



Quality Improvement
& Innovation Partnership

Advancing Improvement in Primary Healthcare in Ontario

Office Practice Redesign in Primary Healthcare: Access and Efficiency Workbook



Ontario

Section 1

Introduction & Overview

ACKNOWLEDGEMENTS

This workbook is the result of the efforts of the Quality Improvement and Innovation Partnership's (QIIP) OPR Working Group. Working Group Members: Karen Palmer, Mary Sylver, Trish O'Brien, Ashley Campbell and Susan Wheeler.

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1.1 Introduction

Any organization that decides to improve access to patient care is well aware of the challenges presented in their current practice on a daily basis. These include frustrated patients, overworked staff, stressed physicians and sub-optimal patient care.

Patients should experience a respectful partnership with their care team including access to an appointment on their day of choice. The improvement in access not only results in improved patient and provider satisfaction, but it has also led to improved patient outcomes*.

Always in the forefront of our work is the question, “What are we trying to accomplish?”. This keeps us focused on how we can better meet our patients’ needs. Sometimes actions that appear small or insignificant can make a big difference.

This workbook will provide you with the principles, tools and resources necessary to achieve your goal.

“Never doubt that a small group of interested, committed people can make great change...indeed it is the only thing that ever has.” – Margaret Mead

*Murray M. [Modernizing The NHS Patient Care](#). BMJ. 2000; 320:10:1596.

Section 1

Introduction & Overview

1.2 Fundamentals of ‘Doing the Work’

1.2.1 What is the Question You are Trying to Answer?
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.

1.2.2 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.

1.2.3 Post Your 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 measures and PDSAs (small tests of change), all team members then have the opportunity to feel they are contributing to the improvement journey.

1.2.4 Create Team Ownership for the Data
By creating team ownership for the data, all team members will understand how their accurate coding or scheduling impacts the quality of the data and ultimately the practice.

1.2.5 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 in making future decisions to test other changes. Fully understanding the use of collected data provides the incentive for team members to maintain and monitor measurement systems.

The workbook is divided into six sections for ease of use:

- Introduction and Overview **1**
- Principles of Access **2**
- Principles of Efficiency **3**
- Measures **4**
- Tools **5**
- Appendix **6**

Section 1

Introduction & Overview

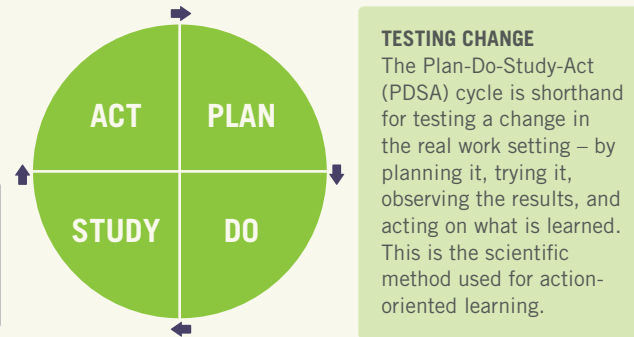
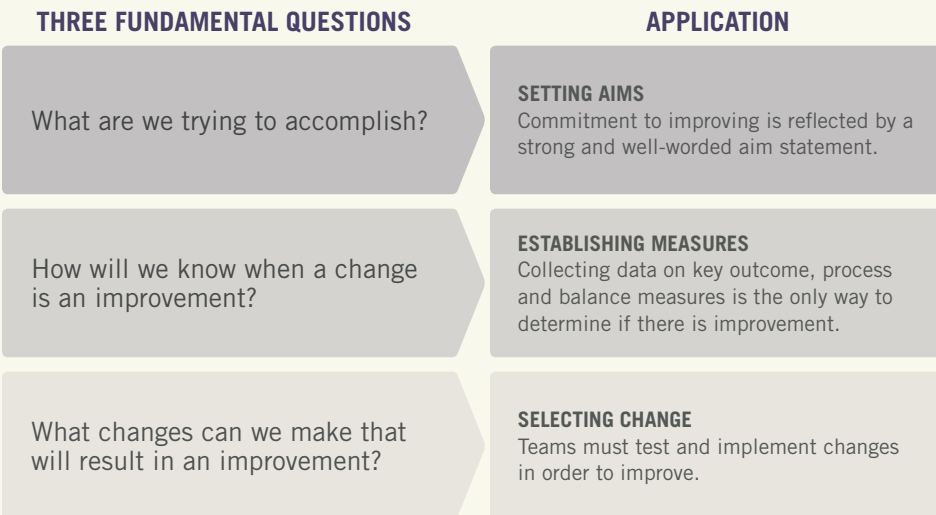
1.3 The Model for Improvement

The methodology included in this workbook is based on *The Model for Improvement*, developed by Deming and Shewhart*.

The model has two parts:

1. Three fundamental questions, which can be addressed in any order.

2. The Plan-Do-Study-Act (PDSA) cycle is depicted as a continuous circle. This cycle continues to grow in complexity and is tested over time..



The application of the model includes selecting aims, measures and testing changes, studying the results and then acting accordingly. Once ideas have been tested and studied, successful changes can be implemented with a high degree of confidence.

It is important for us to remember that not all change leads to improvement, but all improvement requires change.

So what kind of change will lead to improvement? We use the PDSA in conjunction with Change Concepts as a general notion or approach in developing specific ideas for change that lead to improvement. The ideas will need to be specific enough to test and implement in a particular situation, moving from a general thought to a specific idea that is actionable and can be implemented.

*The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.

Section 1

Introduction & Overview



1.4 The PDSA or Plan-Do-Study-Act Model

The following section provides a brief review of each of the quadrants of the PDSA cycle.

P PLAN AND PREDICT THE SMALL TEST

Plan the steps of the change you are testing. Small tests are best: one or two staff members, with very few patients (or charts, or phone calls, etc.), on one day if that is possible.

Ask: What is one idea we want to try out? What have we done that we want to do more of? What are other clinics doing? Be sure to predict what you think may happen during the test. It is the gap between this prediction and what actually occurs where most of the learning or discovery takes place.

D DO THE SMALL TEST

For example, tests could be:

- Test the tracking tool with the MD, NP, or other team members,
- Test the teaching form with three patients, or
- Test making phone calls to five patients to check on their exercise goals.

