

**AQICC-MU DATA COLLECTION PLAN:
Operational Efficiency Measures**



Cycle Time (Core Measure)¹	
Measure Type	Efficiency
Purpose	Provides information on clinic efficiency and the timing and flow the patient experiences during the primary care visit.
Definition	<p>The amount of time (in minutes) a patient spends at a primary care visit from check-in to check-out. Cycle time does not include time spent in laboratories or radiology during primary care visits.</p> <p><u>Sub-definitions:</u></p> <ol style="list-style-type: none"> 1. <i>Primary care visit</i> = such as physicals, routine, return and sick visits; do not include specialty visits. 2. <i>Check-in</i> = the time the patient checks-in, or registers, for their office visit; include early arrivals. 3. <i>Check-out</i> = the time the patient checks-out (e.g. at the registration desk or wherever check-out was done)

AQICC-MU Data Collection Plan for Cycle Time
<p>1. Identify one day every month your clinic will collect this data. Choose a day that is a regular day (e.g. Monday – Friday 8-5, no evening, Saturday, or specialty clinics) for your clinic. Collect this data on the same day every month (e.g. 2nd Tuesday of every month). You will be asked to collect and report this data for at least one month.</p> <p>➤ Record recurring date here: _____</p>

¹ Cycle Time is a "Core" measure for the AQICC-MU project. Core measures reveal information about your clinics' efficiency and operations, or access to care. You will be asked to report on at least one of two core operational measures.

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CPCA

California Primary
Care Association

Health Care Access for All

AQICC-MU Data Collection Plan for Cycle Time

2. Identify the shift for the recurring date you will collect cycle time data. Collect cycle time data on this same shift for each month (e.g. afternoon shift).

➤ Record recurring shift here: _____

3. Collect the cycle time for every patient who checked-in for a primary care visit during your identified date/shift. There are a variety of ways you can do this, such as:

- Record on a sticky note, or on a pre-created cycle time form, the time the patient enters the office. At the end of the visit, the person checking out the patient records the time the patient leaves the office. Make sure to use synchronized clocks.
- Use a pre-created cycle time form that gets handed to every patient who comes in on the pre-selected date. Ask the patient to record the time as they move through each step of the visit.
- Use your EMR or PMS (if it provides this function).

4. Record your average patient cycle time for your identified date/shift.

➤ Average = Sum of each patients' cycle time / total # patients sampled

5. We encourage you to share your results with your QI team and/or your clinic consortium. This will help you identify the change(s) you want to make to improve your ability to collect this data and/or your performance. *Based on your results, you may decide to collect cycle time data on a more frequent basis.*

6. Report your average patient cycle time (see #4) in the AQICC-MU Portal (<http://data.cPCA.org/qi>). You will be asked to report data for at least one month. Note that you will be able to adjust your process, watch for trends and see the progression of your clinic if you collect and report more than one month's worth of data. The Portal will be set up so you can report monthly data if you choose.

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Time to Third Next Available Appointment (Core Measure)²	
Measure Type	Access
Purpose	Provides information on clinics' patient access to care, and how long a patient waits for an available appointment.
Definition	<p>For each provider, the length of time in days between the day a patient makes a request for an appointment with a provider and the third next available appointment for a primary care visit with that provider.</p> <p><u>Sub-definitions:</u></p> <p>1. <i>Primary care visit</i> = such as physicals, routine, return and sick visits; do not include specialty visits.</p> <p><u>Inclusions/exclusions:</u> count calendar days, including weekends and days off. Do not count any saved appointments for urgent visits since they are "blocked off" on the schedule.</p>

AQICC-MU Data Collection Plan for Third Next Available Appointment
<p>1. Identify one day every month your clinic will collect this data. Choose a day that is a regular day (e.g. Monday – Friday 8-5, no evening, Saturday, or specialty clinics) for your clinic. Collect this data on the same day every month (e.g. 2nd Tuesday of every month). You will be asked to collect and report this data for at least one month.</p> <p>➤ Record recurring date here: _____</p>

² Time to Third Next Available Appointment is considered a "Core" measure for the AQICC-MU project. Core measures reveal information about your clinics' efficiency and operations, or access to care. You will be asked to report on at least one of two core operational measures.

AQICC-MU DATA COLLECTION PLAN:
Operational Efficiency Measures



2. Identify whether your clinic will collect this data at the beginning or end of the day. Collect the data at the same time each month (e.g. end of day).
 - Record recurring time here: _____
3. Collect third next available appointment data for every provider on your identified date. There are a variety of ways you can do this, such as:
 - For manual collection, look in the schedule book and count from the "index" (day when the "dummy" appointment is requested) to the day of the third available appointment for that provider.
 - Use your EMR or PMS if it provides this function.
4. Record your average time to third next available appointment for your identified date.
 - Average = Sum of each providers' time to third next available appointment / total # of providers sampled
5. We encourage you to review and share your results with your QI team and/or your clinic consortium. This will help you identify the change(s) you want to make to improve your ability to collect this data and/or your performance. *Based on your results, you may decide to collect third next available appointment data on a more frequent basis.*
6. Report the average number of days to third next available appointment for the clinic (see # 4) in the AQICC-MU Portal (<http://data.cPCA.org/qi>). You will be asked to report data for at least one month. Note that you will be able to adjust and watch for trends and see the progression of your clinic if you collect and report more than one month's worth of data. The Portal will be set up so you can report monthly data if you choose.

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Failure to Keep/No-Show Rate (Menu Measure)³	
Measure Type	Efficiency
Purpose	Provides information on wasted supply – an unused appointment slot.
Definition	<p><u>Numerator</u>: the total number of appointments for which patients did not show</p> <ul style="list-style-type: none"> • <u>Inclusions</u>: include same day cancellations <p><u>Denominator</u>: the total number of scheduled patients.</p> <ul style="list-style-type: none"> • <u>Exclusions</u>: exclude walk-ins

AQICC-MU Data Collection Plan for No-Show Rate
<p>1. Identify one day every month your clinic will collect this data. Choose a day that is a regular day (e.g. Monday – Friday 8-5, no evening, Saturday, or specialty clinics) for your clinic. Collect the data on this same day every month (e.g. 2nd Tuesday of every month). You will be asked to collect and report this data for at least one month.</p> <p>➤ Record recurring date here: _____</p>

³ Failure to Keep/No-Show is considered a "Menu" (i.e. optional) measure for the AQICC-MU project.

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2. Collect this data for every provider on your identified date. There are a variety of ways you can do this, such as:
- On each day, look at the number of scheduled patients and the number of patients that failed to keep their appointment. Divide the number no shows by the number of scheduled patients (kept appointments + no shows)
 - Use your EMR or PMS.

3. Record your average no-show rate for your identified date.
- Average = Sum of each providers' no-show rate / total # of providers sampled

4. We encourage you to share your results with your QI team and/or your clinic consortium. This will help you identify the change(s) you want to make to improve your ability to collect this data and/or your performance. *Based on your results, you may decide to collect no-show data on a more frequent basis.*

5. Report the average no-show rate for all providers for each identified date (see #3) in the AQICC-MU Portal (<http://data.cPCA.org/qi>). You will be asked to report data for at least one month. Note that you will be able to adjust and watch for trends and see the progression of your clinic if you collect and report more than one month's worth of data. The Portal will be set up so you can report monthly data if you choose.

