

Success Story



Primary Care Advanced Access Team

Update 2010

Introduction

NorWest Co-op Community Health participated in the second phase of the Advanced Access Learning Sessions.

NorWest Co-op Community Health has served the Inkster community northwest Winnipeg since 1972. NorWest is a forerunner in taking multi-service, holistic, team approach to health care. We provide a wide range of health related services including medical care, counselling, education and community outreach. NorWest is the only non-profit community based health care agency in the Inkster area.

Advanced Access Training

NorWest's Advanced Access Overall Goal

To successfully implement a new client management process called Advanced Access by end of 2010.

Clinics participating in the Advanced Access training are asked to develop two specific aims: one for patient access and the other for office efficiency.

Aim: Access

To offer any client an appointment today for any problem with their provider by June 2010

Success – as of June 2010 – we have been fully operating within Advanced Access process- clients are given an appointment with their provider or team (absence of provider) same day or within 3 days.

Aim: Office Efficiency

To increase office efficiency by September 2010

- 100% of our team members will work to the full scope of their practice as per professional standards of practice and job description by December 2010

- Administrative Team working to full scope - as of October 2010 – booking specialist referrals, tracking of referrals and labs, etc.
- PC Nursing Team – in the process of scope review and implementation; included changes to selected Teen Clinics
- Additional 0.4 EFT NP position secured and part of the team
- Decreased no show rates by 20% by May 2010 by implementing a signage and new process - new process implemented – summer 2010 – ongoing – positive results
- Streamlined process for receiving, managing and tracking labs
- Standardize all 4 exam rooms to include same equipment, supplies and resources by March 2010 – completed
- Decrease and standardize the number of booking templates in the Rise Software for all providers by March 31, 2010 – completed
- Diabetes Case Management Team – in place, taking internal and external referrals
- Reduce Back Log by May 2010 – completed
- Streamlined process for prescription refills – completed June 2010