S STUDY

What happened in this small test? Did our prediction prove correct? Did we answer the question(s) we were asking? Have we increased our degree of belief that this test will work under different conditions? Different situations? Different providers?

A ACT

You can do one of three things:

1. **Implement:** After a test goes smoothly and where there are no more questions to answer about this change, you might accept this change with no more testing, and make it *'the new way we do it'*. In other words, your degree of belief is high.
2. **Keep testing the same idea:** Test this same change again. Make adjustments to test it with different providers or different patients and to answer "what if?" questions. Your degree of belief at this stage is somewhat low.
3. **Reject the change:** move on to test another idea. You have no degree of belief that the change you tested can be modified to work under any condition.

A list of change concepts for Office Practice Redesign is included in Section 6 – Appendices.

Section 2

Principles of Access

2.1 Understand and Balance Supply and Demand

The relationship between supply and demand cannot be underestimated as it is key to all workflow. If you understand supply (appointments available) and demand (requests for appointments) as a first step then you will be able to organize your practice to reduce delays, improve flow and improve patient, provider and staff satisfaction.

A practice must understand their yearly supply and demand (panel size and visit rate) and also their daily supply, demand and activity (SDA). Measuring SDA on a daily basis helps identify natural variations in the practice, and areas for improvement.

To achieve timely access for patients, the supply of appointments must be equal to or greater than the demand for appointments. If, through measurement, it is determined that demand is greater than supply, then supply must be increased, demand must be reduced, or a combination of the two.

The measures required to determine supply and demand are fully described in Section 4.



Section 2

Principles of Access

2.2 Increase Supply of Visits

Strategies to increase supply include:

- 2.2.1 Maximize Provider and Staff Schedules**
Review schedules of all providers to see if their schedules are really meeting the patients' needs. Are time away policies needed within the practice? Create proactive plans to meet patient demand while providers are absent.
- 2.2.2 Optimize the Care Team**
Ensure that all members of the team are working to their full scope of practice. Physicians must educate patients regarding alternatives of care within the practice such that patients understand the team approach. To help track types of appointments, and who may do them, you may wish to use the 'Understanding Your Practice' worksheet in Section 5 – Tools.
- 2.2.3 Identify and Manage the Constraint**
Use standardized guidelines and protocols to increase care that can be provided in alternate ways.

- 2.2.4 Care Delivery Model (Who Does the Work)**
Identify the roles of the healthcare team, as well as the process for providing care and advice to patients using agreed upon guidelines.
- 2.2.5 Remove Unnecessary Work from a Provider**
Develop a role for other team members to manage sub populations of patients such as CHF, hypertension, hyperlipidemia and anti-coagulation therapy.
- 2.2.6 Group Visits and/or Shared Medical Appointments**
High users of health services living with chronic illnesses can sometimes be better supported through the use of group consultations or group visits.
- 2.2.7 Use of Technology**
EHR/EMRs, email and patient portals are strategies that can reduce demand for face-to-face visits.
- 2.2.8 Patient Engagement and Self – Management**
By providing a consistent approach to managing illnesses the care team can increase the patient's self-management skills, reducing the need for face-to-face visits.

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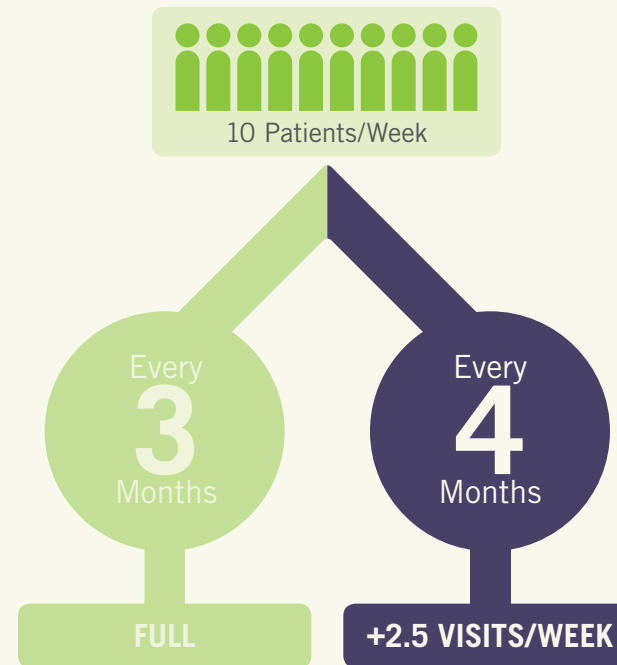
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Principles of Access

2.3 Reduce Demand for Visits

- 2.3.1 Max-Pack and Reset Schedule**
Doing as much as possible at each visit may reduce the need for future visits.
- 2.3.2 Challenge/Extend Visit Intervals**
Before automatically rescheduling patients, question whether the follow-up is really needed. Consider extending the visit interval. For example, if 10 patients in a week were rescheduled to every 4 months instead of every 3 months, there would be a net gain of 2.5 appointments/week.
- 2.3.3 Promote Continuity**
Patients who are able to see a trusted provider generate fewer revisits.
- 2.3.4 Reduce No-Show Appointments**
Providing appointments to patients in a timely way reduces no-shows.
- 2.3.5 Use Alternate Methods of Care Delivery**
Nurse visits, self-care promotion, telephone treatment protocols, e-mails, and group visits can reduce demand for physician consultations.



Section 2

Principles of Access

2.4 Reduce Appointment Types and Times

2.4.1 Appointment Types

Eliminating the distinction between urgent and routine appointments reduces the likelihood of gaming by both patients and providers. This decreases the need for triage by schedulers to negotiate with patients therefore reducing telephone time. The only distinction needed by appointment type is whether the provider is present or not with short appointment type for return visits and a long appointment type for new patients, chronic disease management or periodic health reviews.

2.4.2 Appointment Times

Use building blocks to create short and long appointment times. Determine a basic unit of time, such as 10 or 15 minutes. All other appointments are multiples of the shortest time. The schedule then only needs to combine 2 or 3 basic units to create the necessary appointment length. Protocols can be developed to guide schedulers booking the appointments.

2.4.3 Truth in Scheduling

Schedules are often created around the ideal number of patients/hour, and then applied to all providers' appointment templates. However, some providers cannot meet this ideal, due to practice style or volume of patients requiring more time. Measurement and tracking of the actual length of a large number (50-100) of consecutive appointments will inform a schedule template that matches the reality of the provider's pace.

