

# AIM Glossary

<b>Access</b>	The ability of a patient to get an appointment with his/her provider on the day he/she would like to see that provider.
<b>Action Period</b>	The period of time between Learning Sessions when teams work on improvements in their own settings. During these periods, they are supported by faculty and a facilitator and are able to connect to other team members and clinics/organizations in the collaborative.
<b>Activity</b>	The number of appointments/patients a provider actually saw in a given period of time (day, week, month, etc.), regardless of how many were scheduled. Activity is the number of appointments a provider had available PLUS the number of appointments he or she “squeezed in” MINUS the number of appointments that were no-shows.
<b>Aim</b>	A written, measurable and time-sensitive statement of the expected results of an improvement process.
<b>Backlog</b>	Backlog is the amount of work waiting to be done, created by environments where the appointment demand exceeds appointment supply, by variation in demand or supply, by scheduling systems that distinguish between appointment types (the “urgent “ appointments are seen immediately while the “non-urgent” are pushed into the future) and by systems that believe the best way to guarantee a full day is to intentionally create a wait (warehouse of work).
<b>Carve-Out Model</b>	The use of “setting aside” specific time slots in the regular schedule for certain types of appointments or tasks (e.g. urgent care, squeeze ins, etc.)
<b>Caseload</b>	The term used in specialty care to describe the number of patients for whom the provider is responsible. A specialty physician’s caseload is made up of patients from several primary care physicians’ panels. Knowledge of caseload size helps the specialist balance supply of and demand for appointments.
<b>Championship Teams</b>	An optional program available to assist teams to assess their current situations and work through critical teamwork issues. Includes a survey that allows team members to provide their thoughts on the effectiveness and cohesiveness of their team. Also includes six team-development modules that can be worked through in parallel with the AIM improvement work. Other team work resources are available to your facilitator as well.
<b>Clinical Information System</b>	Data required to deliver good chronic illness and planned care. This information is arranged to enable the team to examine the status of key aspects of care across their patient population or panel. Sophistication ranges from color-coded index cards to fully integrated computerized systems.

<b>Collaborative</b>	A time-limited effort by multiple clinics/organizations who come together with faculty to learn about and create improvement processes in specific topic areas. The expectation is that the teams will share their expertise and measurement data with each other, resulting in “Everyone learns; everyone teaches.”
<b>Continuity</b>	The percentage of time a patient will see his/her own primary care provider when receiving care. Measured as the number of visits a patient has with his/her own provider divided by the number of total visits by the patient to the clinic as a whole.
<b>Cycle Time</b>	The total amount of time a patient is in the clinic. Used to measure patient flow from check in to check out.
<b>Deflection</b>	Demand that was unmet (e.g. there were no appointments available and the patient was told he/she couldn’t be seen) and perhaps sent elsewhere (e.g. walk in clinic, ER, etc.)
<b>Demand</b>	The number of appointments booked today for any day in the future for a particular provider. These requests could result from phone calls, walk-ins, or recall appointments requested by the provider.
<b>DSA</b>	Demand, Supply and Activity. (See separate definitions for each of these).
<b>Facilitator</b>	An individual assigned to work with a clinic/organization to support them in their improvement work related to the AIM collaborative.
<b>FTKA</b>	Fail to Keep Appointment (See <i>No-Shows</i> )
<b>Implementation</b>	Taking a change and making it a permanent part of the clinic/organization system. A change is normally tested first on a small scale, and if successful, implemented throughout the clinic/organization.
<b>Improvement Team</b>	A designated group of three to five individuals, usually from multiple disciplines, that participate in and drive the improvement process in a clinic/organization. This team attends learning sessions, meets on a regular basis between learning sessions, plans and implements tests of change, and communicates to the other members of the clinic/organization team about the changes and other AIM activities.
<b>Institute for Healthcare Improvement</b>	The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization helping to lead the improvement of health care throughout the world. Founded in 1991 and based in Cambridge, Massachusetts, IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action. <a href="http://www.ihl.org">www.ihl.org</a>