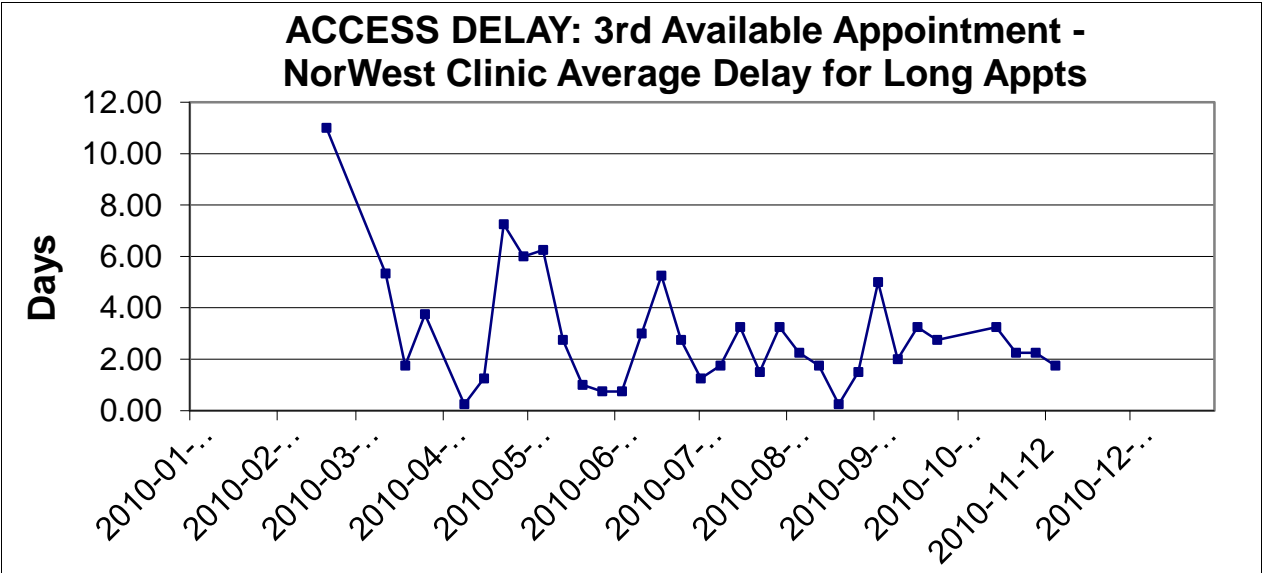
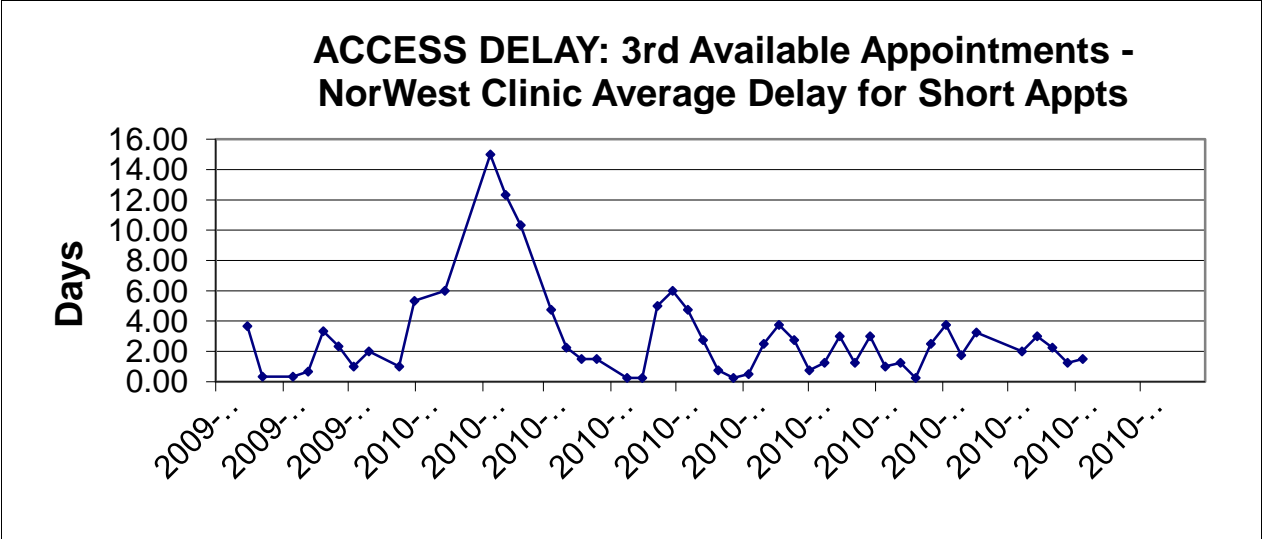
Measurement

The following are some of the measures that NorWest collected to help us understand our current situation and measure our improvement progress. *The graphs were automatically generated from the data collection spreadsheets.*

Delay/Backlog Measurements

The most basic measure of delay (backlog) is the number of calendar days to **the third next available appointment**. The third next available appointment is used — rather than the first or second —because it is a better reflection of system availability, since the first or second next available appointment may be available due to a cancellation or some other event.

Other delay measures include tracking the number of future open appointment slots. The percentage of appointments made today on today's schedule indicates the degree to which today's demands are seen today. These measures are collected manually.



