decide together how best to make the distinction. Long appointments would include those for new patients or for annual exams.

Use building blocks to create short and long appointments. Determine a basic appointment unit, such as 10 or 15 minutes. All other appointment durations are multiples of the basic unit. Develop protocols to guide schedulers on how to book appointments.

#### 4.3 Be realistic when scheduling appointments

Determine the average amount of time used for various types of appointments. Compare that to the amount of time booked for that type of appointment and adjust appointment times to align with usage. Don't forget about factoring in appropriate administrative time and necessary breaks.

#### 4.4 Understand ebbs and flows in demand during your week

For example, do not schedule call backs or prescription refills on traditionally busy days.

##### *Additional Resources*

- Review the [Front Desk Strategies](#) in the [Measurement Tools and Resources](#) section for a comprehensive list of strategies administrative staff can employ to support Advanced Access and efficiency.

### Step 5: Develop contingency plans

Contingency plans help you to manage changes in patient demand or provider supply to meet the patient needs in the practice. The unexpected is often predictable (e.g., flu season). By developing contingency plans, the practice can act proactively.

#### 5.1 Freeze/unfreeze as part of proactive planning

Before you take time away from the office, freeze appointment slots to help buffer potential build-up of backlog and subsequent delay that occurs when a physician is away from the office. For example, as soon as you know you will be taking time off, freeze all appointment slots for your first week back (no bookings accepted for this time period). During your final week out of the office, have administrative staff selectively unfreeze parts of your first week back.

#### 5.2 Schedule daily huddles

Implement a rapid daily communication meeting at the beginning or throughout the day to review office flow and proactively match demand with supply. Review the [Huddle Tip Sheet](#) in the [Measurement Tools and Resources](#) section for guidance on how to introduce a daily huddle and how the exercise can help keep the team informed to meet changing daily needs. Use the [Huddle Sheet](#) in the [Measurement Tools and Resources](#) section as a worksheet to steer the meetings.

#### 5.3 Develop time away processes

Have protocols and policies in place regarding time away from the office for all professionals to ensure adequate staff is always present to meet patient demand.

#### 5.4 Develop multi-skilled staff

Cross-train staff to cover each other's duties when someone is away to increase the likelihood that patient demand can always be met.

## 5.5 Manage demand variance proactively

Understand the variance in demand within the practice, and adjust supply to meet demand fluctuations.

## 5.6 Add appointment slots to address seasonal fluctuation

For example, flu shot clinics in the fall, travel clinics during vacation season, snowbird special for prescriptions, etc.

## 5.7 Anticipate unusual but expected events

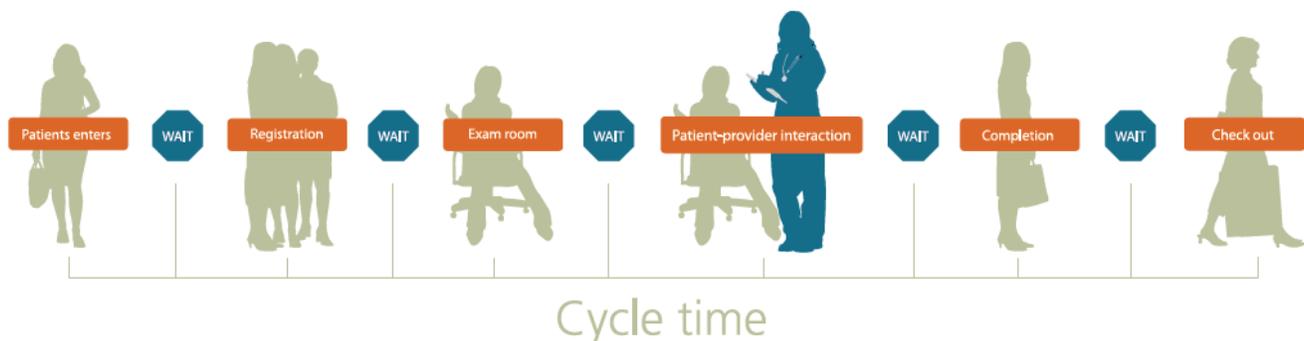
If patients include unexpected family members in visits, identify early and modify visit time accordingly. If patterns of lateness are noticed for particular patients, flag accordingly.

## Step 6: Measure cycle time

Just as patients should not have to wait *for* an appointment, they should also not have to wait *during* an appointment. One key measure of efficiency is the patient cycle time. When patient flow is measured and understood, gaps of wasted non-appointment time that a patient spends waiting are revealed. Measuring cycle time is possible regardless of how appointments are provided. Once you understand where these gaps are, you can introduce efficiencies to eliminate them and make each visit run more smoothly. Cycle time is a simple way to check on the current state of and, later, make improvements to your clinic efficiency (i.e. patient flow).

**Cycle time** - total time taken by a patient for an appointment (see below).

### Patient flow through the office



For in-person appointments, there are specific pieces of the patient visit to focus on:

- Time from check-in to rooming
- Time from rooming until the patient sees the provider
- Time with the provider (red-zone)
- Time with any other providers (e.g., nurse) in follow-up (including any delays) – where applicable
- Time at ancillary areas (including delays)
- Time from last clinical contact through check-out (including delays)

During a virtual visit, the provider or administrative staff could keep track of when the appointment was scheduled, when it actually started, and when it ended. The total time from “check-in” to “check-out” can be measured. If issues are identified, further divisions can be measured. The goal is to optimize (not necessarily lengthen) the red-zone, and reduce unnecessary delays throughout.

Use the [Patient Cycle Time worksheet](#) (and [Patient Cycle Time Worksheet Instructions](#)) in the [Measurement Tools and Resources](#) section to determine the cycle time for an office appointment. Sampling works well, but obtain a representative sample for each provider on each day of the week. Choose five appointments throughout the day per provider, and include at least two from the busiest times.<sup>4</sup>

## Step 7: Reduce cycle time

Once you know your supply, demand, and delay, understand how to address your bad backlog, and have measured your cycle time, you can begin to address how to eliminate wasted time in the daily schedule to reduce your cycle time.

### 7.1 Balance supply and demand of non-appointment work

Review the processes you have in place for dealing with non-appointment work (i.e., phone message management, prescription refills, referral management, and diagnostic tests and reports) and identify which processes can be streamlined.

Once you have designated processes for improvement, implement practices to decrease waits, delays, and inefficiencies. Examples include:

- Designate the most appropriate person to respond to non-appointment work.
- Create a process to manage and distribute all messages and communications.
- Use a standard template for correct message-taking and action.
- Eliminate paper messages where possible.
- Create a prescription phone line/process to take messages from patients, including all pertinent prescription information.
- Optimize your EMR for communication between providers

### 7.2 Synchronize patient, provider, information, room and equipment

#### Have patient ready

Develop criteria to have patients ready to interact with providers (e.g., shoes and socks off for patients with diabetes; videoconference audio and video tested with administrative staff for a virtual visit). This will increase efficiency of visits and improve patient flow.

