

Operational Definition

MEASUREMENT: 3rd **Next Available Appointment**

I. Description and Rationale

This measure answers the question:

How long do patients have to wait for a new visit appointment to a specialty or primary care outpatient clinic?

3rd Next Available Appointment is a core business measure for outpatient access. It is measured as the length of time in calendar days between the day a patient makes a call for an appointment with a clinical care provider and the third available appointment. This measure does not restrict to a certain campus or provider since it measures availability regardless of particular patient preferences.

Access is tracked for new patients because a primary concern of the CCHMC patient advisory group is our ability to get patients into the system for their first appointment in a timely manner. It measures the effect of changes in the overall scheduling system and not our responsiveness to a single patient who needs to be seen quickly. For this reason, the 3rd Next Available is preferable to the first or second. It has been shown in other settings to be a better reflection of system availability because often first and second available appointments are due to cancellations, "working patients into the schedule", or other events.

II. Population Definition (Inclusions/Exclusions)

All outpatient clinical divisions within the Department of Pediatrics, Department of Surgical Services, Department of Anesthesia, and Clinical Shared Services/Allied Health were considered. If a division has subspecialties that constitute a distinct set of clinical care providers caring for similar groups of patients, access was measured separately for the subspecialty (with division approval). Division subspecialty

3rd Next Available Appointment will be measured for all *new* visit types that represents the top 80% of new visit volume for each division/subspecialty. The particular visit types that are included are in the table below and have been vetted by each division for accuracy. Visit types volumes will be revalidated every 2 years so the measure truly reflects any changes to the business that might occur as patient demand and potential interventions change things over time.

Visit types are considered only if the provider performing the visit represents the primary clinical visit for the patient within each division/subspecialty (i.e. nursing visits are excluded; genetic counselors are excluded for certain divisions; psychologists are excluded for certain divisions)

If a division/subspecialty is considered the host for a multi-disciplinary clinic (MDC), that will be included for consideration in the top 80%. If the division/subspecialty is not the host clinic, that visit type will be excluded. Access for MDC's is reliant on the schedule of the host clinic for measurement purposes.

As of FY 2017 (unless otherwise noted), the following clinics and the visit type that is

reported are listed below:

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DIVISION/SUBSPECIALTY		Access (3NA NV)					
		# of Visit Types	Total New Visits (Sept 2016)	New Visit Types Included			
				THC * NV MD THC * BH MD ED NV			
	Adolescent Med	3	179	THC * NEW CONSULT > 12 YRS OLD			
	Allergy/Immunology	2	195	ALL * NV FOOD ALLERGY ALL NV			
	Breastfeeding Medicine	1	~150	BMC LACTATION CONSULTATION			
	Cardiology	6	413	CAR * NV GENERAL CAR NV ARRHYTHMIA CAR ** NV CARDIOMYOPATHY CAR NV SYNCOPE CLINIC CAR ** NV HTN CAR NV LIPIDS			
	Dermatology	1	91	DER ** NV			
	Developmental & Behavioral Peds (DDBP)	6	297	DDBP NV GENERAL 6 to 14 YO DDBP NV GENERAL 3 TO 5 YEARS OLD DDBP COMM ADOS/DUAL 5 YR & UND DDBP NV R/O ASD 5 AND UNDER DDBP NV ARENA B U3 DDBP NV ARENA A U3			
	Endocrinology	1	279	END NV			
S	Gastroenterology,	1	219	GAS NV			
tric	Hepatology, Nutrition (GI)	2	480	GAS ** LIVER NV CLINIC			
Pediatrics	General and Community Pediatrics	6	175	PPC NEWBORN HPC NEWBORN FPC NEWBORN PPC * NEWBORN AVONDALE PPC * NEWBORN PRICE HILL PPC NEW PT CHILD			
	Healthworks	1	92	HEA NV			
	Human Genetics			HGN * NV GENERAL CLINIC HGN * NV BRCA HGN * NV CONNECTIVE TISSUE HGN * NV RESIDENT			
		5	143	HGN * NV GENETIC COUNSELING IDC NEW VISIT			
	Infectious Disease International Adoption	1	32	Determining applicability as a subspecialty			
	Center	TBD	TBD	Determining applicability as a subspeciality			
	Neonatology	2	82	NEO * NV HOSP DISCHARGE NEO ** NV NAS			
	Nephrology	2	52	NEP NV NEP ** NV HTN			
	Neurology	6	421	NEU NV NEU * NV HEADACHE CTR MDCH NEU * NV NOS 2-17 YRS NEU * NV MDO			
		<u> </u>	1-1				