Demand, Supply and Activity

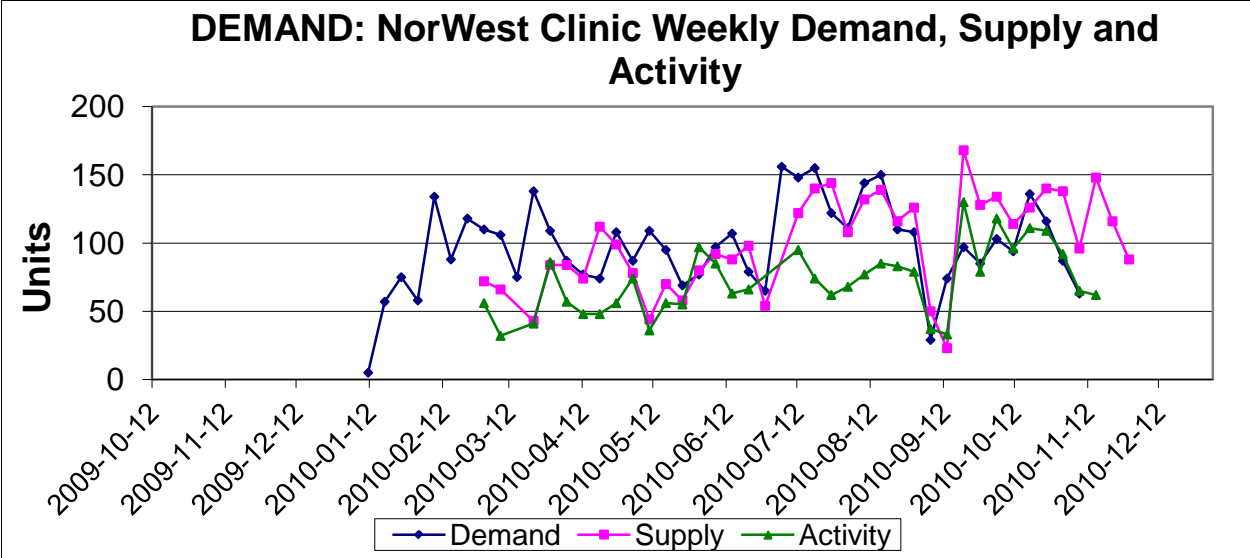
Balancing demand and supply is the cornerstone of Advanced Access. To offer patients same day appointments clinics must maintain this balance.

Demand is the internal and external requests for appointments.

Supply is the amount of scheduled clinic time providers have to see their patients.

Activity is a retrospective look at the number of appointment slots that were actually used in a particular day, week, month or year. Activity is measured as follows:

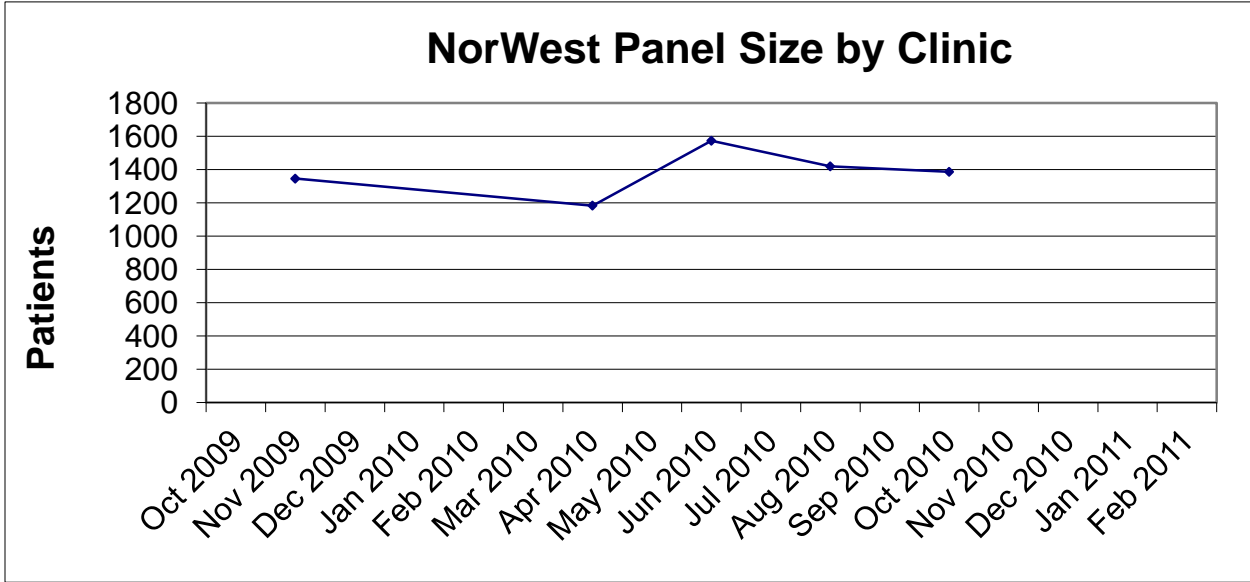
Activity = Appointments Booked + Squeeze Ins – No Shows



Panel Size

Panel Size is the number of unique patients for whom a provider is responsible for providing care. A group or individual’s ability to do all of today’s work today is directly related to the size of their patient panel.