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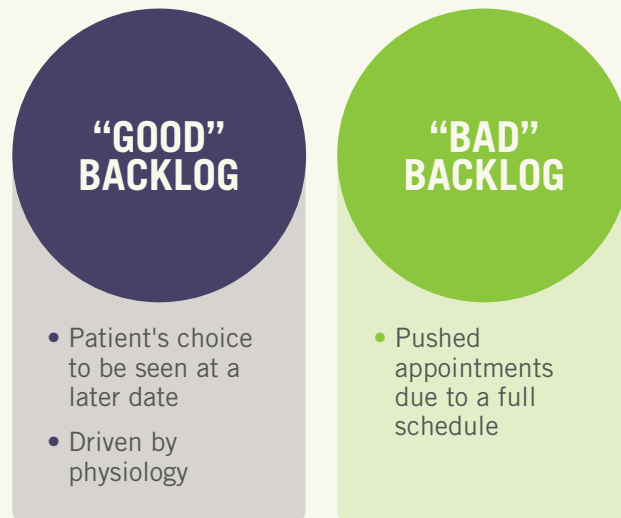
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Principles of Access

2.5 Reduce Backlog

There are two types of backlog. Good backlog is made up of patients who have chosen to be seen in the future because it better fits their schedules, or because appointment timing is driven by physiology (e.g. pre-natal visit, well-baby exam, chronic disease follow-up). Bad backlog is characterized by patients who would like to be seen today, but whose appointment is pushed forward due to a full schedule. Strategies to reduce the bad backlog include:



- 2.5.1 Work Smarter**
Shape the handling of demand, choose a quieter time to work down backlog.
- 2.5.2 Work Harder**
Temporarily increase the supply of visits by adding sessions to the beginning or end of the day.
- 2.5.3 Add Temporary Resources**
Add a care team member or hiring a locum for the short term.

Ways to measure backlog within a practice are provided in Section 4 - Measures.

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Section 2

Principles of Access

2.6 Develop Contingency Plans

Contingency plans help to address variation in patient demand or decreased 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.

2.6.1 Daily Huddles

Can be used at the beginning and/or throughout the day to review office flow and proactively match demand with supply. The Huddle Tool can be found in Section 5 – Tools.

2.6.2 Develop Time Away Processes

Protocols and policies for time away from the office for all professionals can ensure that adequate staff is always present to meet patient demand.

2.6.3 Develop Multi-Skilled Staff

Staff that can be cross trained to cover while others are away increase the likelihood that patient demand can always be met.

2.6.4 Manage Demand Variation Proactively

Once variation within the practice is understood, supply can be adjusted to meet demand fluctuations.

2.6.5 Add More Appointment Times to Address Seasonal Fluctuation

i.e. flu shot clinics in the fall, physical fair for pre-school physicals, snow-bird special for prescriptions, etc.

2.6.6 Anticipate Unusual But Expected Events

If patients bring extra family members to visits, identify early and modify visit time accordingly. If patients are chronically late, flag accordingly.

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Section 3

Principles of Efficiency

3.1 Balance Supply and Demand of Non-Appointment Work

Just as visit supply and demand must be measured, understood and matched, it is equally important to identify waits, delays and inefficiencies in non-appointment work such as phone message management, prescription refills, referral management and diagnostic tests and reports. Suggested processes include:

- 3.1.1 Create a process to manage and distribute all messages and communications.
- 3.1.2 Use a standard template for correct message taking and action.
- 3.1.3 Eliminate paper messages where possible.
- 3.1.4 Identify the most appropriate person to respond to non-appointment work.
- 3.1.5 Create a prescription phone line to take messages from patients including all pertinent prescription information.



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Principles of Efficiency

3.2 Synchronize Patient, Provider, Information, Room, and Equipment

3.2.1 Develop Rooming Criteria

Using rooming criteria to have patients ready (e.g. shoes and socks off for patients with diabetes) will increase efficiency of visits with providers, and improve patient flow.

3.2.2 Daily Huddles

Internal communications will ensure lab work and diagnostic reports are available in patient charts.

3.2.3 Reception Scripts

Within reception, scripts noting reason for visit will ensure the care team is ready and prepared.

3.2.4 Start on Time and Stay on Time

If a session starts late, the whole day continues to be late and never catches up. For example, if a physician never arrives before 9:15 a.m, do not book patients at 9:00 a.m. Teams must agree on the importance of starting and staying on time.

3.2.5 Health Checklists

These can be instrumental to ensure that comprehensive care delivery is carried out at each visit and avoid a later visit. The use of age-specific guidelines can optimize planning for the patient's visit.



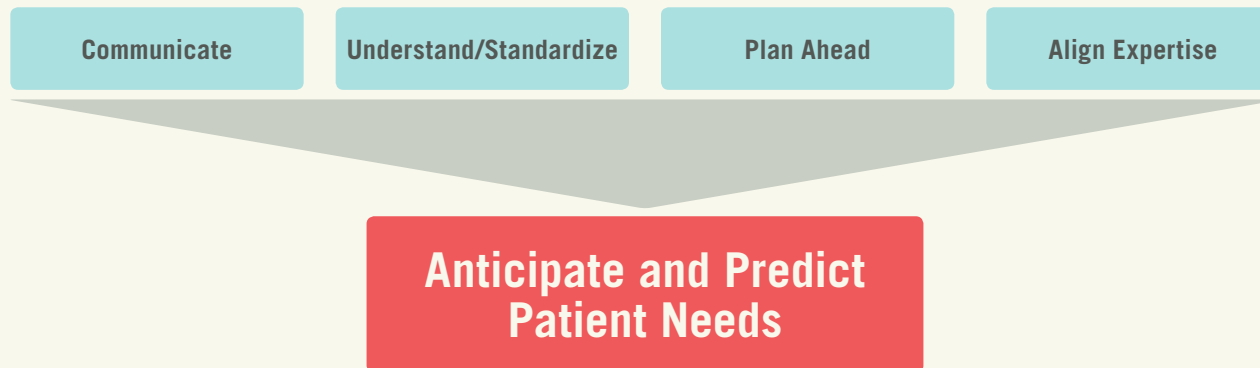
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Principles of Efficiency

3.3 Anticipating and Predicting Patient Needs

Some of the strategies described in previous principles also apply here. They include:

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



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Principles of Efficiency

3.4 Optimize Rooms, Staff and Equipment

3.4.1 Standardize Stock and Inventory
All staff members can have input regarding what constitutes a well-stocked, standardized exam room. Use of a stocking checklist will ensure adequate inventory levels in each room as well as who stocks and when stocking will occur.