				NEU * NV HEADACHE 0-20YRS NEU * NV SECOND OPINION
				PED REHAB NV
	Dhamia al mandinina 0			PED REHAB * NV CP TEAM
	Physical medicine & rehab	4	79	PED REHAB * NV BRAIN – MDCH PED REHAB * NV TBI
-	Teriab		19	PSY ** NV SW
				PSY ** NV APN
				PSY ** NV MD
	Psychiatry	4	295	PSY ** NV MD AND FELLOW
				PUL NV PUL ** NV SLEEP APNEA
				PUL * NV ASTHMA
	Pulmonary medicine	4	205	PUL ** NV SLEEP DISORDER
				RHE NV ATTENDING ONLY
	Rheumatology	2	110	RHE NV ATTENDING AND FELLOW
				SPO * NV SPORTS MEDICINE SPO NV
	Sports medicine	3	361	SPO * NV CONCUSSION
	Mayerson Center			excluded from measure/no new visit type
	Dental			
	Dentai			excluded from measure/no Epic data HEM PED NV HEMATOLOGY
				HVMC ** HEM PED NV – MDCH
				HEM PED NV BLEEDING DO
				HEM PED NV VASCULAR
	CBDI - HEM	6	80	HEM PED NV THROMBO
	CBDI - FILM	0	60	HEM LIB ** NV HEMATOLOGY HEM AYA NV SOLID ONC
				HEM AYA ** NV NEURO ONC – MDC
				HEM OF PED NV SOLID ONC
				HEM PED NV SOLID ONC
				HEM AYA NV SVR NON MDC HEM PED ** NV NEURO ONC -MDCH
	CBDI - ONC	7	26	HEM AYA NV LEUK LYMPH
	CBDI - BMT	1	12	HEM PED NV IMMUNODEF
	Complex Care	1	8	CSN ** COMPLEX CHRONIC NV 120
		•		BMCP NV THERAPY
				BMCP NV ADHD EVAL
				BMCP NV NP TEST
				BMCP NV PAIN BMCP NV TEST
	ВМСР	6	470	BMCP NV SLEEP
	Cardiothoracic Surgery	1	24	CDV ** NEW VISIT
	, , , , , , , , , , , , , , , , , , ,	<u> </u>		ENT * NV EARS
				ENT * NV TONSIL PROBLEMS
-	Ear, Nose, Throat (ENT)	3	864	ENT * NV
				SUR NV SUR NV TRAUMA
				SUR * NV 30
				SUR * NV G-TUBE
lery				COL ** NV
Surgery	General Pediatric Surgery	7	261	SUR * NV PECTUS EXCAVATUM BAR ** INITIAL VISIT
o	Gynecology (Pediatric &		201	GYN NEW GYN > 12 YRS OLD
-	Adolescent)	2	162	GYN NEW GYN < 12 YRS OLD
	Neurosurgery	1	76	NSU ** NV
	On háb alm a la ····	_	==.	OPH * NV NC
	Ophthalmology	2	574	OPH * NV C ORT * NV FRACTURE
				ORT * NV UPPER EXT FRACTURE
	Orthopedics	11	969	ORT * NV HAND FX