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<sup>4</sup> Adapted from Institute for Healthcare Improvement. Office Visit Cycle Time.  
<http://www.ihl.org/resources/Pages/Measures/OfficeVisitCycleTime.aspx>

### Have patient charts or EMR visit template ready

Discuss the day’s requirements during daily huddles (e.g., ensure lab work and diagnostic reports are available).

### Know the reason for visit

If possible, record the reason for each visit to allocate the necessary amount of appointment time and stay focused on the pre-arranged topic.

#### Additional Resources:

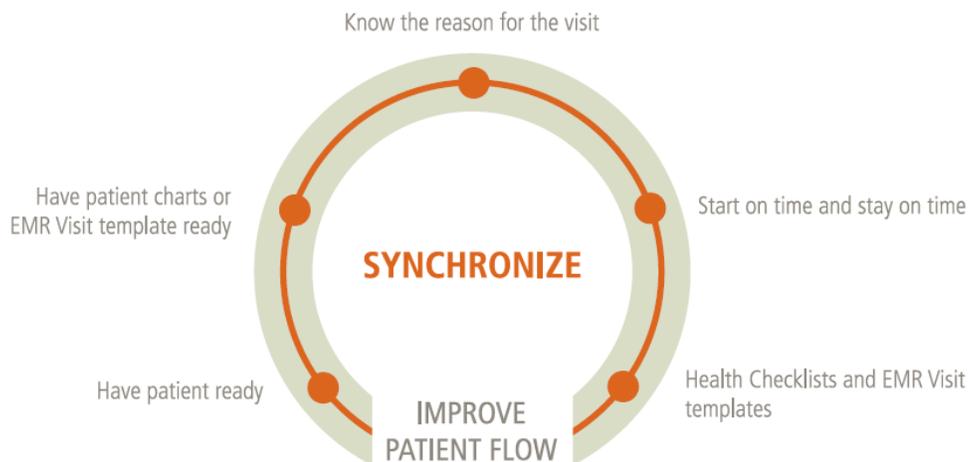
- Give the [Reason for Patient Visit](#) tool in the [Measurement Tools and Resources](#) section to patients to complete when they check in for the appointment. This can help both the patient and provider stay focused.

### Start on time and stay on time

Teams must agree on the importance of starting and staying on time. If a session starts late, the remainder of the day’s schedule is affected (e.g., if a physician is never available before 9:15 a.m., do not book patients at 9 a.m.).

### Use health checklists and EMR visit templates

Use of health checklists and EMR visit templates can optimize planning for the patient’s visit, ensure comprehensive care delivery is carried out at each visit, and eliminate unnecessary future visits.



### 7.3. Anticipate and predict patient needs

When you can anticipate patient needs, you are better positioned to react efficiently. Use the strategies described in previous sections to create processes appropriate to your practice.

- Use huddles to communicate flow, rhythm, and signals.
- Understand and standardize common procedures.
- Plan for unexpected but predictable events.
- Plan for seasonal demand.
- Align expertise of care teams with patient needs.



### Additional Resources:

- Use the [Patient Experience Survey](#) in the [Measurement Tools and Resources](#) section to solicit feedback from patients on what improvements they would like to see. When measuring patient experience, the purpose of the measurement should be communicated to patients before providing the survey. Below is a suggested message you can adapt for your clinic:

*The clinic is looking at ways to make it easier to get an appointment and to improve the patient's experience while at an appointment. Having survey results about patient experience at the clinic will really help us identify where to focus our improvements. Participation is completely voluntary and your results will be kept anonymous.*

## 7.4 Optimize rooms, staff and equipment

### Standardize stock and inventory

Seek input from staff members to develop an inventory of what constitutes a well-stocked, standardized exam room. Use a stocking checklist to keep track of inventory levels in each room, who is responsible for restocking, and when restocking will occur.

### Move equipment to the patient / provider

Where possible, have enough equipment to optimize patient flow through the office (e.g., printer within each exam room).

### Develop signals

Use non-verbal cues and signals to facilitate communication among staff members without halting work (e.g., icons on computer screens or instant messaging platforms to signal readiness of the next patient).

### Train/cross-train staff

Consider what tasks the provider is doing outside the appointment that could be done by another member of the care team. Then cross-train staff to cover each other's duties when someone is away or unavailable to increase the likelihood that patient demand can always be met.

### Track unplanned activity and interruptions

Have the team track unplanned activity and interruptions to identify disturbances in workflow and generate change ideas for testing.

#### *Additional Resources:*

- Use the [Clinic Waste Inefficiencies Questionnaire](#) and the [Interruptions Log](#) in the [Measurement Tools and Resources](#) section to uncover causes of workflow inefficiencies.

## 7.5 Manage constraints

Develop a process map to chart office and patient flow. A process map can help you identify where inefficiencies are slowing down the cycle time. If interested in learning more about process mapping exercises, connect with a PHC leader in your area.

Once the process map has been developed, you can address delays with strategies such as the following:

- Move work away from the constraint: Redirect tasks away from the person facing the point where the most waiting occurs.
- Lighten the backpack: Look for opportunities to allow other providers or members of the team to provide routine care (e.g., stable chronic disease management, well-baby visits, etc.).

## 7.6 Eliminate waste

Finding and eliminating waste in work processes goes a long way toward reducing cycle time.

Waste is any activity that takes time, resources, or space but does not add value to a service. Work processes often include eight common sources of waste:

- Overproduction: ordering unnecessary lab tests; making repeat calls to a patient.
- Waiting: waiting for the provider to arrive/call/sign-on.
- Transportation: moving blood pressure monitors between exam rooms.
- Over-processing: handling paper more than once.
- Inventory: batching forms for completion.
- Motion: having to leave the exam room to get supplies, or go another room to do virtual visits.
- Defects: doing something incorrectly the first time (e.g. forget sign-in credentials).
- Human potential: for example, a health care provider is not working to his/her full scope of practice.

## 7.7 Track your progress

Having measurable targets in place will help you track how efficiently you are minimizing or removing waits and delays in the patient visit.

Consider implementing the following process to track your progress:

- Collect cycle time data for one month (15 patients per week for each provider). Try to vary the day of week and time of day that the cycle time data is collected.
- Determine where in the patient flow patients are waiting the longest.
- Complete a cause and effect diagram to understand the causes of waits and delays during the day.
- Track the reasons for waits and delays for one week to determine the vital causes contributing to 80% of delays.
- Once you have identified the vital causes, brainstorm solutions to reduce or eliminate these causes.
- Decide on change ideas that you want to test, and plan the PDSA (see the [Model for Improvement](#) section for more information).
- Measure cycle time while testing change ideas to determine if the change is resulting in improvement.
- Implement successful change ideas.
- Continue working to reduce causes of waits and delays by testing new change ideas until you reach your goal.