3.4.2 Move Equipment to the Patient
Where possible, have enough equipment to reduce the number of steps for both patient and provider (e.g. printer within each exam room).

3.4.3 Develop Signals
Non-verbal cues and signals facilitate communication among staff members without halting work (e.g. icons on computer screens to signal readiness of the next patient).

3.4.4 Train/Cross Train Staff
What is the doctor/provider doing outside the appointment that could be done by another member of the care team? (To help track the types of appointments and who may do them, you may wish to use the 'Understanding Your Practice' worksheet in Section 5 - Tools).

3.4.5 Unplanned Activity and Interruptions
By tracking unplanned activity and interruptions, teams can identify disturbances in workflow and generate change ideas for testing.

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3.5 Manage Constraints

It is important to map the office flow and patient journey by doing a process map or value stream map. Once the map has been developed strategies to address delays could include:

- 3.5.1** Move work away from the constraint (i.e. the person in front of where the most waiting occurs).
- 3.5.2** Lighten the backpack - look for opportunities for other providers or members of the team to provide routine care (stable chronic disease management, well baby visits, etc.).

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Section 4

Measures

4.1 Summary of Office Practice Redesign (OPR) Measures

MEASURE	WHAT IS IT AND WHY DO IT?	HOW TO GATHER	FREQUENCY OF COLLECTION	TIPS
Panel Size Equation	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 this is a yearly number. This number needs to be divided by 12 to understand the number of appointments required monthly and then by 4 to know number of extra appointments needed/ week, etc.
Third Next Available (TNA, 3NA)	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 Third Next Available appointment slot and then count the number of days to that appointment. Do not count saved or carve out model appointments.	Weekly until the value is consistently 0. Then use Future Open Capacity to measure availability of appointments (see page 19).	It is important to be consistent in the method of collecting this data. Counting weekends is a choice (either do or don't) but the same method of data collection must be used consistently.
Supply	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 of the week.	It is good to know 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 equation must be recalculated.
Demand	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 each should be measured separately using the tool provided in Section 5.	Using a tick sheet (see Section 5.1) 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 of the week.	Important to gather this data anytime practice demand seems to be changing. It may be necessary to rebalance supply and demand.

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4.1 Summary of Office Practice Redesign (OPR) Measures (cont.)

MEASURE	WHAT IS IT AND WHY DO IT?	HOW TO GATHER	FREQUENCY OF COLLECTION	TIPS
Activity	The actual number of patients seen on a daily basis.	From the EMR/EHR or schedule book, count the number of patients seen each work day.	Daily until practice confidently knows range of demand for each working day of the week.	If the number of patients seen is consistently greater than number of appointments in schedule, it is important to recalibrate appointments in schedule to better reflect what is actually happening in practice - i.e. Truth in Scheduling. If provider never starts before 9:15 do not begin appointments at 9:00.
Continuity	The number of times patients are able to see their own provider relative to other providers of the same discipline within the practice.	Calculate the percentage of patients seen by their own provider: Divide the number of patients of Provider X who were seen by Provider X in the past 30 calendar days, by the total number of patients of Provider X who were seen by any provider in the practice in the past 30 calendar days. Multiply by 100.	Monthly.	Patients who see their own provider generate fewer visits.
No Shows or Failure to Keep Appointment (FTKA)	Patients who do not keep appointments and do not notify the practice prior to their scheduled time. These appointments represent lost productivity and resources.	Keep track of the number of patients who fail to keep their appointment and record on the Demand, Supply, Activity and No-Shows worksheet (page 23).	Daily.	When patients notify the practice of their inability to attend, their appointment is a cancellation and not a no-show.

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Measures

4.1 Summary of Office Practice Redesign (OPR) Measures (cont.)

MEASURE	WHAT IS IT AND WHY DO IT?	HOW TO GATHER	FREQUENCY OF COLLECTION	TIPS
Future Open Capacity	Use this measure when TNA is consistently 0. This measure will help you understand if too many appointments are being pre-booked to meet daily demand.	At the beginning of the month calculate the total number of appointments (Supply). Also calculate the number of open appointments. Divide the open appointments by the total appointments and multiply by 100 to get a percentage of future open capacity.	This can be done daily, weekly or monthly. It is important to note that 50% booked at the beginning of the day is different than 50% booked at the beginning of the month.	Before using Future Open Capacity it is crucial to understand the relationship between Supply, Demand and Activity within your practice. The amount of open capacity required is unique to each practice.
Backlog	The number of appointments between the present and the Third Next Available 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.
Cycle Time	The time elapsed between the scheduled appointment time and the time the patient is walking out the door. This information will help the practice understand the patient flow and where waiting occurs. It will also identify opportunities to improve efficiency or reduce the number of steps in the process.	A cycle time tracking sheet is necessary. Patients can be asked to track the times at various steps within their appointment. Other methods to collect this information may work better for your practice. This information is used in conjunction with the process map.	As many as 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 QI Team. Sample at different times of day or days of week.
Red Zone (Value-Added Time)	Percentage of the cycle time spent in face to face contact with a member(s) of the care team.	On the cycle time form calculate all the minutes spent with members of care team. Divide by total number of minutes spent at the appointment and multiply by 100 to get the percentage of face to face time.	As many as required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented.	Include time patient spends with all members of care team that adds value to their visit.

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4.1 Summary of Office Practice Redesign (OPR) Measures (cont.)

