

Improving Access: Third Next Available Appointment

The Problem

New patient clinic access is crucial to the growth of surgical services. The Department of Surgery recognized the need to reliably measure access and externally benchmark performance.

Aim/Goal

To create a monthly report detailing days until the Third Next Available New Patient Appointments (3NA) on the departmental, divisional, and physician level. This report would serve as a tool to:

- Design and implement valid 3NA metric
- Track Access on a monthly basis
- Utilize metric to benchmark BIDMC to like institutions
- Validate access data collected through the mystery shopper program.
- Identify template/scheduling issues within each clinic
- Reduce the 3NA for the Department by 20% in FY2014. **Goal = 18 days**
- Increase access and in turn surgical volume.

The Team

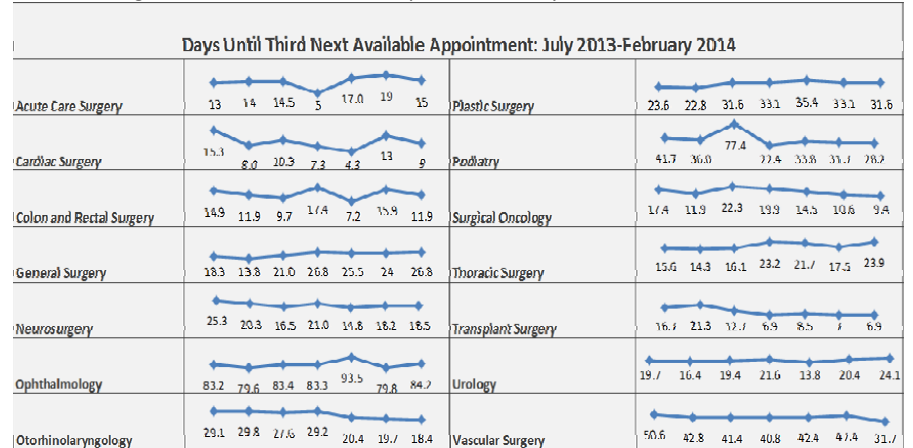
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The Interventions

1. Literature review for external access measurement methodologies and benchmark for specialty services.
2. Determined BIDMC Surgery methodology for collecting data:
 - The 3NA metric is measured by counting the number of days until the third next new patient appointment in CCC.
 - o This measurement includes all calendar days between the day queried and the 3NA.
 - o Weekends, holidays and days on which the clinic may not be open are included in the calculation in order to capture clinic accessibility from the perspective of a patient.
 - o Urgent visit types are not included in this metric.
 - Provider sets were created in CCC with the help of Ambulatory Education & Systems to increase the efficiency of data collection.
 - CCC is queried on the first business day of every month to track access within each division and across the department.
 - This report is disseminated to all Division chiefs and managers on a monthly basis, and data is discussed at Divisional faculty meetings and Surgery Access meetings.

The Results

The following is a visualization of data reported monthly:



Surgical Oncology: A Success Story- The team worked closely with Surgical Oncology leadership to simplify their template and educate staff and physicians regarding best scheduling practices. These steps had a direct impact on their days until 3NA which has decreased from 17.4 to 9.4 days over a period of 7 months.

Lessons Learned

- Idiosyncratic scheduling practices amongst the divisions made it difficult to create a data collection methodology that was uniform throughout the department.
- Initially unclear which appointment types were specifically for new non-urgent patients, in the case of some divisions this appointment type had to be created.
- It is crucial to include all administrative staff in the scheduling process in order to accurately track the accessibility within a clinic.
- Templates need to be uniform and easy to understand so that individuals not affiliated with the Department can schedule appointments with ease (e.g. Care Connection).

Next Steps

- Present detailed 3NA reports to each Division, providing data for each surgeon regarding their individual access.
- Work with Divisional administrative staff to create templates that increase ease of scheduling.
- Utilize this metric to plan steps aimed to increase access within each Division.
- Documenting and standardizing the methodology used by successful Divisions in increasing access; provide all divisions with resources for best practices.
- Share this report with other Departments in order to uniformly measure access across BIDMC.