## Need Support?

NSHA Primary Health Care is here to help you and your team on your journey towards advanced access and efficiency. To find out more about the types of supports available to you, visit [PHCQuality.ca](http://PHCQuality.ca) or contact a Primary Health Care leader in your area.

## Quality Improvement Approach

Quality improvement is an evidence-based approach to understanding issues, identifying solutions and putting new ways into practice. The following steps are recommended to ensure the changes you are making are leading to improvements, and improvements are sustained over time.

**Step One – Assess your readiness and capacity** to help you decide when you are ready to take this journey. The assessment will help you understand the knowledge, skills and resources that you will need, the internal motivation and energy you and others will need, and the human resources available to you.

**Step Two – Form an improvement team** of key players involved in achieving Advanced Access and improving office efficiency. The team needs to be committed, to know what is expected of each member, to understand how they will proceed together and to agree on how success will be defined by the team. Success is not dependent on size: Two-person teams and eight-person teams can achieve an equal measure of success.

**Step Three – Assess your starting place** to thoroughly understand your current situation. Conduct a detailed assessment of your practice and collect data on key measures to give you the information you need to plan your improvement journey, and to know when the changes have resulted in improvements.

**Step Four – Decide where to improve** by reviewing the assessment data and deciding as a team where to focus improvement efforts so that they have the greatest impact.

**Step Five – Test changes and monitor progress.** Test change ideas on a small scale using the Plan-Do-Study-Act (PDSA) cycle. Test changes before you implement them to make sure that they will result in improvements. Small-scale testing takes less time, minimizes risk and enables you to test many different ideas without undue stress on the practice. Testing also lets you see a change idea in action under many different circumstances, to ensure it works.

**Step Six – Implement and sustain the changes.** Once you have tested a change under a number of real-life conditions, and are convinced that the change results in an improvement, you can implement that change into your daily practice. Taking time to address all of the elements of implementation will increase the likelihood that the change can be sustained over time.

**Step Seven – Spread the change** by sharing your success with others so they may reproduce it.

## Tips for Success: Fundamentals of “doing” QI

## Tip 1

**What is the Question You Are Trying to Answer?**

- Always in the forefront of our work is the question, What are we trying to accomplish? This question keeps us focused on how we can better meet our patients’ needs. Sometimes actions that appear small or insignificant can make a big difference. By understanding what you are trying to accomplish, you will be able to define what you need to measure and how to collect the data.

## Tip 2

**Build Measurement into Your Daily Workflow**

- Although data collection is often perceived as additional work, it is important to link it into normal workflows. Team members who can see meaning in the data will collect it in an efficient and predictable way.

## Tip 3

**Post Team-Level Data**

- A central location — such as a data wall in a staff room or back hall — is a great way to communicate progress to all members of the team. By posting team-level measures and PDSAs (small tests of change), all team members then have the opportunity to feel they are contributing to the improvement journey.

## Tip 4

**Create Team Ownership for the Data**

- By creating team ownership for the data, all team members will understand how their accurate coding or scheduling affects the quality of the data and, ultimately, the practice.

## Tip 5

**Use the Data to Drive Decision Making**

- By discussing the data and its meaning at team meetings, members will understand the need to reflect on the data when making future decisions to test other changes. Fully understanding the use of collected data provides an incentive for team members to maintain and monitor measurement systems.

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011).

## The Model for Improvement

The Model for Improvement is a simple, yet powerful quality improvement tool for accelerating improvement. NSHA Primary Health Care uses the Model for Improvement as the framework to guide improvement work.

There are two parts to the model for improvement:

**Part 1:** Three fundamental questions that can be addressed in any order to develop aims and measures and select changes to test and implement.

THREE FUNDAMENTAL QUESTIONS	APPLICATION
What are we trying to accomplish?	<b>Setting aims</b> Commitment to improving is reflected by a strong and well-worded aim statement
How will we know when a change is an improvement?	<b>Establishing measures</b> Collecting data on key outcome, process and balance measures is the only way to determine if there is improvement
What changes can we make that will result in an improvement?	<b>Selecting change</b> Teams must test and implement changes in order to improve

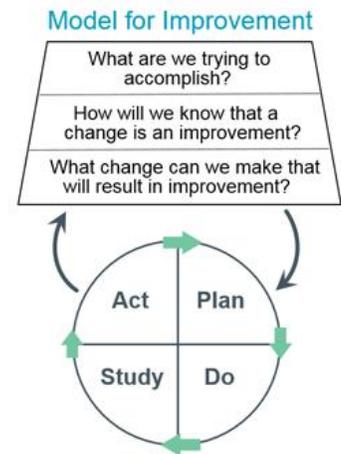
### Application of the model

To apply the model to your work setting, you must select aims and measures, test change ideas, study the results, and then act accordingly. Once ideas have been tested and studied, successful changes can be implemented with a high degree of confidence.

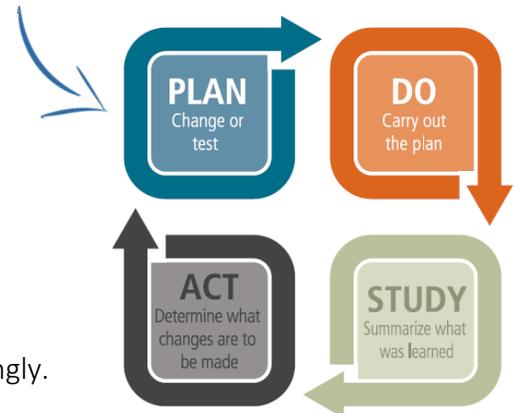
Remember: not all change leads to improvement, but all improvement requires change.

Use the PDSA cycle in conjunction with the Model for Improvement to develop specific ideas for change that lead to improvement. The ideas need to be actionable and specific enough to be implemented. Click [here](#) for a Primary Health Care PDSA template.

For more quality improvement tools and resources, visit [www.PHCQuality.ca](http://www.PHCQuality.ca)



**Part 2:** The Plan-Do-Study-Act (PDSA) cycle, which is shorthand for testing a change in a real work setting by planning it, trying it, observing the results, and acting on what is learned. This cycle continues to grow in complexity as it is tested over time.



# Measurement Tools and Resources

## Advanced Access and Efficiency Checklist

Workbook Reference: [Introduction](#)

Use this checklist as an overview document to log your access and efficiency status as you proceed through the workbook.