MEASURE	WHAT IS IT AND WHY DO IT?	HOW TO GATHER	FREQUENCY OF COLLECTION	TIPS
Walk In Clinic and ED Usage	Utilization of the Emergency Department and/or Walk In Clinic by patients who could have been better served by receiving a timely appointment with their primary provider (i.e. Canadian Triage Acuity Score (CTAS) 4 and 5).	This measure may be attainable through your ED or Walk In Clinic Report. If not, use the form provided in Section 5 – Tools. Random sample a set number of patients/day and ask if they have visited an ED or WIC in the past month. If answer is yes, give them the “Reason for Use” form. Survey the same number of patients/month. Track the number of affirmative responses on a monthly basis in the place provided in workbook.	If using the survey form method, randomly sample 5 patients/day or 25 patients/week or 100 patients/month to gather the information. The QI team can review the reasons from the forms and try to identify possible changes that can be tested using the PDSA methodology.	This measure is for improvement and not research or judgment. Data gathered will reflect whether access to care is increasing and if the patient population’s perception of improved access is changing at the same time. If TNA has decreased but Walk In Clinic usage or ED usage has not decreased then consider a patient education strategy.
Patient Satisfaction Survey	Feedback from patients is essential to respecting their roles as partners within the care team.	Use the Patient Satisfaction Survey available in the Tools Section 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 surveys if data is not going to be studied or acted upon.

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Measures

4.2 From Principles to Practice – A Place to Record Your Data

For data gathering methods please refer to the Summary of Office Practice Redesign (OPR) Measures (4.1).

The worksheets are available in **Section 5 – Tools**.

4.2.1 PANEL SIZE EQUATION

To Obtain Roster Balance:

Supply must equal Demand

Supply - (# days worked annually) _____ x (# visits/day) _____

Must Equal

Demand - (# patients) _____ x (patient visit rate) _____

4.2.2 PANEL EQUATION – AN EXAMPLE

Supply = # days worked annually (200) x # visits/day (30)

Demand = # patients (?) x patient visit rate (3.19)

$$\frac{200 \times 30 = 6000}{3.19^*} = 1880$$

1880 is the number of patients required in the roster to achieve a balanced supply and demand.

More than 1880 patients requires a **decrease in demand** or **increase in supply** of appointments.

Less than 1880 indicates the ability to possibly **take on more** patients or to do **outreach** to community or chronic disease patients.

*3.19 is an example of a visit rate.

Section 4

Measures

4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.3 SCENARIO

The Provider X Family Practice has been trying to figure out their visit rate through their EMR but have not been having much luck doing so. Their backlog remains fairly constant so they know their supply and demand is fairly balanced. What they do know about their practice is as follows:

Number of days worked annually = **220**;

Number of visits/day = **34**;

Number of patients rostered = **1800**

Based on these numbers, what is the visit rate for this panel of patients? Plug the numbers into the equation on page 21 to calculate their visit rate (Answer can be found on page 38).

4.2.4 THIRD NEXT AVAILABLE

Record your Third Next Available (TNA) here:

MONTH	WEEK 1	WEEK 2	WEEK 3	WEEK 4	AVERAGE TNA
Month 1 ()					
Month 2 ()					
Month 3 ()					
Month 4 ()					
Month 5 ()					
Month 6 ()					
Month 7 ()					

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Measures

4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.5 DEMAND, SUPPLY, ACTIVITY AND NO SHOWS

Record your Usual Range of Demand by day of the week here:

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

4.2.6 Record your Usual Range of Supply by day of the week here:

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

Section 4

Measures

4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.7 DEMAND, SUPPLY, ACTIVITY AND NO SHOWS (cont.)

Record your Actual Activity by day of the week here:

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

4.2.8 Record your No Shows by day of the week here:

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

Section 4

Measures

4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.9 FUTURE OPEN CAPACITY

Record your Future Open Capacity here:

FUTURE OPEN CAPACITY		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	% OPEN
Week 1	Open						
	Pre-booked						
Week 2	Open						
	Pre-booked						
Week 3	Open						
	Pre-booked						
Week 4	Open						
	Pre-booked						
Week 5	Open						
	Pre-booked						
Week 6	Open						
	Pre-booked						

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4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.10 BACK LOG REDUCTION

Step 1: Record

Number of booked appointments between now and date of Third Next Available (TNA) _____

Good Backlog (Number of patients in schedule by choice or physiology) _____

Bad Backlog = Line 1 – Line 2 _____

Step 2: Record

Initial Backlog Reduction through review of future schedule (duplicates, unnecessary appointments, etc.) _____

Step 3: Record

Remaining Backlog = (number in Step 1) _____ – (number in Step 2) _____ = _____ appts.

Backlog Reduction Plan 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 (i.e. locum)
- Other _____

Start date _____ End date _____

The above strategies are time limited and used only until the backlog has been reduced.

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4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.11 CYCLE TIME/RED ZONE (VALUE-ADDED TIME)

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	FOR AVERAGE MONTHLY CYCLE TIME DIVIDE DENOMINATOR BY NUMBER OF PATIENTS SURVEYED
Numerator = # minutes/visit spent with the Care Team (red zone time (value- added time))					
Denominator = # minutes from the beginning of the scheduled appt to time patient leaves					
x 100 = percentage of Red Zone Time (value- added time)					

4.2.12 CONTINUITY

FOR A PROVIDER	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
Numerator = # visits/month to the Care Team						
Denominator = # visits/ month to the clinic						
x 100 = percentage						

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4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.13 WALK IN CLINIC/EMERGENCY DEPARTMENT USAGE

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
Walk In Clinic Usage						
Emergency Department Usage						

4.2.14 PATIENT ACCESS SATISFACTION TALLY SHEET

Number of Patients Surveyed _____

QUESTIONS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Satisfaction with phones					
Satisfaction with length of time to get appointment					
Satisfaction with the personal manner of staff					
Satisfaction with time spent with the care team					
Did you see the provider or team member you wanted to see today					

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4.2 From Principles to Practice – A Place to Record Your Data (cont.)

4.2.15 SUSTAINING IMPROVEMENTS

One of the most frequent flaws in sustaining improvements is assuming that all gains will continue without monitoring. It is important for the practice to continue to hold regular meetings to review performance measures and identify ongoing adjustments that may be required. The measures included in this workbook may not always need to be gathered, but high performing teams monitor a few

key measures over time. If system problems are identified, the more detailed measures included in the workbook may be resumed to get teams back on track. It is suggested that 3 key measures such as Third Next Available or Future Open Capacity, No Show Rates and Patient Satisfaction with Access be consistently monitored for sustainability of improvements.