Panel size is an important tool for anticipating demand. Experience shows that between .75 to 1% of a provider’s panel will call for an appointment on a given day.



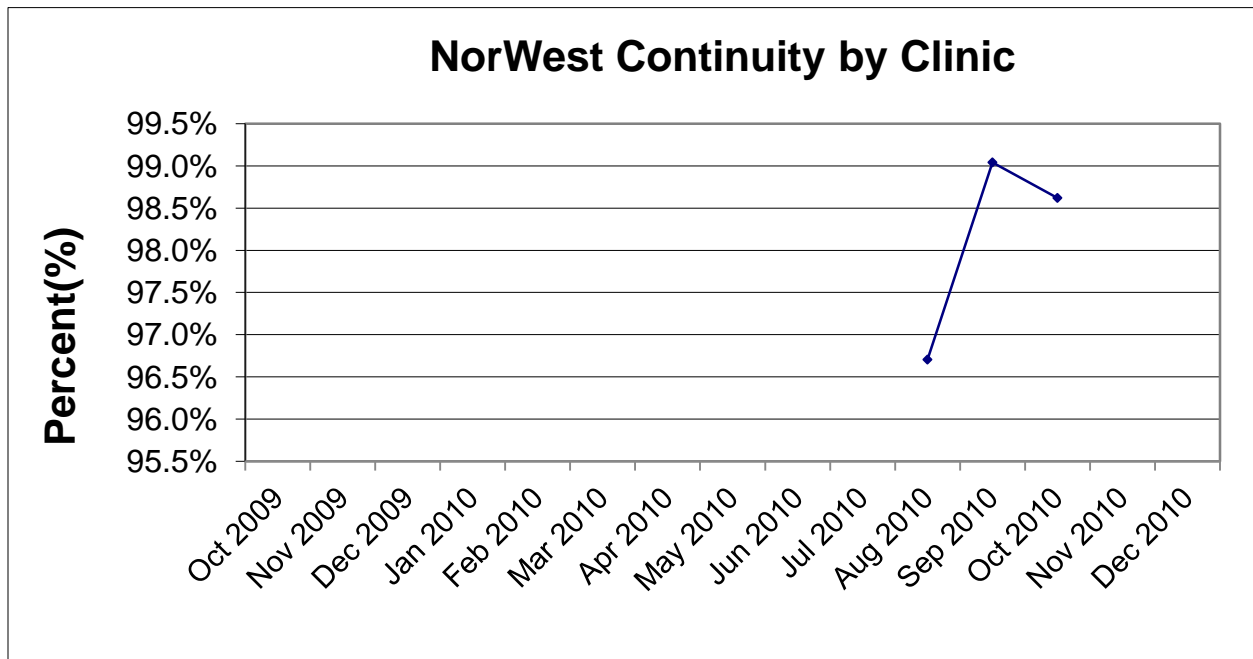
Continuity of Care

Continuity is a measure of the likelihood that a patient will see his/her own primary care provider when receiving care.

It is well documented that continuity contributes to significant improvement in patient health outcomes, increased patient and provider satisfaction, decreased demand, decreased visit return rates and overall lower costs to the health care system.

Continuity is most significant at the individual provider level. A strong relationship between patient and the primary provider helps to generate patient trust with the other team members in the clinic. In this environment, team members are able to function to the best of their ability.

Continuity is measured from the patient's perspective - what is the likelihood a patient will see his/her own primary care provider? Continuity is based on retrospective data.