				ORT * NV SPINE
				ORT * NV FOOT/ANKLE
				ORT ** ED NV UPPER EXT FX
				ORT * NV KNEE
				ORT * NV HIP
				ORT ** ED NV FRACTURE
				ORT * NV BACK AND OR NECK PAIN
				ORT * NV HAND
				PLA * NV PLAGIO
				PLA * NV
				ORT * NV HAND FX
				PLA * NV NEVUS OR MOLE
				PLA * NV ER FOLLOWUP
				PLA * NV CYSTS
				ORT * NV HAND
				PLA SUR * NV WOUND CARE
				PLA * NV CLEFT LIP OR PALATE>1
				PLA * NV FEMALE BREAST ISSUES
				PLA * NV SUPERNUMERARY DIGITIS HAND
				PLA * NV LUMPS AND BUMPS
	Plastic surgery	13	472	PLA * NV SKIN TAGS
	riastic surgery	13	412	URO * NV SURGICAL
	Uralagy	2	550	URO * NV HEALTHY BLADDER
	Urology	3	556	URO * NV MEDICAL
	Pain Management	0	24	PAI MUSCULOSKELETAL
	Pain Management	2	31	PAI MULTI-DISCIPLINARY
				PT NV ORTHO OT NV GEN DEV
				PT NV GEN DEV
				OT NV DDBP
				PT NV TORT
				OT NV HAND
				PT NV GEN
				PT NV GEN DEV INFANT
	OT/PT	10	000	PT NV ORTHOTICS DD
Others	OT/PT	10	982	PT NV DDBP SP NV SL 3+
ţ				SP NV VSS
0				SP NV VSS SP NV SL 2+
				SP NV 3L 2+ SP NV BIRTH TO 3
				SP NV DYSPHAGIA
				SP NV
				SP NV DIAGNOSTIC CLINIC
				SP NV FLUENCY
	Speech Therapy	10	496	SP ** NV FEES CLINIC
	Speech Therapy	10	490	SP NV NICU AUD * AE 0-5 YRS
	Audiology	2	550	
	Audiology	2	552	AUD * AE 6/OLDR

III. Data Source(s)

For divisions using Cadence, the system used to schedule appointments, the data are collected from the call center. Once a week, the call center staff manually goes into the system and attempts to make a "fake" patient appointment for certain appointment type. For each visit type, they "spin" the scanner for the next available appointment and, once that is found, the Call Center agent "spins" 2 more times to identify the 3rd next available appointment and then records the date for each of the locations as well as the date the agent is spinning.

Data collections rules for division/subspecialty questionnaires are available here:



IV. Sampling and Data Collection Plan

One data point is collected, once each week on Tuesdays for selected visit types for each outpatient clinic. The same day of week is used as reference point.

For clinics scheduling through other systems, the data should collected out of that system weekly in a similar way. However, only clinics utilizing Cadence will be reported at this time.

V. Calculation

Overall Outpatient

The overall outpatient 3rd Next Available Appointment measure is measured as "3rd Next Available Appointment - % of Divisions at <=7 Days"

Numerator: Count of divisions/subspecialties who's weighted 3NA (see below) <= 7 for

the calculated reporting period

Denominator: # of division/Subspecialty reported

Divisional

Each division/subspecialty's 3rd Next Available Appointment measure is a weighted average of each visit type for that division/subspecialty.

weighted 3NA_i=Sum(w_{ij}*x_{ij})/Sum(w_{ij})

where

weighted $3NA_i$ = average days until 3^{rd} next available appointment weighted by patient volume of each visit type for each division/subspecialty i. This number is rounded to a calendar day whole number.

 w_{ij} = total visit volume for division i and visit type j. Visit volume is scheduled appointments

 x_{ij} = number of days until 3rd Next Available Appointment for division i and visit type j. x_{ij} is averaged for all the weekly points in a month to minimize the week to week variation in the overall measure.

VI. Analysis Plan and Frequency of Reporting

Data is collected weekly. Data is reporting monthly and can be rolled up quarterly and FY. FY YTD is reported to the PLT dashboard and is calculated as the % of divisions whose FY average 3NA is <= 7 days.

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VII. Reporting Venues

VIII. Limitations

VIIII. Experts/Resources

• Murray, Mark. Document: Measurement Package – Access and Office Efficiency – Primary and Specialty Care. Mark Murray & Associates.

VII. Revision History

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Version	Primary Author(s)	Description of Version	Date			
			Completed			
Final	Anneken		5/2/2006			
Revision 1 Anneken		Updated volume data for DDBP (added to the call center)	1/7/2007			
		As of November, 2006, Orthopaedics and Teen Health Center are reporting a weighted average of their visit types				
Revision 2	Anneken	As of FY2010, Teen Health is reporting for Consult Visits only as that is their subspecialty component Added details about BMCP, post EPIC go live	10/14/2009			
Revision 3	Anneken	Gynecology is a surgical division. The GYN spin taken out of Teen Health's measure.	3/3/2011			
Revision 4	Anneken	Visit type table update to reflect current reality where appropriate	3/23/2011			
Revision 5	S. Keaton	Updated visit type column in table to reflect current "new visits" and updated % of Total Visit Volume as of July 2011	8/6/11			
Revision 6	A. Anneken	Psychiatry measures to include social workers as well as MDs				
Revision 7	A. Anneken	Access 2.0 Information in this document is also located in the Informatica Business Glossary.	2/13/2017			