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5.1 Tracking Daily Demand, Supply, Activity and No Shows by the Provider

Instructions:

Demand: Every day, record the number of requests for an appointment with provider. Record every request whether or not the appointment is booked for that day or another date in the future. This includes follow-up appointments people make as they leave your office (Internal Demand), as well as the external demand that comes in by phone, walk-ins, fax or email. Tip: Use the shortest appointment slot as your basic unit of measurement, and tick for every unit of appointment. For example, if your shortest appt slot is 10 mins, use this as your basic unit of measurement for each tick - a long appt of 30 mins would be recorded as 3 ticks.

Demand Count: Place a ✓ for each request for a short appointment. Remember that long appointments need more ticks e.g. 30 minute = ✓✓✓

Supply: At the beginning or end of each day, use the appointment schedule to gather the supply information. Record the number of appointments (using the shortest appt. slot) for each day. This includes all appointments in the schedule whether they are booked or not.

Activity: At the end of the day, use the schedule to identify the actual number of short appointment slots used that day. If the provider had add-ons then the number will be higher than supply. If the provider had no shows or vacancies then the number will be lower than supply.

No Shows (FTKA): At the end of the day count the number of booked appointments that were not used and the patient did not call to cancel the appointment.

WEEK OF:	INTERNAL DEMAND	EXTERNAL DEMAND	DEMAND TOTAL	SUPPLY TOTAL	ACTIVITY TOTAL	NO SHOWS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

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5.2 Primary Healthcare Practice Patient Cycle Time

Type Of Visit _____ Day _____ Date _____

Scheduled Appointment Time _____ Provider you are seeing today _____

Time

1. Time you checked in

2. Time you sat in the waiting room

3. Time staff came to get you

4. Time staff member left you in the exam room

5. Time provider came in room. If the provider left the room more than once, please note the times

1

2

3

Time Left

Time Returned

Comments

6. Time provider left the room

7. Time you left the exam room

8. Time you arrived at check out

9. Time you left practice

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5.3 Patient/Family Satisfaction with Primary Healthcare Practice Access Survey

Patients have valuable insight into the quality and process of care we provide. Real time feedback can pave the way for rapid responses and quick tests of change. This Survey can be completed at the time of the visit to give real time measurement of satisfaction.

Conduct the Patient/Family Satisfaction Survey for 2 weeks with families if you currently DO NOT have a method to survey families. If you have a method, be sure the data is up to date and reflects the current state of your practice.

Think about this visit.

Date _____

1 How would you rate your satisfaction with getting through to the office by phone?

Excellent Very Good Good Fair Poor

2 How would you rate your satisfaction with the length of time you waited to get your appointment today?

Excellent Very Good Good Fair Poor

3 Did you see the clinician, or staff member, that you wanted to see today?

Yes No Did not matter who I saw today

4 How would you rate your satisfaction with the personal manner of the person you saw today (courtesy, respect, sensitivity, friendliness)?

Excellent Very Good Good Fair Poor

5 How would you rate your satisfaction with the time spent with the person you saw today?

Excellent Very Good Good Fair Poor

Comments

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5.4 Huddle Sheet

Practice _____ Date _____

Follow ups from Yesterday
“Heads Up” for Today: (include sick calls, special patient needs, staff flexibility, contingency plans)
Meetings:
Review of Tomorrow and Proactive Planning

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5.5 Emergency Department/Walk In Clinic Usage Sheet

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In the past month have you attended:

- Walk-In Clinic
- Hospital Emergency Dept.

The visit was for:

- Myself
- My child/family member

Reason for visit:

- Too sick to wait for appointment with family physician
- Office closed
- Became ill after office hours
- Symptoms worsened
- Difficult getting appointment at family doctor/provider
- Other _____

(please check all that apply)

In the past month have you attended:

- Walk-In Clinic
- Hospital Emergency Dept.

The visit was for:

- Myself
- My child/family member

Reason for visit:

- Too sick to wait for appointment with family physician
- Office closed
- Became ill after office hours
- Symptoms worsened
- Difficult getting appointment at family doctor/provider
- Other _____

(please check all that apply)

In the past month have you attended:

- Walk-In Clinic
- Hospital Emergency Dept.

The visit was for:

- Myself
- My child/family member

Reason for visit:

- Too sick to wait for appointment with family physician
- Office closed
- Became ill after office hours
- Symptoms worsened
- Difficult getting appointment at family doctor/provider
- Other _____

(please check all that apply)

In the past month have you attended:

- Walk-In Clinic
- Hospital Emergency Dept.

The visit was for:

- Myself
- My child/family member

Reason for visit:

- Too sick to wait for appointment with family physician
- Office closed
- Became ill after office hours
- Symptoms worsened
- Difficult getting appointment at family doctor/provider
- Other _____

(please check all that apply)

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6.1 OPR Checklist

This checklist may be used as a tool to assist you with logging your current access and efficiency status.

Step	Activity: Develop understanding of what is happening now:	Comments	Completed
1	Measure:		
	Panel size		
	Supply		
	Demand		
	Activity		
	Visit rate		
	Backlog		
	Third Next Available Appointment		
	Provider continuity		
2	Develop:		
	Patient flow process map with office cycle time		
	Individual process maps (check-in, rooming, etc.)		
3	Review scheduling processes and principle of book early / book late		
4	Activity: Balance Supply and Demand by testing changes		
	Reduce Demand		
	Reduce Variation		
	Develop contingency plans and time off policies		
	Optimize Care Team		
5	Develop Backlog Reduction Plan		
	Activity: Implement changes		
	Develop a communication plan		
	Develop scripts for common occurrences		
6	Smooth appointment flow		
	Set begin and end dates		
	Activity: Holding the Gains		
	Continue monitoring:		
	Third Next Available Appointment		
Provider continuity			
Future Open Capacity			
Office Cycle Time			