<b>Learning Session</b>	An in-person session during which participating clinic/organization teams meet as a group with faculty to collaborate and learn key concepts in specific topic areas. Teams leave Learning Sessions with new knowledge, skills and materials that will help them to prepare for and implement changes within their clinics/organizations.
<b>List Serve</b>	A group distribution list that allows team members from various clinics/organizations in a collaborative to communicate with each other and with faculty. Monthly reports and questions/comments regarding improvement work are posted on the list serve and automatically circulated to everyone else on the list serve.
<b>LS</b>	(See <i>Learning Session</i> )
<b>Measures</b>	Provide the means to assess progress toward an improvement aim, and whether changes being made are resulting in improvement.
<b>Measurement Tracker</b>	A way for clinics/organizations to document what data they will collect, how they will collect it, when it will be collected, and by whom. This information is kept in a tab in the measurement spreadsheet so there is always a reference point for other clinic staff, measurement analysts or faculty to use when interpreting or troubleshooting data.
<b>Model for Improvement</b>	An approach to process improvement developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.
<b>Monthly Report</b>	A report, submitted monthly (in months where there is not a Learning Session) using a standard template. The report outlines how the clinic/organization is doing with regard to improvements in access, office efficiency and clinical work, as well as team development. The report is submitted to the collaborative listserve. It is reviewed by a faculty member, who will in turn provide written feedback to the clinic/organization.
<b>No-Shows</b>	The number of appointments that become vacant because patients do not keep their appointments. Also known as Fail to Keep Appointment (FTKA). No-show appointments are wasted capacity that cannot be recovered.
<b>“Octane”</b>	In specialty care, ratio of new to total patients seen. Allows an analysis of how many patients are new as compared to returning patients.
<b>Panel</b>	The group of unique or individual patients assigned to and for whom a specific provider is responsible for providing care.
<b>PC</b>	Primary care.

<b>PCP</b>	Primary care provider.
<b>PDSA</b>	<p>A structured trial of a process change. Drawn from the Shewhart cycle, the PDSA consists of:</p> <p><b>Plan:</b> A plan for a change</p> <p><b>Do:</b> A time to try the change and observe what happens</p> <p><b>Study:</b> An analysis of the results of the trial change</p> <p><b>Act:</b> Devising next steps based on the analysis.</p>
<b>Pre-Work Period</b>	The period of time prior to the first Learning Session when teams prepare for their work in the collaborative, including selecting improvement team members, scheduling initial meetings, attending scheduled teleconferences, defining their aims, preparing a storyboard, conducting a clinic walkthrough, and beginning initial data collection.
<b>Red Zone</b>	The time a clinical provider actually spends with the patient (a component of cycle time).
<b>Run Chart</b>	A graphic representation of data over time, also known as a “time series graph” or a “line graph.” This type of data display is particularly effective for illustrating process improvement activities.
<b>SC</b>	Specialty care.
<b>Storyboard</b>	A display providing information on a clinic/organization, its staff, its improvement aims, its improvement measures, and other related information. Usually assembled on a poster or foam board for display at learning sessions.
<b>Supply</b>	The number of appointment slots a provider has available to provide care. Calculated as the number of hours times the number of appointments per hour that a provider is available to provide care.
<b>Supply Used</b>	See <i>Activity</i>
<b>Test</b>	A small-scale trial of a new approach or a new process designed to determine whether the change results in an improvement. Tests are carried out using one or more PDSA cycles (see above).

**Third Next  
Available  
Appointment**

Used to measure delay for an appointment. Measured as the number of calendar days between today and the day on which the third next available appointment for a particular provider is available in the schedule.

The time to the third next available appointment is used because it is a better indicator of actual appointment availability. The first or second next available appointment may be available due to a cancellation or some other event that may not be a true measure of availability.

**TNA**

(See *Third Next Available Appointment*)