<b>Step 1. Develop understanding of what is happening now. Measure the following:</b>	Comments:	Completed:
Supply		
Demand		
Delay (Third Next Available)		
Backlog		
Panel size		
Visit rate		
<b>Step 2. Develop and review processes</b>	Comments:	Completed:
Patient flow process map with office or virtual cycle time		
Individual process maps (check-in, rooming, etc)		
Scheduling processes and principles of book early/book late (Refer to <a href="#">Front Desk Strategies</a> )		
<b>Step 3. Balance supply and demand by testing changes</b>	Comments:	Completed:
Develop backlog reduction plan		
Reduce demand		
Reduce variance		

Optimize care team		
Develop contingency plans and time-off policies		
<b>Step 4. Implement changes</b>	Comments:	Completed:
Develop a communication plan		
Develop scripts for common occurrences		
Smooth appointment flow		
Set begin and end dates		
<b>Step 5. Hold the gains</b>	Comments:	Completed:
Continue monitoring		
Third next available appointment		
Provider continuity		
Future open capacity		
Cycle time		

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Summary of Advanced Access and Efficiency Measures

Measure	What is it and why do it?	How to gather	Frequency of collection	Tips
<b>Panel size equation</b> ( <a href="#">Section 1.1</a> )	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.	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>Third next available (TNA)</b> ( <a href="#">Section 1.4</a> )	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 and statutory holidays is a choice (many choose not to as they are not actually “available”) but the same method of data collection must be used consistently
<b>Supply</b> ( <a href="#">Section 1.1</a> )	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.	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> ( <a href="#">Section 1.3</a> )	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	Using a tick sheet, place a tick mark for every appointment requested, depending on the origin. External demand is patient request and internal demand is provider request.	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.

Measure	What is it and why do it?	How to gather	Frequency of collection	Tips
<b>Backlog</b> ( <a href="#">Section 2</a> )	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> ( <a href="#">Section 6</a> )	The time elapsed between the scheduled appointment time and the time the patient is walking out the door or disconnecting from their virtual visit. 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.
<b>Patient satisfaction survey</b> ( <a href="#">Section 7.3</a> )	Feedback from patients is essential to respecting their roles as partners within the care team.	Use the survey tool provided 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.
<b>Provider satisfaction survey</b> ( <a href="#">Section 1.5</a> )	Feedback from providers is essential in ensuring changes to improve access are not have undesirable effects on reducing provider satisfaction.	Use the survey question provided: "I start and end my day on time".	At baseline, and whenever improved changes are implemented. Frequency will be a practice decision.	

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011).

## Supply Tracker A

Workbook Reference: [Section 1.1](#)

### Instructions:

- Choose a typical week in the future. Avoid weeks just before/after or during holiday periods.
- Count every appointment slot in the provider’s schedule and record below. Use the shortest appointment slot as your basic unit of measurement, and record one tick for every unit.
- If the provider has pre-defined double-booking slots, count them as two.
- Collect separate data for each provider.

Provider’s Name	Mon	Tues	Wed	Thurs	Fri	Total # of appointments

### Note:

The above results do not include provider’s time booked for:

- Administrative duties
- Teaching time, if appropriate
- Rounds in the hospital, if appropriate
- Nursing home time, if appropriate

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

Supply Tracker B

Workbook Reference: [Section 1.1](#)

*This supply tracker differentiates between in-person and virtual appointments.*

Instructions:

- Choose a typical week in the future. Avoid weeks just before/after or during holiday periods.
- Count every appointment slot in the provider’s schedule and record below. Use the shortest appointment slot as your basic unit of measurement, and record one tick for every unit.
- If the provider has pre-defined double-booking slots, count them as two.
- Collect separate data for each provider.

Provider’s Name	Mon		Tues		Wed		Thurs		Fri		Total # of appointments	
	In-Person	Virtual	In-Person	Virtual								

Note:

The above results do not include provider’s time booked for:

- Administrative duties
- Teaching time, if appropriate
- Rounds in the hospital, if appropriate
- Nursing home time, if appropriate

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## Are you in Balance? Comparing Annual Supply to Annual Demand

Workbook Reference: [Section 1.2](#)

To obtain schedule balance, your annual **supply of visits** must equal your annual **demand for visits**. This can be estimated by comparing your annual supply of appointments with your anticipated annual demand based on past activity pulled from your EMR data.

**Step 1: Complete the equations below to determine if your annual supply equals your annual demand.**

<b>Estimated Annual Supply</b>	
(# of weeks worked annually*) _____ x (# of available appointments/week) _____ =	
*Suggest using 44 full weeks to simplify calculation while accounting for vacation, sick time, stat holidays, etc.	
<b>Anticipated Annual Demand</b>	
Number of appointment visits from previous year, including no shows** =	
**Can use two years if you wish (i.e. # of visits to the practice in two years / two).	

**Step 2: Based on your calculations, identify which scenario below describes your practice.**

<input type="checkbox"/> <b>Scenario A. Supply is greater than or equal to (<math>\geq</math>) demand</b>	<p>You are fully ready to embark on achieving an Advanced Access working environment. Continue collecting your TNA appointment measure. If it is constant, it confirms that your supply and demand are in balance. If it is not constant, this may be due to a recent change in demand or supply of appointments (e.g., vacation, flu season, etc.).</p>
<input type="checkbox"/> <b>Scenario B. Demand is marginally greater than (<math>&gt;</math>) supply</b>	<p>If the margin is modest, you must either increase supply, decrease demand, or do both. Achieving an Advanced Access working environment is within your reach provided you are motivated to change how you work both as a provider and as a team. Refer to Sections <a href="#">3.2</a> and <a href="#">3.3</a> for strategies to reduce demand and increase supply.</p>
<input type="checkbox"/> <b>Scenario C. Demand is significantly greater than (<math>&gt;&gt;</math>) supply</b>	<p>If the margin is significant (e.g. demand <math>&gt;</math> 110% of stated supply), looking at ways to decrease demand and increase supply is important, and examining efficiencies in patient flow and non-appointment work will also help. The likelihood of reaching a zero Third Next Available Appointment [TNA] standard is low, but by applying many of the principles and strategies of Advanced Access wait times for patients can be significantly reduced.</p> <p>Use the following equation to calculate the number of appointments per day by which either demand must be reduced or supply increased (or a combination of both) to achieve balance:</p> <p>(demand) _____ – (supply) _____ = _____ (appointments per year)</p>

	<p>(appointments per year) _____ ÷ (# weeks worked annually) _____ = _____ (appointments per week)</p> <p>(appointments per week) _____ ÷ (# days in work week) _____ = _____ (# appointments to make up per day)</p> <p>Your TNA appointment measure will indicate whether or not you have made gains in reducing wait times for routine appointments.</p>
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Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Demand Tracker A

Workbook Reference: [Section 1.3](#)

### Instructions:

1. Record every request for an appointment whether or not an appointment is booked (e.g., patient calls but no appointment that fits their schedule is available, so they go to a walk-in clinic; this still counts as a “demand” for the doctor’s time).
2. Count appointment requests from *all* sources (phone calls, walk-ins, patients booking as they leave, email, fax).
3. Count the demand on the day the request comes in even if the actual appointment is booked for another day.

