

What's New?

Version 3.0 - AIM Tool		Changes
AIMTracking.xls		<ul style="list-style-type: none"> - A new Setup tab field: <div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div> How early should patients arrive? (minutes) <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: yellow;">15</div> - Cycle data calculated fields have been modified (<i>see explanation below</i>) - The teamwork tab has been hidden - Administrative improvements (e.g. pop up instructions – what to do once your AIMTracking file is full) - Data validation improvements - Setup tab - Regions now register as Zones
2003_AIMAnalysis.xls and 2007_AIMAnalysis.xlsm		<ul style="list-style-type: none"> - Cycle data charts will reflect the cycle data calculation changes - Charts and their related calculations for each of the improvement measures have been adjusted to ensure blanks and zeros plot properly - Linking instructions are now present in the Setup tab for easy access - The teamwork chart tab has been removed
OPTIONAL (Advanced Analysis)	FIRE.mdb READY.mdb	<ul style="list-style-type: none"> - Both MS Access files have been modified to incorporate the changes made to the AIMTracking.xls file - New READY reports available - READY report descriptions have been edited - Further enhancements to be friendly to the Access 2007 environment (Service Pack 2 required)

Cycle Data Calculation Changes

It's important to note the changes made to how cycle data is calculated in version 3.0 of the AIMTracking.xls tool ONLY affects the calculated fields (*i.e.* wait to be seen, cycle time, red zone and minutes behind). As such, you will not be asked to collect extra cycle data (e.g. appointment time, time the provider enters the room etc...) and your cycle data to date will be incorporated into the new formulas.

On the Setup tab in the new AIMTracking.xls file, clinics will be asked to fill in a NEW field - "how many minutes are patients typically expected to arrive prior to their appointment?"

What are your operating hours?			
What is the earliest time for an appointment?		8:00	
What is the latest time for an appointment?		18:00	
How early should patients arrive? (minutes)		15	
What days of the week are you open?		Open	
	Sunday	N	<div style="border: 1px solid black; padding: 5px;"> How many minutes are patients typically expected to arrive prior to their appointment? The appointment time less the expected patient arrival time is the Scheduled Arrival Time. The default value is 15. </div>
	Monday	Y	
	Tuesday	Y	
	Wednesday	Y	
	Thursday	Y	
	Friday	Y	
	Saturday	N	

Then, with this information, a **Scheduled Arrival Time** will be calculated and used as a point of reference to classify each patient's cycle into 1 of 4 types based on 4 possible patient arrival scenarios – *i.e.*

Arrival Scenario 1 – The Timely Patient				
Definition	A patient who checks in at some point between the <i>scheduled arrival time</i> and the appointment time.			
Example	Mrs. Smith's appointment is for 9:00 am and she has been asked to arrive 15 minutes early for the appointment. Based on these parameters Mrs. Smith's <i>scheduled arrival time</i> is 8:45 am. Mrs. Smith is a timely patient if she checks in anytime between 8:45 am and 9:00 am.			
Calculation Descriptions	Wait to be Seen	Red Zone	Cycle Time	Minutes Behind
	Time checked in at front desk to Time provider came in the room	Time provider came in the room to Time provider left room	Time checked in at front desk to Time you left clinic	Time from the appointment time to Time provider came in the room

Arrival Scenario 2 – The Early Patient, seen as scheduled				
Definition	A patient who checks in before the <i>scheduled arrival time</i> , BUT is taken back by the staff at or after their <i>scheduled arrival time</i> .			
Example	Mrs. Smith's appointment is for 9:00 am and she has been asked to arrive 15 minutes early for the appointment. Based on these parameters Mrs. Smith's <i>scheduled arrival time</i> is 8:45 am. Mrs. Smith is an early patient, seen as scheduled if she checks in anytime before 8:45 am BUT isn't taken back by the staff until 8:45 am or later.			
Calculation Descriptions	Wait to be Seen	Red Zone	Cycle Time	Minutes Behind
	Time checked in at front desk to Time provider came in the room	Time provider came in the room to Time provider left room	<i>Scheduled arrival time</i> to Time you left clinic	Time from the appointment time to Time provider came in the room

Arrival Scenario 3 – The Early Patient, seen early

Definition	A patient who checks in before the <i>scheduled arrival time</i> AND is taken back by the staff before their <i>scheduled arrival time</i> .			
Example	<p>Mrs. Smith's appointment is for 9:00 am and she has been asked to arrive 15 minutes early for the appointment. Based on these parameters Mrs. Smith's <i>scheduled arrival time</i> is 8:45 am.</p> <p>Mrs. Smith is an early patient, seen early if she checks in anytime before 8:45 am AND is taken back by the staff before 8:45 am.</p>			
Calculation Descriptions	Wait to be Seen	Red Zone	Cycle Time	Minutes Behind
	Field not calculated*	Time provider came in the room to Time provider left room	Field not calculated*	Field not calculated*
	* these values are not included in the clinic's weekly averages as early, seen early patient data can disrupt the usefulness of these averaged measures in making office efficiency improvement decisions.			

Arrival Scenario 4 – The Late Patient

Definition	A patient who checks in after their scheduled <u>appointment</u> time.			
Example	<p>Mrs. Smith's appointment is for 9:00 am and has been asked to arrive 15 minutes early for the appointment.</p> <p>Mrs. Smith is a late patient if she checks in anytime AFTER 9:00 am.</p>			
Calculation Descriptions	Wait to be Seen	Red Zone	Cycle Time	Minutes Behind
	Field not calculated*	Time provider came in the room to Time provider left room	Field not calculated*	Field not calculated*
	* these values are not included in the clinic's weekly averages as late patient data can disrupt the usefulness of these averaged measures in making office efficiency improvement decisions.			

IMPORTANT – although the early, seen early and late patient scenarios do not provide all the calculated cycle values, DO NOT throw out or NOT key in this data. All data is valuable – *i.e.* it can be analyzed through the available advanced analyses options (FIRE.mdb and READY.mdb).