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6.2 OPR Glossary

TERMINOLOGY	DEFINITION
Access Scheduling Model	Offering the patient an appointment on the day of their choosing by balancing supply and demand.
Activity	Actual number of appointments in a day - could be more or less than what the set schedule shows.
Backlog	# of appointments booked between now and Third Next Available Appointment (what we should be doing but haven't).
Carve-Out Scheduling Model	A preset number of appointment slots are blocked off and protected to accommodate same day/urgent requests for certain types of services, but not others. Typically a 50/50 split.
Constraint/bottleneck	A rate limiting step in a process.
Cycle Time	Total number of elapsed minutes from patient arrival for a medical appointment to patient departure.
Demand	Panel size X Visit rate.
Internal Demand	Appointments made on today for the future as the patient leaves the clinic.
External Demand	Call in/walk in requests for an appointment.
Future Open Capacity	% of open appointment slots within a specified period of time, e.g. 150 slots in 4 weeks; 70 are open $70/150=.46$ or 46%
Huddles	Brief team meetings to improve communication and visit flow.
Max-packing visits	Maximize visit efficiency. Do more than one task with one visit a day to reduce future visits.
No show rate	Number of patients who fail to keep their appointment and do not give prior notification of their intent to cancel the appointment.
Non-appointment work demand	Includes documentation, prescription refills, lab reviews, messages, referrals, forms management, phone calls.
Panel/Roster size	The number of individual patients under the care of a specific provider.
Physician Continuity	% of patients seen by their usual primary healthcare provider.
Red Zone Time (also known as value added time)	Total number of minutes patient spends in direct (face to face) contact with their care team.
Visit Rate Visit Interval	Average number of times patients in the panel visit their provider annually.
SDA	Supply, Demand and Activity.
Supply	The number of appointment slots according to the schedule (daily/weekly/annually).
Third Next Available (TNA)	The sum of the days between the time a patient requests an appointment to the time of the third next available appointment.

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6.3 Package of Change Concepts

The answer to the scenario for the Provider X Family Practice regarding visit rate is:

$$\frac{220 \times 34}{1800} = 4.15$$

Care Model Change Concepts

A change concept represents a set of practices, ideas and tools that have demonstrated effectiveness in other environments and can be tested in your environment. Please note: “The change concepts are not specific enough to be applied directly to making improvements. Rather, the concept must be considered within the context of a specific situation and then turned into an idea. The idea will need to be specific enough to describe how the change can be developed, tested, and implemented in the specific situation. Sometimes, a new idea seems at first to be a new change concept; but often, with further thinking, it is seen to be an application of one of the more general concepts.” (Ontario Health Quality Council).

The model offers six key change concepts. For Office Efficiency and Design, the following four concepts assist:

Delivery System Design

- Define roles and delegate tasks among team members.
- Use planned proactive visits to support evidence-based care.
- Build “effective” care management functionality into practice. Assure continuity by the primary healthcare team.
- Ensure regular follow-up.
- Manage constraints.

Provider Decision Support

- Integrate specialist expertise into primary healthcare.
- Use proven physician education modalities to support behavior change.

Information Systems

- Include clinically useful and timely information on all patients in a registry.
- Provide reminders and feedback for physicians and patients.
- Identify relevant patient subgroups and provide proactive care.
- Facilitate individual patient care planning through the registry.

Health Care Organization

- Use effective improvement strategies aimed at comprehensive system change.
- Senior leaders visibly support improvement in chronic illness care through efficient delivery system design.

As these broad change concepts and ideas have been applied in the field, certain changes have offered the highest level of opportunities for improvement. These best practices have been incorporated into a change package. It is important to note that some changes prepare for the move towards Advanced Access while other changes relate to sustaining Advanced Access.

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6.4 Package of Change Concepts (cont.)

ACCESS CHANGE CONCEPTS

CONCEPT	CHANGE IDEAS
<p>Measure and Understand Supply and Demand Understanding the patterns of both demand and supply on a weekly, monthly, or seasonal basis allows focused efforts to shape demand to match supply, and/or increase (or decrease) supply during periods of high (or low) demand.</p>	<ul style="list-style-type: none"> • Measure demand for all appointments by practice, individual, and day. • Measure supply of appointments for all providers and staff (Clinical FTE). • Identify number of providers and appointments needed to meet daily demand. • Adjust provider/staffing hours to match demand pattern. • Make sure to “do today’s work today” after eliminating backlog. • Develop plan to continuously measure supply and demand for appointments. • Determine current panel. Divide unique patients in the practice by clinical FTE. • Determine ideal panel size: Panel size should be equitable based on FTE. • Develop a plan for redistributing workload as needed. • Develop a plan to monitor panels monthly. Make plans to adjust as needed. • Identify a plan for distribution of new patients. • Provide continuity of primary provider.
<p>Recalibrate the System by Working Down the Backlog Backlog consists of appointments in the future schedule that have been put off due to lack of space on the schedule to do this work sooner; working down the backlog recalibrates the system to improve access.</p>	<ul style="list-style-type: none"> • Measure backlog. • Distinguish between good and bad backlog. • Develop a plan to reduce the backlog (e.g. add additional appointments temporarily). • Develop a communication plan. • Set begin and end dates. • Plan for staffing support. • Develop plans for any additional needs while reducing backlog. • Display wait-time data. • Protect the providers with short wait times – don’t fill their schedules up with others’ work.
<p>Balance Supply and Demand on a Daily, Weekly, and Long-Term Basis The foundation of improved access scheduling is matching supply and demand on a daily, weekly, and long-term basis.</p>	<ul style="list-style-type: none"> • See “Measure and Understand Supply and Demand” above. • Create plans to monitor supply and demand on a regular basis. • Manage variation in demand. • Commit to doing today’s work today. • Use regular huddles and staff meetings to organize the day and optimize team communication.

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6.4 Package of Change Concepts (cont.)

ACCESS CHANGE CONCEPTS (cont.)

CONCEPT	CHANGE IDEAS
<p>Create Contingency Plans The natural variation in supply and demand that occurs as part of the everyday functioning of a practice often creates problems that contingency plans can address.</p>	<ul style="list-style-type: none"> Review supply and demand patterns to determine the causes of variation. Develop proactive contingency plans to cover demand variances, such as vacations, immunization seasons, school physicals, hospital admissions, clinic visits that take longer than expected, etc. Develop a plan to cover work of providers for expected or unexpected reasons. Set follow-up appointments toward the end of the week, early in the day. Develop time-off policies. Smooth appointment flow. Review bookable hours. Identify a “cut-off time” for end of day (not based on “full”). Develop plans for working with midlevel providers. Develop scripts for common occurrences: Patients arriving late, appointment scheduling, and patients without a Primary Care Provider, etc. Use appointment reminders.
<p>Manage Roster and Scope of the Practice Managing roster and scope of the practice allows a team to balance supply and demand and ensures that they can do today’s work today.</p>	<ul style="list-style-type: none"> Determine current roster. Divide unique patients in the practice by clinical FTE. Develop a plan to monitor panels monthly. Provide continuity.
<p>Decrease Demand for Appointments Reducing demand makes it easier for the system to absorb current or future levels of demand.</p>	<ul style="list-style-type: none"> Continuity (match patient with appropriate provider for each visit). Develop alternatives to face-to-face interactions: group visits; e-mails; telephone and care management. Promote self-management. Extend return appointment intervals. Review future schedules to ascertain if patients could be managed differently. Maximize the efficiency of each visit. Make the visit more effective by utilizing other team members. Develop a plan to reduce no-shows.
<p>Optimize the Care Team Optimizing the care team is critical to maximizing supply and improving the daily flow of work.</p>	<ul style="list-style-type: none"> Ensure all team members are functioning to their highest level of certification/licensure to maximize response to patient needs. Remove unnecessary appointment work from providers. Make sure providers have time to do “provider work” that only they can do. Look for appointments that could be managed by non-providers. Use guidelines and protocols for treatment of simple common conditions.

