

## Measurement “Cheat Sheet”

### 1. *Delay (Third Next Available Appointment)*

**Purpose:** An indicator of how long a patient must wait for an appointment. This measure looks for the third next available appointment slot for a particular appointment type for a particular provider.

**Process:** Measured once a week. Pick the same day and time each week (e.g. Wednesday at 9:30 a.m.). Count the number of calendar days from today until the third next available appointment of that type (for each provider). Enter these numbers into the Delay sheet in the excel sheet by provider, using the correct column for each provider.

Avoid counting available appointments that are “restricted” (e.g. saved appointments or carve-outs).

### 2. *Demand (Patient Requests for Appointments)*

**Purpose:** A measure of workload (the amount of work generated each day). The work generated can be sub-divided into externally generated work and internally generated work (return visits). The sum of these two is the demand.

**Process:** Measured every day for each provider. Count the number of appointments that are made (generated) today regardless of when that appointment is scheduled for. This includes appointments booked by phone, e-mail, fax, walk-ins, etc. (external demand) and follow-up appointments made today by patients as they left the clinic (internal demand).

Use a tally sheet to track external and internal demand for each provider. Use the basic appointment slot as a common measure. For example, if a basic appointment slot is 10 minutes, and you book one slot for a routine visit, make one tick on the sheet for external demand for the provider with whom the appointment was booked. If you book three 10-minute slots for a physical, make three ticks on the tally sheet for external demand for the provider with whom the appointment was booked.

Collection of demand data is a manual process, at least at first. There may be a way to collect demand data from your electronic scheduler, which is an option that should be investigated.

### 3. *Supply (Capacity)*

**Purpose:** A measure of capacity – the amount of work each provider can do. It is the number of appointment slots in the schedule for a given day (booked or not booked) for each provider.

**Process:** Measured every day for each provider. Count the number of appointment slots – again measuring by the standard appointment length. If a physician is out of the practice, (for

example, rounding at the hospital), he/she is not available to the practice for patient appointments in the office, and that time is not counted as supply.

#### **4. Activity (Supply Used)**

**Purpose:** Measures the amount of work that is actually done each day for each provider. This is a retrospective measure and “counts” the number of visits actually seen.

**Process:** Measured every day for each provider. Everyday, for each provider, count the number of appointment slots that were used. Use the following equation:

**activity = # appointments in the schedule for a provider + # of patients “squeezed in” - # of no-shows**

Again, if the agreed upon appointment slot is 10 minutes and a provider spends 30 minutes with a patient, count it as three units of supply. If a patient who had a booking of two appointment slots did not show, subtract 2 units from the provider’s activity for that day.

#### **5. Panel Size/Caseload**

**Purpose:** Measures the number of unique, unduplicated patients the practice cares for. This measure can be sub-divided into individual panels/caseloads for each of the providers in the practice. The sum of the individual providers must equal the practice panel/caseload. It is important to know how many “customers” the practice is responsible for caring for.

**Process:** Usually measured once a month. Determine the panel size/caseload for the whole practice, then by provider

To determine an individual provider’s panel, use the following “four-cut” method:

1. For patients who have seen only one provider, "assign" to that providers panel.
2. For patients who have seen more than one provider, but have seen one of the providers more than any of the others, " assign" to the predominant provider’s panel.
3. For patients who have seen multiple providers the same number of times, "assign" to the provider who did the patient’s last complete physical.
4. For patients who have seen multiple providers the same number of times but have not had a complete physical, "assign" to the provider who saw the patient last.

#### **6. No-Shows**

**Purpose:** Measures the number of patients who do not show up for their appointments. No-show data is an indicator of wasted or unused capacity.

**Process:** Measured every day. Count the number of scheduled patients and the number of patients that failed to keep their appointments. If a patient calls to cancel his/her appointment prior to the appointment time, do not count them as a no-show.

## **7. Continuity**

**Purpose:** Measures the likelihood that patients see their own provider for their visit. This is a retrospective measure and is best done by the EMR, not by individual count. The panel size/caseload has to be known in order to calculate continuity.

Continuity should be measured from the patient's perspective, not the provider's. In other words, it is a measure of how often a patient is able to see his/her own doctor, not a measure of how often a doctor is able to see his/her own patients. Continuity should be measured by the month and not any more frequently. Keep in mind that the goal for continuity is to get it above random, that is, at a level higher than the provider's FTE in the office.

**Process:** Each month, count the total number of patient visits into the practice. Then count the number of that provider's patients who saw him/her that month. Calculate the percentage of patients who saw their own provider.

## **8. Cycle Time**

**Purpose:** Measures the amount of time a patient is in the clinic, from check in to check out. This measure includes both value-added time and waiting time.

**Process:** Measured on an ad-hoc basis, according to whatever makes most sense for a particular practice. Either the front desk or the patient keeps track of the time spent in the office (using a data collection form). Sample a certain number of patients for each provider each day or each week. Make sure your measures for cycle time are always for the same appointment type (e.g. either short or long (primary care) or new or return (specialty care)).