Week of	Provider:			Provider:		
	Internal	External	Total	Internal	External	Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Weekly total						

Internal demand: Provider-initiated (calls patient in; requests patient to come in for a follow-up, etc.)

External demand: Initiated by the patient, walk-in clinic, ER, etc.

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

## Demand Tracker B

Workbook Reference: [Section 1.3](#)

*This demand tracker differentiates between in-person and virtual appointments.*

### Instructions:

1. Record every request for an appointment whether or not an appointment is booked (e.g., patient calls but no appointment that fits their schedule is available, so they go to a walk-in clinic; this still counts as a “demand” for the doctor’s time).
2. Record whether the demand was for an in-person or virtual appointment.
3. Count appointment requests from *all* sources (phone calls, walk-ins, patients booking as they leave, email, fax).
4. Count the demand on the day the request comes in even if the actual appointment is booked for another day.

Week of:	Provider:					
	In-person Demand			Virtual Demand		
	Internal	External	Total	Internal	External	Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Weekly total						

Internal demand: Provider-initiated (calls patient in; requests patient to come in for a follow-up, etc.)

External demand: Initiated by the patient, walk-in clinic, ER, etc.

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the

*Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

## No Shows Tracker

Workbook Reference: [Section 1.3](#)

**No shows (failure to keep an appointment [FTKA]):** At the end of each day, count the number of booked appointment slots that were not used and for which the patient did not call to cancel.

DATE RANGE:            From: \_\_\_\_\_

To: \_\_\_\_\_

Record your no shows by day of the week here: You may also be able to use your EMR to pull this information

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
1						
2						
3						
4						
5						
6						
7						
8						
Daily Average						

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Third Next Available Measurement Guide

Workbook Reference: [Section 1.4](#)

The Third Next Available [TNA] appointment should be measured regularly for each provider. As you start out, the TNA should be measured once a week to get an accurate picture of access and of your progress as you work to reduce the TNA. This more frequent measure gives you information you need to assess the impact on the backlog of the changes you are making. Once the TNA has become stable at the targeted zero to one days, it can be monitored monthly. Select one team member with access to the scheduling system to run the TNA measure. Choose the same day of the week and the same time of day to measure each time. To determine the TNA, look at schedule and ask: “As of right now, what is the third next available appointment for this provider?”

**A simple rule:** Count all calendar days including days off, weekends, and holidays as it makes it easier to compare patient wait time across providers and, most importantly, throughout the practice. This makes TNA a patient-focused measure. **Do not count as open any visit type that is not available for general scheduling use or that are held for use on a particular day. This includes appointments held for same-day appointments or those that might be held for urgent care or walk-in patients.**

Below is one method to collect TNA. Examine the schedule below. If today is Monday the 4<sup>th</sup> (day zero), the TNA is 7 days.

<b>Schedule</b>								
Provider:	Dr. Smith							
Time of day	Mon (4th)	Tues	Weds	Thurs	Fri	Sat	Sun	Mon (11th)
9:00-9:15	Booked	Urgent	Urgent	Urgent	Booked	n/a	n/a	Booked
9:15-9:30	Booked	Urgent	Urgent	Urgent	Booked	n/a	n/a	Booked
9:30-9:45	Booked	Urgent	Urgent	Urgent	Booked	n/a	n/a	Available
9:45-10:00	Booked	Booked	Booked	Available	Booked	n/a	n/a	Booked
10:00-10:15	Urgent	Booked	Booked	Booked	Booked	n/a	n/a	Urgent
10:15-10:30	Urgent	Booked	Booked	Booked	Urgent	n/a	n/a	Urgent
10:30-10:45	Urgent	Booked	Booked	Booked	Urgent	n/a	n/a	Urgent
10:45-11:00	Urgent	Booked	Booked	Booked	Urgent	n/a	n/a	Urgent
11:00-11:15	Booked	Booked	Booked	Booked	Urgent	n/a	n/a	Available
11:15-11:30	Booked	Booked	Booked	Booked	Urgent	n/a	n/a	Available
11:30-11:45	Booked	Booked	Booked	Booked	Urgent	n/a	n/a	Booked
11:45-12:00	Available	Booked	Booked	Booked	Urgent	n/a	n/a	Available
Third Next Available:		Monday the 11th at 9:30						

Record the number of days to the third appointment. Note the date of the third next available appointment. Today is day zero; tomorrow is day one, and so forth. For example, if there are three appointments available today, the TNA is zero. If the third next available is tomorrow, the TNA is one; the day after that the TNA is two. Adapted from the [Safety Net Medical Home Initiative](#).

3rd Next Available Appointment Tracker

Workbook Reference: [Section 1.4](#)

Provider:

Date:												
3 <sup>rd</sup> Next Available Appt.												

Provider:

Date:												
3 <sup>rd</sup> Next Available Appt.												

Provider:

Date:												
3 <sup>rd</sup> Next Available Appt.												

Provider:

Date:												
3 <sup>rd</sup> Next Available Appt.												

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## 3rd Next Available Appointment Tracker (Long and Short Appointments)

Workbook Reference: [Section 1.4](#)

Provider: \_\_\_\_\_ Goal: Short \_\_\_\_\_ days      Weekday collected: \_\_\_\_\_  
 Long \_\_\_\_\_ days      Time collected: \_\_\_\_\_

Week	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Short Appt												
Long Appt												

Date												
Short Appt												
Long Appt												

Date												
Short Appt												
Long Appt												

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.



Provider and Staff Experience Survey Tool

Workbook Reference: [Section 1.5](#)

We want your feedback! Please put a ✓ in the box that best describes what you think about your experience over the last week or month.

	Most of the time 	Some of the time 	Infrequently 	Rarely/never 	Does not apply – I was not present.
“I start and end my day on time”					

Comments:

Adapted from the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

Provider and Staff Experience Tracker

Workbook Reference: [Section 1.5](#)

	Current Week / Month	Most of the time 	Some of the time 	Infrequently 	Rarely/never 	Does not apply – I was not present this week / month
"I start and end my day on time"						

Adapted from the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Backlog Formula

Workbook Reference: [Section 2](#)

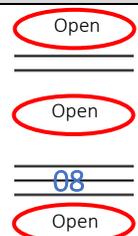
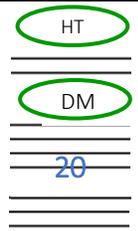
### Backlog:

- Defined as work booked into the future
- Good backlog = appropriate follow-up/planned future appointments (e.g. prenatal/infant shots)
- Bad backlog = today's work pushed into the future

### To calculate bad backlog:

1. Count total booked appointments until your 3rd next available appointment
2. Subtract good backlog
3. Balance = true backlog

Example:

Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Closed	Closed	 14	Off A.M.	Off A.M.	 13	 08
Closed	Closed	 Shots PAP 16 PN	 HT DM 20	 PN F/U Dep 20	Off P.M.	Off P.M.
Total booked:		30	20	20	13	08
– Good Backlog		03	02	02	0	0
= Bad Backlog		27	18	18	13	08

Total bad backlog = 84 appointments

To calculate the hours of work to be done to eliminate the backlog, divide the total bad backlog by the number of appointments seen per hour. In the above example, if the physician books 4 appointments per hour, it will take 21 hours to clear the backlog ( $84 \div 4$ ).