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6.4 Package of Change Concepts (cont.)

ACCESS CHANGE CONCEPTS (cont.)

CONCEPT	CHANGE IDEAS
<p>Reduce Scheduling Complexity Complex schedules, with many appointment types, times and restrictions, can actually increase total delay in the system because each appointment type and time creates its own differential delay and queue. Reducing complexity ultimately decreases system delays.</p>	<ul style="list-style-type: none"> • Standardize appointment types and lengths. • Use only a small number of types and lengths of appointments. • ID appointment types with specific needs, such as specific staff or room, or more time. • Create a plan to merge/accommodate appointments that will take longer. • Educate staff on booking to provider, not to first open space on schedule.
<p>Predict and Anticipate Patient Needs To ensure that patient needs are met and that patients flow smoothly through the clinic process, staff look ahead on the schedule to identify patient needs for a given day or week.</p>	<ul style="list-style-type: none"> • Implement staff huddles. • Plan and prepare for the visit. • Obtain and organize all information, equipment and supplies prior to patient-provider interaction. • Create a reminder system for planned care.
<p>Improve Work Flow and Remove Waste Improving the flow of work and eliminating waste ensures that the clinic office runs as efficiently and effectively as possible.</p>	<ul style="list-style-type: none"> • Find and remove bottlenecks. • Remove intermediaries. • Use automation and technology. • Move steps in the system closer together. • Standardize rooms, equipment, patient flow, and information flow. • Use just-in-time processing. • Do tasks in parallel. • Synchronize patient, provider and information. • Use continuous flow to avoid batching.

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6.4 Package of Change Concepts (cont.)

EFFICIENCY CHANGE CONCEPTS

CONCEPT	CHANGE IDEAS
<p>Balance Supply and Demand for Non-Appointment Work Understanding the patterns of demand and supply at the appointment level will allow focused efforts to reshape and rebalance the system to match the work.</p>	<ul style="list-style-type: none"> • Flow-map the patient/client journey across the office. • Measure cycle/lead times. • Do a walk-around and observe. • Begin a care team workload analysis. • Study and predict daily demand for non-appointment work. • Match the demand to the correct resource. • Study and understand support staff supply. • Separate responsibilities for phone, patient flow and paper flow. • Map specific support processes and improve them. • Develop a philosophy of doing this moment's work this moment.
<p>Synchronize Patient, Provider and Information Analyzing and addressing the factors that contribute to delays at the appointment will allow for the planning and testing of improvements.</p>	<ul style="list-style-type: none"> • Start morning, afternoon, and evening sessions on time. • Develop a script for patient/client arrival and scheduled-with-provider times. • Register patients/clients by telephone. • Do an interruption study and limit interruptions, especially for providers. • Use health prompts to anticipate full potential of today's need. • Use a "chart check" to ensure that all information is correct. • Develop mechanisms to keep the rooms open. • Use rooming criteria to ensure that patients/clients are prepared for visit. • Do a minutes-behind graph. • Institute a 15-second rule for asking providers a question between appointments. • Use scheduled pauses to apply continuous flow approach to non-appointment activities (e.g., return phone calls).
<p>Predict and Anticipate Needs Communication is critical to allow the team to operate effectively anticipating and addressing patient/client needs.</p>	<ul style="list-style-type: none"> • Develop a plan for scheduled team meetings (monthly, weekly). • Determine a decision-making process. • Use regular "huddles" to anticipate and plan for contingencies. • Communicate among care delivery team throughout the day. • Develop a plan for late patients/clients. • Develop a plan for late providers. • Plan for procedures and other "unusual" appointments. • Plan for expected and unexpected interruptions in flow. • Do as much as possible with standard protocol.

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6.4 Package of Change Concepts (cont.)

EFFICIENCY CHANGE CONCEPTS (cont.)

CONCEPT	CHANGE IDEAS
<p>Optimize the Environment Set the team up for success by managing the environment to promote optimal team performance.</p>	<ul style="list-style-type: none"> • Use open rooming to maximize flexibility. • Standardize rooms. • Standardize equipment and supplies. • Keep rooms fully stocked at all times. E.g. insert a reminder form near back of pile, when reached, clerk sees form has been taken out and knows to restock. • Use standard layouts/supplies. • Develop signals for equipment. • For limited equipment, develop plans to know the location of equipment at all times. • Complete a care team workload analysis. • Co-locate staff and equipment if possible. • Cross-train staff.
<p>Manage the Constraint We can only go as fast as the slowest step, and we want that slowest step to be the natural pace of the provider/ patient interaction. If the constraint is elsewhere, it is reducing efficiency.</p>	<ul style="list-style-type: none"> • Identify the constraint (person or process). • Drive unnecessary work away from the constraint. • Define all roles and responsibilities. • Re-allocate work to appropriate level of skill, expertise and licensure. • Reassess forms for ease of completion (check-off boxes, etc). • Flow map all provider support processes and look for leverage opportunities.
<p>Eliminate Waste Identify steps and activities that do not provide value and seek efficiencies to reduce or eliminate them.</p>	<ul style="list-style-type: none"> • From process maps, seek to identify and eliminate non-value steps. • Use the 7 forms of waste to trigger ideas for testing changes: transportation, waiting, overproduction, defects, inventory, movement and extra process. • Use LEAN fundamentals to focus on patient/client needs and have flow driven by patient/client, not from the provider perspective.

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