

## WHAT IS ALBERTA AIM?

Alberta AIM (*Access. Improvement. Measures.*) is an improvement process and a set of principles based on the belief that waits and delays are costly to the health care system, both for patients and for clinics.

In the way we deliver health care today, there is a gap between current performance and possibility, and to close that gap, an understanding of basic flow dynamics is necessary. In flow systems, attention is paid to matching the demand for service with the supply of service. The most effective (clinical outcomes), the most efficient (cost/revenue) and the most satisfying systems match demand to supply with as little delay as possible. Delays lead to dissatisfaction (staff and patient), higher costs, and lower/sub-optimized revenues.

Matching demand and supply at the individual provider level requires identification of “panel” (patients linked to each physician) since this is where the work (demand) comes from. At the same time, it has been demonstrated that when patients see their own providers, satisfaction rises, costs go down, revenues rise and clinical care and outcomes improve.

When we reduce the waits and delays for and at appointments, and emphasize the benefits of patients seeing their own providers, we can expect favorable benefits such as:

- Less rework and redundancy (e.g. a receptionist takes five times longer to book an appointment when there are no appointments available, compared to being able to offer an appointment when the patient wants to be seen.)
- Less time is spent on handling complaints and solving problems for patients who are waiting either for an appointment or at an appointment
- As delays are reduced, the no-show rate goes down. No-shows are expensive since the work is not done and is therefore not billable, and the work repeats itself when the patient calls to book another appointment. Every “no-show” appointment costs a practice for the wasted work, and results in unused appointment capacity.
- With less delay there is less need for “triage” — deciding who can wait and who cannot. If there is no wait, then the expensive triage person can work more directly in delivering value care.
- There is a direct correlation between staff job satisfaction and a feeling of control over work. When a practice is fraught with delays, the feeling of control goes away. As the waits go down, staff satisfaction improves, turnover and hiring, advertising, and training costs are also reduced.
- In chaotic “delayed” systems, staff spends a great deal of potential value time on keeping patients happy while they wait, and clinicians often end up doing work that could be done by others. Hence clinician time is sub-optimized and potential revenues are lost.
- When patients see their own providers, better continuity results in more appropriate referrals to specialists and a consequent higher “procedure or surgical yield.” With reduced waits, there are fewer visits to urgent care, less emergency department visits, and, in some settings, less hospitalizations.

## APPROACH/METHOD

Participation in AIM involves attendance at six two-day learning sessions – interactive opportunities for representatives of a clinic to learn the guiding principles and strategies involved in reducing waits and delays. Between learning sessions, clinic teams use what they learn to identify and implement small tests of change in the way they do their work. Clinic teams also participate in monthly conference calls and provide monthly reports on their progress. A facilitator is assigned to each clinic to assist them through their improvement journey.

Key elements of AIM participation include:

- Forming an improvement team – the people who do the work are the ones who must lead and drive the change.
- Setting aims/goals in three areas:
  - Improving access for getting an appointment
  - Improving efficiency at the appointment
  - Improving clinical care by using proactive, prepared multi-disciplinary teams
- Looking at how the work is done
  - Flow mapping work process to identify areas for change
- Making changes within the following categories:
  - Balancing supply and demand
  - Eliminating the backlog of patients waiting to get an appointment
  - Reducing the number of queues
  - Developing contingency plans for variations
- Measuring to prove that the changes made actually result in improvement

## POTENTIAL BENEFITS

Clinics that have participated in AIM have experience improved access and increased continuity of care for their patients, and have strengthened linkages with other health services. Specifically, they have identified that their participation in AIM has produced the following benefits:

- Increased patient satisfaction
- Increased provider and staff satisfaction
- Decreased costs
- Increased revenues
- Improved clinical care and outcomes

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