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Backlog Reduction Strategies

Workbook Reference: [Section 2](#)

Use the following process to measure backlog within your practice and then plan which temporary strategies to introduce until the bad backlog has been reduced.

### Step 1: Calculate your bad backlog

1. Record the number of booked appointments until the TNA appointment date: (A) \_\_\_\_\_
2. Up until the TNA appointment date, record the number of appointments made for the future either by choice or because the timing was driven by physiology (good backlog): (B) \_\_\_\_\_
3. Subtract (B) from (A) to determine bad backlog: (C) \_\_\_\_\_

### Step 2: Optimize the schedule

Review the schedule and count how many opportunities there are to reduce bad backlog immediately (e.g., eliminate duplicate appointments, cancel unnecessary appointments, etc.)

Record how many appointments qualify: (D) \_\_\_\_\_

### Step 3: Reduce remaining bad backlog

Calculate your remaining bad backlog using the following equation:

(C) \_\_\_\_\_ - (D) \_\_\_\_\_ = Remaining bad backlog: \_\_\_\_\_

### Bad backlog reduction strategies (check all you plan to use)

- Add appointments to each day.
- Add appointments on weekends.
- Add hours at beginning or end of day.
- Use lunch time.
- Shift administrative time to patient time.
- Temporarily add care team members (e.g., locum).
- Other: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Note:** These are temporary strategies and should be in place only until the bad backlog has been reduced.

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.

## Front Desk Strategies

Workbook Reference: [Section 4](#)

Administrative staff have a crucial role to play in a successful Advanced Access environment and using the following strategies will help.

Strategy	Tips
<p><b>Offer Appointment on Day of Choice</b></p> <ul style="list-style-type: none"> <li>Patients should be able to book an appointment for today, or the day of their choice, at the time that they call and by the modality they prefer</li> <li>When we ask people to phone back, we create a process called “Access by Denial”. This deflects demand and creates additional waits and delay in the system</li> </ul>	<p>Do not ask patients to call back for an appointment, or limit their ability to pre-book an appointment.</p> <p>Move away from a system where patients need to plead their case to be seen. Aim to offer an appointment for today with the patient’s provider, regardless of the reason for the visit. The first question the scheduler asks is not what is your medical problem? But who is your primary care provider? Also consider asking if they are open to a virtual appointment.</p> <p>Use a reminder system to prompt appointment scheduling closer to the time of the appointment for patients who require an appointment that is longer than three to four months out, for physiological or other reasons.</p>
<p><b>Strategic Scheduling</b></p> <ul style="list-style-type: none"> <li>Offer same day appointments; book same-day virtual videoconference appointments later in the day</li> <li>Schedule pre-booked appointments later in the week and earlier in the day - determined by supply/demand (book early, book late)</li> <li>Guide patient to open slots you want to fill first</li> </ul>	<p>Track demand data to understand the pattern of appointment requests (daily and weekly demand) and where to guide pre-booked appointments.</p> <p>Schedule pre-booked appointment first thing in the morning. Fill morning appointments before offering afternoon appointments.</p> <p>Scheduling virtual videoconference appointments later in the day provides time to send the invite link and for the patient to download and test any necessary applications.</p> <p>If late in the afternoon and same day appointments are filled, it is an option to offer an appointment tomorrow. <b>Do not tell the patient to call back (access by denial).</b></p>
<p><b>Managing vs. Guarding</b></p> <ul style="list-style-type: none"> <li>Do today’s work today. Protecting appointments creates backlog</li> <li>Route patients to the appropriate provider</li> <li>Try looking at weekly schedule vs. daily schedule</li> <li>Know your patients</li> </ul>	<p>Do not hold appointments because you feel something more urgent will come up. Knowing your daily demand will assist in these circumstances.</p> <p>Is it necessary for the patient to see the physician or is it appropriate that they be seen by someone else on the care team?</p> <p>Review the weekly schedule to give you a view of what is to come. Is there anything you can move forward (e.g.: for a cancelled physical you can have the option to use for a same day appointment or bring another appointment forward).</p> <p>e.g.: When a patient who routinely brings family members along calls for an appointment, ask them if they require more than 1 appointment.</p>
<p><b>Truth in Scheduling</b></p>	<p>Know your daily demand. Know what constitutes a long and short appointment</p>

<ul style="list-style-type: none"> <li>Data collection is key to understanding the demand and supply of the practice</li> <li>Know your capacity and organize your supply to meet your demand</li> <li>Reduce appointment types to reduced queues</li> </ul>	<p>Communicate with provider regarding their schedule (e.g. if provider is going to arrive at 9:30, then appointments need to begin at 9:30 not 9:00)</p> <p>Have you allowed sufficient time for the reason for the appointment?</p> <p>Once the patient has been offered an appointment, ask patient the reason for their appointment so you can schedule appropriately</p> <p>Can you max-pack the appointment? (use health prompts/alerts)</p> <p>Commit to measuring your demand (daily/weekly/panel size) at regular intervals. Things change over time and this may be an indication to update your scheduling processes.</p>
<p><b>Communication Strategies</b></p> <ul style="list-style-type: none"> <li>Patients may be surprised and unprepared for a same day appointment when you first get started. Scripting is not used for triage, but rather for routing patients to alternate providers wherever possible.</li> </ul>	<p>Use scripting to help schedulers talk with patient about advanced access scheduling. Messages need to be simple and clear.</p> <p><i>e.g.: Dr. Quality can see you today (tomorrow) at 10:30 or 1:15. Do either of these times work for you?</i></p> <p><i>e.g.: Dr. Quality is out of the office and will be returning in four days. I can make an appointment for you when the doctor returns.</i></p>
<p><b>Reduce No Shows</b></p> <ul style="list-style-type: none"> <li>When a patient does not show for an appointment or arrives late, the result is lost provider supply</li> </ul>	<p>Reduce backlog to avoid booking appointments too far into the future</p> <p>Prompt the patient to call you if unable to keep the appointment. “Your appointment with Dr. X is on Monday June 20<sup>th</sup> at 1:00pm. You will give us a call if you are unable to keep that appointment won’t you?”</p> <p>If a patient does not show for a virtual appointment, consider calling them within the first few minutes to check if they are having issues logging on.</p> <p>Identify the patients who frequently do not show for their appointments and develop strategies to increase likelihood that they will keep their appointment.</p>
<p><b>Manage Late Arrivals</b></p> <ul style="list-style-type: none"> <li>Be prepared for late arrivals and how to manage them. Remember that providers often keep their patients waiting.</li> </ul>	<p>Use a signal to let the provider know that a patient is late and have high priority work available for them to do while waiting.</p> <p>When possible work the late patient into the schedule to avoid deflecting demand to the future.</p>
<p><b>Be Prepared- Planned Prepared Visit</b></p> <ul style="list-style-type: none"> <li>Staff at the front desk have a key role to play in contributing to a planned, prepared practice team responding to the needs of the patient at the appointment.</li> </ul>	<p>Identify patient needs when booking the appointment and use the daily huddle to prepare the team for the day.</p> <p>Identify opportunities for front desk staff to respond to EMR alerts for preventive screening, and to prepare patients to be ready to receive care virtually.</p>