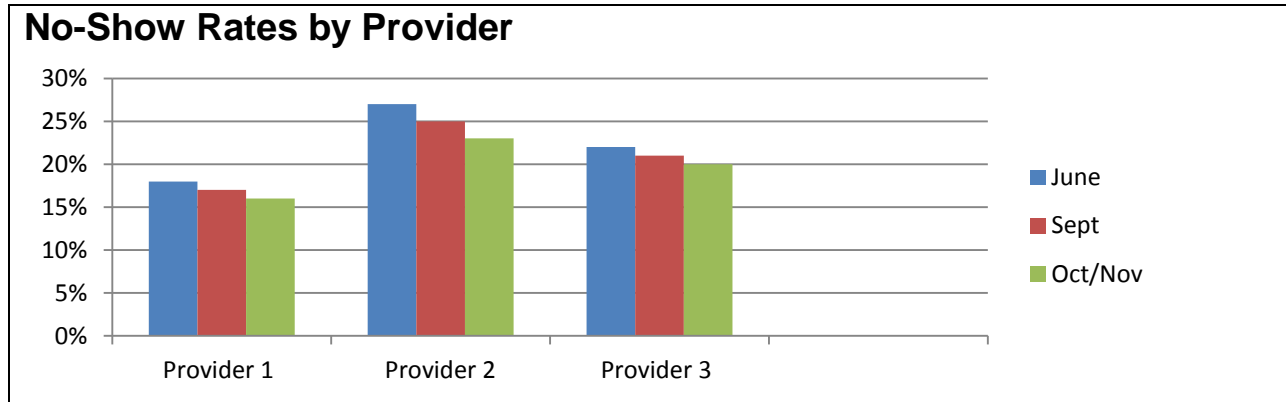
No-Show Rate by Provider

No-shows are patients who fail to keep their scheduled appointments without notifying the clinic prior to their appointment time.

No-shows can increase staff work and reduce provider productivity due to lost appointment time, since the vacant appointment cannot be assigned to another patient.

No-shows may also negatively affect patient health as a result of the patient not seeing the provider when he/she was booked.

Collecting this data can determine whether or not no-shows are a significant problem for the clinic, and if they are, strategies to reduce the no-show rate can be tested and implemented.



NorWest's Comments

The following are comments from the NorWest team upon completion of the Advanced Access training.

Office Efficiency Improvement: Best Practices and Successes

- Great Advance Access Team - staff
- All 4 providers offer Advance Access - additional 0.4EFT NP
- Productive monthly AA Team meetings
- Standardized appointment templates - schedules
- Optimized rooms and equipment
- Standardized Rx request process
- Diabetes Case Management Team
- Continuity –started to measure – just under 100%

Office Efficiency Improvement: Good Ideas

- No-show process, script, letters, reminders
- Staff – working to full scope – September 2010
- Streamlined lab filing and tracking – September 2010
- New process for external referrals – September 2010
- Manage constraints: space – more providers working out of Resource Centres and open an evening and Saturday clinic – planned for January 2011

Office Efficiency Improvement: Demand and Supply and Back Log Reduction

- Demand – standardized collection of data – long and short
- Balance supply and demand – trying to balance schedules and meetings after long week-ends and vacations
- Back log reduction plan – completed
- Synchronize patient, provider information - provider documented in software on go forward basis
- Predict and anticipate patients needs - clients can be seen for more than one issue, appointments booked back to back with dietitians or pharmacist etc, working within interdisciplinary team – right provider at the right time
- Ongoing

Challenges, Issues, Questions

- *Software limitations* – NO EMR -still paper charts / inefficiency for lab filing, duplication of charts for Teen Clinics, etc.
- *HR* – no unit clerk resource or adequate admin per access centre formula to complement the team
- *Cycle time* (or time patients in the clinic) – overall team does well – difficult to measure due to team concept vs. one provider and back to back appointments with multiple providers – new template needed
- *Lack of Space* – ongoing (in the near future NorWest Co-op will become the fourth access centre in Winnipeg which will result in doubling the PC Team, and acquiring an EMR, etc.)



**NorWest Co-op Community Health Advanced Access Team,
2010**