Adapted from Health Quality Ontario (HQO) Script for Appointing Patients; HQO Advanced Access and Efficiency Workbook; Murray, M. (2005) Answers to your questions about same-day scheduling. *Family Practice Management*. Pg 59-64; HQO Predict the Expected – Contingency plans to manage advanced access scheduling.

## Huddle Tip Sheet

Workbook Reference: [Section 5.2](#)

### Ever thought...

- “No one tells me anything?”
- “You just never know what is going to happen around here!”
- “I don’t want to disturb anyone, but I am going to have to leave early.”
- “I wonder if the team knows that Mr Jones has died.”
- “If I had known that, we could have planned better.”

**Sound familiar?** Implementing a huddle in your daily routine keeps the team informed, builds team collaboration, and allows the team to plan for the unexpected.

**What is a huddle?** A huddle is a rapid daily communication meeting. It’s an opportunity to look at planned work, avoid roadblocks, review schedule changes, and plan for patient visits. Planned, brief, daily communication allows teams to develop strategies for dealing with last-minute surprises and proactively plan to match supply and demand for the day.

**How can this help my practice?** Daily communication in the form of a huddle reduces surprises, bottlenecks, and interruptions by ensuring that teams are aware of schedules, equipment, and specialty needs of patients, staff shortages, and unexpected events. It’s also a time to share successes and insights learned from the previous day.

#### How do we begin?

- Be collaborative. Discuss the concept with your team.
- Discuss who should be at the huddle meetings.
- Agree to try a huddle daily at a specific time and stick to it.
- Find a location that is convenient, confidential, and allows access to information.
- Have a clear set of objectives and make sure the team knows what they are.
- Stand, don’t sit. Stay brief and focused; seven minutes is recommended.
- After a week of huddles, check in and see what you need to adjust.
- Develop a huddle agenda that meets the needs of your team.

#### What do we talk about?

- Which patients will take extra time and what is our strategy to manage this and reduce delays?
- How many appointments are available (openings to be filled or chronic no shows that can be anticipated) and what proactive measures can be implemented?
- What procedures are booked? Are we waiting for results?
- Who requires pre-orders, forms, or protocols?
- What activities are going on today (e.g., meetings, visitors)?
- What messages need to be responded to now?
- Have any of the physician’s clinic shifts changed?
- Are there any conflicts with personnel, space, and equipment?
- Do we need to consider any contingency plans for today or tomorrow?

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

## Huddle Sheet

Workbook Reference: [Section 5.2](#)

Practice: \_\_\_\_\_

Date: \_\_\_\_\_

## Follow-ups from yesterday

## "Heads-up" for today (include sick calls, special patient needs, staff flexibility, contingency plans)

## Review of tomorrow and proactive planning

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## Patient Cycle Time Worksheet (Office Visit)

Workbook Reference: [Section 6](#)

We would like to make sure that your visit is valuable and makes the best use of your and our time. Please write in the times below for each step of your appointment. We appreciate you trying to help us improve our service.

Scheduled appointment time: _____	
Provider you are seeing today: _____	Time:
1. Time you checked in (e.g. 1:53 pm)	_____
2. Time you were placed in exam room	_____
3. Time provider came into exam room (e.g. 2:12 pm)	_____
4. Time you left the exam room (e.g. 2:48 pm)	_____
5. Time you left the practice (e.g. 2:55 pm)	_____

Comments (optional):

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## Patient Cycle Time Worksheet Instructions (Office Visit)

Workbook Reference: [Section 6](#)

When measuring cycle time, the purpose of the measurement should be communicated to patients before providing sheets. Suggested response when asked would be:

The clinic is looking at ways to make it easier to get an appointment and to improve the patient's experience while at an appointment. Having information regarding how long patients spend at the clinic will really help us identify where to focus our improvements. Participation is completely voluntary and your results will be kept anonymous.

\*Tip: If your clinic is measuring both Cycle Time and Patient Experience at the same time, you can place the [Cycle Time Patient Worksheet](#) and the Patient Experience Survey Tool you prefer ([with](#) or [without graphics](#)) on the same double-sided page.

The patient cycle tool can be administered in several ways:

1. Patients can carry a clipboard through their visit and note the times.
2. Staff can write the times as the patient travels through the practice.
3. Patients can be "shadowed" by a person to document the times. There is space to write in comments along the way.

*Instructions for option 1 (patients carry a clipboard):*

1. Staff fill in the first three lines of the form when the patient checks in at the desk.
  - a. Scheduled appointment time/date
  - b. Provider you are seeing today
  - c. Time you checked
2. Sheet is handed to patient with a pen/pencil, and they are asked to write the time down for each stop along their visit:
  - a. Time you were placed in exam room / provider came to take you to exam room
  - b. Time provider came into exam room (not present on NSHA provider sheets)
  - c. Time you left the exam room
  - d. Time you left the practice
3. Make sure patient either hands the sheet into the front desk when leaving or places it in a box with a slot (depending on what the team is more comfortable with). If it is a box, please prompt the patient to finish the sheet before submitting.

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## Patient Experience Survey Tool (No Graphics)

Workbook Reference: [Section 7.3](#)

We are looking for feedback that will help us improve your future visits. Please answer the following questions by putting a check mark next to the answer that applies to you. You may also leave a comment.

1. How easy is it for you to see your primary care provider when you need to?
  - Very easy (i.e., I can always get an appointment that fits my schedule/when I need one/right away)
  - Easy (i.e., I can sometimes/often get an appointment that fits my schedule/when I need one/right away)
  - Somewhat difficult (i.e., I have to adjust my schedule somewhat to fit my physician's limited availability)
  - Very difficult (i.e., I have to adjust my schedule significantly to fit my physician's limited availability)
  - I have not needed medical care
  
2. When you visit your family practice office, either in-person or virtually, how often is it well organized, efficient and does not waste your time?
  - Most of the time
  - Some of the time
  - Infrequently
  - Rarely/never
  - Does not apply to me; I seldom visit a doctor's office.
  
3. Additional comments:

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Patient Experience Survey Tool (With Graphics)

Workbook Reference: [Section 7.3](#)

We want your feedback! Please put a ✓ in the box that best describes what you think about your visit today.

	Very easy 	Easy 	Somewhat difficult 	Very difficult 	I have not needed medical care
How easy is it for you to see your primary care provider when you need to?					

	Most of the time 	Some of the time 	Infrequently 	Rarely/never 	Does not apply – I seldom visit
When you visit your family practice office, either in-person or virtually, how often is it well organized, efficient and does not waste your time?					

Comments:

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Patient Experience Tracker

Workbook Reference: [Section 7.3](#)

Week of: \_\_\_\_\_

**Access:** “How easy is it for you to see your primary care provider when you need to?”

	Very Easy	Easy	Somewhat difficult	Very difficult	I have not needed medical care
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

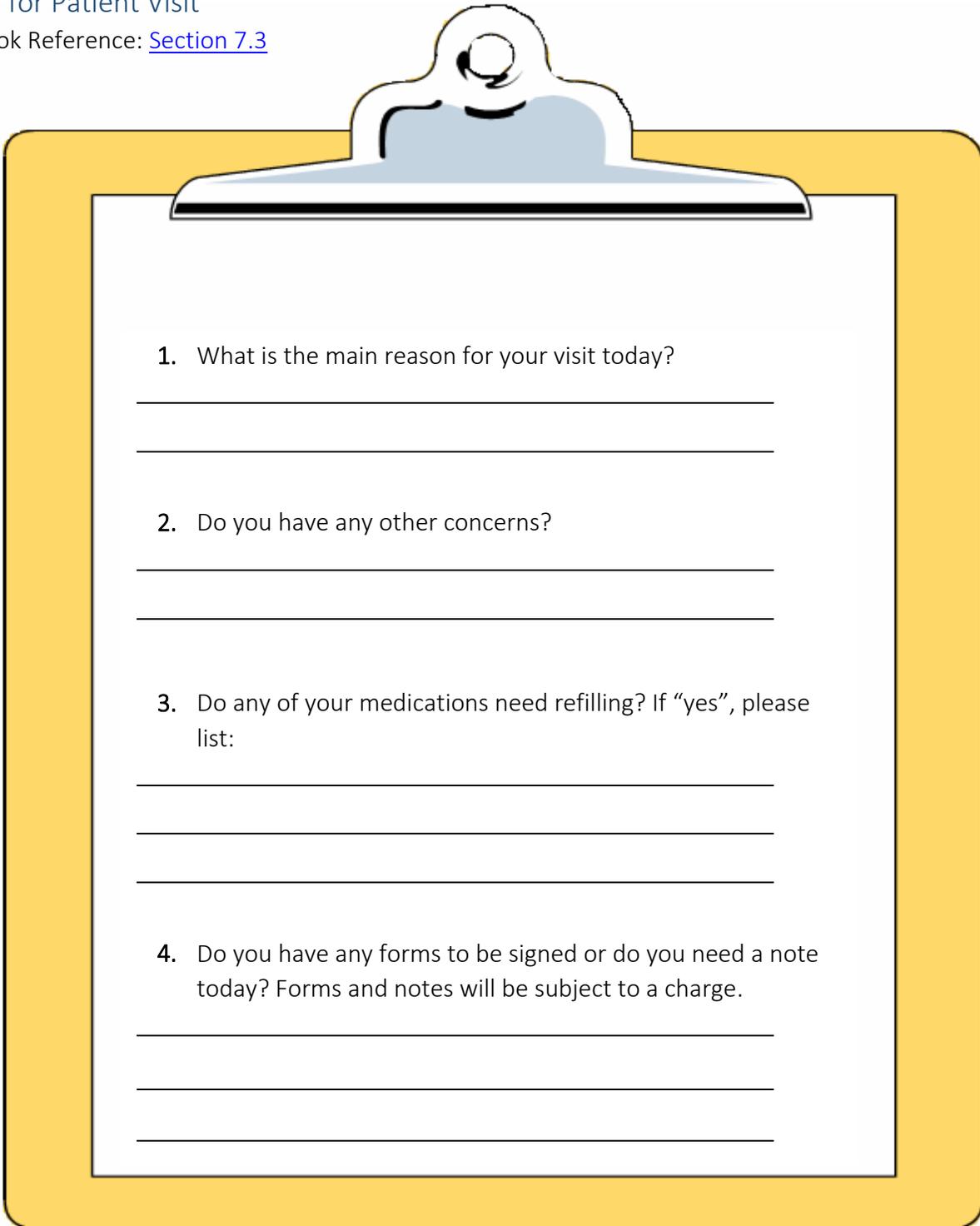
**Office efficiency:** “When you visit your family practice office, either in-person or virtually, how often is it well organized, efficient and does not waste your time?”

	Most of the time	Some of the time	Infrequently	Rarely/never	Does not apply – I seldom visit
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

Total number of patients surveyed		
Access: Patients who answered “very easy”	#:	%:
Efficiency: Patients who answered “most of the time”	#:	%:

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## Reason for Patient Visit

Workbook Reference: [Section 7.3](#)

1. What is the main reason for your visit today?

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2. Do you have any other concerns?

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3. Do any of your medications need refilling? If “yes”, please list:

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4. Do you have any forms to be signed or do you need a note today? Forms and notes will be subject to a charge.

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Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.

Clinic Waste Inefficiencies Questionnaire

Workbook Reference: [Section 7.4](#)

**Instructions:** Each statement describes a waste or inefficiency in a clinical practice. Discuss each scenario with your team and identify strategies that could be implemented to reduce or eliminate the waste or inefficiency.

1. Exam rooms are not stocked or standardized; missing equipment or supplies.	
2. Poor communication amongst the providers and support staff about patient needs or appointment type (eg. in-person vs virtual).	
3. Missing information or chart for patient visit.	
4. Confusing phone system.	
5. High prescription renewal requests via telephone.	
6. Staff members are frustrated in their roles and unable to see new ways to function.	
7. Missed disease-specific / preventive interventions between members.	
8. Patients' expectations of visits are not met, resulting in telephone calls and repeat visits.	
9. Inefficient virtual appointment workflow, resulting in ill-prepared patient or provider	

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Interruptions Log

Workbook Reference: [Section 7.4](#)

Instructions		
Keep in the exam rooms. Each time you are called out of the room, place a tick mark in the appropriate box		
Provider: _____		
Date: _____		Totals
Reason:	Frequency:	Totals
Phone interruptions		
Admin/other team member interruptions		
Patient phone calls		
Missing supplies or equipment (i.e. syringe, vaccine, eye kit)		
Patient handouts/information		
Get samples		
Missing paperwork (forms etc.)		
Pick up printing		
Other		
Once the reasons for the interruptions have been identified, changes can be made and tested.		

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011) and the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia’s General Practice Services Committee Practice Support Program.